CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Tuesday, 21 April 2015

10.00 am

Darent Room, Sessions House, County Hall, Maidstone

AGENDA

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Tuesday, 21 April 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

<u>Webcasting Notice</u>

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<u>UNRESTRICTED ITEMS</u>
(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 of the Committee held on 20 January 2015 (Pages 7 - 22)

To consider and approve the minutes as a correct record.

A5 Minutes of the meetings of the Corporate Parenting Panel held on 9 December 2014 and 13 February 2015 (Pages 23 - 38)

To note the minutes.

A6 Verbal updates (Pages 39 - 40)

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 Director of Public Health.

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

B1 Children in Care and Care Leavers accommodation (Pages 41 - 44)

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

C1 Update on developing the Public Health Strategy delivery plan and commissioning strategy (Pages 45 - 52)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health.

C2 Public Health campaigns and press (Pages 53 - 60)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health.

C3 Transition update (Pages 61 - 68)

C4 Kent Emotional Wellbeing Strategy for Children, Young People and Young Adults (Pages 69 - 74)

D - Monitoring of Performance

D1 Draft 2015/16 Social Care, Health and Wellbeing Directorate Business Plan and Strategic Risks (Pages 75 - 162)

D2 Action Plans arising from previous Ofsted Inspections (Pages 163 - 176)

D3 Recruitment and Retention of Children's Social Workers (Pages 177 - 182)

D4 Specialist Children's Services Performance Dashboard (Pages 183 - 188)

D5 Public Health Performance - Children and Young People (Pages 189 - 192)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health.

D6 Work Programme (Pages 193 - 200)

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

E - FOR INFORMATION ONLY - Key or significant Cabinet Member Decisions taken outside the Committee meeting cycle

E1 Children's Rates and Charges 2015/16 (Pages 201 - 210)

EXEMPT ITEMS

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

Peter Sass
Head of Democratic Services
03000 416647

Monday, 13 April 2015

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

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KENT COUNTY COUNCIL

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Children's Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 20 January 2015.

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, Mrs J Whittle and Mrs Z Wiltshire

ALSO PRESENT: Mr R H Bird, Mr G Cowan, Mr G K Gibbens, Mr B E MacDowall, Mr P J Oakford and Mr D Smyth

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

30. Apologies and Substitutes
(Item A2)

No apologies or notice of any substitutes had been received.

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

There were no declarations of interest.

32. Minutes of the meeting held on 3 December 2014
(Item A4)

1. RESOLVED that the minutes of this committee's meeting held on 3 December 2014 are correctly recorded and they be signed by the Chairman.

Matters arising:

2. Mr M J Vye reported that the Members' briefing on child sexual exploitation held on 18 December had been very useful and recommended that this issue be given top priority, with an update report made to a future meeting of this committee.

3. Other information to be supplied following the December meeting was covered by Mr Scott-Clark in the verbal updates.

33. Minutes of the meeting of the Corporate Parenting Panel held on 24 October 2014
(Item A5)

RESOLVED that these be noted.

34. Verbal updates
(Item A6)

Children's Social Care

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

Meeting with Barnardo's at Crawley – 4 December
Tunbridge Wells Youth Group, Swattenden – 13 December – this had been well attended by 30 young people. Activities had included a zip wire, wheelchair basketball and work on an allotment, followed by a Christmas lunch and presents under a tree. Some young people attending had commented that that would be the only Christmas lunch they would have.
Member briefing on Child Sexual Exploitation on 18 December – this had been excellent, and very useful, and should be made a quarterly event.
Operation Lakeland – the court cases for this had now started and were receiving much media attention.
Visits with Principal Practitioners – Ashford & Canterbury – during regular visits it had become clear that standards of office accommodation around the county varied greatly, from very old to very modern. However, the staff everywhere was very dedicated.
Newton Europe Implementation – a report on this would be considered later on the agenda.
Meeting with Essex County Council on 22 January – this would be an informal meeting of officers and key Members from the two authorities, but a meeting could be arranged later with interested Members of this committee to tell them what had been discussed.

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

Emotional health and wellbeing summit – at this summit, the new emotional health and wellbeing strategy had been discussed. The event had been well attended and young people had participated by showing a DVD they had made and by giving first-hand accounts of their experiences of using emotional health and wellbeing services.
Peer review of the Kent Safeguarding Children Board (KSCB) – this had been undertaken by Windsor and Maidenhead Council and had been very interesting, with favourable comments being made about the new Board Chairman and the Board's subgroups. The practice of peer reviews between local authorities was very useful and should be continued.

He responded to comments and questions, as follows:-

a) the emotional health and wellbeing summit had been attended by key agencies including GPs, NHS Trusts and youth organisations, and a full list of participants could be sent to any Member who wished to have it. The

strategy was multi-agency and the attendees of the summit would work with the County Council on developing it; and

b) the KSCB annual report had not included reference to Ofsted's comments on focussing on child sexual exploitation as the publication dates of the two reports did not allow time for one to take account of the other. The KSCB would now look at how it would address Ofsted's comments and concerns, although some things it had suggested were already being done. Although some things could not be referred to so close to the start of the court cases, Ofsted had been very complementary about the agency work involved in Operation Lakeland.

Children and Young People's Public Health

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

20 January - Health and Wellbeing event at County Hall – he encouraged Members to attend the event which was taking place, once the committee's meeting had finished. .

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

Answers to questions arising at the previous meeting:

a) **the number of family liaison officers** (FLOs) currently in Kent schools was 260, and some schools having other staff performing a similar function but without the FLO title;
b) **case studies** which were offered to accompany the emotional health and wellbeing strategy would be included in the final version of the strategy and would be sent to Members at that point. Before being included in the strategy, they would be carefully checked to ensure that they maintained anonymity;
c) **examples of materials used to promote breastfeeding,** and to identify premises which welcomed breastfeeding, were available in the meeting room and Members were encouraged to take them.

Healthy Child Programme Transfer – a key concern of this was to ensure that sufficient funding was available to cover the full length of all contracts over the whole programme.
Media campaigns – these were being tackled jointly by the public health and communications teams and external partners, mostly the NHS. Topics included late diagnosis of HIV, 'dry January' (giving up alcohol for January) and its impact on children, national obesity week, starting on 19 January, noro virus and work with Public Health England on research into the health impacts of incidences of flooding. Members made the following comments:-

a) no public premises in Maidstone were currently displaying a 'breastfeeding friendly' sticker, yet some were known to welcome breastfeeding on their premises. Support was offered to spread the campaign locally and it was suggested that local radio stations, Mumsnet and local pressure groups could also help.

5. The verbal updates were noted, with thanks.

35. Briefing - Health Visiting and Family Nurse Partnership
(Item B1)

Mr C Thompson, Consultant in Public Health, and Ms K Sharp, Head of Public Health Commissioning, were in attendance for this item.

1. Mr Thompson introduced the paper and summarised the key points of the services. He outlined the detail of the health visitor service contained within the paper. The family nurse partnership project was relatively new in Kent and, as there was not a specific UK precedent to follow, the project had been researched from similar projects in the USA. The evidence base for improving outcomes was very strong.

2. Mr Thompson outlined that the current NHS England contract would expire in March 2015 so the intention was that an extension be made to October 2015 and a new contract between the County Council and the Kent Community Health Trust be started when the commissioning transferred. Mr Thompson, Ms Sharp and Mr Scott-Clark responded to comments and questions from Members, as follows:-

a) the Chairman referred to the valuable role of the health visitor and family nurse partnership services in reaching young parents who, for various reasons, did not engage with or attend children's centres. The relationship that these services could establish with young parents was different from that which a social worker would have;

b) the number of family nurse partnerships required in any area would be based on the rate of teenage pregnancies in that area. Each family nurse partnership would have a workload of 25 families, and if the need in an area exceeded this level, the aim was to increase the number of family nurse partnerships;

c) the key aims of the family nurse partnership service were summarised: to see all young mothers under the age of 20 (or up to 25, if resources allowed) who were having their first child, and offer them the chance to have a family nurse link to act as additional support, including support to the family as a whole, for about two years, gradually reducing support so the family would manage on their own at the end of the two years. The aim was to offer a universal service but this would have implications for resources and training;

d) a view was expressed that part of the support role for young parents would be to encourage them, if they were not in a stable relationship, to avoid having a second baby. The service should also link with the Troubled Families initiative. Mr Scott-Clark agreed and added that young mothers would also be encouraged to take up employment, as a regular work habit and income had been identified as vital in supporting families. He confirmed that the family nurse and Troubled Families initiatives did indeed work together and that, where research had taken place, the two client groups had approximately a 9% crossover;

e) one speaker referred to her recent experience of the health visitor service and highlighted its great value in supporting exhausted new mothers to

avoid post-natal depression, particularly if they lacked the support of close family. The 'listening service' they offered was vital. It could also be extended to benefit older and more experienced mothers, who could still encounter problems and need support. Mr Scott-Clark added that this sort of support was exactly the purpose of the service and said he hoped that listening visits would continue;

f) it was suggested that, as cases of tuberculosis (TB) were currently increasing in Kent, the family nurse service could be used to look into this. TB often related to poor housing, which the health visitor and family nurse services could identify during visits. Mr Scott-Clark added that Kent had a good TB plan;

g) Members asked if they would have the opportunity to see the proposed contract before it was awarded, and wanted to be sure that the current provider was the only one equipped to deliver the required service. Ms Sharp explained that the health visitor service would be reviewed in the six months available before the new contract was to be awarded and that work would be undertaken in this time to identify the most vulnerable stages at which each service could become involved with a family, how services could best link up and how outcomes could be monitored as part of the contract. A report on this issue would shortly be made to the Health and Wellbeing Board, and this committee would receive update reports as work progressed;

h) the report listed the areas currently covered by the service and concern was expressed about how the areas omitted would be covered. The service was not arranged in clinical commissioning group (CCG) areas but could be. Mr Thompson supported the need for all areas to be covered by the family nurse and health visitor services and said the suggested move to CCG areas would be considered. Ms Sharp explained that the estimated costs of covering the current gaps would be £2 – 3 million. The family nurse service required nurses who were experienced and trained in specific areas, but this same limited work force was also supplying the school nurse and health visitor services. The challenges currently facing the service were being identified and a plan put in place to address them;

i) one speaker pointed out that Sevenoaks was not listed among the areas currently hosting a service, although there was a family nurse service there. The services would need to be realistic and respond to the issues present in any one area, and all areas had different issues; and

j) better use could be made of the 85 existing children's centres, and these should be the default option to accommodate the family nurse and health visitor services. The costs of accommodation for the service should be looked at carefully, to eradicate any duplication or waste. Mr Scott-Clark said that NHS England was looking at property costs to ensure that they were minimised as far as possible and to ensure that money to cover them would accompany the contracting process. Another speaker referred to a time when mothers would attend the local 'clinic', at which a range of services could be accessed. They knew where the clinic was in their area and what services it offered.

3. The Cabinet Member for Adult Social Care and Public Health, Mr Gibbens, thanked Members for their comments and reassured speakers that the six month period leading up to the new contract award would be used to review the service and address the issues identified above.

4. RESOLVED that:-

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

b) option 2, the preferred option recommended in the report, be endorsed as the best way forward, given the time limitations and the need for the County Council's Public Health Department to have an increased understanding of the health visitor and family nurse partnership services provided by Kent Community Health Trust.

36. Public Health Services for Children and Young People
(Item B2)

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

1. Ms Sharp introduced the report and explained that the aim was to continue the existing programme of work. However, upon going to the market, it had become clear that there was a very limited number of providers able to deliver such services, so some market development work would be undertaken. Ms Sharp and Mr Scott-Clark responded to comments and questions from Members, as follows:-

a) as mentioned in the previous agenda item, there was a shortage of suitably-trained nurses and the health visitor and school nurse services both relied on the same limited pool. Moving this service to local authority control would make it easier to have an overview of resources and use a wider range of resources more effectively to support the services;

b) while there was a good retention rate among nursing staff, it was recognised that there was a high proportion of health visitors approaching retirement. Work had gone on with universities to attract more recent graduates into the service and promote this area of work, but still there was a shortage of suitably-trained nurses. Recruitment to public health nursing services had not been well supported in the past so the profession would need to be built up; and

c) tracking of children and young people going through the system, and recording the interventions undertaken with them, would help to check that suitable linkages were being made between services. Work with the Education and Young People's Services directorate was ongoing, to find the best way of achieving this overview.

2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to extend the contracts with Kent Community Health Trust and with Medway Foundation Trust, be endorsed.

37. Transformation of Children's Services and the 0-25 Unified Programme implementation decision
(Item B3)

Mr T Wilson, Head of Strategic Commissioning, was in attendance for this and the following two items.

1. Mr Wilson presented a series of slides which set out the design phase and implementation of the 0 – 25 unified programme, and he, Mr Ireland and Mr Segurola responded to comments and questions from Members, as follows:-

a) several speakers welcomed the progress reported and said they were encouraged by it;

b) sustainability was a critical issue and was part of the design of the 0 – 25 unified programme, as it had been for the transformation of adult social care. Good leadership and management of the system were essential, to continue to drive the programme forward and make the best use of the model;

c) for step-down services to work well, there needed to be good joined-up thinking. The transformation process had provided useful evidence of what could be achieved;

d) good early help services were vital to address issues early and stop them escalating to greater needs with a higher cost. Integration of services was a challenge as there would be much interdependency. To be successful, the transformation programme had necessarily to be a whole-system approach;

e) the extent to which the County Council would need to resort to using Independent Fostering Agencies (IFAs) would depend on the number of children needing foster care placements at any one time. There would need to be a balance between the use of IFAs and of the Council's own in-house foster carers. It had proved possible in the past year to place more children with the latter than had previously been possible. Being able to reduce the number of children coming into care would support this aim. However, although Kent's own children in care population was currently falling, the number of unaccompanied asylum seeking children (UASC) had increased;

f) the staff was congratulated, along with the present and previous Cabinet Members for Specialist Children's Services, on the progress which had been achieved in transforming Specialist Children's Services in the past two years. Indicators of the success of the programme would be an improvement of life chances for children in care, which could not yet be measured, and good staff morale, which was already evident; and

g) the report set out the projected savings which could be achieved between 2015/16 and 2018/19, although it would be unwise to try to stretch to greater savings too early.

2. The Cabinet Member for Specialised Children's Services, Mr Oakford, commented that he fully supported the programme and was happy to own it. He said the work undertaken so far had been outstanding. Its twin aims were to work towards better outcomes and better services for children and young people in care and leaving care, while making the most efficient use of resources and achieving best value for money. He reported that the County Council staff worked well with, and was enjoying working alongside, Newton Europe.

3. RESOLVED that:-

a) the outcomes of the service design phase of the 0-25 Unified Programme be noted, and the plans set out in the Business Case for Implementation be endorsed; and

b) the decision proposed to be taken by the Cabinet Member for Specialist Children's Services:

1 to appoint Newton Europe to support the County Council in delivering the Implementation Phase,

2 to delegate authority to the Corporate Director of Social Care, Health and Wellbeing and the Corporate Director of Education and Young People's Services to enter into the necessary contracts, following initial confirmation of funding details and the satisfactory negotiation of detailed terms and conditions, and

3 that those Directors, or other suitable delegated officers, undertake the necessary actions to implement this decision,

be endorsed, taking into account comments made by this committee.

38. Establishment of a Voluntary Adoption Agency
(Item B4)

1. Mr Wilson introduced the report and he and Mr Ireland responded to comments and questions from Members, highlighting the following points:-

a) the work going on was warmly welcomed by Members who served on the Corporate Parenting Panel. The improvements to the adoption service that Coram had made while working with the County Council over the last two-to-three years had made a huge difference;

b) while the adoption service would remain County Council-led, in that the County Council would retain the statutory responsibility for it, the voluntary adoption agency would be a new, independent organisation. However, in contracting with the County Council to run the new agency, Coram would be moving the service away from the direct control of the Council. A similar arrangement was working well in Cambridgeshire, but the detail of the contractual model which would apply in Kent had yet to be finalised;

c) with its independent status, the voluntary adoption agency would be able to bid for funding streams which were not available to local authorities. A grant for funding which had already been successful was to cover set-up costs only, although it was anticipated that there would be an opportunity later to bid for ongoing funding; and

d) the committee was reminded of how far Kent's adoption service had progressed, and the number of adoptions increased, in recent years. The new agency would build on the excellent work already undertaken by Coram, and put the future of the service on a secure footing.

2. RESOLVED that:-

a) the decision proposed to be taken by the Cabinet Member for Specialist Children's Services, to establish Coram Kent Adoption, a voluntary adoption agency, to ensure the sustainability and continued improvements in the Adoption Service for Kent, be endorsed, taking into account comments made by this committee; and

b) responsibility to implement this decision be delegated to the Corporate Director for Social Care, Health and Wellbeing, or other suitable officer.

39. Representation Rights and Advocacy service - contract award and pilot of social value
(Item B5)

1. Mr Wilson introduced the report and set out the process which had been followed in awarding the contract, using the principles of social value. He explained that the Social Value Act was currently being reviewed, which may lead to a requirement to include social value considerations during procurement processes, and that, in awarding the contract in this way, the County Council stood out as an early adopter.

2. In discussion, it was suggested that the Commissioning Advisory Board of Members be sent the report to illustrate the five ways in which social value had been demonstrated, and this was generally agreed.

3. RESOLVED that:-

a) the decision to award the Contract to the successful bidder, and the way in which social value criteria had been used in the procurement process to arrive at this decision, be noted; and

b) the report be also submitted to the Commissioning Advisory Board of Members.

40. Care Leavers Support Policy
(Item B6)

Ms S Hammond, Assistant Area Director, West Kent, was in attendance for this item.

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

a) young people aged over 16 were not compelled to leave their foster carers if they did not wish to, but for those who did wish to live independently, there was a variety of accommodation options available. In response to concerns about young people resorting to living in hostels, Ms Hammond explained that young people leaving care would be given support and advice on securing and maintaining a tenancy. However, there would always be a chance that a care leaver, as with any other young person starting out, might have problems with maintaining a tenancy, and for the arrangement to break down;

b) the support policy set out in the report, which the Cabinet Member for Specialist Children's Services would shortly be asked to adopt formally on behalf of the County Council, was concerned primarily with young people aged over 18. Mr Segurola added that the new policy aimed to take account of the expectations that young care leavers were known to have and to be transparent about the support that they could expect from the County Council;

c) in response to a concern about care leavers being housed by district councils a long way from their home areas, Ms Hammond explained that the County Council was able to support care leavers independently of district councils' housing departments, using a combination of privately-rented and local authority accommodation, as different options would suit different individuals;

d) one speaker read from a report by the Centre for Social Justice entitles 'Finding their feet: equipping care leavers to reach their potential', which reported that many care leavers did not have access to a personal advisor. Although some felt that they did not want an advisor, some would suffer as a result of not having one. It was suggested that a line be added to the Specialist Children's Services scorecard to report the number of care leavers who did not have an advisor. Ms Hammond explained that, even if a young person did not feel that they wanted to have a personal advisor, they would retain the right to access the advisor service at any time until they were 21. Any young person needing additional or specialised help would be allocated a senior personal advisor, who would carry a smaller caseload than other advisors and so would be able to offer more individual, direct support. She reassured Members that no care leaver who needed an advisor would be left without one;

e) in response to a question about how the views of care leavers could be recorded, in the same way that 'the voice of the child' represented the view of children in care, Ms Hammond explained that work was ongoing to assess how best to engage and seek the views of care leavers; and

f) asked if care leavers tended to keep in touch with their foster families, Ms Hammond explained that this was not known as the arrangement would be a personal one, but she estimated that many did keep in touch *and undertook to see if any such information could be collated and given to*

Members after the meeting. However, what was known was that 70% of care leavers returned to their birth families, particularly if they had come into care late in their childhood. This arrangement would not preclude them from also keeping in touch with their foster families.

2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Specialist Children's Services, to agree and adopt, on behalf of Kent County Council, the Care Leavers Support model set out in appendix A to the report, be endorsed, taking into account comments made by this committee.

41. Children's Emotional Wellbeing and Mental Health Services
(Item B7)

Mr T Wilson, Head of Strategic Commissioning, and Ms C Infanti, Commissioning Officer, were in attendance for this item.

1. Mr Wilson introduced the report and explained that it was proposed that the Children in Care element of the Children and Young People's Mental Health contract and the current contract for the Emotional Health and Wellbeing service be extended for one year to align with the current mainstream Children and Young People's Mental Health service contract. Both contracts would then come to an end at the same time. The clinical commissioning groups had taken this decision as the commissioners of the Children and Young People's Mental Health service. The two services could then be remodelled jointly and re-commissioned. In discussion, Members made the following comments:-

a) the chance to review and remodel services was welcomed and, to start this, the County Council should first identify what was needed as part of the service. Responsibility for the service should move from NHS England to the County Council;

b) Kent's Children in Care currently received a good Mental Health service, whereas it was seen that other young people did not, as there had been delays in accessing timely assessment and treatment from the mainstream service, so the recommendation to support and endorse the extension of contract did not have the universal support of the committee;

c) the issue should remain on the committee's agenda for regular monitoring until the service was judged to be right. The issue should also be referred to the Health and Wellbeing Board for its attention;

d) the County Council needed to take a robust stance with the Secretary of State about the difficulties of commissioning suitable services. The four tiers of service were delivered by four different providers. There should be a single, coherent, unified commissioning service for local authorities to work with. The Cabinet Member for Specialist Children's Services, Mr Oakford, undertook to write to the Secretary of State on behalf of the committee, and this offer was generally accepted. The Health Overview and Scrutiny had written to the Secretary of State in the past about the Children and Young People's Mental Health service, as part of the in-depth review of the service that it had been asked by this committee and the Corporate Parenting Panel to undertake; and

e) although two speakers had expressed their lack of support for the recommendation in the report, it was pointed out that the proposed extension to the existing contract would allow more time for the challenges of the service to be worked through and for the service to be improved. The shortcomings of the service were well known and had been the subject of much past discussion at committee, and there was still much work to be done to address the historic lack of investment in the service. The consequences of not extending the contract were set out in the report, so there was no real alternative to supporting the extension and moving ahead with improvement work. Mr Wilson reminded Members that much work had been done to improve the performance of the service and waiting lists had been reduced, in line with the targets set out in the existing contract.

2. The recommendation set out in the report was then put to a vote.

Carried 11 votes to 2

3. RESOLVED that:-

a) the extension to the contract for the mainstream Children and Young People Mental Health Service, already agreed by the Clinical Commissioning Groups, be noted;

b) the proposed decision to be taken by the Cabinet Member for Specialist Children's Services, to extend the Children in Care element of the mainstream Children and Young People Mental Health Service contract, and the Emotional Wellbeing Service contract, be endorsed, taking into account comments made by this committee;

c) officers engage with service providers to update the contract specifications to reflect feedback from practitioners and young people;

d) the Cabinet Member for Specialist Children's Services write to the Secretary of State, on behalf of the committee, to express the concerns set out in paragraph d) above; and

e) the report made to this committee be also referred to the Health and Wellbeing Board.

42. Budget 2015/16 and Medium Term Financial Plan 2015/18
(Item C1)

Mr D Shipton, Head of Financial Strategy, was in attendance for this item.

1. Mr Shipton introduced the report and explained that the draft budget proposals for each of the Cabinet Committees had been published in time for those committees to consider them. However, the Government's provisional settlement and information on the tax base had been published very late before Christmas, so it would be necessary to make some small changes to the draft budget before it was considered by the Cabinet on 28 January. The Government's provisional settlement had been largely as expected. The increase to tax base had been estimated at 0.5%, but provisional notification from districts showed a higher increase (1.7%), giving the

Council more available funding. As a result, the savings proposals in the final draft budget would be reduced and some additional spending could also be funded. Members made the following comments:-

a) concern was expressed that savings planned for one year were sometimes ultimately unachievable, yet would be followed by more planned savings in the next year's budget. It was difficult to be confident that a balance budget for any one year could be achieved; and

b) the planned savings in the Specialist Children's Services base budget for the current year were not as high as they could have been, but it was important to ensure that sufficient spend and investment was possible to prevent children coming into care unnecessarily.

2. Mr Segurola explained that some pressures in the budget had been identified, eg the enhanced recruitment package for children's social workers and ongoing agency staff costs. The full-year impact of these would not be seen in the budget until next year.

3. The Chairman commented that any Member who wished to ask questions of detail or increase their understanding of the budget could seek a meeting with Mr Shipton.

4. RESOLVED that:-

a) the draft budget and medium term financial plan, including responses to consultation and Government announcements, be noted; and

b) Members' comments on the draft budget and medium term financial plan, set out above, be noted by the Cabinet Members for Finance and Procurement, Specialist Children's Services and Adult Social Care and Public Health when they are considered by the Cabinet on 28th January 2015 and County Council on 12th February 2015.

43. Public Health Performance - Children and Young People
(Item D1)

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

1. Ms Sharp introduced the report and highlighted trends in performance across the various health improvement plan targets. Although the number of women breastfeeding at 6-8 weeks had fallen in most areas in the last year, it was hoped that recent work on the community infant feeding service would soon start to show an impact. Ms Sharp, Mr Scott-Clark and Mr Ireland responded to comments from Members, as follows:-

a) concern was expressed that performance on reducing childhood obesity had not improved, despite targeted investment and work. The percentage of children who were overweight increased between the Reception year and Year 6, when the target was for this percentage to decrease over this time. Building better links to the school nursing service and giving families information and guidance on how to address the issue would all help;

b) the increase in childhood obesity between the ages stated was caused partly due to the fact that children became less active as they grew older. Parents looked to professionals to address the issue, whereas they should be addressing the issue at home, by controlling meals and encouraging their children to be active rather than sitting in front of a television or computer screen;

c) it was suggested that the County Council could look into a scheme to offer discounts on scooters. Children needed to have an incentive to be active. The Chairman added that a school in her division had extended its scooter parking area and encouraged children to travel to school on scooters;

d) the 'walk on Wednesday' initiative, in which parents were encouraged to walk their children to school one day a week, could be extended to every day of the week. However, this would present a challenge to parents who could not take the time to walk due to their working hours. Some parents were reluctant to allow their children to cycle to school, and to address the safety of cycling on Kent's roads would help to reassure them, and encourage cycling;

e) although the rate of childhood obesity was not as low as desired, it would be useful to imagine how high it might have been without the initiatives and projects which had been put in place in recent years. The level of childhood obesity had plateaued, which was preferable to it increasing, but what was needed now was for it to reduce. A combination of diet and physical activity was important to address this, and could also benefit mental health, heart health and have general long-term health effects;

f) the County Council could seek to influence food manufacturers to reduce the level of sugar and salt, preservatives and E numbers in prepared foods;

g) dance classes could be offered in school. Children who did not enjoy traditional PE lessons may enjoy dancing instead;

h) young people volunteering for community projects could be rewarded with discount vouchers for sports and activities such as swimming at their local leisure centre; and

i) some local councils installed outdoor gym equipment in public areas, for the free use of the community. Such facilities, once installed, had no ongoing costs.

2. The Cabinet Member for Adult Social Care and Public Health, Mr G K Gibbens, commented that the breastfeeding figures were disappointing, in the light of the emphasis placed upon the importance of the first three years of a child's life in addressing health inequalities.

3. RESOLVED that the current performance and the actions taken by public health be noted.

44. Work Programme

(Item D2)

RESOLVED that the committee's work programme for 2015/16 be agreed.

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KENT COUNTY COUNCIL

CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 9 December 2014.

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

ALSO PRESENT: Mr P J Oakford and Ms B Taylor

IN ATTENDANCE: Mr P Segurola (Interim Director of Specialist Children's Services), Mrs S Skinner (Service Business Manager, Virtual School Kent) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

49. Apologies and Substitutes

No apologies or notice of any substitutes had been received.

50. Minutes of the Panel meeting held on 24 October 2014
(Item A2)

RESOLVED that the minutes of the Panel's meeting held on 24 October 2014 are correctly recorded and they be signed by the Chairman. There were no matters arising.

51. Chairman's Announcements
(Item A3)

1. The Chairman announced that Bella Taylor would replace Sophia Dunstan as the OCYPC representative on the Panel, while Sophia was on maternity leave. She welcomed Bella to the Panel.

2. She added that she had recently met the new VSK apprentices and said they would be a great asset to the VSK programme.

52. Verbal Update from Our Children and Young People's Council (OCYPC)
(Item A4)

1. Ms Taylor introduced herself to the Panel and gave a verbal update on the following issues:-

a) she explained that the number of VSK apprentices had doubled, from four to eight, and introduced two of the new VSK apprentices, who had come to observe the Panel meeting. The increased number would allow there to be two apprentices in each locality and would increase the level of support and engagement possible;

b) a taster day for the OCYPC had been successful, with new members joining. OCYPC would like to find a representative of unaccompanied asylum seeking children (UASC) in the coming year. There had been two residential courses during 2014, to help initiate team building. There had been a Christmas card design competition, with the intention that the winning design would be printed as the official OCYPC card. The Christmas edition of the newsletter would be issued shortly, and an ongoing aim was for this newsletter to reach younger children in care; and

c) participation days had been successful this year, with some 300 children and young people attending, but the aim was always to try to engage with hard-to-reach children and young people and encourage them to take part.

2. She responded to comments and questions, follows:-

a) concern was expressed that some asylum seeking young men may have trouble working with and relating to female staff, as attitudes to women in their home countries were quite different from attitudes prevalent in the UK. Ms Taylor said she had a keen interest in UASC issues and had taken account of the difference in attitudes but did not foresee it causing any problem. Mr Lymer offered the benefit of his experience of working with ethnic minorities to help with any support and advice with addressing any problems which may arise;

b) in response to a question about how foster carers received the OCYPC newsletter, Ms Moody and Mrs Carpenter confirmed that they received the newsletter online and shared it with the children in their care;

c) in response to a question, Mrs Skinner said that every effort would be made to help VSK apprentices to take up invitations to attend various events around the county, eg Youth Advisory Groups, but pointed out that apprentices had to rely on public transport. She asked that anyone seeking a visit by an apprentice contact her so arrangements could be made;

d) Panel members offered help to distribute copies of OCYPC/VSK newsletters in their local areas, and it was agreed that each newsletter, when ready, would be emailed to the Democratic Services Officer for circulation to all Panel members;

e) in response to a question, Panel members were advised that dates for participation days for the whole of 2015 were not yet set, but they would be posted on the website as soon as they were known. Events for the February half-term holiday had been set, and Easter events would be arranged shortly. The Panel was reminded that such events would always be scheduled to take place in the school holidays; and

f) Panel members had heard often that young people did not welcome being asked to complete surveys, and that different ways needed to be found of gathering their views. Ms Taylor advised that the challenge had been given some thought and possible solutions would be discussed at the next

residential event and OCYPC meeting. Mr Segurola added that officers were looking into how best to gather feedback from children and young people in care, to achieve the most helpful method for them and to be able to evidence this relationship.

3. The Cabinet Member, Mr Oakford, said he had written to the Children's Commissioner about the challenge of finding an alternative to surveys and had received a favourable reply, asking for more detail. He said he would pursue the issue with the aim of achieving, by May 2015, a co-ordinated national annual survey which covered all the required information. He undertook to copy his email exchange with the Commissioner to Mrs Skinner and Ms Taylor.

4. The Chairman offered to write a Christmas message to all children in care, for inclusion in the Christmas edition of the OCYPC/VSK newsletter.

5. RESOLVED that the verbal update be noted, with thanks.

53. Cabinet Member's Verbal Update
(Item A5)

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

Child Sexual Exploitation awareness session for Members of this Panel and the Children's Social Care and Health Cabinet Committee on 18 December, by Tim Smith of Kent Police – all Members of both committees had been invited to attend and it was hoped that a good attendance would be achieved.
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' – this had been a very successful event.
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 Panel. He undertook to arrange for the Corporate Parenting Panel and the Children's Social Care and Health Cabinet Committee to be shown Becky's presentation in January, at an awareness raising event similar to the one about Child Sexual Exploitation.
8 December meeting with Graham Archer at the Department of Education with Philip Segurola, Paul Carter and Andrew Ireland about how Kent managed issues relating to Child Sexual Exploitation.
CAMHS contract renewal – the clinical commissioning groups (CCGs) had extended its contract for CAMHS without discussion with the County Council. Specialist Children's Services and procurement officers would look into the impact of this upon the Council.

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

    a) the CAMHS contract extension had been reported to the Health Overview and Scrutiny Committee, so should not have come as a surprise, although, as the existing contract would expire in August 2015, there was surely time to have consulted more widely, so the lack of consultation was disappointing. Mr Segurola added that consultation with the County Council should have been routed through the Health and Wellbeing Board. He reminded the Panel that

the County Council had an interest in the contract in terms of its provision for children in care; and

b) in response to a question about the possibility of young people attending the CSE briefing on 18 December, to broaden their awareness of the issue, Mr Segurola said the intended audience was elected Members and the content would address their need to be aware of the issues as corporate parents.

3. The verbal updates were noted, with thanks.

54. Meeting Dates 2015 - amended start times
(Item A6)

The Panel's 2015 meeting dates had been reported to the Panel on 24 October, but the start times of the afternoon sessions had since been brought forward. The dates reserved for the Panel's meetings in 2015, and their revised start times, were noted, as follows:-

Friday 13 February, 10.00 am
Thursday 9 April, *new start time 1.00 pm*
Thursday 18 June, *new start time 1.00 pm*
Thursday 3 September, *new start time 1.00 pm*
Friday 23 October, 10.00 am
Tuesday 8 December, *new start time 1.00 pm*

All meetings would take place at County Hall, Maidstone.

55. The Share Foundation and Junior ISAs for Children in Care
(Item B1)

1. Mrs Skinner introduced the report and explained that setting up a Junior ISA for every child in care, with an initial investment of £200 per child, had replaced the previous arrangements for each to have a Child Trust Fund. Children who were in care at the time of the Child Trust Fund would retain this fund, while children coming into care since then would have a new ISA. The Government introduced this support for children and young people who had been in care for a period of at least one year, so any child in care for twelve months or more should have some type of investment fund. When a child came into care, the County Council would inform the Share Foundation, which would establish a new ISA for them, and when a young person came to leave care, the Share Foundation would arrange for the funds accrued to be paid to the young person. The Kent Pledge payment, made by the County Council to every child in care, would be added to the Child Trust Fund or ISA fund. The purpose of telling the Panel about this scheme was to seek its help in raising extra funding for children in care. If agreement were forthcoming, a representative of the Share Foundation could attend a future Panel meeting to help take forward plans for fundraising. Mrs Skinner responded to comments and questions from Panel members, as follows:-

b) the possibility of involving all elected Members was raised, perhaps by arranging a presentation and debate at a full Council meeting in the new year. This would reinforce Members' shared role as corporate parents and

allow all to input ideas about fundraising. If all elected Members were to be informed and involved, each could help by approaching business communities and fundraising organisations in their local area;

c) foster carers were able to add their own contributions to the ISA funds for children in their care, as was the child's birth family, in the same way in which parents and grandparents would put away funds for their own children's and grandchildren's future;

d) Panel members asked Ms Taylor if she was aware of the fund held in her name and her entitlement to access it upon leaving care. The Chairman added that young people in care were very astute about money issues and were sure to tell the County Council if the system did not work and if they were not able to access their funds!

e) it was suggested that the knowledge available to the County Council via the officers who managed the Council's pension funds could be used to benefit the investment of ISA funds. Several elected Members had previously worked in banking and had excellent knowledge of investment;

f) when a young person had their funds paid out to them upon leaving care, they could be given advice and encouragement to continue saving for their future;

g) rather than approaching local businesses to help with fundraising, as many were still struggling after the economic downturn, it might be better to approach banks. This would give them a chance to 'give something back'. In addition, people with shares with a low value had an option to donate them to a good cause, which may be more cost-effective than cashing them in, and the County Council could establish a scheme to encourage people to donate these shares to benefit local children in care;

h) another group of young people which could benefit from having an ISA was child carers;

i) some of the cohort of 141 young people who were eligible to receive a payment of funds upon leaving care, but who had not yet done so, were those who had left care before the current scheme was established and were eligible for a retrospective payment. Some had changed addresses since leaving care and would need to be traced to a current address. Mrs Skinner reassured Panel members that she would obtain a list of names of the 141 and assist in tracing them; and

j) young people should be involved in decisions, and asked for their suggestions, about how money was to be raised and invested for them, as it was, after all, money which was rightfully theirs.

2. RESOLVED that:-

a) the information about sources of savings accounts held on behalf of Kent children in care be noted; and

b) the County Council work with the Share Foundation to encourage additional fundraising through local businesses and other bodies, taking account of the Panel's comments and suggestions, set out above.

56. Therapy and Counselling services for Children and Young People with Emotional Wellbeing needs (including mental health)
(Item B2)

Mrs C Infanti, Strategic Commissioning Officer, was in attendance for this item.

1. Mrs Infanti introduced the report and summarised its key points. A draft emotional wellbeing strategy had been debated by the Children's Social Care and Health Cabinet Committee on 3 December and the delivery plan for this was expected to be ready in February 2015. Mrs Infanti and Mr Segurola responded to comments and questions from Panel members, as follows:-

a) the figures for current cases in each area, listed in the report, were grouped by clinical commissioning group (CCG) district, and Mrs Infanti undertook to advise the speaker outside the meeting of the figures, separated instead into district council areas;

b) it was noted that that the total number of cases listed – 464 – represented 25% of Kent's current children in care population.

c) when a child came into care, they would have a health assessment to identify the type of support they needed. There was currently some fragmentation across the tiers of provision but the new emotional health and wellbeing strategy 'The Way Ahead' sought to improve the assessment process. A foster carer commented that access to emotional health and wellbeing services could be a lottery as some new social workers were unsure about the process, and by the time services could be found, the child had sometimes moved on to a new foster carer, who would have to start the process again from scratch. Mr Segurola explained that training on emotional health and wellbeing services would be built into the induction package for all new social workers;

d) one speaker added that he had experienced delay in accessing the common assessment framework (CAF) process and said the Panel should monitor this issue closely, as well as access to lower tier services. It was important to identify also how such monitoring information would be acquired and how progress would be measured;

e) the same speaker asked for a list of all commissioned services and who delivered them, and Mrs Infanti undertook to supply this;

f) a care package put in place when a child entered care would not automatically include any emotional health and wellbeing service;

g) concern was expressed that there were insufficient hospital beds available for young people in emotional crisis; some young people had to be kept in police cells as that was the only available alternative; and

h) the Panel asked to receive a further report on emotional health and wellbeing services early in 2015, so it could see and monitor a co-ordinated approach to the related services.

2. RESOLVED that:-

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

b) the further information requested about services and monitoring mechanisms, as noted above, be provided to Panel members, as requested.

57. Update on the Adoption Service

Ms Y Shah, Interim Head of Adoption Service and Improvement, Coram/KCC

1. Ms Shah introduced reports on the adopters' journey, children's adoption journey and by adoption panel chairs, and summarised the key points of them, as follows:-

a) as the number of children awaiting adoption had decreased by some 60% nationwide, events aimed at recruiting new adopters had been scaled back and would be held less often, to slow down the rate of recruitment of mainstream adopters;

b) a new service, recently launched, would allow adopters, once approved, to access a national database of children awaiting adoption;

c) the British Association of Adoption and Fostering would shortly launch a scheme for adopters to make DVDs to promote themselves to children seeking adoption, in the same way in which children could currently make promotional DVDs to attract adopters;

d) the timescale within which children were placed had improved, with 70% of children now being placed within the desired timetable;

e) Kent's family finding service had received recognition at a national level; and

f) Ofsted had highlighted the need to increase the number of elected Members serving on adoption panels.

2. She then responded to comments and questions from Panel Members, as follows:-

a) asked about recruitment of adopters for harder-to-place children, eg sets of siblings and those with disabilities or behavioural problems, Ms Shah explained that a recent radio campaign had been unsuccessful, and that some adopters who had come forward for such children and had been approved then changed their minds about continuing. Some may have been put off by being given case examples of the medical problems experienced by some children. She emphasised that additional support

would be put in place for adopters of disabled children, and that a new recruitment campaign would be mounted early in 2015, aimed at recruiting adopters for siblings and disabled children. Mr Segurola added that additional support was vital to avoid a breakdown of a placement;

b) a report setting out more detail of post-adoption support would be made to the Panel in the new year;

c) adopters had previously been able to see profiles of children waiting adoption, but it was planned that children would shortly be able to see profiles of adopters; and

d) the Chairman, who had served on adoption panels in the past, commented that finding Members to serve on such panels was a challenge, on top of other committee memberships and County Council duties, as the workload of preparation, reading and travel was onerous. Lay people determining adoption cases would need support to understand some of the issues involved, as the confidential nature of the material meant they could not discuss them with, or seek clarification from, any unauthorised third party.

3. The Chairman thanked Ms Shah and the Coram team for the tremendous amount of work they had done in improving the County's adoption service. Ms Shah replied that the biggest contribution to this improvement had been made by the foster carers who supported the placement and adoption process.

4. RESOLVED that the information set out in the reports be noted, and the Panel's thanks to the Coram team and the county's foster carers for their work in improving Kent's adoption service be placed on record.

Chairman………………………………..

13 February 2015

CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Darent Room, Sessions House, County Hall, Maidstone on Friday, 13 February 2015.

PRESENT: Mrs A D Allen, MBE (Chairman), Mrs P T Cole, Mr G Lymer, Mr B Neaves, Ms B Taylor, Mr R Truelove, Mr M J Vye, Mrs J Whittle and Mrs Z Wiltshire

ALSO PRESENT: Mr P J Oakford

IN ATTENDANCE: Mr P Segurola (Interim Director of Specialist Children's Services), Ms S Hammond (Assistant Director of Specialist Children's Services, West Kent), Mrs S Skinner (Service Business Manager, Virtual School Kent), Mr C Dowle (Virtual School Kent Apprentice) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

58. Membership
(Item A1)

The Chairman reported that Bella Taylor had been co-opted onto the Panel in place of Sophia Dunstan.

