

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

Friday, 22nd January, 2016

10.00 am

Darent Room, Sessions House, County Hall, Maidstone





AGENDA

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Friday, 22 January 2016 at 10.00 am
Darent Room, Sessions House, County Hall,
Maidstone

Ask for: **Alexander Saul**
Telephone: **03000 419890**

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

Membership (14)

- Conservative (8): Mrs A D Allen, MBE (Chairman), Mrs M E Crabtree (Vice-Chairman), Mr R E Brookbank, Mrs P T Cole, Mrs V J Dagger, Mr G Lymer, Mr C P Smith and Mrs J Whittle
- UKIP (3) Mrs M Elenor, Mr B Neaves and Mrs Z Wiltshire
- Labour (2) Ms C J Cribbon and Mrs S Howes
- Liberal Democrat (1): Mr M J Vye

Webcasting Notice

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UNRESTRICTED ITEMS

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

A - Committee Business

A1 Introduction/Webcast announcement

A2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present

A3 Declarations of Interest by Members in items on the Agenda

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

A4 Minutes of the meeting held on 2 December 2015 (Pages 7 - 16)

To consider and approve the minutes as a correct record.

A5 Minutes of the meeting of the Corporate Parenting Panel held on 23 October 2015 (Pages 17 - 22)

To note the minutes.

A6 Verbal updates

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 Commissioning Public Health Services for Children and Young People (Pages 23 - 30)

To receive a report from the Cabinet Member for Social Care and Public Health and the Director of Public Health giving an overview of the work undertaken over the last 6 months to inform the re-procurement of Public Health Services for children and young people across Kent.

B2 Proposed Revision of Rates Payable and Charges Levied For Children's Services In 2016-17 (Pages 31 - 40)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing setting out the proposed revision to the rates payable and charges levied for children services listed below in 2016-17.

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

C1 Budget and Council Tax level for 2016-17 and Medium Term Financial Plan 2016-19 (Pages 41 - 80)

To receive a report by the Deputy Leader and Cabinet Member for Finance and Procurement, the Cabinet Member for Specialist Children's Services, Specialist Children's Services and Community Services as well as the Corporate Director for Social Care, Health and Wellbeing and the Corporate Director for Finance and Procurement, which sets out the proposed draft Budget 2016/17 and Medium Term Financial Plan (MTFP) 2016/19 as it affects the Children's Social Care and Health Cabinet Committee. The report includes extracts from the proposed final draft budget book and Medium Term Financial Plan relating to the remit of this committee.

C2 Social Worker Recruitment and Retention (Pages 81 - 86)

To receive a report from the Cabinet Member for Specialist Children's Services and the Director of Social Care, Health and Wellbeing, providing an update on the recruitment and retention of social workers and information on the government's proposed Accreditation Programme for children's social workers and the Memorandum of Co-operation for the South East Authorities

C3 Cabinet Members priorities for the 2016/17 Directorate Business Plan (Pages 87 - 96)

To receive a report by the Leader of the Council, the Cabinet Members for Public Health and Specialist Children's Services, the Corporate Director, Strategic and Corporate Services, the Corporate Director, Social Care, Health and Wellbeing and the Director of Public Health that presents the Cabinet Members' priorities to be reflected in the 2016/17 directorate business plans and asks the Cabinet Committee to comment on them before the business plans are drafted

C4 Establishment of a Voluntary Adoption Agency (Pages 97 - 100)

To receive a report on from the Cabinet Member of Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing updating the Committee on the progress of the earlier intention to establish a Voluntary Adoption Agency (VAA) for Kent in partnership with Coram.

D - Monitoring of Performance

D1 Specialist Children's Services Performance Dashboard (Pages 101 - 116)

To receive a report from the Cabinet Member for Specialist Children's Services and the Director of Social Care, Health and Wellbeing, outlining the Specialist Children's Service (SCS) performance dashboards that provide Members with information about progress against targets set for key performance and activity indicators.

D2 Public Health Performance - Children and Young People (Pages 117 - 124)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, outlining current performance since the December report.

D3 Work Programme 2015/16 (Pages 125 - 132)

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

EXEMPT ITEMS

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

Peter Sass
Head of Democratic Services
03000 416647

Thursday, 14 January 2016

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

KENT COUNTY COUNCIL

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

MINUTES of a meeting of the Children's Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 2 December 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 G K Gibbens and Mr P J Oakford

IN ATTENDANCE: Mr R Fitzgerald (Performance Manager), Ms S Hammond (Assistant Director of Specialist Children's Services, West Kent), Mr A Ireland (Corporate Director Social Care, Health & Wellbeing), Mrs M Robinson (Management Information Unit Service Manager), Mr A Scott-Clark (Director of Public Health), Mr P Segurola (Interim Director of Specialist Children's Services), Ms K Sharp (Head of Public Health Commissioning), Mr T Wilson (Head of Strategic Commissioning (Children's)) and Mr A Saul (Democratic Services Officer)

UNRESTRICTED ITEMS**89. Introduction/Webcast announcement**
*(Item A1)***90. Apologies and Substitutes**
(Item A2)

1. There were no apologies.

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

1. No declarations of interest were received.

92. Minutes of the meeting held on 8 September 2015
(Item A4)

1. RESOLVED that the minutes of the previous meeting were agreed.

93. Minutes of the meeting of the Corporate Parenting Panel held on 3 September 2015
(Item A5)

1. RESOLVED that the minutes of the Corporate Parenting Panel held on 3 September 2015 were noted.

94. Verbal updates
(Item A6)

1. The Chairman and the Cabinet Committee gave their congratulations to Theresa Grayell on winning the ADSO Democratic Services Officer of the Year award. They also have their thanks for exceptional service to the Council that Theresa has given over the years.
2. Peter Oakford, the Cabinet Member for Specialist Children's Services, made the following comments and announcements:
 - a) He confirmed there was 1383 Unaccompanied Asylum Seeking Children (UASC) in KCC's care. 356 have been placed outside of Kent, of which 151 were in Medway.
 - b) He confirmed that he had a recent meeting alongside Paul Carter and The Right Honourable James Brokenshire, the Minister of State for Immigration. As a consequence £5 million had been secured from Central Government to help respond to the deficit following the unprecedented increase in UASC in Kent and to meet budget pressures caused by this.
 - c) On 24 November 2015 Theresa May and two other Secretaries of State sent a letter asking all other Local Authorities in the United Kingdom to assist Kent in finding a good settlement for the large numbers of UASC that are now in KCCs care. The support that was requested is still voluntary. Since this letter has been distributed four expressions of interest from other Local Authorities had been received by the time of this meeting. Of these only Wolverhampton had offered KCC help.
 - d) He expressed a view that if the rise in UASC in KCC's care follows the same pattern in 2016 then KCC would struggle.
 - e) Following a second LILAC assessment KCC has passed 6 of the 7 standards. He stated that overall he was impressed by our results. Since this assessment Mr Oakford has attended a Children in Care workshop and had the opportunity to meet with the assessors. He stated that following this he had a better understanding of why KCC didn't meet all 7 of the assessed standards.
 - f) He informed the Committee that he had recently visited all of the Gravesend Children's Centres with Karen Sharp, the Head of Public Health Commissioning.
3. Margaret Crabtree gave her thanks to Mr Oakford and staff for their help with UASC and asked for further information as to how they are faring in KCCs care.
4. The Director of Specialist Children's Services, Philip Segurolo, confirmed that KCC are determined to ensure UASC are appropriately cared for but not to the detriment of the care that is provided to Kent children.
5. Graham Gibbens, the Cabinet Member for Adult Social Care and Public Health made the following comments and announcements:
 - a) He welcomed Samantha Bennett as the new Consultant in Public Health.

- b) He gave detail on the Public Health Conference he attended in September 2015 in Warwick. He had been invite to meet with Jade Ellison where they had discussed strategies towards keeping people active and tackling obesity, as it is feared it could become the single biggest killer in the UK by 2050. Mr Gibbens stated that there was an opportunity for Local Authority to make a real difference in tackling obesity and that Health and Wellbeing Boards (HWB) would come up with an obesity plan in every Clinical Commissioning Group (CCG.) He also confirmed that he was very supportive of these efforts.
6. The Corporate Director of Social Care, Health and Wellbeing, Andrew Ireland made the following comments and announcements:
- a) He confirmed he had attended the national children and adults services conference in Bournemouth in September with Mr Gibbens and Mr Oakford. There was a presentation from Ofsted on the inspection of framework. Kent has not yet received its SIF inspection and it is clear it is due to receive one in 2016. This presentation also explained that Ofsted had reframed the judgement of 'requires improvement' to be much more specifically 'requires improvement to be good'. Ofsted were still working through the next inspection framework which favoured multi inspectorate models as opposed to only inspections from the Local Authority.
 - b) He explained that in the weeks preceding the meeting he had visited all three reception centres and all found them all to be in a state of calm. Mr Ireland gave congratulations were given to the Property Team for getting the facility up and running so quickly. In terms of day to day care and management members were reassured it was being managed effectively.
 - c) He had also visited the central referral unit in Kroner House. They had a good system in place, a comprehensive multi agency environment and a good quality of very experienced staff.
 - d) It was confirmed KCC had a finalist for the mental health social worker of the year. We also sponsored an award as an issue of raising our profile in terms of recruitment and being more visible in this field as an authority. Mr Ireland confirmed he will take stock over the coming months of whether that has been a valuable exercise.
7. In regards to the award KCC has sponsored the Chairman stated she has always been happy to sponsor a particular category Triangle Award and that Members could consider such an investment as an option for their Local Members Grants.
8. The Director of Public Health, Andrew Scott-Clark, made the following comments and announcements:
- a) He also welcomed Samantha Bennett to the meeting.
 - b) He confirmed that he had attended the Public Health England conference earlier in the year. New models for the Health Visiting and School Public Health Service and Health Improvement Services were out to consultation and a good response has been received so far. The closing date for both is 14th December. Mr Scott-Clark asked members

to remind constituents they have the opportunity to participate in the consultation.

- c) In regards to childhood obesity Mr Scott-Clark informed the Committee that the latest childhood measurement program results have been announced. The results have shown a mixed picture for Kent. Growth in childhood obesity has halted since the early 2000s. This hasn't yet turned into a downward trend. As Mr Gibbens mentioned earlier the Directorate will work closely with local HWBs in establishing an obesity plan to respond to this.

95. Update on Unaccompanied Asylum Seeking Children *(Item C1)*

1. The Chairman gave thanks to the staff for their diligence in Kent's work with Unaccompanied Asylum Seeking Children (UASC).

2. The Assistant Area Director for West Kent, Sarah Hammond, gave the Committee an update on the contents of the report in regards to the steps KCC has taken since July 2015 in responding to the unprecedented rise in UASC in Kent. She confirmed the following;

- a) The large numbers of UASC arriving have tailed off following increased security on the French side. Despite this the numbers are still higher than they were this time last year.
- b) A letter was distributed to all Local Authorities from three Secretaries of State that gave praise to Kent for its response to what is considered a national emergency. It asked other Local Authorities to volunteer to assist KCC in taking statutory responsibility for some of its UASC. They were also offered an enhanced rate to take them on. The first response has been received from Wolverhampton City Council who has offered to take either 2 or 3 children.
- c) The amount of UASC KCC has a statutory responsibility for is still close to a thousand. In addition to this KCC has responsibility to close to 450 care leavers. More than 200 have been moved into placements outside of Kent.
- d) In regards to reception centres she reported that they had been able to make sure that they were safe despite the fact these are far more heavily occupied than usual.
- e) That there had been close work with health in ensuring the wellbeing of UASC. The most common ailment they have had to deal with was scabies.

3. In response to comments made and questions raised by members, Ms Hammond gave the following information;

- a) It was recognised that having too many young people in too small an area needed to be avoided.
- b) In regards to teaching English to these young people it was confirmed that colleges choose their own courses and Gravesham, although it used to have an excellent facility for teaching English, no longer does this.
- c) It was confirmed that 180 children are still unallocated to Social Workers. Additional support for them is being commissioned.

4. In response to comments made and questions raised by members the Corporate Director of Social Care, Health and Wellbeing, Andrew Ireland, also gave the following information;

- a) In regards to teaching English there were programs up and running. He has had further discussion on their broader strategy with the CEOs of Kent's Districts.
- b) That a large proportion of UASC in Kent were Eritrean Christians.
- c) The response from other Local Authorities following the letter from three Secretaries of State had been disappointing, particularly from the larger Local Authorities.
- d) It was emphasised that although other Local Authorities had been incentivised with a financial offer there been no clear expectation of their providing assistance to KCC.
- e) He confirmed contingency plans were being developed in case the substantial response does not materialise.

5. The Cabinet Member for Specialist Children's Services, Peter Oakford, stated that he did not find the letter from three Secretaries of State very encouraging where it asks other Local Authorities only to volunteer their assistance until the end of the financial year. There was no indication of any commitment past this. He also confirmed that they would continue to push for a more substantial response in Government in supporting Kent.

6. RESOLVED that the update and report be noted.

96. Action Plans Arising from and in Preparation for Ofsted Inspections (Item C2)

1. The Director of Specialist Children's Services, Philip Segurola, introduced a report updating members on the progress made improving practice and developing services for children and young people. He gave the following information;

- a) It is expected Ofsted will take full account of the fact that KCC is working to respond to what is a national crisis in relation to an unprecedented increase in UASC arriving in Kent.
- b) In terms of recruitment and retention Senior Management positions there has been an appointment to the Corporate Parenting AD role. There is one vacancy at service manager level at this time. A number of appointments have also been made at Team Leader level. Candidates have been attracted from outside Kent in some instances.
- c) Transformation in Early Help and Preventative Services has continued and a standardised model has been developed with all Districts.
- d) KCC now has a full cohort of Practice Development Officers that are aligned to each of the areas. Quality of practice has increased and more than 50% of audited cases were graded as good or outstanding.
- e) Progress had been made in ensuring caseloads have become more manageable for each Officer. The overall County averages of individual caseloads have decreased.
- f) A case audit tracking exercise was undertaken in November in line with Ofsted inspection methodology.

2. In response to a question raised by members Mr Segurola confirmed the following;

- a) That reliance on agency staff remains a concern and is a key priority for next year. The mitigation would be having consistency of management and to maintain a grip in the planning of cases.
- b) A series of 10 workshops for all staff about feeding back on key headlines of transformation and progressing a dialogue with staff about their experience with transformation to date.
- c) In terms of the IT system it was confirmed the recent change was the introduction of the Early Help module Liberi which went live in East Kent and will go live in the rest of the County soon. This brings Early Help in line with other parts of the Directorate in having a shared recording system.

3. RESOLVED that the Committee note the progress update in the report.

97. Update on the Children in Care Mental Health Service
(Item C3)

1. Head of Strategic Commissioning, Thom Wilson, introduced an update on the Children in Care Mental Health Service. He gave an overview of key points from the report as follows;
 - a) KCC fund a Children in Care CAMHS service with the aim to improve mental health outcomes. This service includes work with foster carers and a dedicated telephone contact line to support them.
 - b) He explained that Sussex Partnership has worked very closely with KCC in this, as has been discussed in recent Select Committees.
 - c) He confirmed that the service had been graded 'outstanding' for caring and 'good' for leadership. Both staffing and waiting times were graded as 'need improvement'.
 - d) There was no District level data gathered at the time of the meeting.
 - e) Confirmation was given that KCC were supporting 440 children at the time of the meeting.
 - f) The target waiting time for assessment has been 6 weeks. This slipped to 7 weeks in October. This is as 2 children took slightly longer to be assessed. The reasons for this will be explored.
 - g) A pilot scheme is in place to provide a 'wrap around' service to those who have been in multiple placements.

2. In response to questions raised and comments made Mr Wilson gave the following information;
 - a) In regards to the sudden increase in caseloads in the Canterbury and Coastal area in June it was confirmed Mr Wilson will come back with a specific answer.
 - b) He confirmed that the referral times in each area are followed as Performance Indicators. This can be used to measure whether an area requires more staff and through this it is ensured each area is staffed appropriately. He also confirmed at this time there were two vacancies.
 - c) He informed the Committee that other formats for the feedback survey would be explored to be more accessible to children.
 - d) A key focus in the new strategy will be in assisting care leavers in their transition from being in care.
 - e) He confirmed that as a significant proportion of USAC are aged 16 to 17 most of them will not access the Children in Care Mental Health

Service and be in the transition to moving to Adult Mental Health Service.

- f) That a Collaborative Commissioning Performance Board would be held on the Monday following this Committee meeting and Governance is on the agenda.
3. Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing, explained that following his visit to the three reception centres for USAC in Kent he was concerned that the children were not bringing any Mental Health Problems to the front as young people and that this may emerge later in life. He advised that Adult Services needed to be ready to respond to this in the near future.
 4. RESOLVED that the Committee note the update and the report. It was also agreed Members would continue to encourage and express interest in the new Children in Care contract pursuing a better service for the public on behalf of the Childrens' Social Care and Health Cabinet Committee.

98. Update on Specialist Children's Services 0-25 Transformation Programme
(Item C4)

1. The Head of Strategic Commissioning, Thom Wilson, introduced a report providing an update of the 0-25 Transformation Programme. He confirmed that the Transformation Programme has taken a huge amount of work from Early Help, Social Care and Commissioning. He gave the following further information in summary of the content of the report;
 - a) He confirmed the programme was being implemented in every part of the County. Massive improvements to the service have been made through this. The focus has now changed to sustainability and the delivery of service.
 - b) He explained that the chart on page 36 showed the caseload on Children's social work teams has reduced. This has been achieved through improved quality, rigour and understanding exactly where support required.
 - c) KCC's safeguarding and quality assurance service has been closely involved to keep quality at the core of the Transformation Programme.
 - d) A standardised model and a more efficient dedicated contact service was established in each area.
 - e) Implementation of the Transformation Programme has enabled Children across the county to get the same level of support. It has been a priority to maintain a stable service for the people of Kent alongside the unprecedented rise of UASC. There are 4 adult support teams across the county, one in each area. As of today 60 fewer children are in care as a result.
 - f) He confirmed progress in reunifying families was being tracked; dashboards were being used to make progress visible and transparent. Group supervision has also been used between members of the adolescent support teams to improve problem solving. Focus was also

being put on closing cases quickly work, he explained interventions should be time bound to prevent dependency on a caseworker.

- g) In regards to the fostering service, 90% of placements done with internal foster service, national average less than 65%. Each in-house placement costs approximately half the amount as an external placement a week.

2. RESOLVED that the report be noted.

99. Specialist Children's Services Performance Dashboard

(Item D1)

1. Maureen Robinson introduced the report on the Specialised Children's Services dashboard.

2. Phillip Segurola emphasised that they were mindful there will be an impact from the unprecedented increase in UASC on the performance indicators. In response to this there will be an overall figure alongside a figure which does not include the UASC.

3. In regards to the performance indicator on page 56 that is Amber, Mrs Jenny Whittle advised that this performance indicator had been distorted by one specific case that she was very much involved with. This case had to take longer than expected were it to be pursued and Mrs Whittle stated she was happy to overlook this amber rating as it would likely been green if not for this very complex case. She also gave thanks to the staff that been involved in this case and achieving a good settlement for the child.

4. RESOLVED that the information set out in the Specialised Children's Services dashboard report be noted.

100. Public Health Performance - Children and Young People

(Item D2)

1. The Head of Public Health Commissioning, Karen Sharp, introduced and detailed the content of the report outlining the performance of services delivered to children and services which aim to improve their health and wellbeing. She explained that the police were of the opinion that the smoking during pregnancy rate was moving in the right direction, where it has decreased at a reasonable rate. It was also confirmed there were some areas that required improvement, such as in new-born visits, Kent does not compare well in these areas outlined in the report and this is as were performance needs to focused on.

2. Mr Gibbens, Cabinet Member for Adult Social Care and Public Health, informed Members of the Committee that Ashford had recently been profiling a pilot scheme of smoke free play areas. He also advised that signs encouraging the Public to not smoke by said play areas would be a good use of their grant. He has put £5,000 towards this in Canterbury.

3. Jenny Whittle informed the Committee that she had recently visited four of Kent's prisons with Ms Sharp and Penny Cole. She was pleased to have found that the

Governor was able to confirm that at one of the prisons that was visited there were more jobs than women available to undertake them. Other Members were urged to visit the prisons as it was advised to be a very educational experience.

4. Mr Lymer expressed a view that the women in prison due to not having a TV licence are unfairly imprisoned and an unnecessary cost for the Country, he stated it was clear this should be decriminalised.

5. RESOLVED that the Committee note the report.

101. Work Programme 2015/16

(Item D3)

1. The Democratic Services Officer introduced the report and sought Members' comments on the items listed. Members requested the following;

- a) A report on Unaccompanied Asylum Seeking Children (UASC) that were in KCCs care and are now over the age of 18.
- b) Success stories and positive case studies on UASC.

2. RESOLVED that the work programme for 2016 be agreed.

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KENT COUNTY COUNCIL

CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Swale 1, Sessions House, County Hall, Maidstone on Friday, 23 October 2015.

PRESENT: Mrs A D Allen, MBE (Chairman), Mrs Z Wiltshire (Vice-Chairman), Mr R E Brookbank, Mrs T Carpenter, Mrs P T Cole, Mr C Dowle, Mr G Lymer, Mr T A Maddison (Substitute for Ms C J Cribbon), Mrs C Moody, Mr B Neaves, Ms B Taylor and Mrs J Whittle

ALSO PRESENT: Mr G Williamson (Chair, Kent Foster Care Association)

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

103. Exclusion of the Press and Public

Resolved that under Section 100A of the Local Government Act 1972 the press and public be excluded from the meeting for the following item of business on the grounds that it involved the likely disclosure of exempt information as defined in paragraphs 1 and 2 of Part 1 of Schedule 12A of the Act.

104. The Views of Young People in care (discussion item)

(Item 1)

- (1) The Chairman introduced the purpose of the discussion session, which was an opportunity for young people to express their views directly to both senior staff and corporate parents.
- (2) The session was attended by a number of young people representing Our Children and Young People's Council (OCYPC), who were currently or had previously been in care, accompanied by Sarah Skinner (Service Business Manager, VSK) and Virtual School Kent (VSK) Apprentices Bella Taylor and Chris Dowle.
- (3) Those around the table introduced themselves.
- (4) Questions were raised about the transition of young people in care towards the independent management of their own budgets and personal finances, and the variations in advice and practice varied across the county as well as eligibility for supported lodgings allowances, savings and the operation of the "leaving care" grant
- (5) One young person said that his three most recent social workers had been newly qualified and needed to "refer to the book all the time" and that it had taken five months to get an answer about a bus pass.

- (6) The need for clear and consistent communication to foster carers and young people was identified to ensure that any allocated funding was either saved for or given to the young person. The need to support newly qualified social workers and ensure they had a clear framework of guidance was also recognised.
- (7) Mrs Skinner said that some of the issues raised at today's meeting could be reported to the next meetings of the Young Adults' Council and to Our Children and Young People's Council.
- (8) Mrs Whittle (Deputy Cabinet Member for Specialist Children's Services) asked about experiences in school and said a Select Committee had been established to review social mobility in grammar schools. The experiences of school among the young people present varied and there was a discussion about who decided whether children in care should take the Kent Test or not.
- (9) Mr Doran (Head Teacher - VSK) said that four years ago fewer than one in three children in care attained level 4 in reading, writing and maths and the figure was now one in every two.
- (10) The Chairman thanked the young people for attending and asked them to think about the issues they would like to raise the next time they attended a CPP meeting.

The meeting was opened to the press and public.

105. Apologies and Substitutes

- (1) Apologies for absence were received from Ms C J Cribbon, Mr S Griffiths, Mr P J Oakford (Cabinet Member for Specialist Children's Services) and Mr M Vye.
- (2) Mr T Maddison attended as substitute for Ms C J Cribbon.

106. Kent Foster Carers' issues: Discussion led by Glenn Williamson, Chair of Kent Foster Care Association (KFCA)

(Item B1)

- (1) Glenn Williamson (Chair, Kent Foster Care Association) said that Mr Gurney (Interim Assistant Director for Corporate Parenting) had asked him to work with foster carers to review services to them and to consider a model for engagement between services and foster carers. He said he had 12 detailed conversations with foster carers which gave a flavour of views but could not be considered to be representative of all views across the county. He said the conversations showed that there were differences in levels of satisfaction across the county and identified some potential "quick wins" including improvements in communication, consistency in the interpretation of policy and improvements to administration so minutes of meetings were written and circulated in a more timely way. The conversations had also shown that foster carers feel they are not always listened to when decisions are being made about children in care, morale was low in some areas and this was making engagement harder.

- (2) Ms Moody agreed that morale was very low in Thanet and that foster carers needed the support of the foster caring team especially during times of significant and frequent changes. Mrs Carpenter said that strong and experienced social workers were needed to deal with children in care who were 16 years old or more.
- (3) Mr Williamson said a conference on unaccompanied asylum seeking children held last week attended by 80 carers and a number of social workers and other professionals had worked well and had created an opportunity to discuss issues and challenges.
- (4) In response to questions and comments, Mr Segurola said carers were a critical part of the professional network, a more formal review of carers' views would be worth doing; foster carers received formal training, young people in care currently contributed to such training and that while there had not been any cuts to budgets for fostering services there were inconsistencies in caseloads which might need to be re-balanced.
- (5) Mrs Skinner said that recent training that included foster carers, social workers independent reviewing officers had been well received and demonstrated an appetite and need for it.
- (6) Mr Segurola said that a survey would be conducted early in 2016 to gather the views of foster carers and that the training programme would be reviewed.
- (7) The Chairman thanked Mr Williamson for his update and for leading the discussion.

107. Minutes of the meeting of this Panel held on 3 September 2015
(Item A2)

Resolved that the minutes of the Panel meeting held on 3 September 2015 are correctly recorded and they be signed by the Chairman.

108. Minutes of the meeting of the Kent Corporate Parenting Group held on 24 September 2015, and brief verbal update
(Item A3)

Resolved that the minutes of the Kent Corporate Parenting Group held on 24 September 2015 be NOTED.

109. Chairman's Announcements
(Item A4)

- (1) The Chairman said Chris Dowle was leaving to go travelling. She thanked him for his contribution and wished him well for the future.
- (2) The Chairman also said that she would attend a "Meet the Managers" Drop-In to be held at the Lighthouse, Gravesend on 29 October 2015.

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

(Item A5)

- (1) Mr Dowle and Mrs Skinner gave a verbal update as follows:
 - Sophia Dunstan was back to work full time and doing a Level 3 apprenticeship;
 - Amelia Kury had won the apprentice of the year award;
 - Jo Carpenter had received apprentice manager of the year; and Heidi Coombes and Kahleigh Jenner were now applying for jobs;
 - Recruitment for a new care leaver apprentice would be underway in the near future;
 - It was intended to recruit to all vacancies;
 - Efforts would be made to attract applications from children in care and all designated teachers and social workers had been emailed with information;
 - Meetings of the North and West Children in Care Councils and the Young Adult Council were scheduled for the week commencing 26 October 2015;
 - Efforts were being made to establish children in care councils in the south and east of the county, as well as a junior council;
 - A range of activities including skiing, tobogganing, ice skating and creative days had been arranged for half term;
 - Pledge cards to be given to every child coming into care had been printed and would be made available to all social workers and elected Members.
- (2) In response to a request for an update about a trip being organised by Bella Taylor, Mrs Skinner said the facilities available were being considered and that it was possible that the Youth Service may be able to assist.
- (3) The verbal updates were NOTED

111. Verbal Updates

(Item A6)

- (1) Mr Segurola (Interim Director of Specialist Children's Services) gave a verbal update.
- (2) In relation to unaccompanied asylum seeking children (UASC) he said:
 - There had been a slight reduction in the number of children arriving during the first two weeks in September but the numbers had escalated since;
 - There were now 963 UASC being looked after (having increased from 386 in March 2015);
 - The impact had been considerable and foster care agencies had been used to find suitable placements, however all of the available places had now been filled;
 - Last week it had been impossible to place Kent children in foster care in Kent;
 - 26 locum social workers in four teams had been recruited to deal with the UASC and it was proving very difficult to recruit sufficient social workers to deal with the numbers arriving;

- Mr Carter (Leader of the Council) and Mr Ireland (Corporate Director of Social Care, Health and Wellbeing) had spoken with the Home Office and the Department for Education about the need for a dispersal scheme and a financial settlement to avoid an £8m shortfall in Kent. A ministerial announcement was expected shortly.

- (3) Mrs Whittle thanked all those staff involved in dealing with the UASC.
- (4) In response to questions and comments, it was confirmed that local MPs received regularly briefings on the situation and that all possibilities for the recruitment of additional social workers and translators were being investigated.
- (5) Mr Segurola said that feedback from the Leading Improvements for Looked After Children (LILAC) assessment had not yet been received and would be reported to Members and to the Corporate Parenting Panel at the earliest opportunity.
- (6) Mr Segurola concluded his verbal update by saying that App-based technology for consultation was been considered and that Family Drug and Alcohol Courts initiative that had been trialled in London would become operational in Kent in December. The purpose of the courts was to provide intensive support for families with drug or alcohol dependency that would result in either a step change for the families or a permanent placement for the children.
- (7) The verbal updates were NOTED.

112. Independent Reviewing Officer Service Annual Report 2014/15

(Item B2)

- (1) Mrs Skinner introduced the report. She referred in particular to the key headlines set out on pages 27 and 28, the areas identified for improvement and the actions for 2015/16 set out on page 45. She also said that the “Your Voice Matters Survey” referred to on page 35 was a one-off survey and was not conducted annually.
- (2) In response to questions, she undertook to clarify the information set out in the summary of findings on page 41.
- (3) Resolved that the information set out in the report be noted and that clarification in relation to the summary of findings be provided.

113. Head Teacher of Virtual School Kent (VSK) Annual Report 2014- 2015

(Item B3)

- (1) Mr Doran (Head Teacher - VSK) introduced the report which provided an overview of his impact and priorities. He referred in particular to the Key Stage 1 and Key Stage 2 results which had been internally validated and were in line or better than the national average and had narrowed the gap in achievement between children in care and all Kent learners. He said the Key

Stage 4 results had not yet been validated but at this time showed a 4% improvement on last year.

- (2) Mr Doran drew the Panel's attention to performance in relation to health assessments, participation and engagement, celebration events, buddying support, training and to the events and forums the VSK Participation team had attended.
- (3) In response to questions, he said the total amount of pupil premium available was set out in the overall budget but individual allocations were tailored to need; conversations with the DfE indicated that it was likely to continue; activities in participation and activity days were tailored to maximise interest and attendance; and that the size of venues and budget meant that these events could accommodate only children in care.
- (4) Resolved that the progress made be NOTED.

114. Kent Specialist Children's Services Performance Management Scorecards, August 2015
(Item B4)

- (1) Mr Segurola (Interim Director of Specialist Children's Services) introduced the Performance Management Scorecards which set out performance data for Specialist Children's Services. He said that the number of unallocated cases numbered 130 for August, 126 of which related to UASC and all of them had been allocated by mid-September.
- (2) Mr Segurola drew the Panel's attention to the KPI - "% of cases adoption agreed as plan by 2nd review, for those with agency decision" which had been rated "red" for August. He said that for September the percentage was zero as cases that were being twin-tracked had been excluded and this provided a more accurate and realistic view of the position.
- (3) He concluded by saying that, although the average caseload for fostering social workers was 18.8, there were inconsistencies across the county.
- (4) RESOLVED that the information set out in the scorecards be NOTED.

