

Cabinet – Supplementary agenda No.1

A meeting of the Cabinet will be held on:

Date: 9 June 2020
Time: 3.00pm
Venue: Virtual Meeting

Items

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|-----|---|-------------------------|
| 5. | COVID-19 Response | (Pages 3 - 22) |
| 6. | Outcome of HMIP Inspection of Youth Offending Team | (Pages 23 - 98) |
| 7. | S75 Update: Better Care Fund | (Pages 99 - 128) |
| 8. | Housing Infrastructure Fund (HIF) New Routes to Good Growth - Project Delivery | (Pages 129 - 134) |
| 13. | Exclusion of the Press and Public | (Pages 135 - 160) |

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Date: 5 June 2020



CABINET

9 JUNE 2020

COVID-19 RESPONSE

Portfolio Holder: Councillor Alan Jarrett, Leader of Council

Report from: Richard Hicks, Director of Place and Deputy Chief Executive

Report from: Ruth Du-Lieu, Assistant Director Front Line Services

Summary

This report outlines the Council's response to the COVID-19 (Coronavirus) global pandemic. It also outlines the approach in the coming weeks as priorities around the Councils response alter to reflect the partial lifting of the lockdown and moves to restart the economy and reopen businesses and schools.

1. Budget and Policy Framework

- 1.1 The Cabinet has responsibility for service provision, therefore, this is a matter for Cabinet.
- 1.2 This report has been included on the Forward Plan in accordance with Section 10 (General Exception) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012. However, this report has been circulated separately to the main agenda. Therefore, the Cabinet is asked to accept this as an urgent item to ensure that the Cabinet is formally apprised of the process for managing the restarting of services post lockdown and longer term recovery at the earliest opportunity.

2. Background

- 2.1 In March 2020, the COVID-19 (Coronavirus) was at the early stages of an epidemic and was identified at risk of becoming a public health emergency. On the 12 March 2020, the World Health Organisation advised that COVID-19 had become a Global Pandemic. In response the Local Resilience Forum (Kent Resilience Forum) put in place a Strategic Coordination Group (SCG) with just the Directors of Public Health for Kent and Medway. On the 19 March 2020 the SCG decided that the virus was indeed a public health emergency and the response required would need a joint multi-agency approach. In accordance with the Civil Contingencies Act (CCA) 2004, this resulted in Medway activating its emergency procedures to put in place a

Command and Control structure. By the 24 March 2020, the SCG had declared COVID-19 a Major Incident.

- 2.2 The national and local response to the COVID-19 crisis has been unprecedented in peacetime. For the Council this has involved action across many spheres of activity both with regard to community leadership and the delivery of critical services across Medway. In delivering this response, much of the activity has been in partnership with other organisations including the Kent Resilience Forum (KRF) NHS, Police, care providers, local businesses, the voluntary & community sector and Medway Norse.
- 2.3 Following Government guidance, the Council's response has been focused on ensuring the core objectives of reducing the spread of the virus whilst protecting the most vulnerable members of our community. In doing this the efforts of Council staff across all directorates in both front line and support staff has ensured the continuation of key services. The Council response has been in line with emergency planning best practice and guidance.

3. Response management

- 3.1 In accordance with the CCA, Strategic (GOLD) and Tactical (SILVER) command structures were implemented to establish a local response to the pandemic. A COVID-19 strategy was agreed as was a process for considering and recording all decisions made.
- 3.2 The Medway Gold Group initially met daily to shape the Council's emergency response as the crisis unfolded. This group continues as part of the current structure.
- 3.3 The Tactical Command (SILVER) established a cell structure that ensured that the Council's critical services could be maintained throughout the crisis. The cell structure identified the critical services to support vulnerable residents as well as ensuring critical council services, for example children's and adults social care, waste collection, etc., were maintained. Food and supplies were provided for those who had been advised to shield at home during the crisis or who were deemed as vulnerable.
- 3.4 Other cells in the structure concentrated on non-critical services, which would need to operate differently or to close all together in accordance with the Coronavirus Act 2020 e.g. Registration & Bereavement, Environmental services, Leisure & Heritage etc.
- 3.5 All of the service based cells were supported by Finance, HR, ICT, Governance, Procurement etc., also categorised as cells in the tactical response structure. These concentrated on the plans required to ensure that as far as possible business as usual could be maintained. In the case of Finance cell there was also the need to deal with government grants and loans that were put in place centrally to assist businesses cope with crisis.
- 3.6 In line with Medway's Emergency Plan, the Tactical Commander established an Emergency Control Centre within Gun Wharf. Due to the nature of the incident, much of the daily communications have been done via Microsoft

TEAMs to maintain distance between key staff. A daily Situation Report process was put in place to report a Common Operating Picture for all of the designated cell areas. This all contributed to establishing an efficient and effective emergency structure to respond to the pandemic crisis.

- 3.7 Whilst not directly involved in either Strategic or Tactical command Structure the Leader has been heavily involved at all stages of the emergency, with daily briefings from the Chief Executive and weekly detailed briefings from the wider command teams. Early in the process the Leader established a weekly cross-party briefing in order to share information, obtain feedback and offer reassurance.

4. Outbreak Control Plan

- 4.1 The Department of Health & Social Care has asked upper tier local authorities in England, to develop a COVID-19 Local Outbreak Control Plan. The primary purpose of these plans is to reduce the spread of the virus. These plans will enable local authorities to work with partners and effectively manage any outbreaks of COVID-19 at a local level. The Directors of Public Health in each upper tier local authority are required to develop these outbreak control plans, to be submitted to Government before the end of June 2020.

- 4.2 The process of developing outbreak control plans will require collaboration and engagement with a number of partners. These include Public Health England, the Local Resilience Forum and various council committees including Cabinet, the Medway Health and Wellbeing Board, the Kent and Medway Joint and Health Wellbeing Board, as well as the Kent and Medway CCG.

- 4.3 It is likely that there will be need for officers, specifically the Director of Public Health and Chief Executive, to respond to local outbreaks at short notice. The Leader may also be required to use powers of urgency to protect the population of Medway.

- 4.4 Cabinet will have an opportunity to consider the Medway Outbreak Control Plan in due course once drafted but in the meantime the plan must be submitted to Government by the end of June, and therefore approval is sought for the Director of Public Health to submit this plan in consultation with the Leader.

5. Voluntary and Community Sector

- 5.1 As part of the COVID-19 emergency response, Medway Council established a Voluntary and Community Sector Cell principally led by the Public Health team. The cell had the following priorities:

- Establish a community support hub that assisted residents with accessing food, prescriptions and social contact, working in partnership with third sector groups who had the same ambition
- Co-ordinate voluntary sector efforts to support residents negatively affected by COVID-19

- Co-ordinate volunteers to support residents negatively affected by COVID-19
- Support voluntary sector organisations who have experienced a large increase in demand due to COVID-19
- Pool collective insights so that potential scams are identified and reported to correct authorities.

5.2 This Cell continues but at the time of writing the report achieved the following outputs:

- Delivered 3,191 seven day food parcels, equating to over 100,000 meals for vulnerable residents
- Supported more than 200 residents with prescription collections, largely linking them with NHS volunteers
- Linked 46 people with befriending services
- 226 onward referrals for services such as mental health support, debt advice, social care and housing advice
- The sport and leisure service added a home shopping support service in April and within 6 weeks were supporting over 300 residents with their weekly food shop
- This service will continue to be in place until recovery is sufficiently embedded to deem this unnecessary by the Council leadership team.

5.3 The Council also worked with local charities, faith groups and community groups to provide invaluable support to residents throughout the emergency period. The combined support that these groups provided to over 8,000 residents included:

- More than 1,000 food parcels, resulting in over 20,000 meals
- 4,000 befriending calls to residents
- 500 shopping trips conducted
- 150 prescriptions collected
- Other tasks that were supported include linking up pen pals, Zoom parties, gas and electric card top ups, daily activity packs and community challenges

5.4 To address some of the immediate concerns from the third sector, Medway Council worked with Kent Community Foundation (KCF) to establish a Coronavirus Emergency Fund. The focus of the fund was to offer community organisations funding to deal with emerging issues in the community affecting vulnerable people as a result of the continuing threat of COVID-19.

5.5 As of mid-May, the fund had supported a number of Medway organisations:

- 33 applications have been approved to Medway based organisations
- Medway based organisations have received circa £98,000 of grant support
- A further 23 grants totalling approx. £74,000 have been awarded to organisations who have described their area of work as either countywide but with activities in Medway.

6. Critical Services

Vulnerable adults

- 6.1 Medway Council provides support to over 2,700 adult residents with care and support needs, and the Council has ensured that those needs continue to be met during the COVID-19 pandemic despite Government passing the Care Act Easement legislation which allowed local government to prioritise the delivery of services to ensure that the most urgent and acute needs continued to be met.
- 6.2 We have responded positively to all Government guidance relating to COVID-19, including the Adult Social Care Action Plan, and have worked closely in partnership with health to implement new arrangements, particularly to support the prompt discharge of residents from hospital. This work ensured that Medway Hospital was well placed to manage any additional pressures resulting from COVID-19.
- 6.3 We have recently submitted our Care Home Support plan to the Department of Health and Social Care, which outlines the steps Medway Council has taken, in partnership with health, to support our care homes.

Children and Young People

- 6.4 Children's Services moved swiftly and robustly to respond to the Covid-19 crisis, continuing to safeguard the most vulnerable children when face to face contacts are restricted, and availability of staff to undertake work with children is potentially limited. Priority Risk Assessments have been completed for every child and young person who is in receipt of a service identifying the historic risk, present danger, and any strengths and support mechanisms available to the family to help them to reduce the level of risk. These are reviewed regularly. This system has ensured that there is consistent decision making and effective oversight of all cases and particularly where children are most at risk.
- 6.5 Detailed and comprehensive operating procedures have provided staff with clarity on dealing with the crisis, including issues such as how to maintain contact with families, working from home and managing all aspects of child protection planning and processes. Challenges posed by PPE and the provision of IT equipment were minimised by a supportive corporate/tactical response.
- 6.6 Staff health and welfare has also been paramount. Risk assessments have been undertaken prior to every visit to ascertain whether families are symptomatic. PPE has been made available (masks, sanitiser and gloves) for staff undertaking essential home visits. Regular communications have been going out to staff. Staff have adapted to new and innovative ways of keeping in contact with children virtually.
- 6.7 Some of the young people in our care have welcomed the virtual form of contact with their social worker, appropriate to their circumstances. Youth workers have developed online activities which can be accessed by young

people but also used by foster carers. Contact for children in care with their families has been maintained either virtually or using our contact centre, with appropriate social distancing measures and hygiene in place.

- 6.8 Early Help hubs in the community have remained open to offer practical support to families and a base for partners to work from.
- 6.9 Statutory meetings requiring multi-agency involvement across the child protection processes have taken place in virtual form throughout the response phase and attendance has been very strong, as a result essential meetings such as Child Protection Conferences and the Children's Improvement Board have not been cancelled. Regular meetings are held with senior police and with health, ensuring Covid-19 does not impact the partnerships ability to respond to the most vulnerable children and/or emerging issues around domestic violence, drugs related county lines and other contextual safeguarding. There has been good cooperation between schools and Children's Social Care, both proactive in contacting vulnerable children not attending and liaison to maximise the drawn down of the digital support offered by the government to close the gap for these children. Daily consultation sessions have been made available to schools as children are returning, in order to identify and respond quickly to any emerging concerns.
- 6.10 Recruitment to key posts has continued. For example, Lee-Anne Farach, the new Assistant Director, Children's Social Care, started work at Medway on 11 May 2020.