59. Apologies and Substitutes

The Democratic Services Officer reported that apologies for absence had been received from Robert Brookbank, Stuart Griffiths and Carolyn Moody. No notice of any substitutes had been received.

60. Minutes of the meeting held on 9 December 2014
(Item A3)

RESOLVED that the minutes of the Panel's meeting held on 9 December 2014 are correctly recorded and they be signed by the Chairman. There were no matters arising.

61. Minutes of the meeting of the Kent Corporate Parenting Group (KCPG) held on 4 December 2015
(Item A4)

1. Mr M J Vye, who served on the Group and had attended the meeting, highlighted some key points of the Group's discussion, as follows:-

- **Challenge cards** – he would seek a report on these to the next meetings of the KCPG and the Corporate Parenting Panel (CPP). Mr Segurola added that Our Children and Young People's Council (OCYPC) used to cover this issue.

- **Pathways plans** – This Panel would need to know about the recent changes to the format of these. Mr Segurola added that changes to the Pathway Plans template were currently being considered.
- **Changes to Social worker** – This Panel should look further at this. Mr Segurola added that changes were now included as part of the reporting on the scorecard.
- **Child Sexual Exploitation** – Members reported that they had heard there were some problems with getting Police on board. Mr Segurola advised that he had no evidence to support this and that the County Council was in dialogue with the Police regarding the further development of dedicated resources for Child Sexual Exploitation.
- **KCPG/CPP links** – KCPG would discuss this at its next meeting to make sure that its and the CPP's agendas were mutually supportive. Mr Segurola added that the issue needed further thought.

2. The Chairman asked Ms Taylor to comment on some of the issues raised and Ms Taylor added the following:-

- **Changes to social worker** – young people always preferred to have one person to contact and deal with so sought minimal change. Some young people had experienced many changes of social worker during their time in care. However, where it was possible to arrange a handover period between changes, this had been helpful. A good social worker could be a great inspiration to a young person, and Mrs Skinner gave an example of a former child in care who was now studying for a social work degree.
- Some discussion then followed on **careers advice for young people leaving care**, and Mrs Skinner explained that, now care leavers' services were grouped together, such advice was easier to deliver and monitor. *A report on this issue would be made to the next meeting of this Panel.* Ms Taylor added that some young people in care had been advised by a social worker that they could not go to university as it would not be funded. Others considering university also worried about where they would stay in the holidays. The Chairman commented that a scheme of supported lodgings for young people attending university could help this, and Ms Hammond agreed that holiday accommodation should not be a barrier to applying for and accepting a place at university. Panel members expressed dismay that such a situation should arise and it was suggested that, as well as looking into a scheme of supported lodgings, holiday employment could perhaps be found which included accommodation, eg in the hotel or leisure industry.

3. RESOLVED that the minutes of the meeting of the Kent Corporate Parenting Group held on 4 December 2014, and the verbal updates and discussion points arising from them, be noted, with thanks.

62. Chairman's Announcements
(Item A5)

1. The Chairman welcomed Chris Dowle, a Virtual School Kent (VSK) apprentice, who was attending the meeting as an observer.

2. She announced that the Corporate Parenting Select Committee had recently started its work and said that it would hopefully be able to make some useful

recommendations about how elected Members could carry out their role as corporate parents.

3. She announced that a second sports day would take place on 28 May, organised by the East Kent Foster Carers' Association, and hoped that it would be as successful as last year's event. She asked Panel members to think of any contacts they had in the sports world who could appear at and support the event.

4. She reminded Panel members that they were invited to a lunch meeting with the County Council Chairman on the rising of the Panel meeting, at which they would be able to meet and chat to the eight VSK apprentices.

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

1. Ms B Taylor and Mr C Dowle gave a verbal update on the following issues:-

OCYPC Constitution – This had now been agreed by the OCYPC and had been sent round to Panel members. A second venue for OCYPC meetings had been established, in East Kent, so more young people could attend, and another venue was being sought in South Kent.
Input into residential events - ten young people would be attending a half-term residential week at the Kent Mountain Centre in Wales. Feedback from participants at this event would help in planning future events.
Changes to activity – events organised by OCYPC would be distributed across the county so more young people would have an opportunity to take part in them. However, there were still some young people who did not attend and so were missing out on an opportunity to get involved and met other young people in care. To give everyone a fairer chance of attending, each was now allowed to attend only two events a year. If they wished to attend more than two events, their name could be added to a waiting list, and if there were spaces left, they might be able to attend. They might also be able to bring a foster-sibling to the event, if there were spaces available, but the sibling would be required to pay to take part, as the VSK-funded events were run for the benefit of children and young people in care. Mrs Skinner added that, because interest from foster families had been identified, it would be good to be able to arrange a separate family fun day for children and young people in care and their foster families.
Thanet social worker service day on 12 February – this had given the OCYPC an opportunity to spread the message about their work.
Recent activity – arrangements were being made for a gliding event to take place on 16 April. This has been negotiated at no cost to the OCYPC. By getting their name more widely known and respected, VSK could benefit from other free or sponsored events. As VSK had now taken on responsibility for services for YP aged 16 to 18, it would be necessary to arrange events suitable for a wider range of ages, and workshops at the Marlowe Theatre in Canterbury had been arranged to suit both older and younger age groups.
VSK apprentices – the eight apprentices could take on much more work between them and cover all areas more thoroughly, with two apprentices in each area. They were also now able to do more work in schools. Their aim was to challenge other young people's perception of being in care as being like the TV series 'Tracey Beaker'. Apprentices would visit school assemblies to give children a better picture

of the experience of being in care and emphasise that children in care were not there because they had done something wrong.
VSK newsletter – the spring edition was currently being prepared and would shortly be issued. Key themes in this edition would be health and education.
VSK apprentices' link to Canterbury College – this was to gain support for a scheme to support children and young people in care into and through college courses.

2. Ms Taylor, Mr Dowle and Mrs Skinner responded to comments and questions from the Panel as follows.

a) asked if elected County Council Members were able to support OCYPC and VSK events by using their individual Members' budgets, Mrs Skinner explained that this was indeed possible and that she contacted Members periodically to ask if any had any spare money which they wished to use to support events. The Chairman suggested that all Members could use local contacts and influence to attract sponsorship and support for events;

b) asked how children and young people in care were able to assess the services the County Council delivered to them, as frequent surveying had become unpopular, Ms Taylor explained that, to gain feedback about the upcoming visit to the Kent Mountain Centre, apprentices had been circumspect in gaining feedback via subtle questioning; they asked in advance what participants expected to gain from the event and would ask again afterwards what they had gained from it. One well-worded question could result in some very useful input;

c) asked how other children and young people could be made aware of the realities of being in care, eg in the same way in which they were educated about religious and cultural diversity, Mrs Skinner added that there was much work to do but good work was already going on in schools by teachers who were aware of and supportive of children and young people in care and the issues they faced. The scheme of designated teachers was working well; and

d) asked how well-represented children and young people in care were in Kent's Grammar schools, Mrs Skinner explained that they were under-represented as very few took the 11+ test. The decision about whether or not to enter a child for the 11+ would be taken after discussion in a planning meeting between social workers and foster carers, when a child reached the age of 10. The aim was to arrive at a point at which most children in care would sit the 11+ and it would only be necessary to discuss those children who were not taking it as they would be the exception.

3. The verbal updates were noted, with thanks.

64. Cabinet Member's Verbal Update
(Item A7)

1. Mr P J Oakford gave a verbal update on the following issues:-
Feedback from all Members' Child Sexual Exploitation Briefing – this briefing had had a good attendance of 35 Members. He commended the work of Mr Segurola

and his team and suggested that a further briefing be held in six months' time to update Members of the latest work.
Essex County Council meeting feedback – He had recently attended a meeting with officers from Kent County Council and Essex County Council to discuss how the latter had achieved a journey from 'inadequate' to 'good'. He had learnt much from this meeting, as Essex County Council was, in 2011, at the stage where Kent County Council was today. An action plan would be prepared on how issues raised at the meeting would be taken forward.
Children's Operating Groups (COGs) update – following complaints that some COGs were not working well, research had shown that all area COGs operated differently. A working group had been formed to look at re-designing and refocussing the COGs and possibly re-aligning them to match districts rather than clinical commissioning group areas.
Visits to Children's Centres in Sevenoaks – visit he had undertaken with the Leader, Paul Carter, had been very successful and allowed an opportunity to meet and chat to parents about the challenges faced by centres.
Attended the Kent Safeguarding Children Board Peer review feedback – this had been an eye opener!
East Kent Foster Carers' Association Sports Day on 28 May – last year's event had been excellent, and well supported by local children in care and their foster families.

2. The verbal updates were noted, with thanks.

65. Care Leavers Support Policy
(Item B1)

1. Ms Hammond introduced the report and highlighted the key changes made as a result of all services for children in care up to the age of 18 being integrated in the autumn of 2014. Following new statutory guidance, the County Council had now produced a written set of promises to young people leaving care, to set out what they could expect from the County Council as their corporate parent in assisting and supporting them in preparing for adulthood. She and Mr Segurola responded to comments and questions from the Panel, as follows:-

a) the County Council had previously accepted too easily the refusal of some young people to engage with support and advice services, and could have been more persistent in its support of them. Its service commissioning had made it too easy to lose touch with young people once they left care, although it had a duty to continue to support them;

b) the Staying Put policy was welcomed, as foster children needed to feel that they had a room to return home to from university at the end of term, in the same way that most other young people would return to a family home in the holidays. A large number of the young people in care eligible for care leavers' services were unaccompanied asylum seeking children (UASC) as some of these had not previously received the support they could have had. As the issues they faced were often complex, they took time to resolve. Young people not eligible to receive this support would be signposted to other agencies;

c) change management was important to achieve good outcomes for care leavers, but their relationship with the County Council would change when they reached the age of 18. As much support for care leavers was tied to participation in further education, the County Council would encourage as many as possible to stay on and benefit from further education;

d) the Panel had heard at a previous meeting about care leavers' entitlement to receive the savings which have been held for them, but Ms Hammond reassured the Panel that, if it were believed that a young person was at risk of being exploited when receiving a lump sum of money, the County Council would seek legal advice to protect them and their money. Mr Segurola added that some young people may have received substantial sums of money as a result of criminal injury claims;

e) young people under 18 may be in supported lodgings and be receiving support from a Foster Carer in managing their finances, but once over 18 they would take on responsibility for managing their own funds; and

f) the Panel had heard previously about some young people who had experienced problems with accessing benefit payments upon returning from organised youth expeditions abroad, as they had been 'unavailable for work' for that period, and had accrued debts because of this. The County Council could assist in such cases by providing a letter to explain the purpose and importance of the expedition, eg as a development opportunity for care leavers, but resolving the issue and re-instating benefits payments could take time and perseverance. It would be helpful for care leavers to have some guidance about this sort of issue, and Ms Hammond advised that such guidance was available at JobCentrePlus and from the personal advisor service, to which all care leavers had access. Ms Taylor added that, if young people were told early on that this sort of problem might arise, they would be able to make an informed decision about whether or not to take part in the expedition. *Mr Segurola undertook to look into individual cases outside the meeting and address the issue of providing future guidance to help young people avoid the problem.* Panel members commented that it was helpful for them as corporate parents to be made aware of issues like this.

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

66. Leading Improvements for Looked After Children (LILAC) Assessment
(Item B2)

1. Ms Skinner introduced the report and explained that, as the County Council had achieved four of the seven standards, work was ongoing to address the ones which had not been met; 'style of leadership', 'structure' and 'staff'. She responded to comments and questions from the Panel, as follows:-

a) the report was generally very positive but it would be useful to have included in it examples of what was considered to be good practice, so Kent could use these as a model for its future work. Kent's large size was a challenge to co-ordinating its corporate parenting leadership. It had a member Panel (the Corporate Parenting Panel) and an officer group (the

Kent Corporate Parenting Group) to co-ordinate, whereas many smaller authorities may have only one corporate parenting body and thus not have this challenge. It would be useful to know how other authorities organised their corporate parenting governance;

b) young people in care and leaving care were involved in preparing job specifications and some recruitment panels for social workers. Ms Skinner explained that the aim was that their involvement be increased and embedded at every level of recruitment and for a wider range of staff. There were many formal requirements around writing job descriptions, but it would be feasible to involve young people more informally in the process, eg in setting out what children in care expected of, and needed from, a social worker; and

c) engagement with young people was a challenge, both of terms of the timing of the Panel's meetings and the content of its agendas, some of which could be a bit 'dry' and limited in its ability to engage much interest. Mr Segurola added that work needed to be done to identify the level of resource which was needed and which it was possible to commit to increasing participation. To engage with all young people for whom the County Council was a corporate parent would mean including engagement with those in care and leaving care, and engagement via child protection work, and it was also important to achieve consistency across all groups and areas of the county.

2. RESOLVED that:-

a) the assessment and its findings be noted;

b) the need for work streams to continue to address the standards not yet achieved be agreed; and

c) National Voice be invited in June 2015 to undertake a revised assessment on the areas requiring development, and a further report be made to this Panel at that time.

67. Update on the Integrated Children in Care and Care Leavers Service
(Item B3)

1. Ms Hammond introduced the report and highlighted the improvements achieved in the integration of services to give all young people in care and leaving care one co-ordinated service. Good progress had been made in staff training in using the integrated system. Panel members made the following comments:-

a) VSK was currently seeking to recruit a young unaccompanied asylum seeker (UASC) as an apprentice, but there were some barriers to such young people becoming involved, eg language or cultural difficulties. One young man who had been UASC had served as a VSK apprentice but since moved on; and

b) for a young UASC man who was due to take part in a half-term expedition, apprentices had prepare 'flash cards' to help him with basic English and

build his confidence to take part in and enjoy the trip. The social and leisure activities offered by VSK and other groups in Kent to young people in care simply were not offered in other countries and other cultures, so organisers were keen to encourage UASC to become involved.

2. RESOLVED that the content of the report and the information given in response to comments and questions be noted.

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, Director of Public Health
To:	Children's Social Care and Health Cabinet Committee - 21 April 2015
Subject:	**Verbal updates by Cabinet Members and Corporate Directors**
Classification:	Unrestricted

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

<u>Children's Social Care</u>

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

New arrangements for Disabled Children's Services

Disabled Children's Services, Adults Learning Disability and Adult Mental Health Services have come together in a new division from 1April 2015. Penny Southern will be the Director responsible for the division, which is called Disabled Children, Adults with a Learning Disability and Mental Health.

I am very pleased that this closer alignment will further improve the support for disabled young people as they become adults.

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

1. Children in Care placed in Kent by other local authorities
2. Children with a Disability Services.

<u>Children and Young People's Public Health</u>

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

<u>Key Decisions</u>

14/00146 – Contract Extension for Kent Community Health Trust – Smoking Cessation Service

14/00147 – Contract Extension for Kent Community Health Trust – Health Trainers Service

14/00148 - Contract Extension for Kent Community Health Trust – Healthy Weight Service

Events

1. 11 February - Attended Local Government Association Annual Public Health Conference in London

Director of Public Health – Mr A Scott-Clark

1. Smoke Free Children's play areas; pilot with Ashford Borough Council
2. Scarlet Fever national increase in cases

From: Peter Oakford: Cabinet Member for Children's Social Care

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

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

Subject: **CHILDREN IN CARE AND CARE LEAVERS ACCOMMODATION**

Classification: Unrestricted

Summary: This report provides information about the Statutory Requirements on the Council to ensure that older children in Care and Care leavers have suitable accommodation. The report highlights the current challenges faced in sourcing such accommodation

Recommendation(s):

The Cabinet Committee is asked to note the Corporate Parenting responsibilities of the Council and its Members in regards to ensuring Care Leavers have suitable accommodation

The Cabinet Committee is asked to lend its support to the Lead Member for Children's Services in influencing District, Borough and City Council Members in regards to the provision of social housing for children in care and care leavers.

Introduction

The Children (Leaving Care) Act 2000 introduced new requirements on local authorities to plan for looked after children so that they have the support they need as they make their transition to the responsibilities of adulthood.

Since 2001 the trend to discharge young people from care prematurely when they are as young as 16 has been reversed and many more care leavers now live in suitable accommodation when they are no longer looked after; the numbers of care leavers in education, training and employment has also increased. However, the Government contends that there is still more to do, and believes that there remain too many young people expected to cope with independent living too early and without proper support.

In response to these concerns, Statutory Guidance was published which largely concerns information about the support provided to young people who have ceased to be looked after. Guidance in relation to young people entitled to support to prepare them to leave care but who remain looked after (i.e. "eligible children") is included in Volume 2 of the Children Act 1989 Guidance – *Care Planning, Placement and Case Review regulations and statutory guidance* ('the Care Planning Regulations'). This describes a comprehensive framework of assessment, care planning, intervention and case review that must be followed by local

authorities to plan the support they will give to prepare 16 and 17 year olds for the time when they will not be looked after.

Context

The main aim of the Care Leavers Regulations and of the guidance is to make sure that care leavers are provided with comprehensive personal support so that they achieve their potential as they make their transition to adulthood

The Statutory Guidance is clear that Care leavers should expect the same level of care and support that others would expect from a reasonable parent. The local authority responsible for their care should make sure that they are provided with the opportunities they need, which will include offering them more than housing.

Where there is any proposal for the young person to move to different accommodation, as part of the process to prepare for their transition to adulthood, then their pathway plan must include an explicit assessment of the support they need to develop the skills that they will require to be ready for this significant change. The plan must also include a thorough assessment as to the suitability of the potential accommodation for the individual young person.

Although the Local Authority's Duties to provide accommodation for Care Leavers end when they reach the age of 18, the local authority must ensure that our Care Leavers new homes are suitable for their needs, offer sufficient support and are linked to their wider plans and aspirations. For example located near their education or work, safe and in a secure setting with the right levels of support if and when necessary. This duty inevitably leads to the Council to funding or providing financial support for a wide range of accommodation to ensure that the accommodation needs of our Care Leavers are met.

In addition to our Statutory Duties, Specialist Children's Services aspires to be providing a Good to Outstanding service for Care Leavers in accordance with Ofsted judgements. Our recent work in this regard has highlighted the need for us to focus more intensively on the whole range of accommodation for care leavers. In order for Kent's Care Leavers to have the best possible chance of accessing the most suitable accommodation we require the support and active involvement of our partner Councils at Borough, District and City level.

Accommodation Options

- Staying Put. This is the offer to all Care Leavers who meet the eligibility criteria to remain in their existing foster placement post their 18th birthday. An assessment of need is undertaken and the foster carers are assessed as Supported Lodgings providers in order for the Care Leaver to remain in the placement. An average supported lodgings placement costs £160 per week and requires that the care leaver claims Housing benefit if eligible and contributes to their rent and food and utilities
- Supported Lodgings. These can be provide both in a family home setting and in a larger managed unit, and provides the young person with a safe place to live as well as 14 hours of support a week. This support can be increased if necessary but is aimed at ensuring that young people and care leavers are supported through the transition into adulthood.
  The cost of this type of provision varies between £160 and £550 per week and there is an expectation that care leavers contribute to the rent and utilities.

- Vacation Accommodation. This is provided to care leavers in Higher Education when they are not at University, either in the form of an actual room in a semi independent living placement or as a £100 per week contribution to rent in an existing property.
- Semi-independent accommodation. Some care leavers remain living in semi-independent accommodation beyond their 18th birthday. At the current time these are exclusively UASC, and during this time the costs of this accommodation is met wholly by the Local Authority. It is more challenging to find accommodation in the private sector for this cohort which can sometimes result in the individuals concerned having to present themselves as homeless at their local District Council in order to be housed.
- Privately rented accommodation. The majority of Care Leavers living independently are in the Private Rented Sector. In order to ensure that they are able to access suitable and safe accommodation, the Service often finds itself having to "top up" the rent or Housing benefit on behalf of the young person.
- Social Housing Less than 10% of all eligible Care Leavers are currently living in Social Housing, even though they are classed as a vulnerable group and should be given additional points when bidding for properties. This is a very low figure and reflects Kent's overall Housing challenges. Single Tier Authorities achieved a much higher access rate of social housing for their care leavers than upper tier authorities.
- Bed and Breakfast. Care leavers are never placed directly from leaving care into Bed and Breakfast accommodation. However there are some rare instances when young people have exhausted all other types of accommodation usually through their own choosing.

Financial Implications.

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

UASC Care Leavers	**£4.97 m**
British Citizen 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, including substantial accommodation costs.

Future Planning.

The 0-25 Transformation programme includes activity around the provision of suitable accommodation for 16-25 year olds including care leavers.

Review of Supporting People funding is taking place to explore opportunities for Care Leavers to be included in this funding stream.

Current Supported Lodgings provider contract includes "growing the market" incentives.

Semi-independent accommodation option to be opened up to include all Care Leavers.

Housing Managers task and finish group in collaboration with Early Help to explore joint commissioning of Supported Housing options with Borough and District Councils.

Recommendation(s)

Recommendation(s): **The Children's Social Care & Health Cabinet Committee** is asked to Note the contents of the report and when and where appropriate raise the provision of suitable accommodation for Care Leavers with members and officers of the District, Borough and City Councils.

Contact details

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

Andrew Scott-Clark, Director of Public Health

To: Children's Social Care and Health Cabinet Committee

21st April 2015

Subject: Update on Developing the Public Health Strategic Delivery Plan and Commissioning Strategy

Classification: Unrestricted

Pathway: This is the first committee to consider this report

Electoral Division: All

Summary:

Since responsibility for Public Health transferred to KCC in April 2013, there has been a range of commissioning activity. This has built up an understanding of the potential and the limitations of the contracts that transferred to KCC. There are clear opportunities for a new approach.

Public health is developing a new strategy for Kent and an aligned commissioning plan. This will ensure that the future approach to public health will be based around the needs of the person as a whole, and wherever appropriate interventions are within integrated services. Crucially tackling health inequalities will underpin every programme of work.

Whilst this strategic review takes place, key programmes will continue to be commissioned, as detailed in this report. They are structured within a Starting Well, Living Well and Ageing Well approach.

2015/16 is a year in which a new approach to public health must be accelerated. We must move away from standalone provision, focused on one particular lifestyle issue, and focus on an integrated approach to delivering key outcomes for Kent.

1. Introduction

1.1. Nationally the importance of good prevention continues to be embedded in statutory and strategic guidance. The NHS 5 Year Forward View and The Care Act set out a Call to Action and a statutory framework for effective prevention.

1.2. During 2014/15 the KCC Public Health department have worked closely with colleagues across the Health and Wellbeing system in Kent, supporting prevention across the Council and with partners.

1.3. It has been a year of learning, analysing the resource available, drilling down into the performance of services, and reviewing the effectiveness of different approaches. Some good progress has been made, there are improvements in performance, integrated models of care have been developed and efficiencies have been driven on key contracts.

1.4. However, it is recognised that much of the approach is still based on outdated models of service, and that there are huge opportunities to improve the support and services available through the evolving integrated arrangements in health and social care.

1.5. The Public Health strategy is being developed and will be finalised in early 2015/16, and aligned to this will be a commissioning plan. This will set out how public health services can be reconfigured to support the approaches and accelerate the preventative work across Kent in the Health and Wellbeing system.

2. Drivers for Change

2.1 In developing the strategic delivery plan it is important to understand the drivers for change that are affecting the health and social care system across the country, and here in Kent. These are:

- NHS Five Year Forward View:
- The Care Act:
- Financial drivers:
- Demographics:
- Health inequalities:
- Kent Health and Wellbeing Strategy.

2.2 In addition to the drivers outlined, above the recently agreed five year vision for Kent County Council, highlights three strategic outcomes:

- Children and young people in Kent get the best start in life
- Kent communities feel the benefits of economic growth by being in work, healthy and enjoying a good quality life
- Older and vulnerable residents are safe and supported with choices to live independently.

3. Our vision and strategy

3.1 Using the drivers for change outlined above, a proposed vision has been developed, alongside the approaches that will be taken.

3.2 The proposed vision is: “to improve and protect the health and wellbeing of the people of Kent, enabling them to lead healthy lives with a focus on the differences in outcomes within and between communities”. To deliver the vision Public Health will:

- Provide strategic leadership to the prevention agenda

- Take a life course approach
  - Starting Well
  - Living Well
  - Ageing Well

- Align commissioning of health improvement and health protection programmes and the delivery at a local Health and Wellbeing Board footprint and work to co-commission public health programmes with Clinical Commissioning Groups. Prevention will be seen as part of the clinical pathway.
- Public Health work with colleagues to ensure the “organised efforts of society”

  - Across KCC Directorates

- Across Clinical Commissioning Groups
- Across District Authorities
- Across Local District Health and Wellbeing Boards
- With service providers and voluntary and community organisations

3.3 Using the life-course approach, which mirrors the County Council's three strategic outcomes our supporting outcomes have been mapped against these stages, and the priority areas for action, namely:

- Smoking
- Healthy eating, physical activity and obesity
- Alcohol and substance abuse
- Wellbeing (including Mental Health and Social Isolation)
- Sexual Health, Communicable Disease
- Wider determinants of health

The resulting outcomes framework can be seen at appendix 1.

3.4 During the early part of 2015/16 we will be analysing how our services, and the wider system are working to deliver our supporting outcomes, including looking at the total resource that is impacting on them.

3.5 Following the discussion at both the Children's Social Care and Health Cabinet Committee and the Adult Social Care and Health Cabinet Committee, there will be engagement with partners to discuss the approach outlined, and to understand how our commissioning strategy should be shaped to meet the challenges.

3.6 Public Health are also mandated to support Clinical Commissioning Groups in the planning work required to commission safe and effective health services. We will enhance this support over the next three years to ensure the public health planning work both strategically and locally is effective and contributes to better health outcomes for the Kent population.

3.7 Public Health will continue to support Pioneer and the integration of health and social care, building on the nationally leading work on integrated data sets, year of care tariff work and analysis and evaluation of interventions and outcomes across diverse health and care providers.

3.8 A further report will be brought to the July round of Cabinet Committees to seek approval for the strategic delivery plan.

4. Progress in commissioning in 2014/15

4.1. During 2014/15 Public Health have been focussed on delivering key outcomes identified in the Joint Kent Health and Wellbeing Strategy.

4.2. There has been a focus on contract management resulting in more efficient and better performing contracts. Contractual relationships have developed with new organisations in the community and a number of new services have been tendered.

4.3. The improvement in activity is matched with reduced spend, the activity based contracting approach used has delivered both efficiencies and improved performance.

4.4. During the development of new services, the commissioning team have worked to engage with the voluntary, community and social enterprise in particular for some of the smaller scale community based interventions.

4.5. Community Sexual Health Services have been re-tendered. The process has provided a number of challenges and learning for implementing new models of care. The model delivers some key improvements. Based on a hub and spoke model it is significantly more efficient. Capacity has been realigned with where the need for service is.

4.6. The commissioning of Drug and Alcohol services transferred to public health in October 2014. The commissioning approach has been audited and reviewed and the action plan relating to the audit have been implemented

5. Commissioning Intentions for 2015/16

5.1. It is intended that 2015/16 is one of development and change for the services commissioned by Public Health. A new model for core public health services will be driven to support the delivery of the Public Health strategic delivery plan and commissioning plan. This will fully assess the opportunities for alignment with KCC transformation agenda's and with partners of the Health and Wellbeing Board

5.2. During this time, there will be continued rigorous contract management in commissioned services, ensuring that they deliver the outcomes specified and that further efficiencies are driven.

5.3. In addition there will be a series of engagement events with community organisations and employers to re shape our approach.

6. Starting Well

6.1. In October, Public Health will inherit the commissioning of Health Visiting from NHS England. During the past months collaboration between the commissioners and providers has been growing to ensure that a smooth transition takes place. A particular focus of this work has been assessing progress that is being made to meet the workforce baseline and the quality of the current provision.

6.2. The transfer will also include the Family Nurse Partnership, a service that is widely valued for young parents who welcome additional intensive support for developing their parenting skills. There are opportunities to link in KCC provision for example to share the approach with similar services, such as the Troubled Families programme.

6.3. As part of every programme of work there must be a clear focus on Healthy weight in children. Increasing obesity in children is being recognised not just as a time bomb for demand on a range of health services, but also as a key underlying issue affecting emotional wellbeing. The response to this issue cannot be confined to the public health team but a whole system challenge requiring collaboration with education, health and social care colleagues but most importantly with families themselves.

6.4. Work will continue on breastfeeding rates, and the reduction of smoking in pregnancy. The breastfeeding support service (supplied by PS Breastfeeding) has been implemented, whilst interventions such as Baby Clear, are being closely monitored and will be supported by a social marketing campaign.

6.5. The Public Health team will also continue to work in partnership in the development of the Emotional Health and Wellbeing Strategy for young people, ensuring delivery of the prevention and early intervention actions, whilst continuing to jointly commission the Young Healthy Minds service and the new model of provision within the whole pathway of care.

7. Living Well

7.1. During 2015/16 we will engage in a whole system review of the service models to support people to live healthy lifestyles including the approach to healthy weight, physical inactivity and smoking cessation services. This will be a core programme driven through Local Health and Wellbeing Boards.

7.2. The current models for delivery in drug and alcohol services, also need to be refreshed, with the current contracts expiring at the end of March 2016. Opportunities such as the remodelling of healthy lifestyle services and the implementation of the sexual health services are key to reshaping more integrated provision.

7.3. During 2014/15 we have been working closely with colleagues from Social Care and Clinical Commissioning Groups to develop the Mental Health core offer of support, to be tendered during 2015/16. This is a priority programme and a leading example of a cross system approach. Public health is focused on both the promotion of wellbeing, and also effective early intervention within the model, a great opportunity to build effective prevention.

7.4. Health Checks delivery will continue to be managed closely to further increase performance towards the governments stretch target. The service has been improving its targeting of Health inequalities which we continue to closely monitor.

7.5. As set out in the 5 Year vision there is huge opportunity to focus on health within the Workplace. In Kent there is a Healthy Business award and will continue to sign up new businesses. There is much more that can be done, across Kent within partner employees. In addition. KCC have strong links with a range of employers across the County both in public and private sectors. This is a great opportunity to drive a population level impact.

8. Ageing Well

8.1. The focus on supporting people to age well will continue. The new postural stability services doubles capacity utilising the DPS described above. This is a key preventative agenda for both Health and Social Care and the impact on reducing falls and demand for specialist services will be closely monitored.

8.2. The Keep Warm Keep Well campaign and associated services will help to support people to remain well, and in their own homes. Public health will continue to develop the relationship with NHS England Screening & Immunisation team, and will extend the Flu campaign that we developed in 2014/15.

8.3. Work will also begin with Social Care and Health colleagues on the Older peoples core offer, particularly in relation to Social Isolation. This will mirror the approach in the Mental health core offer working with partners to review the outcomes that all want achieved and developing a range of services, connected with each other that older people can access, integrated with community provision.

9. Conclusion

9.1. As outlined above, there is a huge opportunity over the coming twelve months to implement the Public Health strategic delivery plan and reshape how the Public Health services are delivered to ensure that we are achieving our outcomes.

9.2. Public Health commissioning has been delivering on the outcomes identified in the Joint Health and Wellbeing Strategy, working in partnership across the health and

social care system to shape services, and deliver outcomes for the people of Kent. The coming years present an opportunity, through new responsibilities, and through the expiration of contracts, to reshape the commissioning strategy and the resulting services to meet the challenges of a changing landscape, and the shifting needs of the population.

10. Recommendation

10.1. The committee are asked to:

- note the progress made in Public Health in 2014/15

- comment on the proposed vision, strategy and commissioning intentions outlined in this paper.

Background documents

None

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Our vision is to improve and protect the health and wellbeing of the people of Kent, enabling them to lead healthy lives with a focus on the differences in outcomes within and between communities.

Prevention → Early diagnosis and intervention → Care and Treatment

	Starting Well ↓ Supporting Outcomes	Living Well ↓ Supporting Outcomes	Ageing Well ↓ Supporting Outcomes
Smoking	Reduce smoking prevalence at age 15 Reduce smoking prevalence at time of delivery	Reduce smoking prevalence in general population Reduce smoking prevalence in routine and manual workers	Reduce smoking prevalence
Healthy Eating, Physical Activity and Obesity	Increase levels of breastfeeding Increase physical activity in young people Reduce levels of excess weight in children Reduce levels of tooth decay	Increase levels of physical activity Reduce levels of excess weight	Reduce levels of excess weight Reduce injuries due to falls in over 65s Reduce hip fractures in over 65s
Alcohol & Substance Misuse	Reduce under 18 hospital admissions due to alcohol Reduce levels of drug taking and use of legal highs	Reduction in number of people drinking at problem levels Reduction in hospital admissions due to alcohol	Reduction in number of people drinking at problem levels Reduction in hospital admissions due to alcohol
Wellbeing (including Mental Health and Social Isolation)	Increasing emotional resilience in families and young people Reducing levels of self-harm and suicide rates Ensure levels of social and emotional development	Improve wellbeing of population Reduction is suicide rates	Improve wellbeing Reduce social isolation Improve early diagnosis rates of dementia and people are supported to live well People with mental ill health are supported to live well
Sexual Health, Communicable Disease	Reduce rates of Chlamydia Increase levels of childhood vaccination Reduce levels of teenage pregnancy	Increase early diagnosis of HIV Increase levels of flu vaccination uptake in vulnerable groups Reduce excess under 75 mortality rates	Increase levels of flu vaccination in over 65s
Wider determinants	Designing healthy communities School readiness Ready for emergencies	Designing healthy communities Ready for emergencies	Designing healthy communities Reduce excess winter deaths Ready for emergencies

Our Approaches – Make every contact count
Integrated commissioning for Integrated Services – shaped around people
Services delivered where people want them
Interventions accessible to all groups by making reasonable adjustments
Targeted services to reduce health inequalities

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

Andrew Scott-Clark, Director of Public Health

To: Children's Social Care and Health Cabinet Committee
21st April 2015

Subject: Public Health Campaigns & Press

Classification: Unrestricted

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

Electoral Divisions: All

Summary

Marketing and communications is a key element in delivering successful public health interventions.

KCC Public Health recognised the need to increase delivery in this area, and have taken steps to increase the resource dedicated to campaigns in the coming year.

Recent campaigns have shown promising results in creating behaviour change, and the planned approach to campaign delivery will lead to a strong programme in 2015/16, aimed at bringing about behaviour change in the key areas of priority for public health.

1. Introduction

1.1. Marketing and Communications is a key element of supporting the public to maintain or improve their health.

1.2. During 2014/15 the KCC Public Health department have recognised that delivery in this area could be improved, and have been increasing the resource dedicated to delivery.

1.3. This paper will cover some of the recent campaigns, the coverage received and the early evidence of impact, before looking at the planning for campaigns in the future.

2. Campaigns and Press in 2014/15

2.1. When developing campaigns we look to identify the problem, or the behaviour change that is needed, then look at the audiences we need to reach, and what avenues we can use to get the message across.

2.2. Where possible, national campaigns are supported, and their reach extended where needed, rather than trying to create something new. The Public Health team work partners, and our suppliers, wherever possible to ensure a co-ordinated approach to communicating messages to the public.

2.3. During 2014/15 a series of campaigns were delivered, alongside targeted press releases that resulted in increased awareness of the role of KCC in delivering public health interventions.

2.4. Case Study – Flu Campaign

For the flu campaign which began in September 2014, Kent Public Health focused on the groups identified by Public Health England as priorities, namely pregnant women, children aged 2 – 4, people with long-term conditions, and over 65s. There was a particular focus on pregnant women, as this group had a particularly low uptake in Kent.

2.5. Messages were disseminated through a variety of outlets, including bus backs, billboards, press adverts, online e.g Mumsnet.

2.6. This was combined with press releases and media interviews, including using one of our pregnant public health registrars as an example of a pregnant women who received a vaccination.

2.7. The campaign ran from September until January. Early indications show that the campaign had some success in reaching the target audiences. For example the Facebook ads that we placed resulted in 776 views of the Kent.gov flu whilst 16,334 members of the campaign target group were exposed to the adverts.

2.8. Whilst, the other three categories showed little increase, there was a significant increase in the numbers of pregnant women being vaccinated, with over 40% of pregnant women being vaccinated, compared to only 32% in the previous year.

Case Study – HIV Campaign

2.9. KCC Public Health, along with NHS partners, and Canterbury Christ Church University have been a part of the IMPRESS Project funded by Europe to ascertain the reasons for late diagnosis of HIV in Kent. The research project was published in October 2014, and a final part of the project was to run a social marketing intervention to try and increase testing rates.

2.10. The report found that there was no particular target audience in Kent, and that in recent years the number of infections among heterosexuals was above that of mem who have sex with men, whilst late diagnosis was more prevalent in the former group, as the latter group was more likely to get tested. The report also highlighted that GPs were missing opportunities to test for HIV.

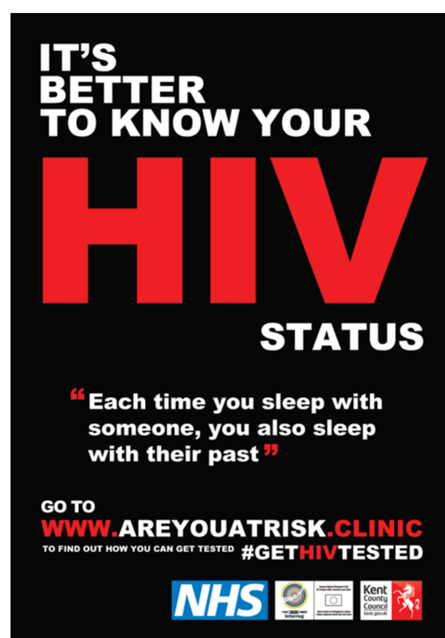
2.11. The campaign that was developed ran for the whole month of November (including National HIV Testing Week), and was composed of three parts:

- Media campaign
- Outreach via mobile testing clinic
- Training for GPs, and online training video

2.13 For the media campaign we identified the outcomes that the project was looking to achieve, namely it needed to:

- raise awareness of the behaviours that lead to a higher risk of HIV infection
- raise awareness of the treatments available and so the importance of an early diagnosis
- encourage engagement with outreach activities (mobile unit)
- encourage people who could have been at risk of HIV to get a test
- encourage healthcare professionals to offer an HIV test as part of routine care in specific settings and conditions (in line with present European guidelines)
- ultimately this was about getting tested for HIV especially if a person had increased their risk of infection through certain sexual activities.

2.14 The media engaged well with the campaign, and KMFM included a series of phone-ins with experts from our Sexual Health service providers during the week.



2.15 The social media campaign ran across Facebook and Twitter, with new visual messages every week, as well as live Tweets regarding the location of the mobile clinic/bus each day. Advertising statistics from the project Facebook page show the advertising brought in 158 website links with a total reach of 18,335 viewers.

2.16 The HIV and sexual health pages on Kent County Council's public health website were accessed 1,373 times during the campaign month of November 2014.

2.17 697 people accessed the 'find your clinic' with an average viewing time of 2 minutes 31 and seconds. 615 people accessed information about the bus location with an average viewing time of 2 minutes and 12 seconds. 343 people accessed 'the facts' page with an average viewing time of 2 minutes and 11 seconds. 25% of users returned to the site for specific HIV information.

2.18 Indications are that this was a successful campaign, with 300 people tested on mobile clinic during the month (including visits to Maidstone, and Sevenoaks, and outreach in Tonbridge and Tunbridge Wells), and Maidstone and Tunbridge Wells Trust reporting a 50% increase in people requesting HIV tests compared to the same period in the previous year. The table below shows the latest six monthly data

available, compared to testing in the previous year, with almost 2,000 additional tests conducted.

	1/10/13 – 28/2/14	1/10/14 – 28/2/15
Maidstone and Tunbridge Wells	4123	5083
Kent Community Health Trust	7032	8020
Kent Total	11,155	13,103

2.19 Early reports are that the level of GP testing has increased, in Maidstone and Tunbridge Wells area there were an extra 400 tests by GPs in the period 1/10/14 – 28/2/15, compared to the same period in the previous year.

3. Planning for 2015/16

3.1 As described above, a much stronger focus has been given to campaign work during the past few months, and this will bring Public Health into the new financial year in a much stronger position than 12 months ago. An outline timetable for next year is currently being finalised which is attached at Appendix 1.

3.2 During 2015/16 a three pronged approach will be taken in campaigns and marketing, these are:

- Service promotion – e.g. new sexual health services
- Education and awareness raising - e.g. HIV or Flu
- Social marketing interventions to change behaviour – e.g. smoking in pregnancy

3.2 Working with the relevant Public Health Consultant leads, integrated marketing and communications strategies and action plans are being developed for 2015/16, in the following areas:

- Quit smoking
- Alcohol harm reduction
- Healthy weight / tackling obesity
- Increasing physical activity
- Improving mental wellbeing

3.3 These will form the “always on” campaigns that will run throughout the year, with associated ready -made messages that can also be used to react to media requests.

3.4 Where appropriate, Public Health England national campaigns will be utilised (e.g Change 4 Life, which over 44,000 Kent families, and over 300 schools and nurseries have signed up to since 2009), and extend these campaigns further where the analysis of inequalities identifies a greater need.

3.5 Short burst campaigns will be developed, focussed around certain points of the year, in line with the campaigns on HIV or Flu as described above.

3.6 One such campaign that will be developed towards the end of 2015/16 will be focussed on reducing the number of suicides, in support of the suicide prevention strategy,

particularly amongst males. This is an area where figures have been increasing in recent years.