Chairman

8 December 2015

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

Date: 22nd January 2016

Subject: Commissioning Public Health Services for Children and Young People

Classification: Unrestricted

Previous Pathway: Children's Social Care and Health Cabinet Committee, 8th September 2015

Future Pathway: Key decision by Cabinet Member – 16/00012

Electoral Division: All

Summary: This paper gives an overview of the work undertaken over the last 6 months to inform the re-procurement of Public Health Services for children and young people across Kent. The core services are the Health Visiting service, School Public Health and Drug and Alcohol services for young people.

There has been significant public and stakeholder consultation, and a detailed performance review of the services. The findings of all of this work this will be used to inform the implementation of the procurement strategy during the next 6 months. This report outlines the key findings from the work.

Recommendations:

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

- i) comment on progress to date, and endorse the approach being adopted to procure 0 – 19 services for children and young people; and
- ii) comment on and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to extend the contract for the Young People's Substance Misuse service until 31st March 2017, utilising the existing clause in the contract, at a cost of £427,270 over 6 months.

1. Introduction

- 1.1. This paper provides an update on the procurement of Public Health services for children and young people, outlining progress to date and

the next steps required, to ensure that high quality services are secured through the procurement process in 2016.

- 1.2. Services in scope include Health Visiting, the Family Nurse Partnership (FNP), the School Public Health Service (also known as the School Nursing service) and the Young People's Substance Misuse Service. The annual contract value for these services currently totals over £29m. The County Council inherited the commissioning of the health visiting service in October 2015, which is more than £23m of the current spend, School Public Health Service is £5.2m and Substance Misuse services £854,840 per annum.

2. Background

- 2.1 In September 2015 a paper was presented to the Cabinet Committee outlining the plan for the procurement of the public health services for children and young people. This paper outlines the work, which has been undertaken in preparation for the procurement process.
- 2.2 The current provision and how this fits with current levels of need has been reviewed. Significant consultation has taken place to build the new model. The performance of the service has also been analysed, in particular the mandated requirements, and there is a clear need to improve the services.
- 2.3 The Kent Health and Wellbeing Board has identified the tackling of childhood obesity as a key priority, and activity to address this is being embedded in future model development.
- 2.1. Kent's Emotional Health and Wellbeing Strategy identified the need for a stronger approach to universal services for children and young people, to meet need before issues escalate. The new service models will contribute to this universal offer, ensuring that support is available at the earliest opportunity.
- 2.2. The new model will take account of these core priorities alongside the key mandated priorities. The model is being developed in partnership with all colleagues of the Kent Health and Wellbeing Board, including Early Help and Prevention and Specialist Children's Services, and with health colleagues, who are also undertaking service re-design programmes of work.

3. Consultation

- 3.1. A six-week public consultation on Public Health services for children and young people aged 0 – 19 ran from 2 November to 15 December 2015 and received a good level of response. The favoured delivery model from the consultation is for services to be focused across age groupings for 0 - 4, 5 – 11 and 12-19. The response suggests a clear

preference for a model which has a much greater focus on addressing children's needs aligned to their age and developmental needs.

- 3.2. Several focus groups have been delivered across the county with participants who are currently involved with, or who have had recent involvement with, the Health Visiting service. The initial report identifies that there is a largely positive experience of the service in many areas, and significant support is given to Mums and families but that there is a need for a more consistent focus to the Health Visiting service and the need to target more effectively support in areas with high need. This consultation echoed the review of the School Public Health Service, which identified positive experience of the service but also identified that the service and its priorities should be more visible to schools and shaped around local priorities.
- 3.3. Consultation has also been carried out with the Kent Youth County Council on public health services for children and young people. A majority of young people highlighted that the school nursing service in secondary schools needs to be much more visible to students and should focus on managing emotional health and wellbeing as well as physical health needs. This supports the public consultation for a more focused approach on the specific challenges adolescents face.
- 3.5 Market engagement events have been held as part of the consultation. This brought a good number of local and national providers together and discussion was held on the proposed delivery models outlined in the public consultation. This event enabled service providers to feed back their views, and key considerations included making sure that, in any model, transition arrangements were clear, and that there should be a fairer distribution of total resources across the age range. The feedback also clearly suggested that the skills to deliver drug and alcohol treatment interventions are significantly different to universal work with all families and that, whilst these services should be clearly aligned in key pathways of care, an organisation skilled and experienced in substance misuse should with be procured to deliver this aspect of the pathway.
- 3.7 In addition, a workforce modelling tool has been commissioned with the current providers of Health Visiting and School Nursing to assess the service's current capacity to deliver all aspects of the service and to understand the potential impact of any changes to service requirements or delivery model across the 0 -19 range. This will ensure that the capacity of service that we commission is much more closely aligned with population size and also need.
- 3.8 Outcomes have been developed with colleagues across the system, including, with Early Help services, looking at ways to maximise activity and minimise duplication against shared outcomes. Clear local action plans have been developed, and there is now systematic monitoring of an outcome-based performance dashboard with Children's Centres.

The training opportunities for early help staff are being reviewed to make sure that they can deliver public health outcomes such as smoking cessation. Work is also underway with Specialist Children's Services and designated nurses for safeguarding, to review the safeguarding metrics for the service and the joint working arrangements, in particular participation in key processes.

- 3.9 Discussions are also underway with NHS England to explore the opportunities to align commissioning of their contracted services for school-aged immunisations and vaccinations and the Child Health Information System with the County Council's Public Health services for children and young people. NHS England has confirmed that they would like to align their procurement process with the County Council through the joint development of specifications and a joint evaluation process for both the Child Health Information System and the Immunisation service. The timescale is being reviewed to look at how this can be made to work most effectively.

4 Next Steps

- 4.7 The key issues identified through service, stakeholder, public and market engagement will feed into the development of service specifications and our commissioning approach for 0-19 Public Health services, with the procurement plan to be finalised during February 2016.
- 4.8 Development of the models going forward will be made in the context of assessing the impact on equalities, building on the existing Equality Impact Assessments of the services.
- 4.9 Although the Young People's Substance Misuse Service was originally in scope to be procured in this programme of work, engagement with the market advised not to integrate this specialist service. The current contract is performing well and alignment with the new CAMHS contract could bring further opportunities to integrate. As such, an extension of the contract to March 2017 is recommended, in line with the clause in the current contract.

5 Recommendations

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

- i) comment on progress to date, and endorse the approach being adopted to procure 0 – 19 services for children and young people; and
- ii) comment on and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to extend the contract for the Young People's Substance Misuse service until 31st March 2017, utilising the existing clause in the contract, at a cost of £427,270 over 6 months.

6 Background Documents

None

7 Contact Details

Report Author:

- Karen Sharp
- Head of Public Health Commissioning
- 03000 416668
- karen.sharp@kent.gov.uk

- Samantha Bennett
- Consultant in Public Health
- 03000 416962
- samantha.bennett2@kent.gov.uk

Relevant Director:

- Andrew Scott-Clark
- Director of Public Health
- 03000 416659
- Andrew.scott-clark@kent.gov.uk

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

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

DECISION NO:

16/00012

For publication
Key decision*

Affects two or more electoral districts

Subject: Young People's Substance Misuse Service – extension of contract
Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to agree to extend the contract for the Young People's Substance Misuse service until 31st March 2017, utilising the existing clause in the contract at a cost of £427,270 over 6 months.

Reason(s) for decision:

Kent's Emotional Health and Wellbeing Strategy identified the need for a stronger approach to universal services for children and young people, to meet need before issues escalate. The new service models will contribute to this universal offer, ensuring that support is available at the earliest opportunity.

Services in scope include the Young People's Substance Misuse Service as well as the Health Visiting, the Family Nurse Partnership (FNP) and the School Public Health Service (also known as the School Nursing service).

Although the Young People's Substance Misuse Service was originally in scope to be procured in this programme of work, engagement with the market advised not to integrate this specialist service. The current contract is performing well and alignment with the new CAMHS contract could bring further opportunities to integrate.

Cabinet Committee recommendations and other consultation:

In September 2015 a paper was presented to the Adult Social Care and Health Cabinet Committee, outlining the plan for the procurement of the public health services for children and young people.

The proposed decision to extend the Young People's Substance Misuse Service will be discussed by the Cabinet Committee at its meeting on 22 January 2016 and the outcome of this discussion will be included in the decision paperwork that the Cabinet Member will sign when he takes the decision.

A six-week public consultation on Public Health services for children and young people aged 0 – 19 ran from 2 November to 15 December 2015 and received a good level of response.

Any alternatives considered:

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

.....
signed

.....
date

From: 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 – 22 January 2016

Decision Number: 16/00013

Subject: **PROPOSED REVISION OF RATES PAYABLE AND CHARGES LEVIED FOR CHILDREN’S SERVICES IN 2016-17**

Classification: Unrestricted

Past Pathway of Paper: Social Care, Health and Wellbeing DMT – 13 January 2016

Future Pathway of Paper: Cabinet Member decision

Summary: This paper sets out the proposed revision to the rates payable and charges levied for children services listed below in 2016-17.

Recommendation: The Children’s Social Care and Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** a recommendation to the Cabinet Member on the proposed decision to:

- a) **APPROVE** the proposed changes to rates payable and charges levied for Children’s Services in 2016-17 as detailed in sections 2 and 3 of the report
- b) **NOTE** the changes to the following rates that are dictated by external agencies: Inter-agency charges (2.2a); Foster Disability Enhancement (2.3c) and; Essential Living Allowance (2.6) and;
- c) **DELEGATE** authority to the Corporate Director of Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision.

1. Introduction

- 1.1 This report is produced annually and seeks approval of 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 these rates and charges over which Members can exercise their discretion and those which are laid down by Parliament. Due to the need to fit in with the Cabinet Committee cycle, this report is having to be prepared before the statutory guidance on Fostering Rates has been published. When the rates become available the report will be updated. For 15-16 the rates were not published until mid-Feb 2015.
- 1.3 Members should be aware that in previous years, some of the children’s rates were increased in line with the pay award. As there is as yet no agreed pay award in

2016-17 it has been assumed that there will be an average increase of 1.5%. Once the budget has been set this will be revisited in the final recommendation report.

1.4 Any charges proposed in this report have been increased based on the CPI rate as at September 2015. As this was 0% effectively no uplift has been applied to 2016-17. This is in line with the benefits uplift.

1.5 The effective date is 1st April 2016.

2. Charges and Rates Payable for Children's Services

2.1 All rates and charges proposed for 2016-17 in respect of Children Services are shown in Appendix 2.

2.2 Adoption Service Charge

Inter-Agency Charges – Voluntary Adoption Agencies and Local Authorities

a) The following charges are set by Coram BAAF and therefore are not within our discretion to alter. Rates have not been published for 2016-17; currently the latest published rates are as at 2014-15:

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

2.3 Foster Care Payments

(a) Reward Element

An increase of 0.75% based on the split between the assumed pay increase of 1.5% for 2016-17 and the average CPI rate as at September 2015 of 0% is recommended for 2016-17

- Non related placements 0-8yrs £108.61
- Non related placements 9-16yrs £206.29

(b) Maintenance

The DFE have yet to publish the rates for 16-17, detailed below are the rates for 15-16 and are provided for information only.

| | |
|------------------------|--------------|
| | 15-16 Rates* |
| All placements under 2 | £143.64 |

| | |
|----------------------|---------|
| All placements 2-4 | £147.98 |
| All placements 5-8 | £165.62 |
| All placements 9-10 | £165.62 |
| All placements 11-15 | £187.46 |
| All placements 16-17 | £220.43 |
| All placements 18+ | £220.43 |

*The 15-16 rates detailed above have been adjusted to include provision for payments to foster carers to cover holidays, birthdays, religious observances & Christmas (equating to 4 weeks) and have also been adjusted so they are divisible by 7.

(c) **Fostering Disability Enhancement**

The Fostering Disability Enhancement payment is paid in line with the Disability Living Allowance as published by the DWP for 2016-17.

| | |
|-------------|--------|
| Higher Rate | £82.30 |
| Middle Rate | £55.10 |
| Lower Rate | £21.80 |

2.4 Foster Care Skills Based Payments

(a) **Foster Care Skills Based Payments**

It is recommended these do not receive an increase in 2016-17. Therefore, the rate is unchanged at:

| | |
|-----------|--------|
| Level 2 - | £20.23 |
| Level 3 - | £50.54 |

2.5 Specialist Foster Care Payments

(a) **Single Placement Supplement**

This is calculated as twice the age related reward element

| | |
|----------------|---------|
| Age 0-8 yrs - | £217.22 |
| Age 9-16 yrs - | £412.58 |

(b) **Therapeutic Fostering Supplement**

This is calculated as twice the maximum reward plus maximum maintenance. Once the DFE has published the maintenance rates the calculation can be made.

2.6 Essential Living Allowance

This is the weekly payment to Care Leavers including Unaccompanied Asylum Seeking Children (UASC). The rate payable is in line with the Job Seeking Allowance for a single adult aged under 25 of £57.90 for 1 April 2016.

3. Other Local Authority Charges

It is proposed to increase the rate by 1.5% which represents the assumed increase for the pay award.

(a) **Fostering service – Social work support**

2016-17 £68.76

(b) **General – Assessment hourly rate**

This represents KCC social workers doing work on behalf of OLAs.

2016-17 £68.76

(c) **Administration fee – rate per invoice**

This represents the administration fee to cover time dealing with recharges, it is credited to the social work team claiming the recharge.

2016-17 £10.36

(d) **Residential Respite Service**

2016-17 £331.99

4. Recommendations

4.1 Recommendations: The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** a recommendation to the Cabinet Member on the proposed decision to:

- a) **APPROVE** the proposed changes to rates payable and charges levied for Children's Services in 2016-17 as detailed in sections 2 and 3 of the report
- b) **NOTE** the changes to the following rates that are dictated by external agencies: Inter-agency charges (2.2a); Foster Disability Enhancement (2.3c) and; Essential Living Allowance (2.6) and;
- c) **DELEGATE** authority to the Corporate Director of Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision.

5. Background Documents

None

6. Appendices

Appendix 1 – PROD
Appendix 2 – Children's Rates and Charges

7. Lead Officer

Michelle Goldsmith

Directorate Business Partner – Social Care, Health and Wellbeing

03000 416519

Michelle.goldsmith@kent.gov.uk

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TAKEN BY

Peter Oakford, Cabinet Member for Specialist Children's Services

DECISION NO.

16/00013

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 2016-17

Decision:

In line with the recommendations in the report on the Proposed Revision of Rates Payable and Charges Levied for Children's Services in 2016-17, I propose to:

a) **APPROVE**

i. To increase the Foster Care Maintenance element for 2016-17 to:

| | |
|------------------------|------------------------|
| All Placements under 2 | Rate not yet available |
| All Placements 2-4 | Rate not yet available |
| All Placements 5-8 | Rate not yet available |
| All Placements 9.10 | Rate not yet available |
| All Placements 11-15 | Rate not yet available |
| All Placements 16-17 | Rate not yet available |
| All Placements 18+ | Rate not yet available |

ii. The Foster Care Reward element to increase to:

| | |
|-----------------------------------|---------|
| Non related placements 0-8 yrs - | £108.61 |
| Non related placements 9-16 yrs - | £206.29 |

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 - | £217.22 |
| Age 9-16 yrs - | £412.58 |

v. To increase the Therapeutic Fostering Supplement to: - Rate not yet available.

vi. For Local Authority Charges for Children Services for:

- a. Assessment hourly rate to increase to £68.76 per hour,
- b. Administration Fee to remain as £10.36
- c. Residential Respite Services to remain as £331.99

vii. Essential Living Allowance, for certain Care Leavers including former UASC, to be £57.90.

b) **NOTE**

- i. The Inter-Agency Charges which are included in the recommendation report. These are reviewed annually and will be published by Coram BAAF in July 2016. The previous rates, confirmed in July 2015, will remain in place until July 2016.

- 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 2016/17 are expected to be introduced from the 1st April, although is dependent on confirmation from 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 draft budgets for the services affected, which is expected to be agreed on the 11th Feb.

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at the Children’s Social Care and Health Cabinet Committee on 22 January 2016. Unfortunately this is likely to be before the Department for Education has provided details of the nationally set figures. Given the necessary implementation time, the decision will need to be taken before the 22 March Cabinet Committee meeting and so it will be reported retrospectively to that meeting.

Background Documents:

A recommendation report will accompany the decision paperwork.

Any alternatives considered:

As noted, elements of these revisions are set by external agencies and are not subject to discretion.

For discretionary elements, alternative % uplifts were considered but established principles of using the previous Sept CPI figure (which is also used by the DWP for uplift calculations) was retained, with one exception where a higher increase is recommended for the Foster Carer Reward element.

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

.....
signed

.....
date

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| | | | |
|---------------------------------------|--|----|--|
| Decision Referred to Cabinet Scrutiny | | | |
| YES | | NO | |

| | | | |
|---|--|----|--|
| Cabinet Scrutiny Decision to Refer Back for Reconsideration | | | |
| YES | | NO | |

| | | | |
|-------------------------------------|--|----|--|
| Reconsideration Record Sheet Issued | | | |
| YES | | NO | |

| | |
|---------------------------------------|--|
| Reconsideration of Decision Published | |
| | |

| | Published 2015-16 Rates & Charges | Proposed 2016-17 Rates & Charges | Basis of Increase/Notes |
|--|--|---|--|
| (2) ADOPTION SERVICE CHARGES | | | |
| Inter Agency Charges | | | |
| Adopters Charge (As set by BAAF) | | | |
| Local Authorities | | | |
| One Child | 27,000.00 | 27,000.00 | Latest available data on website relates to 2014 BAAF |
| 2 Siblings | 43,000.00 | 43,000.00 | Latest available data on website relates to 2014 BAAF |
| 3+ Siblings | 60,000.00 | 60,000.00 | Latest available data on website relates to 2014 BAAF |
| Voluntary Adoption Agencies | | | |
| One Child | 27,000.00 | 27,000.00 | Latest available data on website relates to 2014 BAAF |
| 2 Siblings | 43,000.00 | 43,000.00 | Latest available data on website relates to 2014 BAAF |
| 3 Siblings | 60,000.00 | 60,000.00 | Latest available data on website relates to 2014 BAAF |
| 4 Siblings | 68,000.00 | 68,000.00 | Latest available data on website relates to 2014 BAAF |
| 5 Siblings | 80,000.00 | 80,000.00 | Latest available data on website relates to 2014 BAAF |
| (3) FOSTER CARE PAYMENTS | | | |
| Reward Element | | | |
| <i>Increase based on 0.75%</i> | | | |
| age 0-8 yrs | 107.80 | 108.61 | Percentage increase represents split between assumed average pay increase (1.5%) and CPI increase (0%) |
| age 9-16 yrs | 204.75 | 206.29 | Percentage increase represents split between assumed average pay increase (1.5%) and CPI increase (0%) |
| Maintenance | | | |
| <i>Increase to match the national minimum fostering allowances plus 4 weeks for holiday funding.</i> | | | |
| OPTION 1 | | | |
| all placements under2 | 146.44 | | 16-17 rates not available. |
| all placements 2-4 | 150.78 | | 16-17 rates not available. |
| all placements 5-8 | 168.00 | | 16-17 rates not available. |
| all placements 9-10 | 168.00 | | 16-17 rates not available. |
| all placements 11-15 | 190.61 | | 16-17 rates not available. |
| all placements 16-17 | 224.00 | | 16-17 rates not available. |
| all placements 18+ | 224.00 | | 16-17 rates not available. |
| Fostering Disability Enhancement | | | |
| Highest | 82.30 | 82.30 | DWP Published Rates (07/12/15) |
| Middle | 55.10 | 55.10 | DWP Published Rates (07/12/15) |
| Lowest | 21.80 | 21.80 | DWP Published Rates (07/12/15) |
| (4) FOSTER CARE SKILLS BASED PAYMENTS | | | |
| <i>Allocation introduced in October 2006, kept at initial rate.</i> | | | |

| | Published 2015-16 Rates & Charges | Proposed 2016-17 Rates & Charges | Basis of Increase/Notes |
|--|--|---|---|
| Level 2 | 20.23 | 20.23 | 0% Average CPI for period Apr 2015 - Sep 2015 |
| Level 3 | 50.54 | 50.54 | 0% Average CPI for period Apr 2015 - Sep 2015 |
| (5) SPECIALIST FOSTER CARE PAYMENTS | | | |
| Single Placement Supplement | | | |
| <i>Twice the age related reward. In addition to these reward payments carers also receive the age related maintenance payment.</i> | | | |
| <i>Increase based on 0.75%</i> | | | |
| age 0-8 yrs | 215.60 | 217.22 | Percentage increase of represents split between assumed average pay increase (1.5%) and CPI increase (0%) |
| age 9-16 yrs | 409.50 | 412.58 | Percentage increase of represents split between assumed average pay increase (1.5%) and CPI increase (0%) |
| Therapeutic Fostering all ages | | | |
| <i>Twice the maximum reward plus maximum maintenance</i> | | | |
| Percentage increase represents split between assumed average pay increase (1.5%) and CPI increase (0%) for reward element, 16-17 maintenance rate not yet published | | | |
| (6) OTHER LOCAL AUTHORITY CHARGES | | | |
| Other Local Authority Charges - rate per hour | | | |
| <i>Increase based on assumed average pay increase 1.5%</i> | | | |
| Fostering Service - Social Work Support | 67.74 | 68.76 | |
| General - Assessment Hourly Rate | 67.74 | 68.76 | |
| Finance Administration Fee - rate per invoice | 10.36 | 10.36 | 0% Average CPI for period Apr 2015 - Sep 2015 |
| Residential Respite Services | | | |
| <i>Previously increased by RPI or P&V Rate</i> | | | |
| Respite Charge per night | 331.99 | 331.99 | 0% Average CPI for period Apr 2015 - Sep 2015 |
| Essential Living Allowance | | | |
| Care Leavers and Unaccompanied Asylum Seeking Children | | 57.90 | DWP Published Rates - Single Adult Under 25 |

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

Peter Oakford, Cabinet Member for Specialist Children’s Services

Andy Wood, Corporate Director for Finance and Procurement

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

To: Children’s Social Care and Health Cabinet Committee – 22 January 2016

Subject: **BUDGET 2016/17 AND MEDIUM TERM FINANCIAL PLAN 2016/19**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This report sets out the proposed draft Budget 2016/17 and Medium Term Financial Plan (MTFP) 2016/19 as it affects the Children’s Social Care and Health Cabinet Committee. The report includes extracts from the proposed final draft budget book and MTFP relating to the remit of this committee (although these are exempt until the Budget and MTFP is published on 11 January 2016). This report also includes information from the KCC budget consultation, Autumn Budget Statement and provisional Local Government Finance Settlement as they affect KCC as a whole as well as any specific issues of relevance to this committee.

Recommendation(s): The Children’s Social Care and Health Cabinet Committee is asked to **NOTE** the draft Budget and MTFP (including responses to consultation and Government announcements) and **MAKE RECOMMENDATIONS** to the Cabinet Member for Finance and Procurement and Cabinet Member for Specialist Children’s Services on any other issues which should be reflected in the budget and MTFP prior to Cabinet on 25 January 2016 and County Council on 11 February 2016.

1. Introduction

1.1 Setting the Council’s revenue and capital budgets, and MTFP, continues to be exceptionally challenging due to the combination of increasing spending demands and reducing funding. 2016/17 is proving to be the most difficult yet due to a number of factors. These include:

- Lack of information about government spending plans until very late in the process following the Spending Review announcement on 25 November 2015
- Late changes to grant allocations following the Local Government Finance settlement announcement on 17 December 2015
- Uncertainty over the impact over some significant spending pressures (principally the impact of the National Living Wage)
- New ability to levy additional Council Tax precept

This combination means that despite the proposed increase in Council Tax, the council still has to make significant year on year savings in order to balance the budget.

- 1.2 The challenge of additional spending demands, greater reliance on local taxation and reduced grant funding is likely to continue each year until 2019/20 at the earliest, with 2016/17 and 2017/18 looking like the most difficult years. The medium term projection in the Spending Review 2015 for local government is “flat cash”. This flat cash projection includes additional funding for social care through the extra Council Tax precept and Better Care Fund, the Office for Budget Responsibility (OBR) assumptions on other Council Tax and Business Rate growth, as well as the phasing out of Revenue Support Grant (RSG). RSG has been a significant source of funding for core services for a number of years and it’s phasing out represents a substantial loss. The flat cash assumption does not include changes in grants from other government departments (either ring-fenced or general grants).
- 1.3 The provisional local Government Finance Settlement was published on 17 December 2015. This provides individual grant allocations from Department for Communities and Local Government (DCLG), principally RSG and business rate baseline, and Spending Power calculation. The provisional amounts for 2016/17 are subject to consultation and include a significant and unexpected change in methodology used to allocate RSG. Indicative figures for 2017/18 to 2019/20 were also included in the announcement. The announcement included the offer of a 4 year guaranteed funding settlement.
- 1.4 The Spending Power calculation shows a £20.4m (2.3%) increase in funding between adjusted figure for 2015/16 and indicative figure for 2019/20 (albeit with a dip in 2016/17 and 2017/18). The Spending Power includes the main DCLG grants (RSG and business rate baseline merged as the Settlement Funding Assessment) and Council Tax. The Spending Power no longer includes specific grants but continues to ignore additional spending demands and thus only reflects the change in cash available to local authorities and not real spending power. This means it is not directly comparable to the council’s published budget. The published Spending Power calculation for KCC is reproduced in table 1 below.

Table 1

| Core Spending Power of Local Government; | | | | | |
|---|-----------------------|--------------|--------------|--------------|--------------|
| | 2015-16 (adjusted) | 2016-17 | 2017-18 | 2018-19 | 2019-20 |
| | £ millions | £ millions | £ millions | £ millions | £ millions |
| Settlement Funding Assessment | 340.0 | 283.4 | 241.8 | 218.2 | 195.8 |
| Council Tax of which; | 549.0 | 577.2 | 609.7 | 644.6 | 682.2 |
| <i>Council Tax Requirement excluding parish precepts (including base growth and levels increasing by CPI)</i> | 549.0 | 566.0 | 586.3 | 608.0 | 631.1 |
| <i>additional revenue from 2% referendum principle for social care</i> | - | 11.2 | 23.3 | 36.6 | 51.1 |
| <i>additional revenue from £5 referendum principle for lower quartile districts Band D Council Tax level</i> | - | - | - | - | - |
| Improved Better Care Fund | - | - | 0.3 | 17.5 | 33.7 |
| New Homes Bonus and returned funding | 7.9 | 9.3 | 9.4 | 5.9 | 5.7 |
| Rural Services Delivery Grant | - | - | - | - | - |
| Core Spending Power | 896.9 | 869.9 | 861.1 | 886.2 | 917.3 |
| Change over the Spending Review period (£ millions) | | | | | 20.4 |
| Change over the Spending Review period (% change) | | | | | 2.3% |

1.5 The KCC latest medium term forecast up to 2019/20 shows a slightly lower estimate for Council Tax than the Spending Power in later years (albeit with higher yield in 2016/17 due to improved tax base and proposed 1.99% increase up to the referendum threshold). This means a slightly lower reduction in 2016/17 and 2017/18 than the Spending Power as shown in Table 2 below. Table 2 also includes the other funding included in KCC budget but not shown in the Spending Power. The overall impact shows a KCC forecast reduction of £4.9m (-0.5%) between 2015/16 and 2019/20 compared to the CLG forecast of +2.3% in table 1.

| Table 2 | 2015/16 Adjusted £000s | 2016/17 £000s | 2017/18 £000s | 2018/19 £000s | 2019/20 £000s | Change from 2015/16 to 2019/20 £000s % | |
|-------------------------------------|------------------------------|------------------|------------------|------------------|------------------|--|-------|
| CLG Spending Power | | | | | | | |
| Settlement | 340,015 | 283,386 | 241,819 | 218,156 | 195,773 | | |
| Council Tax | 549,034 | 565,981 | 586,331 | 608,010 | 631,109 | | |
| Social Care | | 11,174 | 23,323 | 36,593 | 51,103 | | |
| Better Care Fund | | 0 | 301 | 17,525 | 33,683 | | |
| New Homes Bonus | 7,886 | 9,325 | 9,375 | 5,890 | 5,651 | | |
| | 896,935 | 869,866 | 861,149 | 886,174 | 917,318 | 20,383 | 2.3% |
| KCC proposed MTFP | | | | | | | |
| Settlement | 340,015 | 283,386 | 241,819 | 218,156 | 195,773 | | |
| Council Tax | 549,034 | 571,544 | 588,989 | 604,192 | 620,051 | | |
| Social Care | 0 | 11,197 | 23,085 | 35,504 | 48,519 | | |
| Better Care Fund | 0 | 0 | 301 | 17,525 | 33,683 | | |
| New Homes Bonus | 7,886 | 9,325 | 9,375 | 5,890 | 5,651 | | |
| Total KCC equivalent Spending Power | 896,935 | 875,451 | 863,569 | 881,267 | 903,676 | 6,740 | 0.8% |
| Other Funding | | | | | | | |
| Collection Funds | 7,529 | 5,000 | 0 | 0 | 0 | | |
| Local Share of Business Rates | 1,626 | 4,115 | 4,115 | 4,115 | 4,115 | | |
| Other Grants | 18,858 | 17,306 | 15,755 | 14,203 | 12,651 | | |
| KCC Proposed Net Budget Requirement | 924,949 | 901,873 | 883,439 | 899,585 | 920,442 | -4,507 | -0.5% |

- 1.6 In real terms the additional funding available (after the initial dip in 2016/17 and 2017/18), particularly that raised through Council Tax precept/growth, is forecast to be insufficient to cover additional spending pressures (particularly in social care). Therefore, significant savings will continue to be needed each year to compensate for this shortfall and the forecast reduction in RSG and other grants. This will be a difficult message to convey that despite proposed annual increases in Council Tax, the authority will still need to make substantial year on year savings which are likely impact on local services.
- 1.7 The announcement that the Government intends to allow local authorities to retain 100% of business rates by the end of this Parliament is unlikely to provide much relief to this financial challenge. Business rates are already used to fund local authority services through the localised share and RSG. As identified in paragraph 1.2, RSG is due to be phased out and substantially reduced. However, the Government has already made it clear that 100% business rate retention will also include the devolution of additional responsibilities commensurate with the additional income i.e. the additional income will come with additional spending commitments rather than compensate for loss of RSG.
- 1.8 The Government has also made it clear that the principle of redistribution of business rates from high wealth/low needs to low wealth/high needs areas will need to continue under any new arrangements. This effectively means the new system will be 100% retention of business rate growth rather than 100% of the existing business rate base. Whilst we think the new arrangements will be a welcome improvement, we need to wait until we see the detailed consultation during the forthcoming year and recognise this change is highly unlikely to have any impact on the 2016/19 MTFP.