Education

- 6.11 We started joint planning work with schools very early in the crisis, working effectively through our Head Teacher's reference group (initially daily and then stepping down to bi-weekly). This joint approach has been in place from March, when Government ordered schools to close for all but vulnerable and disadvantaged children, and those of key workers. All meetings are followed by a briefing note, which is sent to all head teachers, trust chief executives and college principals. The group has given invaluable advice to enable prompt and clear decisions. We have been able to proactively engage regarding issues and problems within school environments and multi-academy trusts. Schools, including special Schools, have remained open for key workers' children.
- 6.12 As of April 2020, we have begun to plan for our recovery with our education partners, in line with the position that the council supports the phased re-opening of schools to as many pupils as possible in the nursery, year R, year one and year six as soon as practicable, on or after 1 June 2020.
- 6.13 In order to support schools, while ensuring we have the capacity to respond to heads who most need help, we have provided support with risk assessment evaluation, convened weekly meetings with trade unions, giving head teachers comprehensive advice about key issues such as the use of PPE.
- 6.14 The feedback from head teachers is that they feel they have been appropriately supported through both passes – the initial closure with only small numbers of pupils able to attend, and the phased re-opening.

- 6.15 In Medway, 51 schools (68 per cent) have confirmed they have reopened. We continue to offer our support to head teachers and anticipate 87% of schools will have reopened by next week and 93% by mid-June.
- 6.16 As we move out of lock down we will be creating teams of integrated staff (incl. early help workers, assessment social workers, mental health workers, YOT etc.) regularly accessible to schools via Microsoft Teams to help identify priority needs of young people and parents in Medway and respond effectively to any surge that may occur.

Household Waste

- 6.17 All of the weekly household waste and recycling kerbside collections have continued throughout the crisis.
- 6.18 Medway Norse were able to maintain services by ensuring there was adequate PPE supplied and adherence to Public Health guidance. The service has recorded a huge 20% increase in waste since the start of the lockdown.
- 6.19 The three household waste and recycling centres were closed down, although we kept our sites open for longer than the rest of Kent, following the suspension of service from the white goods collectors and Police advice that the services were not deemed to be an 'essential reason' to travel. Once the advice from Government changed, two of the three sites opened immediately with an in house booking system developed that has enabled us to successfully manage waste flows and enabled staff and residents to maintain safe distances on site.

Rough Sleepers

- 6.20 Government issued an "everyone in" directive to all local housing authorities to provide accommodation for rough sleepers. The service was commended by MHCLG for its response in rapidly mobilising 30 spaces of accommodation in a local hotel and other forms of temporary accommodation. To respond to the complex nature of supporting the cohort, additional services were brought in to have a presence in this new provision including the Medway Taskforce, volunteer groups and health services. This contributed to not only removing some of the most vulnerable from the streets but keeping them there over the 10 weeks after receiving the directive from MHCLG.

Registrations & Bereavement

- 6.21 When lockdown was first enforced instruction was received by the Registrar General that Deaths could be registered over the telephone and necessary documents could be transmitted electronically. This required a complete re-design of the Registration Service, which was implemented seamlessly in Medway.

- 6.22 The same instruction also ceased marriages, notices of marriage and the registration of all births. On average 100 babies are born in Medway each week and to date there are over 1000 unregistered children, each legally requiring a face to face interview with parents.
- 6.23 To enable these interviews the Register Office has converted its main marriage room to a safe socially distanced space complete with Perspex walls and intercoms that can facilitate over 160 birth registrations per week.

7. Non-critical services

- 7.1 Government advice was followed around the closure of non-critical services and facilities such as sports centres and libraries.
- 7.2 As part of the COVID-19 emergency response Trading Standards were tasked on the 22 March 2020 with the enforcement of the Health Protection (Coronavirus, Restrictions) (England) Regulations 2020. The regulations created the regime that caused the closure of many commercial and retail premises. The legislation is a key mechanism in the Government's control strategy.
- 7.3 Since this date the Trading Standards team have:
- Maintained an overt presence in our High Streets and shopping Centres
 - Implemented the regulations with the overwhelming support of Medway businesses
 - Engaged with and visited 6,102 commercial premises
 - Voluntarily closed 73 non-compliant premises
 - Issued 11 Formal prohibition notices
 - Issued 9 Internet take down notices for prohibited businesses
 - Managed additional workload that manifested around scams, counterfeit PPE, product safety, animal health and travel law
 - The team will also be engaging with the Sports Grounds Safety Authority (SGSA) and Gillingham Football Club to ensure that the relevant changes to the Safety Certificate and Operations Manual are implemented to allow for the resumption of competitive football when that it permitted.
- 7.4 Trading Standards will continue to rigorously enforce revised closure provision as shops and functions are permitted to re-open.
- 7.5 Local bus services operated at 50-75% of pre-COVID levels to provide key workers with journeys to work and meet basic shopping needs; public transport usage reduced to around 10% of pre-COVID levels.
- 7.6 Public car parking remained available throughout, with enforcement activity particularly in CPZs focussed on ensuring the safe operation of the public highway.
- 7.7 Free parking was made available to all NHS and Care Workers.
- 7.8 Green Spaces have been maintained by Medway Norse throughout the crisis ensuring open spaces have remained available as an essential part of combating social isolation and for exercise and dog walking.

- 7.9 The country parks have remained open throughout, with only the car parks being closed for a period of time until Government advice was changed to enable residents to drive short distances for exercise.
- 7.10 On advice from Government, all children's play areas and adult outdoor exercise equipment have remained closed throughout. The two skate parks, tennis courts and pump track were closed for a number of weeks but reopened following the initial easing of lock down measures.
- 7.11 A Resource Cell was established as part of the Silver Tactical Command Structure to manage the redeployment of staff from non-critical services to critical or central support services.
- 7.12 This approach ensured that staff in non-critical services remained engaged in worthwhile work and enabled the Council to maintain critical services without the need to employ extra staff. This involved the following re-deployment activities: Over 150 staff have been successfully redeployed using this methodology.
- The 2 mayor's drivers have been redeployed as crematorium operators
 - 6 library staff were redeployed to customer support to assist with answering calls/admin
 - 23 staff from sport, leisure, tourism and heritage have undergone training to assist with adult social care
 - 3 staff from Business Change and Community Safety have been redeployed to Adult Social Care Partnership Commissioning to coordinate PPE requests from Care Homes
 - The Business Change Team have liaised with Education to support Easter Holiday provision for children of key workers and vulnerable children
 - 5 staff have been identified that can be redeployed to run the Emergency Coordination Room if it opens full time
 - The Business Change Team developed and managed a process to support the testing of Council and care home staff. Additional staff were redeployed to support with the administration of this process.
 - Internal Audit & Counter Fraud have redeployed 11 staff (2 to finance and 9 to Revenue and Benefits)
 - 89 staff from Sport, Leisure, Tourism and Heritage are supporting vulnerable people with shopping for groceries
 - 4 Road Safety staff have been re-trained to process revenue and benefits indexing to assist with the increased demand for Universal Credit claims
 - A Finance Officer from SEN has been partially redeployed to work on financial reconciliation within the theatres as a result of cancelled/exchanged shows and events
 - 4 staff have been redeployed to assist the Regeneration team with the administration of the discretionary business grants scheme.
- 7.13 The Resource Cell continues to support critical services and is currently looking to redeploy staff to support the Registration service with the backlog

of registering births and is also scoping out the requirement for staff to ensure the safe re-opening of Medway's high streets and town centres when that occurs.

8. Finance

8.1 Across all Finance teams, staff have largely been working from home throughout the Covid-19 response and services continue to operate business as usual, with the exception of Audit and Counter Fraud. The planned audit and fraud work was considered non-essential, in line with the Council's Business Continuity Plan, and so team members were redeployed to support more critical services within the division, supporting the organisation's Response 'command and control' structure and monitoring the impact of decisions taken through the Response phase, not least the potential for fraud.

8.2 In addition to continuing with the day to day administration of the Council Tax, Business Rates and Benefits functions, including surges in workload volumes of up to 300% across some teams, the Medway Revenues and Benefits Service successfully implemented the following new schemes following government announcements:

- Council Tax Hardship Fund, representing £2.056million of grant funding to reduce the liability for those in receipt of Local Support for Council Tax (LSCT) by a further £150. We have distributed £1.327million to current LSCT cases and the balance is available to fund discounts for new claimants and applications from Council Tax payers experiencing hardship, under our existing discretionary hardship relief scheme.
- Expanded Business Rates Retail discount to 100%, including leisure and hospitality sites and removing the Rateable Value cap, through which we have awarded £32.498million.
- Grants for small businesses and retail, hospitality and leisure businesses of grants scheme of £10,000 or £25,000 dependent on Rateable Value, representing a grant from government of £39.712million. We have distributed £31.835million to date, and the balance of our allocation of government grant will fund further applications, which continue to come in, as well as the new discretionary business grants scheme administered by colleagues in Economic Development.
- Business Rates holiday for non-local authority nursery schools through which we have awarded £286,000.
- Changes to Housing Benefit include increasing the Local Housing Allowance (LHA) and additional earnings disregard.

We have therefore distributed a total of £65.946million in financial support to date.

8.3 The Finance Operations Service has continued to deliver all routine payroll, insurance and finance systems support throughout the response. All payments to Council suppliers have been set to immediate terms on the

financial system and daily payment runs implemented to ensure the Council's supply chain and local businesses are supported.

- 8.4 The Finance Strategy team successfully closed the Council's 2019/20 accounts alongside controlling all funding announced in the Council's budget and capturing all expenditure arising from the Covid-19 Response.

9. Staffing and resourcing critical services

- 9.1 HR is a support cell for the service areas, and has focussed on 3 key areas, advice on all matters relating to HR both internally and with schools, recruitment and training. A key area has been to establish daily workforce data that helps the business understand the impact of COVID-19 on the workforce and therefore our services. This allows for redeployment between critical service areas and re prioritisation. HR provide welfare support calls to individuals who are impacted and ensure the service for wellbeing are widely known and used.

- 9.2 HR have continued to provide advice and support to the organisation on a range of HR matters, including recruitment, advice to schools and virtual training for example, signs of safety (supporting the children's services improvement journey).

- 9.3 Many policies have been re written or relaxed in light of government guidance, including working from home, annual leave allowances, sickness, payments, risk assessments and contracts. A number of services have been redesigned to include, virtual hearings, virtual interviews, PDR moderations and training.

- 9.4 There has been an increase in on line learning, with many face to face class content being moved into eLearning sessions.

10. PPE

- 10.1 Through the introduction of Covid-19, most of the Personal Protective Equipment (PPE) supply chains failed to be able to meet the increased demand being put on the sector. This resulted in Kent Resilience Forum leading a collaboration of procurement professionals with the objective to make known where certified PPE can be obtained from.

- 10.2 By being an active part of the KRF, Medway has been able to actively manage the local supply resulting in no known shortages. Furthermore, over 400,000 items of PPE have been delivered to Medway based organisations to date.

11. ICT

- 11.1 ICT consists of five service areas, Service Desk, Technical Operations & Administration, Infrastructure, Application Support, Networks & Cyber Security and Children & Adults Systems Support. Approximately 90% of ICT

staff have worked from home, maintaining a business as usual service which has, in turn, enabled the council to deliver critical and non-critical services.

- 11.2 Our technical infrastructure and network stability has been excellent. Regular monitoring has enabled any potential issues to be quickly resolved.
- 11.3 The pandemic 'paused' the importing of Laptops/Tablets, which led to a lack of equipment across the country. This caused a problem for Children's Services who were expecting a delivery of laptops for new Social Workers and for CABS, who require specialist kit to enable their telephony functionality to work correctly.
- 11.4 ICT identified specific computers that were available, which enabled both the CABS service and Children's Services to work from home and continue their service delivery.
- 11.5 ICT and Democratic Services have worked closely to deliver live streaming of Cabinet, Council and Planning Committee meetings using Microsoft Teams Live Events. The use of Microsoft Teams across the Council has been instrumental in continuing to provide service delivery (i.e. Child Protection Conferences), work with partners and communicate with Members and staff.