Table 1: Annual number deaths from suicide and undetermined causes, CCGs in Kent & Medway, both sexes, 2002-2013 registrations

Area	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
NHS Ashford CCG	13	9	3	11	7	9	4	6	7	7	5	14
NHS Canterbury and Coastal CCG	12	16	16	16	16	17	10	20	13	14	15	21
NHS Dartford, Gravesham and Swanley CCG	22	28	27	16	18	22	8	21	15	23	23	28
NHS Medway CCG	23	12	20	21	23	22	14	19	14	13	20	31
NHS South Kent Coast CCG	17	26	20	27	13	20	12	19	18	25	22	18
NHS Swale CCG	4	7	16	8	12	5	8	11	9	3	8	13
NHS Thanet CCG	9	15	15	8	12	17	11	13	8	17	14	9
NHS West Kent CCG	39	35	31	39	36	36	35	42	30	30	38	48
Kent & Medway	**139**	**148**	**148**	**146**	**137**	**148**	**102**	**151**	**114**	**132**	**145**	**182**

Source: PHMF, PCMD, KMPHO

3.7 As a part of the strategic planning work, analysis will be undertaken of the best way to maximise the existing assets through which we can deliver our messages. For example, in late March, the Public Health comms team visited three Children's Centres to understand how they deliver health interventions, and to identify what resources could jointly be developed to aid them in their work.

4. Conclusion

4.1. Well planned, targeted campaigns can have a positive impact on people's behaviour. The steps that KCC Public Health have taken during 2014/15 will ensure that 2015/16 will see a series of planned campaigns delivered to a strategic plan. However it is important to recognise that long term change requires long term, consistent messaging.

5. Recommendation

5.1. The committee are asked to:

- note the progress and impact of Public Health campaigns in 2014/15
- comment on the campaigns plan for 2015/16.

Background Documents
None

Report Prepared by

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PUBLIC HEALTH CAMPAIGNS CALENDAR 2015

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Starting Well			Summer Health	Summer Health	Summer Health						Sugar Swaps	
		Smoking prevention					Flu	Flu	Flu	Flu		
			Magic Moves	Magic Moves	Magic Moves							
						Safe Sleeping						
Living Well	Smoking in Pregnancy		Alcohol (diabetes week)	Heatwave			Flu	Flu	Flu	Flu		
	Sexual Health	Health checks	Dental Health		Breastfeeding	Health checks	Stoptober		Live Well PHE	ONE YOU (PHE)		
	Smoke-free homes		Summer Health	Summer Health	Summer Health		Alcohol (sober October)					
							Suicide prevention	Suicide prevention	Suicide prevention			
Ageing Well							Flu	Flu	Flu	Flu		
							Keep Warm Keep Well	Keep Warm Keep Well	Keep Warm Keep Well	Keep Warm Keep Well	Keep Warm Keep Well	
			Summer Health	Summer Health	Summer Health						Stroke	
		Falls Prevention									Early Diagnosis	
Always on	6 Ways of Wellbeing	6WW	6WW	6WW	6WW	6WW	6WW	6WW	6WW	6WW	6WW	6WW
	Alcohol - Know your score	Alcohol - Know your score	Alcohol - Know your score	Alcohol - Know your score	Alcohol - Know your score	Alcohol - Know your score	Alcohol - Know your score	Alcohol - Know your score	Alcohol - Know your score	Alcohol - Know your score	Alcohol - Know your score	Alcohol - Know your score
	Dental Health	Dental Health	Dental Health	Dental Health	Dental Health	Dental Health	Dental Health	Dental Health	Dental Health	Dental Health	Dental Health	Dental Health
	Physical Activity	Physical Activity	Physical Activity	Physical Activity	Physical Activity	Physical Activity	Physical Activity	Physical Activity	Physical Activity	Physical Activity	Physical Activity	Physical Activity

To be developed

Smoking in pregnancy
Dental Health
Safe Sleeping
Be Clear on Cancer
Alcohol

Legal highs
Young Smoking

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

Graham Gibbens, Cabinet Member for Adult Social Care & Public Health

Andrew Ireland, Corporate Director Social Care Health and Wellbeing.

To: Children's Social Care & Health Cabinet Committee, 21 April 15

Subject: **Transition Update**

Classification: Unrestricted

Past Pathway of Paper: Social Care and Public Health Committee (16.01.14)

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper provides Members with an update on developments relating to Transition arrangements for disabled young people

Recommendation(s):

The Cabinet Committee is asked to note the contents of the report and support the on-going transition work.

Introduction

1.1 A report was presented to the Social Care and Public Health Committee on 16 January 2014 regarding the transition arrangements for young people in education and social care who would meet the eligibility criteria for Adult Social Care. The report included a number of recommendations for further work. This paper updates the Children's Social Care and Health Cabinet Committee on the range of work undertaken since the report. It builds on that report rather than repeating the background and information contained in it.

1.2 Members of the Social Care and Public Health Cabinet Committee were asked to agree the planned actions for the Transition Steering Group – particularly:

- research and analysis to explore the strengths and weaknesses of different configurations of transition services;
- further work regarding adult social care services providing care leaver support to disabled care leavers who meet eligibility for adult social care services;
- monitoring and review of a pilot project to streamline Direct Payments for young people going through transition;

- continued preparation for the changes in the Children and Families Bill (2013) which will have implications for transition arrangements in Kent.

1.3 Members were also asked to receive a report back in 12 months with an update on the transition work. This report provides an update on the work.

2. Research and analysis to explore the strengths and weaknesses of different configurations of transition services.

2.1 The Transition Steering Group commissioned Gina Walton, Change Implementation Officer, to undertake a review of arrangements in other councils; to scope current activity in Kent; and to understand the transition process within KCC and Health (Mental Health and commissioning for young people were out of scope). Her paper was completed in February 2014.

2.2 Eighteen councils were explored as part of the desk top research with 5 detailed models of transition arrangements looked at. There was a wide range of approaches with no consistent pattern and no preferred or ideal model of delivery.

2.3 Data was also collected, over an 18-month period, about young people going through transition to Adult Social Care in Kent. This included young people turning 18 (268 young people) and those turning 19 (292 young people). Information was gathered about the source of referrals, whether they were already known to Social Care, and the outcome of the referrals.

2.4 The various transition pathways within KCC, both Social Care and Education, and in Health were outlined and the issues highlighted.

2.5 Having considered and analysed the information gathered, and with 2 major pieces of legislation affecting transition coming on to the statute book, the Children and Families Act 2014 and the Care Act 2014, it was recommended not to proceed to a wholesale restructuring of services at this time, but to take a more incremental approach.

2.6 Penny Southern, Director of Adult Learning Disability/Mental Health, has led on developing an Integrated Pathway describing the journey for those children and young people up to the age of 25 who have a range of disabilities and the services required to support them at different stages of their development. This has been reported to the 0-25 Transformation Board, and can be seen at the end of the document. Some of the further work arising from understanding the pathways is being managed through the work streams developed by Adult Services and Newton Europe (the Transformation Partner):

- Alternative models of care

- Care Pathways

- Short Breaks

2.7 A new division has been created within the Families and Social Care Directorate with the management of the Disabled Children service coming together with

Adult Learning Disability/Mental Health with effect from 1 April 2015, under the Directorship of Penny Southern. Mark Walker will be the Assistant Director for the Disabled Children Service and Chris Beaney will be the Assistant Director for the Learning Disability Service. There will be no initial changes to either the Disabled Children or the Learning Disability team structures or locations.

2.8 This new division will assist with the planning and delivery of a smoother transition for young people reaching 18 who require ongoing support into adulthood, and increase the opportunities for joint commissioning across the age barrier to create more seamless services. It will also help to address the feedback from families about the cliff-edge experience of their young people reaching the age of 18 and the service changes, as well as the requirements of the 0-25 agenda. The support services in Specialist Children Service in relation to Safeguarding and Children in Care will remain available to the Disabled Children Service.

2.9 Transformation workstreams have already been set up within Adult Learning Disability as noted above in 2.6. Following the realignment with the Disabled Children Service a design team for Short Breaks has been established to look at the current Disabled Children and Learning Disability Short Break Services, redesign the LD Short Break Service to meet the needs of people with a LD across the county in a more effective way, and review the transition from children's to adults short breaks services to develop a better pathway for young adults.

2.10 Further work streams will be set up to progress changes to Day Care, Integrated Commissioning and the delivery of the Integrated Pathway. These workstreams will then determine whether and how any structural changes to the teams are required to deliver better outcomes, especially for young people going through transition.

3. Practice Guidance re Leaving Care

3.1 Practice Guidance was written in April 2014. Adult Social Care will take on responsibility for meeting the local authority responsibilities for the Care Leaver when they transfer to adult services at age 18, if they meet the eligibility criteria for ongoing support from Adult Social Care. This applies to all Adult Social Care teams. Andrew Ireland sent a communication to all Adult Teams to confirm the requirement to fulfil the leaving care responsibilities for care leavers. Those young people who have additional needs who do not meet adult eligibility criteria will be provided with support from the mainstream Leaving Care service with additional specialist advice and guidance as required eg with regard to sensory impairment.

4. Outcome of the Direct Payment Pilot Evaluation and Extension of Contract

4.1 The support service for Direct Payments for disabled children is commissioned externally from the Parents Consortium in Dartford.

4.2 A pilot project was undertaken between 1 October 2013 and 30 September 2014 by the Disabled Children Direct Payments Support Service (DPSS) to support 200 young adults aged 18-25 years. The purpose of the project was to support the young adults over the year with all aspects of the setting up and the on-going management and support of their direct payment.

4.3 Over the 12 month period 211 clients were referred to the service.

4.4 Families who were involved in the pilot appreciated the continuity of worker through what is often a very stressful and complex time. This also supported the Care Manager in the transfer of the care package as the DPSS Support worker already knew the family.

4.5 There were some technical issues which have been addressed through the pilot project. For example, the Direct Payment Support Service needed access to SWIFT, the Adult Social Care client database, which has been provided and this has made it easier to manage the interface with Adult Care Managers. The Service was also provided with secure Kent e-mail addresses to protect personal client information being exchanged with KCC staff.

4.6 The DPSS has needed to adjust their ways of working to take more account of the young adult client's views rather than working solely with their families.

4.7 There has been a divergence in payment rates between Adults and Children's Services. The hourly rates set for disabled children were originally benchmarked to the Adult Direct Payment rates. These have changed in Adult services but not in the Disabled Children service, so this requires further work to ensure they are re-aligned.

4.8 Given the need to plan any future contract jointly, the pilot has been extended for a year. This will enable procurement times for the contract to be synchronized and consideration can be given to joint commissioning the service.

5. Children and Families Act 2014 and Care Act 2014

5.1 The Special Educational Needs provisions in the Children and Families Act 2014 with the introduction of Education, Health and Care Plans has implications for transition, as young people could potentially have an EHC Plan up to the age of 25. Whereas previously Statements of Special Educational Need finished either when the young person left school at age 16 to move on to college, or at the age of 19 if in a special school, EHC plans can be taken on to college if the young person continues to have an Educational need. The plan has statutory force.

5.2 The Disabled Children Service, Adult Social Care and colleges have been on the implementation steering group led by Education for the new SEN legislation in the Children and Families Act. The steering group has also helped to shape the Local Offer which is now on KCC's website, and all the processes that sit alongside the EHC planning process. The new legislation relating to EHC plans came into force on 1 September 2014. Young people leaving school or transferring to college are being prioritised for transfer of their Statement to an EHC plan in this academic year and transfer reviews are on schedule to deliver this target.

5.3 The Care Act 2014 makes provisions for the Adult Care and Support Needs for adults from the age of 18 with specific requirements about ensuring young people going through transition have their needs assessed prior to becoming 18. If they already receive a support package this must continue until

arrangements are made within Adult Services to ensure no gap in provision during the transition to adult care and support. So for a group of young people aged 18-25 there is an overlap, being entitled to support through both pieces of legislation, and it will be important to ensure that there is no duplication of processes. A draft Transition Policy and Practice Guidance document has been produced for staff on the changes and training has been provided.

5.4 There are also provisions in the Care Act for adult carers and young carers. Local Authorities must assess the needs of adult carers where there is a likely need for support after the young person turns 18 and it is of significant benefit to the carer to do so. The same applies to young carers: Local Authorities must assess the needs of young carers as they approach adulthood. There is work being undertaken with the Voluntary Sector providers who undertake the adult Carers assessments and those who work with Young Carers to ensure that the requirements of the legislation are understood and to commission any further work arising from the legislation.

5.5 The emphasis in both Acts is on outcome focused, person-centred practice when considering assessment, planning and support as well as co-production with disabled young people and their families and multi-agency approaches to planning and commissioning. Much of what is included in the Care Act on transition puts good practice on a statutory footing.

6. Other Work pertaining to Transition

6.1 The Kent Emotional Wellbeing Strategy for children, young people and young adults aims to offer early help and support to them and their families if they are experiencing emotional difficulties; better access to support; and a positive transition to adult services. Many disabled children and young people require these early preventative services, and the needs assessment identified those with autism and/or ADHD as a vulnerable group within the strategy and they will be the focus of specific ongoing work in the delivery plan.

6.2 The Clinical Commissioning Groups (CCGs) have commissioned the South East Commissioning Support Unit (SECSU) to develop an all-age neuro-developmental pathway ie those people diagnosed with autism and/or ADHD. This work has started, with the aim of having more streamlined, efficient diagnostic and post-diagnosis support services. This should have an impact for disabled young people and adults across a wide spectrum of need, and links to the Emotional Wellbeing Strategy.

6.3 A paper produced by KCC Skills and Employability went to the Cabinet Education sub-Committee in December outlining the proposed Adult Learning and Skills Strategy to be launched in May 2015 with the aim of improving participation in training and employment amongst under-represented groups. This includes disabled young people. The strategy seeks to increase the number of apprenticeships and employment for disabled adults, and builds on the existing work to deliver the 14-24 Skills and Employability Strategy.

6.4 The Special Educational Needs and Disability Strategy launched in 2014 has a focus on transition. One of the key aims is “to ensure that transitions are well managed, so that there is continuity of support and young people are well prepared. A key transition is into post 16 education or training, and at age 19 into employment and early adulthood. These transitions are challenging and

our aim is to ensure young people with learning difficulties and those with disabilities up to age 25 are engaged in purposeful education and training, so that they are able to move on to skilled employment and adult life with support from adult social care services for those who need it." The changes arising from the implementation of Education, Health and Care Plans and the 14-24 strategy aim to deliver this.

6.5 Kent Supported Employment, who have in the past worked only with adults, have brought their age of involvement down to 16 and are preparing to run 4 pilots with young people in special schools. This project will prepare them for the world of work and support them through meaningful work experience with the aim of increasing their aspirations and opportunities to become employed and independent, thus intervening at an earlier age rather than waiting until they have left school or college.

6.6 There is joint working between SEN and Adult Social Care via a panel to consider all applications for Independent Specialist Placements for young disabled people leaving school, with the aim of ensuring better provision in Kent colleges and reducing the demand for expensive out of county independent placements, that do not necessarily prepare young people for adult life.

6.7 The Learning Disability Partnership Board has updated the "Becoming an Adult" booklet, with the content determined by young adults themselves. The booklet is suitable for use with people with a range of disabilities, not just Learning Disability, and is being widely used by Care Managers and schools. The Becoming an Adult group is about to undertake a survey of disabled young people going through transition to find out their views on planning for the future.

6.8 There have been transition workers in the Adult Learning Disability teams for a number of years. This model has now been extended to OPPD who have designated staff from January 2015 to have responsibility for transition for vulnerable young people leaving care as well as those with a physical disability currently managed in the Disabled Children Service.

7 Conclusion

7.1 From all of the above it is clear that there is much work going on to ensure that transition is managed well for young people with very varied needs. It is also clear that this is an area of work that cuts across Directorates, Divisions and Cabinet Committees and therefore requires a high level of joint work and planning to ensure that young people with additional needs receive the support they require, but always with the aim of making them as independent as possible as young adults.

7.2 Although there has been progress in improving the transition experience of disabled young people, there continue to be a number of challenges ahead to ensure services are compliant with the legislative changes and to ensure joint work, planning and commissioning across services and agencies, and will be the subject of ongoing work.

8. Recommendation

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

1. note the contents of this report.

2. Support the ongoing work on transition, specifically:

Embed the Care Act changes relating to transition

Implement and embed the changes to the Disabled Children and Adult Learning Disability teams

Continue to develop the working arrangements with SEN in regard to EHC assessments and transfers

Conduct the questionnaire of young people going through transition

9. Contact details

Report Authors: Rosemary Henn-Macrae, County Manager, Disabled Children

Anthony Mort, Customer Care and Operations Manager

Relevant Directors: Philip Segurola, Director, Specialist Children's Services

Penny Southern, Director, Disabled Children, Adult Learning Disability/Mental Health

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

Andrew Ireland Corporate Director, Social Care, Health and Wellbeing

To: Children's Social Care and Public Health Cabinet Committee – 21 April 2015

Subject: Kent Emotional Wellbeing Strategy for Children, Young People and Young Adults.

Classification: Unrestricted

Summary

This paper provides an update on the Emotional Wellbeing Strategy for Children, Young People and Young Adults and ongoing work associated with the Delivery Plan.

Extensive consultation events took place during 2014 and in early 2015 to understand what a whole system approach to emotional wellbeing should look like. Work is now taking place to implement the associated Delivery Plan; short term actions have been identified and are in progress and longer term work on the pathway, service model and future commissioning plans has started.

Work is continuing with partners to look at how existing resources can be aligned to support this work. There will be a further period of consultation on the model and specification, after which time it is proposed that the procurement will commence in the autumn 2015.

Recommendation

Members of the Children's Social Care and Health Cabinet Committee are asked to note the contents of this report.

1. Introduction and Background:

1.1. This paper follows the discussion at the Children's Social Care and Health Cabinet Committee in December 2014 regarding the development of the Emotional Wellbeing Strategy for 0-25 year olds.

1.2. Emotional wellbeing underpins a range of positive outcomes for children and young people and is a key multi-agency agenda. Nationally and locally, demand is rising for specialist mental health services: 3 children in every class have a diagnosable mental health condition (10%) and there is recognition of the need for a whole-system approach to promote wellbeing, identify need appropriately, and intervene earlier.

1.3. Over the last year a huge amount of work has taken place to review and refresh the approach in Kent. The strategy has now been consulted on widely with children, young people and families and a 12-week period of engagement with members of the public, practitioners and partners has taken place.
This report summarises the:

- Final version of the Strategic Framework
- A multi-agency Delivery Plan
- Next steps

2. Overview of Activity

2.1. Development of the Emotional Wellbeing Strategy and supporting Delivery Plan has been driven by a real desire to engage with and listen to the views of children, young people, families and professionals of all backgrounds. In total, around 650 contributions have been received since June 2014 via a range of online surveys, workshops, and engagement events. The amount of interest and quality of responses given by such a wide cross-section of the local population and workforce underline the importance of this agenda, both at a strategic level and in the everyday experience of families in Kent.

2.2. The aim of such extensive engagement was to piece together a variety of perspectives in order to understand how best to design a 'whole system' approach: one not only focussed on the quality of commissioned services (crucial though these are), but also on strengthening partnership working at every stage, improving the visibility and accessibility of support, and underlining the role of all partners to promote and protect emotional wellbeing.

2.3. In addition to engagement activity, the content of both the Strategy and Delivery Plan has been directed by the findings of a refreshed Emotional Wellbeing Needs Assessment, and from a range of national and local reviews and best practice guidelines.

2.4. Contractually KCC commissions and delivers a range of services in relation to emotional wellbeing and is responsible for 2 key contracts relating to emotional wellbeing - the Young Healthy Minds Service and the Children in Care element of the CAMHS contract. The NHS Clinical Commissioning Groups are responsible for commissioning Child and Adolescent Mental Health service.

3. Strategic Framework

3.1. The Strategy was developed following initial surveys and facilitated discussion groups with children, young people and families and from service providers.

3.2. The draft Strategy has been consulted on widely and a12-week period of engagement ran from 20th October – 5th January through the following channels:

- **Online consultation survey**, hosted on kent.gov.uk and CCG platforms, with links through the Live it Well website and KELSI. The survey was further promoted through the Schools e-Bulletin, GP bulletins, Members' bulletins, District Council and Voluntary and Community Sector (VCS) networks, Health Watch Kent and Kent Public Health Observatory.

- **Presentation of the draft Strategy and consultation discussions** held at a wide range of strategic and local multi-agency forums, including Kent Health and Wellbeing Board, Health and Social Care Cabinet Committee, Clinical Commissioning Groups, Mental Health Action Group Chairs, local Health and Wellbeing Boards, patient involvement forums, and Children's Operational Groups.

3.3. In addition to the discussions held, a range of individuals and organisations responded to the consultation. Overall findings indicated:

- 100% of respondents identified parents and carers as the primary group needing additional information and support around emotional wellbeing issues.

- Schools were identified as the second key group needing additional information and support around responding to emotional wellbeing.

- The structure of the strategy is around four themes; Early Help, Access, Whole Family Approaches, Recovery and Transition, however importantly the underpinning action to promote emotional wellbeing at every opportunity was unanimously welcomed.

3.4. Following consultation, a number of amendments have been made to the original Strategy to incorporate feedback received including the addition of content relating to children affected by Child Sexual Exploitation and to target health inequalities. A final version of the Strategy is provided for approval in Appendix 1 of this paper.

4. Development and Engagement Activity for The Delivery Plan

4.1. In addition to the online consultation, a number of engagement events were held during November and December 2014 to inform development of the supporting Delivery Plan. These included:

- Practitioner workshops,

- Further engagement with young people, including the development of a second film sharing young people's views about the most valuable methods of delivering support.

  A second Emotional Wellbeing Summit (18 December 2014). A number of KCC members attended the summit events.

4.2. The draft Delivery Plan summarises findings from the Kent Emotional Wellbeing Needs Assessment, engagement activity, and best practice reviews and outlines a series of recommended actions that together will lay the foundation for a whole-system approach to emotional wellbeing.

4.3. The key themes of the delivery plan include

- Promoting emotional wellbeing – how to embed this in all the work that we do and a multi-agency communications strategy.

- Workforce development programme - training for staff particularly in universal settings.

- Increased availability of consultation from specialist services.

- A single point of access across emotional wellbeing and mental health services.

- Enabling children and young people timely access to support; drop-ins or safe spaces in schools.

- A 'whole family' protocol, defining how parents and carers will be involved and identifying and responding to the wider needs of the family within assessments of the child's emotional wellbeing.

- Effective implementation of multi-agency tools and protocols to identify children and young people who have been affected by Child Sexual Exploitation (CSE), and rapid access to specialist post-abuse support.

4.4. The recommended actions will be achieved through a combination of improved partnership working, particularly in relation to much more and more effective communication, training for universal staff, and also access to consultation with specialist professionals, as well as key procurement activity.

4.5. This means that some of the actions can be implemented in the short-term, beginning from March 2015, while others will need to be included within procurement exercises for new services beginning in October 2016 (when existing contracts with providers will expire). Suggested timescales are included within the Delivery Plan, alongside recommended lead agencies.

4.6. This is clearly a multi-agency action plan; founded on the vision agreed by partners at the Emotional Wellbeing Summit in July 2014 that emotional wellbeing is 'everybody's business'. The recommended actions will therefore only be achievable with involvement and commitment from a wider range of partners than before – for example, in supporting relevant workforce development or embedding it within planned programmes of training.

4.7. Work is therefore continuing with partners to identify how existing resources can be realigned to support the 'whole system' approach, recognising that this is intrinsically connected to the success of specialist commissioned services in meeting need. The emotional wellbeing and mental health needs of children in care will be considered as part of this work. A technical group is being drawn together to lead on this element, led by the Clinical Commissioning Groups (CCGs).

5. Next steps:

5.1. During March – July 2015, the following activity is planned:

- Implementation of short-term actions identified in Delivery Plan

- Refinement of draft emotional wellbeing pathway alongside emerging 0-25 hub proposals

- Review existing contracts and re-develop the NHS Child and Adolescent Mental Health contract, including the Child in Care element of the contract and the Young Healthy Minds contract.

- Formal consultation around the proposed service model to be undertaken (based upon the actions set within this plan and led by CCGs);

- Market engagement to inform development and costing of the model;

- Technical group to complete resource allocation;

- Partnership development of service specifications for all of the services.

5.2. It is anticipated that formal procurement processes will begin in the autumn 2015, subject to approval of specifications.

Recommendations

Members of the Children's Social Care and Health Cabinet Committee are asked to

(i) NOTE the contents of this report.

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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 and Health Cabinet Committee 21 April 2015
Subject:	**DRAFT 2015-16 SOCIAL CARE, HEALTH AND WELLBEING DIRECTORATE BUSINESS PLAN AND STRATEGIC RISKS**
Classification:	Unrestricted
Past Pathway of Paper:	Adults Social Care & Health Cabinet Committee – 3 March 15 Social Care, Health and Wellbeing DMT - 14 December 2014 and 11 February 2015
Future Pathway of Paper:	Cabinet – 27 April 2015
Electoral Division:	All

Summary: This paper presents the draft Directorate Business Plan (Appendix 1) and Strategic risks (Appendix 2) for the Social Care, Health and Wellbeing directorate

The paper sets out the arrangements for developing and approving 2015/16 business plans and explains the management process for review of key risks, which, although reported to Members in September 2014, are being reported to this Cabinet Committee to align with the Business Planning Process.

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

a) **CONSIDER** and **COMMENT** on the draft 2015-16 Directorate Business Plan (Appendix 1) for the Social Care, Health and Wellbeing directorate, in advance of the final version being approved by the relevant Cabinet Members and Corporate Director.

b) **CONSIDER** and **COMMENT** on the directorate risk register (Appendix 2).

1 Business Plans 2015/16

1.1 This report presents the draft Directorate Business Plan 2015/16 and sets out the arrangements for developing and approving 2015/16 business plans, which was agreed by Policy and Resources Cabinet Committee in December 2014. The draft Directorate Business Plan is included as Appendix 1 to this paper.

1.2 The Directorate Business Plan is intended to provide a summary of the key strategic priorities for the directorate, along with high level resourcing, risk and performance management information.

1.3 This paper presents the draft directorate business plan 2014-15 for the Social Care, Health and Wellbeing directorate, for consideration and comment by the Cabinet Committee.

1.4 Directorate business plans will be approved by the relevant Cabinet Members and Corporate Director. Final approval by the Leader and Cabinet Members will be sought following consultation with the Adult Social Care and Health Cabinet Committee on 3 March 2015 and Children's Social Care and Health Cabinet Committee on 21 April 2015.

2. Policy Framework

2.1 The priorities set out in the draft Social Care, Health and Wellbeing Directorate Business Plan will support the overall objectives of the County Council's strategic priorities in the Corporate Outcomes Framework (the County Council's strategic statement from 2015/16 onwards) and the County Council's Strategic Commissioning Plan.

2.2 In the context of Facing the Challenge, the Directorate Business Plan identifies priorities for the directorate in terms of service delivery and transformation to meet future challenges.

3. Draft Directorate Business Plan for Social Care, Health and Wellbeing directorate

3.1 The draft Directorate Business Plan for the Social Care, Health and Wellbeing directorate reflects the move towards supporting Kent County Council becoming a strategic commissioning authority and comprises the following sections:

- Corporate Director's foreword
- Who we are, what we do – providing a summary of the role and purpose of the five divisions in the directorate and the key service delivery priorities for the coming year
- Cross-cutting strategic priorities – setting out three strategic themes for the directorate that are relevant to all of the services provided by Social Care, Health and Wellbeing. The strategic themes reflect the current context in terms of the Facing the Challenge transformation agenda, the Corporate Outcomes Framework, and the wider economic challenges that the county is facing. This section explains how Social Care, Health and Wellbeing will make a contribution to addressing these challenges. The Business Plan aligns with the Corporate Outcomes Framework and the Commissioning Framework.
- Key divisional objectives and priorities enhancing and supporting the strategic priorities
- Directorate resources – providing a summary of the financial and staff resources of the Social Care, Health and Wellbeing directorate
- Workforce development priorities
- Key directorate risks and resilience

- A description of how the Directorate considers sustainability and social value in its commissioning and service delivery
- Performance Indicators and Activity Indicators

3.2 The Directorate Business Plan brings together information about each of the services of Social Care, Health and Wellbeing directorate. The Directorate brings together Specialist Children's Services, Older People and Physical Disability, Disabled Children and Adults Learning Disability and Mental Health, Commissioning and Public Health divisions. The three shared strategic themes set out in the Directorate Business Plan demonstrate how the Social Care, Health and Wellbeing directorate will work together collectively to deliver a diverse range of services more efficiently and effectively for the people of Kent.

3.3 The Directorate Business Plan includes a section on workforce development. The Directorate has identified a number of priorities for the year which will support staff to achieve the directorate's strategic priorities. The priorities are drawn from KCC's Organisation Development Plan and Social Care, Health and Wellbeing's Organisational Development Group Action Plan, both of which provide more detail. Workforce development is supported by four organisation-wide development frameworks managed by Human Resources.

3.4 Each directorate business plan includes a section on performance, listing the Key Performance Indicators (KPIs) and Activity Indicators that will be used to monitor and report on the directorate's performance over the year. A selection of KPIs and Activity Indicators is included in the Quarterly Performance Report to Cabinet and the Performance Dashboards are presented to Cabinet Committees. It should be noted that the KPIs for the directorate will be published in the final version of the Directorate Business Plan, once approved, before it is presented to the Leader and Cabinet Members.

3.5 Each directorate business plan also includes a section on the key directorate risks, which are set out in more detail in the Directorate Risk Register. Directorate Risk Registers are brought to Cabinet Committees for consideration in the planned round of meetings.

4. Business Planning Next Steps

4.1 Following any final amendments, including responses to comments made by members of both the Adult Social Care and Health and Children's Social Care and Health Cabinet Committees, the final version of the Directorate Business Plan for Social Care, Health and Wellbeing will be cleared by the Corporate Director and the respective Cabinet Members. All Directorate Business Plans will be collectively agreed by the Leader and Cabinet and will be published on the Council's website.

4.2 The 2015/16 business planning round requires the directorate to provide additional information to support Members on the Commissioning Advisory Board and Cabinet Committees to better identify forthcoming issues they may wish to explore in more detail, in support of their role in a strategic commissioning authority.

4.3 The information required in addition to the 2015/16 Directorate Business Plan is:

a) An indicative list of any major service redesign, commissioning or procurement exercises expected over a rolling three-year period that would require a Key Decision

b) Identification of where the Directorate will consider putting in place a Service Level Agreement (SLA) with new service delivery vehicle such as a Local Authority Trading Company (LATCO)

4.4 The information will be collated separately and provided in a corporately agreed format.

4.5 The business planning process does not remove the need for business planning below the directorate level. It is a management responsibility to ensure that business plans are produced at divisional and/or business unit level by Directors and Heads of Service in order to run their area of the business effectively. Divisional level plans will be approved by the Corporate Director in consultation with the relevant Cabinet Member and published on KNet for accessibility and transparency purposes.

4.6 The Divisional level Business Plans will identify key actions and milestones for business-as-usual priorities and will reflect the actions and milestones required in order to deliver key projects and changes set out in the Directorate Business Plan.

5. Conclusions

5.1 The draft Directorate Business Plan 2015/16 for the Social Care, Health and Wellbeing directorate provides a simple reference guide to the services that make up the directorate and the top level directorate priorities for 2015/16. It sets out how the directorate is contributing to the strategic direction of the Council in meeting the outcomes of the Corporate Outcomes Framework and Facing the Challenge agenda.

6. Strategic Risks

6.1 As part of the Authority's business planning process and reporting cycle, a section of the business plan includes a high-level section relating to key directorate risks. These are set out in more detail in this section.

6.2 Risk management is a key element of the Council's Internal Control Framework and the requirement to maintain risk registers ensures that potential risks that may prevent the County Council from achieving its objectives are identified and controlled. The process of developing the registers is therefore important in underpinning business planning, performance management and service procedures. The risks outlined in risk registers are taken into account in the development of the Internal Audit programme for the year.

6.3 Directorate risk registers are reported to Cabinet Committees annually, and contain strategic or cross-cutting risks that potentially affect several functions

across the Social Care, Health and Wellbeing Directorate. Some risks also have wider potential interdependencies with other services across the Council and external parties.

6.4 Corporate Directors also lead or co-ordinate mitigating actions in conjunction with other Directors across the organisation to manage risks featuring on the Corporate Risk Register. The Corporate Director for Social Care Health and Wellbeing is designated 'Risk Owner' for several corporate risks included in the Corporate Risk Register.

6.5 A standard reporting format is used to facilitate the gathering of consistent risk information and a 5x5 matrix is used to rank the scale of risk in terms of likelihood of occurrence and impact. Firstly, the current level of risk is assessed, taking into account any controls already in place to mitigate the risk. If the current level of risk is deemed unacceptable, a 'target' risk level is set and further mitigating actions introduced, with the aim of reducing the risk to a tolerable and realistic level.

6.6 The numeric score in itself is less significant than its importance in enabling categorisation of risks and prioritisation of any management action. Further information on KCC risk management methodologies can be found in the risk management guide on the KNet intranet site: http://knet/ourcouncil/Pages/MG2-managing-risk.aspx

6.7 The presentation of risk registers to Cabinet Committees is a requirement of the County Council's Risk Management Policy.

7. Risks relating to the Social Care, Health and Wellbeing Directorate

7.1 There are currently eigtheen risks featured on the Directorate's risk register (Appendix 2). The higher level risks include:

- Transformation
- Safeguarding
- Austerity and Pressures on Public Sector Funding
- Health and Social Care Integration and the Better Care Fund.
- Increasing Demand for Social Care Services
- Mental Capacity Act and Deprivation of Liberty.

7.2 The more significant risks for the directorate are also included in the Corporate Risk Register. Another key risk at present is the preparation for the implementation of the Care Act 2014. Many of the risks highlighted on the register are discussed implicitly as part of regular items to Cabinet Committees.

7.3 Inclusion of risks on this register does not necessarily mean there is a problem. On the contrary, it can give reassurance that they have been properly identified and are being managed proactively.

7.4 The directorate risk register is monitored and reviewed quarterly at Directorate Management Team meetings, although individual risks can be identified and added to the register at any time. Key questions to be asked when reviewing risks are:

- Are the key risks still relevant?
- Has anything occurred which could impact upon the risks?
- Has the risk appetite or tolerance levels changed?
- Are the controls in place effective?
- Has the current risk level changed and, if so, is it decreasing or increasing?
- Has the "target" level of risk been achieved?
- If risk profiles are increasing, what further actions might be needed?
- If risk profiles are decreasing, can controls be relaxed?
- Are there risks that need to be discussed with or communicated to other functions across the Council or with other stakeholders?

8. Recommendation(s)

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

a) **CONSIDER** and **COMMENT** on the draft Directorate Business Plan 2015-16 (Appendix 1) for the Social Care, Health and Wellbeing Directorate, in advance of the final version being approved by the relevant Cabinet Members and Corporate Director.

b) **CONSIDER** and **COMMENT** on the directorate risk register (Appendix 2).

9. Background Documents

9.1 KCC Risk Management Policy on KNet intranet site.
http://knet/ourcouncil/Pages/MG2-managing-risk.aspx

10. Contact details

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Social Care, Health and Wellbeing Directorate

Business Plan

2015 – 2016

Draft

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Section 2 - Foreword from the Corporate Director

I am delighted to present the Social Care, Health and Wellbeing Directorate Business Plan for the 2015-2016 financial year.

This Business Plan contains information about the key roles and responsibilities of the directorate and it describes the vision, core values and principles which underpin our continuing transformation programmes. Above all, our directorate is about building on peoples' strengths and capabilities and promoting their independence to improve their health and wellbeing, assisting people to achieve outcomes that matter to them and working with statutory and non-statutory partners to protect the most vulnerable children and adults.

It is clear from what we know that we will continue to work in a challenging financial climate and changing external context. As a directorate, we are fully committed to making our contribution as the Council moves to becoming a commissioning authority and play our part in achieving the goals set out in the 'Increasing Opportunities, Improving Outcomes' – KCC Strategic Statement. We will continue to support the delivery of the objectives of 'Facing the Challenge: Whole Council Transformation'. Through the Adult and Children's services transformation programmes and the Public Health redesign programme we will maintain our capacity to contribute to 'Facing the Challenge' in the face of managing with less funding.

We will carry on building on the significant service changes put in place through improvements and credible alternative ways of working. The principal ambitions of the changes are improving outcomes for people and managing increasing demand relating to the demographic trend of an ageing population which often present with multiple needs. We will pursue plans to reduce our cost base where possible and ensure efficient commissioning and service delivery know-how.

We will rise to the task by sustaining quality of practice and retaining high standard and consistency of casework practice. We regard this to be one of the most effective responses we can mount for ensuring a positive outcome from any review of our services by external inspection bodies. We will be attentive and connect the drive and commitment of our staff which is a necessary factor to the success of the services we provide. Staff in the directorate are essential resource and we will maintain the required investment as set out in our Workforce Development Plan. This should guarantee that our staff will be provided with the crucial skills and capabilities to fulfil their responsibilities.

The national policy context will be influenced by significant children's services regulatory changes and the implementation of the Care Act 2014 which is being phased in over two years. The main regulatory and legislative changes will have major financial and cultural impact on children and adult services'. The combined effect is that more people may come forward for information and advice, assessment or funded support from the Council. We will establish Portfolio Management Office function to ensure effective implementation of our transformation programmes. It is important for us to respond to other emerging key national policies, learn from them and respond appropriately.

Resilience, enablement, asset-based and personalisation approach are key concepts threading through all transformation programmes in the directorate. We will stay on the course of working with the families of children and young people for them to make use of early help and preventatives support that is targeted to building their resilience, improving the likelihood of dealing better with circumstances and decreasing their dependency. The Adult Transformation Programme Phase 2 will be extended to new services areas across the three divisions. The extension will include Alternative Models of Care, Kent Pathway Service, Shared Lives, Enablement Delivery Acute Demand and Demand Management.

We will host the Better Care Fund partnership agreement on behalf of the Council. This will serve as the vehicle for delivering our joint plans with the NHS, whilst moving forward with the Pioneer Programme. These will create the foundation for ever increasing integration of front-line services

and joint commissioning. In the same way, the 0-25 Unified Transformation Programme will oversee the delivery of key priorities for integration as stated in the Portfolio plans.

The Directorate Business Plan for 2015/16 mirrors the national and local context and key objectives of the Council and should be read in conjunction with related published plans which hold additional detailed information. We look forward to working with all partners in the forthcoming year.

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

3 – Social Care Health and Wellbeing at a Glance

The Social Care, Health and Wellbeing Directorate has a leading role in discharging the Council's statutory responsibilities for public health and social care. The principal responsibilities of the Directorate include undertaking individual and population needs assessment, commissioning and arranging to meet the eligible needs of people and safeguarding vulnerable children and adults.

The Adult's and Children's Services Transformation Programmes are currently the Authority's largest change programmes. The changes delivered from these programmes has increased productivity, reduced costs and improved service user outcomes; the amount of cashable savings forecast is in the region of £30m. The Directorate will to contribute to the £90million reduction in spend that the County Council must achieve in 2015/16.

There are five divisions within the Social Care, Health and Wellbeing Directorate. More information can be found under the section 'Who we are, and what we do' of this business plan.

- Specialist Children's Services
- Older People and Physical Disability
- Disabled Children and Adults Learning Disability and Mental Health
- Commissioning
- Public Health

Our Financial Resources

		2015-16 Budget						
2014-15 Adjusted Approved Budget	**Division**	**Staffing**	**Non staffing**	**Gross Expenditure**	**Internal Income**	**External Income**	**Grants**	**Net Cost**
£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s
10,342.3	Strategic Management and Directorate Budgets *(Andrew Ireland)*	918.8	10,595.5	11,514.3	0.0	-160.0	-299.0	11,055.3
7,637.7	Commissioning *(Mark Lobban)*	7,765.1	3,050.5	10,815.6	-40.0	-552.1	-830.4	9,393.1
196,904.8	Disabled Children and Adults Learning Disability and Mental Health *(Penny Southern)*	36,338.6	189,825.6	226,164.2	-2,237.8	-17,573.5	-2,537.4	203,815.5
153,941.7	Older People and Physical Disability *(Anne Tidmarsh)*	41,301.0	210,955.6	252,256.6	-362.8	-93,710.3	-13,823.6	144,359.9
-109.5	Public Health (Andrew Scott-Clark)	4,305.3	63,922.2	68,227.5	0.0	-5,810.4	-64,080.0	-1,662.9
102,697.4	Specialist Children's Services *(Philip Segurola)*	45,502.9	78,898.1	124,401.0	-2,022.3	-1,880.6	-10,497.7	110,000.4
471,414.4	**Total**	**136,131.7**	**557,247.5**	**693,379.2**	**-4,662.9**	**-119,686.9**	**-92,068.1**	**476,961.3**

The Disabled Children and Adults Learning Disability and Mental Health gross expenditure for 2015-16 (£229m) is £54m higher than the Learning Disability and Mental Health budget for 2014-15 (£175m). This is a consequence of the creation of a new Division. Services for children with a disability are realigned from Specialist Children's Services with Learning Disability and Mental Health to form the Disabled Children and Adults Learning Disability and Mental Health Division.