1.9 Section 2 of the published MTFP will provide a much fuller analysis of the national financial and economic context, including the November Spending Review/Autumn Budget Statement and provisional Local Government Finance Settlement. Section 3 sets out KCC's revenue budget strategy to meet the financial challenge (including a possible alternative approach to the allocation of additional funding from Council Tax/Business Rate growth to cover spending pressures and savings to cover the phasing out of RSG). Section 4 covers the councils' capital budget strategy.

2. Financial Implications

2.1 The initial draft revenue budget was published for consultation on 13th October 2015. This set out the latest forecasts and updates to the published MTFP for 2015/18. These forecasts were based on the original estimates of funding for 2016/17 and 2017/18 (albeit with an updated assumption for Council Tax base growth) and revised estimated spending pressures based on the current year's performance and future predictions of additional spending demands. The consultation also included updated estimates for the savings under consideration to close the gap between estimated funding and spending.

2.2 The financial equation presented in the consultation is set out in table 3 below. The consultation identified possible savings options of £73.9m leaving a gap of £7m still to be found before the budget is finalised.

| Table 3 | Budget Pressures £m | Budget Solutions £m |
|------------------|------------------------|------------------------|
| Spending Demands | 58.3 | |
| Grant Reductions | 32.9 | |
| Council Tax | | 10.4 |
| Savings/Income | | 80.8 |
| Total | 91.2 | 91.2 |

2.3 As outlined in paragraph 1.1 the provisional Local Government Finance Settlement for 2016/17 was announced on 17 December. This included the following provisional amounts for 2016/17:

- Revenue support grant for 2016/17 of £111.4m, a reduction of £49.6m (30.8%) on 2015/16 actual grant (£58.1m or 34.2% on adjusted 2015/16 RSG)
- Business rate baseline and top-up for 2016/17 of £172.0m, an increase of £1.4m (0.8%)
- Confirmation of 2% social care precept requirements
- Confirmation that the Council Tax referendum level for 2016/17 is 2%
- New Homes Bonus grant of £9.3m

2.4 As well as the provisional Local Government Finance Settlement the Department for Education (DfE) also made provisional grant announcements on 17 December 2015. This included the Dedicated School Grant (DSG), pupil premium, and Education Services Grant (ESG). ESG is un-ring-fenced grant. The provisional ESG shows an 11.5% reduction in the general funding for local authority maintained schools and academies (although

transitional arrangements exist to protect academies from unmanageable reductions). As in previous years ESG is recalculated during the year to reflect pupil number changes and academy transfers. ESG is the most significant element of other grants included in KCC's budget (table 2 above) but is not reflected in the Spending Power calculations.

- 2.5 The latest overall financial equation is set out in table 4. This includes the impact of the Spending Review and the provisional Local Government Finance Settlement and other provisional grant announcements to date. This will be the position presented in the final draft Budget Book and MTFP published on 11 January 2016 pending any last minute changes.

| Table 4 | Budget Pressures £m | Budget Solutions £m | |
|--|------------------------|------------------------|--------|
| Spending Demands | 79.7 | | |
| Un-ring-fenced Grant changes (est LG settlement) | 48.2 | | 14.5% |
| Other Grant changes | 0.1 | | |
| Council Tax increase (referendum) | | 11.2 | 1.998% |
| Council Tax Increase (social care) | | 11.2 | 2.0% |
| Council Tax and business rate tax bases & collection funds | | 11.3 | 2.1% |
| Savings/Income | | 94.3 | |
| Total | 127.9 | 127.9 | |

- 2.6 There are still a number of ring-fenced grants allocated by government departments. These ring-fenced grants are announced either at the same time or after the main Local Government Finance Settlement according to individual ministerial decisions. The County Council's financial strategy is that any changes in ring-fenced grants are matched by spending changes and therefore there is no overall impact on the net spending requirement. This means the County Council will not generally top-up ring-fenced grants from Council Tax or general grants.
- 2.7 We have received provisional notification of the Council Tax base from district councils. This is higher than estimated in the budget consultation and is reflected in the final draft budget published on 11th January and in tables 2 and 4 above. We will receive final notification of the tax base by the end of January together with any balances on this year's collection funds. The final draft budget will confirm the intention to increase the KCC precept for all Council Tax bands by 1.99%, increasing the County Council Band D rate from £1,089.99 to £1,111.77. The final draft budget will also confirm the intention to apply the additional social care precept up to the full 2% increasing the County Council Band D rate further to £1,133.55.
- 2.8 We have not received notification of our 9% share of the business rates from district councils, although we have included an estimate in final draft budget published on 11 January 2016 and in tables 2 and 4 above. We should receive notification of our share of business rates by the end of January and any variation from the estimate will be reported to County Council on 11 February 2016.
- 2.9 Appendix 1 sets out the high level picture of the revised funding, spending and savings assumptions which are proposed for 2016/17 included in the draft MTFP published on 11 January (pending any last minute changes

between the publication of this report and the final version being agreed). This appendix is exempt from publication until the final Budget and MTFP is published. There may be further changes to the final draft budget for 2016/17 following final notification of all Government grants and local tax bases (including collection fund balances). As in previous years any changes from the amounts published will be reported to County Council in February. The MTFP includes forecasts for 2017/18 and 2018/19 although at this stage we cannot allocate the majority of these to individual directorates and there are significant unidentified savings required which will need to be resolved in the coming months.

- 2.9 Appendix 2 sets out a more detailed extract from the MTFP setting out the main changes between 2015/16 and 2016/17 relating to the Social Care, Health and Wellbeing directorate. This information is included in the draft MTFP published on 11 January, pending any last minute changes. This appendix is exempt from publication until the final Budget and MTFP is published. The council's budget and MTFP is structured according to directorate responsibilities. This means presenting information that is relevant to individual Cabinet Committees is not straight forward. We do not have the time or resources to re-present this information to exclude elements outside the remit for individual committees.
- 2.10 Appendix 3 sets out an extract from the draft Budget Book setting out the relevant budgets for 2015/16 and 2016/17 for the A to Z entries relating to the Social Care, Health and Wellbeing directorate. This information is as published on 11 January, pending any final last minute changes. This appendix is exempt from publication until the final Budget and MTFP is published. The information in appendix 3 is consistent with the information included appendix 2 and thus includes elements outside the remit of individual committees.
- 2.11 Appendix 4 sets out the draft capital programme for the Social Care, Health and Wellbeing directorate. This information will be published on 11 January, pending any final last minute changes. This appendix is exempt from publication until the final Budget and MTFP is published.

3. Budget Consultation

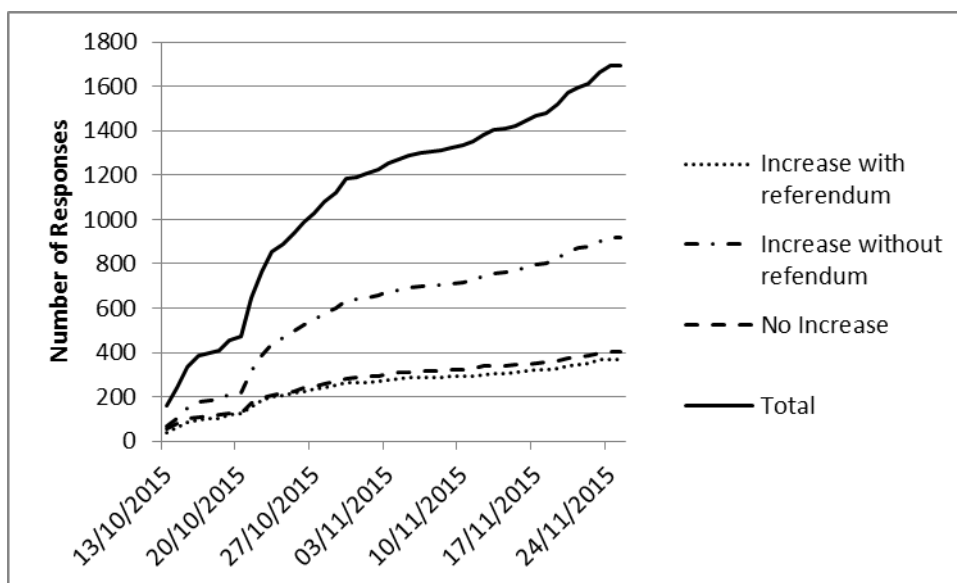
- 3.1 The consultation and engagement strategy for 2015 included the following aspects of KCC activity:
- Press launch on 13 October
 - A question seeking views on Council Tax open from 13 October to 24 November (principally accessed on-line)
 - An on-line budget modelling tool to evaluate 20 areas of front line spending open from 13 October to 24 November
 - A free text area for any other comments
 - A simple summary of updated 2015/18 MTFP published on KCC website
 - Web-chat on 16 November with Deputy Cabinet Member for Finance and Procurement, Corporate Director for Finance and Procurement and other finance staff
 - Workshops with business and voluntary and community sectors on 18 November
 - Workshop session with managers and staff

- Presentation and discussion with Kent Youth County Council on 15th November

A full analysis of the responses to the consultation will be reported to Cabinet on 28 January 2016. A draft of this analysis is available as background materials for Cabinet Committees in January. The final analysis reported to Cabinet will also be available as background material for the County Council meeting in February.

- 3.2 The consultation did not include any questions about the 2% precept for social care as we were unaware of this possibility at the time. The results from the Council Tax question and on-line budget modelling tool are set out in appendices 5 and 6 to assist committee members in scrutinising the budget proposals set out in the exempt appendices. These appendices with the consultation results are not exempt.
- 3.3 In addition to the activity outlined above the council has also commissioned independent consultants to carry market research to validate the responses with a representative sample of residents via more in depth research and analysis. This included face to face interviews with a structured sample of 750 residents using the same information as the on-line materials on the Kent.gov.uk website and half-day deliberative workshops with a smaller sample. The full consultant's report is unlikely to be available in time for cabinet committees but will be available as background material for the full County Council budget meeting in February.
- 3.3 We have received 1,693 responses to the Council Tax question. This is less than the 1,962 responses received last year. This can be partly attributed to the shorter time available for consultation (6 weeks compared 7 weeks the previous year), however, we need to do further research as we received the majority of responses in the first 3 weeks as demonstrated in the chart 1 below. Overall 54.3% of respondents (920) supported a 1.99% council tax increase (the maximum allowed without requiring a referendum), 23.9% (404) preferred no increase, and 21.8% (369) supported a higher increase with a referendum. The overall number supporting an increase compared to those preferring a freeze is consistent with previous years' consultation although within this the number supporting a higher referendum backed increase is lower than last year.

Chart 1



3.4 We have received 1,153 submissions via the budget modelling tool. This is more than the 853 submissions received via this mechanism last year. This is encouraging as we believe this tool is an effective way to gather information about which services are most highly valued and thus inform budget priorities. We are aware of some criticisms about the time it takes to complete the survey and it can pose some challenging service combinations. A further 479 submissions were abandoned part way through and we need to undertake more research whether a 30% drop-out rate is exceptional or acceptable. An analysis of the responses via this tool is shown in appendix 6 together with the responses from the face to face interviews with 750 sample residents conducted by the independent market research (there is no discernible difference between the responses on-line and face to face interviews).

4. Specific Issues for Children’s Social Care and Health Cabinet Committee

4.1 Appendices 2, 3 and 4 set out the main budget proposals relevant to the Social Care, Health and Wellbeing directorate. These proposals need to be considered in light of the general financial outlook for the county council for 2016/17 (overall reduced funding) and the medium term (flat cash assuming annual Council Tax increases. Committees will also want to have regard to consultation responses in considering budget proposals.

4.2 A number of pressures have been recognised in establishing the budget for 2016-17:

- Base funding in relation to the cost of Asylum has been increased to address the impact of the increase in the number of Asylum care leavers that cannot be funded through the Home Office Asylum Grant (£550k).
- Provision is made for anticipated price increases in respect of placement costs across fostering rates, permanency order allowances, external provider costs and direct payments (SCS £691.5k, DCS £90.8k).
- A demography pressure of £500k is included to address the impact of the recent growth in the number of care leavers (£300k), the increased

pressure on the provision of foster carers (£100k) and the growth in the number of complex cases in Disability Children's Services of (£100k).

4.3 The 0-25 Transformation Programme has a number of workstreams in place affecting Specialist Children's Services that have identified a suite of benefits over the Medium Term, with £3,220k programmed in for 2016-17.

- Preventing the need for placements is to be addressed by reducing the variability in practice at the "edge of becoming looked after" and by using a framework of practice and commissioned services. The re-designed Adolescent Support Teams will provide intensive support with the aim of reunifying adolescents with their families within the first 12 weeks. A saving of £1,130.7k is targeted to impact across a range of services, including residential and independent fostering placements, care leaver provision, as well as some staffing budgets (i.e. area and county fostering, and area assessment).
- Increasing efficiency within the assessment activities through reducing time spent doing paperwork, handing over between teams and working on inappropriate cases, alongside improved case allocation is expected to realise savings in relation to Children in Care teams of £792.6k and in relation to the Children's Social Work teams of £969.6k. To achieve this, teams have been realigned to support the workload across the county, with quoted savings being net of a reinvestment to establish structures that should enable front line staff to carry out their duties safely, effectively and appropriately with a significant reduction in the use of agency staff.
- Net savings of £327.1k have been identified for 2016-17 by reducing the number of more expensive Independent Fostering placements with less expensive in-house foster carer placements, primarily through targeted marketing to attract carers for challenging adolescents.
- Specialist Children's Services is also responding to the removal of one-off funding for transitional arrangements put in place for 2015-16 for one year only (£1,257.8k). The non-specific nature of the funding means that savings are being made across all aspects of the Service.
- Similarly one-off funding provided in 2015-16 for the impact of special operations (Operation Lakeland £400k) is also being removed in 2016-17, affecting both placement and legal budgets.
- Further efficiency savings totalling £383k have been identified in Specialist Children's Services from within family support (Informal Arrangements), adoption (service provision), secure accommodation, in-house fostering (other non-placement specific costs e.g. transport), section 17 and day care.
- Disabled Children's Services has identified savings totalling £805k that will be met by reviewing its commissioned services and realigning prices in relation to residential and independent fostering placements.

4.5 Savings from any new policy initiatives are shown in the exempt appendices and any significant issues will be raised during the Cabinet Committee meeting following publication of the final draft budget on 11th January. Due to the exempt nature of the appendices these proposals cannot be covered in detail in the report.

5. Conclusions

- 5.1 The financial outlook for the next 4 years continues to look challenging. Although the medium term outlook is around flat cash i.e. we should have a similar budget in 2019/20 to 2015/16, there is a dip in 2016/17 and 2017/18. Furthermore, within the flat cash equation is the additional funding raised through Council Tax, the 2% precept for social care and the Better Care Fund (at this stage we have no indication whether this will come with additional spending requirements) and reductions in RSG. On top of the flat cash we continue to have a number of additional spending demands. This means the Council will still need to find substantial savings in order to cover any shortfall between the additional income raised (from Council Tax, etc.) against spending demands and to compensate for the reductions in RSG (and any other changes in specific grants including those referred to in this report).
- 5.2 We will be responding to the provisional settlement (deadline 15 January) and in particular the impact of late and unforeseen changes in the grant distribution methodology. These late changes have a significant impact on the budgets for 2016/17 and 2017/18. This is exacerbated by the proposed one-off proposals to deal with the late reductions which have a further consequence in 2017/18.
- 5.3 At this stage the forecasts for 2017/18 to 2019/20 are our best estimates. At this stage we are undecided if we will take-up the offer of a guaranteed 4 year settlement. Based on these forecasts substantial further savings will be needed each and every year to balance the budget.
- 5.4 Appendices 2 and 3 include the latest estimates for unavoidable and other spending demands for 2016/17 and future years. These estimates are based on the latest budget monitoring and activity levels as reported to Cabinet in November (quarter 2). Committees no longer receive individual in-year monitoring reports and therefore members may wish to review the relevant appendices of the Cabinet report before the meeting.

6. Recommendation(s)

6.1 Recommendation(s): The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the draft Budget and MTFP (including responses to consultation and Government announcements) and **MAKE RECOMMENDATIONS** to the Cabinet Member for Finance and Procurement and Cabinet Member for Specialist Children's Services on any other issues which should be reflected in the budget and MTFP prior to Cabinet on 25th January 2016 and County Council on 11 February 2016.

7. Background Documents

- 7.1 Consultation materials published on KCC website
- 7.2 The Chancellor of the Exchequer's Spending Review and Autumn Statement on 25th November 2015 and OBR report on the financial and economic climate
- 7.3 The provisional Local Government Finance Settlement 2016/17 announced on 17th December 2014

7.4 Any individual departmental announcements affecting individual committees

8. Appendices

Appendix 1 – High Level 2016-19 Budget Summary

Appendix 2 – SCHW Directorate MTFP

Appendix 3 – Directorate Specific A to Z Service Analysis

Appendix 4 – Capital Investment Plans

Appendix 5 – Summary of Responses to Consultation on Council Tax

Appendix 6 – Summary of Responses to Max Diff Budget Modelling Tool

9. Contact details

Report Authors

- Dave Shipton,
 - Head of Financial Strategy
 - 03000 419418
 - dave.shipton@kent.gov.uk

- Michelle Goldsmith,
 - Finance Business Partner, Social Care, Health and Wellbeing
 - 03000 416159
 - Michelle.goldsmith@kent.gov.uk

Relevant Directors:

- Andy Wood,
 - Corporate Director Finance and Procurement
 - 03000 416854
 - andy.wood@kent.gov.uk

- Andrew Ireland,
 - Corporate Director of Social Care, Health and Wellbeing
 - 03000 416297
 - Andrew.Ireland@kent.gov.uk

- Philip Segurola,
 - Director, Specialist Children's Services
 - 03000 413120
 - Philip.Segurola@kent.gov.uk

- Penny Southern,
 - Director, Disabled Children and Adults LD/MH
 - 03000 415505
 - Penny.Southern@kent.gov.uk

Summary of Responses to Consultation on Council Tax



Response to proposal to increase Council Tax: Summary

KCC has a mandate to increase Council Tax by 1.99% with the majority of respondents and participants in favour of an increase.

- However, the degree to which this was supported varied between responses to the online survey on the KCC website and the face to face random and demographically representative survey.
- Respondents in the online survey on the KCC website were **more supportive** of an increase in Council Tax with over three quarters (76%) in favour, compared to a more even split between the respondents surveyed face to face who were almost evenly split between those favouring some level of increase in Council Tax (51%) and those favouring no increase (49%).
- Participants at the beginning of the deliberative events more closely resembled the on-street respondents with 57% in support of an increase and 42% in favour of no increase or a reduction in Council Tax.
- However, this proportion did change as a result of their deliberations so that by the end of the events 68% were in support of an increase and 32% were in favour of no increase or a reduction.
- Although the base size for the deliberative events is small, this movement demonstrates that the better informed residents are of the budget challenges facing KCC and the scope of services it provides, the more supportive they are of an increase in Council Tax.
- It also shows that deliberative event participants by virtue of being more informed moved closer to the position held by those respondents motivated to complete the question on the KCC website, who by definition were respondents who were more aware and interested in this issue than the average Kent resident.

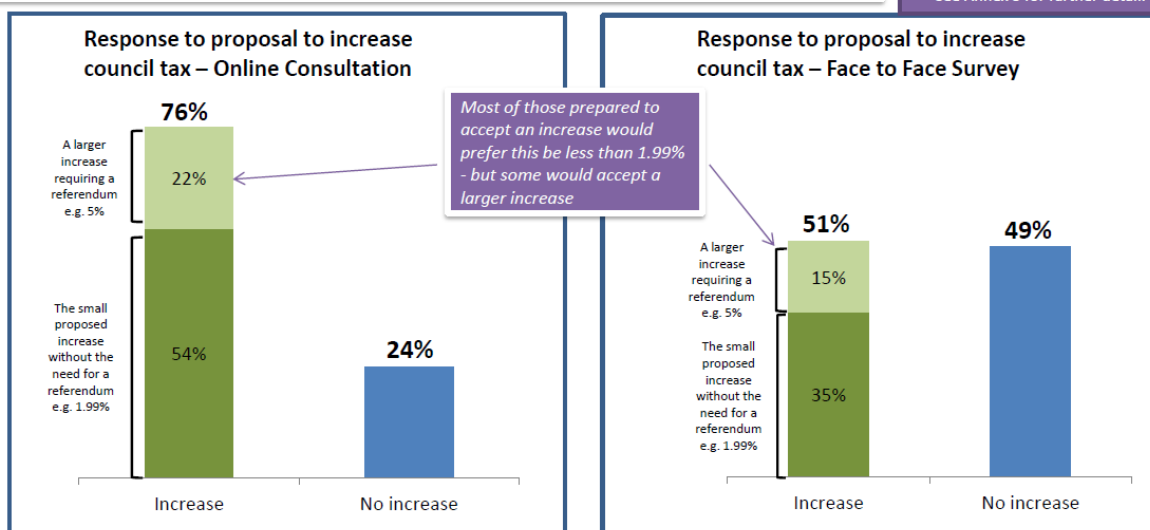


Council Tax: Quantitative data

Significant Findings:

- Those working full time were significantly more likely to accept an increase in Council Tax.
- Those who were retired were also significantly more likely to accept an increase.
- Men were significantly more likely than women to accept a higher increase over 2%.
- See Annex 3 for further detail.

- Strong support for an increase in Council Tax in the online consultation.
- Views of face to face respondents are more mixed – but just over half would accept an increase.
- Differences likely to reflect differing interest in/ knowledge of budget issues/ challenges.



Bases: Face to face survey = 757 respondents, Online consultation = 1693 respondents.
 Question: KCC is proposing a small increase in Council Tax to contribute towards the additional spending demands being placed on council services and to provide some protection for local services from the savings that would otherwise need to be found...How much Council Tax would you be willing to pay towards the financial challenge the authority faces next year?. Illustrations of the equivalent monetary increase per week and per year were given. The "No increase" option was framed as "No increase and make equivalent cuts to and make equivalent cuts to services (of around £11m per year) on top of the estimated £80m already needed to balance the budget"



Summary of Responses to Max Diff Budget Modelling Tool



“Max Diff” exercise: Summary

- Highest priority placed on services to protect the most vulnerable
- Essential infrastructure activity (with universal impact) next most important
- Discretionary “Quality of life” services least important

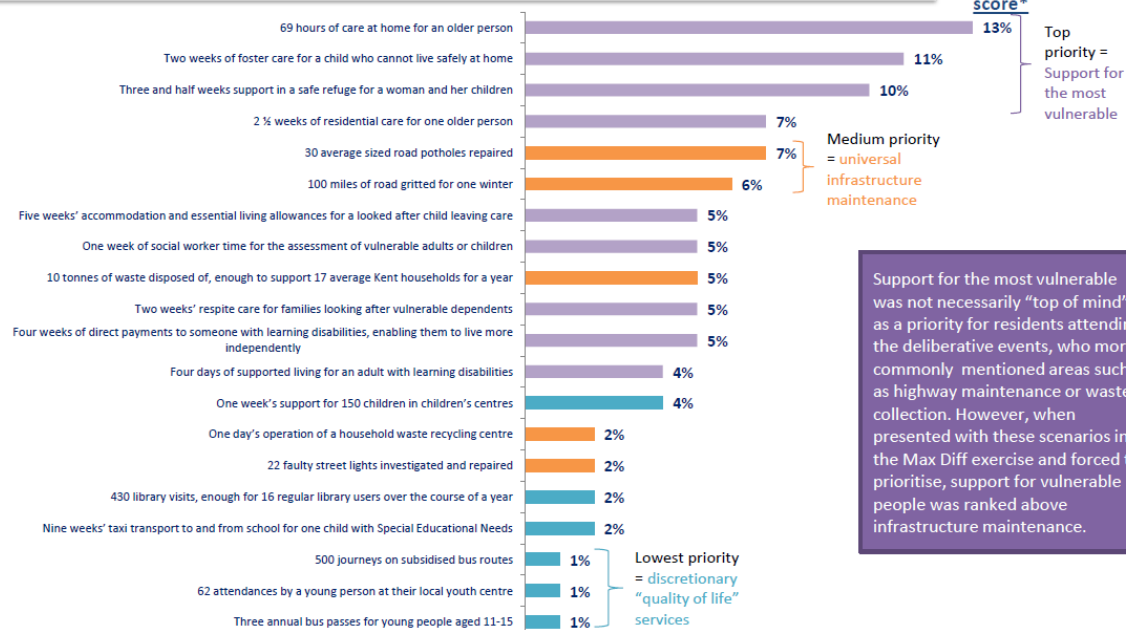
| | Which services? | Who does it impact? |
|---|---|--|
| ABSOLUTE PRIORITY Care of society’s most vulnerable | <ul style="list-style-type: none"> • Care at home • Foster care • Refuge | <ul style="list-style-type: none"> • Elderly • Children • Women |
| Important Essential infrastructure needs | <ul style="list-style-type: none"> • Potholes • Gritting | <ul style="list-style-type: none"> • All residents |
| Less important Support care services | <ul style="list-style-type: none"> • Respite • Assessment • Accommodation | <ul style="list-style-type: none"> • Families with vulnerable dependents • Children leaving care • Those with learning disabilities |
| Less important Lower priority infrastructure needs | <ul style="list-style-type: none"> • Waste disposal • Recycling • Street light faults • Subsidised bus routes | <ul style="list-style-type: none"> • All residents |
| Less important Discretionary “quality of life” services | <ul style="list-style-type: none"> • Libraries • Youth centres • Taxi transport • Bus passes | <ul style="list-style-type: none"> • Young people • Children with special educational needs |

Note the ranking is **relative** – residents do value discretionary/ quality of life services and would prefer them to be protected if a choice did not have to be made.



“Max Diff” exercise: Detail

The top ranked service area tested is “69 hours of care at home for an older person”, followed by “2 weeks of foster care for a child who cannot live safely at home” and “3.5 weeks support in a safe refuge for a woman and her children”.



Support for the most vulnerable was not necessarily “top of mind” as a priority for residents attending the deliberative events, who more commonly mentioned areas such as highway maintenance or waste collection. However, when presented with these scenarios in the Max Diff exercise and forced to prioritise, support for vulnerable people was ranked above infrastructure maintenance.

Combined results from face to face and online surveys - Base = 1,955 respondents. (Little difference between on-street and online results. For comparison see Annex 6). From Q3: You will now see a series of screens that list key services and what £1,000 of council spending buys. Please think about your household’s circumstances and tell us which of these services are most and least important to you. *Preference score = a statistical index figure showing the overall level of preference given to each item across all respondents completing the survey.



Top 3 service items by respondent age group

There was little difference in the ranking of the items tested amongst respondent sub-groups. Some small points of divergence included:

- **Online respondents** placed potholes and gritting above residential care and gave slightly higher preference scores for these items than those completing the on-street survey (8% potholes, 7% gritting compared with 5% each among on-street respondents).
- **Younger residents aged 18-34** prioritised foster care and safe refuge above care at home.
- **Older residents aged 55+** placed a higher than average distance between their top ranked item (care at home for an older person) and their second ranked item (foster care).
 - Those aged 55+ completing the online consultation placed pot hole repair in 3rd priority position.
 - The oldest 75+ age group rated residential care for an older person highly, but placed this well behind care at home.
- A full breakdown of results by survey methodology (face to face vs online) and age group is set out in Annex 6.

| 18-34* | Rank and Preference score | |
|--|---------------------------|---------------|
| | On-Street survey | Online survey |
| Foster care (2 weeks) | 1: 12% | 1: 14% |
| Safe refuge for a woman and her children (3.5 weeks) | 2: 12% | 2: 12% |
| Care at home for an older person (69 hrs) | 3: 11% | 3: 10% |

| 35-54 | Preference score | |
|--|------------------|---------------|
| | On-Street survey | Online survey |
| Care at home for an older person (69 hrs) | 1: 12% | 1: 13% |
| Foster care (2 weeks) | 2: 11% | 2: 12% |
| Safe refuge for a woman and her children (3.5 weeks) | 3: 9% | 3: 10% |

| 55+ | Preference score | |
|--|------------------|---------------|
| | On-Street survey | Online survey |
| Care at home for an older person (69 hrs) | 1: 14% | 1: 17% |
| Foster care (2 weeks) | 2: 9% | 2: 11% |
| Safe refuge for a woman and her children (3.5 weeks) | 3: 8% | 4: 8% |
| Potholes repaired (30) | = 5: 6% | 3: 9% |

From Q3: You will now see a series of screens that list key services and what £1,000 of council spending buys. Please think about your household's circumstances and tell us which of these services are most and least important to you. Bases: 18-34 – face to face = 214, online = 163 (note the online survey was open to residents aged 16+), 35-54 – face to face = 256, online = 521, 55+ – face to face = 282, online = 403.