12. Democracy

- 12.1 The last meeting which took place before the Government issued formal guidance in response to the pandemic was the Health and Adult Social Overview and Scrutiny Committee on 12 March 2020. Since then, and following consultation with the Leader of the Council and the Leader of the Labour and Co-operative Group, only essential meetings have taken place with reduced numbers of Members in attendance. In summary, meetings of the Cabinet, Planning Committee and Full Council have taken place with the usual frequency and other meetings have or will take place as necessary. A full round of Overview and Scrutiny committee meetings will take place during June and July with essential business only.
- 12.2 In early April the law was changed, on a temporary basis until May 2021, which permits meetings to take place with remote participation by Members subject to meetings being livestreamed. The law requiring an Annual Council meeting to take place was also changed on a temporary basis and Full Council, on 23 April 2020, agreed not to hold an Annual Council meeting during the 2020/21 municipal year, the main effect of which was for the current Mayor and Deputy Mayor to continue in their roles until May 2021.
- 12.3 A number of urgent decisions have been taken during this period in response to the pandemic, either by the Leader or the Chief Executive, using urgency powers set out in the Council's Constitution. In addition, to the decisions below, the Leader had also ordered grass cutting to resume on 4 May 2020.

| Date | Issue | Decision |
|---------------|--|--|
| 27 March 2020 | Council Tax and Business Rates Relief | Leader's urgent decision to implement a number of Government measures (and any future measures) to support local residents and businesses in relation to Council Tax and Business Rates Relief which are in place to respond to the COVID-19 pandemic. |
| 1 April 2020 | Addition to the Revenue Budget | <p>Chief Executive's urgent decision to approve the addition of the COVID-19 grant funding, made available by the MHCLG, to the Council's revenue budget:</p> <ul style="list-style-type: none"> • 39,712,000 to fund the provision of small business grants to eligible businesses in Medway; • £6,628,475 to fund expenditure incurred by the Council in responding to the COVID-19 emergency. |
| 21 April 2020 | Extension of the Use of Temporary Accommodation Provision for Homeless Households and Rough Sleepers | Chief Executive's urgent decision to comply with Government guidance on the implementation of a range of measures until further guidance is received from the government confirming that the current social distancing requirements have ceased, with regards to the temporary change of policy and budgetary impact. |
| 21 April 2020 | Temporary Suspension of Treasury Management Counterparty Limits | Chief Executive's urgent decision to temporarily lift the counterparty limits within the Treasury Strategy, with effect from 27 March 2020 for a period of three months, to enable the Council to place funds in the counterparty which; is the most economically advantageous, enables fast access to funds, and in which funds can be placed and removed in a manner that can be operated with council |

| Date | Issue | Decision |
|---------------|--|--|
| | | and institution staff working remotely and securely. |
| 21 April 2020 | Car Mileage Rates for Electric Cars | Chief Executive's urgent decision to agree rates for the Council for reimbursing staff in the use of Electric Cars. |
| 4 May 2020 | Pentagon Centre Tenants and Other Commercial Tenants – Rent Deferral | <p>Leader's urgent decision to agree the delaying of current rent of Pentagon Centre tenants as and when requested on a case by case basis. This agreement should follow professional advice from the Centre Management Team and to to agree the delaying of current rent of other commercial properties within the Council's property portfolio, on a case by case basis, after receipt of details of reduced income and future trading viability.</p> <p>Chief Executive's urgent decision to agree the potential budgetary impact of these decisions.</p> |
| 13 May 2020 | Addition to the Revenue Budget | Chief Executive's urgent decision to add £7,648,146 to help the Council to deal with the impacts of coronavirus, funded from grant provided by Central Government, to the 2020/21 revenue budget. |
| 22 May 2020 | Local Authority Discretionary Grants Fund | Leader's urgent decision to approve the Local Authority Discretionary Grants Fund which the government has introduced in response to Covid-19. |

13. Communications

- 13.1 Extensive and consistent communication with our residents, staff, Members and partners has been a critical part of our response in order to inform and offer reassurance. We have used a wide variety of communications channels to reach people. This has included social media, email bulletins,

our website, messages from the Leader, press releases, media and digital media advertising and promoting messages via our partners too.

13.2 Since lockdown, the council has:

- Issued 410 Facebook posts from its main corporate Facebook account, reaching 2.2 million people
- issued 472 tweets from its main corporate Twitter account, reaching 12.2 million by 1 June
- Enjoy Medway has reached over 210,000 people with a strong engagement rate
- In total approximately 1,900 messages have been posted across all social media accounts, reaching 17.5 million people in total
- Responded to many enquiries we've received via social media and we have been responding to hundreds of these each day
- issued 71 press releases
- Answered 190 coronavirus related media enquiries, to assist local, regional and national media in their role to keep the public informed of critical pandemic advice and updates
- The Leader and the Director of Public Health have appeared regularly on local media including BBC South East, Meridian, Radio Kent, Medway Messenger and KMFM and the Assistant Director for Adult Social Care appeared in an interview on Radio 5 Live
- The total number of interviews have been 28 since the start of lockdown.
- We have issued 48 electronic newsletters with information reaching 30,000 subscribers
- Our open rate is 10% higher than the UK average.

Internal Communications

13.3 From a corporate perspective the Internal Communications function has sought to ensure all staff have access to:

- Up to date national news and priorities
- Medway and service updates
- HR updates and wellbeing support
- Actions they need to take.

13.4 This has been achieved through the following communication channels (to 1 June 2020):

- Production of a regular weekday daily bulletin during the peak of lockdown. The e-newsletters were sent to all council staff, councillors, MPs and key partners. Daily updates were issued from 19 March to 26 May (45 no.) From 27 May this has now reduced to three updates a week
- Six videos from the Leader and Chief Executive, Silver Command and Director of Public Health
- Weekly MEDSPACE news roundups
- Direct messages to all staff
- Weekly employee wellbeing support advice.

- 13.5 As well as keeping the workforce informed, internal communications has sought to inspire and motivate employees through the sharing of service successes, colleagues going the extra mile for the vulnerable together with heart-warming “thank yous” received from customers.

Digital update on Coronavirus (COVID-19)

- 13.6 The Digital team has continued to operate largely as normal throughout the pandemic, working successfully from home using Teams to collaborate.
- 13.7 On Medway.gov.uk, the Digital Team created a dedicated section relating to [Coronavirus](#), to keep our customers up to date. New pages include [changes to our services](#), information for [businesses](#), [wellbeing advice](#) and [support for vulnerable people](#).
- 13.8 Working with subject matter experts, the team has updated more than 500 pages across the site including [parking](#), [Council Tax](#), [housing benefit](#), [crematorium and cemeteries](#), [schools](#), [support for the creative sector](#) and [translation pages](#).
- 13.9 Unique page views to Medway.gov.uk increased by 67.88% (15 March to 2 June 2020) compared to the same period in 2019.
- 13.10 Between 15 March and 5 May, the [main Coronavirus landing page](#) was viewed more than 125,000 times and the Service updates page more than 71,500 times.

Feedback about the website

- 13.11 Customer feedback via the website has been very positive:
- Found all the information I wanted. Thank you
 - Always up to date! Thanks
 - Info good and up to date, clear and precise... job well done!!
- 13.12 The team has created new online services (transactions) in record time to support customers and staff, including:
1. [apply for a business support grant](#), allowing businesses to check their eligibility and apply for support. From 31 March to 30 April 2020, this new service received 5,181 page views, 3,459 applications and paid out more than £20m in grants successfully.
 2. [Book a visit to a household waste and recycling centre](#), on behalf of both Medway Council and Kent County Council. In three weeks since go live, there have been almost 65,000 bookings for Kent and Medway (7,600 for the two Medway sites).
 3. [Apply for a discretionary business grant](#), allowing small-business owners to get extra support. In the first week, it has been completed nearly 200 times.
 4. An emergency food shopping delivery service, an internal process to allow Public health and Leisure colleagues to capture the customer’s details,

payment and shopping list, record the delivery and issue a receipt. The form has been completed more than 400 times.

14. Financial Implications

- 14.1 At the beginning of the national response to the emerging Covid-19 pandemic in the UK, on 16 March the Communities Secretary Robert Jenrick assured Local Government Leaders that: *“This government stands with local councils at this difficult time. Everyone needs to play their part to help the most vulnerable in society and support their local economy. The government will do whatever is necessary to support these efforts.”*
- 14.2 The Government has since announced a wide range of financial support packages for individuals, businesses and public sector bodies leading the Response, including emergency funding for councils. The Government has also commenced monthly data collection returns, requiring authorities to estimate the financial impact of the Covid-19. The data collection instructions set out that the exercise is for planning purposes, to help the Government identify where the greatest pressures are likely to be going forward and inform their assessment of likely future costs.
- 14.3 In terms of direct financial support for local authorities, Medway received an initial £6.628million of emergency un-ringfenced grant funding in March 2020. Following submission of the first data return to MHCLG, a second tranche of £7.648million emergency funding was received in April.
- 14.4 The most significant elements of the wider packages of support announced are the Expanded Business Rates Relief scheme (nearly £30million), the Small Business Grant and Discretionary Business Grant schemes (over £40million) and the Council Tax Hardship scheme (around £2million), which are all fully funded directly by the Government. All other funding announced directed at local authorities has been ring-fenced to specific activities and associated new burdens.
- 14.5 While the specific requirements of the data collection returns to MHCLG changed between the first and second response, the financial impact on Medway Council estimated was broadly consistent between the two, and indicated:
- Additional expenditure beyond that budgeted resulting from Covid-19 of circa £17million,
 - Income shortfalls resulting from Covid-19 of circa £37million,
 - Financial support of c£14m.
- 14.6 These estimates indicate a net pressure for Medway Council in 2020/21 of around £40million, and working with colleagues and partners across the sector, we continue to lobby the government to ensure local authorities are appropriately supported to manage the financial burdens of the Covid-19 response and recovery.

15. Legal Implications

- 15.1 The Civil Contingencies Act 2004 places certain legal responsibilities on public sector organisations to assist in the response and other phases of a civil emergency. Once the Covid-19 pandemic was treated as an emergency event, the Council had to comply with legal requirements as a category one responder. This has involved involvement in the Kent Resilience Forum at strategic and tactical levels with multi-agency partners to guide and deliver the Kent and Medway response.

16. Risk Management

Governance process

- 16.1 Since the Council implemented the Emergency Planning procedures in response to the Covid-19 Pandemic, a risk assessment in line with the Council's Risk Management Strategy has formed the basis of all decision making and governance arrangements throughout the Response.
- 16.2 Each Cell Lead has been responsible for maintaining a risk register detailing the impacts of COVID19 on their area of responsibility, following the Council's Risk Management Strategy. Cell leads have been responsible for managing risks scored below CII – significant likelihood, crucial impact (as such risks would routinely be managed on service/operational risk registers) while issues arising from risks scored at CII or above have been escalated to the SILVER and Gold commands (as such risks would routinely be managed through the Council's Strategic Risk Register). In addition, financial thresholds have been agreed to ensure that where a decision being made would commit the Council to new expenditure or result in the loss of income, appropriate financial authorisation is in place.
- 16.3 A Governance group within the Cell structure has been responsible for providing assurance on the effectiveness of risk management and the implications of actions taken through the Covid-19 response. While the Council's Corporate Risk Register Remains reflective of the key risks facing the organisation in the wider context, formal arrangements to monitor the Corporate Risk Register were paused during the initial response to enable staff to focus on managing risks in the Covid-19 Response. The Governance group will work alongside the Strategic Risk Management Group to resume routine monitoring of strategic risks as soon as possible during 2020/21, beginning with a fundamental review of the Corporate Risk Register in light of the Covid-19 Response and Recovery.
- 16.4 The Governance cell is also working to ensure the impacts of decisions made have been considered appropriately to ensure all decisions taken are sound and are in line with the Council's governance mechanisms. The Cell aims to ensure decisions:
- are made in accordance with appropriate Member and Officer decision making powers, according to the law and in line with the Council's constitution,
 - comply with relevant legislation and regulations,

- are made within the Council's financial rules and are within the approved budget,
- do not significantly weaken the Council's control environment or pose a significant fraud risk, and
- do not create adverse impacts for people with protected characteristics under the Equality Act.