Our Staff Resources

Division	FTE
Strategic Management	3.0
Commissioning	163.4
Disabled Children and Adults Learning Disability and Mental Health Public Health	*820.8
Older People and Physical Disability	1207.1
Public Health	65.1
Specialist Children's Services	*1217.0
Total	**3476.4**

Grade Band	FTE	%
KR6 & below	1440.8	41.4
KR7-9	116	33.6
KR10-13	803.0	23.1
KR14-15	52.8	1.5
KR16+	11.0	0.3
Total	3476.4	100.0

*FTE as of February 2015 does not take in to account the transfer of staff from Disabled Children's Services to the new Disabled Children and Adults Learning Disability and Mental Health Division. Total FTE's may include rounding errors.

Our Priorities

Our directorate is about building on peoples' strengths and capabilities and promoting their independence to improve their health and wellbeing. We are also about assisting people to achieve outcomes that matter to them and working with statutory and non-statutory partners to protect the most vulnerable children and adults in our area.

Our Business Plan will support the overall objectives of the County Council's strategic priorities in the 'Commissioning Framework' and 'Increasing Opportunities, Improving Outcomes' - KCC's Strategic Statement 2015 - 20120. The headline priorities which we are committed for the year ahead are listed below. (See section 5 of this business plan for further information).

- Manage a single transformation programme focused on embedding improvements in social care practice with the aim of having fewer children in care through earlier preventative work with families, and delivering better educational and social outcomes for those children in care, with improved service efficiency operating within a more sustainable budget.

- Deliver a more joined up services with an even greater focus on prevention by working with universal services (such as schools, children's centres and health visitors) to proactively identify vulnerable children and families at risk of requiring intensive support.

- Increase the level of integrated working with other statutory agencies and the voluntary sector, in order to bring about a radical shift in ways of working ensuring that children's social services are linked to GP practices to deliver a more rounded preventative model of care, and more integrated health and social care services for residents.

- Extend the Adult Transformation Programme Phase 2 to new service areas - Alternative Models of Care, Kent Pathway Service, Shared Lives, Enablement Delivery, Acute Demand and Demand Management.

- Through the Better Care Fund plan to deliver co-designed integrated teams working 24/7 around GP practices, with rapid community response which results in a reduction for acute admissions and long term care placements. We will work with our partners to educate the wider Kent community about mental health and dementia to ensure more people can help and support individuals, families and carers so that they feel social included.

- Develop the Building Community Capacity initiative further through co-development with voluntary and community sector as a principal means of supporting greater number of people.

- Consult and engage a range of stakeholders (service users, providers and other partners) for their views on the most effective means of meeting the needs of service users with the aim improving outcomes and the voice of the user shaping future commissioning decisions.

- Build on the Pioneer status and work with the Kent Health and Wellbeing Board to deliver a shared vision focused on creating an integrated health and social care system to achieve better outcomes for Kent residents and increased value for money.

- Develop a longer-term commissioning view for public health which sets out how we will tackle the social causes of health inequality and poor health outcomes by imaginatively commissioning and partnering across the public, private and voluntary sector service to ensure the biggest return on investment for improving physical and mental health outcomes.

- Commissioning and procuring services informed by KCC's corporate frameworks during the move to becoming a commissioning authority.

Section 4 – Kent County Council Strategic Statement

Kent County Council and its partner organisations have a range of priorities and targets that we aim to meet when working with our customers. The Social Care, Health and Wellbeing Directorate is contributing to the delivery of whole council transformation in implementing the Transformation Plan – ***Facing the Challenge: Whole Council Transformation***. We are doing this within the three key transformation themes of ***Managing Change Better***, ***Integration & Service Redesign***, and ***Market Engagement & Service Review,*** and the main areas of focus in our Directorate Business Plan this year are:

1) Planning for growth and a changing population; meeting the increasing demand for services in a challenging financial environment, and changing national policy context
2) Tackling deprivation and removing inequalities; improving user outcomes and positive experiences for all
3) Promoting independence, resilience and enablement
4) Creating a more sustainable service through transformation, with greater emphasis on better procurement, increased prevention, and improved partnership with the NHS to deliver better outcomes for Kent residents at lower cost
5) Developing a workforce that is flexible, adaptable to change and that has the skills, competencies and capacity to deliver on our priorities; ensure that our leaders and managers have the skills and tools required to lead the change, improving the capacity and performance of the management structure and decision making authority.

Increasing Opportunities, Improving Outcomes

The Directorate is committed to achieving the Strategic Outcomes identified in the Increasing Opportunities, Improving Outcomes: KCC's Strategic Statement 2015-2020. The Strategic Outcomes shown below provide a simple and effective focus for everything we do. Our Business Plan priorities will primarily help to deliver two of the Strategic Outcomes identified for the Authority, namely:

- Children and young people in Kent get the best start in life
- Older and vulnerable residents are safe and supported with choices to live independently.

In addition, the general thrust of our operational activities will also contribute towards the third outcome, the focus of which is to help with the economic growth of Kent and improvement in the quality of life of local residents.

Our Vision

Our focus is on improving lives by ensuring that every pound spent in Kent is delivering better outcomes for Kent's residents, communities and businesses.

Strategic Outcome

Children and young people in Kent get the best start in life

Strategic Outcome

Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life

Strategic Outcome

Older and vulnerable residents are safe and supported with choices to live independently

Supporting Outcomes

Kent's communities are resilient and provide strong and safe environments to successfully raise children and young people

We keep vulnerable families out of crisis and more children and young people out of KCC care

The attainment gap between disadvantaged young people and their peers continues to close

All children, irrespective of background, are ready for school at age 5

Children and young people have better physical and mental health

All children and young people are engaged, thrive and achieve their potential through academic and vocational education

Kent young people are confident and ambitious with choices and access to work, education and training opportunities

Supporting Outcomes

Physical and mental health is improved by supporting people to take more responsibility for their own health and wellbeing

Kent business growth is supported by having access to a well skilled local workforce with improved transport, broadband and necessary infrastructure

All Kent's communities benefit from economic growth and lower levels of deprivation

Kent residents enjoy a good quality of life, and more people benefit from greater social, cultural and sporting opportunities

We support well planned housing growth so Kent residents can live in the home of their choice

Kent's physical and natural environment is protected, enhanced and enjoyed by residents and visitors

Supporting Outcomes

Those with long term conditions are supported to manage their conditions through access to good quality care and support

People with mental health issues and dementia are assessed and treated earlier and are supported to live well

Families and carers of vulnerable and older people have access to the advice, information and support they need

Older and vulnerable residents feel socially included

More people receive quality care at home avoiding unnecessary admissions to hospital and care homes

The health and social care system works together to deliver high quality community services

Residents have greater choice and control over the health and social care services they receive

Our Business Plan Priorities:

The cross cutting priorities that will help deliver the supporting outcomes

Our Approach:

The way we want to work as a council to deliver these outcomes

Section 5 – Directorate and Divisional Priorities and contribution towards Kent County Council Strategic Statement Priorities for 2015-16

Directorate Priorities in 2015/16 – What we will deliver:

The following Sections set out how the Directorate will contribute towards the Increasing Opportunities, Improving Outcomes objectives.

We are committed to the priority to reduce reliance and dependency on public services through a focus on early intervention and improving outcomes. In 2014/15 social care services for Children, Adults and Public Health were integrated under a single directorate. In 2015/16 the Directorate will continue to deliver Kent's priorities in prevention, promoting independence and wellbeing in a more holistic, joined up way for the people of Kent. Wherever possible, we will build on Kent's Pioneer status and align more of our services with our NHS partners to achieve better outcomes for Kent residents and increased value for money.

As we reshape our services to focus on commissioning we will take work forward during the year to explore ways that will enable older people and people with a physical disability to self-manage and to put in place an increased range of preventative and early intervention services for vulnerable children and their families to support them before they reach crisis point.

As mentioned above, our Directorate Business Plan will support the overall objectives of the County Council's strategic priorities in the KCC Commissioning Framework and Increasing Opportunities, Improving Outcomes - KCC's Strategic Statement 2015 - 20120.

The Corporate Director and Directors in the Social Care, Health and Wellbeing Directorate have collectively identified the following ***three*** strategic priorities for the year ahead in order to contribute to the key objectives defined in the above documents:

1. Children's (Social Care) Transformation Programme (0-25 Unified Programme)

In 2015/16 Specialist Children's Service will continue with the next phase of the journey 'from improvement to transformation' building on the solid foundations now in place across the service to radically improve the quality of service provision offered to all our service users.

We have made significant improvement to the quality of children's services. This Business Plan reflects the completion of the Kent Safeguarding and Children in Care Improvement Plan and continues the focus on quality and sustainability - this has been recognised by OFSTED which has now removed all improvement notices. This year we will build on the improvements achieved to date, and further integrate and embed Improvement Programme actions into 'Business as Usual' practice.

This year Children's Services will manage a single transformation programme to focus on embedding improvements in social care practice, oversight and case management to deliver transformational change in children's social services. Our aim will be to have fewer children in care through earlier preventative work with families, and delivering better educational and social outcomes for those children in care, with improved service efficiency operating within a more sustainable budget.

The children we work with need the right response from the very beginning and throughout our involvement with them. The reality of what are always limited and often reducing resources means we literally cannot afford not to manage resources well. The achievement of quality service provision is a central part of our approach to efficiencies - confident that we use what we have well, and effectively.

Children's (Social Care) Transformation is underpinned by the Social Work Contract. This sets out both the standard expected of our practitioners, and the support the organisation will offer them in return. The contract builds on the outcomes of the Munro Review, and, central to it is the importance of building relationships as the key to helping families change.

The **0-25 Unified Programme** is part of the overarching **0-25 Change Portfolio**, a Facing the Challenge transformation theme. A key element of the Children's Transformation strategy will be to manage efficiency and improvement through the same programme. Working jointly with Early Help and Preventative Services Division, the programme will see the transformation of these services delivering in a more joined up way to have maximum impact on improving outcomes, achieving the most efficient use of resources and reducing the demand for more costly services. In particular, there will be an even greater focus in prevention by working with universal services (such as schools, children's centres and health visitors) to proactively identify vulnerable children and families at risk of requiring intensive support.

The programme will deliver a new integrated commissioning strategy and more integrated working with other statutory agencies and the voluntary sector, as well as the greater integration of the Council's services, in order to bring about a radical shift in ways of working. An extension of this approach will be to ensure that children's social services are linked to GP practices to deliver a more rounded preventative model of care, and more integrated health and social care services for residents.

2. Adult Services Transformation Change Portfolio

This is a time of unprecedented change for the adult social care sector which brings challenge and opportunity. The challenge includes delivering excellent services at a time of significant demographic change (with increased demand on services) and a time of financial constraint. The opportunities are through transforming existing services; the delivery and commissioning of services in an integrated way with the NHS to deliver sustainable financial savings and improve the quality of the customer's experience; and promoting the personalisation agenda.

When considering the services we provide, it is important to note the changing national legislative context. The welfare reform agenda is likely to continue to place additional demands on local authority services as well as transferring more responsibility to local government. The Care Act 2014 introduces major changes to adult social care from April 2015, with additional changes planned to come in to effect in 2016. The Care Act brings together a number of new duties and powers, as well as making changes to existing duties and processes. This will include the introduction of a national minimum eligibility threshold for meeting needs, planned changes to the thresholds for the funding of care and support, new responsibilities in respect of carer assessments, legal right to receive services and entitlements to hold personal budgets. In 2015-16 we will see the implementation of the Better Care Fund which will require improved collaboration and integration between health and social care services.

The challenge for the County Council is to ensure that we build a social care and support system that has at its heart an ability to assist people to build on their capabilities and live as independent a life as is possible for them given their needs and circumstances.

We will focus on managing the demand for older people services to ensure that our funding is used in the most efficient way and the Directorate is able to manage the demand for services within our net available resource. There are significant opportunities to design and implement a better system of services for older people that support people to stay at home and remain as independent as possible, support carers, put people in control of the care they receive, and support them to live with dignity.

To address the financial challenges we face in the coming years, we will continue to work with Newton, our Transformation Partner, to redesign whole system pathways across our services and

bring about innovation to make further improvements. This will transform the way we deliver services for vulnerable adults and older people, with our health, voluntary and community sector partners.

During 2014/15, Phase 1 of the **Adult Services Transformation Change Portfolio** focused on three Newton Europe partnership programmes: Care Pathways; Optimisation; and Commissioning. Much of the work in phase one concentrated on making better use of existing systems and embedding the culture of promoting service user independence, while establishing the foundations for future transformation. The changes delivered from these programmes has increased productivity, reduced costs and improved service user outcomes; the amount of cashable savings forecast is in the region of £30m.

Phase 2 of the **Adult Services Transformation Change Portfolio** will be implemented in 2015/16 and will include all partnership and County Council related change. Phase 2 of Adult Transformation will consist of the ***Care Act Programme***, to help us prepare for the new legislation that came into effect from April 2015, and the ***Integrated Care and Support Pioneer Programme***, which will see health and social care services work together to provide better support at home and earlier treatment in the community to prevent people needing emergency care in hospital or care homes. In addition to these major change programmes, we will work with our transformation partner Newton to extend the Adult Transformation Programme Phase 2 to new service areas across Older People, Learning Disability and Commissioning. The extension will include reviews around ***Alternative Models of Care***, ***Kent Pathway Service***, ***Shared Lives***, ***Enablement Delivery***, ***Acute Demand*** and ***Demand Management***. This year we must achieve a £18million (including Commissioned Services for Kent Support and Assistance Service) saving from the Adult Services Transformation Programme, which includes investment in services to manage demand in order to deliver these savings.

Our long term intention for Adult Social Care is that, we will have a sustainable model of integrated Health and Social Care services which offers integrated access, integrated provision and integrated commissioning. We will have improved outcomes for people across Kent by maximising people's independence and promoting personalisation. We will have maximised value for money by optimising our business, managing demand and shaping the market through strategic engagement with key suppliers.

Implementation of the Care Act

The Care Act Programme is now a well-established part of the Adult Services Transformation Change Portfolio and the 2014/15 preparatory work has provided a sound framework for implementation of the 2015 changes from 1 April. The implementation of this phase of the changes will be closely monitored and the information from the review will inform the revision of the initial planning assumptions and assist with work on preparing for the changes in 2016. The training and development programme for the Care Act will be further rolled out during 2015/16 and additional elements will be added as progress is made on the 2016 changes to implement the reform of funding for care and support. The policy framework will be implemented and the 5 key principles of the Care Act will be embedded in practice. Detailed work on the expected changes for 2016 will continue with work particularly concentrated on assessment of self-funders and the system development for the Care Account. We will review the vision and strategic direction for adult social care including the design, form and function of how care and support will be provided.

The Building Community Capacity initiative will be progressed through co-development with voluntary and community sector as a principal means of supporting greater number of people without necessarily being subject of formal assessment or ongoing support from adult social care. It will be important for us to consult and engage a range of stakeholders (service users, providers and other partners) for their views on the most effective means of meeting the needs of service users with the aim improving outcomes and the voice of the user shaping future commissioning decisions.

Integrated Care and Support Pioneer Programme

The integration of Health and Social Care services is being managed as part of the wider Adults Transformation, meaning that the redesign of our services will facilitate integration with the NHS. Kent is one of fourteen Pioneer areas in the Department of Health's Integrated Care and Support Pioneer Programme, which aims to establish new ways of delivering coordinated care. There is no funding attached with being a Pioneer area but it means that we have greater opportunity to secure freedom to remove barriers that can get in the way of integration. We will build on the Pioneer status and work with the Kent Health and Wellbeing Board to deliver a shared vision focused on creating an integrated health and social care system which aims to help people live as independent a life as possible, based on their needs and circumstances. By bringing together Clinical Commissioning Groups, Kent County Council, District Councils, acute services and the Voluntary Sector we will move to care and support provision that will promote greater independence for patients, whilst reducing care home admissions. In addition, we will use the opportunity that this programme offers to agree a shared approach to developing the future health and social care workforce with the skills to deliver good quality integrated care based on a common set of values and standards which are seen to be an attractive and rewarding career choice.

Better Care Fund

In 2014/15 Kent's plan for the Better Care Fund was approved and further work took place to prepare for implementation in 2015/16. This included investing in preventative and intervention activity and supporting our strategy to manage demand for adult social care, for example through extended working hours.

The Directorate will host the Better Care Fund partnership agreement on behalf of the County Council. This will serve as the vehicle for delivering our joint plans with the NHS, whilst moving forward with the Pioneer Programme. In 2015/16 we will see the delivery of schemes across Kent as part of the Better Care Fund plan which seeks to deliver co-designed integrated teams working 24/7 around GP practices, with rapid community response particularly for people with dementia and empowerment for citizens to self-manage - all supported by anticipatory care plans which results in a reduction for acute admissions and long term care placements. Crucially, we will work with our partners to educate the wider Kent community about mental health and dementia to ensure more people can help and support individuals, families and carers so that they feel social included.

As part of this initiative consideration will be made of the Adult Transformation Programmes to ensure that activity to transform adult social care is aligned with the outcomes identified in the Better Care Fund plan.

More detailed information about the transformation of Adult Social Care can be found in our Adults Transformation Programme Plans. Information about the integrated commissioning and integrated provision plans, developed with our Health partners, are set out in the Better Care Fund Plan.

3. Public Health Priorities

In 2015/16 Public Health will work to maximise the impact of the Public Health grant to embed public health priorities across the County Council and ensure our policies and programmes consider the impact on the health of the population of Kent.

We will begin to develop a longer-term commissioning view for public health which sets out how we will tackle the social causes of health inequality and poor health outcomes by imaginatively commissioning and partnering across the public, private and voluntary sector service to ensure the biggest return on investment for improving physical and mental health outcomes.

Public Health has three overriding aims, these are:

- Improving the health of the Kent population
- Protecting the health of the Kent population
- Improving the quality, effectiveness of, and access to, integrated health and social care services

There are a number of Public Health challenges in Kent including; the proportion of people overweight, reducing the prevalence of smoking, reducing health inequalities, reducing the harm caused by alcohol.

The Public Health division works closely with the Health & Wellbeing Board, and is a key partner in producing the Health & Wellbeing Strategy for Kent. Its commissioning plan is considered by the board, and the Joint Strategic Needs Assessment is a key tool for the board in developing its strategy.

During 2015/16 we will develop a whole system approach to designing a new model of provision for improving core public health outcomes, to promote independence and wellbeing by identifying and exploiting opportunities for efficiencies, integrating key services around the needs, and the individual and using the Bentley Tool to reduce health inequalities. Key to delivering this priority will be;

- Integrating the Health Visiting and Family Nurse Partnership services (which transfer to KCC in October 2015) with the wider Early Help service offer across the county and managing the transfer of commissioning responsibility from the NHS to KCC.
- Intensive market development including the consideration of both KCC provided services and GP provider organisations such as Integrated Care Organisations.
- Contract management focus to drive productivity in current services whilst preparing for tender processes.

In order to support people to take responsibility for their own health and wellbeing, and that of their family, we will, during 2015/16 take every opportunity to raise the level of understanding of what can damage an individual's health and wellbeing, and provide information on how they can make positive changes.

In achieving our strategic objectives this year we will not only improve the wellbeing of the people of Kent, but also reduce the need for expensive acute interventions, thereby reducing the pressure on other Council services, and the wider public sector.

Key Divisional priorities for 2015/16:

Specialist Children's Services key priorities for 2015/16

1. Recruitment and retention of qualified social work staff

We will work hard to improve the recruitment and retention of qualified social work staff employed by the service by continuing to build on the work of the Improvement Programme to develop a stable, permanent workforce, which will result in fewer agency workers. We will seek to increase the proportion of social work staff that are permanent members of the workforce. This will ensure that consistent contact is maintained with children, young people and their families and will improve staff morale.

2. Budgetary control in line with efficiency targets

The 0-25 Unified Programme will review our financial processes, streamline service provision, and improve the level of in-house foster care and adoption provision in order to be more efficient with resources. As a result, more Children in Care will have a permanent, stable placement and we will meet efficiency targets.

3. Effective casework intervention, management, and quality assurance processes to ensure consistency of frontline practice at a whole County level

We will support frontline social workers with child protection responsibilities, who operate in challenging, stressful and demanding circumstances through the Social Work Contract. To improve the quality of social work practice we will ensure that caseloads are manageable and that social work staff receive regular, reflective supervision and feel supported through line management. Social work staff will be encouraged to share good practice; and a structured mechanism for feeding back lessons learnt from assessment, regulation and inspection will be implemented. As part of Kent's efforts to become a learning organisation, all social work staff will regularly access high quality continuous professional development.

We will introduce and support staff in using the 'Signs of Safety' practice model. The model is designed to help conduct risk assessments and produce action plans for increasing safety, and to reduce risk and danger by identifying areas that need change while focusing on strengths, resources and networks that the family have.

Through regular and robust quality assurance of case-work and practice, and data analysis we will ensure continued focus on the best interests of children and young people, the voice and wishes of the children and young people are listened to, and that these decisions are well reflected within the child's online record.

Older People and Physical Disability key priorities for 2015/16

1. Transform and modernise service with effective management and control of resources

The experience of the public in contact with the service will be improved with reduced time between initial contact and assessment of need, more enablement and telecare services, and direct provision of equipment and adaptations will support independence and encourage self-care and management. Access to care and support services will be enhanced by revised and streamlined care pathways. We will support people to go home after a hospital admission and will help people to access voluntary sector support in the community instead of having to access long term social care support. We will meet the financial savings required for 2015-16 in the Medium Term Financial Plan by delivering the objectives of the Adult Social Care Transformation Programme.

2. Implement the Integrated Care and Support Pioneer Programme and Delivery Plan, integrating Health and Social Care commissioning and service delivery (including Better Care Fund)

We will work alongside our health and social care partners to implement the Integrated Care Pioneer Programme and contribute to the Five Year Forward View. The service we deliver to the public will be improved through integrated commissioning and service provision, avoiding duplication and ensuring clearer care and support planning from strategic to individual service user level.

3. Improve social care practice, keeping vulnerable adults safe, promoting independence and fulfilling lives for all

Our workforce will be trained, qualified, supported and clear about their roles and accountabilities which will improve the experience for the public in contact with the service. Social work staff will be appropriately trained and supported to operate the modernised services introduced under the Adult Social Care Transformation Programme. All staff will be clear about their accountabilities through personal action planning and individual performance management. Staff will receive regular supervision; reflect on their practice, development and performance management. Social care staff will be clear about how they deliver quality standards through systematic sharing of best practice, lessons learnt and developing their understanding of the inspection and regulatory framework for adult social care.

Disabled Children and Adults Learning Disability and Mental Health key priorities for 2015/16

1. Keep vulnerable people safe through robust and effective safeguarding procedures

We will work to ensure that our safeguarding monitoring and practice are of the highest standards and continue to focus our efforts to eliminate abuse and discrimination. Our lead role in co-ordinating the development of policies, procedures and practice with other agencies including providing training programmes and regular audits will ensure quality of practice. All our service users will be able to lead, safe and fulfilling lives.

2. Work in partnership across health and social care to encourage innovation, improve efficiency and support healthy and productive lives for people in Kent

We will continue to work in partnership with health to deliver effective, seamless services to the vulnerable adults in our care. Our integrated teams, including a range of health and social care professionals, will continue to support people with learning disabilities live full, active lives in their local communities. As we continue to innovate and improve efficiency through our partnership we will provide that most appropriate type and level of support, helping people to take care of their health and well-being and be active and productive in their daily lives.

3. Ensure that there is a smooth transition for vulnerable young people from health, education and Disabled Children's Services into Adult Social Care Services

We will continue to develop a more joined-up approach to the delivery of services for Children, Young People and Adults, in particular those with disabilities and additional needs. We will realign the Disabled Children's Service, currently based within Specialist Children's Services (SCS) into Adult services, which will give us the opportunity to work more closely with children's services, to deliver a seamless continuity of support for children, young people and adults with a disability. It will also allow us to develop more joined up service delivery between Social Care, Health and Education, and support the maximisation of joint commissioning opportunities.

Commissioning key priorities for 2015/16

1. **To ensure that Social Care, Health and Wellbeing develop safeguarding services which wherever possible stop abuse, prevent harm and reduce risk**

Key Actions:

- Ensure that we implement the changes to safeguarding as outlined in the Care Act/guidance
- We reshape the Mental Capacity Act/Deprivation of Liberty service to meet the challenges of the Cheshire West Judgements
- We work with other units in Strategic Commissioning/Operational divisions to implement the Quality in Care Framework and utilise intelligence from the Care Quality Commissioning to reduce the number of providers with a safeguarding or quality concern
- We continue to develop and implement our quality assurance processes to ensure best practice
- We develop new practice initiatives supported by training to manage the changing landscape in safeguarding
- Work with other agencies in ensuring that the statutory role of the Safeguarding Adults Board is fulfilled.

2. **'Facing the Challenge' - Transformation**

To meet the financial savings required for 2015/16 in the Medium Term Financial Plan we are establishing the Programme Management Office (PMO) for the Adults Portfolio to enable prioritisation of programmes and projects against the strategic objectives and assign the required resources for delivery. For both the Adults Portfolio and the 0-25 Portfolio we will continue to review services commissioned for adults, children, young people and their families to ensure we achieve the desired efficiencies and deliver improved outcomes.

3. **Contribution to the delivery of the Increasing Opportunities, Improving Outcomes – KCC's Strategic Statement and the Commissioning Framework**

We will continue the work already in progress with the Clinical Commissioning Groups (CCGs) and other partners and providers to deliver coherent processes and systems across health and social care to identify opportunities for integrated commissioning. We will continue to develop the capacity within our provider partners and develop local markets to encourage new models of delivery. We will continue to develop our workforce so that they have the skills and resources required to commission for outcomes and deliver best value for KCC.

Public Health key priorities for 2015/16

1. **To develop whole system approach to the design a new model of provision** for improving core public health outcomes to promote independence and wellbeing by identifying and exploiting opportunities for efficiencies, integrating key services around needs, and the individual and using the Bentley Tool to reduce health inequalities. Key to delivering this priority will be:

    - **Integrating the Health Visiting and Family Nurse Partnership services** with the wider Early Help service offer across the county and managing the transfer of commissioning responsibility from the NHS to KCC;

    - **Intensive market development** including the consideration of both KCC provided services and GP provider organisations such as Integrated Care Organisations;

    - **Contract management** focus to drive productivity in current services whilst preparing for tender processes.

2. **To work in partnership with organisations across the public sector to maximise the impact of our work, and to ensure that Public Health outcomes are integral to the design and delivery of services**

We will work with colleagues in the public sector, and our partners including Clinical Commissioning Groups, and Local Health and Wellbeing Boards to finalise our strategic delivery plan for public health, and ensure that Public Health outcomes are integral to the design and delivery of services, using the expertise of public health consultants to inform and influence decision making.

We will ensure that the Joint Strategic Needs Assessment is used to inform the whole public sector, and that it will support the development of services targeted to achieve maximum effect. We will support the work of the Better Care Fund to deliver the integration of health and social care and a whole systems approach to reducing the need for acute interventions.

3. **To raise awareness of key public health challenges both through proactive public relations and through a series of campaigns, with the aim of educating and supporting people to take more responsibility for their own health and wellbeing**

In order to support people to take responsibility for their own health and wellbeing, and that of their family, we will, during 2015/16 take every opportunity to raise the level of understanding of what can damage a person's health and wellbeing, and provide information on how they can make positive changes.

We will utilise media interest and focus during certain times of the year to proactively promote our key messages in our priority areas of alcohol, smoking, obesity and physical activity, and mental health. We will produce a programme of targeted campaigns aimed at reducing harm in specific areas including smoking in pregnancy, reducing suicides, encouraging safer sexual practices, and increasing the uptake of flu vaccine.

Section 6 – Delivering Transformational Change – The Next Phase

We will continue to build on the strong transformation foundations which have served us well and assisted us to make better use of 'what and how we do things'. This means the need to carry on with steps to embed positive culture in our services. The earlier changes that we put in place have enabled us to make significant improvements across a number of areas – productivity improvements, costs reduction improvements, service user outcomes improvements.

As mentioned in section 5, we will continue to work with our transformation partner, Newton, to extend the **Adult Transformation Programme Phase 2** to new service areas. The core objectives are to deliver better outcomes for service users including - fewer service users requiring long term residential placements, access to enablement service for all service users, development of supported living options and greater independence for service users. Details of how the different elements contribute to the overall savings target of £18million are shown in the table below.

The **0-25 Change Portfolio** sponsors the **0-25 Unified Programme** which consists of three strands of change programme activities. The goals are to improve outcomes for children and young people and deliver greater efficiency. The three elements cover Child Protection Service, Early Help and Preventative Services and Extend Spend (Commissioning).

We will start to develop a longer-term commissioning response as part of the **Public Health Change Programme** to tackle the social causes of health inequality and poor health outcomes by imaginatively commissioning and partnering across the public, private and voluntary sector service to ensure the biggest return on investment for improving physical and mental health outcomes.

Service	Area	Name	Target	Target Total	Stretch	SU Outcomes
Older People, Physical Disability	Acute	Short Term Beds Reduction	£1.20m	£4.14m	£1.60m	*Improved outcomes from acute. Fewer service users requiring long term residential placements*
		Acute outcome improvement	£2.94m		£6.04m	
	Outcomes & Process	Enablement Volume	£1.83m	£7.77m	£2.44m	*Access to enablement service for all service users regardless of referral route. Standardised effectiveness across the service*
		Enablement Outcomes	£3.44m		£4.58m	
		Enablement Efficiency	£0.10m		£0.70m	
		Enablement Outsourcing	£2.40m		£4.60m	
Older People, Physical Disability Total				**£11.91m**	**£19.96m**	
Learning Disability	Reshaping the Market	Alternate Models of Care	£4.10m	£4.84m	£6.64m	*Development of supported living options*
		Reshaping support contracts	£0.42m		£0.83m	*Greater independence for service users*
		Process improvement Shared Lives	£0.32m		£0.49m	*Strategic relationship with housing and support providers*
	Enablement	Pathways to Independence	£1.93m	£1.93m	£5.03m	*Measurement and improvement in outcomes for service users*
Learning Disability Total				**£6.77m**	**£12.99m**	
Adults Total				**£18.68m**	**£32.95m**	

The following table provides a summary of the Directorates key services. The information include profile of the size of the budget and whether services are provided by in-house function or commissioned from independent and private sector providers.

Services for Adults	Net Cost (£000s)	In-house / Commissioned	Provider
Domiciliary Care			
Learning Disability (aged 18+)	979.3	Commissioned	Various
Older People (aged 65+)	2,334.1	In-house	Kent Enablement at Home
Older People (aged 65+)	7133.2	Commissioned	Various
Physical Disability (aged 18-64)	579.4	In-house	Kent Enablement at Home
Physical Disability (aged 18-64)	2,408.1	Commissioned	Various
Nursing and residential care			
Learning Disability (aged 18+)	75,224.4	Commissioned	Various
Mental Health (aged 18+)	7,047.5	Commissioned	Various
Older People (aged 65+) - Nursing	21,385.2	Commissioned	Various
Older People (aged 65+) - Residential	14,467.1	In-house	KCC residential service
Older People (aged 65+) - Residential	26,121.4	Commissioned	Various
Physical Disability (aged 18-64)	11,849.7	Commissioned	Various
Supported Living			
Learning Disability (aged 18+)	2,154.7	In-house	Independent Living Scheme
Learning Disability (aged 18+) – Shared Lives Scheme	3,330.9	In-house	Shared Lives Scheme
Learning Disability (aged 18+)	31,544.2	Commissioned	Various
Older People (aged 65+)	400.7	Commissioned	Various
Physical Disability (aged 18-64) / Mental Health (aged 18+)	3,879.6	Commissioned	Various
Other Services for Adults and Older People			
Adaptive and Assistive Technology	2,477.3	In-house	Occupational Therapy and Sensory Services
Community Support Services for Mental Health (aged 18+)	1,312.3	In-house	Community Outreach Service
Community Support Services for Mental Health (aged 18+)	1,496.4	Commissioned	Various
Day Care			
Learning Disability (aged 18+)	6,652.9	In-house	Day care / Day services
Learning Disability (aged 18+)	7,095.4	Commissioned	Various
Older People (aged 65+)	822.3	In-house	Day care / Day services
Older People (aged 65+)	959.1	Commissioned	Various
Physical Disability (aged 18-64)	951.1	Commissioned	Various
Social Support			
Carers	3,437.9	In-house	Respite service
Carers	4,353.6	Commissioned	Various
Information and Early Intervention	4,814.1	Commissioned	Various
Social Isolation	4,140.9	Commissioned	Various
Social Fund	1,250.0	In-house	Kent Support and Assistance Service
Housing related support			
Adults – Learning Disability	3,352	Commissioned	Various
Adults – Physical Disability	138.5	Commissioned	Various
Adults – Mental health	2,904.3	Commissioned	Various
Older People	3,891.5	Commissioned	Various
Other Adults	7,421.6	Commissioned	Various

Services for Children	Net Cost (£000s)	In-house / Commissioned	Provider
Children in Care (Looked After)			
Fostering	4,140.9	In-house	Children in Care
Fostering	1,250.0	Commissioned	Various

Residential / Respite Care	2,507.8	In-house	Short Break Units
Residential / Respite Care	11,058.2	Commissioned	Various
Virtual School Kent	1,399.9	In-house	Virtual School Kent
Children in Need			
Family Support Services	9,284.5	In-house	Community based family support services
Other Children's Services			
Adoption and other permanent care arrangements	13,166.3	In-house	Adoption Service
Asylum Seekers	280.0	In-house	Children in Care / 18+ Service
Care Leavers	4,906.5	In-house	18+ Service

Public Health Services	**Net Cost** (£000s)	**In-house / Commissioned**	**Provider**
Public Health Programmes			
Drug and Alcohol Service	315.3	Commissioned	Various

There are a number of service redesign decisions that will need to be made during the next two years. The list of the Key Decisions expected during the course of 2015-16 and 2016-17 outlined at the time of going to print are set out below.

Activity	Description	2015/16	2016/17
Accommodation Strategy	Shifting from residential provision to the development of more extra care services. This will involve 14 capital projects and 40 Operational service redesign.	2015/16	2015/16
Assessment function	Commissioning additional capacity to help with the influx of demand for assessment of self-funders in relation to the commencement of cap on care	October 2015	
Mental Health Core Offer	Replacement of 66 grants totalling £3.6m with 4 contracts	April/May 2015	
Advocacy Services (adults)	Re-commissioning of independent advocacy services covering all care groups approximately £1.5m		April 2016
Integrated Community Equipment Statement	Development of a redesigned service	May/June 2015	
Children's Accommodation	Extension of accommodation contract for children in Care and Care Leavers	May/June 2015	
Adoption Service	Establishment of a new voluntary adoption agency in partnership with Coram	2015/16	2015/16
Child Protection	Part of the integrated 0-25 Unified Programme to deliver the best outcomes and safeguard children	2015/16	2015/16
External Spend (commissioning children)	Part of the integrated 0-25 Unified Programme to deliver the better commissioning outcomes	2015/16	2015/16

Section 7 - What Else Drives Our Activity?

The Health and Social Care sector continues to operate in an era of unprecedented change. Every aspect of social care provision, including how we commission services is being transformed.

The Adult's and Children's Services Transformation Programmes are currently the Authority's largest change programmes. They will support the Social Care, Health and Wellbeing Directorate's contribution to the £90million reduction in spend that the County Council must achieve in 2015/16. We will do this by commissioning and procuring services informed by the *Facing the Challenge* themes of Transformation and the goals described in the 'Increasing Opportunities, Improving Outcomes – KCC's Strategic Statement 2015-2020 and KCC's Commissioning Framework.

Our Children's Social Care continues to support improving outcomes for children, young people and their families. It ensures the right services are provided at the right time, right place and at the right cost. We will continue to ensure the effective commissioning of services to meet statutory duties and the delivery of Kent's strategic priorities as contained within Every Day Matters and the Early Intervention and Preventative Strategy supporting the Children's (Social Care) Transformation Plan.

This year, we will be working to maximise the impact of the Public Health monies by continuing to embed our public health priorities across the authority and ensuring that our policy and programmes consider the impact on the health of the population of Kent, and reducing health inequalities.

Our Vision

Our vision is ambitious and aims to promote and ensure:

- *Every child and young person in Kent achieves their full potential in life, whatever their background*
- *People with care and support needs in Kent live independent and fulfilled lives safely in their local communities*
- *We protect and improve the health of the population of Kent*
- *That those most in need will receive the best possible service by ensuring that we have the workforce, the leadership and the systems and processes.*

Our main drivers for change

National Level	Local Level
• Care Act 2014 • Children and Families Act 2014 • Welfare Reform Act 2012 • Better Care Fund • Integrated Care and Support Pioneer Programme • Health and Social Care Act 2012 • National Outcomes Framework: Public Health; Adult Social Care and NHS • National Drug Strategy 2010 • National Alcohol Strategy 2012 • Mental Capacity Act 2005 • NHS Five Year Forward View	• Facing the Challenge: Whole Council Transformation • Medium Term Financial Plan • Increasing Opportunities, Improving Outcomes • Corporate Commissioning Framework • Health and Wellbeing Strategy • Joint Strategic Needs Assessment • Adult Social Care Transformation Portfolio Blueprints – Phase 2 (2014) • 0 – 25 Unified Programme • Commissioning & Sufficiency Strategy • Every Day Matters • Emotional Well Being Strategy

• Sustainable Development Strategy for the Health and Care System 2014 – 2020 • Public Services Social Value Act 2012	• Social Work Contract • Community Solutions Strategy • Kent Accommodation Strategy • Local district and borough housing strategies • Housing related support Commissioning Plan 2013-2016 • Kent and Medway Domestic Abuse Strategy • Kent and Medway Reducing Reoffending Strategy

Directorate Commitment to Sustainability and Social Value

Social Care, Health and Wellbeing Directorate recognises the links between health and the environment and that climate change and the depletion of finite resources are a real and growing threat for our local population. We are committed to the strategic view of sustainable development and will endeavour to take all reasonable steps to ensure we carry out our activities in a sustainable manner, minimising the impact from our actions and implementing policy so as to meet our environmental, social and economic targets.

A sustainable health and care system requires an integrated approach, improving quality of life and meeting the needs of current and future generations, whilst simultaneously protecting and enhancing the natural environment. Through considering ***economic***, ***social*** and ***environmental*** impacts in our decision making we can ensure that our approach to delivery of health and social care in Kent is sustainable, with outcomes benefiting our residents now and into the future. Local planning and commissioning will consider and address the impact of environmental factors that can impact positively or negatively on health, in particular:

- Housing and fuel poverty
- Transport
- Climate resilience
- Air quality
- Workplace and supply chain
- Natural environment

The Kent Health and Wellbeing Board is required to consider social, environmental and economic factors that impact on health and wellbeing. In 2014/15 the Directorate brought together Kent partners from across health, public health, social care, local authorities and sustainability to identify our priorities as part of a Sustainability Assessment for the Joint Strategic Needs Assessment (JSNA), including housing, climate resilience, natural environment, air quality and planning. The JSNA has been showcased nationally through the Sustainable Development Unit of NHS England and Public Health England, and a toolkit produced to assist other public sector partnerships in supporting sustainable communities. Embedding these principles within the JSNA has raised awareness (and senior support) of the critical link between the natural environment and health and wellbeing, and the importance of adapting to the impacts of climate change.

In 2015/16 the Directorate's Business Plan builds on the achievements in meeting the County Council's commitment to the Kent Environment Strategy that were integral to Bold Steps for Kent. The Council's **Environment Policy** and the **Kent Environment Strategy** set out the framework for delivering our strategic environmental priorities and our corporate targets to 2015.

We acknowledge and support the County Council's commitment to sustainable development and its endorsement of environmental management as one of the tools we can use to ensure a better quality of life for our staff and well as people of Kent that we both serve and impact upon. This is clearly signalled by recognising the importance of social impacts alongside economic and environmental impacts in our decision making.

In 2015/16 the Directorate will outline how we will deliver its priorities through a forthcoming Sustainable Development Management Plan, which will be designed to ensure compliance with any relevant environmental legislation, awareness of the Directorate's significant environmental impacts and the reduction of our impacts and continual improvement of our environmental performance. We recognise the vital role that the Director of Public Health and the Health and Wellbeing Board can take in developing locally relevant plans.

We will apply the core principles of the Corporate Commissioning Framework to maximise social, environmental and economic benefits through our commissioning activity. We will focus on priorities that are most relevant to the County Council as a standard part of our service design, incorporating social and environmental outcomes, and how these can be advanced, where relevant in a proportionate way.

The Sustainable Development Management Plan will provide a clear roadmap for our members of staff to follow, identifying the approach we will take to support and improve our corporate social, environmental and financial performance. The Sustainable Development Management Plan will align with the National Public Health Outcomes Framework and National Cross System Sustainable Development Strategy for the NHS, Public Health and Social Care System, and will support the overall objectives of the County Council's strategic priorities in the KCC Corporate Outcomes Framework (KCC's strategic statement from 2015/19) and the KCC Commissioning Framework.

Further details about our actions and outcomes can be found in the Directorate Environmental Action Plan. More information about the Kent Environment Strategy and the Climate Local Kent targets are available here.

Section 8 - Who we are, and what we do

The Directorate has a leading role in discharging the Council's statutory responsibilities for public health and social care. The principal responsibilities of the Directorate include undertaking individual and population needs assessment, commissioning and arranging to meet the eligible needs of people and safeguarding vulnerable children and adults.

Social Care, Health and Wellbeing Directorate Structure

There are five divisions within the Social Care, Health and Wellbeing Directorate:

- Specialist Children's Services
- Older People and Physical Disability
- Disabled Children and Adults Learning Disability and Mental Health
- Commissioning
- Public Health

What does Social Care, Health and Wellbeing do?