Appendix 1 - High Level 2016-19 Budget Summary

| 2015-16 | | | 2016-17 | | 2017-18 | | 2018-19 | |
|---------|----------------|--|---------|----------------|---------|----------------|---------|----------------|
| £000s | £000s | | £000s | £000s | £000s | £000s | £000s | £000s |
| | 940,313 | Revised 2015-16 Base Budget | | 916,479 | | 901,873 | | 883,439 |
| | | Additional Spending Pressures | | | | | | |
| 9,210 | | Budget realignments from previous year | 15,039 | | 239 | | 110 | |
| 12,557 | | Replacement of one-off use of reserves to fund base budget | 12,379 | | 19,563 | | 1,700 | |
| 11,363 | | Pay & Prices | 25,767 | | 26,409 | | 26,631 | |
| 9,600 | | Demand & Demographic | 10,333 | | 15,563 | | 19,837 | |
| 20,672 | | Government & Legislative | 5,233 | | 0 | | 0 | |
| 8,275 | | Service Strategies and Improvements | 10,921 | | 4,281 | | 994 | |
| | 71,677 | Total Pressures | | 79,672 | | 66,054 | | 49,271 |
| | | Savings & Income | | | | | | |
| | | <u>Transformation Savings</u> | | | | | | |
| -14,725 | | Adults Transformation Programmes | -10,228 | | -3,740 | | -1,615 | |
| -5,583 | | Children's Transformation Programmes | -3,220 | | -991 | | -395 | |
| -6,990 | | Other Transformation Programmes | -3,176 | | -2,379 | | -1,272 | |
| -16,634 | | Income Generation | -7,049 | | -3,069 | | -1,275 | |
| | | <u>Efficiency Savings</u> | | | | | | |
| -9,512 | | Staffing | -5,097 | | -2,257 | | 0 | |
| -2,522 | | Premises | -1,444 | | -1,056 | | 0 | |
| -16,316 | | Contracts & Procurement | -11,539 | | -3,360 | | 0 | |
| -1,004 | | Other | -9,062 | | -3,606 | | -60 | |
| -17,440 | | Financing Savings | -31,375 | | -1,700 | | 0 | |
| -4,785 | | Policy Savings | -8,088 | | -5,840 | | -3,005 | |
| | -95,511 | Total Savings & Income | | -90,278 | | -27,998 | | -7,622 |
| | | Public Health & Other Grants | | | | | | |
| 11,894 | | Government & Legislative pressures | 13,857 | | 0 | | 0 | |
| 0 | | Reduction in grants used for specific purposes (estimate) | 5,633 | | 0 | | 0 | |
| -11,894 | | Increases in Grants and Contributions | -13,857 | | 0 | | 0 | |
| 0 | | Policy Savings | -5,633 | | 0 | | 0 | |
| | 0 | | | 0 | | 0 | | 0 |
| | 0 | Unidentified | | -4,000 | | -56,490 | | -25,504 |
| | 916,479 | Net Budget Requirement | | 901,873 | | 883,439 | | 899,585 |
| | | <u>Funded by</u> | | | | | | |
| | | <u>Un-ringfenced Grants</u> | | | | | | |
| 161,005 | | Revenue Support Grant | 111,425 | | 66,476 | | 37,640 | |
| 122,939 | | Business Rate Top-Up Grant | 123,964 | | 126,402 | | 130,131 | |
| 26,744 | | Other un-ringfenced grants (estimate) | 26,631 | | 25,431 | | 37,618 | |
| 49,227 | | Local Share of Retained Business Rates (estimate) | 52,112 | | 53,056 | | 54,500 | |
| 451 | | Business Rate Collection Fund | | | | | | |
| 549,034 | | Council Tax Yield (including increase in Council Tax up to referendum level) | 571,544 | | 588,989 | | 604,192 | |
| N/A | | Social Care Precept | 11,197 | | 23,085 | | 35,504 | |
| 7,079 | | Council Tax Collection Fund (estimate) | 5,000 | | 0 | | 0 | |
| | 916,479 | Total Funding | | 901,873 | | 883,439 | | 899,585 |

(Figures subject to rounding)

Appendix 2 - SCHW Directorate MTFP

| Heading | Description | Older People & Physical Disability | Learning Disability & Mental Health | Disabled Children's Services | Specialist Children's Services | Commissioning | Public Health | Corporate Director SCH&W | Total SCH&W Directorate |
|---|--|--|---|------------------------------------|--------------------------------------|-----------------|---------------|-----------------------------|----------------------------|
| | | £000s | £000s | | £000s | £000s | £000s | £000s | £000s |
| 2015-16 Base | Approved budget by County Council on 12 February 2015 | 144,359.9 | 183,628.4 | 20,187.1 | 110,000.4 | 9,624.5 | -1,662.8 | 11,055.3 | 477,192.8 |
| Base Adjustments (internal) | Approved changes to budgets which have nil overall affect on net budget requirement | -2,988.1 | -8,384.2 | 197.2 | 384.8 | 22,819.7 | 1,662.8 | -7,792.6 | 5,899.6 |
| Revised 2015-16 Base | | 141,371.8 | 175,244.2 | 20,384.3 | 110,385.2 | 32,444.2 | 0.0 | 3,262.7 | 483,092.4 |
| Additional Spending Pressures | | | | | | | | | |
| Budget Realignment | <i>Necessary adjustments to reflect current and forecast activity levels from in-year monitoring reports</i> | | | | | | | | |
| Adult Social Services | To reflect current forecast activity and spend in Adult Social Services | 11,476.4 | 1,034.7 | 0.0 | 0.0 | 0.0 | 0.0 | -2,200.0 | 10,311.1 |
| Asylum | Cost of support for care leavers from the asylum service not funded through asylum grant | 0.0 | 0.0 | 0.0 | 550.0 | 0.0 | 0.0 | 0.0 | 550.0 |
| Replace use of one-offs | Impact of not being able to repeat one-off use of reserves and underspends in approved base budget for 2015-16 | 679.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 679.0 |
| Pay and Prices Inflation | | | | | | | | | |
| Adult Social Care | Provision for inflation on commissioned adult social care services, including increases in costs resulting from the National Living Wage | 6,209.7 | 6,379.3 | | | 0.0 | 0.0 | 0.0 | 12,589.0 |
| Children's Social Care | Provision for inflation on the cost of children's social care | | | 90.8 | 691.5 | | | | 782.3 |
| Demography | <i>Additional spending associated with increasing population and demographic make-up of the population</i> | | | | | | | | |
| Older People | Growth in numbers accessing social care as a result of an ageing population and delayed entry into care under transformation programme | 2,000.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 2,000.0 |
| Adults with Learning Disabilities: transitions and provisions | Growth in client numbers arising from: children progressing into adulthood (transitions), and older adults previously cared for by families (provisions) | 0.0 | 3,674.7 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 3,674.7 |
| Adults with Learning Disabilities: complexity | Additional costs resulting from existing clients whose needs are becoming more complex | 0.0 | 2,575.3 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 2,575.3 |
| Children's Services | Estimated impact of greater complexity of need | 0.0 | 0.0 | 100.0 | 400.0 | 0.0 | 0.0 | 0.0 | 500.0 |

Appendix 2 - SCHW Directorate MTFP

| Heading | Description | Older People & Physical Disability £000s | Learning Disability & Mental Health £000s | Disabled Children's Services | Specialist Children's Services £000s | Commissioning £000s | Public Health £000s | Corporate Director SCH&W £000s | Total SCH&W Directorate £000s |
|--|---|---|--|------------------------------------|---|------------------------|------------------------|--------------------------------------|-------------------------------------|
| Government & Legislative | | | | | | | | | |
| <u>Funded by Grants and Contributions</u> | | | | | | | | | |
| Reduction in Care Act Grant income | Ongoing element of Care Act Grant now absorbed within RSG | 1,978.2 | 650.0 | 0.0 | 0.0 | 726.0 | 0.0 | 1,145.8 | 4,500.0 |
| Service Strategies & Improvements | | | | | | | | | |
| Other | Other minor service improvements | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 227.0 | 227.0 |
| Total Additional Spending Demands | | 22,343.3 | 14,314.0 | 190.8 | 1,641.5 | 726.0 | 0.0 | -827.2 | 38,388.4 |
| Savings and Income | | | | | | | | | |
| <u>Transformation Savings</u> | | | | | | | | | |
| Adults Phase 2 OP/PD | Continued rollout of Phase 2 transformation including initiatives aimed at promoting better integration with health services and better range of support services for clients leaving hospital | -3,499.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | -3,499.1 |
| Adults Phase 2 Learning Disability | Continued rollout of Phase 2 transformation including initiatives aimed at reducing dependence on care services for vulnerable adults | 0.0 | -1,829.7 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | -1,829.7 |
| Learning Disability | Full year effect of 2015-16 transformation savings plan to review support packages | 0.0 | -500.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | -500.0 |
| OP/PD commissioned services | Reduction to older people and physical disability commissioned services through encouraging greater client independence | -4,399.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | -4,399.0 |
| Specialist Children's Services | Reduction in the number and length of time children are in care following improved targeting of preventative services including reduction and improvement in assessment activity | 0.0 | 0.0 | 0.0 | -3,220.0 | 0.0 | 0.0 | 0.0 | -3,220.0 |
| Income | | | | | | | | | |
| Client Charges | Uplift in social care client contributions in line with benefit uplifts for 2016-17 and charges for other activity led services including young person's travel pass, libraries, and registration | -1,470.0 | -60.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | -1,530.0 |
| Disabled Childrens Services | Maximise income from continuing healthcare in residential care | 0.0 | 0.0 | -60.0 | 0.0 | 0.0 | 0.0 | 0.0 | -60.0 |

Appendix 2 - SCHW Directorate MTFP

| Heading | Description | Older People & Physical Disability £000s | Learning Disability & Mental Health £000s | Disabled Children's Services | Specialist Children's Services £000s | Commissioning £000s | Public Health £000s | Corporate Director SCH&W £000s | Total SCH&W Directorate £000s |
|--|---|---|--|------------------------------------|---|------------------------|------------------------|--------------------------------------|-------------------------------------|
| <i>Efficiency Savings</i> | | | | | | | | | |
| <i>Staffing</i> | | | | | | | | | |
| Staff restructures | Service re-design, integration of services and more efficient ways of working resulting in a reduction of staff costs that equates to the equivalent of approx. 150 fte. The delivery of these savings will be with appropriate stakeholder engagement and detailed consultations | 0.0 | -300.0 | -245.0 | 0.0 | -613.0 | 0.0 | 0.0 | -1,158.0 |
| <i>Contracts & Procurement</i> | | | | | | | | | |
| Disabled Childrens Services | Review of contracts and realignment of prices | 0.0 | 0.0 | -500.0 | 0.0 | 0.0 | 0.0 | 0.0 | -500.0 |
| Housing Related Support | Efficiency savings from standardising the hourly rate within support contracts and review of low level support packages | 0.0 | 0.0 | 0.0 | 0.0 | -2,016.1 | 0.0 | 0.0 | -2,016.1 |
| Learning Disability | Reduction on external day care contracts | 0.0 | -130.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | -130.0 |
| OP/PD meal service | Recommissioning of the Meal Service contract | -268.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | -268.0 |
| Learning Disability supported living | Supported living contract reviews and reduction in cost | 0.0 | -800.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | -800.0 |
| <i>Other</i> | | | | | | | | | |
| OP/PD social support | Review the provision of social support services | -425.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | -425.0 |
| OP/PD equipment | Recommissioning of the Integrated Community Equipment Service | -110.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | -110.0 |
| Specialist Childrens Services removal of one-off funding | Removal of one-off funding for transitional arrangements and special operations | 0.0 | 0.0 | 0.0 | -1,657.8 | 0.0 | 0.0 | 0.0 | -1,657.8 |
| Specialist Childrens Services efficiencies | Efficiency savings across specialist children's services including family support, adoption, secure accommodation, in-house fostering, section 17 and day care | 0.0 | 0.0 | 0.0 | -383.0 | 0.0 | 0.0 | 0.0 | -383.0 |
| Social Care | Review of client transport arrangements | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | -300.0 | -300.0 |
| Adult Operational Support Unit | Office support cost rationalisation | 0.0 | -250.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | -250.0 |
| Other | Other minor efficiency savings | 0.0 | 0.0 | 0.0 | -280.0 | -77.0 | 0.0 | -20.6 | -377.6 |
| <i>Financing Savings</i> | | | | | | | | | |
| Drawdown reserves & provisions | Net reduction in earmarked reserves including workforce reduction reserve, Supporting People reserve, Medway Preserved Rights reserve, and other Directorate specific reserves & provisions | 0.0 | -380.0 | 0.0 | -500.0 | -1,383.0 | 0.0 | 0.0 | -2,263.0 |
| <i>Policy Savings</i> | | | | | | | | | |
| Learning Disability | Review occupancy and delivery of short break services | 0.0 | -290.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | -290.0 |
| Older People & Physical Disability | Review occupancy and delivery of older people residential care services | -1,145.9 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | -1,145.9 |
| Total savings and Income | | -11,317.0 | -4,539.7 | -805.0 | -6,040.8 | -4,089.1 | 0.0 | -320.6 | -27,112.2 |

Appendix 2 - SCHW Directorate MTFP

| Heading | Description | Older People & Physical Disability £000s | Learning Disability & Mental Health £000s | Disabled Children's Services | Specialist Children's Services £000s | Commissioning £000s | Public Health £000s | Corporate Director SCH&W £000s | Total SCH&W Directorate £000s |
|---|--|---|--|------------------------------|---|------------------------|------------------------|-----------------------------------|----------------------------------|
| Public Health & other grants | | | | | | | | | |
| 0-5 Public Health commissioning | Full year effect of new responsibilities following transfer of 0-5 public health commissioning to Local Authorities from 1 Oct 2015 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 11,641.1 | 0.0 | 11,641.1 |
| Independent Living Fund expenditure | Full year effect of transfer of Independent Living Fund to Local Authorities from 1 July 2015 | 1,228.0 | 0.0 | 0.0 | 0.0 | 988.0 | 0.0 | 0.0 | 2,216.0 |
| Public Health grant reduction | Estimated impact of national reduction in Public Health Grant | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 5,633.0 | 0.0 | 5,633.0 |
| 0-5 Public Health grant income | Grant income from Health for the full year effect of new responsibilities following transfer of 0-5 public health commissioning to Local Authorities from 1 Oct 2015 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | -11,641.1 | 0.0 | -11,641.1 |
| Independent Living Fund grant income | Assumed level of grant funding for Independent Living Fund | -1,228.0 | 0.0 | 0.0 | 0.0 | -988.0 | 0.0 | 0.0 | -2,216.0 |
| Public Health expenditure | Corresponding reduction in expenditure in line with estimated changes to Public Health grant above | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | -5,633.0 | 0.0 | -5,633.0 |
| Proposed Budget | | 152,398.1 | 185,018.5 | 19,770.1 | 105,985.9 | 29,081.1 | 0.0 | 2,114.9 | 494,368.6 |

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

| Row Ref | 2015-16 Revised Base | Service | 2016-17 Proposed Budget | | | | | | | Affordable Activity |
|---------|----------------------|--|-------------------------|--------------|-------------------|-----------------|-----------------|--------|----------|---|
| | Net Cost | | Staffing | Non staffing | Gross Expenditure | Internal Income | External Income | Grants | Net Cost | |
| | £000s | | £000s | £000s | £000s | £000s | £000s | £000s | £000s | |
| | | Adults and Older People | | | | | | | | |
| | | <i>Direct Payments</i> | | | | | | | | |
| 1 | 17,616.6 | Learning Disability (aged 18+) | 0.0 | 19,024.5 | 19,024.5 | 0.0 | -30.0 | -875.5 | 18,119.0 | Approximately 1,250 clients are expected to be receiving an on-going direct payment. These people have been assessed as being eligible for social care support, but have chosen to arrange and pay for their own care and support services instead of receiving them directly from the local authority. There will also be a number of one-off direct payments made during the year for such things as items of equipment and respite care. |
| 2 | 1,018.6 | Mental Health (aged 18+) | 0.0 | 1,102.9 | 1,102.9 | 0.0 | 0.0 | 0.0 | 1,102.9 | Approximately 200 clients are expected to be receiving an on-going direct payment; there will also be a number of one-off direct payments made during the year. |
| 3 | 14,432.6 | Older People (aged 65+) | 0.0 | 12,867.5 | 12,867.5 | 0.0 | 0.0 | -186.5 | 12,681.0 | Around 1,300 clients will be receiving an on-going direct payment; there will also be a number of one-off direct payments made during the year. |
| 4 | 12,097.9 | Physical Disability (aged 18-64) | 0.0 | 13,166.6 | 13,166.6 | 0.0 | 0.0 | -982.2 | 12,184.4 | Around 1,200 clients are expected to be receiving an on-going direct payment; there will also be a number of one-off direct payments made during the year. |
| | | <i>Domiciliary Care</i> | | | | | | | | |
| 5 | 975.5 | Learning Disability (aged 18+) | 0.0 | 728.0 | 728.0 | 0.0 | 0.0 | 0.0 | 728.0 | Domiciliary care provided by the independent sector supporting approximately 100 people to live at home. |
| 6 | 1,969.8 | Older People (aged 65+) - In house service (Kent Enablement at Home service) | 7,887.1 | -1.9 | 7,885.2 | -51.0 | -5,864.4 | 0.0 | 1,969.8 | Domiciliary care provided by the in-house Kent Enablement at Home Service (KEaH) which provides intensive short term support/enablement to people to allow them to regain or extend their independent living skills. |
| 7 | 5,937.6 | Older People (aged 65+) - Commissioned service | 0.0 | 25,554.2 | 25,554.2 | 0.0 | -9,088.7 | -15.3 | 16,450.2 | Domiciliary care provided by the independent sector to support approximately 3,500 people to live at home. In addition, this budget includes a number of small contracts for services primarily with Health, including the night sitting service, recuperative care and rapid response. |

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

| Row Ref | 2015-16 Revised Base | Service | 2016-17 Proposed Budget | | | | | | | Affordable Activity |
|---------|----------------------|---|-------------------------|--------------|-------------------|-----------------|-----------------|--------|----------|---|
| | Net Cost | | Staffing | Non staffing | Gross Expenditure | Internal Income | External Income | Grants | Net Cost | |
| | £000s | | £000s | £000s | £000s | £000s | £000s | £000s | £000s | |
| 8 | 579.4 | Physical Disability (aged 18-64) - In house service | 0.0 | 579.4 | 579.4 | 0.0 | 0.0 | 0.0 | 579.4 | Domiciliary care provided by the in-house Kent Enablement at Home Service (KEaH) which provides intensive short term support/enablement to people to allow them to regain or extend their independent living skills. |
| 9 | 2,313.5 | Physical Disability (aged 18-64) - Commissioned service | 0.0 | 4,184.0 | 4,184.0 | 0.0 | 0.0 | -28.4 | 4,155.6 | Domiciliary care provided by the independent sector supporting approximately 550 people to live at home. |
| | | Non Residential Charging Income | | | | | | | | |
| 10 | -3,191.3 | Learning Disability (aged 18+) | 0.0 | 0.0 | 0.0 | 0.0 | -3,954.4 | 0.0 | -3,954.4 | Assessed client contributions for people receiving community based services including domiciliary care, supported accommodation, day care and direct payments. |
| 11 | -7,516.3 | Older People (aged 65+) | 0.0 | 0.0 | 0.0 | 0.0 | -9,268.8 | 0.0 | -9,268.8 | Assessed client contributions for people receiving community based services including domiciliary care, supported accommodation, day care and direct payments. |
| 12 | -1,298.5 | Physical Disability (aged 18-64) / Mental Health (aged 18+) | 0.0 | 0.0 | 0.0 | 0.0 | -1,633.0 | 0.0 | -1,633.0 | Assessed client contributions for people receiving community based services including domiciliary care, supported accommodation, day care and direct payments. |
| | | Nursing and Residential Care | | | | | | | | |
| 13 | 73,795.7 | Learning Disability (aged 18+) | 0.0 | 74,433.9 | 74,433.9 | 0.0 | -6,130.5 | 0.0 | 68,303.4 | Around 1,200 clients are provided with services through the independent sector. This service also provides permanent residential care for preserved rights clients through the independent sector. This does not include respite services which are included within the Support to Carers budget below. |
| 14 | 7,407.1 | Mental Health (aged 18+) | 0.0 | 8,697.2 | 8,697.2 | 0.0 | -1,012.8 | 0.0 | 7,684.4 | Around 250 clients are provided with services through the independent sector. This service also provides permanent residential care for preserved rights clients through the independent sector. This does not include respite services which are included within the Support to Carers budget below. |
| 15 | 21,659.4 | Older People (aged 65+) - Nursing | 0.0 | 35,941.4 | 35,941.4 | 0.0 | -14,665.2 | 0.0 | 21,276.2 | Around 1,250 clients are provided with this service through the independent sector. This does not include respite services which are included within the Support to Carers budget below. |

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

| Row Ref | 2015-16 Revised Base | Service | 2016-17 Proposed Budget | | | | | | | Affordable Activity |
|---------|----------------------|--|-------------------------|--------------|-------------------|-----------------|-----------------|----------|----------|--|
| | Net Cost | | Staffing | Non staffing | Gross Expenditure | Internal Income | External Income | Grants | Net Cost | |
| | £000s | | £000s | £000s | £000s | £000s | £000s | £000s | £000s | |
| 16 | 14,581.9 | Older People (aged 65+) - Residential - In house service | 9,127.3 | 9,985.9 | 19,113.2 | 0.0 | -3,546.5 | -1,922.2 | 13,644.5 | KCC residential services predominately providing long term and recuperative services through 222 residential care/respice beds and 84 nursing care beds. |
| 17 | 26,196.7 | Older People (aged 65+) - Residential - Commissioned Service | 0.0 | 50,974.8 | 50,974.8 | 0.0 | -27,808.2 | 0.0 | 23,166.6 | Approximately 2,200 permanent clients on average provided with services through the independent sector as well as recuperative and other short term placements. This service also provides permanent residential care for preserved rights clients provided through the independent sector. This does not include respice services which are included within the Support to Carers budget below. |
| 18 | 11,759.4 | Physical Disability (aged 18-64) | 0.0 | 13,269.9 | 13,269.9 | 0.0 | -1,739.1 | 0.0 | 11,530.8 | Approximately 300 clients are provided with this service through the independent sector. |
| | | Supported Living | | | | | | | | |
| 19 | 2,626.7 | Learning Disability (aged 18+) - In house service | 2,596.9 | 1,027.2 | 3,624.1 | 0.0 | -134.5 | -912.9 | 2,576.7 | This service provides support to clients through the independent living scheme and Kent Pathway Service (Learning Disability enablement service). The costs associated with the Better Homes Actives Lives PFI project are also included here. |
| 20 | 3,795.5 | Learning Disability (aged 18+) - Shared Lives Scheme | 275.6 | 4,392.3 | 4,667.9 | 0.0 | 0.0 | 0.0 | 4,667.9 | The Shared Lives scheme places approximately 150 people with non-related Adult Carers. |
| 21 | 31,259.3 | Learning Disability (aged 18+) - Other Commissioned Supported Living arrangements | 0.0 | 38,697.3 | 38,697.3 | 0.0 | 0.0 | -94.0 | 38,603.3 | Services provided through the independent sector for approximately 1,100 people in supported living. |
| 22 | 0.0 | Older People (aged 65+) - In house service | 0.0 | 4,825.0 | 4,825.0 | 0.0 | 0.0 | -4,825.0 | 0.0 | Costs associated with the Better Homes Actives Lives PFI project. |
| 23 | 395.9 | Older People (aged 65+) - Commissioned service | 0.0 | 395.9 | 395.9 | 0.0 | 0.0 | 0.0 | 395.9 | Approximately 100 clients provided with supported living / supported accommodation services through the independent sector. |
| 24 | 0.0 | Physical Disability (aged 18-64) / Mental Health (aged 18+) - In house service | 0.0 | 107.4 | 107.4 | 0.0 | 0.0 | -107.4 | 0.0 | Costs associated with the Better Homes Actives Lives PFI project. |
| 25 | 4,194.3 | Physical Disability (aged 18-64) / Mental Health (aged 18+) - Commissioned service | 0.0 | 5,327.3 | 5,327.3 | 0.0 | -50.2 | -15.6 | 5,261.5 | Approximately 500 clients provided with supported living / supported accommodation services through the independent sector. |

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

| Row Ref | 2015-16 Revised Base | Service | 2016-17 Proposed Budget | | | | | | | Affordable Activity |
|---------|----------------------|--|-------------------------|--------------|-------------------|-----------------|-----------------|--------|----------|---|
| | Net Cost | | Staffing | Non staffing | Gross Expenditure | Internal Income | External Income | Grants | Net Cost | |
| | £000s | | £000s | £000s | £000s | £000s | £000s | £000s | £000s | |
| | | Other Services for Adults and Older People | | | | | | | | |
| 26 | 2,461.9 | Adaptive & Assistive Technology | 411.0 | 7,087.8 | 7,498.8 | 0.0 | -5,315.0 | 0.0 | 2,183.8 | Occupational Therapy & Sensory Disability services working in partnership with Health, Hi Kent and Kent Association for the Blind to provide approximately 70,000 items of equipment. Collaborating with health on the delivery of Telehealth and Telecare services to enable Kent residents to remain living in their own homes by installing equipment in approximately 3,000 homes a year. |
| 27 | 1,292.2 | Community Support Services for Mental Health (aged 18+) - In house service | 1,254.9 | 92.7 | 1,347.6 | 0.0 | -55.4 | 0.0 | 1,292.2 | Community outreach services provided by KCC supporting clients with mental health problems. |
| 28 | 48.6 | Community Support Services for Mental Health (aged 18+) - Commissioned service | 0.0 | 48.6 | 48.6 | 0.0 | 0.0 | 0.0 | 48.6 | Community outreach services provided by both the independent and voluntary sector supporting with mental health problems. |
| | | Day Care | | | | | | | | |
| 29 | 6,544.9 | Learning Disability (aged 18+) - In house service | 5,594.2 | 771.4 | 6,365.6 | 0.0 | -70.7 | 0.0 | 6,294.9 | Day care/day services provided by KCC. |
| 30 | 7,029.7 | Learning Disability (aged 18+) - Commissioned service | 0.0 | 7,732.5 | 7,732.5 | 0.0 | 0.0 | -18.5 | 7,714.0 | Day care/day services provided by the independent sector. |
| 31 | 831.2 | Older People (aged 65+) - In house service | 615.3 | 82.4 | 697.7 | 0.0 | -23.3 | 0.0 | 674.4 | Day care/day services provided by KCC. |
| 32 | 945.1 | Older People (aged 65+) - Commissioned service | 0.0 | 854.5 | 854.5 | 0.0 | 0.0 | 0.0 | 854.5 | Day care/day services provided by the independent sector. |
| 33 | 974.2 | Physical Disability (aged 18-64) | 0.0 | 974.2 | 974.2 | 0.0 | 0.0 | 0.0 | 974.2 | Day care/day services provided by the independent sector. |
| 34 | 20,394.2 | Housing Related Support for Vulnerable People (Supporting People) | 324.4 | 16,831.2 | 17,155.6 | -193.2 | 0.0 | 0.0 | 16,962.4 | Includes provision for 17,300 vulnerable people to receive support to enable independent living in their own home through the provision of long and short term supported accommodation, a home improvement agency, community alarms and floating support. |
| 35 | 550.0 | Legal Charges | 0.0 | 550.0 | 550.0 | 0.0 | 0.0 | 0.0 | 550.0 | Costs for in-house legal support and external legal fees for care proceedings for Adult social care. |

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

| Row Ref | 2015-16 Revised Base | Service | 2016-17 Proposed Budget | | | | | | | Affordable Activity |
|---------|----------------------|------------------------------------|-------------------------|--------------|-------------------|-----------------|-----------------|--------|----------|---|
| | Net Cost | | Staffing | Non staffing | Gross Expenditure | Internal Income | External Income | Grants | Net Cost | |
| | £000s | | £000s | £000s | £000s | £000s | £000s | £000s | £000s | |
| 36 | 872.9 | Other Adult Services | 0.0 | 12,496.4 | 12,496.4 | 0.0 | -623.2 | 0.0 | 11,873.2 | <p>A range of other services including:</p> <ul style="list-style-type: none"> - approximately 80,000 home delivered hot meals, - providing one-off support to those who have no recourse to Public Funds. <p>In addition there are a number of budgets/savings held here which are to be allocated during 2016-17 once plans have been finalised:</p> <ul style="list-style-type: none"> - provision for inflation on the cost of adult social care, including increases in costs resulting from the National Living Wage, - savings yet to be allocated to other social care services within the A-Z service analysis, - savings from the review of client transport arrangements, - provision to fulfil responsibilities under the Care Act. |
| 37 | 1,439.0 | Safeguarding | 1,408.3 | 266.3 | 1,674.6 | 0.0 | -111.1 | -124.5 | 1,439.0 | A multi agency partnership/framework to ensure a coherent policy for the protection of vulnerable adults. |
| | | Social Support | | | | | | | | |
| 38 | 3,547.4 | Carers - In house service | 1,875.6 | 109.2 | 1,984.8 | 0.0 | 0.0 | 0.0 | 1,984.8 | KCC residential services predominately providing respite services to support carers. |
| 39 | 4,704.8 | Carers - Commissioned service | 0.0 | 11,576.3 | 11,576.3 | -57.5 | -4,799.6 | 0.0 | 6,719.2 | Services supporting carers, which are provided through the independent and voluntary sectors. |
| 40 | 3,835.7 | Information and Early Intervention | 0.0 | 5,709.9 | 5,709.9 | -552.8 | -364.1 | -246.9 | 4,546.1 | Social support provided through the voluntary sector and the independent sector in terms of information, early intervention services, low level support and prevention services to try to enable clients to remain independent. |
| 41 | 6,074.0 | Social Isolation | 0.0 | 9,096.8 | 9,096.8 | -2,083.6 | -1,145.8 | 0.0 | 5,867.4 | Services providing support to prevent social isolation, provided through the independent sector and the voluntary sector, such as befriending services. |

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

| Row Ref | 2015-16 Revised Base | Service | 2016-17 Proposed Budget | | | | | | | Affordable Activity |
|--|----------------------|---|-------------------------|--------------|-------------------|-----------------|-----------------|----------|----------|---|
| | Net Cost | | Staffing | Non staffing | Gross Expenditure | Internal Income | External Income | Grants | Net Cost | |
| | £000s | | £000s | £000s | £000s | £000s | £000s | £000s | £000s | |
| 42 | 1,481.5 | Support & Assistance Service (Social Fund) including refugee families | 277.0 | 1,204.5 | 1,481.5 | 0.0 | 0.0 | 0.0 | 1,481.5 | This service supports residents, with immediate need and who are in crisis, to live independently by signposting to alternative appropriate services and helping with the purchase of equipment and supplies to ensure the safety and comfort of the most vulnerable in our society. To include support to refugee families under the Government's Syrian vulnerable persons relocation scheme. |
| Children's Services | | | | | | | | | | |
| <i>Children in Care (Looked After)</i> | | | | | | | | | | |
| 43 | 23,675.7 | Fostering - In house service | 1,617.3 | 22,830.3 | 24,447.6 | -469.1 | -25.0 | 0.0 | 23,953.5 | Short and medium term family based care for 990 Kent children (including longer term care for older children). This includes payments to connected persons (relatives and friends). The County Fostering Team is also included here. |
| 44 | 7,901.7 | Fostering - Commissioned from Independent Fostering Agencies | 0.0 | 6,782.6 | 6,782.6 | 0.0 | 0.0 | 0.0 | 6,782.6 | Short and medium term family based care (including longer term care for older children) for 137 Kent children. |
| 45 | 6,769.0 | Legal Charges | 0.0 | 6,738.0 | 6,738.0 | 0.0 | 0.0 | 0.0 | 6,738.0 | Costs for in-house legal support and external legal fees for care proceedings for Specialist Children's Services. |
| 46 | 2,541.0 | Residential Children's Services - In house service (Short Breaks Units) | 2,667.9 | 430.5 | 3,098.4 | -12.7 | -669.7 | 0.0 | 2,416.0 | Provision of 5 in house units for short breaks (for both looked after and non looked after children, including those with a disability). |
| 47 | 11,909.3 | Residential Children's Services - Commissioned from Independent Sector | 0.0 | 13,412.2 | 13,412.2 | -920.6 | -1,614.1 | 0.0 | 10,877.5 | Independent sector residential care for 78 children (both looked after and non looked after children, including those with a disability). |
| 48 | 1,426.9 | Virtual School Kent | 1,929.6 | 3,151.7 | 5,081.3 | -293.2 | -2.8 | -3,358.4 | 1,426.9 | Supporting approx. 2,550 looked after children (including approx. 1,100 Unaccompanied Asylum Seeking Children) focussing on their education & health needs. |
| <i>Children in Need</i> | | | | | | | | | | |
| 49 | 9,278.4 | Family Support Services | 0.0 | 10,535.5 | 10,535.5 | -882.2 | -777.8 | 0.0 | 8,875.5 | Community based family support services including day care, direct payments and payments to voluntary organisations. |