17. Recommendations

- 17.1 The Cabinet is asked to note the Council's response to the COVID-19 pandemic.
- 17.2 The Cabinet is asked to agree to delegate authority to the Director of Public Health in consultation with the Leader to submit the Outbreak Control Plan, as described in section 4 of the report.

18. Suggested Reasons for Decisions

- 18.1 To highlight the role that the Council has played in responding to COVID-19 as well as supporting the process in place for managing the restarting of services post lockdown and longer-term recovery.

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Appendices

None

Background papers

None

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CABINET

9 JUNE 2020

HMIP INSPECTION OF YOUTH OFFENDING TEAM (YOT)

Portfolio Holder: Councillor Mrs Josie Iles, Portfolio Holder for Children's Services (Lead Member)

Report from: James Williams, Director of Public Health
Ian Sutherland, Director of Children and Adults Services

Author: Andrew Willetts, Head Of Service

Summary

This report is to update Cabinet on the outcomes of the HMIP inspection of the Youth Offending Team (YOT), that took place during 24 to 28 February 2020, and which was published on 4 June 2020. Overall, Medway YOT was rated as: 'Requires improvement'. This rating has been determined by HMIP following their assessment of the YOT in three specific areas of its work, referred to as 'domains'.

There are 12 'standards' shared across the domains. Each standard reflects a specific evidence based element of YOT work underpinned by existing models or particular frameworks that should inform the work of the YOT and wider partnership. They are designed to drive improvements in the quality of work with children and young people who have offended.

1. Budget and policy framework

- 1.1. The Crime and Disorder Act 1998, requires Local Authorities to have a Youth Offending Team (YOT). Each YOT must have a plan which is annually updated to set out how youth justice will be delivered locally within available resources.
- 1.2. This inspection was part of HMIP four-year programme of youth offending service inspections. HMIP have inspected and rated Medway Youth Offending Team across three broad areas:
 - The arrangements for organisational delivery of the service,
 - The quality of work done with children and young people sentenced by the courts, and
 - The quality of out-of-court disposal work.
- 1.3. The YOT responsibilities are funded through contributions from the statutory partner agencies in accordance with the Crime and Disorder Act 1998. The

table below outlines the current funding from each of the partner agencies. Each partner's contributions are reviewed annually.

| Delegated Funds from Partner Agencies | Amount £'s |
|--|-------------------|
| OPCC | £90,353 |
| Probation | £2,500 |
| Health (Public Health) | £56,000 |
| Local Authority | £158,370 |
| YJB | £304,366 |
| Total | £611,589 |

| Other | |
|---|---------|
| NHS for trauma informed practice/ training | £56,000 |
| NHS for restorative justice programme/ training | £25,000 |

- 1.4. This report has been included on the Forward Plan in accordance with Section 10 (General Exception) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012. However, this report has been circulated separately to the main agenda. Therefore, the Cabinet is asked to accept this report as urgent to ensure that it can consider the outcome of the HMIP Inspection at the earliest opportunity.

2. Background

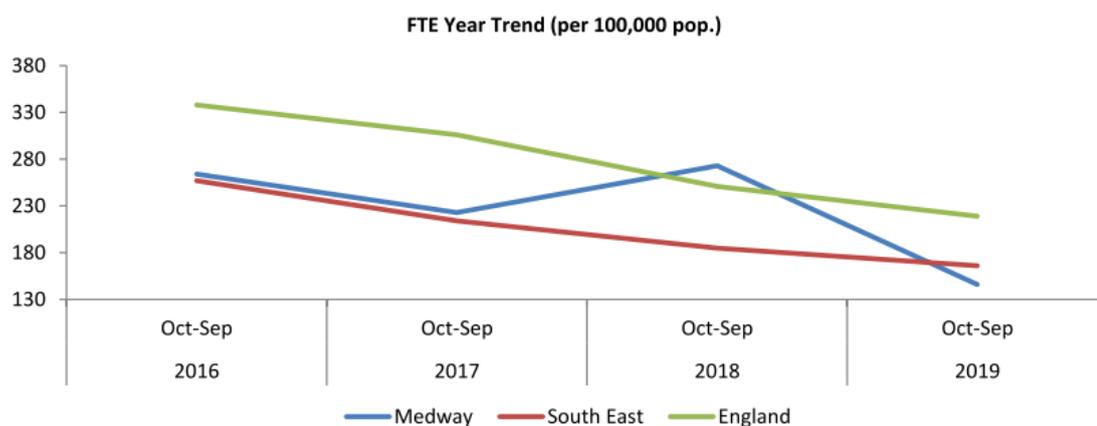
- 2.1. Although Medway was rated requires improvement, based on the inspection framework and scoring mechanism, it was actually only 1 point away from a 'good' judgement. The inspection report (Appendix A) highlighted a number of improvements since the peer review in 2018. Based on inspections reports of similar authorities, it was likely that a 'requires improvement' judgement was the expected outcome. The narrative within the report does however reflect the sustained progress made by the YOT over the last 18 months.
- 2.2. HMIP identified that senior managers drive the direction and ambition of the YOT, demonstrating their willingness and ability to advocate for children and young people to achieve the best outcomes for them.
- 2.3. HMIP saw examples of excellent case management and practitioners working well to understand the behaviour of children and young people and their aspirations for their future. However, there was too much inconsistency in the quality of practice, especially relating to girls and those at risk of exploitation.
- 2.4. HMIP commented that the Youth Justice Partnership Board has good representation from key agencies but has too many new members so was unable to evidence its understanding of the specific issues for YOT children and young people or its strategies as a partnership, to address these needs.
- 2.5. HMIP noted the planned addition of a dedicated YOT data and intelligence officer should enable the board to better identify the YOT's strengths/ areas for development and improve its focus on evidence-based service provision.
- 2.6. HMIP commented this is a busy YOT, which works well in a number of key areas and is making steady progress to develop its service provision.

3. Advice and analysis

- 3.1. This report and internal analysis highlights the fact that Medway is moving in the right direction. There have been incremental improvements from previous reports evidenced by the findings of the peer review and pilot inspection. Current performance data also provides assurance that the service is improving (see figure 1).
- 3.2. First time entrants have seen a significant improvement in Medway. During 2018, Medway First Time Entrants (FTE) were above South East and National figures. Although the number of first time entrants to the criminal justice system has reduced, the number of young people in contact with the police where no further action has taken place, increased. Work is underway with Kent Police to understand the reasons for increase in no further actions by the police. This piece of work is ongoing and is reported to the Youth Justice Partnership Plan.

Figure 1. First Time Entrants into the Criminal Justice System.

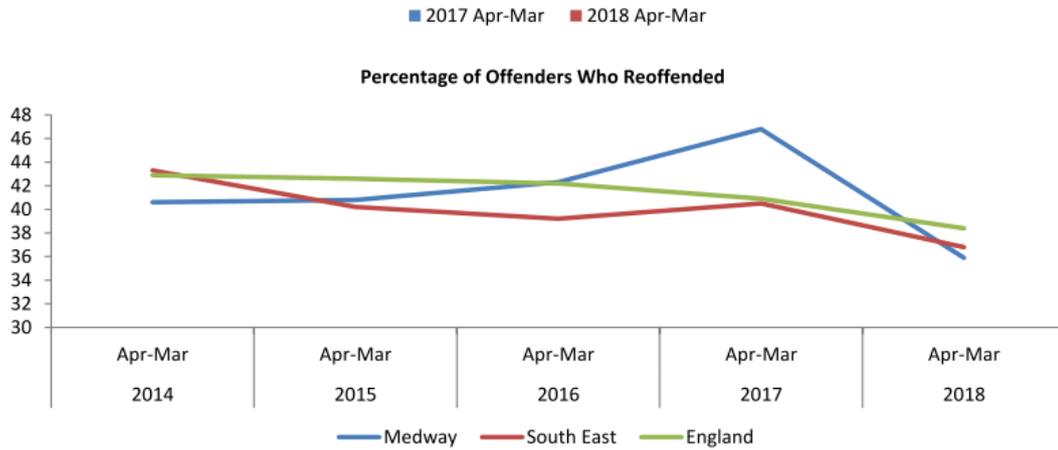
The below graph reflects the reduction in first time entrants now at 145 young people.



- 3.3. The reoffending rates in Medway had been rising year on year since 2014 through to 2018. This trend has now reversed. The current reoffending rate places Medway below the National and also the South East reoffending rate. Improvements correspond with the appointment of a new Head of Service in 2017 and implementation of the Child First practice model and changes to the Youth Justice Partnership plan. Alongside this, we have also seen a reduction in those reoffending after an Out of Court disposal. This means we are having an impact earlier in the lives of children at risk of offending.

Figure 2. Reoffending rate.

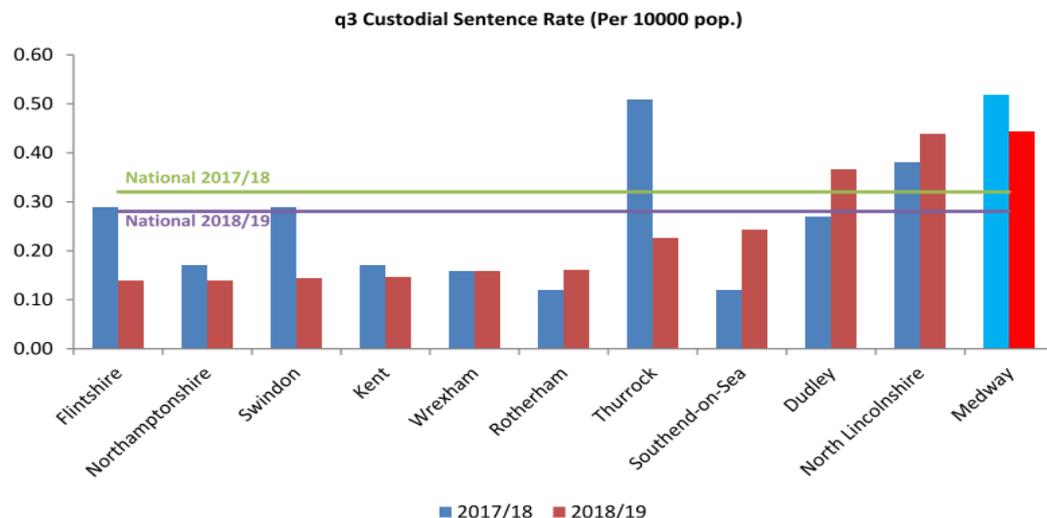
The below table reflects that in 2017, Medway reoffending rate was at 48%. In 2018 this is now at 35%. Our current data for 2019 shows the trajectory remains positive. Example for Quarter 4 for 2019 reflected 10% reoffending rate.



- 3.4. One of Medway Youth Justice Partnership Board’s focused areas for the next 12 months is to reduce the numbers of children entering custody. There were 12 custodial sentences in 2018-19 which is the same as seen for the same time period of the preceding year.
- 3.5. There have been a number of custodial sentences issued to young people (9) who have had no previous orders or out of court disposals. The YOT team would not have been aware of these young people to do preventative work. This identifies we need to do more with wider system partners in Early Help and Children’s Services to ensure those at risk of entering the criminal justice system are supported.

Figure 3. Custody rate.

The below graph reflects only a minimal improvement in Custody rate per 10,000 population. In 2017/18, Medway was at 0.48%. In 2018/19 this was 0.45%.



- 3.6. Overall, the 12 Standards judged against the HMIP criteria, Medway YOT received:
- 7 areas of good
 - 4 areas of requires improvement
 - 1 areas of inadequate
- 3.7. Within each standard there were a further 23 more detailed indicators. The findings from this assessment reinforce the progress Medway has made to date. Based on this detailed assessment Medway had:
- 7 Areas of Outstanding practice
 - 9 Areas of Good practice
 - 5 Areas that Requires improvement
 - 2 Areas of inadequate practice
- 3.8. The attached improvement plan (Appendix B) focuses on the recommendation and learning.