In 2015/16 Children's Social Care plans to:

- provide short and long term family based care for over 1000 children through the fostering service
- through our Virtual School service improve key academic and health outcomes for 1,800 Children in Care; increasing children achieving 5 A*-C grades, reducing children permanently excluded and those persistently absent from school, ensuring Children in Care receive the high quality education to which they are entitled
- continue to be part of the multi-agency Central Referral Unit partnership, with Police, Health, Probation and Adult Services, open 24/7 to provide immediate support
- safeguard children at risk of harm and support vulnerable families to improve their situation through the efforts of dedicated social work teams
- provide adoption and other permanent care arrangements for children who are unable to live with birth families
- continue to work with partners to adopt a zero tolerance approach to Child Sexual Exploitation (CSE) across Kent and ensure that systems and intelligence across all agencies tackling CSE is joined up, effective and robust to support victims.

In 2015/16 Adult Social Care plans to:

- enable over 4000 older people and those with disabilities and mental health issues, choice and control over their care needs through personalised budgets and direct payments
- provide care in the home enabling over 2000 older people and those with disabilities to live safely in their own community
- support over 6000 older people and those with disabilities and mental health issues in nursing or residential care
- provide supported living services to over 1000 older people and those with disabilities enabling them to live safe, independent lives
- promote and collaborate further with health services on the delivery of Telehealth and Telecare services to enable Kent residents to remain living in their own homes by installing equipment in 3000 properties
- provide 12,000 home delivered hot meals
- support 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

- provide short and long term supported accommodation, floating support and home improvement to over 17,000 older people and those with disabilities and mental health issues enabling them to live independently
- support people to regain and extend their independent living skills through enablement provided by the in-house Kent Enablement at Home service.
- work in partnership with Hi Kent and Kent Association for the Blind to support people with a sensory disability
- seek to prevent social isolation through independent and voluntary sector befriending services

In 2015/16 Public Health plans to:

- deliver the universal Health visiting Service supporting over 90,000 children between the ages of 0-5
- work with the Family Nurse Partnership delivering an evidence based preventative programme targeted to vulnerable young mothers aged 19 and under having their first baby
- provide structured alcohol and drug treatment services to 5,000 adults and substance misuse early intervention services for 3,000 young people
- engage 3,000 people in specialist weight management services in the community to support overweight and obese individuals to reach and maintain a healthier body mass index
- provide access to early intervention services addressing mental wellbeing from the workplace to war veterans in the community
- screen 35,000 people aged 15-24 for chlamydia as part of the national screening programme
- engage 9,000 people in adult smoking cessation services and other programmes which focus on prevention, awareness and de-normalisation of smoking
- provide public health advice to Kent’s seven Clinical Commissioning Groups to support the commissioning of NHS services for local people

Specialist Children’s Services

Specialist Children’s Services is responsible for discharging the statutory duties placed on the authority by safeguarding children from harm and promoting the wellbeing of children and young people together with all the key partners. The purpose of the Division is to deliver positive outcomes for Kent’s children, young people and their families.

> *“Our aim is to ensure children and young people are positive about their future and are at the heart of joined up service planning. Children and young people are nurtured and encouraged at home, inspired and motivated by learning, safe and secure in the community and live healthy and fulfilled lives.”*

The service supports all children and young people across Kent:

- We support children in need and their wider family; identifying children and families who are vulnerable and need more support by working closely with Education and Young People Services at children’s centres and with our partners in health, the police and adult services

- We provide protection for children at risk of abuse or neglect; safeguarding all children and young people at risk in their homes and community and those who are in local authority care; whilst working with adult social care services to ensure better continuity of support through transition

- Working hard to identify children and young people’s needs as early as possible in order to improve their chances of success and to use our limited resources wisely

- We meet the needs of children in care and promote permanence and stability

- Services for children with a disability are realigned with Adult services to form the Disabled Children and Adults Learning Disability and Mental Health Division.

Specialist Children’s Services, specifically through the Corporate Director of Social Care, Health and Wellbeing, has a statutory duty to safeguard and promote the welfare of children. Our primary function is to secure the best outcomes for children, young people and their families in Kent.

Our top 3 priorities for Specialist Children’s Services in 2015/16:

1. Recruitment and retention of qualified social work staff
2. Budgetary control in line with efficiency targets
3. Effective casework intervention, management, and quality assurance processes to ensure consistency of frontline practice at a whole County level.

In 2015/16 the division is comprised of Ten key business areas:

Central Referral Unit – deals with all child contacts and enforces robust and consistent management of thresholds. The Central Referral Unit includes representatives from Police, Health and Adult Services. The Out of Hours Service provides an emergency response outside normal working hours.

Family Support Teams - deliver frontline services to children and families across Kent, in particular the coordination of multi-agency child in need and child protection work and the management of child protection referrals across Kent. Statutory tasks include: Undertaking child protection investigations, undertaking Child and Family assessments, undertaking parenting assessments, developing and driving child protection plans, initiating legal proceedings to apply for a range of orders including admitting children to the care system.

Integrated Children in Care Service – provides support to all children in care and care leavers, including unaccompanied asylum seeking children. The service develops and drives the Child in Care plan, undertakes the lead professional role for Children in Care, and discharges parental responsibilities in partnership with parents' dependent upon the legal status of the child.

Fostering Service - the main aim of Kent's Fostering Service is to provide stable and high quality foster care placements for children of all ages that value, support and encourage them to grow and develop as individuals.

In addition to promoting their health and general well-being the service is also committed to ensuring that every foster carer recognises the importance of the educational achievement of Children in Care and work with KCC in raising the academic attainment for all Children in Care. The Service also recognises that a small number of children may not achieve formal academic qualifications but will encourage foster carers to help children and young people to reach their maximum educational ability.

Adoption Service - provides a comprehensive social work service under the Adoption and Children Act (2002). A Voluntary Adoption Agency, Coram Kent Adoption is to be established this year. In line with statutory and legal requirements the VAA will manage the recruitment, assessment and approval of adopters, adopter preparation, training and post adoption support.

Safeguarding and Quality Assurance Unit **-** the core purpose of the Safeguarding unit is to provide a quality assurance service and ensure that the provision of services for vulnerable children and young people is compliant with national statutory requirements and performance standards. The unit also oversees that safeguarding practice across the directorate is effective and supports improved social work practice.

Local Authority Designated Officer service - oversees and advises on allegations against those working in the children's workforce in Kent.

Virtual School Kent - acts as a local authority champion to bring about improvements in the education of Children in Care and Young Care Leavers and to promote their educational achievement as if they were in a single school. Ensuring that they receive a high quality education is the foundation for improving their lives.

Family Group Conferencing – ensures all children in Kent at risk of entering care are given the opportunity of having a Family Group Conference; a partnership and decision-making process that engages the child's family and family network with Children's Social Services and other service providers in making safe plans for the child's care.

The Management Information Team – the team works with Specialist Children's Services, other directorates and partners to provide accurate, timely and relevant management information and performance data relating to children's social care, providing staff at all levels of the organisation with information relating to levels of demand, performance and outcomes, and helps to promote and embed a culture of performance management within the Service. The team oversee the centralised recording of information relating to: notifications of other local authority children placed in Kent; Persons who pose a risk to Children; the maintenance of the Children's Disability Register; and notifications to other local authorities when vulnerable children go missing.

The team is also responsible for National Statutory Returns, Corporate reporting to Cabinet Committee, and the Cabinet Member, Freedom of Information requests, activity monitoring and analysis, and working with the Regional Performance Groups to influence the national developments of performance frameworks.

Adult Social Care

Services for adult social care are provided by two Divisions; ***Older People and Physical Disability***, ***Disabled Children*** **and Adults Learning Disability and Mental Health**. The Divisions are responsible for assessment, commissioning and arranging to meet the eligible needs of adults (and disabled children) with care and support needs and their carers to help regain or maintain their independence.

> *"Our aim is to ensure that Kent's population of older people, people with physical disabilities, people with learning disabilities and people with mental health issues live healthy, fulfilled and independent lives and are socially and economically included in the community. Individuals are at the heart of joined up service planning, and empowered to make choices about how they are supported".*

- Our work covers preventative services, including the provision of information, advice, advocacy and support to individuals and their carers to enable each individual to be as independent as possible and self-manage their care and support.

- We assess the social care needs of adults and their carers, determine their eligibility for care and support and help people to identify the support they need which builds on their personal strengths and to achieve the outcomes they want. For those who are eligible for local authority support we commission and arrange care and support in the home, which may include meals, equipment and adaptations, day services, adult placement, supported living, residential and nursing care.

- We offer assistive technology equipment, adaptations and enablement services to promote independence and prevent, avoid or reduce the need for more expensive services in the future. We work with our partners, including the Voluntary and Community Sector organisations, as part of demand management in helping to prevent the need for coming into formal services.

- We support people to exercise choice and control and independence through the promotion of the use of direct payments.

- Services for children with a disability are realigned with Adult services to form the Disabled Children and Adults Learning Disability and Mental Health Division.

Older People and Physical Disability

Older People and Physical Disability commissions and provides a range of services to deliver the best possible social care outcomes for older people and disabled adults and their carers living in Kent. We work to promote the health, wellbeing, quality of life and independence of older and vulnerable people and their carers. The purpose of the Division is to help the people of Kent live independent and fulfilled lives safely in their local communities.

Our top 3 priorities for Older People and Physical Disability in 2015/16:

1. Transform and modernise service with effective management and control of resources
2. Implement the Integrated Care and Support Pioneer Programme and Delivery Plan, integrating Health and Social Care commissioning and service delivery (including Better Care Fund)
3. Improve social care practice, keeping vulnerable adults safe, promoting independence and fulfilling lives for all.

In 2015/16 the division is comprised of Eight key business areas*:*

Area Referral Management Service (ARMS) - responds to and manages in-coming contact for OPPD service, either as a result of referral from the KCC Contact Point, referral from another agency or directly from the public.

The service provides information, advice and guidance where required and arranges for assessment of social care needs to be carried out.

Adult Community Teams - undertake community care assessments and determine eligibility for community care support. Occupational Therapists carry out functional assessment and make recommendations for equipment and adaptations. The team work with service users, carers and other professional partners to develop support plans describing the services to support individual needs.

Adult Community Teams respond to reports of adults who may be experiencing harm, abuse, neglect or a breach or failure in care standards, working closely with the Central Referral Unit, Police and other agencies to ensure a coordinated response to address the identified risks and issues.

In addition the service provides assessment and support for hospital discharge at the earliest appropriate opportunity, to the individuals' home with the relevant care, support, enablement or other commissioned service, or if that is not possible anymore, to Extra Care Housing, residential care or nursing care settings.

Kent Enablement at Home – provides short term support in the home to help service users regain maximum independence and daily living skills, usually as part of the recovery process after illness or injury.

Sensory and Autistic Spectrum Conditions Services – the Sensory Services Team provides a range of services and support for Deaf or hard of hearing people, Blind and sight impaired people and Deafblind people. Services are delivered as a partnership with Hi-Kent and Kent Association for the Blind.

The Autistic Spectrum Conditions Team provides assessment for individuals who may require local authority support following a formal diagnosis of Autism or Asperger's Syndrome by a GP or specialist, such as a psychiatrist or clinical psychologist.

Integrated/Registered Care Centres - provide a range of residential and nursing care services, some fully integrated with Health, in a variety of settings offering local access and choice for individuals and their families. Support and care for people with dementia is available at some centres offering an enhanced level of service.

Day Centres - provide a range of day care services in a variety of settings offering local access and choice for individuals and their families. Support and care for people with dementia is available at some settings.

The Adults Transformation **Programme Management Officer** works with project managers to identify relevant projects to support adult transformation, ensuring they help to deliver the organisation's vision.

Health and Social Care Integration Team – the Division hosts the programme management for the integration of health and social care services in Kent, and is also responsible for the implementation of the **Integrated Care and Support Pioneer Delivery Plan** and use of the **Better Care Fund** on behalf of the NHS, District Councils and Kent County Council.

Older People and Physical Disability Division and the Disabled Children and Adults Learning Disability and Mental Health Division work closely with Kent Community Health NHS Trust, Kent and Medway NHS and Social Care Partnership Trust, Clinical Commissioning Groups, Public Health, Specialist Children's Services and Education and Young People's Services, the private and voluntary sectors as well as with our service users and their carers to ensure that services are efficient, effective, safe, high quality and easy to access for older people, physical disability, learning disability and mental health service users.

Disabled Children and Adults Learning Disability and Mental Health

Disabled Children and Adults Learning Disability and Mental Health commissions and provides a range of services to deliver the best possible social care outcomes for people with a learning disability, people with mental health issues and their carers living in Kent. The division aims to help the people of Kent live independent and fulfilled lives safely in their local communities and works to promote the health, wellbeing, quality of life and independence of our service users and their carers.

Disabled Children's Service has been realigned with Adult services to form the Disabled Children and Adults Learning Disability and Mental Division. This transfer gives us the opportunity to work more closely to deliver a seamless continuity of support for children, young people and adults with a disability. It will also allow us to develop more joined up service delivery between Social Care, Health and Education, and support the maximisation of joint commissioning opportunities.

Our top 3 priorities for Disabled Children and Adults Learning Disability and Mental Health in 2015/16:

1. Keep vulnerable people safe through robust and effective safeguarding procedures
2. Work in partnership across health and social care to encourage innovation, improve efficiency and support healthy and productive lives for people in Kent
3. Ensure that there is a smooth transition for vulnerable young people from health, education and Disabled Children's Services into Adult Social Care Services.

In 2015/16 the division is comprised of Five key business areas:

Community Learning Disability Teams – our community teams are integrated with Kent Community Health NHS Trust (KCHT) and Kent and Medway Partnership Trust (KMPT) and undertake assessments for adults with learning disabilities and determine eligibility for support. The team works with service users and carers to develop support plans describing the services to support individual needs. Service users can manage these services with a Direct Payment.

The community teams work closely with the Central Referral Unit, Police and other professionals to identify vulnerable adults experiencing harm, abuse, neglect or a breach or failure in care standards, ensuring a coordinated response to address the identified risks and issues.

Learning Disability Provision Services – a range of services are provided for adults with a learning disability including daily living activities, shared lives, independent living schemes, short breaks which support people with a learning disability to lead their lives with the same aspirations and opportunities as any other citizen.

Disabled Children's Services and Short Breaks – provide Social Work and Occupational Therapy services for children and young people whose disability is complex or profound. This includes a wide range of commissioned short break activities at weekends and during school holidays, or overnight care in our own 5 units or with short break foster carers. Families may choose a Direct Payment to arrange their own support service. Our Occupational Therapists provide equipment and advice about adaptations. Our Countywide Sensory Children and Families team works with children who have a sensory or multi-sensory loss.

Mental Health Services **-** our Mental Health services work closely with colleagues from KMPT to provide mental health support in times of crisis and to those with long term mental health issues living in the community. The services help people towards mental health wellbeing and recovery through adult placements, advocacy, carers' services, community support services, service user groups and employment services.

Operational Support Unit – the Director of Disabled Children and Adults Learning Disability and Mental Health has senior management accountability for the work of the Operational Support Unit which delivers a diverse range of frontline and support services across the Directorate. The function has responsibility for the Kent Blue Badge Service, making adaptations in people's houses to enable them to stay at home and some purchasing of care. It helps to develop operational policy, coordinates business planning and business continuity management, and manages the customer complaints system.

Commissioning

The Division is responsible for the commissioning and procurement of social care services to ensure that the right level of support is provided at the right time, right place and at the right cost for vulnerable adults, children and young people and carers in Kent.

> *"Our aim is to drive, promote and support transformational change through commissioning strategically to ensure the provision of a range of high quality, cost effective, outcome based services for vulnerable adults, children, young people and their families".*

The service supports the Council in meeting its statutory responsibility for the effective commissioning of social care services across Kent:

- We plan and commission social care services, analyse, evaluate, and performance manage contracts and shape the market to ensure we are able to deliver our strategic priorities and fulfil statutory obligations.

- We maintain oversight of adult protection processes to ensure that people in situations which could put them at risk of abuse and danger receive the support they need to maintain their personal safety and independence.

- We improve the outcomes and quality of life for vulnerable adults, children, young people and carers in Kent by transforming the way social care services are delivered.

Our top 3 priorities for Commissioning in 2015/16:

1. To ensure that Social Care, Health and Wellbeing develop safeguarding services which wherever possible stop abuse, prevent harm and reduce risk.
2. 'Facing the Challenge' - Transformation
3. Contribution to the delivery of the 'Increasing Opportunities, Improving Outcomes' – KCC's Strategic Statement and the Commissioning Framework

In 2015/16 the division is comprised of Four key business areas:

Commissioning – the commissioning units provide the strategic direction and practical support for the delivery of the commissioning function across adults and children's social care ensuring that the organisation is able to deliver its strategic priorities and fulfil its statutory obligations.

The units will continue to embark on a transformation programme this year that will integrate and reposition our services to ensure that shared priorities within the council and those of key strategic partners such as housing, health and criminal justice are met.

The units ensure that the services that we commission achieve the best outcomes for adults, children, young people and their families in the most efficient, effective, equitable and sustainable way through rigorous planning, needs analysis and evaluation, impact assessments, performance management and contract/market development and negotiation.

Adult Safeguarding Unit – the core function of the unit is to ensure effective safeguarding processes are in place ensuring that people in situations which could put them at risk of abuse and danger receive the support they need to maintain their personal safety and independence. A key function of the unit is the implementation of the Deprivation of Liberty Safeguards (DoLs) process.

This is achieved through; Quality Assurance work including audits; Safeguarding policy, procedure and risk management including complex investigations and Serious Case Reviews; analysing trends in adult safeguarding and developing new initiatives based on this; developing Adult

Safeguarding policy including responses to the Care Act; hosting and supporting the Safeguarding Vulnerable Adults Multi-Agency Board and related Multi-Agency training; compliance and best practice with Mental Capacity Act and Deprivation of Liberty Safeguards; Risk Strategy meetings and supporting the adult element of the Central Referral Unit.

The DoLs Unit is a major priority following the Cheshire Judgement which has seen a 10 fold increase nationally in applications received.

Performance and Information Management (Adults) – the team works closely with Directors, policy, training and operational staff to help deliver the key strategic objectives whether through transformation, integration, commissioning or legislation by embedding a performance culture and accountability throughout the organisation. This includes improving data quality, setting targets, understanding and resolving reasons for inconsistent performance and practice, supporting staff with monthly budget and activity monitoring and forecasting, and ensuring that mechanisms are in place for staff to manage their own performance locally and escalate risks.

The team is also responsible for; National statutory returns; Corporate reporting to Cabinet Committee and the Cabinet Member; user and Carers surveys and engagement; production of an annual Adult Social Care Local Account; Freedom of Information requests; budget and activity monitoring and analysis; and working with the Department of Health and Association of Directors of Adult Social Services to influence the national developments of performance frameworks.

Programme Management Office (PMO) – the core function of the PMO is to prioritise projects against the strategic objectives of adult social care and KCC and assign required resources for delivery. The PMO will support change helping us to:

- do the right projects
- focus on our priorities, in the right way
- ensuring capacity to deliver, and in the right order
- understanding dependencies.

It's aims and objectives are:

- Prioritise activities and clearly demonstrate what activities we should stop doing as appropriate
- Provide a single list of all live and future projects defining all the necessary activity to achieve our strategic vision.
- Improve scheduling and allocation of resource across projects to increase efficiency of project delivery.
- Provide advice and guidance to people delivering projects and programmes.
- Communicate progress and outcomes of projects.
- Help inform future organisation development plans.

The PMO will work with project managers to identify relevant projects. These will then be reviewed by Divisional Management Teams, with recommendations made for the Directors PMO Group and Adult Portfolio Board who will make the final decision on how projects are prioritised.

Public Health

Public Health is responsible for the commissioning and provision of services that will improve and protect the health of the population of Kent. The role of the Public Health team is to understand and describe the factors that affect people's health and with partners, promote and deliver action across the life course to promote health and wellbeing and to reduce inequalities in health.

> *"Our aim is to improve the wellbeing of the people of Kent, enabling them to lead healthy lives, by delivering effective services and ensuring public health is an integral part of our partners' service design and delivery, helping to reduce the need for expensive acute interventions."*

We do this working across three areas or domains:

1. Health Improvement
2. Health Protection
3. Improving quality, effectiveness and access to integrated health and social care services.

The Public Health team provides the leadership and the strategic framework under which effective action can be taken to address the public health priorities identified in Kent, and provides public health advice to a range of organisations and communities.

The service supports all people across Kent through:

- Improving the health of the local population and reducing health inequalities with a focus on prevention
- Oversight of plans to protect the health of the local population from public health hazards, such as infectious disease.
- Providing specialist public health advice to local authority and local NHS Commissioners.

As part of our role in improving and protecting health, the Council will be expected to commission or directly provide a wide range of services to meet the public health priorities identified in Kent including:

- reducing health inequalities through a life-course approach
- improving children's mental health and wellbeing,
- increasing levels of physical activity
- improving adult mental health and wellbeing
- improving sexual health and reducing teenage conceptions
- reducing childhood obesity
- enabling more people with chronic disease to live at home
- reducing the harms caused by substance misuse and/or excessive alcohol drinking

To meet these priorities we deliver or commission 23 service areas, including statutory public health functions:

- Providing appropriate access to sexual health services
- Taking steps to protect the health of the population
- Ensuring NHS Commissioners receive the public health advice they need
- Ensuring NHS Health checks are delivered
- Delivering the National Child Measurement Programme

The division commissions a range of programmes designed to protect and improve health including sexual health, drugs and alcohol misuse, health checks, tobacco control and smoking cessation services, healthy weight and schools based services such as school nurses and the National Childhood Measurement Programme.

The Public Health Division is instrumental in improving and protecting health across all functions within the local authority. In addition, the Public Health team has a key role in the statutory duty of the Council to co-ordinate the Health and Wellbeing Board, prepare a Joint Strategic Needs Assessment and produce a Joint Health and Wellbeing Strategy, against which the commissioning plans of Kent's seven Clinical Commissioning Groups are assessed.

Our top 3 priorities for Public Health in 2015/16:

1. To develop whole system approach to the design a new model of provision
2. To work in partnership with organisations across the public sector to maximise the impact of our work, and to ensure that Public Health outcomes are integral to the design and delivery of services
3. To raise awareness of key public health challenges both through proactive public relations and through a series of campaigns, with the aim of educating and supporting people to take more responsibility for their own health and wellbeing.

In 2015/16 the division is comprised of Six key business areas:

Children & Young People – this category combines a variety of services to meet the needs of children and young people. Within this category sit services such as School Nursing, Infant Feeding, Healthy Schools.

Our School Nursing Service delivers a core public health package to children, young people and schools within education settings through wider community locations. The Healthy Schools Programme works with schools to provide an environment that enable healthy behaviours and development.

Health Improvement Services – which include, Health Check service for adults between 40 and 74 years of age, Smoking Cessation Programmes, Health Trainers, and Healthy Weight programmes for both Adults and Children are key to the delivery of Kent's identified public health priorities.

Kent Public Health Observatory – provides health intelligence, analysing data to inform service design and delivery, and produces, amongst a suite of publications, the Joint Strategic Needs Assessment to inform the commissioning plans of the Authority, and the seven Clinical Commissioning Groups in Kent.

Health Protection and Sexual Health – fulfils the Authority's responsibility to assess the effectiveness of immunisation programmes delivered by other sectors of the health system, whilst promoting the benefits of immunisation. Our services respond to potential pandemic situations, and maintain oversight of acute provider plans for prevention and control of infection, ensuring they are robust.

Services commissioned in this category include Contraceptive and Sexual Health Services, Genitourinary medicine including HIV, Emergency Hormone Contraception schemes, school based sexual health clinics, condom registration and access points and outreach work.

Mental Health & Community Wellbeing - this group of services includes workforce wellbeing and mental health campaigns. Our Drug and Alcohol Services, commissioned by the Kent Drug and Alcohol Action Team, provide advice, sign posting to other services, substance misuse detoxification services and needle exchange and blood borne virus treatment and screening.

Health and Social Care Integration and Health Inequalities - services in this category include Workplace Health, supporting businesses to maintain a healthy workforce, Postural Stability programme to help prevent falls, and programmes such as Winter Warmth, which works to reduce excess winter deaths and focuses on people over 65 years old with underlying coronary heart, respiratory disease or mobility related conditions.

Section 9 - Directorate Resources

The total gross expenditure for the Social Care, Health and Wellbeing Directorate for 2015-16 is: £689m.

The high-level budget breakdown is shown below.

			2015-16 Budget						
2014-15 Adjusted Approved Budget	**Division**	**FTE**	**Staffing**	**Non staffing**	**Gross Expenditure**	**Internal Income**	**External Income**	**Grants**	**Net Cost**
£000s			£000s	£000s	£000s	£000s	£000s	£000s	£000s
10,342.3	Strategic Management and Directorate Budgets *(Andrew Ireland)*	3.0	918.8	10,595.5	11,514.3	0.0	-160.0	-299.0	11,055.3
7,637.7	Commissioning *(Mark Lobban)*	163.4	7,765.1	3,050.5	10,815.6	-40.0	-552.1	-830.4	9,393.1
196,904.8	Disabled Children and Adults Learning Disability and Mental Health *(Penny Southern)*	*820.8	36,338.6	189,825.6	226,164.2	-2,237.8	-17,573.5	-2,537.4	203,815.5
153,941.7	Older People and Physical Disability *(Anne Tidmarsh)*	1,207.1	41,301.0	210,955.6	252,256.6	-362.8	-93,710.3	-13,823.6	144,359.9
-109.5	Public Health (Andrew Scott-Clark)	65.1	4,305.3	63,922.2	68,227.5	0.0	-5,810.4	-64,080.0	-1,662.9
102,697.4	Specialist Children's Services *(Philip Segurola)*	*1,217.0	45,502.9	78,898.1	124,401.0	-2,022.3	-1,880.6	-10,497.7	110,000.4
471,414.4	**Total**	**3,476.4**	**136,131.7**	**557,247.5**	**693,379.2**	**-4,662.9**	**-119,686.9**	**-92,068.1**	**476,961.3**

*FTE as of February 2015 does not take in to account the transfer of staff from Disabled Children's Services to the new Disabled Children and Adults Learning Disability and Mental Health Division. Total FTE's may include rounding errors.

The Disabled Children and Adults Learning Disability and Mental Health gross expenditure for 2015-16 (£229m) is £54m higher than the Learning Disability and Mental Health budget for 2014-15 (£175m). This is a consequence of the creation of a new Division. Services for children with a disability are realigned from Specialist Children's Services with Learning Disability and Mental Health to form the Disabled Children and Adults Learning Disability and Mental Health Division.

Savings and Income

The total savings and income target for the Directorate is £48m in 2015-16.

Savings Area	Saving £'000
Transformation Savings	
Adults Phase 1: Continued roll-out of phase 1 transformation including improved assessment, care placement decisions and improved contract management	9,527.6
Adults Phase 2 OP/PD: New initiatives aimed at promoting better integration with health services including better range of support services for clients leaving hospital	4,347.7
Adults Phase 2 LD/MH: New initiatives aimed at reducing dependence on care services for vulnerable adults	850.0
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	2,400.0
Transfer of back-office support functions into integrated business service centre and planned Property LATCO	143.0
Income	
Uplift in social care client contributions in line with benefit uplifts for 2015-16 and charges for other activity led services	1,454.3
Grants and Contributions	
Transfer of 0-5 children's public health commissioning from Health to local Authority from 1 October 2015	10,816.0
Grants from DCLG and DoH for aspects of preparation and implementation of provisions in the Care Act 2014	8,852.5
Contribution from Better Care Fund pool towards KCC's additional costs with the implementation of the Social Care Act	3,566.0
Contracts and Procurement	
Savings across a range of non-staffing budgets including consultants, contracts and other procurement activates	62.0
Savings on commissioned activity under budgets managed by Director of Strategic Commissioning in Adult Social Care	859.0
Efficiency savings on activities commissioned through the public health team. Savings will enable Public Health Grant to be redirected to existing public health improvement programmes	1,476.4
Efficiency savings on activities for vulnerable adults and older people through the Supporting People Commissioning Body	429.0
Policy Savings	
Net effect of removal of specific DWP funding and creation of a new base budget from increased RSG	1,936.5
Total savings and income	**46,720.0**

Additional Spending Pressures for 2015-2016

Budget pressure areas that will need to be carefully monitored and managed during the course of the year include:

Pressure Area	Pressure £'000
Pay and prices	
Non-specific price provision for inflation on other negotiated contracts without indexation clauses	4,000.0
Demography	
Adults with learning Disabilities and Mental Health additional clients arising from children progressing into adulthood (transitions) and older people previously cared for by families (provisionals)	7,200.0
Specialist Children's Services impact of current year placements of children in care	1,400.0
Government and Legislative	
Transfer of 0-5 children's public health commissioning from Health to local Authority from 1 October 2015	10,816.0
New costs associated with the implementation of provisions Care Act in relation to carers and prisoners which come into force during 2015-16. Funded by new grant income from DCLG and DoH	1,904.6

New costs associated with additional assessment activity in advance of provisions in the Care Act in relation to cap on care costs and universal deferred payments which come into force in 2016-17. Funded by new grant income from DCLG	6,947.9
Additional support for carers, advocacy and related activity funded out of KCC's element of the Better Care Fund pool for Social Care Act	3,566.0
Estimated additional assessment costs following Supreme Court judgement in March 2014 in relation to the Mental Capacity Act 2005 or Mental Health Act 1983	1,300.0
Revised financial allowances for the provision of support for children, their families and carers as they relate to Child Arrangement Orders, Special Guardianship Orders and Adoption Orders	1,000.0
Increase in revenue costs due to general capital funding for adult social care being reduced requiring a revenue contribution to capital to fund minor occupational therapy equipment	1,028.0
Removal of Grants	
Removal of specific un-ring-fenced grant used to fund Kent Support and Assistance Service	3,418.0
Removal of specific Adoption Reform Grant income on the assumption that it will not continue in the absence of any announcement from the DfE	1,257.8
Budget Realignment	
Specialist Children's Services unachievable prior year savings	3,350.0
Early retirement enhancements from restructuring within OPPD Division and Double Day Lodge residential care home	238.6
Realisation of transformation savings in Domiciliary Care now profiled over a longer time period	800.0
Replace use of one-offs	
Impact of not being able to repeat one-off use of reserves and underspends in approved budget for 2014-15	3,696.0
Total additional spending demands	**51,922.9**

Section 10 - Organisational Development Priorities

Organisational Design – Business Planning

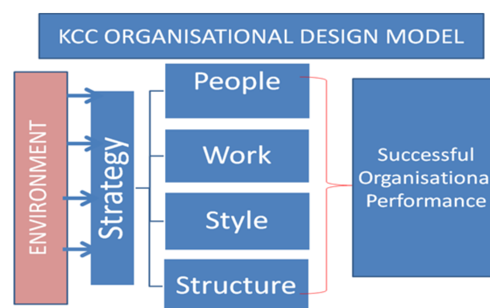
To help the County Council achieve its Strategic Outcomes, move to a Strategic Commissioning Authority and tackle the challenges ahead we need a clear, consistent and holistic approach to the way we design our teams and services. Good design turns business strategy into successful performance. The KCC Organisational Design Model and supporting tools/guidance enables this by considering and aligning the Environment we operate in and Organisational and Service strategy with four key components:

- People
- Work
- Style and Culture
- Structure

This approach puts customers and outcomes at the heart of design; helps develop the culture of the organisation, service or team; ensures overall team performance is maximised by looking at all factors, not just structures; encourages consideration of alternative ways of delivering services; identifies how and where resources need to be focussed and enables resources to be re-configured when priorities change.

As a result KCC will be able to deliver a focussed, effective and efficient service to all our customers.

All review exercises are expected to apply the model.



Organisational Development Priorities

As KCC becomes a strategic commissioning authority, our Organisational Development priorities need to reflect the outcomes in the Corporate Outcomes Framework. As our services become increasingly focused on meeting needs most efficiently we will need outstanding financial, operational and delivery skills so that we can exploit new ways of working through best use of technology and achieve value for money in everything that we do.

Complementing our approach to Organisation Design noted previously in the KCC Organisation Design Model, our workforce and organisational development priorities for 2015/16 are set out in the **Organisation Development Plan.** This will help us to plan and develop a workforce that is flexible, adaptable to change and has the mindset, knowledge, skills, behaviours, competencies

and capacity to deliver the transformation and integration programmes set out in Facing the Challenge.

As a public service we strive to become more business-like, more dynamic, more decisive and more resilient. We will increase the challenge to our services to continue to improve their processes and better demonstrate the impact of their work. We are committed to leading a flexible workforce which is flexible both in its skills and in the way and location in which it works.

Central to delivering services differently is planning for the workforce KCC requires in the future, so that they have the above to deliver services in the right way for service users. Our workforce strategies will support our employees to ensure that they have the ability to work across and outside the Council, sharing expertise and skills, with our resources directed to where they are needed most. Workforce resourcing, including development, also directly enables managers to think about the future as part of the dynamic annual business planning model now embedded in KCC as well as organisation design.

Our strategic priorities are as follows:

Strategic Development Frameworks – These frameworks set out how we will deliver our statutory and mandatory training and ensure we deliver fundamental development consistently across the Council. There are 4 frameworks which have been developed and reviewed with managers and staff – Health & Safety, Social Care, Leadership and Management and Staff Development.

Transformation - Building capacity and developing new skills for the future must remain a priority. The Director's OD Group will help ensure the outcomes meet business need in key skills areas such as commissioning, project management, commercial and business acumen, analytical skills and partnership working.

Leadership and management development – increasing our leadership skills and capability is fundamental to the success of transformation. Building on the evaluation work with the LGA we will continue to focus on the implementation and impact of our leadership development strategy, developing future talent and evaluation of our changing leadership profile against performance.

Right people, right place, right time – continued implementation of our workforce planning tools will ensure we have the right number of people with the right skills in the right jobs at the right time. Implementation of a 'recruit for mindset, develop for skills' strategy focusing on our core values will ensure we select on characteristics including tolerance for ambiguity, comfortable with change and a willingness and capacity to learn. Continue with the delivery of interventions that will enable and support a resilient and healthy workforce.

Organisation design and culture change – supporting new service delivery models, service reviews and new ways of doing things will be a particular priority in 2015/16. Bespoke support for individual services will be required as well as continued management of change across the organisation to support new ways of working, lean processes and the priorities coming out of the Portfolio Boards.

Apprenticeships and graduate recruitment programmes – maintaining a focus on developing future talent and recruitment and retention of young people. Ensuring that these programmes are developing the skills and competencies identified through transformation and new ways of working.

Self-sufficiency – continued development of our IT skills and capability in line with our IT strategy and focus on efficiency. Ensuring staff working in integrated teams have the skills and systems access to work more effectively.

Knowledge management – developing a whole systems approach to sharing knowledge and learning internally and from external experts, incorporating the development of topic specific Networks, Learning Sets and 'Communities of Practice'.

Member Development – continued investment in Member Development including joint training with Officers and core skills training as set out in the Charter Plus Standard.

An Action Plan will be drawn up by the County Council's Directors Organisational Development Group in conjunction with the Directorate Organisation Development (OD) Groups.

The Action Plan will detail key Directorate strategic workforce priorities and OD activities that are being undertaken to ensure that the Directorate has a highly skilled workforce that is flexible, responsive and effective in meeting service needs, particularly in the current climate of significant change. Priorities include:

1. Use of workforce planning tools, such as succession planning and talent management, to ensure there are no gaps in service delivery and provide career development opportunities for staff to broaden their knowledge and experience within KCC, by encouraging movement within and between services (e.g. secondments, cross service projects, mentoring and work shadowing). This will include effective recruitment and retention for hard to fill roles.
2. Promote workforce development opportunities and build capacity and capability across the Directorate by ensuring that staff at all levels engage with and benefit from the development and training frameworks: the Staff Development Framework for support and administrative staff; the Social Care Development Framework and the Management and Leadership Development Framework, including the Management and Leadership Social Care offer.
3. Building on the Development Frameworks, identify the core knowledge, skills and techniques needed to work in an effective integrated way for all Directorate services, including defining the skills required to improve commercial acumen and develop a private sector mind-set.
4. Undertake workforce development in areas that require new skills or are subject to significant change, e.g. Safeguarding/Mental Capacity Act, Care Act, Children and Families Act, Special Educational Needs and Disabilities (SEND), Preventative Services and Integrated working.
5. Effective performance management to ensure effective management of services and high quality service delivery, utilising a competency based framework. This will include appropriate support for qualifications and agreed principles for progression.
6. Commissioning – incorporating customer service, integration and analytical skills, and a specific focus on contract and procurement management.
7. Programme and project management skills – implementation of a KCC competency framework.
8. Leadership and Management Development - increasing our leadership and management capability. Using evaluation data to inform future decisions, e.g. skills gaps, resourcing priorities, behavioural change.
9. Improving workplace health and resilience, including delivering tailored messages for Mental Health.
10. Apprenticeships and Graduates - KCC's strategy for the future incorporating a review of current practice.

In addition, the implementation of 'Facing the Challenge' within the Directorate will need to be supported by:

- Facilitated sessions and support for new teams coming together to form new services and in doing things differently.

- Knowledge and implementation of Organisation Design methodologies, as stated previously in the KCC Organisation Design Model and exploring new service delivery models.

- Developing self-sufficient managers and workforce through cultural change and building skills, confidence and flexibility.

Section 11 - Key Directorate Risks and Resilience

Effective risk management is essential to ensuring we can achieve the challenging priorities and targets set out in this Directorate Business Plan, and is driven by the Council's objectives to enable the achievement of the aims set out in the forthcoming KCC Outcomes Framework. Our risk management process informs the business planning and performance management processes, budget and resource allocation, to ensure risk management supports the delivery of our organisational priorities and objectives.

Social Care, Health and Wellbeing maintains a **Directorate Risk Register** which is regularly monitored and revised to reflect action taken to mitigate the risk occurring or increasing. As risks de-escalate they are removed from the register and where necessary, new emerging risks are added.

The directorate takes a mature approach to risk, involving an appropriate balancing of risk and reward to ensure that threats to achievement of objectives are appropriately managed, while opportunities are enhanced or exploited to achieve the required transformational outcomes.

The Directorate continues to build on its business continuity preparedness arrangements working with the changes presented by national policy reforms and the transformation of services locally.

The key risks to the directorate for the coming year are:

- Ensuring delivery of benefits from the Adult Social Care Transformation Portfolio, including the need for savings to be realised in tight timescales, while ensuring appropriate alignment with wider key organisational change programmes. This links to the ongoing challenge of managing demand for Adults and Children's Social Care services, a significant corporate risk for the Council.
- Delivery of our statutory duties to safeguard vulnerable adults and children, ensuring we keep strong management controls while facing challenges such as recruitment and retention of permanent high quality workforce.
- Ongoing public sector financial pressures which also impact on our partner organisations and private sector providers.
- The move towards integrated Health and Social Care and delivery of the joint Council / Clinical Commissioning Group Health and Social Care Commissioning Plan, which will require major change in ways of working.
- Being able to manage and work within the social care market to enable the securing of "best value" when commissioning services and to give service users real choice and control.
- Ensuring that ICT systems are "fit for purpose" and utlilised to deliver services effectively and act as a key enabler of change.
- The management/governance/security of information being handled by our staff and also information owned by the authority but accessed by partner agencies.
- Ensuring that the directorate can continue to effectively provide at least essential services during any disruption or emergency.
- Reacting to and embedding recent and future legislative changes such as the Welfare Reform Act 2012, Care Act 2014, and Children and Families Act 2014.
- The ability of the Kent and Medway Partnership Trust to deliver sufficient mental health services in order to meet statutory requirements.
- The increased number of Deprivation of Liberty assessments required to be completed as a result of a Supreme Court judgement, representing a strain on resources to complete Best Interest Assessments within required timescales.

- The potential financial risk associated with the transfer of responsibility to meet the support needs of Independent Living Fund users when the scheme closes in June 2015.
- Ensuring continual improvement in children's services can be demonstrated.
- Ensuring close working with colleagues in Early Help & Preventative Services to deliver effective intervention and support to meet the needs of children and families and manage demand for specialist children's services.

Several of these risks feature on the Corporate Risk Register due to their potential organisation-wide implications:

- management of demand for adult and children's social care;
- implications of the Welfare Reform Act 2012 and Care Act 2014;
- use of the Better Care Fund to support social acre services;
- commissioning arrangements and obtaining value for money
- data protection breaches
- impact of a business continuity or emergency incident

The Directorate will also contribute to the mitigation of several corporate risks, including a key involvement in organisational transformation to meet the financial challenges facing the Council.

More detail of these risks and their mitigating actions are outlined in the **Directorate Risk Register** for the Social Care, Health and Wellbeing Directorate.

Section 12 - Key Performance Indicators and Activity Thresholds

To make sure we are providing our services in the right way, we have a number of key performance measures and milestones that reflect what we set out to achieve. These Key Performance Indicators (KPIs) support the delivery of our key priorities detailed in this Statement.

We use our monthly **Performance Dashboard** to track how well we are progressing; identifying quickly any areas where we may need to improve or take action. Our overall performance in delivering against our strategic priorities will be measured by these indicators, which are published in our **Quarterly Performance Report**.

Our Quarterly Performance Report

Performance indicators provide valuable information and must be defined very carefully to balance the need to be proportionate in collecting information, with the level of detail that is required in order to be operationally useful. Our key performance indicators will take account of changes to the data that government requires local authorities to submit as well as the level of change and transformation within the Council that is required to respond to current challenges.

Although a small set of performance indicators will be reported to Cabinet on a quarterly basis in our Quarterly Performance Report, each of our services within the five Divisions monitor a larger set to make sure that the services they manage are performing as well as possible. Services and Divisions typically monitor these indicators, as set out in their Business Plans, in monthly meetings.