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

| Row Ref | 2015-16 Revised Base | Service | 2016-17 Proposed Budget | | | | | | | Affordable Activity |
|---------|----------------------|---|-------------------------|--------------|-------------------|-----------------|-----------------|-----------|----------|--|
| | Net Cost | | Staffing | Non staffing | Gross Expenditure | Internal Income | External Income | Grants | Net Cost | |
| | £000s | | £000s | £000s | £000s | £000s | £000s | £000s | £000s | |
| | | Other Children's Services | | | | | | | | |
| 50 | 12,476.6 | Adoption & other permanent care arrangements for children | 1,951.7 | 9,709.6 | 11,661.3 | 0.0 | -104.0 | 0.0 | 11,557.3 | Permanent care for Kent children who are unable to live with their birth families. Includes adoption payments, child arrangement orders & special guardianship orders. |
| | | Asylum Seekers: | | | | | | | | |
| 51 | -140.0 | - Aged under 16 | 0.0 | 12,910.0 | 12,910.0 | 0.0 | 0.0 | -13,050.0 | -140.0 | Supporting unaccompanied asylum seekers under the age of 16. |
| 52 | 140.0 | - Aged 16 & 17 | 702.4 | 24,412.6 | 25,115.0 | 0.0 | 0.0 | -24,975.0 | 140.0 | Supporting unaccompanied asylum seekers aged 16 or 17. |
| 53 | 280.0 | - Aged 18 and over (care leavers) | 0.0 | 8,195.0 | 8,195.0 | 0.0 | 0.0 | -7,645.0 | 550.0 | Supporting unaccompanied asylum seekers aged 18 or over (who were previously in care when aged under 18) as Care Leavers. |
| 54 | 4,551.7 | Care Leavers | 2,014.8 | 5,246.9 | 7,261.7 | -1,985.2 | 0.0 | -530.6 | 4,745.9 | A service for young people aged 18+ who have previously been in care. |
| 55 | 4,571.5 | Safeguarding | 6,425.6 | 825.3 | 7,250.9 | -2,074.9 | -604.5 | 0.0 | 4,571.5 | Performance management of services for vulnerable children in Kent. Statutory education safeguarding functions with services commissioned by schools and other settings providing additional support and challenge. |
| | | Community Services | | | | | | | | |
| 56 | 432.5 | Local Healthwatch & NHS Complaints Advocacy | 0.0 | 749.5 | 749.5 | 0.0 | 0.0 | -459.0 | 290.5 | Local Healthwatch and NHS Complaints Advocacy are statutory services commissioned by KCC. Local Healthwatch will ensure that patients, users of social care services and their carers, and the public have a say in how these services are commissioned and delivered on their behalf. NHS Complaints Advocacy will support people who wish to complain about any NHS Health Service or Public Health Service. |

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

| Row Ref | 2015-16 Revised Base | Service | 2016-17 Proposed Budget | | | | | | | Affordable Activity |
|---------|----------------------|--|-------------------------|--------------|-------------------|-----------------|-----------------|-----------|----------|--|
| | Net Cost | | Staffing | Non staffing | Gross Expenditure | Internal Income | External Income | Grants | Net Cost | |
| | £000s | | £000s | £000s | £000s | £000s | £000s | £000s | £000s | |
| | | Public Health | | | | | | | | |
| 57 | 0.0 | Children's Public Health Programmes: 0-5 year olds Health Visiting Service | 0.0 | 22,256.6 | 22,256.6 | 0.0 | 0.0 | -22,256.6 | 0.0 | The Health Visiting Service is a universally available service that supports over 90,000 young children between the ages of 0-5. It has a crucial role in the early years of a child's development providing ongoing support for all children and families. It leads the delivery of the Healthy Child Programme (HCP) during pregnancy and the early years of life, from 0-5 years. It includes the Family Nurse Partnership (FNP) which is an evidence based, preventative programme targeted to vulnerable young mothers aged 19 and under having their first baby. This is a nurse led intensive home-visiting programme from early pregnancy to the age of two. |
| 58 | 0.0 | Other Children's Public Health Programmes | 0.0 | 8,848.5 | 8,848.5 | 0.0 | 0.0 | -8,848.5 | 0.0 | This includes universal school nursing, which contributes to screenings and assessments, school-readiness and healthy school provision. Other initiatives are also aimed at children's emotional wellbeing, healthy weight and infant feeding programmes. Approximately 26,500 children will participate in the National Child Measurement Programme. |
| 59 | 428.8 | Drug & Alcohol services | 340.2 | 14,600.7 | 14,940.9 | 0.0 | -4,906.8 | -9,828.3 | 205.8 | Includes provision for approximately 5,000 adults across Kent to access structured alcohol and drug treatment services and in excess of 8,000 to receive brief interventions; in excess of 3,000 young people to be engaged by substance misuse early intervention and specialist services. This also covers prescribing-related costs for adult and young people substance misusers. |

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

| Row Ref | 2015-16 Revised Base | Service | 2016-17 Proposed Budget | | | | | | | Affordable Activity |
|---------|----------------------|---|-------------------------|--------------|-------------------|-----------------|-----------------|-----------|----------|--|
| | Net Cost | | Staffing | Non staffing | Gross Expenditure | Internal Income | External Income | Grants | Net Cost | |
| | £000s | | £000s | £000s | £000s | £000s | £000s | £000s | £000s | |
| 60 | 0.0 | Obesity and Physical Activity | 0.0 | 2,329.9 | 2,329.9 | 0.0 | 0.0 | -2,329.9 | 0.0 | Specific cross county healthy weight programmes for adults on weight management, healthy eating and exercise, with the engagement of approximately 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 (BMI). In addition, advice programmes to support people to change their behaviour to lead to a healthier lifestyle are provided at Healthy Living Centres (either at the five permanent centres or activities delivered across a variety of community settings). |
| 61 | 0.0 | Public Health - Mental Health Adults | 0.0 | 2,780.3 | 2,780.3 | 0.0 | 0.0 | -2,780.3 | 0.0 | Access to Early Intervention services across Kent addressing the mental well-being of residents in need, from the workplace all the way through to war veterans in the community. A number of projects will help to identify specific needs in the community including the nationally recognised "Men's Sheds" programme to encourage older men to socialise together and improve their quality of life, and hopefully their levels of general health. |
| 62 | 0.0 | Public Health Staffing, Advice and Monitoring | 3,331.1 | -182.7 | 3,148.4 | -50.0 | -36.0 | -3,062.4 | 0.0 | Management, commissioning and operational delivery of core and statutory public health advice and monitoring services to ensure delivery of KCC's responsibilities as a Public Health Authority. |
| 63 | 0.0 | Sexual Health Services | 0.0 | 12,641.0 | 12,641.0 | 0.0 | -1,000.0 | -11,641.0 | 0.0 | Commissioning of mandated contraception and sexually transmitted infection advice and treatment services. This includes approximately 35,000 15-24 year olds screened for Chlamydia as part of the national screening programme; over 6,000 long acting reversible contraceptive devices inserted, with almost 5,000 being removed; and almost 28,000 first appointments and 7,000 follow up appointments in respect of Genito-Urinary Medicine, both in county and out of county. |

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

| Row Ref | 2015-16 Revised Base | Service | 2016-17 Proposed Budget | | | | | | | Affordable Activity |
|---------|----------------------|--|-------------------------|----------------|-------------------|-----------------|-----------------|------------|-----------------|---|
| | Net Cost | | Staffing | Non staffing | Gross Expenditure | Internal Income | External Income | Grants | Net Cost | |
| | £000s | | £000s | £000s | £000s | £000s | £000s | £000s | £000s | |
| 64 | 0.0 | Targeting Health Inequalities | 0.0 | 6,096.0 | 6,096.0 | 0.0 | -40.0 | -6,056.0 | 0.0 | Provision of a number of programmes to reduce health inequalities in Kent. This includes the mandated Health Checks programme for adults where approximately 91,000 invites will be issued with the aim of 45,000 residents receiving a Health Check. The provision of Health Trainers will ensure community engagement and access to services. Also includes Health & Social Care Integration and tackling Seasonal Deaths by reducing ill health through emergency and sustainable solutions. |
| 65 | 0.0 | Tobacco Control and Stop Smoking Services | 0.0 | 3,226.0 | 3,226.0 | 0.0 | 0.0 | -3,226.0 | 0.0 | Over 9,000 people engaged with mandated adult smoking cessation services and other programmes and pilots (target of 5,000 people to successfully quit), which will focus on prevention, awareness and de-normalisation of smoking, smoke-free environments and partnerships to tackle illicit tobacco. |
| | | <u>Assessment Services</u> | | | | | | | | |
| 66 | 33,419.9 | Adult's Social Care Staffing | 36,360.4 | 3,017.1 | 39,377.5 | -37.2 | -5,024.3 | 0.0 | 34,316.0 | Social care staffing providing assessment of community care needs undertaken by Case Managers and Mental Health Social Workers. |
| 67 | 42,473.6 | Children's Social Care Staffing | 47,118.5 | 3,300.2 | 50,418.7 | -9,400.4 | -321.1 | 0.0 | 40,697.2 | Social Care staffing providing assessment of children & families needs and ongoing support to looked after children. |
| 68 | 75,893.5 | Total Assessment Services | 83,478.9 | 6,317.3 | 89,796.2 | -9,437.6 | -5,345.4 | 0.0 | 75,013.2 | |
| | | <u>Management, Support Services and Overheads</u> | | | | | | | | |
| | | Directorate Management and Support for: | | | | | | | | These budgets include the directorate centrally held costs, which include the budgets for, amongst other things, the strategic directors and heads of service. |
| 69 | 7,652.9 | Social Care, Health & Wellbeing (SCH&W) | 4,727.4 | 4,009.5 | 8,736.9 | -346.9 | -160.0 | -1,177.1 | 7,052.9 | |

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

| Row Ref | 2015-16 Revised Base | Service | 2016-17 Proposed Budget | | | | | | | Affordable Activity |
|---------|----------------------|---|-------------------------|----------------|-------------------|-----------------|-----------------|-----------------|-----------------|---|
| | Net Cost | | Staffing | Non staffing | Gross Expenditure | Internal Income | External Income | Grants | Net Cost | |
| | £000s | | £000s | £000s | £000s | £000s | £000s | £000s | £000s | |
| | | Support to Frontline Services: | | | | | | | | |
| 70 | 3,834.5 | Adult's Social Care Commissioning | 4,196.3 | 154.5 | 4,350.8 | -40.0 | -289.5 | 0.0 | 4,021.3 | Responsible for developing and delivering a commissioning strategy and procurement priorities for both Accommodation Solutions and Community Support for all vulnerable adults. |
| 71 | 974.0 | Adult's Social Care Performance Monitoring | 1,055.0 | 42.4 | 1,097.4 | 0.0 | 0.0 | 0.0 | 1,097.4 | Responsible for performance monitoring and information services for adults social care. |
| 72 | 2,096.7 | Children's Social Care Commissioning | 1,781.2 | -37.0 | 1,744.2 | 0.0 | 0.0 | 0.0 | 1,744.2 | Responsible for developing and delivering a commissioning strategy and procurement priorities for Specialist Children's Services |
| 73 | 763.1 | Children's Social Care Performance Monitoring | 729.5 | 33.6 | 763.1 | 0.0 | 0.0 | 0.0 | 763.1 | Responsible for performance monitoring and information services for children's social care. |
| 74 | 15,321.2 | Total Management, Support Services and Overheads | 12,489.4 | 4,203.0 | 16,692.4 | -386.9 | -449.5 | -1,177.1 | 14,678.9 | |
| 75 | 483,092.4 | TOTAL | 148,596.5 | 609,811.7 | 758,408.2 | -19,450.5 | -113,010.1 | -131,579.0 | 494,368.6 | |

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| Row Ref | SOCIAL CARE, HEALTH & WELLBEING | | | | | | |
|---------|---|---|-------------------------------|-------------------------|------------------|------------------|------------------|
| | SECTION 3 - CAPITAL INVESTMENT PLANS 2016-17 TO 2018-19 BY YEAR | | | | | | |
| | | | Three Year Budget £'000 | | Cash Limits | | |
| | | | | | 2016-17 £'000 | 2017-18 £'000 | 2018-19 £'000 |
| | Rolling Programmes | Description of Project | | | | | |
| 1 | Home Support Fund & Equipment* | Provision of equipment and/or alterations to individuals' homes | 6,360 | | 2,120 | 2,120 | 2,120 |
| 2 | Total Rolling Programmes | | 6,360 | | 2,120 | 2,120 | 2,120 |
| | | | Total Cost of Scheme £'000 | Previous Spend £'000 | Cash Limits | | |
| | | | | | 2016-17 £'000 | 2017-18 £'000 | 2018-19 £'000 |
| | Individual Projects | Description of Project | | | | | |
| | Liberi System Enhancements: | | | | | | |
| 3 | ConTROCC | Foster Payment System replacement and continuation of use of Liberi to include all financial costs | 1,315 | 1,105 | 210 | | |
| | Kent Strategy for Services for Learning Disability (LD): | | | | | | |
| 4 | Learning Disability Good Day Programme - Community Hubs | Community Hubs - provide dedicated space, accessible equipment and facilities for people with a learning disability within inclusive community settings across the county | 1,985 | 1,270 | 715 | | |
| 5 | Learning Disability Good Day Programme - Community Initiatives e.g. leisure centres | Community Initiatives - working with partner organisations to provide access and facilities across the county for people with a learning disability | 1,100 | 637 | 463 | | |
| | Adults Services: | | | | | | |
| 6 | Developer Funded Community Schemes | A variety of community schemes to be funded by developer contributions | 914 | 155 | 759 | | |

| Row Ref | SOCIAL CARE, HEALTH & WELLBEING | | | | | | | |
|--|---|--|-------------------------------|-------------------------|------------------|------------------|------------------|----------------------|
| | SECTION 3 - CAPITAL INVESTMENT PLANS 2016-17 TO 2018-19 BY YEAR | | | | | | | |
| | | | Total Cost of Scheme £'000 | Previous Spend £'000 | Cash Limits | | | |
| | | | | | 2016-17 £'000 | 2017-18 £'000 | 2018-19 £'000 | Later Years £'000 |
| | Individual Projects | Description of Project | | | | | | |
| | Kent Strategy for Services for Older People (OP): | | | | | | | |
| 7 | <i>OP Strategy - Specialist Care Facilities</i> | Older Persons Care Provision - Accommodation Strategy | 3,281 | 1,281 | 2,000 | | | |
| 8 | PFI - Excellent Homes for All** | Development of new Social Housing for vulnerable people in Kent | 37,778 | 3,743 | 34,035 | | | |
| 9 | <i>Community Care Centre - Ebbsfleet</i> | Provision of Community Care Facility at Ebbsfleet | 544 | | | | 544 | |
| 10 | <i>Community Care Centre - Thameside Eastern Quarry</i> | Provision of Community Care Facility at Thameside Eastern Quarry | 500 | | | | 500 | |
| | System Enhancements: | | | | | | | |
| 11 | Information Technology Projects | SWIFT development and mobile working | 786 | 743 | 43 | | | |
| | Community Sexual Health Services: | | | | | | | |
| 12 | Community Sexual Health Services | Development of premises for delivery of community sexual health services | 360 | 180 | 180 | | | |
| 13 | Total Individual Projects | | 48,563 | 9,114 | 38,405 | 0 | 1,044 | |
| 14 | Directorate Total | | 54,923 | 9,114 | 40,525 | 2,120 | 3,164 | |
| <p><i>Italic font:</i> these are projects that are relying on significant elements of unsecured funding and will only go ahead if the funding is achieved.</p> <p>* Estimated allocations have been included for 2016-17, 2017-18, and 2018-19.</p> <p>** Reflects construction value.</p> | | | | | | | | |

| Row Ref | SOCIAL CARE, HEALTH & WELLBEING | | | | | |
|-------------------------|---|-------------------------|------------------|------------------|------------------|----------------------|
| | SECTION 3 - CAPITAL INVESTMENT PLANS 2016-17 TO 2018-19 BY YEAR | | | | | |
| | Total Cost of Scheme £'000 | Previous Spend £'000 | Cash Limits | | | |
| | | | 2016-17 £'000 | 2017-18 £'000 | 2018-19 £'000 | Later Years £'000 |
| Funded by: | | | | | | |
| Borrowing | 283 | 240 | 43 | | | |
| PEF2 | 369 | 369 | | | | |
| Grants | 9,438 | 1,900 | 3,298 | 2,120 | 2,120 | |
| Developer Contributions | 2,001 | 198 | 759 | | 1,044 | |
| Other External Funding | 0 | | | | | |
| Revenue and Renewals | 360 | 180 | 180 | | | |
| Capital Receipts | 4,694 | 2,484 | 2,210 | | | |
| PFI | 37,778 | 3,743 | 34,035 | | | |
| Total: | 54,923 | 9,114 | 40,525 | 2,120 | 3,164 | 0 |

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| Row Ref | SOCIAL CARE, HEALTH & WELLBEING | | | | | | | | | | | | |
|---|---|----------------------|----------------|-----------|--------|------------|------------------------|--------------------|------------------|------------------------------|--------|---------------|-------------|
| | SECTION 3 - CAPITAL INVESTMENT PLANS 2016-17 TO 2018-19 BY FUNDING | | | | | | | | | | | | |
| | | 2016-19 Funded By: | | | | | | | | | | | |
| | | Three Year Budget | | Borrowing | Grants | Dev Contrs | Other External Funding | Revenue & Renewals | Capital Receipts | Recycling of Loan Repayments | PFI | Total 2016-19 | |
| | | £'000 | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | |
| ROLLING PROGRAMMES | | | | | | | | | | | | | |
| 1 | <i>Home Support Fund & Equipment*</i> | 6,360 | | | 6,360 | | | | | | | 6,360 | |
| 2 | Total Rolling Programmes | 6,360 | | 0 | 6,360 | 0 | 0 | 0 | 0 | 0 | 0 | 6,360 | |
| | | Total Cost of Scheme | Previous Spend | Borrowing | Grants | Dev Contrs | Other External Funding | Revenue & Renewals | Capital Receipts | Recycling of Loan Repayments | PFI | Total 2016-19 | Later Years |
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| INDIVIDUAL PROJECTS | | | | | | | | | | | | | |
| Liberi System Enhancements: | | | | | | | | | | | | | |
| 3 | ConTROCC | 1,315 | 1,105 | | | | | | 210 | | | 210 | |
| Kent Strategy for Services for Learning Disability (LD): | | | | | | | | | | | | | |
| 4 | Learning Disability Good Day Programme - Community Hubs | 1,985 | 1,270 | | 715 | | | | | | | 715 | |
| 5 | Learning Disability Good Day Programme - Community Initiatives e.g. leisure centres | 1,100 | 637 | | 463 | | | | | | | 463 | |
| Adults Services: | | | | | | | | | | | | 0 | |
| 6 | Developer Funded Community Schemes | 914 | 155 | | | 759 | | | | | | 759 | |
| Kent Strategy for Services for Older People (OP): | | | | | | | | | | | | | |
| 7 | <i>OP Strategy - Specialist Care Facilities</i> | 3,281 | 1,281 | | | | | | 2,000 | | | 2,000 | |
| 8 | PFI - Excellent Homes for All | 37,778 | 3,743 | | | | | | | | 34,035 | 34,035 | |
| 9 | <i>Community Care Centre - Ebbsfleet</i> | 544 | | | | 544 | | | | | | 544 | |
| 10 | <i>Community Care Centre - Thameside Eastern Quarry</i> | 500 | | | | 500 | | | | | | 500 | |

| Row Ref | SOCIAL CARE, HEALTH & WELLBEING | | | | | | | | | | | | |
|---|--|----------------------|----------------|-----------|--------------|--------------|------------------------|--------------------|------------------|------------------------------|---------------|---------------|-------------|
| | SECTION 3 - CAPITAL INVESTMENT PLANS 2016-17 TO 2018-19 BY FUNDING | | | | | | | | | | | | |
| | | 2016-19 Funded By: | | | | | | | | | | | |
| | | Total Cost of Scheme | Previous Spend | Borrowing | Grants | Dev Contrs | Other External Funding | Revenue & Renewals | Capital Receipts | Recycling of Loan Repayments | PFI | Total 2016-19 | Later Years |
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| | INDIVIDUAL PROJECTS | | | | | | | | | | | | |
| | System Enhancements: | | | | | | | | | | | | |
| 11 | Information Technology Projects | 786 | 743 | 43 | | | | | | | | 43 | |
| | Community Sexual Health Services: | | | | | | | | | | | | |
| 12 | Community Sexual Health Services | 360 | 180 | | | | | 180 | | | | 180 | |
| 13 | Total Individual Projects | 48,563 | 9,114 | 43 | 1,178 | 1,803 | 0 | 180 | 2,210 | 0 | 34,035 | 39,449 | 0 |
| | | | | | | | | | | | | | |
| 14 | TOTAL CASH LIMIT | 54,923 | 9,114 | 43 | 7,538 | 1,803 | 0 | 180 | 2,210 | 0 | 34,035 | 45,809 | 0 |
| <p><i>Italic font:</i> these are projects that are relying on significant elements of unsecured funding and will only go ahead if the funding is achieved.</p> <p>* Estimated allocations have been included for 2016-17, 2017-18, and 2018-19.</p> | | | | | | | | | | | | | |

From: 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 – 22 January 2016

Subject: **RECRUITMENT AND RETENTION OF CHILDREN'S SOCIAL WORKERS**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Divisions: All

Summary: This paper provides an update to Children's Social Care Cabinet Committee on recruitment and retention and provides information on the government's proposed Accreditation Programme for children's social workers and the Memorandum of Co-operation for the South East Authorities.

Recommendation(s): The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the update in relation to recruitment and retention activity as outlined in this paper and the national and regional developments that will impact on KCC's workforce in the future

1. Introduction

1.1 This paper provides an update on the recruitment and retention activity since April 2015 as well as an update on developments in the government's national approach to the accreditation of children's social workers and the South East Regional Memorandum of Cooperation.

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, but the national shortage of experienced children's social workers and the unprecedented increase in the number of Unaccompanied Asylum Seeking Children (UASC) continues to impact on recruitment and has meant that the target of 85% of posts filled by permanent staff has not been achieved. In case-holding teams at the end of October 2015, 75.4% of posts were filled by permanent employees (compared to 75% in October 2014) with a further 19.6% being filled by agency staff (compared to 19% in October 2014).

2.1.1 The recruitment activity that has taken place between April and October 2015 is summarised in the table below:

| Social Workers | Senior Practitioners | Team Managers |
|---|--|---|
| 64 applications received (52 external, 12 internal) | 42 applications received (9 external, 33 internal) | 30 applications received (17 external, 13 internal) |
| 19 shortlisted | 38 shortlisted | 12 shortlisted |
| 11 offered | 9 offered (7 internal, 2 external) | 10 offered (9 internal, 1 external) |

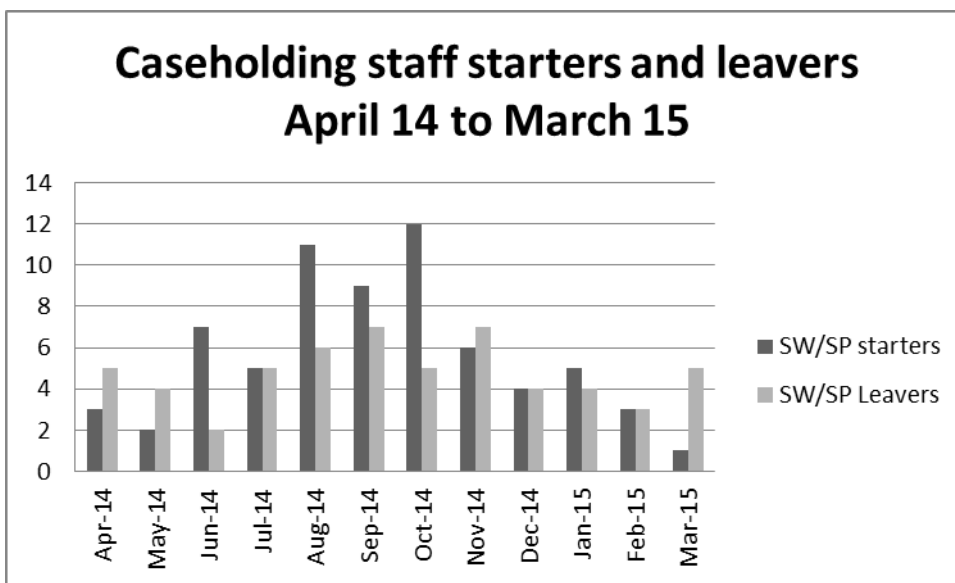
2.2 The key elements of the recruitment and retention activity are summarised below:

a) Targeted advertising for experienced social workers, senior practitioners and team managers has been agreed and planned up to April 2016. This will include targeted on-line advertising, social media, and maximisation of the google search facility to drive potential applicants to our website.

b) Additional retention/market premium payments targeted at staff reaching significant length of service landmarks were implemented from January 2015 and the second tranche of these payments will be made to 32 eligible social workers in January 2016.

d) The new car market premium was implemented in January 2015.

2.3 The impact of the additional payments has not yet been fully assessed but the graphs below show the numbers of qualified workers leaving KCC since April 2014. The first table is for the period April 2014 to March 2015 and the second table for the period starting April 2015.





2.3.1 An analysis of the reasons for leaving given by staff is being kept and will be reviewed by the Resourcing Group in March 2016.

2.3.2 There is a significantly higher number of leavers in July 2015 compared to July 2014: eight out of the ten leavers in July 2015 resigned for personal and domestic reasons or for new employment. Information gained from managers regarding the reasons for leaving include the re-design of the work of the social work teams, relocation of partners and families and workload.

2.3.3 Of the 46 leavers since April 2015, 25 had less than five years' service with KCC. We will be carrying out some further focus groups in February which will include questions about retention, especially given the introduction of the retention market premium in January 2015.

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 continued use of the capability framework which links to professional development, both of which are known to be valued by staff. Recent changes to the capability framework have been introduced to simplify the requirements and enable progression decisions to be made locally.

2.5 The ability to attract high quality Newly Qualified Social Workers (NQSW) has continued this year and is fundamental to the underlying importance of planning for the longer term by growing our own supply of social workers. We have recruited 50 NQSWs since August 2015.

3. **Children and Family Social Worker Accreditation Pilot**

3.1 In November 2014 the Department for Education (DfE) published the knowledge and skills statements for the Approved Child and Family Practitioner status for social workers. A KPMG-led consortium is working closely with the Chief Social Worker and the DfE's Social Work Reform Unit to design and test this system.

3.2 Kent County Council, along with 26 other local authorities, have been invited to take part in the pilot (proof of concept phase) to develop the new assessment and accreditation process. A sample of Kent's social workers

and managers, including agency workers, have been asked to undertake the assessment to ensure that the process is robustly tested before it is implemented in 2016.

- 3.3 This process will apply to three areas of practice: Approved Child and Family Practitioner (social workers); Practice Supervisors (team managers and equivalent); and Practice Leaders (Assistant Directors).
- 3.4 The pilot will run between January and March 2016 and 1000 social workers will take part in total, including approximately 160 randomly selected within Kent.
- 3.5 There will be three parts to the assessment: digital assessment; simulated observation; and direct observation of real practice.
- 3.6 The assessment will lead to an accreditation, which will be recognised by employers as evidence of social workers skills and knowledge and will provide clarity on the quality of practice that can be expected. It will also set the minimum standards and consistent practice across the country.
- 3.7 As part of the pilot phase we will have the opportunity to feedback on the process itself and the feasibility of applying it to the whole children's social care workforce including agency workers. Whilst it is recognised that high quality practice is fundamental to providing outstanding services, we have to balance this with the evidence required from staff to demonstrate their capabilities and apply this in a consistent and time efficient way.

4. South East Region Memorandum of Cooperation for Managing the Demand and Supply of Children's Social Workers

- 4.1 The Memorandum of Cooperation (MoC) is an attempt to work more collaboratively across the South East Region initially, and then with ordering councils, in order to manage the demand and supply of children's social workers.
 - 4.1.1 This has resulted from the continuing difficulties in recruiting permanent staff nationally and regionally. Whilst each council is focused on attraction, recruitment and retention to fill social worker vacancies and leadership roles, success is mixed. Some authorities are experiencing severe service quality issues and their increased recruitment and agency supply activities are affecting the whole supply pipeline. The mis-match in requirements, i.e. over-demand and under-supply, is affecting all local authorities.
- 4.2 The MoC has identified a number of elements outlined below which are design to ensure increased quality of workers:
 - 1. Adopt a common minimum standard for referencing to help prevent 'recycling' of poor quality permanent and agency workers.
 - 2. Use end of placement reviews with adequate information passed back to the agency workers and the agency supplier to determine any development requirements or to cease placing the worker to help to address quality issues.

3. To work towards fully implementing the terms of this MoC via all their agency suppliers.
 4. Proactively use their agency supply chain as a pipeline for the supply of permanent workers, in addition to direct recruitment.
 5. Ensure that permanent and agency workers are clear from the outset of the MoC and how it is being adopted by all signatory LAs and their agency suppliers. LAs and suppliers will provide standardised information on the MoC during recruitment and at induction.
 6. LAs and all their suppliers (whether providing permanent or temporary supply of workers) to refrain from aggressive 'headhunting' from within those LAs that have adopted the MoC, unless for a promotional role. Some rules of engagement will be developed in discussion with LAs for this purpose.
 7. Work towards comparable pay rates across the region for agency social workers.
 8. Develop a policy designed to discourage children's social workers from moving from permanent to agency contracts. Any children's social worker leaving a permanent contract would not be employed on an agency contract by another authority in the region on an agency contract within six or 12 months (defined period to be agreed). This would not apply to permanent staff moving to permanent roles in other authorities within the region.
 9. Develop a regional approach to workforce planning for social workers to forecast and then help to plan to meet future demand.
- 4.3 As of November 2015 15 of the 19 authorities in the region have signed up to Phase 1 of the MoC. Authorities have been consulted on Phase 2 and agreed that the focus should be on three key priorities:
- i) Agency pay
 - ii) Implementing a cooling off period for permanent staff wanting to move to agencies region wide
 - iii) Developing a regional workforce strategy
- 4.3.1 An in-depth benchmarking survey of the pay and conditions of both permanent and agency staff has been completed.
- 4.3.2 A standard agency referencing template has been agreed which is being adopted by all authorities engaged in the MoC.
- 4.3.3 Further links have been made with other regions who have developed or are developing their own MoCs. There are strong links with the East of England and London, which is crucial as these are the areas that influence our agency and permanent worker supply.
- 4.4 Representatives from the service and HR continue to represent the council at this forum and influence the direction of travel.

5. Equality Implications

5.1 There are no equality implications associated with this report.

6. Financial Implications

6.1 There are no financial implications associated with this report.

7. Legal Implications

7.1 There are no legal implications associated with this report.

8. Conclusions

8.1 The recruitment and retention of high quality staff continues to be challenging however it is anticipated that our local agreements 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.

8.2 Regional and national developments will have an impact on recruitment and retention activity in Kent and officer involvement in developing and refining these initiatives is important.

9. Recommendation(s)

9.1 Recommendation(s): The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the update on the recruitment and retention strategy for Children's Social Workers as outlined in this paper and the national and regional developments that will impact on KCC's workforce in the future.