4. Risk management

- 4.1. Risk management is an integral part of good governance. The Council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to the community.

| Risk | Description | Action to avoid or mitigate risk | Risk rating |
|--|---|--|-------------|
| Decline in judgement seeing the YOT and its partnership arrangements move to inadequate. | Reputational risk and improvement notice issued. | Improvement plan. National standards audit. Agreed 3 year strategic plan. | D2 |
| Reduction in budget from Medway or partnership arrangements. | Decline in resources impacting on caseloads and delivery. | 3 year strategy identifying budget that needs to be sustained. Partnership bids to Home Office, PCC and MHCLG. Joint working arrangements with Violence reduction unit, Medway Task Force and Serious Youth Violence projects. | C2 |

| Risk | Description | Action to avoid or mitigate risk | Risk rating |
|--|---|--|-------------|
| Partnerships agreement to deliver against new areas identified within the HMIP findings and National Standards Audits. | Partners continue to deliver services to young people in previous ways, not meeting the crime and disorder act. | Improvement plan. Strategic plan. Service level agreement. | D2 |

5. Consultation

- 5.1. The improvement plan will be signed off in July 2020 at the Youth Justice Partnership Board.
- 5.2. The Children and Young People Overview and Scrutiny committee will also have sight of the improvement plan on 23 July 2020.

6. Climate change implications

- 6.1. Medway YOT has the equipment to deliver virtual working through tablets/ phones. We have been developing this area of work over the last 3 months (including a virtual court) meaning staff are now travelling less reducing CO² omissions.
- 6.2. A number of YOT programmes (reparation) have an environmental impact.

7. Financial implications

- 7.1. Medway YOT is funded by contributions from statutory partner agencies in accordance with the Crime and Disorder Act 1998 and reviewed on an annual basis as set out in paragraph 1.3 of the report.

8. Legal implications

- 8.1. The Crime and Disorder Act 1998 requires the Council, after consultation with the relevant persons and bodies, to formulate and implement for each year, a plan (a "Youth Justice Plan") setting out how Youth Justice Services in their area are to be provided, funded and will deliver against their targets.

9. Recommendations

- 9.1. The Cabinet is asked to note the findings of the HMIP Inspection of the Youth Offending Team and to agree the Youth Offending Team Improvement Plan, as set out in Appendix B to the report.

10. Suggested reasons for decision

- 10.1. To formally notify the Cabinet of the outcome of the inspection and to show Medway's commitment to responding to the inspection's findings.

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Appendices

Appendix A: HMIP Inspection Report
Appendix B: Improvement Plan

Background papers

None

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An inspection of youth offending services in
Medway

HM Inspectorate of Probation, June 2020

Acknowledgements

This inspection was led by HM Inspector Vivienne Raine, supported by a team of inspectors and colleagues from across the Inspectorate. We would like to thank all those who helped plan and took part in the inspection; without their help and cooperation, the inspection would not have been possible.

The role of Her Majesty's Inspectorate of Probation

Her Majesty's Inspectorate of Probation is the independent inspector of youth offending and probation services in England and Wales. We report on the effectiveness of probation and youth offending service work with adults and children.

We inspect these services and publish inspection reports. We highlight good and poor practice, and use our data and information to encourage high-quality services. We are independent of government, and speak independently.

Please note that throughout the report the names in the practice examples have been changed to protect the individual's identity.

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Foreword

This inspection is part of our four-year programme of youth offending service inspections. We have inspected and rated Medway Youth Offending Team (YOT) across three broad areas: the arrangements for organisational delivery of the service, the quality of work done with children sentenced by the courts, and the quality of out-of-court disposal work. Overall, Medway YOT was rated as 'Requires improvement'.

After a period of uncertainty while the local authority considered outsourcing YOT provision, Medway is slowly but determinedly rebuilding its service to meet the intensive and changing needs of its caseload.

Senior managers drive the direction and ambition of the YOT, demonstrating their commitment to advocate, and achieve the best outcomes, for children. We saw examples of excellent case management and practitioners working well to understand the behaviour of children and their aspirations for the future. There was too much inconsistency in the quality of practice, however, especially relating to girls and those at risk of exploitation, which left us concerned about the safety and wellbeing of a small number of vulnerable children. We also found that service provision was better for children in the community than in custody.

The Youth Justice Partnership Board should act as the backbone of the YOT. Medway's Board has good representation from key agencies, but it failed to show us that it understood the specific issues for children in the YOT caseload or its strategies, as a partnership, to address these needs.

The planned addition of a dedicated YOT data and intelligence officer should enable the Board better to identify the YOT's strengths and areas for development, and improve its focus on evidence-based service provision.

This is a busy YOT, which works well in a number of key areas and is making steady progress to develop its service provision. We have made five recommendations which, once fully implemented, can make a considerable difference to the outcomes achieved for children supervised by this YOT.



Justin Russell

Chief Inspector of Probation

Ratings

| Medway Youth Offending Service | | Score | 18/36 |
|-----------------------------------|-----------------------------|-----------------------------|---|
| Overall rating | | Requires improvement |  |
| 1. Organisational delivery | | | |
| 1.1 | Governance and leadership | Requires improvement |  |
| 1.2 | Staff | Good |  |
| 1.3 | Partnerships and services | Requires improvement |  |
| 1.4 | Information and facilities | Good |  |
| 2. Court disposals | | | |
| 2.1 | Assessment | Good |  |
| 2.2 | Planning | Inadequate |  |
| 2.3 | Implementation and delivery | Good |  |
| 2.4 | Reviewing | Requires improvement |  |
| 3. Out-of-court disposals | | | |
| 3.1 | Assessment | Good |  |
| 3.2 | Planning | Requires improvement |  |
| 3.3 | Implementation and delivery | Good |  |
| 3.4 | Joint working | Good |  |

Executive summary

Overall, Medway YOT is rated as: 'Requires improvement'. This rating has been determined by inspecting the YOT in three areas of its work, referred to as 'domains'. We inspect against 12 'standards', shared between the domains. The standards are based on established models and frameworks, which are grounded in evidence, learning and experience. They are designed to drive improvements in the quality of work with children who have offended.¹ Published scoring rules generate the overall YOT rating.² The findings and subsequent ratings in those domains are described below.

1. Organisational delivery



Over the past year, YOT leaders have worked hard to increase the YOT's capacity to deliver a full range of relevant and high-quality services. This followed a period of disinvestment while the local authority explored and then decided against outsourcing youth offending provision.

New initiatives with individual partners are intended to strengthen access to post-16 education and training, and help to address the rise in serious youth violence. The YOT's approach to desistance focuses on engagement and helping children reach their goals, while work takes place in appropriate and risk-assessed environments. The number of out-of-court cases is increasing, and the YOT is committed to making sure that its strategic and operational arrangements for these cases work well. The Youth Justice Partnership Board is underdeveloped, however, and does not drive the direction and ambition of the YOT. It does not have the information necessary to satisfy itself that the YOT is effectively resourced or that children are provided with the quality, range and volume of services and interventions necessary to meet their specific needs.

We interviewed the strategic manager for the YOT, the operations manager and the Chair of the Management Board. We held meetings with other members of the Board and key stakeholders.

Our key findings about organisational delivery are as follows:

- Strong internal leadership drives the YOT's agenda; they advocate for its needs and those of the children under YOT supervision.
- Practitioners are motivated and interested in achieving the best outcomes for those with whom they work.
- The Child First planning approach strengthens engagement.
- Leaders are working determinedly to improve the YOT's access to appropriate resourcing, using external funding sources well to achieve this.

¹ HM Inspectorate of Probation's standards can be found here:

<https://www.justiceinspectors.gov.uk/hmiprobation/about-our-work/our-standards-and-ratings/>

² Each of the 12 standards is scored on a 0–3 scale in which 'Inadequate' = 0; 'Requires improvement' = 1; 'Good' = 2; 'Outstanding' = 3. Adding these scores produces a total score ranging from 0–36, which is banded to produce the overall rating, as follows: 0–6 = 'Inadequate', 7–18 = 'Requires improvement', 19–30 = 'Good', 31–36 = 'Outstanding'.

- The YOT makes an effective contribution to out-of-court processes.
- The YOT has a strong commitment to improving service provision, drawing on examples of effective work in other YOTs to help shape its own delivery model.

But:

- The Youth Justice Partnership Board does not focus well enough on the specific needs of children working with the YOT.
- The Board does not drive the vision and strategy of the YOT, provide sufficient scrutiny of service provision or understand the risks to effective service delivery.
- The lack of in-depth needs assessment of children in the YOT caseload leaves leaders without assurance that they are providing the right level and nature of services and interventions.
- Case managers do not have access to a sufficient range of offence-focused interventions that reflect the current evidence base, contemporary lifestyles and trends in offending behaviour among children in Medway.
- There is no strategy or evidence-based approach to working with girls.

2. Court disposals



We took a detailed look at seven community sentences, six of which were referral orders, and five custodial sentences managed by the YOT. We also conducted 12 interviews with the relevant case managers. We examined the quality of assessment; planning; implementation and delivery; and reviewing in each of the 12 cases inspected.³ The quality of the work undertaken needs to be above a specified threshold for each aspect of supervision to be rated as satisfactory.

In this YOT, assessment, and implementation and delivery were assessed as 'Good' because work on desistance, safety and wellbeing, and to keep other people safe was sufficient in at least 67 per cent of cases. The quality of case reviewing was rated as 'Requires improvement' because only half of the cases inspected met all our standards for this dimension of work. Although planning to support desistance was good, planning to keep the child, and others, safe was sufficient in less than half the cases we looked at and, thus, the overall rating given to this standard was 'Inadequate'.

Our key findings about court disposals are as follows:

- The YOT's Child First approach to supporting desistance encouraged children to participate meaningfully in identifying the work they should complete with the YOT and increased their motivation to engage with practitioners to complete this.
- Case managers undertook thorough and well-considered assessments of how to keep other people safe.

³ We inspect planning, and implementation and delivery, to keep the child themselves, and others, safe in cases where inspectors judge the classification of safety and wellbeing or risk of serious harm to be at least 'medium'. In this inspection, this was applicable to all 12 post-court cases inspected.

- Victims were given sufficient priority throughout the sentence; there was a good level of contact with victims to identify their needs and wishes, and effective work to keep them safe.
- Reparation was managed well; children could access a range of activities that supported the community and helped them to develop skills.

But:

- Assessments and planning for children in custody, who often present the highest risk of harm to others and are also the most vulnerable in terms of safety and wellbeing, were given less priority than for children in the community.
- There was insufficient planning to support safety and wellbeing, and to keep others safe, especially in relation to children at risk of sexual or criminal exploitation.
- Case managers did not consistently analyse or respond well enough to indicators that risks to the child or other people had increased.
- There was regular management oversight of casework, but this did not make enough positive difference to the quality of practice.

3. Out-of-court disposals



We inspected ten cases managed by the YOT that had received an out-of-court disposal. These included two youth conditional cautions, three youth cautions and four community resolutions. This YOT also provides assessment, planning and interventions in some cases where the police have decided on 'no further action', and we inspected the YOT's work in one of these. We interviewed the case managers in all ten cases.

We examined the quality of assessment; planning; and implementation and delivery of services. Each of these elements was inspected in respect of work done to address desistance. For the five cases where there were factors relating to serious harm,⁴ we also inspected planning, and implementation and delivery, of work to keep other people safe. In the eight cases where there were relevant factors, we looked at planning, and implementation and delivery, of work to ensure the safety and wellbeing of the child. We also looked at the quality of joint working with local police. For each of our standards, the quality of the work undertaken needs to be above a specified threshold for each aspect of supervision to be rated as satisfactory.