Below is a list that sets the targets and activity measures we will use to measure our performance in 2014/15. It provides a flavour of the areas we monitor to assess the benefits of our services. The targets centre on the objectives linked to our vision and to particular themes within our strategic framework, and are as follows:

Some of our targets at a glance - Key Performance Indicators

Ref	Indicator Description	2014/15 Actual	2015/16 Floor	2015/16 Target
SCS01	Children in Care Stability of Placements: Length of time in placement – percentage in same placement for last 2 years	72.7%	63%	70.0%
SCS02	Percentage of current CIC Foster Care Placements that are either KCC Foster Care or Relatives and Friends	82%	75%	85%
SCS03	Average number of days between becoming LAC and moving in with adoptive family (for children adopted in the year) (New)	535.8	650	426 days
SCS04	Percentage of case holding posts filled by permanent qualified social workers	76.3%	75%	85.0%
SCS05	Percentage of children becoming subject to a Child Protection Plan for a second or subsequent time within 24 months	6.8%	□ 2% □ 13%	□ 5% □ 10%
SCS06	Percentage of on-line Case File Audits that were graded good or outstanding	32.4%	40%	60%

Ref	Indicator Description	2014/15 Actual	2015/16 Floor	2015/16 Target
PH/AH/01	Percentage of the eligible population aged 40 -74 years old receiving an NHS Health Check	50%	TBC	50%
PH/AH/02	Participation of Year R (4-5 year old) pupils in the National Child Measurement Programme	95%	85%	90%
PH/CYP/03	Participation rate of Year 6 (10-11 year old) pupils in the National Child Measurement Programme	95%	85%	90%
PH/AH/04	Percentage of people quitting at 4 weeks, having set a quit date with smoking cessation services	50%	42%	52%
PH/SH/05	Positive rate of Chlamydia detection per 100,000 young adults aged 15-24 years old	1,543	1,840	2,300
PH/SH/06	Percentage of clients accessing community sexual health services offered an appointment to be seen within 48 hours	100%	86%	95%
PH/SH/07	Number of new clients accessing the Health Trainer Service being from the 2 most deprived quintiles	54%	55%	62%
PH/SH/08	Percentage of adult substance misuse treatment population who successfully completed treatment (of all in treatment)	25.6%	Tbc	tbc
PH/SH/09	Percentage of opiate users successfully completing treatment who do not return within 6 months (of all in treatment)	Tbc	8.1%	9%
PH/SH/10	Health Visiting Service placeholder 1 - workforce	Indicators to be confirmed following transition of Service from NHS England to Kent County Council October 2015		
PH/SH/11	Health Visiting Service placeholder 2 - delivery	Indicators to be confirmed following transition of Service from NHS England to Kent County Council October 2015		
ASC01	Percentage of contacts resolved at first point of contact (%)	41%	45%	55%
ASC02	Number of clients receiving a Telecare service (snapshot)	4332	tbc	tbc
ASC03	Number of new clients referred to an enablement service (quarterly)	2504	tbc	2600
ASC04	Number of admissions to permanent residential or nursing care for older people (rolling year)	1337	tbc	1300
ASC05	Number of promoting independence reviews completed (quarterly)	1312	tbc	tbc
ASC06	Percentage of clients still independent after enablement	49%	45%	50%

Activity Indicators – Thresholds represent range of the activity expected

	Indicator Description	Threshold	Q1	Q2	Q3	Q4	2014/15 Expected
SCS 07	Number of Referrals in the Quarter	Upper	4,800	4,800	4,800	4,800	19,200
		Lower	3,800	3,800	3,800	3,800	15,200
SCS 08	Number of Children in Need (Quarter end snapshot)	Upper	11,70 0	11,700	11,70 0	11,70 0	
		Lower	8,600	8,600	8,600	8,600	
SCS 09	Number of children with a Child Protection Plan (Quarter end snapshot)	Upper	1,400	1,400	1,400	1,400	
		Lower	1,100	1,100	1,100	1,100	
SCS 10	Number of indigenous Children in Care (Quarter end snapshot)	Upper	1,600	1,600	1,600	1,600	
		Lower	1,300	1,300	1,300	1,300	
ASC07	Older people in permanent residential care(snapshot)	Upper	2,600	2,600	2,600	2,600	
		Lower	2,500	2,500	2,500	2,500	
ASC08	Older people in permanent nursing care(snapshot)	Upper	1,450	1,450	1,450	1,450	
		Lower	1,350	1,350	1,350	1,350	
ASC09	Older people with domiciliary care(snapshot)	Upper	3,800	3,800	3,800	3,800	
		Lower	3,600	3,600	3,600	3,600	
ASC10	Learning disability in residential care(snapshot)	Upper	1,280	1,280	1,280	1,280	
		Lower	1,180	1,180	1,180	1,180	
ASC11	Learning disability with community care(snapshot)	Upper	1,550	1,550	1,550	1,550	
		Lower	1,450	1,450	1,450	1,450	
ASC12	Old people with Direct Payment (snapshot)	Upper					
		Lower					

ASC13	Adults with Direct Payment (snapshot)	Upper					
		Lower					

Current performance against our Key Performance Indicators and targets can be viewed in the **Quarterly Performance Report** and **Directorate Dashboard**.

Social Care Health and Wellbeing

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 01 Transformation of adult social care services	Financial Operational Strategic	Transformation of adult social care services.	The transformation programme is being implemented in adult social care. Adopting new ways of working and implementing a programme of significant change is not without risk. Significant savings need to be made and carrying out the transformation is a demand on resources. If the transformation programme does not meet targets then this will lead to further pressures on the service and on budgets.	If the transformation programme does not meet targets this will lead to significant pressures on the service and on the directorate and local authority budgets. How the phases of theTransformation Programme are managed and implemented is crucial as it has a major impact on the service.	Andrew Ireland; Mark Lobban		H16	M9

Controls

Control	Control Measure Description	Control Owner
Finance Monitoring Meeting	Monthly meeting to assess whether the programme benefit is achieving expectations.	Andrew Ireland
Governance Arrangements	A Transformation Portfolio Board is established with agreed Governance arrangements. As part of phase two there is a proposal to have a project management office to ensure the right change intiatives are being delivered in the right way.	Andrew Ireland Mark Lobban
Oversight and monitoring in place	Oversight and monitoring by Transformation Advisory Group Programme Board, Budget board and Cabinet Committee.	Andrew Ireland Mark Lobban
Reporting	6 monthly reporting to Cabinet Committee and monthly programme reporting to portfolio board and TAG.	Andrew Ireland Mark Lobban
Separate risk register for Transformation.	There is a separate risk register and issues log at portfolio, programme and project levels.	Andrew Ireland Mark Lobban
Support of Efficiency partner.	Support of Efficiency partner with diagnostics, design and implementation of the Transformation agenda.	Andrew Ireland Mark Lobban
Transformation Programme in place	Transformation Programme in place with links and interdependencies with the KCC Transformation /Facing the Challenge Programme.	Andrew Ireland Mark Lobban

Actions

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Communication	Ensure effective two way communication re the Transformation Programme. Need to ensure staff are informed and there is "ownership" of the message. A 6 weekly/monthly communication bulletin is produced and disseminated.	Accepted	Mark Lobban	31/03/2015
Efficiency Partner	Agreed on going work with an Efficiency Partner	Accepted	Mark Lobban	31/03/2015
Implementation	Implementation and roll out phase of Transformation: Optimisation, Care Pathways, Commissioning. Roll out of "Sandbox" methodology. Handover to business as usual to ensure the continued realisation of the benefits of the changes made.	Accepted	Anne Tidmarsh	31/03/2015
Manage the interdependencies.	Manage the interdependencies and relationship between transformation and other Corporate and Directorate programmes.	Accepted	Andrew Ireland	31/03/2015
Phase 2 design	Working with Newton Europe on the design of Phase 2. PMO and design team are being set up. Priorities for all phase 2 activity being defined (regardless of whether KCC or Newton Europe).	Accepted	Mark Lobban	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 02 Transformation of children's services	Political Operational	Transformation of children's services	SCS Transformation to make continuous improvements to services for vulnerable children and young people in Kent.	Failing to Transform and Continuously improve services could adversely impact on vulnerable children and young people. Failure to maxmimise the benefits of the work with Newton Europe could have an adverse impact on service delivery, budgets and key performance indicators.	Andrew Ireland; Philip Segurola		M9	L6

Controls

Control	Control Measure Description	Control Owner
Efficiency Partner	SCS working with an efficiency partner to transform services, developing Sandbox approach	Philip Segurola
Frameworks in place	Performance framework, operational framework and quality assurance framework in place.	Andrew Ireland Philip Segurola
Practice Development Programme	Practice Development Programme rolled out including masterclasses/training. Programme being evaluated.	Andrew Ireland Philip Segurola
Robust performance monitoring	Robust performance monitoring	Andrew Ireland Philip Segurola
SCS Transformation.	0 to 25 Unified Programe is part of the over-arching cross-directorate 0-25 Portfolio. The programme is developing an improved toolkit for practitioners; for SCS this will include further implementation of the standards of practice within the Social Work Contract across the County. Change management activity is robustly monitored via SCS Div Mt and the 0 to 25 Programme Board.	Andrew Ireland Philip Segurola

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Audits	Rolling programme of audits of services. Peer review audits of services including children in need, child protection and children in care. Track progress against previous audits. Results presented to SCS Div MT. six monthly and yearly audits of services. Redesign of on line audit process taking place. Ensure lessons are learned from audits and inform practice and training.	Accepted	Philip Segurola	31/03/2015
Recruitment.	Recruitment to permanent Social work and Managment vacancies. website produced, recruitment events. New recruitment and retention package agreed.	Accepted	Andrew Ireland	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

Risk	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Sandbox	Sandbox testing is in progress with regular reporting to Director and Div Mt. Need to continue to cascade the learning from Sandbox with regular DivMT updates and extended Div Mt to identify and cascade the learning.	Accepted	Philip Segurola	01/04/2015
SCS Transformation Programme.	Needs to be clear links between Transformation and Prevention. Support of Newton-Europe as an Efficiency Partner.	Accepted	Philip Segurola	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 03 Safeguarding - Protecting vulnerable children and adults	Political Operational Reputational	Safeguarding - Protecting vulnerable children and adults.	The Council must fulfill its statutory obligations to effectively safeguard vulnerable children and adults.	Its ability to fulfill this obligation could be affected by the adequacy of its controls, management and operational practices or if demand for its services exceeds its capacity and capability.	Andrew Ireland; Mark Lobban; Philip Segurola; Penny Southern; Anne Tidmarsh		H16	M9

Controls

Control	Control Measure Description	Control Owner
Safeguarding Improvement Plans	OPPD and SCS have Safeguarding Improvment Plans in place. The SCS Improvement Plan recently updated to reflect Child Sexual Exploitation themes inspection.	Philip Segurola Anne Tidmarsh
0 to 25 Unified Programme in SCS	0 to 25 Unified Programme in SCS as part of the wider 0 to 25 Portfolio.	Andrew Ireland Philip Segurola
Capability Framework	A tender process completed to supply a capability framework for safeguarding and MCA for adult social care. RiPfA to develop the framework. Also to revise the training for staff and ensure it is consistent with changes associated with the Care Act.	Mark Lobban Penny Southern Anne Tidmarsh
Deep Dives	Deep dives for constructive challenge by Senior Managers of front line services. More Deep dives planned.	Andrew Ireland
Extensive Staff Training	Extensive Staff Training. In SCS a Professional Capability Framework has been launched with a Safeguarding element. Training is being rolled out by Learning and Development in order for practitioners to utilise the Capabilities Framework to improve outcomes.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Multi-agency working.	Multi-agency public protection arrangements in place.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Regular Reporting on Safeguarding.	Quarterly reporting to Directors and Cabinet Members and Annual Report for Members	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Safeguarding Boards	Safeguarding Boards in place for children's and for adult social care services, providing a strategic countywide overview across agencies. The SVA board will be statutory in 2015.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Scrutiny and Performance monitoring.	consistent scrutiny and performance monitoring through Divisional Management Teams, Deep Dives and audit activity.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

Control	Control Measure Description	Control Owner
Winterbourne	In Kent a joint Kent Winterbourne Steering Group has been established to learn the lessons from Winterbourne. The Steering group has established its own risk register and action plan.	Penny Southern

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Audit feedback sessions	Audit feedback sessions taking place.	Accepted	Andrew Ireland	31/03/2015
Capability Framework	Preparation for the introduction of a Capability Framework for safeguarding and MCA in adult social care. Develop associated training to ensure it reflects Care Act changes	Accepted	Mark Lobban	31/03/2015
Care Act	Revision to the safeguarding polcy, protocols and guidance document to update it for the Care Act. Training materials also to be Care Act compliant. The Making Safeguarding Personal initiative which is a key element of the Act was launched in December 2014.	Accepted	Nick Sherlock	31/03/2015
Cross-County file audits	On going programme of cross-County file audits	Accepted	Andrew Ireland	31/03/2015
Internal Audit (adult safeguardiing practices).	Implement the outcomes of the internal audit report (adult services). Has been through the assurance processes and actions to be included in the Safeguarding Action Plans.	Accepted	Mark Lobban	31/03/2015
Optimisation	Need to ensure capacity to deliver safeguarding is maintained through the OPPD optimisation and boundary re -alignment work.	Accepted	Anne Tidmarsh	31/03/2015
Practice development programme to strengthen practice across children and families	Practice development programme to strengthen practice across children and families. Delivery of Phase 4 Improvement Plan Actions.	Accepted	Andrew Ireland	31/03/2015
Recruitment programme	Active recruitment programme in place to attract and retain high calibre social workers and managers	Accepted	Andrew Ireland	31/03/2015
Safeguarding training for the relevant staff.	Ongoing provision of safeguarding training for the relevant staff.	Accepted	Andrew Ireland	31/03/2015
Transformation in SCS	Transformation in SCS to get the business processes right to assist practitioners.	Accepted	Philip Segurola	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 04 Austerity and pressures on public sector funding	Financial Operational Reputational	Austerity and pressures on public sector funding impacting on capital and revenue budgets.	Public sector finance pressures and the need to achieve significant efficiencies for foreseeable future impacting on capital and revenue budgets. Partner organisations and private sector providers also experiencing funding challenges potentially putting joint working at risk. Increased stress on some families due to financial pressures. In sufficient central government funding for the increased UASC arrival rate.	Major funding pressures impact on the delivery of social care services. The capital strategy putting specific projects at risk.	Michelle Goldsmith; Andrew Ireland		H25	H16

Controls

Control	Control Measure Description	Control Owner
0 to 25 Partnership Board.	The 0 to 25 Partnership Board is overseeing the joint Transformation projects of SCS, Early Help and Preventative Services and Children's Comissioning - working closely with Newton-Europe. The programme feeds into the overarching 0 to 25 Change Portfolio.	Philip Segurola
More efficient use of assistive technology	More efficient use of assistive technology	Michelle Goldsmith Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Robust debt monitoring	Robust debt monitoring	Michelle Goldsmith Andrew Ireland
Robust financial and activity monitoring.	Robust financial and activity monitoring regularly reported to DMT and budget reporting within the DIv MTs	Michelle Goldsmith Andrew Ireland
Strategic Priority Plans.	Strategic Prioirty Plans in place for 2014/15 along with Divisional Plans.	Andrew Ireland
Transformation programme	Transformation programme to ensure efficiencies and the best use of available resources.	Michelle Goldsmith Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
UASC	Dialogue with the Home Office re the increasing numbers of unaccompanied minors.	Philip Segurola

Actions

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

Risk	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Building community capacity	Building community capacity. In LD services the GDP programme moving from segregated facilities to inclusive settings with partners.	Accepted	Andrew Ireland	31/03/2015
Business Plans for capital projects.	Business Plans for specific LD capital projects to demonstrate the efficiencies and value.	Accepted	Penny Southern	31/03/2015
Commissioning arrangements	Developing robust commissioning arrangements to manage /shape the social care market.	Accepted	Mark Lobban	31/03/2015
Continue to work innovatively with partners to identify any efficiencies.	Continue to work innovatively with partners, including health services, to identify any efficiencies.	Accepted	Andrew Ireland	31/03/2015
Development of appropriate incentives within the commissioning framework	Development of appropriate incentives within the commissioning framework	Accepted	Mark Lobban	31/03/2015
Focus on prevention, enablement and independence for vulnerable adults.	Focus on prevention, enablement and independence for vulnerable adults.	Accepted	Andrew Ireland	31/03/2015
High Cost Placements	Continue to review and ensure value for money from residential and IFA placements.	Accepted	Mark Lobban	31/03/2015
SCS 0 -25 programme	SCS to continue to manage budget reductions including care cost reduction and placement reconfiguration. Improve business processes. Management Actions in place, close monitoring of spend, engaging finance staff in monthly Div Mt slot, savings targets part of N.E work.	Accepted	Philip Segurola	01/04/2015
Transformation and modernisation agenda	Continued drive to deliver efficient and effective services through transformation and modernisation agenda.	Accepted	Andrew Ireland	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 05 Health and Social Care integration Pioneer and BCF	Political Operational Strategic Reputational	Health and Social Care integration	There is a need to develop integrated health and social care services, there is a risk if services do not become fully integrated.	This is a major strategic development that will impact on ways of working and the delivery of services. If services are not integrated there is a risk of gaps between services or in some instances duplication of services or inefficient use of the available joint resources.	Anne Tidmarsh		M12	L6

Controls

Control	Control Measure Description	Control Owner
Better Care Fund	The Better Care Fund will help the integration programme and the development of joined up working and commissioning.	Anne Tidmarsh
Integrated Care and Support Pioneer.	Kent is one of the 14 Integrated Care and Support Pioneers. This is giving renewed imputus to the integration programme in Kent. An Integration Pioneer Steering Group is in place.	Anne Tidmarsh
Programme management.	Programme management arrangements in place with a Programme Plan and local action plans based on the Programme Plan.	Anne Tidmarsh
Reporting Arrangements in place	Reporting and inputting to Transformation Board but also to Health and Well Being Boards, and Locality boards and Clinical Commissioning Groups.	Anne Tidmarsh

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Agreeing integrated performance measure and monitoring	Developing integrated performance measures and monitoring	Accepted	Anne Tidmarsh	31/03/2015
BCF Delivery	Local BCF delivery groups working on local action plans.	Accepted	Anne Tidmarsh	31/03/2015
Better Care Fund	The Better Care Fund plan has been produced and agreed by the Health and Wellbeing Board and submitted to NHS England. Further updates to be provided to the Health and Wellbeing Board.	Accepted	Jo Frazer	31/03/2015
Connectivity of information systems	Working towards greater Connectivity of information systems via a shared integrated plan.	Accepted	Anne Tidmarsh	31/03/2015
Joint work with CCGs	Work closely with the CCGs to focus on long term conditions to improve people's ability to self care.	Accepted	Anne Tidmarsh	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

Risk	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Pioneer Status	Kent has Pioneer Status for Health and Social Care Integration. This broadens the integration programme to include commissioning and provision. Further work to be done to develop and take forward the integration programme and wider Pioneer work.	Accepted	Anne Tidmarsh	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 06 Health and Social Care Act 2012	Financial Operational Legal Strategic	Health and Social Care Act 2012	Working arrangements and health architecture following the Health and Social Care Act.	Significant implications for the delivery and provision of social care and health. Emergence of Clinical Commissioning Groups and the transfer of public health functions to Local authorities has required building new relationships and working arrangements. Could be increased diversity of practices to reflect the CCG areas. Possible implications for Section 75 agreements. Risks of potential cost shunting. One example is the joint equipment store where there is a need to develop a Section 75 Agreement to ensure contribution from health agencies and social care.	Andrew Ireland; Mark Lobban; Philip Segurola; Penny Southern; Anne Tidmarsh		M12	M9

Controls

Control	Control Measure Description	Control Owner
Integrated Community Equipment Service Partnership Working	Joint working with health on the development and signing off of the S75 agreement for the provision and funding of the community equipment service between CCGs and social care.	Anne Tidmarsh
Close working at leadership level	Close working at leadership level seeking to build a shared transormation plan. Health and Well Being Board in place. FSC Directors meet with the CCG Accountable Officers.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Existing partnership working with Health	Existing partnership working and joint initiatives with Health which are leading to shared improvements.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
JSNA to support health and social care commissioning	JSNA to support health and social care commissioning	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Maintain close links with commissioners	Maintain close links with commissioners to ensure application of continuing health care and Section 117 arrangements.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

Control	Control Measure Description	Control Owner
Potential Cost Shunting	Ensure adherence to CHC framework. Monitor joint working arrangments.	Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Review of locality boundaries	Restructure of OPPD boundaries and restructure of teams in progress.	Anne Tidmarsh
Section 75 agreements.	Ensure Section 75 agreements are monitored in new arrangments.	Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Alignment of the commissioning plans	Alignment of the commissioning plans for SC and Clinical Commissioning Groups. Use of the Health and Well Being Strategy.	Accepted	Andrew Ireland	31/03/2015
Community Equipment Store	Section 75 agreement been produced and checked with legal services. It is currenlty with health partners and is scheduled to be signed in Febrauary 2015.	Accepted	Anne Tidmarsh	31/03/2015
Continued joint working with Health	Continued joint working with Health following the changes to the health architecture. Working with the CCGs and other health providers.	Accepted	Andrew Ireland	31/03/2015
PHBs - Section 75 Agreement	A new Section 75 agreement produced including Personal Health Budgets. To implement the new agreement subject to approvals. The agreement to be signed.	Accepted	Anne Tidmarsh	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 07 Increasing demand for social care services	Financial Operational Reputational	Risk that demand will outstrip available resources.	Risk that demand will outstrip available resources. Fulfilling statutory obligations and duties becomes increasingly difficult against rising expectations. Increased demand due to: - demographic changes in population i.e. more people living longer, more people with dementia and an increase in clients with complex needs. Austerity potentially leads to more stress, family breakdown and need for support from specialist children's services. More reliance on informal carers leads to strain on families and individuals	Austerity potentially leads to more stress, family breakdown and need for support from specialist children's services. More reliance on informal carers leads to strain on families and individuals	Andrew Ireland; Mark Lobban; Penny Southern; Anne Tidmarsh		H20	H16

Controls

Control	Control Measure Description	Control Owner
Community Capacity	Developing community capacity	Andrew Ireland
Continue to explore roles and functions	Continue to explore roles and functions	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Contracting and Procurement controls	Contracting and Procurement controls	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Early intervention and Preventative services	Early intervention and Preventative services aimed at reducing demand-enablement, fast track minor equipment, short term care with step down and step up support.	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
In SCS streamlining back office processes and systems	In SCS, NE providing advice re streamlining back office processes and systems. e.g closing cases in a timely manner and step down to early help where apporpriate.	Philip Segurola
Joint planning and commissioning with partners	Joint planning and commissioning with partners	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Modernisation of older peoples and Learning Disability Services	Modernisation of older peoples and learning disability services	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

Control	Control Measure Description	Control Owner
Representation being made regarding persons being placed into Kent.	Continued representation to central government and other agencies regarding the disproportionate number of people in need across the age ranges (children and adults) being placed by other local authorities into Kent.	Andrew Ireland Philip Segurola Penny Southern
Robust reporting and analysis to DMT and Business Planning	Robust reporting and analysis to DMT and Business Planning	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Transformation Programme	Implementation of Adults Transformation Programme underway including: Care Pathways, Commissioning and Procurement and Optimisation.	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Adult social care Transformation Programme	Adult social care Transformation Programme - tracking and monitoring the impact of delivery -on going.	Accepted	Andrew Ireland	31/03/2015
Assistive Technology (Telecare)	Continued use and development of Assistive Technology (Telecare). Extend scope of Telecare.	Accepted	Andrew Ireland	31/03/2015
Continue to invest in preventative services	Continue to invest in preventative services through voluntary sector partners.	Accepted	Andrew Ireland	31/03/2015
Contracting and commissioning services	SCS working with Strategic Commissioning and EYP to negotiate improved contracts with providers.	Proposed	Philip Segurola	31/03/2015
Managing prices:	Managing Prices: Re-tendering for home Care and Residential Care.	Accepted	Mark Lobban	31/03/2015
Modernisation of Services	Continued modernisation of Older People Services and of Learning Disability Day Services through the Good Day Programme.	Accepted	Andrew Ireland	31/03/2015
monitoring demand	to monitor demand for services including new referrals and people requiring services for longer -often with complex needs.	Proposed	Penny Southern	31/03/2015
Ordinary Residence	Checking cases to ensure that where SCHW is approached to take cases on then the individual case does "qualify" under the Ordinary Residence guidance - on going.	Accepted	Andrew Ireland	31/03/2015
Review of care	Review of care ensuring good outcomes linked to effective arrangements for support. monitoring of trusted assessor arrangements eg carers assessments.	Accepted	Andrew Ireland	31/03/2015
SCS working with Newton Europe	Working with N.E to streamline back office processes, step cases down to early help where appropriate.	Accepted	Philip Segurola	01/04/2015
Working to ensure children in care are supported with a permanency plan.	Continued working to ensure children in care are supported with a permanency plan. Early help for families. Promoting adoption and permanency where it is right for the child.	Accepted	Andrew Ireland	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 08 Managing and working within the Social Care Market.	Financial Political Operational	Managing and working within the Social Care Market.	SCHW adult services commissions about 90% of services from outside the Directorate. Many of them from the Private and Voluntary sector. Although this offers efficiencies and value for money it does mean the directorate needs the market to be buoyant to achieve best value and to give service users real choice and control. Develop and promote the Children's social care market to ensure the sufficient supply to meet the needs of children in need and children in care.	Lack of capacity impacts on choice to support the personalisation agenda. Impact on P&V sector if we are contracting a range of different services in the community through personal budgets/direct payments creates a level of uncertainty for the P&V sector.	Andrew Ireland; Mark Lobban		M12	M9

Controls

Control	Control Measure Description	Control Owner
A risk based approach to monitoring providers	A risk based approach to monitoring providers	Andrew Ireland Mark Lobban
Commissioning framework for children's services	Commissioning framework for children's services	Andrew Ireland Mark Lobban
Commissioning in partnership with key agencies (health)	Commissioning in partnership with key agencies (health)	Andrew Ireland Mark Lobban
Commissioning Plans	Develop commissioning plans for specific service areas to determine if a tendering process is required and then implement.	Mark Lobban
Home Care Re-let	Separate Project Risk register held. Working with legal services and corporate procurement. Regular briefings to staff and communication with service users. monitoring the mobilsation phase of the home care re-let.	Mark Lobban
Independent Fostering Agencies	Every provider has signed the National Fostering Framework agreement and KCC'service specification.	Mark Lobban
Procurement and contract controls	Procurement and contract controls	Andrew Ireland Mark Lobban
Regular market mapping and price increase pressure tracking	Regular market mapping and price increase pressure tracking	Andrew Ireland Mark Lobban
Regular meetings with provider and trade organisations	Regular meetings with provider and trade organisations	Andrew Ireland Mark Lobban
Residential re-let	Commencing the reisdential relet	Mark Lobban
Reviewing relationships with voluntary organisations	Reviewing relationships with voluntary organisations	Andrew Ireland Mark Lobban

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

Control	Control Measure Description	Control Owner
Strategic Commissioning and Access to Resources.	A strong Strategic Commissioning and Access to Resources function across FSC to ensure KCC gets value for money - whilst maintaining productive relationships with providers.	Andrew Ireland Mark Lobban

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Children's high cost placements.	Continue to review high cost placements in IFA and residential. Developing a commissioning framework for children's residential care.	Accepted	Mark Lobban	31/03/2015
Ensuring market is able to offer choice in the new market conditions opened up by personalisation	Ensuring market is able to offer choice in the new market conditions opened up by personalisation	Accepted	Mark Lobban	31/03/2015
Home Care Re Tender	Mobilisation phase in progress re the Home Care Tender.	Accepted	Mark Lobban	31/03/2015
Quality In Care	Project to improve quality of care in independent sector. Framework to be produced.	Accepted	Mark Lobban	31/03/2015
Residential and nursing home relet.	tender for residential and nursing home care.	Accepted	Mark Lobban	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 09 Information Technology	Operational Technological	Need to ensure that information systems are fit for purpose and support business requirements.	There is a risk that the ICT systems will fail.	If information systems are not fit for purpose then it can impact on the business and the delivery of services.	Andrew Ireland; Philip Segurola; Penny Southern		M12	L6

Controls

Control	Control Measure Description	Control Owner
An ICS board established.	An ICS Children's System Programme Boardwas established to oversee the procurement and integration of the new system.	Philip Segurola
ICS Liberi system is being project managed.	In specialist childrens services the new Liberi system has been implemented. Version 10 of the new system will be implemented in November/December 2014.	Philip Segurola
Programme infrastructure being developed for AIS/SWIFT upgrade.	Upgrade to latest version of SWIFT/AIS to ensure the system meets Care Act requirements.	Penny Southern
Systems group is in place	Systems group is in place with clear governance arrangements to manage demands for changes to the system and to ensure operational resilience.	Penny Southern
Tender for an adult social care system.	It is recognised as a risk that the contract with the current system provider is time limited and the procurement procedures are to be implemented to prepare for a tendering process.	Penny Southern

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Adult Social Care - client database.	The contract with the current provider is time limited. A number of actions are now required. 1) A specification to be developed that reflects the Care Act/Transformation/SEND changes 2) A strategic decision making group to consider the direction of travel and the scope of business requirements. 3) Initiate and follow the procurement processes.	Accepted	Penny Southern	31/03/2015
Liberi system.	Any issues and risks regarding the new Liberi system are to be dealt with in the Programme board	Accepted	Philip Segurola	31/03/2015
Upgrade to SWIFT/AIS	Project management arrangements in place and working towards an upgrade of SWIFT/AIS to version29.1. System user involvement to assist with the design and testing of an upgraded version of SWIFT/AIS.	Accepted	Penny Southern	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 10 Information Governance	Operational Legal Technological	With New Ways of Working, flexible working and increased information sharing across agencies there are increased risks in relation to data protection.With office moves taking place files may need to be moved and there could be insufficient storage in the accommodation provided.	The success of health and social care integration is dependent upon organisations being able to share information across agencies boundaries. Such working means that client information may be shared with other organisations which may have an implication on information sharing protocols. Also flexible working could lead to increased risk of loss of data or equipment. Delegated functions to other organisations raises issues about information sharing and what controls, systems and I.G assurance mechanisms the other organisations have in place.	This could lead to breaches of the Data Protection Act if protocols and procedures are not followed.	Andrew Ireland; Mark Lobban; Philip Segurola; Penny Southern; Anne Tidmarsh		M9	L6

Controls

Control	Control Measure Description	Control Owner
Caldicott Guardians	Caldicott Guardian in place for FSC and Caldicott Guardian Guidance and register in place.	Andrew Ireland
E Learning training	E Learning training for staff to raise awareness. All staff to complete the e-learning training.	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Employment contracts.	Clause in employment contracts requiring compliance with data protection requirements.	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Information sharing agreements.	Information sharing agreements and protocols for some specific projects are in place.	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Organisational policies.	Organisational policies on IT security and the principles of Data Protection in place.	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Systems Development for newly commissioned services.	Policy impact Assessment for the information governance aspects of projects such as the residential re-let.	Andrew Ireland

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Communication	In SCS regular communication with staff to remind them of data protection requirements and the need to use secure e-mails etc. Also topic discussed at SCS Div MT.	Accepted	Philip Segurola	31/03/2015
Information Governance Update	Information Governance reports to DMT with updates.	Accepted	David Oxlade	31/03/2015
Information sharing agreements	All projects need to have information protocols and agreements where information is to be shared across agencies.	Accepted	Andrew Ireland	31/03/2015
Information sharing with health	On going work with health partners regarding information sharing through the Pioneer Programme.	Accepted	Anne Tidmarsh	31/03/2015
Lessons Learned	Ensure lessons are learned from the Information Commissioner's findings and are cascaded and inform training.	Accepted	Philip Segurola	01/04/2015
Production of SOPs	Standard operating procedures being produced with organisations that are to be data processors with access to adult social care client database information.	Accepted	Anne Tidmarsh	31/03/2015
Raising awareness	Need to continue to raise awareness across staff groups. all staff to undertake E-learning in information governance	Accepted	Andrew Ireland	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 11 Business disruption	Financial Operational Legal Technological Reputational	Possible disruption to services	Impact of emergency or major business disruption on the ability of the Directorate to provide essential services to meet its statutory obligations.	Such an event would impact on the customers of our services and possibility the reputation of the service would suffer	Andrew Ireland; Penny Southern		M9	M9

Controls

Control	Control Measure Description	Control Owner
Business continuity in the independent sector.	Business continuity planning forms part of the contracting arrangements with private and voluntary sector providers	Andrew Ireland Penny Southern
Business Continuity Plans	Business Contniuity plans reviewed annually or in light of significant changes or events.	Andrew Ireland Penny Southern
Business Continuity Systems and Procedures are in place	Business Continuity Systems and Procedures are in place	Andrew Ireland Penny Southern
Business Impact Analysis.	Business Impact Analysis and Risk Assessment is reviewed at least every 12 months or when substantive changes in processes and priorities are identified.	Andrew Ireland Penny Southern
Partnership working at all levels	Good partnership working at all levels for emergency planning.	Andrew Ireland Penny Southern
Training	Crisis/emergency planning training available for staff.	Andrew Ireland Penny Southern

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Adverse Weather	Learn lessons from the response to the adverse weather events that occurred in 2013/14.	Accepted	David Oxlade	31/03/2015
Business continuity in the independent sector.	Business Management Team to work with strategic commissioning and corprate procurement to ensure contracted services have business continuity arrangements in place.	Accepted	David Oxlade	31/03/2015
Business Continuity Risk Assessment	Business Continuity Risk Assessment identifies actions at divisional level	Accepted	Andrew Ireland	31/03/2015
Regular review and update of continuity plans	Regular review and update of continuity plans	Accepted	Andrew Ireland	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 12 KCC KMPT partnership agreement	Financial Legal Reputational	Partnership agreement with KMPT to deliver mental health services.	Risk that a failure to meet mental health statutory requirements would have legal, financial and reputational risks for the Local Authority and would impact on service quality for service users.	Legal, financial and reputational risks for the Local authority and impact on service users.	Penny Southern		M9	L6

Controls

Control	Control Measure Description	Control Owner
Governance and performance monitoring	Improved governance and performance monitoring arrangements in place.	Penny Southern
Monitoring at Divisional Management Team	Div Mt oversight of the joint operating plan and improved data quality to monitor services.	Cheryl Fenton Penny Southern
Operating Agreement	Operating Agreement developed and established between KCC and KMPT.	Cheryl Fenton Penny Southern
Safeguarding arrangements	Safeguarding posts in place. Safeguarding audits take place and regular performance monitoring.	Penny Southern

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Care Act	A mental health reference group is in place to prepare for the implementation of the Care Act	Accepted	Cheryl Fenton	31/03/2015
Deliver the personalisation agenda	Continue to promote the personalisation agenda with social care clients in mental health services. Including increase in social care clients with a personal budget - some increase in the number of DPs. STR service restructured. Training on personalisation provided, teams producing action plan re promoting personalisation.	Accepted	Cheryl Fenton	01/04/2015
mental health social care responses in primary care.	An alternative model to deliver social care in mental health being developed inlcuding increasing community capacity. Pilot project planned.	Accepted	Penny Southern	01/04/2015
Operating Agreement	Operating Agreement between KCC and KMPT monitored through Div MT on an on-going basis.	Accepted	Cheryl Fenton	31/03/2015
Reporting KPIs	Monitor KPIs -focus on red indicators and exception reports. Address IT issues - action plan to do this. On-going monitoring, discussion and action planning re KPIs in place. Learning from audits.	Accepted	Cheryl Fenton	31/03/2015
Social Care Staffing in KMPT	Improve the supervision and support for social care staff - Arrangements for professional supervision in place. Supervision audits on-going. Various workforce reviews undertaken - to monitor outcomes. Targeted recruitment plan re posts that are hard to recruit to.	Accepted	Cheryl Fenton	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 13 Preparation for legislative change	Operational Legal Reputational	Care Act and Children and Families Act.	Care Act - Significant implications for adult social care services. It establishes a new legal framework for care and support services. An emphasis on early intervention, prevention and increasing choice and control and changes to charging. New duties to be introduced to provide support services to carers. Children and Families Act introduced, implications for - assessments for children with SEN, adoption services and contact and residence plans.	The Care Act when implemented will have a significant impact on services. The Children and Families Act has implications for some SCS services and a significant impact on SEN services.	Andrew Ireland; Michael Thomas-Sam		M9	L6

Controls

Control	Control Measure Description	Control Owner
Care Act	Transactional, activity and financial implications of the Act are reported to DMT. Implications of the Act also reported to CMT. KCC budget for 2015/16 reflects the cost of implementation. Programme Plan went to the Transformation Board, Corporate Board and Cabinet Committee. Key decisions taken.	Andrew Ireland Michael Thomas-Sam
Care Act Programme	A Care Act Programme established to ensure KCC is well placed to deliver the new responsibilities. A programme board in place with representatives from across KCC and the efficiency partner. Regular briefings for elected Members and other stakeholders held. Key policy revisions being completed. Communication plan being put into effect.	Michael Thomas-Sam
Children and Families Act	Children and Families Act implemented. Working with colleagues in SEN services on the changes.	Philip Segurola Penny Southern
Increase awareness of the Welfare Reform Act.	Reports to Corporate Board and DMTs. Also to Policy and Resources Committee and Kent Joint Chiefs meeting.	Michael Thomas-Sam

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Care Act	Workshops and training to be being provided on the implications of the Care Act.	Accepted	Michael Thomas-Sam	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

Risk	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Care Act	To monitor key tasks in preparation for implementation of the Act including the commissioning and delivery of training; identify capacity to manager the estimated additional demand and making key policy decisions.	Proposed	Michael Thomas-Sam	01/04/2015
Care Act Programme Plan	An outline programme plan in place with a number of projects including: costs modelling; communications;workforce capacity; commissioning; financial assessment and charging; safeguarding; IT and information systems	Accepted	Michael Thomas-Sam	31/03/2015
Care Act progress	To continue to prepare for the Care Act. Project plans in place with workstreams for key areas. To determine the implications of the Act and the associated regulations and guidance for KCC. To prepare for implementation when the Act in enacted in 2015.	Accepted	Andrew Ireland	31/03/2015
Children and Families Act	Further input to an SEN pathfinder project and development of a "local offer".	Accepted	Andrew Ireland	31/03/2015
reporting and communication	To keep DMT and Div Mts informed of developments and preparations for the Care Act. To communicate through briefings and updates to staff.	Accepted	Michael Thomas-Sam	31/03/2015
Transformation programme.	The principles contained in the Care Act to inform the Transformation programme. .	Accepted	Michael Thomas-Sam	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 14 Organisational Change	Operational Strategic	Significant amount of organisational change.	Several major change programmes underway at the same time.	Possible impact on service delivery and could lead to unclear responsibilities	Andrew Ireland; Mark Lobban; Philip Segurola; Penny Southern; Anne Tidmarsh		M12	M12

Controls

Control	Control Measure Description	Control Owner
Centralisation and market testing of key support services e.g finance, training function, business support, ICT, communication.	Business support arrangements in place. On going engagement in management team.	Andrew Ireland
Disabled Children's Service	Realignment of Disabled Children's Service to Adult services and to be line managed within the Learning Disability & Mental Health Division from January 2015	Penny Southern
Facing the Challenge	Facing the Challenge: Delivering Better Outcomes. Transformation Plan - version 1 produced and disseminated. Phase 2 now in progress market engagement and service reviews.	Andrew Ireland
New Ways of Working	New ways of working is leading to changes in KCC accommodation arrangements and where people are based. A New Ways of Working Risk Register exists to log risks. SCHWB has representation on the New Ways of Working Programme Board.	Andrew Ireland
OPPD boundary realignment and optimisation restructuring.	Phase 3 was completed on 30.9.14 following the final phase of restructure of the OPPD workforce The new OPPD service and structure went live on 1.10.14. A two month restructure settling in period has been built in to the programme to resolve any outstanding queries and issues.	Anne Tidmarsh

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Care Leavers	Changes to the Care Leaver Service and what was the 16+ service.	Accepted	Philip Segurola	31/03/2015
Centralisation of Support Services	Continue to maintain close working with support services e.g finance, ICT, training, communication.	Accepted	Andrew Ireland	31/03/2015
KCC Transformation Plan	Phase 2 of Facing the Challenge in progress. Workshops provided for staff.	Accepted	Andrew Ireland	31/03/2015
New Ways of Working	To continue to communicate the implications of New Ways of working for the Directorate. Office moves taking place. NWW has its own risk log.	Accepted	Penny Southern	31/03/2015
OPPD Boundary Realignment and Optimisation Restructuring.	Bedding in and completing the OPPD restructure	Accepted	Anne Tidmarsh	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 15 MCA and Deprivation of Liberty Assessments	Financial Operational Legal Reputational	A judgement by the Supreme Court has implications for the number of Deprivaton of Liberty Assessments that are required.	The number of Deprivation of Liberty assessments has significantly increased. This could lead to some DOLs applications and Best Interests Assessments not being done within the statutory framework.	This could result in some people living in circumstances where they are deprived of their liberty based on the new legal interpretation but without a DoLs assessment. This could be detrimental to the individual and could result in a challenge based on the Supreme Court judgement.	Mark Lobban		H16	M8