10. Background Documents

10.1 None

11. Contact details

Report Author
Karen Ray
HR Business Partner – Social Care, Health and Wellbeing
03000 416948
Karen.ray@kent.gov.uk

From: Paul Carter, Leader of the Council

Peter Oakford, Cabinet Member for Specialist Children's Services

David Cockburn, Corporate Director, Strategic and Corporate Services

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

Andrew Scott-Clark, Director of Public Health

To: Children's Social Care and Health Cabinet Committee - 22 January 2016

Subject: **CABINET MEMBERS' PRIORITIES FOR BUSINESS PLANS 2016/17**

Classification: Unrestricted

Previous Pathway of Paper: Social Care, Health and Wellbeing DMT – December 2015

Future Pathway of Paper: None

Electoral Division: All

Summary: This report presents Cabinet Members' priorities that they wish to see reflected in the 2016/17 directorate business plans so that the Cabinet Committee can comment on them before the business plans are drafted.

Recommendations:

The Children's Social Care and Health Cabinet Committee is asked to **COMMENT** on the Cabinet Members' priorities for the 2016/17 directorate business plans

1. Introduction

- 1.1 On 10 September 2015, P&R Cabinet Committee received the annual report on business planning and approved the proposed process for developing the 2016/17 business plans.
- 1.2 The paper approved by County Council on 10 December about embedding strategic commissioning as business as usual also reinforces the changes to business plans for 2016/17 to ensure that they support and strengthen the authority's strategic commissioning approach.

- 1.3 The review of the 2015/16 business planning process found that although they reflect the priorities of Cabinet Members, in some cases these priorities were captured mid-way through the process, leading to redrafting.
- 1.4 To address this, the proposal for business planning in 2016/17 included a commitment for Cabinet Members to identify the top priorities that they wish to see reflected in the 2016/17 directorate business plans before the drafting process begins. This will ensure that they are incorporated into and shape the development of the directorate business plans.

2. Cabinet Member Priorities

- 2.1 Cabinet Members each took part in a 1:1 meeting with the Director of Strategy, Policy and Assurance to identify their top priorities during October. They identified both priorities for their own portfolio, and a number of cross-cutting priorities that apply more widely across KCC.
- 2.2 The priorities that each Cabinet Member identified were aggregated and discussed at Leader's Group in early November, where they were slightly amended and collectively agreed.
- 2.3 The full list of priorities identified by the Cabinet Members is provided in Appendix 1.
- 2.4 The priorities that will need to be reflected into the business plans that this Cabinet Committee will receive are below:

Cabinet Member priorities that will be reflected in the Social Care Health and Wellbeing Directorate Business Plan 2016/17:

- Continue to make delivering our statutory safeguarding responsibilities the top priority
- Develop efficient edge of care service to ensure that numbers of children in care are kept to a minimum
- Recommence direct management of the Adoption Service in line with the evolving partnership with Coram
- Lobby government for a national distribution scheme for Unaccompanied Asylum Seeking children (UASC)
- Lobby Government to fully fund the true cost of UASC and for full repayment of historical UASC underfunding
- Lobby Government to encourage other LAs not to place their CIC into Kent
- Increase number of appropriate step downs from Specialist Children's Services to Early Help
- Develop a new pathway for the transition of young people with a disability from children's to adults' services
- Ensure the transformation of delivery and optimisation of process becomes embedded in the business as usual
- Focus on the priorities of suitable accommodation, employment and training opportunities for care leavers
- Raise awareness of all elected members on their role and responsibilities as a corporate parent.

2.5 As well as the priorities identified specifically for the Directorate, there will be links and cross-over with the priorities identified for other Directorates, so Directorate Management Teams will be provided with the entire list as shown at Appendix 1 so they can reflect these links as appropriate.

2.6 In addition, Cabinet Members have identified a number of priorities around the way in which all Directorates need to work as we continue in our journey to become a strategic commissioning authority. These will inform the development of the directorate business plans, and will be put into practice in the implementation of the business plans during 2016/17. The priorities around ways of working reinforce the approach we have already set out in the Strategic Statement and Commissioning Framework. They are:

- Strengthen commissioning, procurement and contract management
- Ensure information requirements are clear in all contracts
- Better cross-support between Directorates
- Communicate better externally – messages to be linked to strategy
- Stronger evidence base for transformation decisions and better engagement with the public on the big service changes required

3. Next Steps on Drafting Directorate Business Plans

3.1 Each Directorate Management Team (DMT) will now begin drafting their 2016/17 business plan with support from Strategy, Policy and Assurance.

3.2 The draft directorate business plans will be brought to the relevant Cabinet Committees in March 2016 for comments before they are approved.

3.3 The timescales for the development, approval and publication of 2016/17 directorate business plans are provided in Table 1 below:

| Activity | Timescale |
|--|------------------------------|
| Development and agreement of Cabinet Members' priorities | Sept - Nov 2015 |
| Development of directorate and divisional priorities by DMTs | Dec 2015 - Jan 2016 |
| Drafting of directorate business plans including all the required information including approved County Council budget | Feb - Mar 2016 |
| Draft directorate business plans to Cabinet Committees | March 2016 round of meetings |
| Directorate business plans finalised taking into account Cabinet Committee comments | April – May 2016 |
| Final collective approval of directorate business plans by Cabinet Members and publication on the KCC website | May 2016 |

Table 1: Timescales for development of 2016/17 directorate business plans

3.11 Divisional and service level plans will be developed alongside Directorate level plans and approved in time to be published on KNet in May 2016.

4. RECOMMENDATIONS

4.1

The Children's Social Care and Health Cabinet Committee is asked to **COMMENT** on the Cabinet Members' priorities for the 2016/17 directorate business plans

5. Appendices

Appendix 1 – Business Plan Priorities

6. Background Documents

None

Author

Michael Thomas-Sam,
Strategic Business Adviser Social Care
03000 417238
Michael.Thomas-Sam@kent.gov.uk,

Relevant Director:

David Whittle,
Director Strategy, Policy, Relationships and Corporate Assurance
03000 416833
David.Whittle@kent.gov.uk,

Cabinet Members' priorities for the 2016/17 Directorate Business Plans

Finance and Procurement

- Make sure there is an effective system of contract management – corporate approach as well as resilience in services
- Commissioning improvement programme to develop better links between commissioning and procurement
- Fully exploit the Iproc Collaborative online systems to reduce cost
- Focus on cost control
- Examine discretionary and non-discretionary powers

Corporate and Democratic Services

- Work with a strategic partner to rethink the ICT infrastructure to support the organisation
- Deliver ICT systems integration
- Further progress the One Public Estate programme
- Review New Ways of Working to ensure it is fit for purpose - property assets must be in the right locations for our services and more quickly disposed of where no longer required
- Review the schools estate and put protocols in place for the quick disposal of unneeded assets
- HR to work with directorates to put proper succession planning protocols in place
- Develop the appropriate interface between the Business Service Centre and the directorates and ensure the BSC delivers on its budget commitments
- Manage the Member role in commissioning, ensuring they are appropriately trained, informed and involved and using Cabinet Committees and CAB appropriately

Commercial and Traded Services

- Implement Commercial Services business plan and deliver £6.7 million dividend
- Deliver transformation of external communication function linking with all Directorates to deliver less, better quality communication which is in line with wider strategy
- Deliver transformation of Legal Services – form a Joint Venture

Economic Development

- Coordination of marine activity including development & regeneration, skills & employment, manufacturing, ports, tourism and recreation
- Provide strategic planning and highways support to Districts to unlock sustainable housing development
- Work with partners to deliver strategic infrastructure to unlock housing and employment sites, particularly Lower Thames Crossing, Junction 10a of M20 and delivering superfast broadband across the county
- Secure funds for and look at opportunities for providing business support and build on the RGF to ensure recycled loans are used to best effect
- Maximise opportunities to leverage developer contribution, for example through S106, CIL and Commuted Sums for priority council services

Education

- Continue to increase take up of free places for two year olds
- Ensure school sufficiency and work with Gov to ensure new Free Schools are opened where they are most needed and make the most of Gov funding and engagement
- Continue implementation of special schools review, effective implementation of EHCPs, work with CCGs to deliver enhanced speech and language therapy, reduce out of county placements, delivery and expansion of new SEN transport through route optimisation
- Deliver higher levels of Good and Outstanding schools, work with schools to embed new system of assessment. Development of options to deliver an Education Learning Trust that are wide-ranging and of sufficient scale
- Deliver NEETs action plan, address skills tracking and structural issues including working with private providers

Environment and Transport

- Maintain the highways assets to a good standard to ensure safe and efficient journeys across Kent (with a particular focus on potholes and resurfacing, carriageway maintenance, introduction of LED street lighting and drainage)
- Develop a highways asset management strategy for approval
- Develop a single point of knowledge and evidence base to profile future population growth and needs through the GIF which is continually updated – embed the GIF, implement its ten-point plan and encourage partners and stakeholders to adopt it
- Ensure all major contracts and commissions including waste, highways maintenance, public transport and infrastructure provide optimal value for money for KCC
- Work with Highways England and partners to deliver a solution to Operation Stack
- Progress the development of Thanet Parkway
- Work with Districts to maximise the efficiency of waste collection and disposal
- Deliver Local Growth Fund projects and identify a prioritised programme for any future rounds of LGF
- Make on-street parking arrangements across the county more cost effective to deliver significant revenue savings
- Build the profile of the needs and opportunities of the heritage agenda
- Better work with the interests involved in the rural agenda
- Embed and coordinate delivery of Kent Environment Strategy
- Identify opportunities for income generation to enable delivery of better services without impacting the council tax payer
- Help to shape Local Plans to deliver sustainable growth and infrastructure ensuring KCC's interests are recognised and incorporated into the supporting Infrastructure Delivery Plans

Community Services

- Quickly progress the transformation of LRA and CLS into internally commissioned services

- Explore opportunities to deliver social value in council contracts through cultural commissioning
- Work with Turner Contemporary to identify and exploit commercial opportunities
- Embed arts and sports to deliver wider KCC strategic outcomes, including working with Public Health
- Build on the success of the integrated Resilience and Community Safety teams to provide better multi-agency working including closer working with health partners
- Further develop the intelligence-led approach to Public Protection, including building on joint working between Trading Standards and Community Safety

Specialist Children's Services

- Continue to make delivering our statutory safeguarding responsibilities the top priority
- Develop efficient edge of care service to ensure that numbers of children in care are kept to a minimum
- Recommence direct management of the Adoption Service in line with the evolving partnership with Coram
- Lobby government for a national distribution scheme for Unaccompanied Asylum Seeking children (UASC)
- Lobby Government to fully fund the true cost of UASC and for full repayment of historical UASC underfunding
- Lobby Government to encourage other LAs not to place their CIC into Kent
- Increase number of appropriate step downs from Specialist Children's Services to Early Help
- Develop a new pathway for the transition of young people with a disability from children's to adults' services
- Ensure the transformation of delivery and optimisation of process becomes embedded in the business as usual
- Focus on the priorities of suitable accommodation, employment and training opportunities for care leavers
- Raise awareness of all elected members on their role and responsibilities as a corporate parent.

Adult Social Care and Public Health and Health Reform

- Continue to make delivering our statutory safeguarding responsibilities the top priority
- Clarify roles, responsibilities and accountabilities within the commissioning cycle in line with embedding strategic commissioning into business as usual
- Ensure the right balance of non- residential and residential models of care and sufficient capacity in line with the overall strategy for adults with learning disabilities
- Manage demand for support for older people, managing increasing frailty and social isolation
- Ensure the continuing sustainability of the residential and domiciliary care market in Kent and the social care workforce
- Put systems in place to ensure that Transformation continues to be sustainable once transferred into business as usual

- Continue the KCC and NHS integration programme, including Pioneer and BCF work and initiatives including the vanguard, Integrated Commissioning Organisation, Healthy New Towns in North Kent and LD integrated commissioning
- Ensure the pathway to major improvements to the social care client systems is developed and progressed
- Ensure implementation of the Workforce Planning Strategy 2015-2020 with regards to succession planning, talent management and retaining critical roles within the organisation
- Continue to build KCC's relationship with the Voluntary and Community Sector, particularly around the preventative agenda
- Ensuring effective transformation of the adult and children public health improvement programmes in line with statutory guidance and within allocated financial resource
- Deliver the supporting transformation programmes including the new health inequalities strategy and the District health improvement deal
- Delivering the refresh of the JSNA and ensuring that it becomes a widely used and effective tool planning tool for the wider health and care sector, and drives the refresh of the Kent Health and Wellbeing Strategy
- Ensure a coordinated and effective programme of Health Improvement Campaigns across the health and care sector, delivering consistent health improvement messages to the public.

Cross-cutting priorities

- Look at ways to make the council more entrepreneurial
 - Strategic Business Development and Intelligence (Strategic and Corporate Services Directorate) to lead
- Ask the market to solve problems
 - Strategic Business Development and Intelligence (Strategic and Corporate Services Directorate) to lead
- Be more creative in anticipating and solving problems
 - Strategic Business Development and Intelligence (Strategic and Corporate Services Directorate) to lead
- Develop the preventative model and reduce demand
 - Strategy, Policy and Assurance (Strategic and Corporate Services Directorate) to lead
- Development of a devolution deal for Kent
 - Strategy, Policy and Assurance (Strategic and Corporate Services Directorate) to lead
- Continue to build KCC's relationship with the Voluntary and Community Sector, particularly around the preventative agenda
 - Strategy, Policy and Assurance (Strategic and Corporate Services Directorate) to lead
- Progress District Deals, taking a wider remit including health
 - Environment, Planning and Enforcement (Growth, Environment and Transport Directorate) to lead
- Succession planning – develop a High Potential Development Scheme
 - Engagement, Organisational Design and Development (Strategic and Corporate Services Directorate) to lead
- Further embed the PREVENT strategy across the council

- All Directorates

Priorities around ways of working

- Strengthen commissioning, procurement and contract management
- Ensure information requirements are clear in all contracts
- Better cross-support between Directorates
- Communicate better externally – messages linked to strategy
- Stronger evidence base for transformation decisions and better engagement with the public on the big service changes required

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From: 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 – 22 January 2016

Decision No: 15/00004

Subject: **ESTABLISHMENT OF A VOLUNTARY ADOPTION AGENCY**

Classification: Unrestricted

Past Pathway of Paper: N/A

Future Pathway of Paper: N/A

Electoral Divisions: All

Summary: This brief report updates the Children’s Social Care and Health Cabinet Committee on the progress of the earlier intention to establish a Voluntary Adoption Agency (VAA) for Kent in partnership with Coram. On the basis of the reasons outlined in this report, it is not at this point possible for Kent County Council to pursue the VAA option. The present contractual arrangements with Coram cease on 22 January 2016 and cannot be renewed further without a full tendering process. Kent County Council will therefore re-assume responsibility for the management of our Adoption Service from 23 January 2016 with the intention of our continuing to work with Coram under a new Development and Innovation Partnership Agreement.

Recommendation(s): The Children’s Social Care and Health Cabinet Committee is asked to **NOTE:**

- a) it has not been possible to progress the option to develop a Voluntary Adoption Agency (VAA) for Kent.
- b) plans for the further management and development of the Adoption Service.
- c) that the proposed decision (15/00004) will now be abandoned.

1. Introduction

1.1 In 2011 Kent County Council commissioned an independent review of its adoption services from Sir Martin Narey, the former Chief Executive of Barnado’s. As a result of his recommendations, the council entered into a management arrangement with Coram in January 2012 for the delivery of its adoption functions.

- 1.2 The council's partnership with Coram has been a beneficial one with significant improvements in performance both in relation to adopter recruitment and placement of children for adoption. Aspects of innovative practice in the delivery of adoption services have also been developed as part of this partnership, most notably in relation to Post Adoption Support Services.
- 1.3 In light of the fact that the contractual arrangements with Coram would conclude in January 2016, a report was brought to Committee in January 2015 to seek approval for the longer term development of a Voluntary Adoption Agency with the specific intention of this being led by Coram on the basis of our established and successful working partnership.

2. Establishment of a Voluntary Adoption Agency in Kent

- 2.1 Following on from the in principle endorsement by this Committee in January 2015 to establish a Voluntary Adoption Agency in Kent, more detailed dialogue was undertaken, most specifically with Procurement and Legal Services. Advice provided from both of these bodies unequivocally indicated that it would not be permissible for the council to progress such a significant contractual arrangement without a formal tendering process.
- 2.2 A specification was drawn up to encompass the core adoption activity of adopter recruitment, adoption panels, family finding, post adoption support and non-agency adoption. The tendering process was undertaken in July 2015, at the close of which only one submission was received, from Coram.
- 2.3 It was not possible to proceed with contract award as the submission made by Coram did not meet all of the conditions.
- 2.4 Under guidance provided by Procurement, the council had the option of pursuing further dialogue with Coram on the basis that they were the only respondent to the tender. This opportunity was taken, culminating with a formal meeting between council officials and senior Coram representatives in November 2015. At the culmination of this meeting, Coram confirmed they felt unable to pursue these conversations further as they considered the risks involved too great.
- 2.5 In the light of the fact that the present contractual arrangements with Coram conclude on 22 January 2016 and cannot be renewed further, it is unavoidable that the council re-assumes responsibility for the management of its adoption services. The council has reacted accordingly and the present Interim Assistant Director for Corporate Parenting has agreed to remain with us for a further six months as Head of Adoption Services to oversee the transition whilst substantive appointments can be made.
- 2.6 The council is mindful of the considerable benefits that have arisen from our work with Coram and we are seeking to maintain our working relationship through a further Partnership Agreement for Development and Innovation in Adoption Services under the framework of an Adoption Development Board. The detail of this remains under discussion with Coram. At a national level there is a strong expectation from Central Government that Local Authorities develop regional consortiums for adoption services alongside voluntary sector bodies so this arrangement will leave Kent well placed to explore future opportunities at a regional level.

3. Financial Implications

- 3.1 There will be financial costs associated with the envisaged Development and Innovation Partnership with Coram which remain to be fully scoped. However, all costs will be met from within the existing cash envelope for Adoption Services.

4. Legal Implications

- 4.1 The Service has worked closely with Procurement and Legal Services colleagues in the progression of this issue and the forward proposals. It is understood that single tender action will be permissible in respect of the continued engagement of Coram's services in the manner outlined.

5. Equalities Implications

- 5.1 None identified.

6. Corporate Implications

- 6.1 None identified.

7. Recommendations

7.1 Recommendations: The Children's Social Care and Health Cabinet Committee is asked to **NOTE:**

- a) it has not been possible to progress the option to develop a Voluntary Adoption Agency (VAA) for Kent.
- b) plans for the further management and development of the Adoption Service.
- c) that the proposed decision (15/00004) will now be abandoned.

8. Background Documents

Report to Children's Social Care and Health Cabinet Committee –
20 January 2015 <https://democracy.kent.gov.uk/documents/s50698/B4%20-%20Establishment%20of%20a%20VAA.pdf>

9. Contact details

Report Author

Philip Segurola
Director, Specialist Children's Services
03000 413120
Philip.segurola@kent.gov.uk

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

To: Children's Social Care & Health Cabinet Committee –
22 January 2016

Subject: **SPECIALIST CHILDREN'S SERVICE PERFORMANCE DASHBOARD**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: The Specialist Children's Service (SCS) performance dashboards provide members with progress against targets set for key performance and activity indicators.

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the SCS performance dashboard.

1. Introduction

1.1 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."

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

2. Children's Social Care Performance Report

2.1 The dashboard for SCS is attached as Appendix A.

2.2 The SCS performance dashboard includes latest available results which are for November 2015.

2.3 The indicators included are based on key priorities for SCS 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.

- 2.4 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.
- 2.5 Members are asked to note that the SCS dashboard is used within the Social Care, Health and Wellbeing Directorate to support the Transformation programme.
- 2.6 A subset of these indicators is used within the KCC Quarterly Performance Report which is submitted to Cabinet.
- 2.7 As an outcome of this report, members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.
- 2.8 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.

3. Summary of Performance

- 3.1 There are 44 measures within the SCS Performance Scorecard with a RAG (Red, Amber, Green) rating applied. Of these 18 are rated as Green, 20 as Amber and six indicators are rated as Red. Exception reporting against the six measures with a Red RAG rating is included within the Report attached as Appendix A.
- 3.2 In comparison to performance for the previous month (October 2015), 23 of the performance measures have shown an improvement, 2 of the measures have remained the same and 19 measures have shown a reduction.
- 3.3 In comparison to performance for March 2015, 22 of the performance measures show improvement and 22 measures show a reduction.
- 3.4 An additional page showing the impact on performance by the increasing cohort of Unaccompanied Asylum Seeking Children has been included within the Report in Appendix A.

4. Recommendations

- 4.1 The Children's Social Care and Health Cabinet Committee is asked to **NOTE** SCS performance dashboard.

5. Contact Information

Name: Maureen Robinson

Title: Management Information Service Manager for Children's Services

Tel No: 01622 696328

Email: Maureen.robinson@kent.gov.uk

6. Background Documents

None

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Social Care, Health and Wellbeing

Specialist Children's Services

Performance Management Scorecard

22nd January 2016

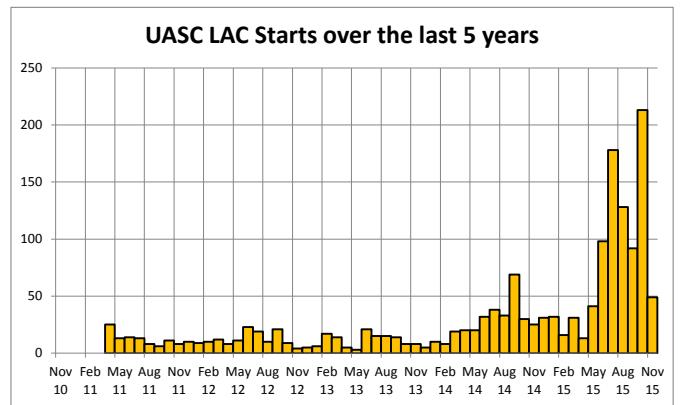
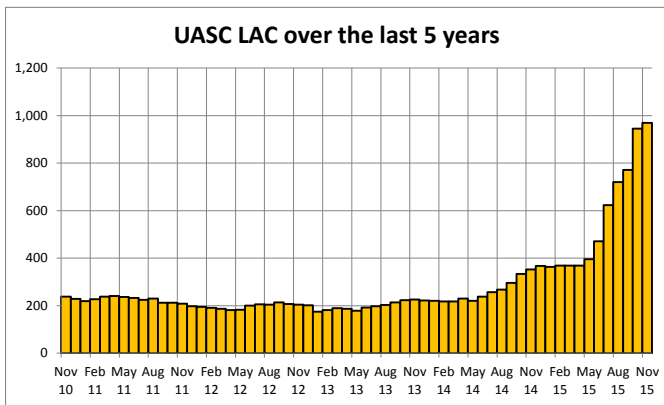
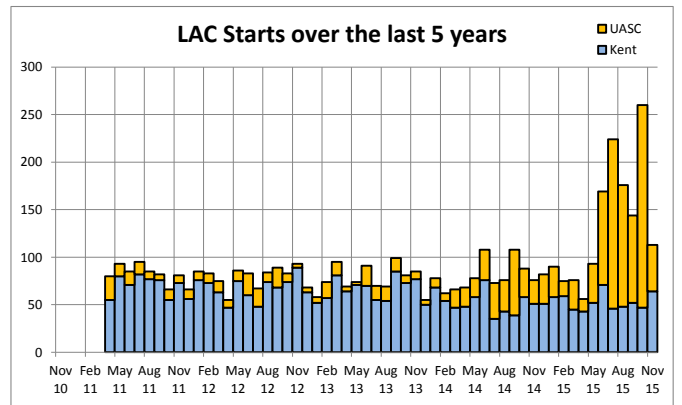
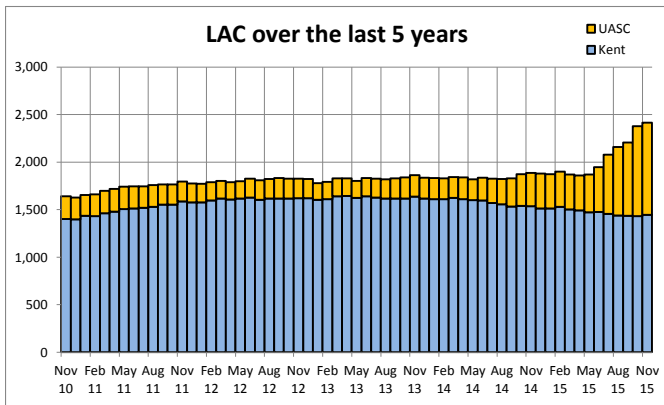
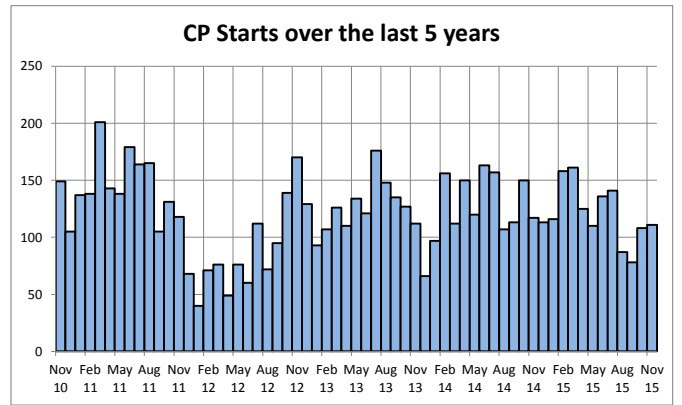
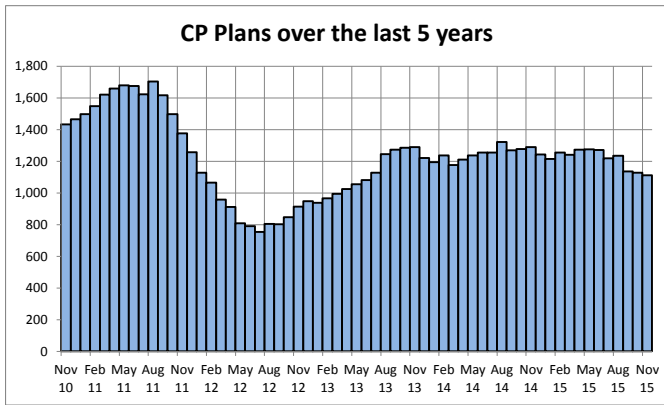
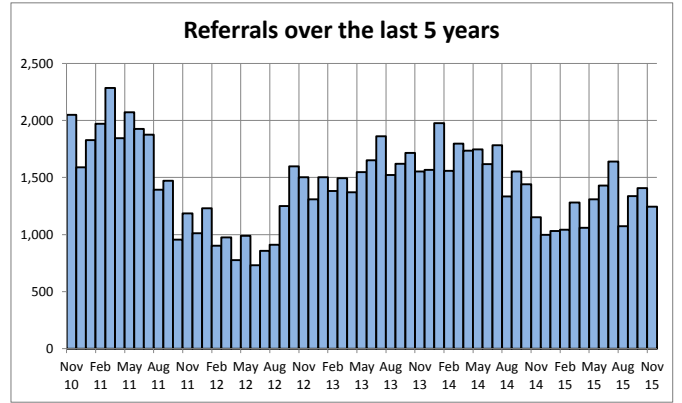
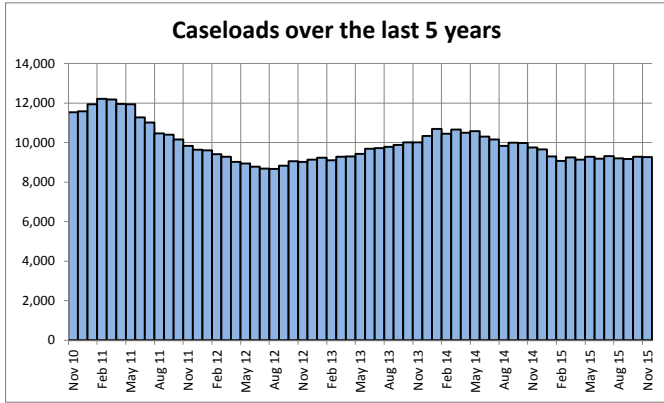