At least 70 per cent of cases inspected met all our standards for assessment, resulting in a 'Good' rating for this aspect of work. The quality of planning was rated as 'Requires improvement'. While it supported desistance well (it was sufficient in nine of the ten cases inspected), it met all our standards to keep others safe in only three of the five relevant cases. Initially, our standards on implementation and delivery, and joint working were both given a rating of 'Requires improvement'.

⁴ We inspect planning, and implementation and delivery, to keep the child themselves, and others, safe in cases where inspectors judge the classification of safety and wellbeing or risk of serious harm to be at least 'medium'. In this inspection, this was applicable to all 12 post-court cases inspected.

Following the meeting of our internal ratings panel, however, we used professional discretion to increase these ratings to 'Good'.⁵

Our key findings about out-of-court disposals were as follows:

- Case managers effectively identified and analysed a wide range of factors to understand the level and nature of risk of harm that a child posed to others.
- Victims were given appropriate priority at every stage of the out-of-court process.
- The staff's focus on building relationships led to the engagement of children in the voluntary activities offered by the YOT.
- The YOT contributed well to decisions about whether and what out-of-court disposals should be made.

But:

- The quality of joint work, especially with children's social care services, to support safety and wellbeing was not always good enough.
- In two cases, the YOT's response to new information had left vulnerable children unprotected.
- The YOT's response to child exploitation was inconsistent and left inspectors concerned about the quality of partnership work to support safety and wellbeing.

⁵ The increase to 'Good' was made on the following basis: the original rating for implementation and delivery was derived from our assessment of five cases. A more positive judgement in one case and an increase of 5 per cent would have raised the overall score for this aspect of work to 65 per cent. The initial rating for joint working was based on the quality of work in two cases. The rating was changed to reflect this and to take account of the YOT's overall performance in delivering its out-of-court work.

Recommendations

As a result of our inspection findings, we have made five recommendations that we believe, if implemented, will have a positive impact on the quality of youth offending services in Medway. This will improve the lives of the children in contact with youth offending services, and better protect the public.

The Medway Youth Offending Team should:

1. make sure that case managers advocate for the needs of children in custody and that there is sufficient planning and work to support their resettlement
2. strengthen work with partners, particularly children's social care services, to support better the safety and wellbeing of children, paying particular attention to indicators that they are at risk of being exploited by others
3. make sure that planning sufficiently addresses factors linked to safety and wellbeing, and the need to keep others safe, and that this is reviewed and revised to reflect new information and the changing circumstances in a case
4. develop an evidence-based approach to working with girls that takes account of their distinct needs and translates into effective partnership work to support their safety and wellbeing, and protect other people.

The Youth Justice Partnership Board should:

5. strengthen its ambition for the YOT and develop a more coherent and strategic approach to making sure that the provision of services is evidence based and meets the specific needs of children working with the YOT.

Background

Youth offending teams (YOTs) supervise 10–18-year-olds who have been sentenced by a court, or who have come to the attention of the police because of their offending behaviour but have not been charged – instead, they were dealt with out-of-court. Her Majesty's Inspectorate of Probation inspects both these aspects of youth offending services.

YOTs are statutory partnerships, and they are multidisciplinary, to deal with the needs of the whole child. They are required to have staff from local authority social care and education services, the police, the National Probation Service and local health services.⁶ Most YOTs are based within local authorities; however, this can vary.

YOT work is governed and shaped by a range of legislation and guidance specific to the youth justice sector (such as the National Standards for Youth Justice) or else applicable across the criminal justice sector (for example, Multi-Agency Public Protection Arrangements (MAPPA) guidance). The Youth Justice Board for England and Wales (YJB) provides some funding to YOTs. It also monitors their performance and issues guidance to them about how things are to be done.

Medway is a unitary authority, with a youth population of 27,033. Of this, 12.9 per cent identify as black and minority ethnic, compared with 18.3 per cent of children nationally and 8.7 per cent in Medway's neighbouring county, Kent.⁷

Medway has experienced a rise in violent youth offending, gang-based drug dealing and weapons-related incidents. In 2019, Medway YOT supervised a total of 101 children given sentences by the courts. Knife crime constituted 17 per cent of the offences committed by boys; 21 per cent of offences involving violence against the person had been committed by girls.⁸ Of the 12 post-court cases we inspected, 9 involved violence against the person; 5 of these children had been given a custodial sentence. The overall rate of children entering the criminal justice system in Medway, however, is small: only 61⁹ in the 12 months to March 2019.¹⁰ Medway is part of the Kent Police area.

The YOT has experienced an extended period of change and restructure. It was considered for outsourcing for almost a year. The decision was taken in 2017 to keep the service in-house but in the interim partners had withdrawn their investment of specialist provision to the YOT. In 2019, the service was moved into Medway's Public Health Directorate. As head of the Partnership Commissioning, Resources and Youth Justice team, the portfolio of the YOT's strategic manager includes commissioning for Looked After Children and care leavers, transforming care, the Troubled Families scheme, and emotional health and wellbeing. The Chair of its Management Board (the Youth Justice Partnership Board; YJPB) has recently changed and this role is now held by the director of public health.

⁶ The *Crime and Disorder Act 1998* sets out the arrangements for local YOTs and partnership working.

⁷ Office for National Statistics. (2012). Census 2011.

⁸ Information provided by Medway YOT.

⁹ Youth Justice Board. (2019). First-time entrants, April to March 2019.

¹⁰ Office for National Statistics. (2019) UK population estimates, mid-2018.

Contextual facts

| | |
|--------------|---|
| 226 | First-time entrant rate per 100,000 in Medway ¹¹ |
| 157 | First-time entrant rate per 100,000 in South-East region |
| 222 | First-time entrant rate per 100,000 in England and Wales |
| 35.9% | Reoffending rate in Medway ¹² |
| 38.4% | Reoffending rate in England and Wales |

Population information¹³

| | |
|----------------|--|
| 277,855 | Total population in Medway |
| 27,033 | Total youth population (10-17 years) in Medway |
| 3,480 | Total black and minority ethnic youth population in Medway (Census 2011) |

Caseload information¹⁴

| Age | 10–14 | 15–17 |
|------------------|-------|-------|
| Medway YOT | 13% | 87% |
| National average | 23% | 77% |

| Race/ethnicity | White | Black and minority ethnic | Not known |
|------------------|-------|---------------------------|-----------|
| Medway YOT | 67% | 30% | 4% |
| National average | 70% | 26% | 4% |

| Gender | Male | Female |
|------------------|------|--------|
| Medway YOT | 83% | 17% |
| National average | 85% | 15% |

¹¹ Youth Justice Board. (2019). First-time entrants, April to March 2019.

¹² Ministry of Justice. (2019). Proven reoffending statistics, October 2016 to September 2017.

¹³ Office for National Statistics. (2012). Census 2011, December 2012.

¹⁴ Youth Justice Board. (2020). Youth justice annual statistics, 2018 to January 2019.

Additional caseload data¹⁵

| | |
|-------------------|--|
| 73 | Total current caseload, of which: |
| 52 (71.2%) | court disposals |
| 21 (28.8%) | out-of-court disposals |

Of the 52 court disposals

| | |
|-------------------|------------------------|
| 42 (57.5%) | on community sentences |
| 3 (4.1%) | in custody |
| 7 (9.6%) | on licence |

Of the 21 out-of-court disposals

| | |
|-------------------|---|
| 1 (1.4%) | youth conditional caution |
| 7 (9.6%) | youth caution |
| 13 (17.8%) | community resolution or other out-of-court disposal |

Education and child protection status of caseload

| | |
|-----------------|--|
| 12 (17%) | Current caseload 'Looked After Children' resident in the YOT area |
| 1 (1%) | Current caseload 'Looked After Children' placed outside the YOT area |
| 7 (10%) | Current caseload with child protection plan |
| 11 (15%) | Current caseload with child in need plan |
| 10 (14%) | Current caseload aged 16 and under not in school/pupil referral unit/alternative education |
| 13 (18%) | Current caseload aged 16 and under in a pupil referral unit or alternative education |
| 30 (41%) | Current caseload aged 17+ not in education, training or employment |

For children subject to court disposals:

| Offence types ¹⁶ | % |
|-----------------------------|---------|
| Violence against the person | 9 (75%) |
| Robbery | 2 (17%) |
| Criminal damage | 1 (8%) |

¹⁵ Data supplied by the YOT, reflecting the caseload at the time of the inspection announcement.

¹⁶ Data from the cases assessed during this inspection.



1. Organisational delivery

Over the past year, YOT leaders have worked hard to increase the YOT's capacity to deliver a full range of relevant and high-quality services. This followed a period of disinvestment while the local authority explored and then decided against outsourcing youth offending provision.

New initiatives with individual partners are intended to strengthen access to post-16 education and training, and help to address the rise in serious youth violence. The YOT's approach to desistance focuses on engagement and helping children reach their goals, while work takes place in appropriate and risk-assessed environments. The number of out-of-court cases are increasing, and the YOT is committed to making sure its strategic and operational arrangements for these cases work well. The Youth Justice Partnership Board (YJPB) is underdeveloped, however, and does not drive the direction and ambition of the YOT. It does not have the information necessary to satisfy itself that the YOT is effectively resourced or that children are provided with the quality, range and volume of services and interventions necessary to meet their specific needs.

Strengths:

- Strong internal leadership drives the YOT's agenda; they advocate for its needs and those of the children under YOT supervision.
- Practitioners are motivated and interested in achieving the best outcomes for those with whom they work.
- The Child First planning approach strengthens engagement.
- Leaders are working determinedly to improve the YOT's access to appropriate resourcing, using external funding sources well to achieve this.
- The YOT makes an effective contribution to out-of-court processes.
- The YOT has a strong commitment to improving service provision, drawing on examples of effective work in other YOTs to help shape its own delivery model.

Areas for improvement:

- The YJPB does not focus well enough on the specific needs of children working with the YOT.
- The Board does not drive the vision and strategy of the YOT, provide sufficient scrutiny of service provision or understand the risks to effective service delivery.
- The lack of in-depth needs assessment of children in the YOT caseload leaves leaders without assurance that they are providing the right level and nature of services and interventions.
- Case managers do not have access to a sufficient range of offence-focused interventions that reflect the current evidence base, contemporary lifestyles and trends in offending behaviour among children in Medway.
- There is no strategy or evidence-based approach to working with girls.

Organisations that are well led and well managed are more likely to achieve their aims. We inspect against four standards.

1.1. Governance and leadership



The governance and leadership of the YOT supports and promotes the delivery of a high-quality, personalised and responsive service for all children.

Requires improvement

Key data¹⁷

| | |
|--|----------|
| Total spend in previous financial year | £655,327 |
| Total projected budget in current financial year (2019/2020) | £692,589 |
| of which, contribution from MoJ | £304,366 |

In making a judgement about governance and leadership, we take into account the answers to the following three questions:

Is there a clear local vision and strategy for the delivery of a high-quality, personalised and responsive service for all children?

The YOT has a vision and ambition that:

“through effective partnership working, children at risk of, or involved in, offending will be engaged and supported to lead safe, law-abiding lives. We want them to reach their full potential and make a positive contribution to their community”.

The new chair (Medway’s director of public health) of the YJPB, which oversees the YOT, has a clear and thorough knowledge of issues that affect the health and wellbeing of children in Medway. His challenge to the Board is already leading to developments, such as the reintroduction of the intensive supervision and surveillance (ISS) scheme; however, he is yet to have enough understanding of the particular needs of children working with the YOT to advocate for them effectively.

Key members of the YJPB were relatively new to their Board role at the time of this inspection. They were not conversant with the YOT’s vision or able to articulate their roles, responsibilities and the strengths of working as a Board to help achieve it. The head of service determines the strategic direction of the YOT, enabling change with individual partners but without effective direction, leadership and governance from the YJPB.

Local partnership strategies are often devised and implemented outside the Board and focus on broader groups of children – for example, improving education provision for children looked after by the local authority.

The Board is not focused on, or responding sufficiently to, risks to the service. It does not have a clear idea about the level of resources that the YOT needs, or the benefits that a properly resourced service would accrue.