Controls

Control	Control Measure Description	Control Owner
Analysis produced	An analysis of the management processes for DoLs applications completed. DMT considered the various scenarios for different application levels and the impact on staff resources.	Mark Lobban
Briefing issued to staff regarding the Supreme Court judgement.	Briefing issued by Corporate Director.	Nick Sherlock
Briefing to DMT regarding the Supreme Court judgement.	DMT briefed on the judgement and its implications.	Nick Sherlock
DoLs	Support is provided to staff through the DoLs/MCA team.	Nick Sherlock
MCA training	MCA training is available for staff.	Nick Sherlock

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Analysis	An analysis completed to identify the likely extent of demand.. The number of referrals has trebled and some providers have requested assessments of all their residents. an input/output model refined to reflect managment processes for DoLs applications from institutional care settings. DMT considered the various scenarios for different application levels and the impact on staff resources. A risk profiling approach is being piolted in Learning Disability to identify cases that need to go to the Court of Protection.	Accepted	Mark Lobban	31/03/2015
DOLS/MCA resource	Staff who have completed the BIA training are being put onto the BIA rota. More training to be commissioned. .	Accepted	Mark Lobban	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Resources	Additional funding identified in the MTFP for 2015/16 to invest in additional staff and to met costs (e.g legal costs). DMT agreed a way forward for the deployment of these resources for DoLs applications for institutional care settings. Authorisation for the recruitment of additional staff ageed. Action plan to be developed to ensure a systematic implementation of managing these resources. DMT agreed to extend the number of authorisers within the Directorate. Cost modelling underway for identifying costs for applications arising from suported living situations.	Accepted	Mark Lobban	31/03/2015
Review the MCA/BIA work.	Review the MCA/BIA work to identify any efficiencies that can be made in the processes or ways of working. Process mapping work completed examining work flows and organisation. New systems introduced and development of new module within AIS underway. This work to inform the steering group looking at the possible longer term options for managnig MCA/DoLs work. Update reported to DMT in January 2015.	Accepted	David Oxlade	31/03/2015
Wider context	As this risk is the result of a national judgement - most Local Authorities will be facing similar challenges. To keep abreast of any national (DH) or regional developments.	Proposed	Mark Lobban	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 16 Independent Living Fund	Financial Operational	The Independent Living Fund will close on 30 June 2015.	When the ILF closes, responsibility to meet the support needs of the ILF users will be devloved to Local Authorities.	There is a financial risk to KCC as to date there is little clarity on what funding will be transferred to the Local Authority and it is thought any funding will not be ringfenced.	Michael Thomas-Sam		M12	M8

Controls

Control	Control Measure Description	Control Owner
Reports to DMT	Reports submitted to DMT to update them on the transfer programme.	Michael Thomas-Sam
transfer programme	The ILF has developed a transfer programme with local authorities with a code of practice. KCC has been a"critical friend" to the ILF in shaping the transfer programme.	Michael Thomas-Sam

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Assessments of ILF clients	To prepare to undertake assessments of ILF clients in Kent early in 2015	Proposed	Penny Southern	31/03/2015
ILF transfer	to maintain links with the ILF regarding the transfer programme	Proposed	Michael Thomas-Sam	31/03/2015
OSU change team	The OSU change implementation team will co-ordinate ILS transfer activity.	Proposed	David Oxlade	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 17 OFSTED preparedness and service improvement	Political Operational Reputational	Preparedness for an Ofsted Inspection	An announced Ofsted Single Inspection Framework is expected in 2015	Failure to maintain service improvement could adversely impact on children and young people, budget and staffing. A critical inspection could result in being placed on an improvement notice.	Andrew Ireland; Philip Segurola		M12	M8

Controls

Control	Control Measure Description	Control Owner
0 -25 programme board	The 0 to 25 programme Board provides a strategic overview.	
Children's Improvement Group	A children's improvement group has been established, comprising of senior manager from SCS and Early Help and Preventative Services.	Philip Segurola
Children's Improvement Plan.	The Children's Improvement Plan has been revised and re-launched. The plan inlcudes actions to address areas for improvement identified in recent OFSTED inspections and focuses on continous service improvement.	Philip Segurola
Performance Monitoring	Progress is robustly monitored locally, at monthly performance slots at divisional management teams and at area deep dive meetings.	Philip Segurola
Principal Practitioners	Engagement with expert practitioner group. Ensure implementation of the social work contract.	Philip Segurola
Recruitment and Retention	Recruitment and retention plan in place and monitored through the resource group.	Philip Segurola

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Annex A	Annex A documentation collated and updated in readiness for an Ofsted inspection.	Accepted	Philip Segurola	31/03/2015
Audit	Multi agency "mock inspection" arranged for January 2015. continous programme of audits and regualr reporting and dissemination of lessons learned.	Accepted	Philip Segurola	27/02/2015
CSE Action Plan	Develop an action plan to implement the objectives of the CSE strategy	Accepted	Philip Segurola	31/03/2015
Good Practice	Teams to identify adn collate good practice examples	Accepted	Philip Segurola	31/03/2015
KSCB	A SELIP Peer Challenge on effectiveness of the Board's scrutiny and challenge planned for December.	Accepted	Philip Segurola	31/03/2015
Liberi	Improve recording on Liberi	Proposed	Philip Segurola	31/03/2015
Signs of Safety	SCS has chosen to adopt the Signs of Safety Model of intervention.A package of training to be arranged for 2015.	Accepted	Philip Segurola	01/04/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 18 Early Help and Preventative Services		Early Help and Preventative Services - Following the top tier (phase one of Facing the Challenge) Early Help and Preventative Services were aligned under the Education and Young People Directorate. Specialist Children's Serices are aligned under Social Care Health and Wellbeing.	The early help and preventative services are no longer managed by Specialist Children's Services division. This poses a risk to joined up working.	Children and families do not receive the correct level of intervention and suport to meet their needs in a timely and joined up way. Lack of effective "step up" and "step down" between early help and specialist services cuold result in families not receiving the right level of intervention for their needs and circumstances. Lack of appropriate and timely support to manage the step down of cases could affect the ability to maintain an appropriate throughput of cases and lead to an increase in the CIC population.	Philip Segurola		M12	M8

Controls

Control	Control Measure Description	Control Owner
Governance	Performance, risks, issues and threats to efficient service delivery are challenged and addressed through the cross directorate 0 -25 programme board, multi-agency KICSB, Children's Improvement Board.	Philip Segurola

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Joint Meetings	Establish joint regular Div Mt Meetings	Accepted	Philip Segurola	01/04/2015

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

Andrew Ireland, Corporate Director of Social Care Health and Wellbeing

To: Children's Social Care and Health Cabinet Committee

Subject: Action plans arising from previous Ofsted inspections

Progress Update- 21 April 2015

Classification: Unrestricted

Summary

This report provides Cabinet with an update on progress regarding the 'improvement journey' of Kent's services for children and young people, encompassing the collective efforts of both Specialist Children's Services (SCS), and Early Help and Preventative Services (EH&PS).

Members are also asked to **NOTE** the progress that has been made since the last report.

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1. Introduction

This is the ninth regular report to Cabinet Committee on progress made in improving practice and developing services provided to children and young people in Kent. The last report of this nature, was December 2014, and outlined progress to that date.

Since 2012, KCC Specialist Children's Services have undergone five Ofsted inspections:

- Fostering Services – published report 31st July 2012 (*adequate*)
- Children in need of help and protection (Safeguarding) – published report 15th January 2013 (*adequate*)
- Adoption support services – published report 18th June 2013 (*adequate*)
- Children in Care / Care Leavers – published report 23rd August 2013 (*adequate*)
- Thematic inspection of Child Sexual Exploitation (CSE) –joint national report on the findings of eight thematic inspections, published November 2014

Action plans were put in place to respond to each of the priorities recommended by Ofsted for further development, after each inspection.

In order to robustly monitor and quality assure the improvements being made against these actions, regular updates on service development have been submitted to the Corporate Parenting Panel, the Children's Services Improvement Panel and SCS and EH&PS joint Divisional Management meetings. Actions arising from inspections and Peer Reviews alike are overseen and monitored alongside actions self–identified by the Local Authority as areas requiring further scrutiny.

Formerly referred to as the 'Children's Services Improvement Plan', over recent months this plan has been condensed and refocused to form the Children and Young People's Services' Development Plan'. The term 'Development' reflects the clear direction of travel for SCS and EH&PS: away from remedial improvement action and towards longer term development of a high quality, sustainable and efficient service.

This report acts as a broad position statement - setting out where we believe the service to be, the progress made since December 2014, and the direction of travel for SCS and EH&PS as the divisions move through 2015.

2. Key developments since December 2014

2.1. Independent Diagnostic of Children's Services

In January 2015, a Diagnostic of Children's Services was undertaken. This was carried out by an independent consultant, Malcolm Newsam. Malcolm was supported in this Diagnostic by three, experienced Kent County Council managers from SCS and EH&PS. The purpose of the diagnostic was to test the quality of children's social care services against the criteria set within the current Ofsted Single Inspection Framework.

The Diagnostic team conducted a three day on-site review of over 32 cases. The evaluation also included interviews with senior managers, assessments of the contact and referral mechanisms for children's social care and visits to eight fieldwork teams in two Districts.

The Diagnostic served as a useful opportunity for practitioners to discuss their work with individual children and families and receive face-to-face feedback and practice challenge from colleagues unconnected to the case. It was also a valuable exercise to hone processes for inspection readiness; importantly providing independent validation of the 'evidence of significant improvements' since 2010-11. It was agreed that the authority's children and young peoples' services are on an upward trajectory.

Diagnostic findings were presented to senior managers and the Leader, Councillor Paul Carter. Feedback similarly mirrored the findings of Ofsted's CSE thematic inspection, noting practice challenges with achieving a consistently high quality of assessment and challenge within professional supervision across the whole county. Positively, Kent's practitioners and managers alike were noted as being very confident, committed and highly competent.

It was recommended that quality assurance mechanisms and processes were strengthened to ensure any areas of weaker practice were captured early and supported to change. Since January, there have been changes to the SCS Safeguarding and Quality Unit, in order to strengthen the embedding of high quality practice across the county. Additional Practice Development Officers have been recruited, reporting into the two Principal Practitioners who work to support best practice and to be a voice for frontline social workers. Each Practice Development Officer will have a lead area of expertise e.g. child sexual exploitation. These changes are currently in the process of being implemented.

Quality assurance within social care has been further developed by Child Protection Conference Chairs now having benchmarked caseloads. This ensures Child Protection Chairs have more manageable workloads, and allows the function of providing a consultation service to practitioners. Additional Independent Reviewing

Officers (IROs) are also in the process of being recruited. An increase in IRO capacity will lead to a reduction in children in care cases which may otherwise have 'drifted'; ensuring appropriate practice challenge is given to the quality and timeliness of planning and interventions with children in local authority care.

The quality of practice supervision continues to be a robust area of focus for managers at all tiers. District workshops continue to be rolled out, alongside implementation of a supervision template, supporting practice guidance and supervision workbook. All actions arising from this Diagnostic have been incorporated into the Children's Services' Development Plan.

2.2. Kent's response to actions arising from Ofsted's Thematic Inspection of CSE

Between September and October 2014, Ofsted conducted eight thematic inspections of how Local Authorities are tackling Child Sexual Exploitation (CSE). Rotherham, Rochdale, Bristol, Luton, Oldham, Camden and Brent as well as Kent, were all inspected. Kent's CSE thematic inspection took place 13th -17th October.

This was a targeted one week inspection, and not the full four week inspection under the Single Inspection Framework. As a result, there was not a Kent-specific inspection report published. Instead, anonymised evidence collected from all eight thematic inspections were collated into a single report "The sexual exploitation of children: it couldn't happen here, could it?"

Actions arising from the thematic inspection were incorporated into the Children's Services Development Plan. Since October 2014, significant work has been undertaken by Children's Social Care and the Kent Safeguarding Children Board (KSCB) to raise awareness of CSE warning signs among partners, providers and front-line staff. This has been further supported by measures to evaluate the quality and responsiveness of interventions; ensuring vulnerable children and young people are appropriately safeguarded and receive the required help and support in a timely way.

- An audit was undertaken of all children and young people identified as being at risk of sexual exploitation. This was completed firstly by the child/ young person's social worker and their team manager and then assessed by a member of the Children's Safeguarding and Quality Assurance team. The overarching audit report was compiled and evaluated by an independent auditor. To facilitate professional development, in the coming weeks, key learning points from this exercise will be shared with staff working with vulnerable children and young people.

- Communications and presentations to SCS and EH&PS front-line staff have resulted in increased numbers of front-line staff attending or being booked to attend KSCB multi-agency CSE training sessions and training on conducting return interviews (for children who have been missing). Senior managers in KCC have affirmed their commitment that this training is mandatory for all children's services front-line staff. There are high levels of demand for these training sessions from all agencies in Kent; there are over 1000 members of staff across SCS and EH&PS working directly with children and young people. As an interim measure therefore, localised district workshops have been rolled out and staff have been encouraged to undertake the KSCB e-learning "Safeguarding Children from Abuse by Sexual Exploitation".

- A training workshop is being jointly hosted by Kent County Council (KCC) and Kent Police in April 2015 for KCC foster carers. The workshop will share Kent's policy for missing children; alongside vulnerability factors and risks associated with children going missing (i.e. CSE) and good practice planning. The workshop has been designed to increase the confidence of foster carers managing children who go missing from their placement.

- Training and awareness-raising is widespread within Kent, with KCC Education, Admissions and School Placement Officers attending training on CSE and associated trauma in April 2015. Professional knowledge of CSE vulnerability factors across all agencies will help ensure that information and intelligence is shared proactively across the partnership to improve the protection of vulnerable children.

- Children's Commissioning have been working with supported lodgings providers- who deliver accommodation and support to over 130 young people leaving care- to ensure staff within these services are aware of the Kent CSE risk-assessment toolkit, and access relevant training.

- The KSCB have completed a CSE work-plan detailing the necessary actions the professional agencies within Kent must undertake in order to robustly tackle and prevent sexual exploitation. This work will be led by the Chair of the Trafficking and CSE sub-group of the KSCB: Patricia Denney, Assistant Director of Safeguarding and Quality Assurance (SCS).

- Following a direct recommendation from Ofsted, a CSE Joint Strategic Needs Assessment (JSNA) chapter has been produced by Public Health as part of the wider Children's JSNA. The chapter will inform commissioning and safeguarding priorities moving forwards. The assessment details the current mechanisms used to train, raise awareness and prevent CSE in Kent. Kent is in the early stages of being able to fully assess the likely prevalence of CSE within the county. CSE is often a hidden problem; not easily spotted by health professionals, families and carers. It is also often not readily reported by victims themselves, some of whom may not see the abuse for what it is.

2.3. Signs of Safety

'Signs of Safety' is an evidence-based systemic model of social work practice which has been successfully implemented across Australia, Europe, the USA and in a number of UK local authorities such as (among others) Suffolk, West Sussex, Southwark and Reading. This framework has been positively received by Ofsted, noting in Milton Keynes that as a result of this solution-focussed model, professionals were better able to identify strengths as well as risks within a family.

The model of intervention is being implemented universally across SCS and EH&PS and will support a shared, whole system approach to managing risk and working with children from Early Help through to Children in Care. Full implementation of this new way of working will take 2-5 years. 'Signs of Safety' is integral to the transformation agenda of 0-25 services; all training and changes to assessment templates are therefore aligned to the implementation of the 0-25 Unified Programme, in partnership with Newton Europe.

Implementation of Signs of Safety will assist the services' aim of improving the consistency of high quality interventions across the county, as well as the quality of planning and direct work with children and their families. The roll out of the Signs of Safety training began in March 2015. Implementation of this framework will continue until 2017.

2.4. Transformation of Children's Services

After careful evaluation and deliberation, SCS has now begun to proceed with the 'implementation phase' of the transformation process, in partnership with our efficiency partner, Newton Europe. This phase of the programme has seen the changes refined in the experimental 'Sandbox' pilot areas, applied to teams, processes and working practices across the Weald (Tunbridge Wells, Tonbridge and Malling). Implementation will eventually be rolled out to every team across the county by the end of 2015.

'Implementation' for Kent is about building on the best of our existing structures and processes whilst thinking differently about the way we do things and changing the practices and cultures which stand in the way of our ambitious, long term goals for Kent's children.

Practitioners and managers alike working in the Weald district have been mostly positive about the benefits of the changes we have made. Staff are now able to take responsibility for 'end-to-end' ownership of their casework and the consistency of the services provided to children and families during this time. Staff have reported the changes have led to increased job satisfaction and support of their personal and professional development.

The partnership between SCS, Early Help and Newton Europe is central to the success of this programme. As such senior social care managers have received additional management support and training, in order to successfully deliver these changes. It is expected these changes, alongside the roll out of the Signs of Safety Framework, will actively support practitioners to deliver consistently high quality practice to our service users.

3. Children's Services Development Plan

Outstanding recommendations from all five Ofsted inspections, the Independent Diagnostic and learning from our own quality assurance processes have been collated into a single Children's Services Development Plan. This plan ensures cross-directorate priorities are collated into a single plan which is overseen by the Children's Practice Development Group, co-Chaired by Philip Segurola, Director of SCS and Florence Kroll, Director of EH&PS.

In line with both the immediate and forward-looking aims of Children's Social Care collectively, in order to improve long-term outcomes for children and young people, the Development Plan prioritises making further measurable improvement to the quality and consistency of practice for all thresholds of need. It also focusses on providing appropriate help and interventions at the earliest opportunity in order to prevent needs escalating.

4. Conclusion

The majority of the targets and performance indicators as agreed by Cabinet are being met. There continue to be some areas where progress is proving to be more challenging and identified shortfalls are being urgently addressed. Continued implementation of current measures such as the Children's Development Plan, 'Signs of Safety' and service transformation programmes will help address areas recognised as requiring improvement.

In line with Ofsted's view, any practice falling short of 'good' should be viewed as 'requiring improvement'. We therefore continue to develop a culture of aspiration that is intolerant of poor practice and entirely focused on the consistent attainment of good practice standards.

5. Recommendations

Members are asked to **NOTE** this report.

6. Contact lead officer

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9. Background Documents

Appendix 1- SCS and EH&PS Development Plan

Kent County Council Children's Services Development Action Plan August 2014 – April 2016

"Must do" actions for Specialist Children's Services, Early Help and Preventative Services and Children's Commissioning

Purpose of the plan

This plan captures actions self- identified by the above services as necessitating immediate action and attention in order to deliver consistently positive outcomes for children and young people. Actions within this plan are further supported by recommendations from external regulators and peer challengers as areas of service delivery requiring further development.

Kent has a culture of continuous improvement and as such this is a 'live document'. Actions and priorities will change dependent on the completion of objectives and analysis of 'business as usual' quality assurance activity which identifies areas requiring improvement.

It will also support the delivery of Kent's Social Work Contract by addressing specific aspects of the organisational offer around learning, development and quality assurance. The Contract was designed to ensure services are, and remain, properly child-centred and that they recognise the complexity and importance of the work required in keeping children and young people safe.

The priority themes within this plan are:

1. Quality and consistency of practice
2. Effective Front Door
3. Effective Early Help
4. Improved Outcomes for Children in Care and careleavers

Governance

The Children's Improvement Group meets every month and is the lead group responsible for overseeing the timely completion of these actions. The responsible owners for the priorities set out in this Development Plan are Florence Kroll- Director of Early Help and Preventative Services and Philip Segurola, Director of Specialist Children's Services.

RAG Rating Key

Red	Action not completed, or whose current performance status is of risk to organisational performance
Amber	Action is in progress towards delivery targets. The action may be showing slow /minimal improvement, lack supporting evidence.
Green	Actions which are currently meeting delivery targets and outcomes and/ or has shown significant performance improvement
Grey	Actions which are completed and have been evidenced as such

Theme 1: Quality and consistency of practice
Lead Officer: Philip Segurola, Director of Specialist Children's Services and Florence Kroll, Director of Early Help and Preventative Services

Objective	Ref	Action	Owner/ lead driver	Review/ end date	Targets, outputs and outcome measures	RAG
1.1. Support Kent Safeguarding Children Board and Children's Health and Wellbeing Board strategic priorities	1.1.1	Support the KSCB in their programme of multi-agency audits and analysis Led by divisional representatives at the QE sub-group	Sarah Hammond Florence Kroll	Review 30th April 2015	• Multi-agency audits are well-represented by appropriate KCC staff; data requested is provided where possible and appropriate • Staff are aware of current and planned activity, and how the outcomes/ learning from the auditing and case reviews impacts on day-to-day work with vulnerable children and families.	G
1.2. Improve the consistency of assessments, planning (including contingencies) and interventions found to be 'Good' or better; decision-making is timely and child-centred	1.2.1	Implement the 'Signs of Safety'- model of intervention unilaterally across Early Help and SCS	Project Manager to be confirmed	Progress review 30th April 2015	• A standardised child-focussed model of risk analysis, risk management and safety planning is developed and implemented across both SCS and EHPS • Improved engagement with children and families. • All relevant staff receive training	A
	1.2.2	Carry out face-to-face auditing/ case-coaching on randomly selected cases	Lee-Anne Farach, Practice Improvement Unit	Review 30th April 2015	• Build confidence by enabling social workers to articulate their work. • Enable a solution-focussed, open discussion about areas of good practice, and aspects that would benefit from development.	A
	1.2.3	Guidance and training to be provided to Child Protection conference chairs and Independent Reviewing Officers underlining responsibilities in challenging and addressing poor practice.	Patricia Denney	Complete	• Appropriate rigour is applied in quality assuring practice with vulnerable children and young people	
	1.2.4	Review and refresh current online case audit process	Lee-Anne Farach	30th April 2015	• Online peer-review audit process is less mechanical, and has the functionality to challenge and focus on the quality of interventions	G
1.3. Regular supervision focuses on the management of risk and practice challenge.	1.3.1	Monitor and quality assure the regularity and recording of supervision and the impact it is having on ensuring appropriate interventions commensurate to the child/ family's need.		Review 30th April 2015	• Newly Qualified Social Workers have fortnightly supervisions for the first six months of their professional practice, this may become three weekly for the remainder of their first year of practice • Social workers, senior practitioners and team managers have regular professional supervision (every 4 – 6 weeks) in accordance with the Supervision Policy and Practice	A

Decisions and options considered are recorded as case-notes on Liberi. Actions arising from Supervision Policy		• Service Manager and Team Manager to audit one supervision record per month. This should include cross referencing with case files to quality assure decision making	Service Managers (SMs)		Standards for Supervisors. • Appropriate management oversight is being undertaken; decisions are recorded on case files. • Dip sample audits show interventions are having a positive impact on the child's experience and there is no drift or delay to the child/ young person receiving appropriate help or stepping down.	
		• The Quality Assurance and Performance Monitoring Unit to undertake random auditing of supervision records as part of the overall programme of yearly audits.	Lee-Anne Farach, Head of Quality Assurance			
1.4 Children are being effectively safeguarded from the risk of Child Sexual Exploitation. (CSE)	1.4.1	Develop and publish CSE work plan which implements the objectives of the CSE Strategy and the areas of focus identified in the CSE action plan.	Mark Janaway KSCB	Review of implementation 30 April 2015	• Completed action plan is shared with Children's Health and Wellbeing Board, KCC Leader, Head of Paid Service, Community Safety Partnership and the Police and Crime Commissioner.	**G**
	1.4.2	Establish a targeted preventative and self-protection programme on child sexual exploitation for looked after children	Melissa Caslake, Teresa Vickers	For review 10th April 2015	• All foster carers approved for ages 10 and upwards and all fostering service social workers complete a CSE preventative training programme; (training to include the direct views of young people who have experienced CSE). • Foster carers feel able to discuss proactively with their children the risks of exploitation and what it means, in terms relevant and appropriate to the age and lives of individual children in care (CIC). • Discussions undertaken between foster carers and their child are recorded on the CIC file. • Status of foster carer training completed is included in the carer's training profile and assessed as part of their annual review.	**R**
	1.4.3	All frontline professionals who work with children and young people must undertake LSCB awareness training or equivalent and be able to identify risk indicators and vulnerabilities. - KSCB CSE Toolkit training - Localised district workshops - 'Safeguarding children from abuse and sexual exploitation' e-learning	ADs, EHPS HoS	Numbers of staff trained or signed up for training for review 30th April 2015	• All cases where children/ young people are at risk of/ have experienced CSE show evidence of utilising the CSE Toolkit to manage and treat risk • Front-line staff have a clear understanding of vulnerability identifiers (in the toolkit), appropriate pathways and referral	**A**

	1.4.4	Capture and disseminate key good practice learning points from Operation Lakeland to all SCS and relevant staff.	Patricia Denney	Action awaiting Independent Report production.	• Staff are aware of best practice when working with vulnerable children and young people who have been exploited and/ or abused • Key messages arising from the Lakeland Independent Report are disseminated to staff	
	1.4.5	Confirm arrangements for long term therapeutic support for children/young people who have experienced CSE and other forms of sexual trauma.	Thom Wilson	For review 30th April 2015	• Work in partnership with Public Health as part of the wider Emotional Health and Wellbeing Strategy work, championed by the Children's Health and Wellbeing Board. • Practitioners are aware of services available for children and young people who have experienced CSE or sexual trauma.	A
	1.4.6	All frontline staff working directly with vulnerable children and young people to undertake returner interview training. Inclusive of: • KSCB Return Interview training • Localised return interview 'train the trainer' workshops	ADs, EHPS HoS	For review 30th April 2015	• All frontline staff working directly with vulnerable children and young people have strong skills on conducting productive and meaningful return interviews for children who go missing. • Return interviews happen within 72 hours of each missing episode. • Number of staff who have received returner interview training increases each month.	R
	1.4.7	Develop a Public Law Outline (PLO) tracker system, in partnership with legal services	Karen Graham	For review 30th April 2015	• Challenge and address drift in cases escalating to proceedings	A
1.5. Children and young people's views and opinions contribute to shaping social care services.	1.5.1	Produce a Participation Strategy for CHIN and CP The Kent CIC and Leaving Care Participation Strategy is published in the online procedures manual.	Melissa Caslake	30th April 2015	• All children accessing SCS understand how their involvement and voice contribute to strategic decision making. • Children and young people are encouraged to contribute and share their views on how the service is operating and meeting their needs.	G

Theme 2: Effective Front Door
Lead Officer: Stephen Fitzgerald, Assistant Director South Kent Specialist Children's Services (SCS)

Objective	Ref	Action	Owner/ lead driver	Review/ End Date	Targets, outputs and outcome measures	RAG
2.1 Integration of services around	2.1.1	Co-locate the Early Help Triage with the Central Referral Unit.	Katherine Atkinson, Stephen	30th May 2015	• Information-sharing between agencies and professionals will be timely and specific • Children and families receive access to the appropriate	G

client groups or functions (County Council priority; Facing the Challenge; Delivering Better Outcomes 2013)			Fitzgerald		services for their need when they need it. • There is a clear and documented pathway for referral to EHPS by the Central Duty Team for cases that do not meet the threshold for statutory assessment; including access to commissioned Early Help services and targeted expertise (e.g. offending behaviour, or absences from school). • There is a clear and documented pathway for step ups and step downs between statutory assessment thresholds.	
	2.1.1	Step down cases are tracked with oversight by senior managers to ensure that interventions by EHPS staff are timely and effective.	EHPS HoS Katherine Atkinson	Review 30th April 2015	• Re-referral to SCS is minimised • Monthly monitoring data will provide numbers and trends by district on step ups and step downs. • Numbers of children with a Child Protection Plan (CP plan), Children in Need (CIN) and Children in Care (CIC) receiving Early Help support, and kind of support are tracked.	A
2.2 The Kent and Medway Inter-Agency Threshold Criteria is consistent with all KSCB toolkits, policies and changes to the Early Help assessment.	2.2.1	Review and refresh the threshold criteria to remove disparities between KSCB guidance and CSE Risk Assessment toolkit guidance/ other key KSCB policies and guidance. • The refreshed Threshold Criteria is published and widely communicated to staff at all levels.	Mark Janaway KSCB	Complete	• All social care staff are aware of the refreshed CSE toolkit and Threshold Criteria • Staff from across the partnership are aware of changes to the protocol	
2.3 Children and young people who go missing from home are identified and supported to prevent further missing episodes	2.3.1	Establish a Single Point of Contact (SPOC) post to receive reports of all missing children and direct them to the relevant SCS or EH&PS Team.	Stephen Fitzgerald	Review 30th April 2015	• Missing children administrative staff appointed and in post in the Central Referral Unit. • A single, centrally held point for all data on missing children.	G
	2.3.2	Audit and quality assurance arrangements are in place to monitor the quality and frequency of return interviews across both SCS and EHPS	Mark Janaway	Monthly review	• Dip-test samples show a percentage increase in the number of missing children having a return interview by SCS or Early Help and Preventative Services. • Return interviews are of a high quality, helping children/ young people to understand risk. Outcomes of return interviews inform future planning for the individual.	A

	2.3.3	All data on children missing and their outcomes to be recorded on Liberi system (through the SPOC)	Stephen Fitzgerald	Monthly review	• For children known to SCS/ EHPS, every missing episode is recorded on the child's record. • Information regarding missing children is shared with the Community Safety Partnership. • Trends and 'hot spots' are reported at regular intervals to KSCB.	A
2.4 Consolidation of contact and referral processes	2.4.1	Full implementation of Liberi's functions within the Central Referral Unit	Stephen Fitzgerald	30th April 2015	• Reduce reliance on paper systems, and reduce time spent conducting back-office processes	A

Theme 3: Effective Early Help
Lead Officer: Florence Kroll, Director of Early Help and Preventative Services (EHPS)

Objective	Ref	Action	Owner/ lead driver	Review/ End Date	Targets, outputs and outcome measures	RAG
3.1 EHPS workforce is effective and achieves the KCC vision for Early Help services	3.1.1	Develop new Assessment, Planning and Review Forms and Outcome Trackers	Jeanne King, Newton Europe	1st April 2015	Support the 0-25 Unified Programme's new ways of working and enable measurement of intervention's impact.	A
	3.1.2	Staff utilise new tools and methodologies arising from 0-25 Unified Programme transformation initiatives to achieve outcomes and reduce re-referrals to SCS.	Joint EHPS and SCS Divisional Management Teams	For review 1st September 2015	Monthly performance and activity data will show a downward trend in line with targets and expectation	G
	3.1.3	Implement a new, integrated EHPS structure	Florence Kroll	1st September 2015	New structure is in place and operating effectively across Kent in alignment with SCS in each District.	G
3.2 Strong quality assurance and evaluation mechanisms within EHPS to answer the question "How do we know it is working?"	3.2.1	EHPS has an agreed, robust Quality Assurance (QA) process and cycle for casework	Katherine Atkinson	26 June 2015	Quality assurance process is implemented and robustly monitoring the quality of interventions, and capturing areas of poorer performance.	G
	3.2.2	Early Help and Preventative Service managers receive regular, accurate information on activity within their area	Katherine Atkinson	Completion 30th April 2015	Districts receive monthly reports detailing: - Numbers of notifications - Numbers of notifications leading to an assessment and plan - Timeliness of each step	A

3.3 Effective Early Help and Preventative Services are in place that reduce demand and can evidence impact and outcomes	3.3.1	Develop an integrated Early Help delivery model which achieves acceleration of phase 1 of the Troubled Families Programme and enables the achievement of turning around 8960 families in Kent by the conclusion of Phase 2 of the programme.	Florence Kroll	31st July 2015	As Kent has the 3rd largest troubled families target numbers nationally all Early Help and Preventative Case workers and other partners will be key workers helping families deliver positive outcomes.	G
3.4 Early Help Assessments and plans are of a high quality, timely and proportionate to risk	3.4.1	Revise and refresh the Early Help Assessment process to improve effectiveness and outcomes and provide a clear and simple pathway for children and young people's needs to be identified, assessed and a clear plan of support provided to the family.	Florence Kroll	30th April 2015	By April 2015, increase Early Help Assessments (Kent Family Support Framework (KFSF)) completed per 10,000 for the following age groups: 0-4 year olds: 103 5-11 year olds: 154 11-16 year olds: 136 16-19 year olds: 57	A

Theme 4: Improved Outcomes for Children in Care (CIC) and care leavers
Lead Officer: Melissa Caslake, Assistant Director for Corporate Parenting

Objective	Ref	Action	Owner/ lead driver	Review/ End Date	Targets, outputs and outcome measures	RAG
4.1 Children in Care, their carers and care leavers are provided with easily accessible and helpful information; including about their placement before they move.	4.1.1	Review and update Kent's Strategic Looked After Children Plan for 2015-16.	Jill De Paolis	Completion 30th April 2015	• KCC has published and agreed corporate parenting objectives for the year ahead; information is readily available to professionals and families via Kent.gov.uk and the online procedures manual. • Corporate Parents have a strong knowledge of service activity and the 2015-16 strategic objectives for children in care and care-leavers	G
	4.1.2	Ensure all children receive a CiC pack and it is regularly reviewed and updated Continued implementation of a recommendation arising from Ofsted's CIC inspection July 2013	Melissa Caslake	Monthly review	• Ensure all staff regularly receive and disseminate the VSK newsletter to children, young people and their carers • All eligible children and young people in care are aware of the Kent Pledge, the Kent Cares Town website, their entitlements and how to get involved with Council activity. • IRO management report shows an increased % of children aged 8+ receiving a consultation leaflet prior to their review, and are assisted to complete it, if requested.	A
	4.1.3	Recruit more Independent Reviewing	Patricia	30 April	• Dip-sample audits demonstrate children and young people	

		Officers (IROs)	Denney	2015	in care receive timely and appropriate support, and do not experience drift or delay in care planning processes	A
4.2 Children and young people in care and leaving care live and thrive in safe and stable placements in which they develop safe and secure relationships.	4.2.1	Deliver a new, fit for purpose Commissioning & Sufficiency Strategy which articulates our sufficiency needed, our approach to meeting them and establishes a clear action plan for how to make improvement.	Thom Wilson	Strategy implementation Review 30th April 2015	• As part of the 0-25 Unified Programme, introduce a pathway plan for careleavers in supported accommodation (action 4.2.3.) • Sufficiency strategy is published on Tri.X and Kent.gov.uk • %increase of in-house foster carers who can support adolescents and those children with more complex needs,	G
	4.2.2	Increase the % of Children in Care with permanency plan at the 4 month review	CYPSMs (Children and Young People's Service - CIC)	Review 30th April 2015	• There is robust management of decision making processes leading to a decision on permanence and children do not 'drift' in the care system. • Children in care achieve a sense of belonging either through reunification, long term fostering or adoption.	A
	4.2.3	Review the current pathway plan template to develop a more appropriate plan format that better addresses care planning for care leavers.	Sarah Hammond, Newton Europe	30th April 2015	• An 'ideal pathway' plan for all care leavers is introduced, with a data tracking system to monitor care leavers' progress to independent living. • All staff within the care leavers' service receive appropriate training to implement the pathway plan.	A
	4.2.4	Working with District Authorities, strengthen housing protocols in relation to youth homelessness	Sarah Hammond	For review July 2015	• Ensure vulnerable young people can access accommodation suitable for their needs	A
4.3 Reduce the prosecution of CIC and numbers of CIC involved in the criminal justice system	4.3.1	Implement the Kent and Medway Joint Protocol on Criminal Justice Agency Involvement with Children in Care • Undertake cross- divisional audits to access joint working with young people either known to be at risk of offending, or already known to YOS and SCS.	Melissa Caslake	Review 29th May 2015	• Improve the recording for CIC identified as having a substance misuse problem. Numbers of Children in Care shown will initially increase as recording improves. • % reduction in the numbers of CIC re-offending • % reduction in the numbers of CIC entering the criminal justice system Note: Kent and Medway Joint Protocol is the local version, which sits beneath the overarching South East Protocol to reduce offending and criminalisation of CIC.	A
4.4 The health and well-being of Children in Care and Care Leavers is prioritised	4.4.1	Work with Kent's CCGs to manage the Children and Young People Mental Health service (formerly CAMHS), to ensure appropriate and timely access to mental health and emotional wellbeing services for CIC.	Elizabeth Williams, Carol Infanti	Review 10th April 2015 Next data due April 03 2015.	• Children and young people have an assessment within 4 weeks and treatment within 12 weeks from referral. • All CIC who need a mental health or emotional wellbeing service receive it. • Staff report satisfaction with the responsiveness and accessibly of the Children and Young People Mental Health service, including the CIC element of the service.	A

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

Andrew Ireland Corporate Director Social Care, Health and Wellbeing

To: **Children's Social Care Cabinet Committee, 21 April 15**

Subject: Recruitment and Retention of Children's Social Workers

Classification: **Unrestricted**

Summary: This paper provides an update to Children's Social Care Cabinet Committee on recruitment and retention following the agreement to enhancements to the remuneration package for key staff in Specialist Children's Services presented at Cabinet Committee on 23rd September 2014 and the update report on 4 December 2014.

Recommendation(s):

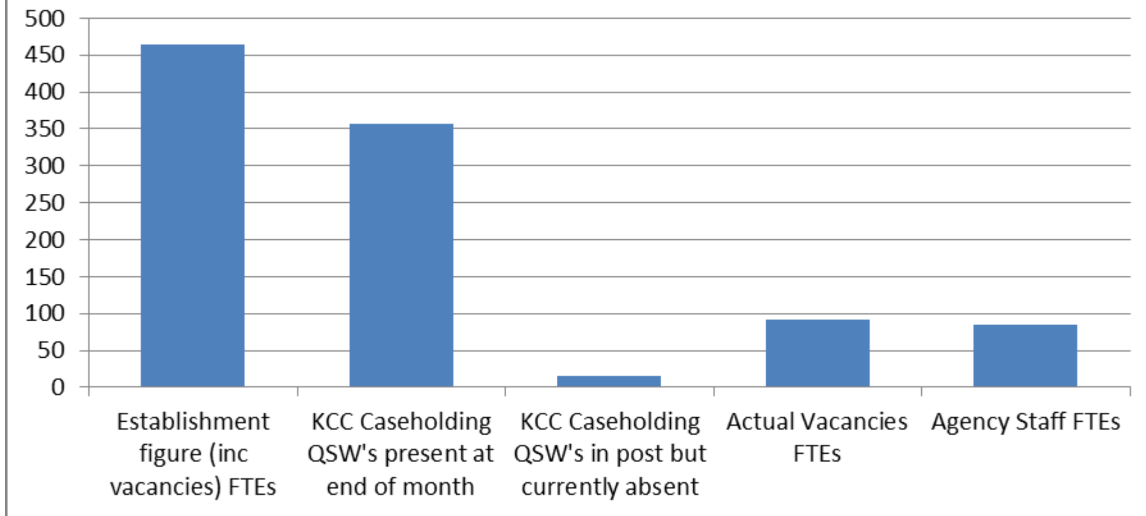
The Cabinet Committee is asked to note the update in relation to recruitment and retention activity as outlined in this paper.

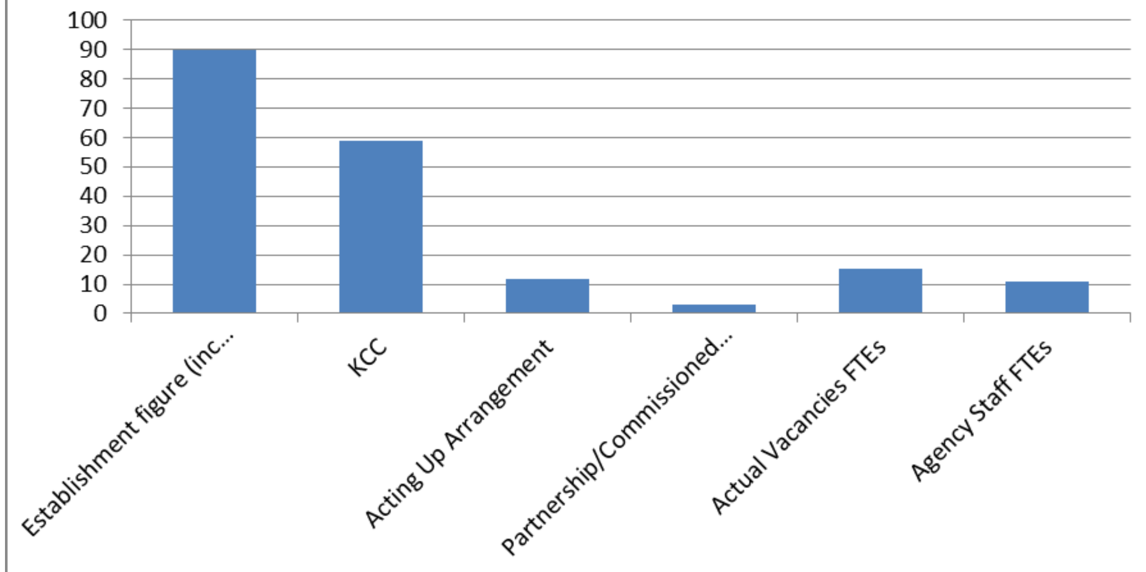
1. Introduction

1.1 Following the discussion at Children's Social Care Cabinet Committee on 4 December 2014, it was agreed that an update on the activities would be presented to the April Cabinet Committee meeting.