SCS Activity

| | Caseloads - This month | Caseloads - Last month | Caseloads - Change | Referrals in last month | CF Assessments in last month | CP Plans - This month | CP Plans - Last month | CP Plans - Change | CP Starts in last month | CP Ends in last month | Total LAC - This month | Total LAC - Last month | Total LAC - Change | UASC LAC - This month | UASC LAC - Last month | UASC LAC - Change | LAC Starts in last month | LAC Ends in last month | PF Cases - This month | PF Cases - Last month | PF Cases - Change |
|---------------------------|------------------------|------------------------|--------------------|-------------------------|------------------------------|-----------------------|-----------------------|-------------------|-------------------------|-----------------------|------------------------|------------------------|--------------------|-----------------------|-----------------------|-------------------|--------------------------|------------------------|-----------------------|-----------------------|-------------------|
| Kent | 9272 | 9284 | -12 | 1246 | 1304 | 1111 | 1127 | -16 | 111 | 127 | 2414 | 2378 | +36 | 969 | 945 | +24 | 113 | 67 | 32 | 38 | -6 |
| North Kent | 1093 | 1096 | -3 | 246 | 238 | 182 | 177 | +5 | 16 | 11 | 280 | 281 | -1 | 84 | 85 | -1 | 5 | 5 | 3 | 4 | -1 |
| East Kent | 2340 | 2310 | +30 | 393 | 410 | 446 | 461 | -15 | 34 | 49 | 672 | 684 | -12 | 127 | 131 | -4 | 17 | 21 | 11 | 14 | -3 |
| South Kent | 1653 | 1678 | -25 | 251 | 280 | 312 | 318 | -6 | 38 | 44 | 387 | 378 | +9 | 74 | 74 | 0 | 22 | 14 | 11 | 11 | 0 |
| West Kent | 1265 | 1283 | -18 | 252 | 258 | 164 | 165 | -1 | 22 | 23 | 386 | 379 | +7 | 101 | 104 | -3 | 18 | 10 | 7 | 9 | -2 |
| Disability Service | 1218 | 1232 | -14 | 18 | 73 | 7 | 6 | +1 | 1 | 0 | 102 | 101 | +1 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 |
| Asford AIT & FST | 396 | 378 | +18 | 98 | 82 | 100 | 88 | +12 | 22 | 10 | 14 | 1 | +13 | 0 | 0 | 0 | 15 | 3 | 1 | 1 | 0 |
| Canterbury AIT & FST | 363 | 401 | -38 | 80 | 91 | 112 | 114 | -2 | 10 | 14 | 5 | 8 | -3 | 0 | 0 | 0 | 1 | 1 | 7 | 12 | -5 |
| Dartford AIT & FST | 222 | 229 | -7 | 77 | 89 | 48 | 46 | +2 | 5 | 3 | 5 | 10 | -5 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Dover AIT & FST | 375 | 392 | -17 | 72 | 82 | 80 | 84 | -4 | 5 | 9 | 3 | 2 | +1 | 0 | 0 | 0 | 2 | 1 | 10 | 10 | 0 |
| Gravesham AIT & FST | 340 | 338 | +2 | 97 | 78 | 91 | 88 | +3 | 11 | 8 | 1 | 2 | -1 | 0 | 0 | 0 | 1 | 2 | 1 | 1 | 0 |
| Maidstone AIT & FST | 423 | 432 | -9 | 115 | 138 | 81 | 89 | -8 | 12 | 11 | 10 | 13 | -3 | 0 | 0 | 0 | 9 | 2 | 1 | 1 | 0 |
| Sevenoaks AIT & FST | 236 | 238 | -2 | 71 | 67 | 33 | 33 | 0 | 0 | 0 | 3 | 6 | -3 | 0 | 0 | 0 | 1 | 0 | 2 | 3 | -1 |
| Shepway AIT & FST | 453 | 467 | -14 | 73 | 106 | 129 | 137 | -8 | 11 | 19 | 2 | 0 | +2 | 0 | 0 | 0 | 3 | 1 | 0 | 0 | 0 |
| Swale AIT & FST | 559 | 524 | +35 | 132 | 93 | 159 | 154 | +5 | 17 | 8 | 4 | 2 | +2 | 0 | 0 | 0 | 5 | 2 | 3 | 1 | +2 |
| Thanet AIT & FST | 640 | 611 | +29 | 177 | 202 | 153 | 175 | -22 | 6 | 26 | 5 | 9 | -4 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 |
| The Weald AIT & FST | 428 | 434 | -6 | 137 | 115 | 67 | 68 | -1 | 9 | 10 | 5 | 3 | +2 | 0 | 0 | 0 | 5 | 2 | 6 | 8 | -2 |
| North Kent CIC | 295 | 291 | +4 | 1 | 4 | 10 | 10 | 0 | 0 | 0 | 271 | 263 | +8 | 84 | 85 | -1 | 2 | 3 | 0 | 0 | 0 |
| East Kent (Can/Swa) CIC | 367 | 347 | +20 | 0 | 4 | 10 | 6 | +4 | 1 | 1 | 336 | 336 | 0 | 82 | 83 | -1 | 1 | 3 | 0 | 0 | 0 |
| East Kent (Tha) CIC | 411 | 427 | -16 | 4 | 20 | 12 | 12 | 0 | 0 | 0 | 322 | 329 | -7 | 45 | 48 | -3 | 9 | 14 | 0 | 0 | 0 |
| South Kent CIC | 429 | 441 | -12 | 8 | 10 | 3 | 9 | -6 | 0 | 6 | 368 | 375 | -7 | 74 | 74 | 0 | 2 | 9 | 0 | 0 | 0 |
| West Kent CIC | 414 | 417 | -3 | 0 | 5 | 16 | 8 | +8 | 1 | 2 | 371 | 363 | +8 | 101 | 104 | -3 | 4 | 6 | 0 | 0 | 0 |
| UASC AIT | 598 | 565 | +33 | 51 | 45 | 0 | 0 | 0 | 0 | 0 | 583 | 551 | +32 | 583 | 551 | +32 | 45 | 15 | 0 | 0 | 0 |
| Disability EK | 576 | 586 | -10 | 9 | 40 | 3 | 3 | 0 | 0 | 0 | 64 | 64 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Disability WK | 642 | 646 | -4 | 9 | 33 | 4 | 3 | +1 | 1 | 0 | 38 | 37 | +1 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 |
| Adoption & SG | 123 | 114 | +9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CDT/OOH/CRU | 32 | 69 | -37 | 35 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 |
| Care Leaver Service (18+) | 950 | 937 | +13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |

SCS Activity

County Level



Scorecard - Kent

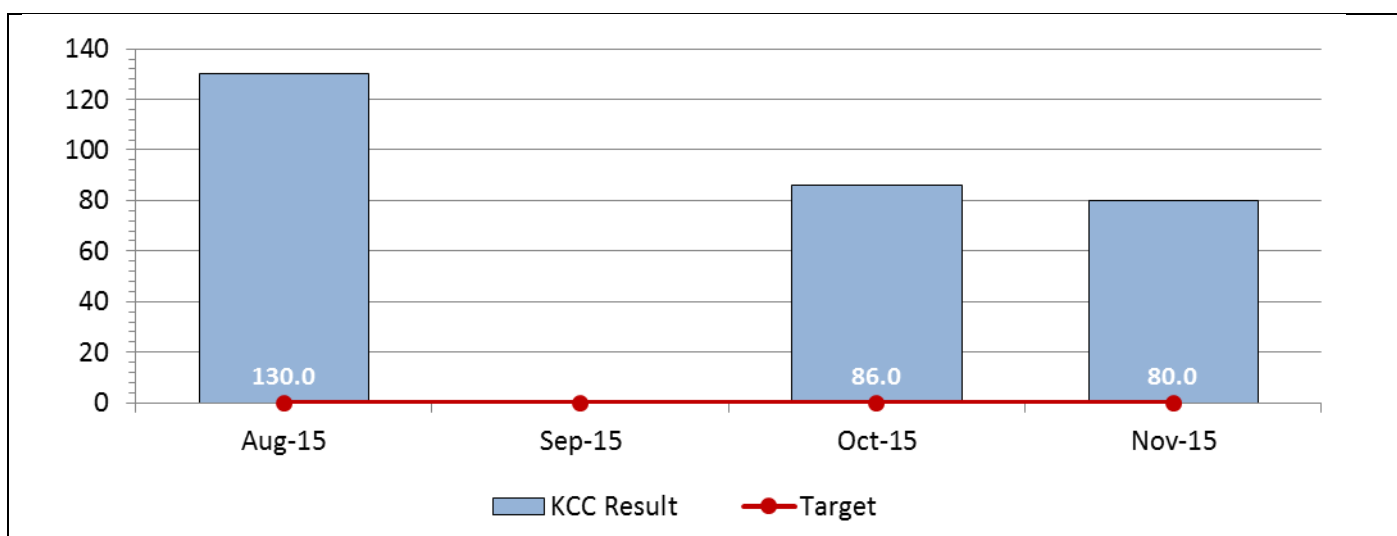
Nov 2015

| Indicators | Polarity | Data Period | LATEST RESULT | | | | PREVIOUS RESULT | | OUTTURN RESULT | |
|--|----------|-------------|------------------------------|-------|-------|------------------|--------------------------|------------------------------------|---------------------------|-----------------------------------|
| | | | Latest Result and RAG Status | Num | Denom | Target for 15/16 | Previous Reported Result | DoT from previous to latest result | Outturn (March 15) Result | DoT from outturn to latest result |
| REFERRAL AND ASSESSMENTS | | | | | | | | | | |
| 1 % of referrals with a previous referral within 12 months | L | YTD | 20.8% G | 2189 | 10500 | 25.0% | 20.8% | ↓ | 28.5% | ↑ |
| 2 % of C&F Assessments that were carried out within 45 working days | H | YTD | 89.9% A | 9936 | 11056 | 90.0% | 89.7% | ↑ | 84.3% | ↑ |
| 3 Number of C&F Assessments in progress outside of timescale | L | SS | 37 G | - | - | 75 | 44 | ↑ | 26 | ↓ |
| 4 % of Children seen at C&F Assessment (excludes unborn/missing) | H | YTD | 98.1% G | 10229 | 10430 | 98.0% | 98.0% | ↑ | 97.4% | ↑ |
| CHILDREN IN NEED | | | | | | | | | | |
| 5 % of CIN with a CIN Plan in place | H | SS | 88.7% A | 1979 | 2231 | 90.0% | 89.9% | ↓ | 87.2% | ↑ |
| 6 % of CIN who have been seen in the last 28 days | H | SS | 82.4% G | 1470 | 1784 | 70.0% | 82.9% | ↓ | 61.3% | ↑ |
| 7 Numbers of Unallocated Cases | L | SS | 80 R | - | - | 0 | 86 | ↑ | 0 | ↓ |
| PRIVATE FOSTERING | | | | | | | | | | |
| 8 % of PF notifications where initial visit held within 7 days | H | YTD | 73.9% R | 34 | 46 | 85.0% | 73.8% | ↑ | 88.4% | ↓ |
| 9 % of new PF arrangements where visits were held within 6 weeks | H | YTD | 75.6% R | 34 | 45 | 85.0% | 90.7% | ↓ | 88.0% | ↓ |
| 10 % of existing PF arrangements where visits were held in time | H | YTD | 80.8% A | 21 | 26 | 85.0% | 76.9% | ↑ | 57.1% | ↑ |
| CHILD PROTECTION | | | | | | | | | | |
| 11 % of Current CP Plans lasting 18 months or more | L | SS | 4.9% G | 54 | 1111 | 10.0% | 4.0% | ↓ | 5.5% | ↑ |
| 12 % of CP Visits held within timescale (Current CP only) | H | SS | 91.1% G | 16184 | 17765 | 90.0% | 92.1% | ↓ | 91.5% | ↓ |
| 13 % of CP cases which were reviewed within required timescales | H | SS | 100.0% G | 823 | 823 | 98.0% | 100.0% | ↔ | 99.4% | ↑ |
| 14 % of Children becoming CP for a second or subsequent time within 24 months | T | YTD | 10.5% A | 94 | 896 | 7.5% | 10.3% | ↓ | 7.5% | ↓ |
| 15 % of CP Plans lasting 2 years or more at the point of de-registration | L | YTD | 2.9% G | 30 | 1026 | 5.0% | 3.2% | ↑ | 2.2% | ↓ |
| 16 % of Children seen at Section 47 enquiry (excludes unborn) | H | YTD | 98.0% A | 2966 | 3028 | 98.0% | 97.8% | ↑ | 98.6% | ↓ |
| 17 % of ICPC's held within 15 working days of the S47 enquiry starting | H | YTD | 85.2% G | 777 | 912 | 75.0% | 84.6% | ↑ | 80.7% | ↑ |
| 18 % of Initial CP Conferences that lead to a CP Plan | T | YTD | 86.5% G | 896 | 1036 | 88.0% | 87.7% | ↓ | 90.3% | ↑ |
| CHILDREN IN CARE | | | | | | | | | | |
| 19 CIC Placement Stability: % with 3 or more placements in the last 12 months | L | SS | 12.0% A | 289 | 2414 | 9.0% | 10.4% | ↓ | 9.6% | ↓ |
| 20 CIC Placement Stability: % in same placement for last 2 years | H | SS | 72.3% G | 408 | 564 | 70.0% | 72.3% | ↑ | 72.7% | ↓ |
| 21 % of CIC Foster Care in KCC Foster Care/Rel & Friends placements | H | SS | 77.2% A | 1155 | 1497 | 85.0% | 77.8% | ↓ | 82.9% | ↓ |
| 22 % of CIC placed within 20 miles from home (Excludes UASC) | H | SS | 80.2% G | 1110 | 1384 | 80.0% | 81.1% | ↓ | 82.3% | ↓ |
| 23 % of Children who participated at CIC Reviews | H | YTD | 94.4% A | 3315 | 3513 | 95.0% | 95.0% | ↓ | 95.6% | ↓ |
| 24 % of CIC cases which were reviewed within required timescales | H | SS | 78.5% R | 1816 | 2312 | 98.0% | 87.0% | ↓ | 97.1% | ↓ |
| 25 % of CIC cases where all Dental Checks were held within required timescale | H | SS | 91.1% G | 1302 | 1429 | 90.0% | 88.5% | ↑ | 89.0% | ↑ |
| 26 % of CIC cases where all Health Assessments were held within required timescale | H | SS | 91.2% G | 1303 | 1429 | 90.0% | 91.2% | ↓ | 89.7% | ↑ |
| 27 % of CIC for 18 mths and allocated to the same worker for the last 12 mths | H | SS | 58.0% G | 592 | 1021 | 50.0% | 54.9% | ↑ | 47.0% | ↑ |
| ADOPTION | | | | | | | | | | |
| 28 % of cases adoption agreed as plan by 2nd review, for those with an agency decision | H | YTD | 66.7% R | 38 | 57 | 86.0% | 66.7% | ↔ | 68.2% | ↓ |
| 29 Ave. no of days between bla and moving in with adoptive family (for children adopted) | L | YTD | 530.4 A | 37657 | 71 | 426.0 | 542.2 | ↑ | 540.3 | ↑ |
| 30 Ave. no of days between court authority to place a child and the decision on a match | L | YTD | 233.1 R | 16548 | 71 | 121.0 | 237.0 | ↑ | 209.5 | ↓ |
| 31 % of Children leaving care who were adopted | H | YTD | 10.5% A | 71 | 677 | 13.0% | 10.3% | ↑ | 19.7% | ↓ |
| CARE LEAVERS | | | | | | | | | | |
| 32 % of Care Leavers that Kent is in touch with | H | YTD | 68.5% A | 622 | 908 | 75.0% | 68.5% | ↓ | 72.9% | ↓ |
| 33 % of Care Leavers in Suitable Accommodation | H | YTD | 61.5% A | 558 | 908 | 78.0% | 61.3% | ↑ | 64.9% | ↓ |
| 34 % of Care Leavers in Education, Employment or Training | H | YTD | 39.9% A | 362 | 908 | 45.0% | 39.5% | ↑ | 39.3% | ↑ |
| QUALITY ASSURANCE | | | | | | | | | | |
| 35 % of Case File Audits completed | H | YTD | 98.4% G | 479 | 487 | 95.0% | 99.3% | ↓ | 95.8% | ↑ |
| 36 % of Case File Audits rated Good or outstanding | H | YTD | 54.9% A | 263 | 479 | 60.0% | 52.5% | ↑ | 36.2% | ↑ |
| 37 % of Case File Audits rated inadequate | L | YTD | 3.5% A | 17 | 479 | 0.0% | 3.9% | ↑ | 11.9% | ↑ |
| 38 % of CP Social Work Reports rated good or outstanding | H | YTD | 71.4% A | 1148 | 1608 | 75.0% | 71.5% | ↓ | 71.2% | ↑ |
| 39 % of CIC Care Plans rated good or outstanding | H | YTD | 61.9% G | 2352 | 3800 | 60.0% | 62.3% | ↓ | 46.6% | ↑ |
| STAFFING | | | | | | | | | | |
| 40 % of caseholding posts filled by KCC Permanent QSW | H | SS | 76.2% A | 335.9 | 440.6 | 85.0% | 75.7% | ↑ | 79.0% | ↓ |
| 41 % of caseholding posts filled by agency staff | L | SS | 19.7% A | 86.8 | 440.6 | 15.0% | 19.6% | ↓ | 18.6% | ↓ |
| 42 Average Caseloads of social workers in CIC Teams | L | SS | 15.6 A | 1916 | 123.2 | 15.0 | 16.1 | ↑ | 15.7 | ↑ |
| 43 Average Caseloads of social workers in AIT & FST | L | SS | 19.2 G | 4435 | 231.4 | 20.0 | 19.4 | ↑ | 20.2 | ↑ |
| 44 Average Caseloads of fostering social workers | L | SS | 18.2 A | 860 | 47.3 | 18.0 | 19.6 | ↑ | 17.3 | ↓ |
| PERFORMANCE SUMMARY | | | | | | | | | | |
| As at 30/11/2015, Kent has 18 indicators rated as Green, 20 indicators rated as Amber and 6 indicators rated as Red. When comparing performance from last month to this month, 23 indicators have shown an improvement, 2 indicators have remained the same and 19 indicators have shown a reduction. When comparing performance from outturn (March 15) to this month, 22 indicators have shown an improvement, 0 indicators have remained the same and 22 indicators have shown a reduction. | | | | | | | | | | |

Scorecard - Impact of UASC

| Indicators | Polarity | Data Period | INCLUDING UASC | | | | EXCLUDING UASC | | | Variance with UASC excluded | | |
|---|----------|-------------|------------------------------|-----|-------|------------------|------------------------------|-------|-------|-----------------------------|-------|--------|
| | | | Latest Result and RAG Status | Num | Denom | Target for 15/16 | Latest Result and RAG Status | Num | Denom | | | |
| CHILDREN IN CARE - KENT | | | | | | | | | | | | |
| CIC Placement Stability: % with 3 or more placements in the last 12 months | L | SS | 12.0% | A | 289 | 2414 | 9.0% | 10.3% | A | 149 | 1445 | -1.7% |
| CIC Placement Stability: % in same placement for last 2 years | H | SS | 72.3% | G | 408 | 564 | 70.0% | 72.2% | G | 405 | 561 | -0.1% |
| % of CIC Foster Care in KCC Foster Care/Rel & Friends placements | H | SS | 77.2% | A | 1155 | 1497 | 85.0% | 87.4% | G | 1026 | 1174 | +10.2% |
| % of CIC placed within 20 miles from home (Excludes UASC) | H | SS | 80.2% | G | 1110 | 1384 | 80.0% | 80.2% | G | 1110 | 1384 | - |
| % of Children who participated at CIC Reviews | H | YTD | 94.4% | A | 3315 | 3513 | 95.0% | 96.4% | G | 2223 | 2306 | +2.0% |
| % of CIC cases which were reviewed within required timescales | H | SS | 78.5% | R | 1816 | 2312 | 98.0% | 97.8% | A | 1361 | 1391 | +19.3% |
| % of CIC cases where all Dental Checks were held within required timescale | H | SS | 91.1% | G | 1302 | 1429 | 90.0% | 92.2% | G | 1080 | 1172 | +1.0% |
| % of CIC cases where all Health Assessments were held within required timescale | H | SS | 91.2% | G | 1303 | 1429 | 90.0% | 93.1% | G | 1091 | 1172 | +1.9% |
| % of CIC for 18 mths and allocated to the same worker for the last 12 mths | H | SS | 58.0% | G | 592 | 1021 | 50.0% | 60.6% | G | 575 | 949 | +2.6% |
| CHILDREN IN CARE - NORTH KENT | | | | | | | | | | | | |
| CIC Placement Stability: % with 3 or more placements in the last 12 months | L | SS | 17.9% | R | 50 | 280 | 9.0% | 13.8% | R | 27 | 196 | -4.1% |
| CIC Placement Stability: % in same placement for last 2 years | H | SS | 73.5% | G | 50 | 68 | 70.0% | 73.1% | G | 49 | 67 | -0.4% |
| % of CIC Foster Care in KCC Foster Care/Rel & Friends placements | H | SS | 81.6% | A | 146 | 179 | 85.0% | 84.1% | A | 132 | 157 | +2.5% |
| % of CIC placed within 20 miles from home (Excludes UASC) | H | SS | 76.1% | A | 143 | 188 | 80.0% | 76.1% | A | 143 | 188 | - |
| % of Children who participated at CIC Reviews | H | YTD | 94.5% | A | 444 | 470 | 95.0% | 96.1% | G | 295 | 307 | +1.6% |
| % of CIC cases which were reviewed within required timescales | H | SS | 98.9% | G | 272 | 275 | 98.0% | 99.0% | G | 189 | 191 | +0.0% |
| % of CIC cases where all Dental Checks were held within required timescale | H | SS | 94.2% | G | 213 | 226 | 90.0% | 94.3% | G | 149 | 158 | +0.1% |
| % of CIC cases where all Health Assessments were held within required timescale | H | SS | 95.6% | G | 216 | 226 | 90.0% | 97.5% | G | 154 | 158 | +1.9% |
| % of CIC for 18 mths and allocated to the same worker for the last 12 mths | H | SS | 54.1% | G | 79 | 146 | 50.0% | 58.9% | G | 73 | 124 | +4.8% |
| CHILDREN IN CARE - EAST KENT | | | | | | | | | | | | |
| CIC Placement Stability: % with 3 or more placements in the last 12 months | L | SS | 10.9% | A | 73 | 672 | 9.0% | 9.4% | A | 51 | 545 | -1.5% |
| CIC Placement Stability: % in same placement for last 2 years | H | SS | 75.5% | G | 166 | 220 | 70.0% | 75.2% | G | 164 | 218 | -0.2% |
| % of CIC Foster Care in KCC Foster Care/Rel & Friends placements | H | SS | 91.0% | G | 473 | 520 | 85.0% | 92.6% | G | 428 | 462 | +1.7% |
| % of CIC placed within 20 miles from home (Excludes UASC) | H | SS | 89.0% | G | 471 | 529 | 80.0% | 89.0% | G | 471 | 529 | - |
| % of Children who participated at CIC Reviews | H | YTD | 94.5% | A | 1070 | 1132 | 95.0% | 97.5% | G | 889 | 912 | +3.0% |
| % of CIC cases which were reviewed within required timescales | H | SS | 95.7% | A | 630 | 658 | 98.0% | 96.6% | A | 513 | 531 | +0.9% |
| % of CIC cases where all Dental Checks were held within required timescale | H | SS | 87.8% | A | 477 | 543 | 90.0% | 88.5% | A | 399 | 451 | +0.6% |
| % of CIC cases where all Health Assessments were held within required timescale | H | SS | 88.4% | A | 480 | 543 | 90.0% | 91.4% | G | 412 | 451 | +3.0% |
| % of CIC for 18 mths and allocated to the same worker for the last 12 mths | H | SS | 59.8% | G | 235 | 393 | 50.0% | 62.1% | G | 228 | 367 | +2.3% |
| CHILDREN IN CARE - SOUTH KENT | | | | | | | | | | | | |
| CIC Placement Stability: % with 3 or more placements in the last 12 months | L | SS | 12.7% | R | 49 | 387 | 9.0% | 10.5% | A | 33 | 313 | -2.1% |
| CIC Placement Stability: % in same placement for last 2 years | H | SS | 72.7% | G | 80 | 110 | 70.0% | 72.7% | G | 80 | 110 | 0.0% |
| % of CIC Foster Care in KCC Foster Care/Rel & Friends placements | H | SS | 90.8% | G | 265 | 292 | 85.0% | 89.9% | G | 231 | 257 | -0.9% |
| % of CIC placed within 20 miles from home (Excludes UASC) | H | SS | 79.7% | A | 240 | 301 | 80.0% | 79.7% | A | 240 | 301 | - |
| % of Children who participated at CIC Reviews | H | YTD | 95.5% | G | 609 | 638 | 95.0% | 95.7% | G | 468 | 489 | +0.3% |
| % of CIC cases which were reviewed within required timescales | H | SS | 97.6% | A | 361 | 370 | 98.0% | 97.6% | A | 289 | 296 | +0.1% |
| % of CIC cases where all Dental Checks were held within required timescale | H | SS | 97.7% | G | 302 | 309 | 90.0% | 98.4% | G | 247 | 251 | +0.7% |
| % of CIC cases where all Health Assessments were held within required timescale | H | SS | 91.6% | G | 283 | 309 | 90.0% | 90.8% | G | 228 | 251 | -0.7% |
| % of CIC for 18 mths and allocated to the same worker for the last 12 mths | H | SS | 67.0% | G | 138 | 206 | 50.0% | 69.6% | G | 135 | 194 | +2.6% |
| CHILDREN IN CARE - WEST KENT | | | | | | | | | | | | |
| CIC Placement Stability: % with 3 or more placements in the last 12 months | L | SS | 15.5% | R | 60 | 386 | 9.0% | 11.9% | A | 34 | 285 | -3.6% |
| CIC Placement Stability: % in same placement for last 2 years | H | SS | 63.4% | A | 78 | 123 | 70.0% | 63.4% | A | 78 | 123 | 0.0% |
| % of CIC Foster Care in KCC Foster Care/Rel & Friends placements | H | SS | 74.9% | R | 203 | 271 | 85.0% | 80.9% | A | 190 | 235 | +5.9% |
| % of CIC placed within 20 miles from home (Excludes UASC) | H | SS | 72.6% | A | 191 | 263 | 80.0% | 72.6% | A | 191 | 263 | - |
| % of Children who participated at CIC Reviews | H | YTD | 95.3% | G | 531 | 557 | 95.0% | 96.7% | G | 411 | 425 | +1.4% |
| % of CIC cases which were reviewed within required timescales | H | SS | 95.4% | A | 353 | 370 | 98.0% | 98.9% | G | 266 | 269 | +3.5% |
| % of CIC cases where all Dental Checks were held within required timescale | H | SS | 87.0% | A | 228 | 262 | 90.0% | 91.0% | G | 203 | 223 | +4.0% |
| % of CIC cases where all Health Assessments were held within required timescale | H | SS | 90.8% | G | 238 | 262 | 90.0% | 94.6% | G | 211 | 223 | +3.8% |
| % of CIC for 18 mths and allocated to the same worker for the last 12 mths | H | SS | 44.7% | A | 88 | 197 | 50.0% | 47.0% | A | 87 | 185 | +2.4% |
| OTHER INDICATORS - COUNTY LEVEL | | | | | | | | | | | | |
| % of Care Leavers that Kent is in touch with | H | YTD | 68.5% | A | 622 | 908 | 75.0% | 73.6% | A | 436 | 592 | +5.1% |
| % of Care Leavers in Suitable Accommodation | H | YTD | 61.5% | A | 558 | 908 | 78.0% | 65.9% | A | 390 | 592 | +4.4% |
| % of Care Leavers in Education, Employment or Training | H | YTD | 39.9% | A | 362 | 908 | 45.0% | 40.5% | A | 240 | 592 | +0.7% |
| % of C&F Assessments that were carried out within 45 working days | H | YTD | 89.9% | A | 9936 | 11056 | 90.0% | 90.5% | G | 9693 | 10715 | +0.6% |
| % of Children leaving care who were adopted | H | YTD | 10.5% | A | 71 | 677 | 13.0% | 15.3% | G | 71 | 465 | +4.8% |
| Numbers of Unallocated Cases | L | SS | 80 | R | - | - | 0 | 0 | G | - | - | -80 |

| Number of Unallocated Cases | | | Red | |
|-----------------------------|--------------------------------|----------|--------------------------------|--|
| Cabinet Member | Peter Oakford | Director | Philip Segurola | |
| Portfolio | Specialist Children's Services | Division | Specialist Children's Services | |



| Trend Data – Month End | Aug 2015 | Sep 2015 | Oct 2015 | Nov 2015 |
|------------------------|----------|----------|----------|----------|
| KCC Result | 130 | 0 | 86 | 80 |
| Target | 0 | 0 | 0 | 0 |
| RAG Rating | Red | Green | Red | Red |

All 80 cases not allocated to a named social worker at the end of November were for Unaccompanied Asylum Seeking Children (UASC). These cases were being held by the relevant team managers in the UASC Teams.

In order to reduce the number of unallocated cases the caseload for the UASC teams is being reduced by transferring cases to Children in Care teams (based on available capacity). There are also a significant number of UASC who are due to turn 18 in January 2016 which will further reduce the caseload of the UASC teams, although this will lead to an increase the numbers in the Care Leaving Service.

Data Notes

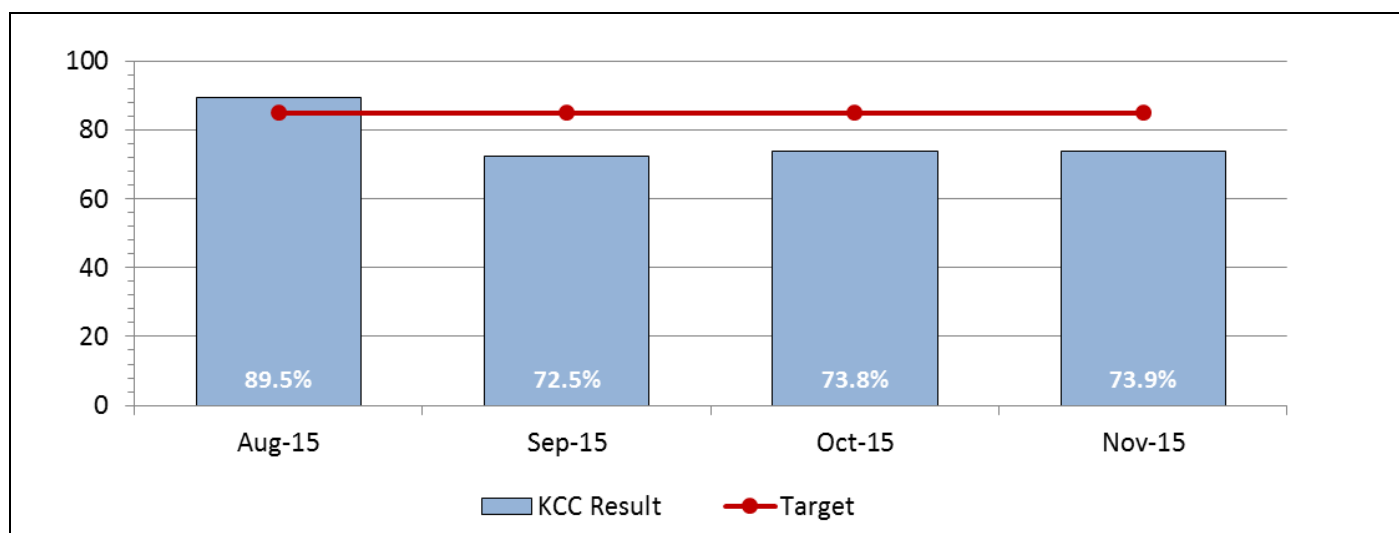
Target: 0 cases. Green is only achieved by having 0 cases unallocated. Amber 1-10, Red 11+

Tolerance: Lower values are better

Data: Figures shown are a snapshot taken at the end of each calendar month

Data Source: Liberi

| | | | |
|---|--------------------------------|----------|--------------------------------|
| % of PF notifications where initial visit held within 7 days | | | Red |
| Cabinet Member | Peter Oakford | Director | Philip Segurola |
| Portfolio | Specialist Children's Services | Division | Specialist Children's Services |



| Trend Data – Month End | Aug 2015 | Sep 2015 | Oct 2015 | Nov 2015 |
|------------------------|----------|----------|----------|----------|
| KCC Result | 89.5% | 72.5% | 73.8% | 73.9% |
| Target | 85.0% | 85.0% | 85.0% | 85.0% |
| RAG Rating | Green | Red | Red | Red |

34 out of 46 (73.9%) of initial visits for private fostering were held within the 7 day timescale. Of the 12 initial Private Fostering visits held outside of timescale 9 of these were notifications received of young people intending to study at private language schools.