¹⁷ Data provided by the YOT.

Medway YOT does not have the partnership capacity to manage the complexity of its cases. Discussions at Board level have helped to make sure that statutory partners fulfil their duty to support YOT services – for example, through the provision of a part-time probation officer. The YOT also has the support of a police officer for the equivalent of one day a week, although he is not based with the rest of the team. The role of the YOT police officer, as set out in national guidance, is far reaching,¹⁸ and the Board has yet to satisfy itself that these objectives can be achieved through the current limited arrangements. Other barriers to partners providing the necessary level of resources have yet to be fully explored or addressed by the Board. They need to be, to help the YOT fulfil specific objectives in its strategic plan – for instance, to provide timely, ‘easy and natural access’ to emotional and mental health, and speech and language therapies.

Do the partnership arrangements actively support effective service delivery?

The YOT has links with a range of partnership boards that can strengthen work to protect children and protect the public. These include the Medway Safeguarding Children Partnership, Kent’s Reoffending and Criminal Justice Boards, and Medway’s Community Safety Partnership.

The service works well with partners, including Kent YOT, to explore external funding sources. One example is their recent successful bid to the Home Office to provide a specialist response to the growth of serious youth violence in Medway.

Children’s social care services have concentrated on improving their internal service provision since being rated as ‘Inadequate’ by Ofsted in August 2019. They would benefit from widening their focus to strengthen the partnership with the YOT. Partnership working is supported by the joint exploitation and high-risk panels. Too often, however, the quality of partnership working at an operational level relies on the strength of the relationship between the child’s social worker and YOT case manager. There are no formal strategies, agreements or policies to strengthen the lines of accountability or describe how the YOT and children’s social care services will work together to support the safety and wellbeing needs of children working with the YOT.

Does the leadership of the YOT support effective service delivery?

YOT leaders motivate staff to work well with children. They model the behaviour they expect to see in their staff and create a culture that helps to achieve the YOT’s vision. Managers take a facilitative approach, empowering practitioners to advocate for children, challenge leaders and promote their ideas for effective practice.

The 2019/2020 delivery plan does not help staff to understand their role in meeting the ambitions of the YOT. The objectives in this plan are broad, and so-called outcome measures, such as ‘children feel they have a voice and it makes a difference’, ‘learning improves practice’ and ‘improved education, training and employment’, are hard to measure.

Like other local authorities, the strategic leadership of Medway YOT is part of a busy portfolio for the head of the Partnership Commissioning, Resources and Youth Justice team. This is a small YOT, with limited management tiers to provide effective oversight of its operational delivery.

¹⁸ Youth Justice Board. (2014). *The role of the YOT police officer*.

1.2. Staff



Staff within the YOT are empowered to deliver a high-quality, personalised and responsive service for all children.

Good

Key staffing data¹⁹

| | |
|---|-------------------|
| Total staff headcount (full-time equivalent, FTE) | 17.4 |
| Of which, FTE case managers | 12.5 |
| Vacancy rate (total unfilled posts as percentage of total staff headcount) | 11.5% |
| Vacancy rate case managers only (total unfilled case manager posts as percentage of total case manager headcount) | 12% ²⁰ |
| Average annual working days sickness (all staff) | 2.9 |
| Staff attrition (percentage of all staff leaving in 12-month period) | 17.25% |

In making a judgement about staffing, we take into account the answers to the following four questions:

Do staffing and workload levels support the delivery of a high-quality, personalised and responsive service for all children?

Caseloads are complex; staff said that they were busy but, generally, workloads are manageable. At the time of inspection, the YOT was expecting caseloads to reduce with the imminent addition of a social work-qualified case manager.

Recognising the increase and complexity of out-of-court work, managers have taken action to balance out-of-court and post-court workloads by introducing the generic case manager role. Case managers attend case allocation meetings that are used to decide roles and responsibilities for each case, and provide additional information – for instance, social worker names. The allocation of out-of-court cases is supported by the provision of written instructions on the specific tasks to be undertaken in each case.

Do the skills of YOT staff support the delivery of a high-quality, personalised and responsive service for all children?

Staff across the YOT are interested in the lives of the children with whom they work, and motivated to work creatively with them to achieve the most positive outcomes.

Case managers said that they have the skills needed to advocate on behalf of children and to manage their caseloads. We saw evidence of this in many of the cases inspected. Some complex cases are managed jointly by a manager and case

¹⁹ Data supplied by YOT and reflecting staffing at the time of the inspection announcement.

²⁰ Data supplied by YOT, based on staffing and workload at the time of the inspection announcement.

manager. This helps to ensure that the needs of the children are met and supports the skills development of less experienced case managers.

Despite the level of commitment and confidence among case managers, inspectors asked for immediate remedial action to be taken in two cases and for reassurance about missing information in a small number of other cases. In each event, the YOT responded quickly and effectively to our concerns.

Practitioners have a range of career backgrounds and qualifications. Qualified social workers have a job description that reflects their knowledge and qualification; however, the overall caseload of the YOT has become far more challenging. While efforts are made to allocate the most complex cases to case managers with social work qualifications, this approach has not been sustainable, and cases are often allocated simply on the basis of workload.

YOT staff develop their skills and qualifications – for example, to become qualified social workers or specialists in programmes, or to gain leadership skills. These opportunities are negotiated on an individual staff basis, however, and not all practitioners are confident that they will be supported by the YOT to do this.

Does the oversight of work support high-quality delivery and professional development?

Practitioners value the support they receive from managers and said that, where necessary, adjustments had been made to take account of their individual working needs. They also enjoyed the recognition they receive for good work. Staff have been submitted for the Medway team of the year and Medway staff awards.

Case managers consider that the monthly supervision and management oversight of their cases helps to improve their practice. We found that, while AssetPlus assessment and plans were counter-signed in the cases we inspected, management oversight did not make enough difference to the quality of practice to keep the child or others safe.

Are arrangements for learning and development comprehensive and responsive?

Training and development does not follow a formal workforce learning and development plan. YOT practitioners advised that their training and development needs are being met, however, and that they have attended a range of programmes on AIM3 (Assessment, Intervention and Moving-on project), self-identity theory, safeguarding and positive behaviour support (an approach to supporting positive behaviour in children with more intensive needs).

All practitioners are expected to have participated in case formulation and trauma-informed practice training. The YOT is working with children's social care services to encourage their 'buy-in' to this. It is too soon to conclude whether practitioners have embedded this learning into practice.

Five of the cases we inspected were eligible for MAPPA. MAPPA is included in the YOT's management of risk policy but not all case managers have enough awareness of the relevant processes.

1.3. Partnerships and services



A comprehensive range of high-quality services is in place, enabling personalised and responsive provision for all children.

Requires improvement

| | |
|--|-----|
| Percentage of current caseload with mental health issues ²¹ | 33% |
| Percentage of current caseload with substance misuse issues | 54% |
| Percentage of current caseload with an education, health and care plan | 9% |

The YOT is making slow but consistent progress in developing the quality, range and volume of its services. Reparation and victims work are embedded well, and the YOT's commitment to trauma-informed practice is evidenced in its approach to case management and efforts to recruit a specialist to sustain this. As the YOT recognises, however, it currently lacks the data to determine and meet the specific needs of the children it supervises. There are no strategies in place to support the effective provision of mainstream services, to engage effectively with girls or to make sure that interventions used by case managers are appropriate and effective. For these reasons, the YOT's performance against this standard has been rated as 'Requires improvement'.

In making a judgement about partnerships and services, we take into account the answers to the following three questions:

Is there a sufficiently comprehensive and up-to-date analysis of the profile of children, to ensure that the YOT can deliver well-targeted services?

Managers understand the ethnic background of children living in Medway and the structural barriers (for example, reduced access to relevant post-16 education) facing those who are most likely to come into contact with the YOT.

Disproportionality was identified as a priority area to address in 2019 but, after discussion, the YJPB agreed that this was not a matter for Medway YOT to address. They identified that the issue related to custody rates – specifically, the number of children of black and minority ethnic heritage who were previously unknown to the YOT and whose offences had crossed the seriousness threshold for a custodial sentence. Kent police are supporting a county-wide project to understand the over-representation of black and minority ethnic communities in the criminal justice system, however, and plan to keep Medway's YJPB updated about the learning from this.

Nineteen per cent of children working with the YOT at the time of our inspection were girls, a similar proportion to the total working with the YOT throughout 2019.²² There was no strategy in place that set out how to work with girls, among whom violent offending is increasing. Sixty-two per cent of offences committed by girls in 2019 involved violence towards others.²³ YOT data indicates that 69 per cent of its staff are

²¹ Data supplied by YOS.

²² See footnote 21.

²³ See footnote 21. This percentage was calculated by combining offences involving actual violence against the person, with those involving threatening behaviour and knife crime.

female and yet inspectors found that girls' cases were being allocated to male case managers. Not enough consideration was being given to the girls' thoughts about this, to their specific vulnerability factors or to whether a case manager had the right skills and experience to meet their distinct needs. We judged that this had an impact on the quality of case management.

Service provision is not guided by a comprehensive analysis of the profile of children working with the YOT. The local authority performance and intelligence analyst provides data on request, to support commissioning. She was in the process of compiling data relating to YOT children for Medway Public Health's Joint Strategic Needs Assessment. Being based outside the YOT, she is less able to understand the intricacies of this work, and is unable to interrogate the YOT's Integrated Youth Support Services (IYSS) case management system to provide in-depth data to help monitor and inform the YOT's strategic decisions. Performance reports are compiled manually from spreadsheets. The YOT, acknowledging that it should better understand the behaviour and specific needs of the children with whom it works, had recently made a successful bid to fund a YOT data and intelligence officer.

While the YOT's strategic plan includes an objective to provide better access to emotional wellbeing, mental health, and speech and language therapies, leaders are not yet able to draw on relevant data to help them understand the detail and extent of this need. This has left senior leaders linking their decisions about how to resource provision to the demand from case managers for these services, without analysing why the number of referrals is low.

Does the YOT partnership have access to the volume, range and quality of services and interventions to meet the needs of all children?

Victims are provided with a quick and thoughtful service, and the YOT is working to address gaps in provision for victims of children given out-of-court disposals.

Reparation is tailored to the needs of each case, and the child's participation is properly risk assessed and evaluated. Children participate in a range of activities, including structured leisure and learning activities, and projects to support the community, such as repairing bikes and donating them to victims and others who need them.

Example of notable practice:

The YOT's Acorns initiative is a strength, receiving excellent feedback from those who attend.

This is an initiative for parents/carers who suffer domestic abuse from their children. The YOT and early help teams refer to the programme, which, facilitated by two workers (one a trained counsellor), follows a structured approach to helping parents/carers devise strategies to cope and respond effectively to their situations. Following an initial one-to-one assessment, parents/carers are invited to attend 10 weekly sessions, during which visiting specialists provide information about services available to help them. Participants are encouraged to share and discuss their negative experiences and acknowledge their children's positive attributes. Each session ends with guided mediation and relaxation.

Having completed the initial 10 sessions, parents/carers are invited to attend further sessions, to learn how to implement strategies (based on Omer's (2004) approach to non-violent resistance).

The YOT hopes to secure the sustainability of Acorns through the introduction of parent/carer Acorn Ambassadors, who, it is hoped, will encourage the participation of others and progress to facilitating the programme.

The YOT has worked consistently to embed a trauma-informed approach in its practice. Following the case formulation training, it commissioned the short-term help of a forensic psychologist to help practitioners to use their learning. The YOT is now working with the local pupil referral unit (PRU)²⁴ to recruit a permanent forensic psychologist to support a trauma-informed approach in both the YOT and the PRU.

Medway has also reintroduced its ISS scheme. This had fallen into decline, but the YOT and the Medway youth service worked with the Department for Work and Pensions to create an intensive programme to meet the needs of children working with the YOT. Children participating in the scheme are able to earn an accredited award through ASDAN's²⁵ programme, 'Be yourself'.