2. Context

2.1 A detailed and comprehensive recruitment and retention plan is in place and is regularly reviewed by the Specialist Children's Services Resourcing Group. Progress against this plan has been good and the numbers of substantive social workers is slowly increasing, but the national shortage of children's social workers has meant that the target of 85% of posts filled by permanent staff has not yet been achieved. In case-holding teams at the end of February 2015 80.2% of posts were filled by permanent employees (compared to 75.6% in September) with a further 18.3% being filled by agency staff (compared to 18.9% in September). See graphs below for an overview of the current numbers:

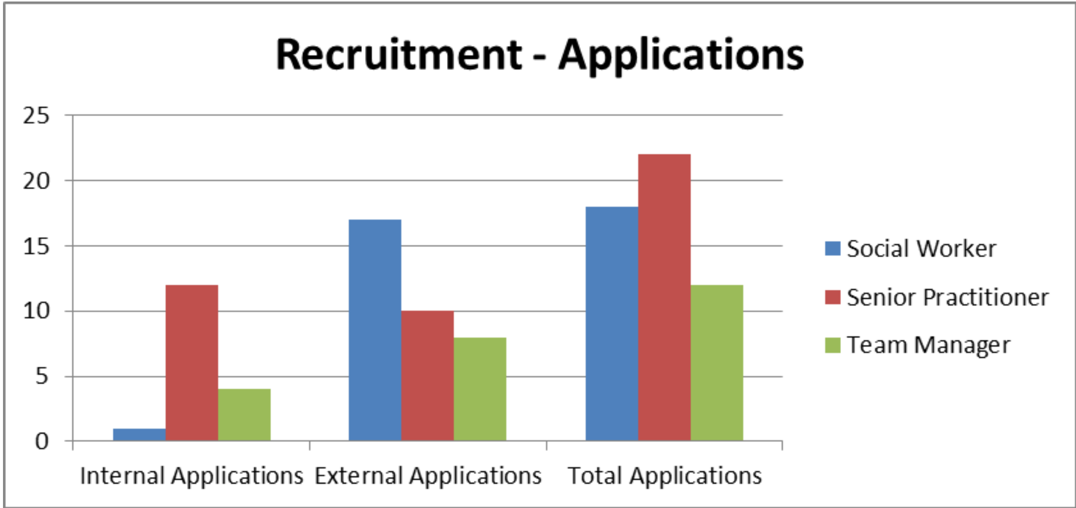


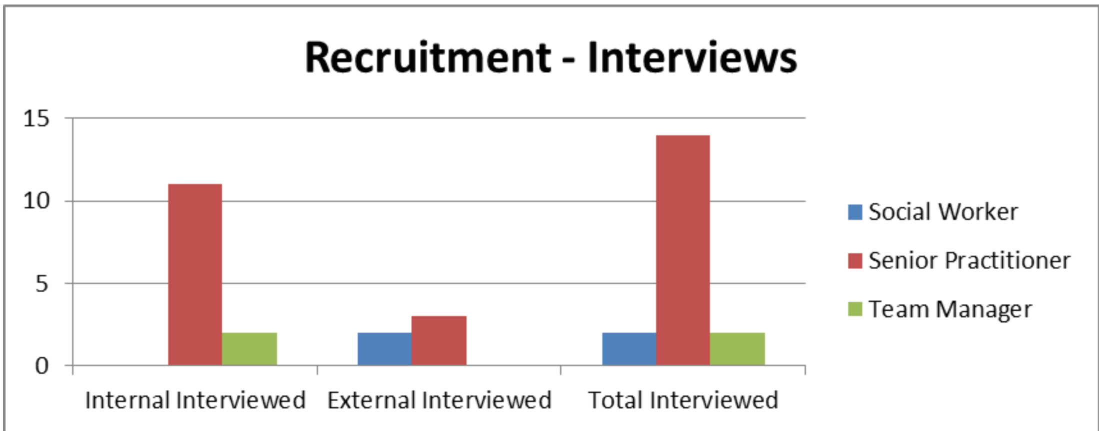


2.2 The proposals agreed by Cabinet Committee on 23 September 2014 have been progressed.

(a) Targeted advertising for experienced social workers, senior practitioners and team managers has been agreed and planned up to May 2015. This includes targeted on-line advertising, radio advertising, and maximisation of the google search facility to drive potential applicants to our website. This campaign also used Spotify to drive potential applicants to the micro-site and generated 1,132 clicks. The total number of clicks to the micro-site from the current campaign is 30,389 and most of these were generated by Google.

The recruitment activity that has taken place since December 2014 is summarised below:





Peridot (a specialist executive search agency) have been engaged to undertake targeted recruitment of Team Managers. The research process has started and plans were in place to make 9 appointments during February/March. Unfortunately this timetable has slipped due to changes in the business and consultants leaving, however the plans have been refreshed and ongoing identification and appointment of potential candidates will be progressed during April and May.

A recent analysis of the application process identified a concern that applicants may be deterred from applying. In order to respond to this, a different approach is currently being tested. This involves a short form within the micro-site which enables applicants to upload their CV or to give contact details. The dedicated Recruitment Officer will then contact them by telephone within 48 hours and undertake a brief screening exercise to determine their eligibility for interview. Individuals will then be offered interviews within the areas as soon as possible. This revised process will be monitored to determine whether this improves the numbers of applications.

b) Equalisation of market premium payments for Senior Practitioners and Social Workers was implemented in December 2014.

c) Additional retention/market premium payments targeted at staff reaching significant length of service landmarks were implemented for staff with 3-years' service paid in January 2015

d) The agreed £2000 car market premium was implemented from January 2015

2.3 It is not possible to analyse the impact of the new market premium payments on the turnover figures for case-holding staff, but the overall comparison of the turnover rate for case-holding staff is positive, reducing from 15.9% in October 2014 to 11.4% in February 2015.

The balance of starters and leavers over the last 3 months is becoming more balanced as shown in the table below:

Month	Starters	Leavers	Reason for leaving
December 2014	5	5	4 resignations; 1 mutual termination
January 2015	6	4	2 resignations; 1 ill health retirement; 1 mutual termination
February 2015	4	3	1 resignation; 1 retirement; 1 mutual termination

2.4 It is important that the other aspects of the recruitment and retention plan are maintained, particularly in relation to supportive, strong supervision, and the introduction of the professional capability framework which links to professional development, both of which are known to be valued by staff.

2.4 Dedicated Newly Qualified Social Worker recruitment will continue this year and is fundamental to the underlying importance of planning for the longer

term by growing our own supply of high performing social workers. The numbers have yet to be finalised but this activity will start in April.

Conclusions

3.1 It is anticipated that the agreed initiatives will be instrumental in ensuring we attract and retain the calibre of staff that are required within Specialist Children's Services to continue the improvement journey

4. Recommendation(s)

Recommendation(s):

The Children's Social Care Cabinet Committee is asked to note the update on recruitment and retention activity for Children's Social Workers as outlined in this paper.

5. Background Documents

5.1 Children's Social Care Committee report 23 September 2014

5.2 Children's Social Care Committee report 4 December 2014

6. Contact details

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

To: Children's Social Care & Health Cabinet Committee

Date: 21 April 2015

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

Classification: Unrestricted

Summary: The Specialist Children's Service performance dashboards provide members with progress against targets set for key performance and activity indicators.

Recommendation: Members are asked to note the SCS performance dashboard

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Introduction

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

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

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

Children's Social Care Performance Report

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

4. The SCS performance dashboard includes latest available results which are for February 2015.

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

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

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

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

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

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

    Green: Current target achieved or exceeded

    Red: Performance is below a pre-defined minimum standard

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

Summary of Performance

11. There are 35 measures within the SCS Performance Scorecard with a RAG (Red, Amber, Green) rating applied. Of these 17 are rated as Green, 17 as Amber and 1 indicator is rated as Red. Exception reporting against the 1 measure with a Red RAG rating has been included within the Report attached as Appendix A.

    In comparison to performance for January 2015, 25 of the performance measures have shown an improvement, 1 measure has remained the same and 13 have shown a reduction.

    In comparison to performance for March 2014, 24 of the performance measures show improvement, 1 indicator has remained the same and 7 show a reduction.

Recommendations

12. Members are asked to:
    REVIEW the Specialist Children's Service performance dashboard.

<u>Contact Information</u>

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Title: Management Information Service Manager for Children's Services
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Email: Maureen.robinson@kent.gov.uk

Background Documents: Appendix A – SCS Monthly Performance Report – February 2015

Social Care, Health and Wellbeing

Specialist Children's Services Performance Management Scorecard

February 2015

Kent County Council
kent.gov.uk

Scorecard - Kent, inc UASC

Feb 2015

	Indicators	Polarity	Data Period	LATEST RESULT: Latest Result and RAG Status		LATEST RESULT: Num	LATEST RESULT: Denom	Target for 14/15	PREVIOUS RESULT: Previous Reported Result	PREVIOUS RESULT: DoT from previous to latest result	OUTTURN RESULT: Outturn (March 14) Result	OUTTURN RESULT: DoT from outturn to latest result
	REFERRAL AND ASSESSMENTS											
1	Number of Referrals per 10,000 population under 18		R12M	528.5		17229	326000	522.6	544.3		605.7	
2	Percentage of referrals with a previous referral within 12 months	L	YTD	28.6%	A	4414	15432	25.0%	28.7%	↑	26.6%	↓
3	Number of C&F Assessments per 10,000 population under 18		R12M	493.9		16100	326000	-	501.5		158.7	
4	Percentage of C&F Assessments that were carried out within 45 working days	H	YTD	83.6%	A	12208	14606	85.0%	82.7%	↑	73.3%	↑
5	C&F Assessments in progress outside of timescale	L	SS	26	G			100	22	↓	317	↑
6	Percentage of Children seen at C&F Assessment (excludes unborn/missing)	H	YTD	97.4%	A	13408	13770	98.0%	97.3%	↑	97.3%	↑
	CHILDREN IN NEED											
7	Number of CIN per 10,000 population under 18 (includes CP and CIC)		SS	278.4		9076	326000	315.0	285.1		326.8	
8	Numbers of Unallocated Cases	L	SS	0	G			0	2	↑	0	→
	PRIVATE FOSTERING											
9	Number of Current Private Fostering cases per 10,000 population under 18	H	SS	0.9		28	326000	1.1	0.9	↓	-	-
10	Percentage of PF notifications where initial visit held within 7 days	H	YTD	86.7%	G	72	83	80.0%	88.5%	↓	-	-
11	Percentage of new PF arrangements where visits were held within 6 weeks	H	YTD	93.4%	G	71	76	85.0%	93.1%	↑	-	-
12	Percentage of existing PF arrangements where scheduled visits were held in time	H	YTD	60.7%	R	17	28	85.0%	60.7%	→	-	-
	CHILD PROTECTION											
13	Numbers of Children with a CP Plan per 10,000 population under 18		SS	38.5		1254	326000	35.7	37.3		36.1	
14	Percentage of Current CP Plans lasting 18 months or more	L	SS	5.6%	G	70	1254	10.0%	6.2%	↑	3.6%	↓
15	Percentage of children becoming CP for a second or subsequent time within 24 months	T	YTD	7.6%	G	111	1463	7.5%	6.7%	↑	8.0%	↑
16	Child protection cases which were reviewed within required timescales	H	SS	98.9%	G	879	889	98.0%	98.9%	↓	90.2%	↑
17	Child Protection Plans lasting 2 years or more at the point of de-registration	L	YTD	2.1%	G	29	1388	5.0%	1.8%	↓	4.8%	↑
18	Percentage of CP Visits held within timescale (Current CP only)	H	SS	91.4%	G	18948	20734	90.0%	91.3%	↑	88.0%	↑
19	Number of S47 Investigations per 10,000 population under 18		R12M	141.2		4603	326000	100.9	141.5		129.4	
20	Percentage of S47 Investigations proceeding to Initial CP Conference	T	YTD	37.2%	A	1557	4182	45.0%	37.0%	↑	46.7%	↓
21	Percentage of Children seen at Section 47 enquiry (excludes unborn)	H	YTD	98.6%	G	3854	3908	98.0%	98.8%	↓	97.4%	↑
22	Number of Initial CP Conferences per 10,000 population under 18		R12M	53.6		1748	326000	47.4	53.3		51.2	
23	Percentage of ICPC's held within 15 working days of the S47 enquiry starting	H	YTD	79.5%	G	1128	1419	70.0%	78.7%	↑	51.4%	↑
24	Percentage of Initial CP Conferences that lead to a CP Plan	T	YTD	90.5%	G	1463	1617	88.0%	90.9%	↑	89.5%	↓

Produced by: Management Information Unit, KCC. 18/03/2015

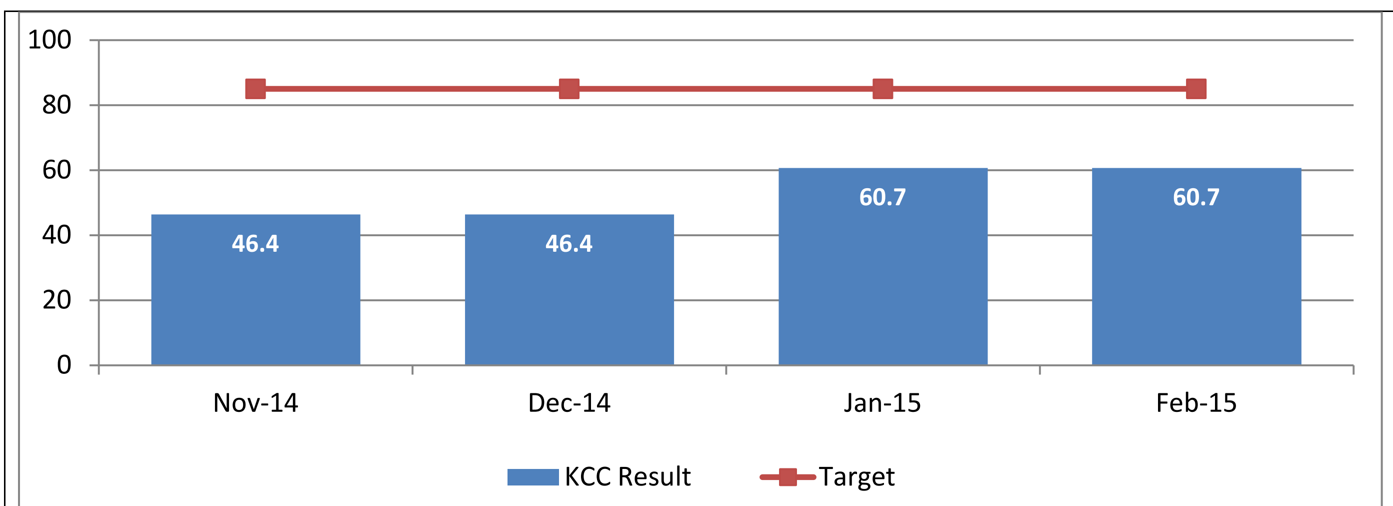
Scorecard - Kent, inc UASC

Feb 2015

	Indicators	Polarity	Data Period	LATEST RESULT: Latest Result and RAG Status		Num	Denom	Target for 14/15	PREVIOUS RESULT: Previous Reported Result	DoT from previous to latest result	OUTTURN RESULT: Outturn (March 14) Result	DoT from outturn to latest result
	CHILDREN IN CARE											
25	Children in Care per 10,000 population aged under 18 (Excludes Asylum)		SS	46.9		1530	326000	48.0	46.4		49.8	
26	Percentage of LAC Starters who have had a previous episode of care in Kent		YTD	9.7%		89	922	-	9.6%		14.6%	
27	CIC Placement Stability: 3 or more placements in the last 12 months	L	SS	**9.6%**	A	183	1899	9.0%	9.5%	↓	8.9%	↓
28	CIC Placement Stability: Same placement for last 2 years (Excludes 16+)	H	SS	**72.7%**	G	380	523	70.0%	72.6%	↑	66.6%	↑
29	Percentage of CIC in KCC Foster Care (Excludes Asylum)	H	SS	**65.2%**	G	998	1530	60.0%	64.4%	↑	63.2%	↑
30	Percentage of CIC in Foster Care placed within 10 miles from home (Excludes Asylum)	H	SS	**59.7%**	A	751	1258	65.0%	59.1%	↑	62.1%	↓
31	Participation at CIC Reviews	H	YTD	**95.6%**	G	3989	4173	95.0%	95.9%	↓	94.5%	↑
32	CIC cases which were reviewed within required timescales	H	SS	**96.4%**	A	1763	1829	98.0%	95.7%	↑	-	-
33	CIC Dental Checks held within required timescale	H	SS	**89.3%**	A	1118	1252	92.0%	90.0%	↓	96.6%	↓
34	CIC Health assessments held within required timescale	H	SS	**90.1%**	A	1128	1252	92.0%	89.4%	↑	85.6%	↑
35	Ave. no of days between bla and moving in with adoptive family (for children adopted)	L	YTD	**537.8**	A	91970	171	426	555.3	↑	650.0	↑
36	Ave. no of days between court authority to place a child and the decision on a match	L	YTD	**208.1**	A	35162	169	121	214.6	↑	217.0	↑
37	% of Children who wait <14 mths between bla and moving in with adoptive family	H	YTD	45.5%		138	303	-	42.5%	↑	35.9%	↑
38	Percentage of Children leaving care who were adopted	H	YTD	**20.6%**	G	171	830	13.0%	21.0%	↓	16.1%	↑
	QUALITY ASSURANCE											
39	Percentage of CP Social Work Reports judged adequate or better	H	YTD	**96.8%**	A	2061	2130	100.0%	96.6%	↑	-	-
40	Percentage of Case File Audits rated Requires Improvement or above	H	YTD	**89.2%**	A	535	600	100.0%	88.2%	↑	88.8%	↑
41	Percentage of Case File Audits rated Good or above	H	YTD	36.8%		221	600	-	35.1%	↑	18.0%	↑
42	Percentage of Case File Audits completed	H	YTD	**89.4%**	A	600	671	90.0%	**90.7%**	↓	66.2%	↑
	STAFFING											
43	Percentage of caseholding posts filled by agency staff	L	SS	**18.3%**	A	85.1	465.0	14.0%	17.0%	↓	18.8%	↑
44	Percentage of caseholding posts filled by KCC Permanent QSW	H	SS	**80.2%**	A	372.9	465.0	86.0%	78.8%	↑	73.8%	↑
45	Percentage of Team Manager posts filled by agency staff	L	SS	12.2%		11.0	89.8	-	12.3%	↑	-	-
46	Average Caseloads of social workers in CIC Teams (District Teams Only)	L	SS	**15.1**	A	1832	121.6	15.0	**14.5**	↓	16.9	↑
47	Average Caseloads of social workers in non CIC Teams (District Teams Only)	L	SS	**19.3**	G	4713	244.5	20.0	19.7	↑	22.6	↑

Produced by: Management Information Unit, KCC. 18/03/2015

Percentage of existing Private Fostering arrangements where scheduled visits were held in time			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Nov 14	Dec 14	Jan 15	Feb 15
KCC Result	46.4	46.4	60.7	60.7
Target	85	85	85	85
RAG Rating	Red	Red	Red	Red

This performance indicator is a measure of the number of visits for Private Fostering arrangements which have been held within the statutory timescale. For those in the first year of an arrangement visits should occur at intervals of not more than 6 weeks and in the second or subsequent year no more than 12 weeks.

In the year-to-date there were 28 such arrangements and 17 children/young people received all of their visits within timescale. Of the remaining 11, all missed at least 1 visit. Only 3 of these arrangements are still ongoing.

Close tracking of visit timescales is now in placed which should prevent further visits during the year being held outside of timescales. No visits have been missed affecting this measure since November 2014.

Data Notes

Target: 85% (RAG Status set as: Green 85% and above, Amber from 76.5% to 85%, Red below 76.5%.

Tolerance: Higher values are better

Data: Figures shown are a snapshot as at the end of each month/quarter

Data Source: Liberi

Agenda Item D5

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

Andrew Scott-Clark, Director of Public Health

To: Children's Social Care and Health Cabinet Committee

21st April 2015

Subject: Public Health Performance – Children and Young People

Classification: Unrestricted

Previous Pathway: DMT

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview of the performance indicators monitored by the Public Health division which directly relate to services delivered to children, or services which aim to improve the health and wellbeing of children and young people.

There have been no updates to the National Child Measurement Programme, the work currently being undertaken on the 2014/15 cohort is regularly monitored and on track to continue meeting its participation target.

Responsibility for commissioning the Health Visiting service transfers to the local authority in October 2015; Public Health continue to work with NHS England and the provider to assess and baseline current provision and performance. There continues to be poor data quality surrounding the reporting of breastfeeding status; however there will be opportunities to address this with the changing arrangements in commissioning of the Health Visiting service.

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to note the current performance and actions taken by Public Health, and note the current performance of the Health Visiting Service in regards to workforce growth.

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, at the foot of this report.

2.2. There are currently no updates to the annual national child measurement programme (NCMP). The work currently being undertaken on the 2014/15 cohort is regularly monitored with the provider and on track to continue meeting its participation rate target for both age groups

Table 1: National Child Measurement Programme

National Child Measurement	2010/11	2011/12	2012/13	2013/14	DoT
Participation rate of 4-5 year olds	95% (G)	94% (G)	92% (G)	96% (G)	⇧
Participation rate of 10-11 year olds	93% (G)	95% (G)	95% (G)	94% (G)	⇩
Prevalence of healthy weight 4-5 year olds	77% (A)	78% (G)	78% (G)	79% (G)	⇧
Prevalence of excess weight 4-5 year olds	23% (A)	22% (G)	22% (A)	21% (G)	⇧
Prevalence of healthy weight 10-11 year olds	66% (A)	66% (G)	66% (G)	66% (G)	⇔
Prevalence of excess weight 10-11 year olds	33% (A)	33% (G)	33% (A)	33% (G)	⇔

2.3. In regards to the breastfeeding status of babies at their 6-8 week check, there continues to be poor data completion and Kent has not met the data validation criteria for publication of the proportion of women totally or partially breastfeeding. To meet the criteria only 5% of statuses are allowed to be unknown, Kent had 27% missing in Q1 and 20% in Q2 2014/15

Table 3: Breastfeeding status at 6-8 week check

Kent	No. of infants due a 6–8 week check	Infants totally or partially breastfed	Infants not at all breastfed	Infants whose status was not known
Q1 14/15	4,192	1,324	1,740	1,128
Q2 14/15	4,360	1,434	2,066	860

2.4 Changes by Public Health England to the data source of breastfeeding status at 6-8 weeks will be implemented with the transition of the Health Visiting Service commissioning to Local Authorities. As of October 2015 the status will be provided to NHS England from Health Visitors who will be asking and recording the status at the 6-8 week check they deliver with the mother.

2.5 The expectation is that the proportion of unknown statuses will drop and publication of Kent and CCG level breastfeeding statuses will increase allowing the focus to shift away from data quality to the prevalence of breastfeeding.

2.6 Commissioning of the Health Visiting service will transfer from NHS England to the local authority from October 2015. Nationally the focus has been on increasing the size of the local health visiting workforces. The target for Kent was to have 342.2 whole-time equivalent health visitors in post by 31st March 2015. Figures provided by the NHS England Area team show the provider's position in February as 338.58. The provider has given NHS England Area Team assurances that they will meet the 342.2 target.

2.7 From April 2015, there will be five mandated assessments offered by Health Visitors – Antenatal visits, new birth visits, 6-8 week reviews, 1 year review and 2-2½ year reviews. In preparation for October, Public Health are working with NHS England and the provider to baseline current provision and performance across Kent. . Public Health will continue to emphases the importance of accurate reporting and will use the recently published Public Health England guidance on health visiting reporting requirements for October 2015 as a minimum standard. The provider will

be implementing a new recoding database for the Health Visiting Service in September 2015. On current information, performance is mixed, this is being validated and future reports will provide further detail before the commissioning transfer.

3. Annual Public Health Outcomes Framework Indicators

3.1 The Public Health Outcomes Framework (PHOF) contains figures on a wide variety of indicators that cover the breadth of Public Health. Although the framework has been in place since the transition of Public Health to Local Authorities, it continues to develop and expand to cover differing geographical boundaries and time frames.

3.2 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.

Table 4: PHOF indicator 2.04 Under 18 conceptions

	2009	2010	2011	2012	DoT
Under 18s conception rate (per 1,000)	34.1 (G)	34.6 (A)	31.0 (A)	25.9 (A)	⇧

3.3 Quarterly CCG level data is published on the indicator 'smoking status at time of delivery'; there has been no update since the previous report.

Table 5: PHOF indicator 2.03 via C&YPHBT Smoking Status at time of delivery

	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	DoT
Ashford CCG	10% (A)	9% (A)	14% (A)	10% (A)	⇧
Canterbury & Coastal CCG	13% (A)	14 % (A)	10% (A)	9% (A)	⇧
Dartford, Gravesham & Swanley CCG	11% (A)	15% (R)	14% (A)	15% (R)	⇩
South Kent Coast CCG	15% (R)	15% (R)	15% (A)	14% (A)	⇧
Swale CCG	26% (R)	9% (A)	21% (R)	17% (R)	⇧
Thanet CCG	17% (R)	17% (R)	17% (R)	19% (R)	⇩
West Kent CCG	10% (G)	10% (G)	11% (A)	9% (G)	⇧
England	12%	12%	12%	12%	⇔

4. Conclusion

4.1 The commissioning responsibility within Public Health continues to expand; substance misuse services transitioned in October 2014 and the health visiting service is due to transition across from NHS England in October 2015. The on-going performance of the health visiting service is being monitored by Public Health to ensure there is clarity on the service's performance once commissioning responsibilities are assumed later this year

5. Recommendations

The Children's Social Care and Health Cabinet Committee is asked to note the current performance and actions taken by Public Health, and note the current performance of the Health Visiting Service in regards to workforce growth.

6. Background Documents

6.1 None

7. Contact details

Report Author:
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Relevant Director:
- 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; or is better than national
(A) AMBER	Performance at acceptable level, below target but above floor; or similar to national
(R) RED	Performance is below a pre-defined floor standard; or lower than national
⇧	Performance has improved
⇩	Performance has worsened
⇔	Performance has remained the same

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 – 21 April 2015

Subject: **Work Programme 2015/16**

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 2015/16.

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 2015/16

3.1 An agenda setting meeting was held on 20 January 2015, 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 Members 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 2015/16.

6. Background Documents

None.

7. Contact details

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Last updated: 13 April 2015

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE – WORK PROGRAMME 2015/16

Agenda Section	Items
4 JUNE 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	• **Post Sexual Abuse Service** re-tendering (June or July) • **Novation of Health Visitor service** (key decision), **and further development of Health Visitor and Family Nurse partnership services** (to see process develop over 9 months, up to October 2015)
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Update on action re Child Sexual Exploitation** to maintain focus (need to await outcome of criminal proceedings)
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Public Health 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 DECISIONS	• **? Update re Millbank centre** • **Post Sexual Abuse Service** re-tendering (June or July)
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Action Plans arising from Ofsted inspection** (replaces former CSIP update) to alternate meetings • **Teenage Pregnancy Strategy** one year on update
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Public Health 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	

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D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **and ? Strategic Priority Statement** (previously mid-year business plan Monitoring) • **Public Health Performance Dashboard** • **Work Programme**
E – for Information - Decisions taken between meetings	
2 DECEMBER 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	• **Emotional Health and Wellbeing Strategy** – 6 monthly update
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Action Plans arising from Ofsted inspection** (replaces former CSIP update) to alternate meetings
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Public Health 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	• **Budget Consultation and Draft Revenue and Capital Budgets**
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Public Health Performance Dashboard** • **Work Programme**
E – for Information - Decisions taken between meetings	
SPRING 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	• **Health Inequalities update** *(if done annually)*
D – Performance Monitoring	• **Directorate Business Plan and Strategic Risk report** • **Early Help/Preventative Services Business Plan** (added at Leader's Group on 16/3/15) • **Action Plans arising from Ofsted inspection** (replaces former CSIP update) to alternate meetings • **Specialist Children's Services Performance Dashboards** • **Public Health Performance Dashboard** • **Work Programme**
E – for Information - Decisions taken between meetings	

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

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

To: **Children's Social Care & Health Cabinet Committee – 21 April 2015**

Subject: **Decisions taken outside of the Cabinet Committee meeting cycle**

Classification: **Unrestricted**

FOR INFORMATION ONLY

Summary: The attached decision was taken between meetings as it could not reasonably be deferred to the next programmed meeting of the Children's Social Care& Health Cabinet Committee for the reason set out below.

Recommendations: That the decision 15/00014 – *Children's Rates & Charges Increases 15/16* be noted

1.1 In accordance with the council's governance arrangements, all significant or Key Decisions must be listed in the Forward Plan of Key Decisions and should be submitted to the relevant Cabinet Committee for endorsement or recommendation prior to the decision being taken by the Cabinet Member or Cabinet. Where this is not possible, the decision needs to be reported retrospectively to the relevant Cabinet Committee.

1.2 Decision Number: 15/00014 – *Children's Rates & Charges Increases 15/16.*
This decision relates to the routine annual uplift of certain rates paid by the council and charges collected by the council. Some of these changes depend on information provided by central government on nationally recommended fostering rates. Unfortunately this information was provided later than the 20 January 2015 Cabinet Committee but the decision needed to be implementable prior to the start of the new financial year. Consequently this decision had to be taken between Cabinet Committees and is being reported retrospectively.

2. **Recommended:** That decision 15/00014 – *Children's Rates & Charges Increases 15/16* be noted

Background documents:

App 1: 15/00014, Children's Rates & Charges 15/16, Record of Decision
App 2: 15/00014, Children's Rates & Charges 15/16 - Report

Report Author

- Daniel Waller, Directorate Manager: Governance & Member Support
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KENT COUNTY COUNCIL - RECORD OF DECISION

DECISION TAKEN BY	DECISION NO.
Paul Carter, Leader of the Council	15/00014

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:
RATES PAYABLE AND CHARGES LEVIED FOR CHILDRENS SERVICES IN 2015-16

Decision:
In line with the recommendations in the report on the Proposed Revision of Rates Payable and Charges Levied for Children's Services in 2015-16, as Leader of the Council, I:

a) **APPROVE**

i. To increase the Foster Care Maintenance element to:

	2015-16
All Placements under 2	£146.44
All Placements 2-4	£150.78
All Placements 5-8	£168.00
All Placements 9.10	£168.00
All Placements 11-15	£190.61
All Placements 16-17	£224.00
All Placements 18+	£224.00

ii. The Foster Care Reward element to remain at:
Non related placements 0-8 yrs - £107.80
Non related placements 9-16 yrs - £204.75

iii. The Foster Care Skills based payment to remain at:
Level 2 - £20.23
Level 3 - £50.54

iv. The Single placement supplement to remain at:
Age 0-8 yrs - £215.60
Age 9-16 yrs - £409.50

v. To increase the Therapeutic Fostering Supplement to £633.50 which reflects the change in maintenance element for this allowance.

vi. To increase the Local Authority Charges for Children Services for:
a. Assessment hourly rate to £67.74 per hour,
b. Administration Fee to £10.36
c. Residential Respite Services to £331.99

b) **NOTE**

i. The Inter-Agency Charges which are included in the recommendation report. These are reviewed annually in July by the British Association for Adoption and Fostering and rates, agreed in July 2014 remain in place.

ii Foster Carer payments set out above are weekly amounts. The increases have also included marginal adjustments so that all figures are divisible by 7 to enable daily payments to be made where necessary.

c) **AGREE** that the Corporate Director for Social Care, Health and Wellbeing, or other suitable delegated officer, undertake the necessary actions to implement this decision.

Reason(s) for decision, including alternatives considered and any additional information
The proposed rates payable and charges levied are considered annually, with any revisions normally introduced at the start of each financial year.

The report deals with children's social care and the rates and charges that are currently in place. The equivalent changes for adult's social care are taken as separate decision.

The rates and charges payable for 2015/16 will be introduced the week commencing 5th April 2015. This has been confirmed with the Department of Education.

The report distinguishes between those rates and charges over which Members can exercise their discretion, and those which are laid down by Parliament.

Financial Implications:
The increase in income and the increase in payments that these changes will bring have been included in the 12 Feb 2015 County Council agreed budgets for the services affected.

Cabinet Committee recommendations and other consultation:
Due to the need implement changes to payment and other systems in time for the financial year 15/16 it has not been possible to discuss this at Cabinet Committee. In previous years, the Cabinet Committee has made no comment on these changes and the decision will be reported at the 21 April Children's Social Care & Health Cabinet Committee

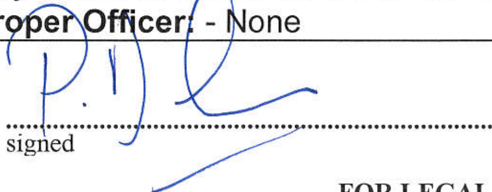
Background Documents:
Recommendation report from Corporate Director for Social Care, Health & Wellbeing on proposed Revision of Rates and Charges Levied for Children's Services in 2015-16.

Any alternatives considered:

As noted, elements of these revisions are set by external agencies and are not subject to discretion.

For discretionary elements, alternative % were considered but the combination of recommended uplifts equivalent to CPI (based on average rate for period April 2014 to September 2014 of 1.58%) and keeping some allowances at 2014-15 rates is the best balance between increases and the agreed budget available.

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



.... signed

19 MARCH 2015
.... date

FOR LEGAL AND DEMOCRATIC SERVICES USE ONLY

Decision Referred to Cabinet Scrutiny				Cabinet Scrutiny Decision to Refer Back for Reconsideration				Reconsideration Record Sheet Issued				Reconsideration of Decision Published
YES		NO		YES		NO		YES		NO		

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

To: Paul Carter, Leader of the Council

Decision No: **15/00014**

Subject: **PROPOSED REVISION OF RATES PAYABLE AND CHARGES LEVIED FOR CHILDREN SERVICES IN 2015-16**

Classification: Unrestricted

Past Pathway: Social Care Health and Wellbeing DMT - 4 March 2015

Electoral Division: All

Summary: This paper sets out the proposed rates and charges for Children Social Care Services for the forthcoming financial year

The Leader of the Council to:

a) **APPROVE** the proposed increase to the rates payable and charges levied for Children services in 2015-16.

b) **NOTE**

i) The Inter-Agency Charges, which are set annually in July by the British Association for Adoption and Fostering.

ii) The Foster Carer payments set out are weekly amounts. The increases have also included marginal adjustments so that all figures are divisible by 7 to enable daily payments to be made where necessary.

c) **AGREE** that the Corporate Director for Social Care, Health and Wellbeing, or other suitable delegated officer, undertake the necessary actions to implement this decision.

1. Introduction

1.1 This report is produced annually and recommends the Directorate's proposed rates and charges levied for the forthcoming financial year, along with any potential changes to the Directorates charging policy.

1.2 The report distinguishes between those rates and charges over which the County Council can exercise their discretion and those which are laid down by Parliament.

1.3 If approved, the effective date of implementation will be 6th April 2015.

2. Charges and Rates Payable for Children Services

2.1 All rates and charges proposed for 2015-16 in respect of Children Services are shown in the attached appendix (Appendix 1).

Adoption Service Charge

2.2 **Inter Country**

All arrangements for Inter Country activities are now contracted to a 3rd party; Inter Country Adoption (ICA). All financial arrangements are made directly between the applicant and the ICA.

2.3 **Inter-Agency Charges – Voluntary Adoption Agencies and Local Authorities**

The following charges are set by the British Association for Adoption and Fostering and therefore are not within our discretion to alter. Rates are uplifted annually in July of each year; therefore the rates below are as at 2014-15. These are included for information.

Local Authorities -

- One Child - £27,000.00
- 2 Siblings - £43,000.00
- 3+ Siblings - £60,000.00

Voluntary Adoption Agencies

- One Child - £27,000.00
- 2 Siblings - £43,000.00
- 3 Siblings - £60,000.00
- 4 Siblings - £68,000.00
- 5 Siblings - £80,000.00

Foster Care Payments

2.4 **Maintenance**

It is **proposed to increase the maintenance rates in line with the Department of Education's published minimum weekly allowances for the South East Region.**

	2015-16
All Placements under 2	146.44
All Placements 2-4	150.78
All Placements 5-8	168.00
All Placements 9.10	168.00
All Placements 11-15	190.61
All Placements 16-17	224.00
All Placements 18+	224.00

The rates detailed above include provision for payments to foster carers to cover holidays, birthdays, religious observances and Christmas (equating to 4 weeks) and have also been adjusted so they are divisible by 7.

2.5 **Reward Element**

It is **proposed to leave the reward element of the allowance at the current rates.**

- Non related placements 0-8yrs £107.80
- Non related placements 9-16yrs £204.75

2.6 **Foster Care Skills Based Payments**

It is **proposed to leave the skills based element of the allowance at the current rates.**

Level 2 - £20.23
Level 3 - £50.54

2.7 **Single Placement Supplement**
This is calculated as twice the age related reward element and must be divisible by 7.

Age 0-8 yrs - £215.60
Age 9-16 yrs - £409.50

2.8 **Therapeutic Fostering Supplement**
This is calculated as twice the maximum reward plus maximum maintenance and must be divisible by 7.

All ages - £633.50

Other Local Authority Charges for Children Services

It is proposed the hourly rate is increased by the percentage increase for the pay award uplift excluding any performance reward element for 2015-16. This is also the recommendation for Adult Services.

2.9 **Fostering service – Social Work Support**

£67.74

3.0 **General – Assessment Hourly rate**
This represents KCC social workers doing work on behalf of other Local Authorities.

£67.74

3.1 **Administration fee – rate per invoice**
This represents the administration fee to cover the time dealing with recharges; it is credited to the social work team claiming the recharge. It is **proposed to increase the maintenance rates in line with the average CPI figure for the period April 2014 to September 2014 of 1.58%**

£10.36

3.2 **Residential Respite Services**
It is **proposed to increase the maintenance rates in line with the average CPI figure for the period April 2014 to September 2014 of 1.58%**

£331.99

4. Recommendation:.

The Leader of the Council to:

a) **APPROVE** the proposed increase to the rates payable and charges levied for Children services in 2015-16.

b) **NOTE**
i) The Inter-Agency Charges, which are set annually in July by the British Association for Adoption and Fostering.

ii) The Foster Carer payments set out are weekly amounts. The increases have also included marginal adjustments so that all figures are divisible by 7 to enable daily payments to be made where necessary.

c) **AGREE** that the Corporate Director for Social Care, Health and Wellbeing, or other suitable delegated officer, undertake the necessary actions to implement this decision.

5. Background Documents

None.

6. Report Author

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	Published 2014-15 rates & charges	Proposed 2015-16 Rates & Charges	Basis of increase
(2) ADOPTION SERVICE CHARGES			
Inter Agency Charges			
Adopters Charge (As set by BAAF)			
Local Authorities — One Child	27,000.00	27,000.00	2015/16 rates have not been published (BAAF Fees) using data from BAAF 2014
2 Siblings	40,500.00	43,000.00	2015/16 rates have not been published (BAAF Fees) using data from BAAF 2014
3+ Siblings	54,000.00	60,000.00	2015/16 rates have not been published (BAAF Fees) using data from BAAF 2014
Voluntary Adoption Agencies — One Child	23,179.00	27,000.00	2015/16 rates have not been published (BAAF Fees) using data from BAAF 2014
2 Siblings	34,768.00	43,000.00	2015/16 rates have not been published (BAAF Fees) using data from BAAF 2014
3 Siblings	46,358.00	60,000.00	2015/16 rates have not been published (BAAF Fees) using data from BAAF 2014
4 Siblings	52,152.00	68,000.00	2015/16 rates have not been published (BAAF Fees) using data from BAAF 2014
5 Siblings	57,947.00	80,000.00	2015/16 rates have not been published (BAAF Fees) using data from BAAF 2014
(3) FOSTER CARE PAYMENTS			
Reward Element			
Increase based on CPI Rate			
non related placements 0-8yrs	107.80	109.48	must divide by 7
non related placements 9-16 yrs	204.75	207.97	must divide by 7
Maintenance			
Increase to match the national minimum fostering allowances plus 4 weeks for holiday funding.			
all placements under2	141.12	143.36	1.58% Average CPI for period April 2014 - September 2014 must be divisible by 7
all placements 2-4	145.39	147.70	1.58% Average CPI for period April 2014 - September 2014 must be divisible by 7
all placements 5-8	162.68	165.27	1.58% Average CPI for period April 2014 - September 2014 must be divisible by 7
all placements 9-10	162.68	165.27	1.58% Average CPI for period April 2014 - September 2014 must be divisible by 7
all placements 11-15	184.17	187.11	1.58% Average CPI for period April 2014 - September 2014 must be divisible by 7
all placements 16-17	216.51	219.94	1.58% Average CPI for period April 2014 - September 2014 must be divisible by 7
all placements 18+	216.51	219.94	1.58% Average CPI for period April 2014 - September 2014 must be divisible by 7
(4) FOSTER CARE SKILLS BASED PAYMENTS			
Allocation introduced in October 2006, kept at initial rate.			
Level 2	20.23	20.58	1.58% Average CPI for period April 2014 - September 2014 must be divisible by 7
Level 3	50.54	51.31	1.58% Average CPI for period April 2014 - September 2014 must be divisible by 7
(5) SPECIALIST FOSTER CARE PAYMENTS			
Single Placement Supplement			
Twice the age related reward. In addition to these reward payments carers also receive the age related maintenance payment.			
Increase based on CPI Rate			
age 0-8 yrs	215.60	218.96	Must divide by 7
age 9-16 yrs	409.50	415.94	Must divide by 7
Therapeutic Fostering *all ages*			
Twice the maximum reward plus maximum maintenance	626.01	635.88	Must divide by 7
(6) OTHER LOCAL AUTHORITY CHARGES			
Other Local Authority Charges - rate per hour			
Fostering Service - Social Work Support	67.07	67.74	
General - Assessment Hourly Rate	67.07	67.74	
Finance Administration Fee - rate per invoice	10.20	10.36	1.58% Average CPI for period April 2014 - September 2014
Residential Respite Services			
Previously increased by RPI or P&V Rate			
Respite Charge per night	326.83	331.99	1.58% Average CPI for period April 2014 - September 2014

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