Data Notes

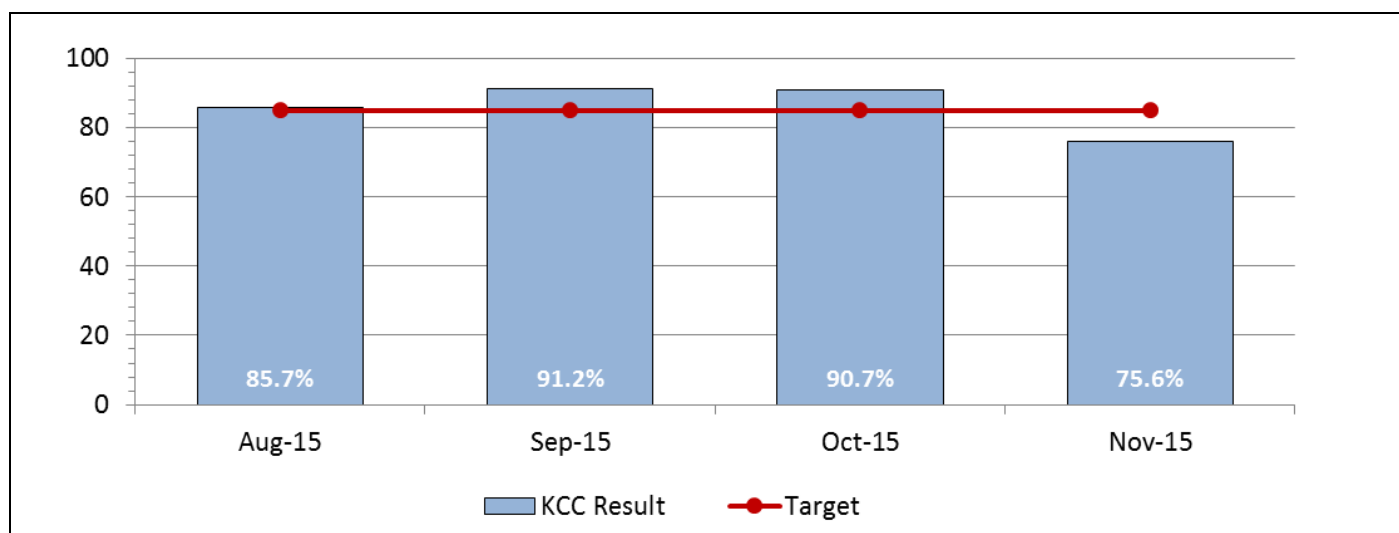
Target: 85% (RAG Bandings: Below 76.5% = Red, 76.5% to 85% = Amber, 85% and above = Green)

Tolerance: Higher values are better

Data: Figures shown are Year-to-Date. For example, the Oct 15 result is based on data from April 15 to Oct 15.

Data Source: Liberi

| | | | |
|---|--------------------------------|----------|--------------------------------|
| % of new PF arrangements where visits were held within 6 weeks | | | Red |
| Cabinet Member | Peter Oakford | Director | Philip Segurola |
| Portfolio | Specialist Children's Services | Division | Specialist Children's Services |



| Trend Data – Month End | Aug 2015 | Sep 2015 | Oct 2015 | Nov 2015 |
|------------------------|----------|----------|----------|----------|
| KCC Result | 85.7% | 91.2% | 90.7% | 75.6% |
| Target | 85.0% | 85.0% | 85.0% | 85.0% |
| RAG Rating | Green | Green | Green | Red |

34 of the 45 of the Private Fostering visits required within six weeks were held within timescale. Of the 11 that were missed, 7 of these relate to new arrangements since the last reporting period. The visits were missed in the process of transferring cases between Social Workers.

Data Notes

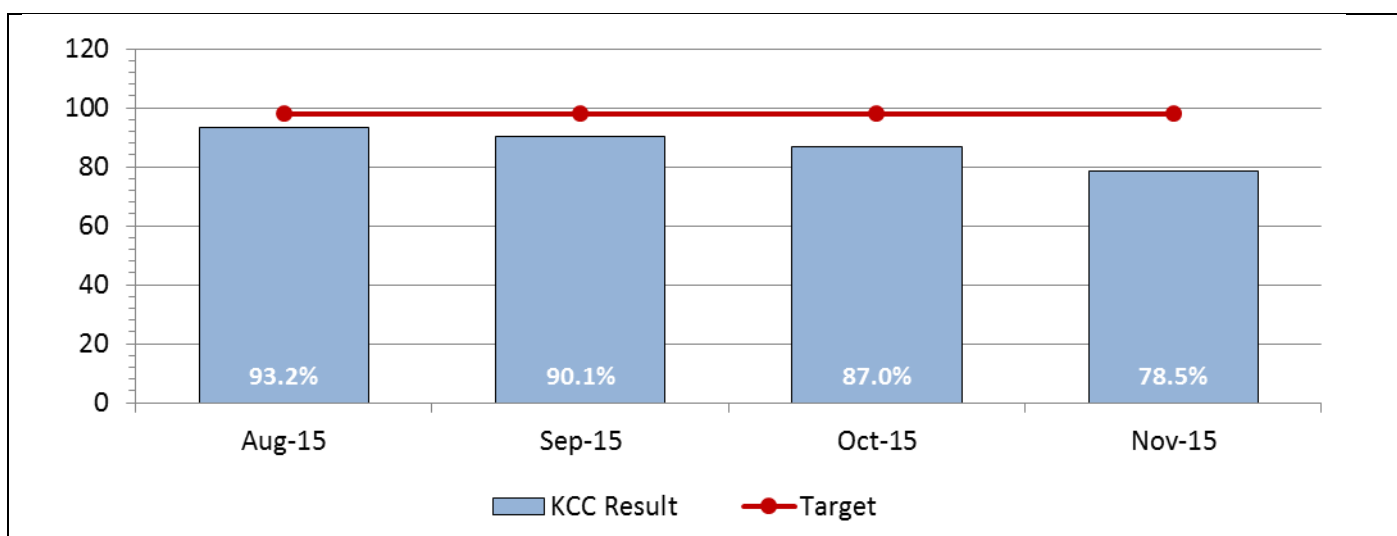
Target: 85% (RAG Bandings: Below 76.5% = Red, 76.5% to 85% = Amber, 85% and above = Green)

Tolerance: Higher values are better

Data: Figures shown are Year-to-Date. For example, the Oct 15 result is based on data from April 15 to Oct 15.

Data Source: Liberi

| | | | |
|---|--------------------------------|----------|--------------------------------|
| % of CIC cases which were reviewed within required timescale | | | Red |
| Cabinet Member | Peter Oakford | Director | Philip Segurola |
| Portfolio | Specialist Children's Services | Division | Specialist Children's Services |



| Trend Data – Month End | Aug 2015 | Sep 2015 | Oct 2015 | Nov 2015 |
|------------------------|--------------|--------------|------------|------------|
| KCC Result | 93.2% | 90.1% | 87.0% | 78.5% |
| Target | 98.0% | 98.0% | 98.0% | 98.0% |
| RAG Rating | Amber | Amber | Red | Red |

Performance against this indicator has been significantly impacted by the increase in the number of Unaccompanied Asylum Seeking Children (UASC).

If the UASC cohort are excluded from this measure, performance is at 97.8% and close to the 98% target.

Data Notes

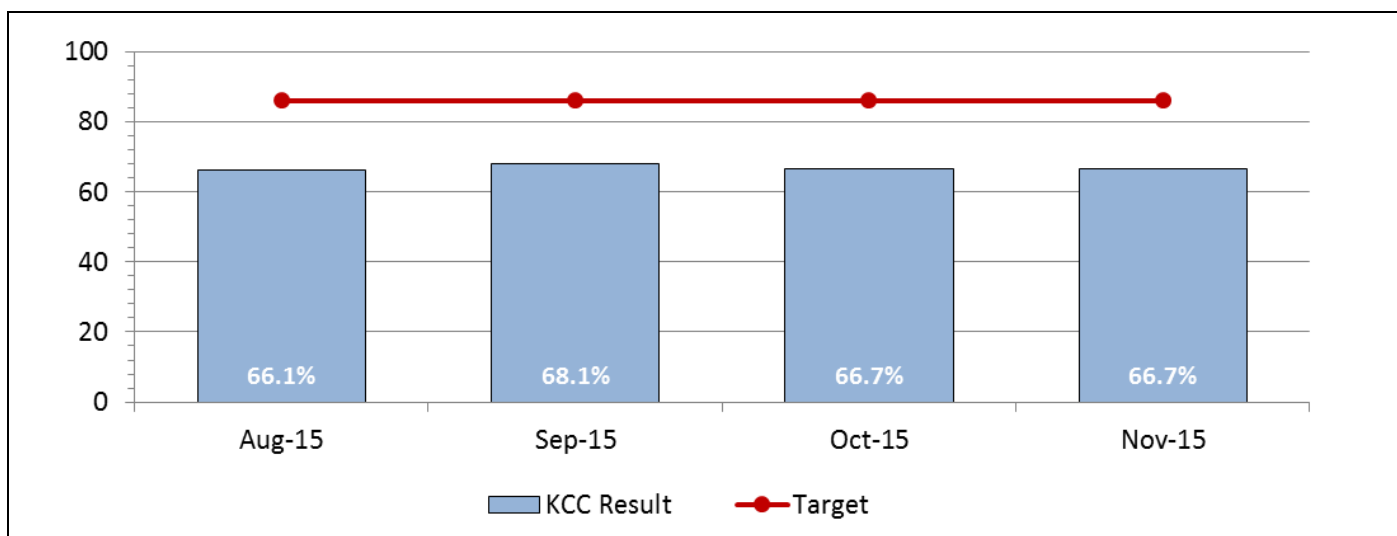
Target: 98% (RAG Bandings: Below 90% = Red, 90% to 98% = Amber, 98% and above = Green)

Tolerance: Higher values are better

Data: Figures shown are Year-to-Date. For example, the Oct 15 result is based on data from April 15 to Oct15.

Data Source: Liberi

| | | | |
|--|--------------------------------|----------|--------------------------------|
| % of cases adoption agreed as plan by 2nd review, for those with an agency decision | | | Red |
| Cabinet Member | Peter Oakford | Director | Philip Segurola |
| Portfolio | Specialist Children's Services | Division | Specialist Children's Services |



| Trend Data – Month End | Aug 2015 | Sep 2015 | Oct 2015 | Nov 2015 |
|------------------------|------------|------------|------------|------------|
| KCC Result | 65.1% | 68.1% | 66.7% | 66.7% |
| Target | 86.0% | 86.0% | 86.0% | 86.0% |
| RAG Rating | Red | Red | Red | Red |

38 of the 57 cases that have had an agency decision for adoption between April-November 2015 had adoption agreed as the plan by the 2nd review (66.7%). Of the remaining 19 cases, 16 had a plan for adoption agreed at the 3rd review and all of these children had Adoption as part of a dual plan at their second review

The definition for this measure requires Adoption to be the sole plan at the 2nd Review, which is a maximum of four months after a child becomes 'Looked After' by the Local Authority. For a number of children alternative plans were still being considered at the second review and this will be the correct course of action for these children.

Data Notes

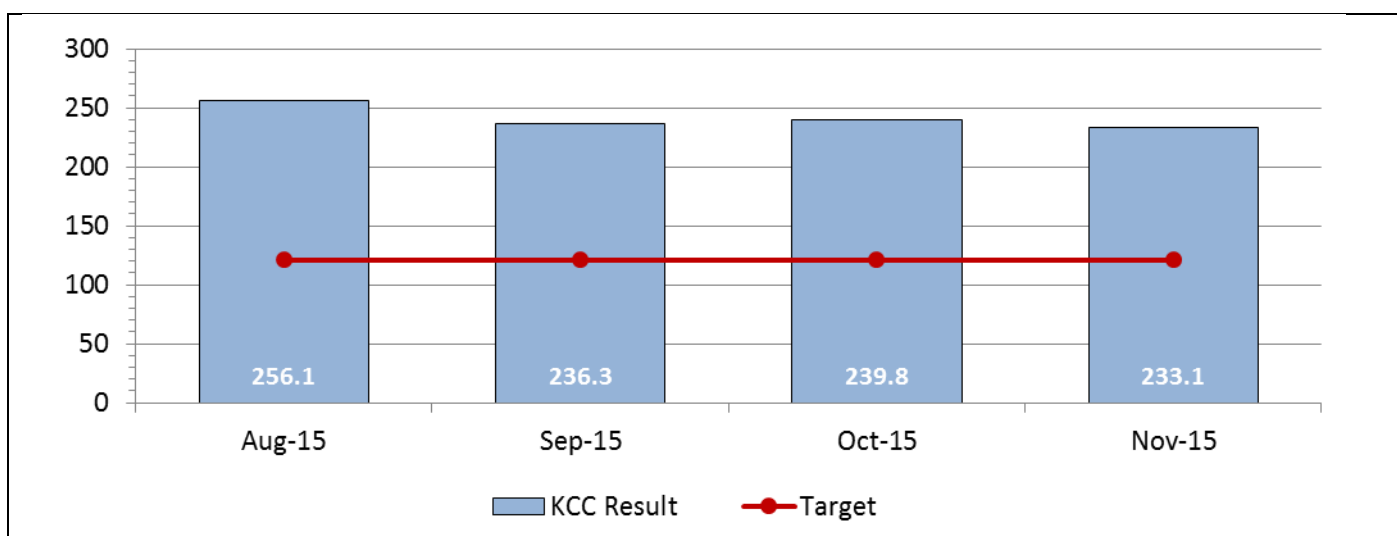
Target: 86% (RAG Bandings: Below 76% = Red, 76% to 86% = Amber, 86% and above = Green)

Tolerance: Higher values are better

Data: Figures shown are Year-to-Date. For example, the Oct 15 result is based on data from April 15 to Oct 15.

Data Source: Liberi

| | | | |
|---|--------------------------------|----------|--------------------------------|
| Ave. no of days between court authority to place a child and the decision on a match | | | Red |
| Cabinet Member | Peter Oakford | Director | Philip Segurola |
| Portfolio | Specialist Children's Services | Division | Specialist Children's Services |



| Trend Data – Month End | Aug 2015 | Sep 2015 | Oct 2015 | Nov 2015 |
|------------------------|------------|------------|------------|------------|
| KCC Result | 256.1 | 236.3 | 239.8 | 233.1 |
| Target | 121.0 | 121.0 | 121.0 | 121.0 |
| RAG Rating | Red | Red | Red | Red |

There were 71 Adoptions from April-November 2015. One adoption in August had a significant impact on this indicator. This was an inter-country adoption which involved a very complex legal process. The child became Looked After in 2008 and was granted a Placement Order in July 2009. The match was agreed by the Agency Decision Maker in March 2015. This is 2067 days and has heavily weighted the average days from Court Authority (the Placement Order) to a Matching Agency Decision.

There were an additional 12 children adopted this year where the time from Order to Matching was greater than 500 days. Whilst the timescale for this measure may have been exceeded for these cases the end result is a positive outcome for each of these children.

Data Notes

Target: 121 (RAG Bandings: 225 and above = Red, 225 to 121 = Amber, 121 or below = Green)

Tolerance: Lower values are better

Data: Figures shown are Year-to-Date. For example, the Oct 15 result is based on data from April 15 to Oct 15.

Data Source: Liberi

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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

22nd January 2016

Subject: Public Health Performance – Children and Young People

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview of the changes in performance that have occurred since the December report. The indicators monitored here relate to commissioned services delivered to children and young people and their families by Public Health.

Most recently available information shows performance of the Health Visiting Service continued to vary whilst under NHSE commissioning responsibility; Public Health is working closely with the provider to improve performance through incentive measures and performance improvement planning.

The 2014/15 figures have been published on the National Child Measurement Programme; there has been an increase in the proportion of 4-5 year olds with excess weight, whilst excess weight in 10-11 year olds has remained stable.

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to note the current performance of Public Health commissioned services.

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. Following the report that was taken to the committee in December this report focuses on the areas where there has been updated information.

2. Performance Indicators of commissioned services

Smoking during pregnancy

2.1. There has been no update to the number of women recorded as smoking at time of delivery from the previous report taken to the committee in December. Figures to Q1 2015/16 show an overall reduction for Kent, although the figures

vary from quarter to quarter. Kent continues to have a higher proportion smoking than national figures. Work continues to be targeted at areas of high prevalence; a pilot campaign is currently in development focussing on Swale, and work continues in Thanet and Dover.

Table1: Quarterly published smoking status at time of delivery Kent and England (SATOD)

| SATOD | Q4 13/14 | Q1 14/15 | Q2 14/15 | Q3 14/15 | Q4 14/15 | Q1 15/16 | DoT Q1 to Q1 |
|---|-------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| % of women with a smoking status at time of delivery in Kent | 13.1% | 12.6% | 12.8% | 12.9% | 11.8% | 12.1% | ↑ |
| No. of women with a smoking status at time of delivery in Kent | 524 | 534 | 543 | 531 | 473 | 500 | ↑ |
| % of women with a smoking status at time of delivery in England | 12.3% | 11.5% | 11.5% | 11.4% | 11.1% | 10.7% | ↑ |

Source: HSCIC

Infant Feeding Services

2.2. There has been no update to the infant feeding status publication since the previous report. Q1 2015/16 is expected be the final publication by NHS England of infant feeding statuses at 6-8 weeks; this status now forms part of the recording and reporting by the Health visiting Service and will be presented in that section of the report from Q3 2015/16 onwards.

2.3. To report the breastfeeding status at 6-8 weeks, the proportion of fields completed is required to be 95%. The table below shows the proportion of missing fields, all of which exceed the allowed 5%.

Table 2: Quarterly published breastfeeding status for Kent

| | Q4 13/14 | Q1 14/15 | Q2 14/15 | Q3 14/15 | Q4 14/15 | Q1 15/16 |
|-------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| % missing fields (maximum 5%) | 30.2% | 18.0% | 26.4% | 28.6% | 28.7% | 29.3% |
| % missing fields for England | 12.0% | 11.9% | 12.8% | 12.6% | 13.7% | 12.0% |

Source: NHS England

Health Visiting Service and Family Nurse Partnership (FNP)

2.4. Commissioning of the Health Visiting service and FNP transferred from NHS England to the local authority on 1st October 2015.

2.5. The Family Nurse Partnership (FNP) is a targeted programme which currently operates in Gravesend, Swale, Thanet, Dover, Shepway, Maidstone and Tonbridge & Malling. Nurses' work with a small caseload as the service offers intensive support to first time mums under the age of 20 until their child is two-years old.

2.6. The table below outlines a selection of key characteristics of those young women working with FNP in North and South Kent. The profile of mothers engaged in the programme identifies the cohort as presenting with a range of vulnerabilities

Table 3: FNP Intake figures delivered in 12 months to Oct 15 whilst under NHS England Commissioning.
Kent figures

| | | North Kent | | South Kent | |
|--|---|-----------------|-----------------|-----------------|-----------------|
| | | Nov 14 – Oct 15 | Nov 12 – Oct 15 | Nov 14 – Oct 15 | Nov 12 – Oct 15 |
| No. of active clients in programme during period | | 140 | 179 | 115 | 126 |
| No. of clients enrolled during period | | 58 | | 57 | |
| Intake characteristics (of those enrolled during the period) | % who are NEET (16+) | 76% | 72% | 65% | 60% |
| | % with a very low income or living entirely on benefits | 67% | 60% | 60% | 55% |
| | % reporting ever had mental health problems | 41% | 33% | 40% | 34% |
| | % who are on a child in need plan | 12% | 15% | 14% | 10% |
| | % ever abused by someone close to them | 51% | 48% | 54% | 45% |
| | % afraid of current or previous partner | 18% | 16% | 19% | 17% |
| | % who had ever smoked in pregnancy | 81% | 79% | 63% | 64% |
| | % who had smoked in the last 48hrs at intake | 50% | 50% | 39% | 36% |

2.7. Positive outcomes can be expected when fidelity to the programme is met - this includes the client enrolment within the first 16 weeks of gestation and then receipt of the expected number of visits at each stage of the programme. The table below shows most targets are exceeded. However, fewer women are enrolled in a timely manner than the expected target. This is due to inconsistent information sharing between maternity services and community services, the provider organisations are working together to address this.

Table 4: FNP fidelity figures for 12 months to Oct 15, whilst under NHS England Commissioning.

| Nov 14 – Oct 15 | | North Kent | South Kent | National Average |
|---------------------|---|------------|------------|------------------|
| Enrolment | % clients enrolled within 16 weeks gestation (60% at least) | 38% | 44% | 50% |
| Frequency of visits | % clients getting 80%+ expected visits of those completing the Pregnancy Stage | 79% | 84% | 60% |
| | % clients getting 65%+ expected visits of those completing Infancy stage | 65% | 86% | 59% |
| | % clients getting 60%+ expected visits of those completing Toddlerhood stage | 75% | 85% | 61% |

2.8. NHSE took over commissioning responsibility for the health visiting service in April 2013 from which point performance was reported locally at Kent level. Rate of uptake of the universal reviews varied during this period; however no national data was published to offer any comparison.

2.9. The table below sets out performance of the service in first 6 months of 2015/16; Q1 (April to June 2015) and Q2 (July to September 2015) whilst still under NHSE

commissioning responsibility. Published data for Quarter 1 15/16 has offered the first opportunity to assess performance within a regional and national context.

- 2.10. There is a downward trend over this six month period in the uptake of the mandated universal reviews, with only the percentage of New Birth visits occurring within 14 days showing improvement.
- 2.11. Performance from Q3 will reflect delivery of the service since commissioning responsibility moved into Public Health. The new contract with the local authority has implemented performance incentivisation targets and a clear improvement plan to drive up coverage of the universal mandated interventions.
- 2.12. Public Health England will publish Q2 figures for all Local Authorities and England on the 27th January; this will include a refresh of Q1 figures. The refreshed Q1 figures for Kent are presented below.

Table 5: Health visiting mandated interventions delivered in Q1 and Q2 15/16 under NHS England Commissioning. Kent figures

| Measure | Components | Q1 England | Q1 15/16 | Q2 15/16 | DoT |
|------------------|---|------------|--------------|----------|-----|
| Antenatal Visit | No. of mothers receiving an Antenatal Visit | 49,187 | 1,091 | 915 | - |
| New Birth Visit | % of NBV's within 14 days | 85% | 70% | 71% | ↑ |
| | % of NBVs in total (0-30 days) | 97% | 98% | 94% | ↓ |
| 6-8 Week Review | % of infants due a 6-8 week check who received one | 80% | not reported | 87% | - |
| 1 year review | % of all infants receiving their 1 year review at 12 months | 71% | 71% | 65% | ↓ |
| | % of all infants receiving their 1 year review at 15 months | 79% | 83% | 74% | ↓ |
| 2-2½ year review | % receiving their 2-2½ year review | 72% | 71% | 70% | ↓ |

National Child Measurement Programme (NCMP)

- 2.13. Participation and measurement outcomes for the 2014/15 cohorts were published in December. Participation rates remained stable for 4-5 year olds (Year R) and increased by 1% for 10-11 year olds (Year 6). Kent continues to exceed the required 85% participation rates. Figures presented here and on the Public Health Outcomes Framework NCMP profile are based on the postcode of the school.
- 2.14. For 4-5 year olds the proportion of those with Healthy weight decreased from 79% to 77% and excess weight (overweight and/or obese) increased from 21% to 22%. Individually both measurements of excess weight - overweight and obese, increased. (Table 7)

Table 6: NCMP participation rates and metrics on Healthy and excess weight for Kent. RAG against National; DoT for 2 most recent timeframes

| | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | DoT |
|--|---------|---------|---------|---------|---------|-----|
| Participation rate of 4-5 year olds (RAG against target) | 95% (g) | 94% (g) | 92% (g) | 96% (g) | 96% (g) | ↔ |
| Participation rate of 10-11 year olds (RAG against target) | 93% (g) | 95% (g) | 95% (g) | 94% (g) | 95% (g) | ↑ |
| % of healthy weight 4-5 year olds | 77% (a) | 78% (g) | 78% (g) | 79% (g) | 77% | ↓ |
| % of excess weight 4-5 year olds | 23% (a) | 22% (g) | 22% (a) | 21% (g) | 22% | ↓ |
| % of healthy weight 10-11 year olds | 66% (a) | 66% (g) | 66% (g) | 66% (g) | 66% | ↔ |
| % of excess weight 10-11 year olds | 33% (a) | 33% (g) | 33% (a) | 33% (g) | 33% | ↔ |

Source: HSCIC

2.15. For 10-11 year olds, the proportion of those with Healthy weight remained stable at 66% as did the proportion with excess weight at 33%. Within the excess weight category there was an increase in those measured as overweight, however there was a decrease in those measured as obese. (Table 7)

Table 7: NCMP drill down on excess weight into its components of Overweight or Obese; DoT for 2 most recent timeframes

| Excess Weight | | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | DoT |
|---------------|------------|---------|---------|---------|---------|---------|-----|
| Year 4-5 | Overweight | 14.0% | 13.1% | 12.9% | 12.6% | 13.4% | ↓ |
| | Obese | 8.9% | 8.6% | 8.8% | 8.2% | 9.1% | ↓ |
| Year 10-11 | Overweight | 14.9% | 14.4% | 14.5% | 14.2% | 14.8% | ↓ |
| | Obese | 18.4% | 18.3% | 18.2% | 18.5% | 18.0% | ↑ |

Source: HSCIC

2.16. The Kent Public Health Observatory has produced a data release of the 2014/15 measurements at District level for both cohorts; the website link is provided in section 5.

Substance Misuse Services

2.17. There has been no update to the planned exits from substance misuse services since the previous report. The proportion of planned exits from the specialist service remains high above 90% and continues to exceed national performance; however the previous four quarters have not met the 98% target. Following a recent performance monitoring meeting, the provider is investigating further the decreasing proportion of planned exits.

Table 8: Proportion of planned exits from specialist services in Kent

| Specialist Treatment Service Exits | Q1 14/15 | Q2 14/15 | Q3 14/15 | Q4 14/15 | Q1 15/16 | Q2 15/16 | DoT |
|---|----------|----------|----------|----------|----------|----------|-----|
| % of young people exiting specialist services with a planned exit | 99% (G) | 100% (G) | 94% (A) | 97% (A) | 94% (A) | 94% (A) | ↓ |

Source: Provider

2.18. Substance misuse providers provide other Public Health priorities alongside their work on substance misuse; the table below outlines that all clients

accessing specialist treatment receive sexual health advice and are screened for chlamydia, and nearly all clients accessing any service received stop smoking advice.

Table 9: Proportion of Kent clients receiving other Public Health Priorities

| Specialist Treatment Service Exits | Q1 14/15 | Q2 14/15 | Q3 14/15 | Q4 14/15 | Q1 15/16 | Q2 15/16 | DoT |
|---|----------|----------|----------|----------|----------|----------|-----|
| % of young people accessing any service receiving a stop smoking information | 98% | 99% | 99% | 98% | 94% | 96% | ↔ |
| % of young people newly accessing specialist service given sexual health information | 100% | 100% | 100% | 100% | 100% | 100% | ↑ |
| % of young people accessing specialist services, for whom it is appropriate, to be screened for chlamydia | 100% | 100% | 100% | 100% | 100% | 100% | ↑ |

Source: Provider

3. Conclusion

3.1. The Health Visiting service continues to show variance on performance across the mandated checks in the first 6 months of 2015/16. Commissioning responsibility has been with Local Authorities since October 2015 and Public Health is working with the provider to improve performance through incentive measures and improvement plans.

3.2. The recent release of NCMP data continues to show high levels of participation for both cohorts; however there has been an increase in the proportion of 4-5 year olds measured as having excess weight.

4. Recommendations

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

5. Background Documents

5.1. Kent Public Health Observatory: National Child measurement Programme data release 2014/15: December 2015.

http://www.kpho.org.uk/_data/assets/pdf_file/0004/52195/NCMP-201415-Report.pdf

6. Appendices

Appendix 1 – Key to KPI Ratings used

7. Contact Details

Report Author:

- Karen Sharp
- Head of Public Health Commissioning
- 03000 416668
- karen.sharp@kent.gov.uk

Relevant Director:

- Andrew Scott-Clark
- Director of Public Health
- 03000 416659
- andrew.scott-clark@kent.gov.uk

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 |
| (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.

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From: Peter Sass, Head of Democratic Services

To: Children's Social Care and Health Cabinet Committee – 22 January 2016

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 Whittle, 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, paragraphs 21 to 23, and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2015/16

3.1 The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion in the agenda of future meetings.

3.2 The schedule of commissioning activity 2015-16 to 2017-18 which falls within the remit of this Cabinet Committee will be included in the Work Programme and considered at future agenda setting meetings. This will support more effective forward agenda planning and allow Members to have oversight of significant service delivery decisions in advance.

- 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

Report Author:
Theresa Grayell
Democratic Services Officer
03000 416172
theresa.grayell@kent.gov.uk

Lead Officer:
Peter Sass
Head of Democratic Services
03000 416647
peter.sass@kent.gov.uk

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CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE – WORK PROGRAMME 2016/17

| Agenda Section | Items |
|---|---|
| 22 MARCH 2016 | |
| B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS | |
| C – Other items for Comment/Rec to Leader/Cabinet Member | <ul style="list-style-type: none"> • Health Inequalities update <i>(if done annually)</i> • Emotional Health and Wellbeing Strategy – 6 monthly update • Update on bedding in of new Sexual Health contract (in particular, contraception) – <i>requested at 8 September meeting, for six months' time</i> • UASC Post-18 focus • UASC, positive case studies • Annual report - Kent Local Children's Partnership Group |
| D – Performance Monitoring | <ul style="list-style-type: none"> • Draft Business Plan 2016/17 • Directorate Business Plan and Strategic Risk report • Early Help/Preventative Services Business Plan • 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 | |
| 13 MAY 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 | |
| D – Performance Monitoring | <ul style="list-style-type: none"> • Specialist Children's Services Performance Dashboards • Public Health Performance Dashboard • Work Programme |
| E – for Information - Decisions taken between meetings | |
| 5 JULY 2016 | |
| B – Key or Significant | |

| | |
|--|---|
| <p>Cabinet/Cabinet Member Decisions</p> <p>CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS</p> | |
| <p>C – Other items for Comment/Rec to Leader/Cabinet Member</p> | <ul style="list-style-type: none"> • Action Plans arising from Ofsted inspection (replaces former CSIP update) to alternate meetings • Teenage Pregnancy Strategy one year on update |
| <p>D – Performance Monitoring</p> | <ul style="list-style-type: none"> • Specialist Children’s Services Performance Dashboards • Public Health Performance Dashboard • Work Programme |
| <p>E – for Information - Decisions taken between meetings</p> | |
| <p>6 SEPTEMBER 2016</p> | |
| <p>B – Key or Significant Cabinet/Cabinet Member Decisions</p> <p>CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS</p> | <ul style="list-style-type: none"> • Emotional Health and Wellbeing Strategy – 6 monthly update |
| <p>C – Other items for Comment/Rec to Leader/Cabinet Member</p> | <ul style="list-style-type: none"> • Update on teenage pregnancy strategy– seek data for more local (ward) level. (<i>Requested at 8 Sept mtg</i>) |
| <p>D – Performance Monitoring</p> | <ul style="list-style-type: none"> • Specialist Children’s Services Performance Dashboards • Public Health Performance Dashboard • Equality and Diversity Annual report • Annual Complaints report • Work Programme |
| <p>E – for Information - Decisions taken between meetings</p> | |
| <p>10 NOVEMBER 2015</p> | |
| <p>B – Key or Significant Cabinet/Cabinet Member Decisions</p> <p>CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS</p> | |
| <p>C – Other items for Comment/Rec to Leader/Cabinet Member</p> | <ul style="list-style-type: none"> • Action Plans arising from Ofsted inspection (replaces former CSIP update) to alternate meetings |
| <p>D – Performance Monitoring</p> | <ul style="list-style-type: none"> • Specialist Children’s Services Performance Dashboards • Public Health Performance Dashboard • Work Programme |
| <p>E – for Information - Decisions taken between meetings</p> | |

Last updated: 13 January 2016

NEXT MEETINGS:

11 JANUARY 2017

23 MARCH 2017

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