There is no system in place to make sure that in-house interventions to address offending behaviour reflect the current evidence base. Case managers are using old interventions – for example, the weapons awareness pack – and handpicking from this the sections that meet the needs of their cases.

Are arrangements with statutory partners, providers and other agencies established, maintained and used effectively to deliver high-quality services?

The YOT has a strong partnership with Open Road, which provides substance misuse services. Children have good, flexible access to a dedicated YOT substance abuse practitioner, who uses the YOT information technology (IT) recording system to support his own planning and delivery. Open Road's extended service includes awareness raising sessions for children relating to sexual health and the dangers of sexual and criminal exploitation.

Case managers regularly make referrals to an education, training and employment specialist, who dedicates at least one day a week to the YOT. She is highly regarded for her determined efforts to support children, including her attendance at pre-release meetings in the secure estate. Post-16 education and training provision has decreased substantially in Medway, however, and there is too little available to meet demand. More than 40 per cent of children aged over 16 working with the YOT are not in post-16 education, employment or training. The YOT is working with the Looked After Children and leaving care commissioning lead to create alternative provision. This will be available to YOT children who are looked after by the local authority, who comprise about 20 per cent of the caseload.

Medway's Public Health Service has commissioned METRO to provide sexual health services to children across Medway. This provides training opportunities for practitioners, free family planning services, support to men who have sex with men, and programmes of work specifically for boys to support their self-identity and healthy relationships;²⁶ however, this service is not tailored to the specific needs of the girls working with the YOT. Pregnancy and exploitation were critical features in some of the cases assessed during this inspection, yet children are referred to an external provider rather than receiving the necessary joined-up health/YOT approach to address their specific needs and vulnerabilities.

A speech and language therapist provides two sessions a month, assessing the needs of children on the YOT caseload but without the opportunity to contribute to interventions. Child and adolescent mental health service (CAMHS) nurses visit the YOT once a week, to provide case managers with advice and support. Thirty-three

²⁴ An alternative education provider specifically for children who are unable to attend mainstream school and who are not home schooled.

²⁵ ASDAN is a charity that provides accredited programmes and educational qualifications for children.

²⁶ Information on the Family Information Services Medway webpage.

per cent of children working with the YOT at the time of our inspection were identified (from AssetPlus assessments) as having emotional health and wellbeing/mental health needs. Since July 2019, every child working with the YOT has had an initial CAMHS assessment within 12 weeks of referral. The YOT acknowledges that, thereafter, there can be a long interval before they participate in a neurodevelopmental intervention (up to two years), but less than 10 per cent wait more than 18 weeks before accessing professional emotional wellbeing and mental health services.²⁷ This represents a commendable reduction in wait times from the previous year; however, inspectors heard, from staff and partners, that children were waiting too long for both their neurodevelopmental and trauma-focused therapy. Additionally, children who are not registered with a general practitioner (GP) in Medway have no access to Medway's CAMHS or speech and language services.

Ofsted's recent 'Inadequate' rating for Medway children's social care services reflects wider problems with this service, including the quality of their work with the YOT. This had an impact, especially, on the effectiveness of joint work to assess and address the needs of children leaving custody and to protect those at risk of sexual or criminal exploitation. While there is inconsistency in the quality of engagement between the YOT and children's social care services, there is a clear pathway through which case managers can escalate their concerns.

The YOT has been integral to the success of Medway's out-of-court disposal scheme, helping to shape procedures and guidance to support this. It contributes well to the joint decision-making process, making effective use of an agreed proforma to provide a thorough assessment of factors relating to the offence and the child's lived experience. Out-of-court decisions are well considered and, while there is no limit to how many out-of-court disposals an individual child can receive, decisions are based on the individual circumstances in a case and take account of the number and type of disposals given previously and how well these have been completed. Of the 89 children given an out-of-court disposal between February 2019 and February 2020, only 19 received more than 1, and only 6 received more than 2.²⁸ The reoffending rate among children completing out-of-court disposals has shown an overall downward trend since 2017/2018, and for the fourth quarter of 2018/2019 it stood at 17 per cent.²⁹

Involvement of children and their parents/carers

The YOT listens well to the opinions of its children. For example, children are invited to meetings to share their experiences and views about the YOT. These are videoed and shown to the Board to help inform its discussions. On occasion, they will attend Board meetings in person, to share their thoughts and opinions. We sought the views of children as part of our inspection and received positive feedback from all those responding to us.

YOT staff say that their views are listened to and taken into consideration. The YOT's volunteers are content that their feedback is sought appropriately.

²⁷ Data provided by the YOT.

²⁸ Performance and Intelligence Business Partner: Out-of-court disposals. Analysis of data from IYSS 1/2/19 to 29/2/20.

²⁹ Medway Youth Offending Service Performance Digest Quarter 2, 2019/20.

1.4. Information and facilities



Timely and relevant information is available and appropriate facilities are in place to support a high-quality, personalised and responsive approach for all children.

Good

In making a judgement about staffing, we take into account the answers to the following four questions:

Are the necessary policies and guidance in place to enable staff to deliver a quality service, meeting the needs of all children?

YOT staff have access to a range of policies and guidance, and understand these. The majority of the documents are reviewed and updated appropriately.

The quality assurance framework provides effective guidance to case managers about the work to be checked, and how. Quality assurance extends to the Child First planning process, which, it is expected, will be discussed with case managers during their management supervision sessions.

Does the YOT's delivery environment(s) meet the needs of all children and enable staff to deliver a quality service?

The main YOT building has been risk assessed by the local authority. The YOT, with the input of children, has improved the space available for supervision appointments, redecorating this to provide a child-friendly, confidential area. Shared with the Medway youth service, the building also provides a social area and sports hall. These facilities are actively used by the YOT, with the kitchen space utilised to support life skills such as cooking and laundry washing.

YOT workers use a safety questionnaire to learn from children where there are risks to them or others, and identify relevant, safe venues for their meetings. These include Open Road facilities, libraries and other community venues. Referral order panels are moved to alternative venues to meet the needs of the child.

Staff are content that the YOT building is suitable for work with children.

Do the information and communication technology (ICT) systems enable staff to deliver a quality service, meeting the needs of all children?

Although the YOT sits outside Medway's children's directorate, YOT staff have read-only access to children's social care services' information management systems. This is a helpful arrangement in cases where case managers have difficulties in contacting relevant social workers. Open Road substance misuse workers with open YOT cases can access and record information on the YOT IT recording system, and are actively doing so.

Practitioners are supported to work remotely through the provision of mobile IT equipment and phones. Most staff say that their IT systems support their work sufficiently well.

Is analysis, evidence and learning used effectively to drive improvement?

The YOT demonstrates its interest in promoting improvement, drawing on the information available to support this. It learns from HMI Probation inspections and uses them to improve service provision. It has visited Essex YOS to learn from its positive inspection, and volunteered to participate in HMI Probation's YOT inspection programme pilot.

The YOT works to a quality assurance framework that sets out the specific areas of work to be audited, and how – including the completion of referral order reports and the Pathways and Planning section of AssetPlus. Staff appreciate the benefits that this has brought to their practice. The YOT has been working with children's services to adapt their audit tool, to help to assess and improve the quality of practice across the services.

The YOT's risk management policy provides a comprehensive overview of YOT priorities and processes, drawing on the learning from a recent serious case review to improve escalation processes.

The Board is provided with quarterly performance reports that provide data and commentary on the YOT's performance against national and local indicators. Action is taken to understand better some of the issues this raises – for instance, a task and finish group to explore the prevalence of police 'no further action' decisions. There is no evidence, however, that the Board or YOT has agreed a strategy to address issues in performance.

Where data is available, the YOT draws on this to explore issues and resolve them. An example is the recent paper outlining deficits in the commissioned restorative justice service for out-of-court disposal work.

The YOT has invested considerably to make sure that its Child First planning approach is evidence based. This initiative draws on desistance and identity theory, and has been highlighted as a good model nationally, although its impact has yet to be formally evaluated. There is no system in place to evaluate if the range and effectiveness of services and interventions delivered by the YOT meet the needs of its children.



2. Court disposals

We took a detailed look at seven community sentences, six of which were referral orders, and five custodial sentences managed by the YOT. We also conducted 12 interviews with the relevant case managers. We examined the quality of assessment; planning; implementation and delivery; and of reviewing in each of the 12 cases inspected.³⁰ The quality of the work undertaken needs to be above a specified threshold for each aspect of supervision to be rated as satisfactory.

In this YOT, assessment, and implementation and delivery were assessed as 'Good' because work on desistance, safety and wellbeing, and to keep other people safe was sufficient in at least 67 per cent of cases. The quality of case reviewing was rated as 'Requires improvement' because only half of the cases inspected met all our standards for this dimension of work. Although planning to support desistance was good, planning to keep the child, and others, safe was sufficient in less than half the cases we looked at and, thus, the overall rating given to this standard was 'Inadequate'.

Case managers demonstrated their interest and motivation in helping children to complete their sentences successfully and safely. The YOT's Child First approach to desistance was firmly embedded, and practitioners were comfortable and skilled at applying it; however, they were not all skilled and competent in supporting safety and wellbeing, and keeping others safe. Some applied their professional curiosity to understand all the factors in their cases, and made determined efforts to work with partners to implement the right interventions. Others were less knowledgeable and able to identify and address issues in their more complex cases, and were not taking sufficient measures to keep the children and their victims safe.

Strengths:

- The YOT's Child First approach to supporting desistance encouraged children to participate meaningfully in identifying the work they should complete with the YOT and increased their motivation to engage with practitioners to complete this.
- Case managers undertook thorough and well-considered assessments of how to keep other people safe.
- Victims were given sufficient priority throughout the sentence; there was a good level of contact with victims to identify their needs and wishes, and effective work to keep them safe.
- Reparation was managed well: children could access a range of activities that supported the community and helped them to develop skills.

³⁰ We inspect planning, and implementation and delivery, to keep the child themselves, and others, safe in cases where inspectors judge the classification of safety and wellbeing or risk of serious harm to be at least 'medium'. In this inspection, this was applicable to all 12 post-court cases inspected.

Areas for improvement:

- Assessments and planning for children in custody, who often present the highest risk of harm to others and are also the most vulnerable in terms of safety and wellbeing, were given less priority than for children in the community.
- There was insufficient planning to support safety and wellbeing, and to keep others safe, especially in relation to children at risk of sexual or criminal exploitation.
- Case managers did not consistently analyse or respond well enough to indicators that risks to the child or other people had increased.
- There was regular management oversight of casework, but this did not make enough positive difference to the quality of practice.

Work with children sentenced by the courts will be more effective if it is well targeted, planned and implemented. In our inspections, we look at a sample of cases. In each of those cases, we inspect against four standards.

2.1. Assessment



Assessment is well-informed, analytical and personalised, actively involving the child and their parents/carers.

Good

Our rating³¹ for assessment is based on the following key questions:

| | % yes |
|---|------------|
| Does assessment sufficiently analyse how to support the child's desistance? | 100% |
| Does assessment sufficiently analyse how to keep the child safe? | 67% |
| Does assessment sufficiently analyse how to keep other people safe? | 92% |

The YOT understood the issues linked to desistance and how to keep other people safe. The quality of assessments for safety and wellbeing was variable, and in some cases focused too little on the lived experience of the child. The score for this area of work was 67 per cent, leading to an overall rating for assessment of 'Good'.

Does assessment sufficiently analyse how to support the child's desistance?

Work to assess the factors linked to a child's desistance was outstanding.

Engagement was a priority for this YOT. Case managers worked closely with the children, to understand the wider social context and range of factors that had an impact on their lives. They routinely considered their strengths and interests, and their ability and motivation to comply with the requirements of their sentence.

³¹ The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annexe 2 for a more detailed explanation.

One inspector noted:

“The case manager took account of Mike’s history and complex family dynamics. She identified barriers with his speech, language and communication that had been overlooked previously. Mike’s mother was reluctant to engage with the YOT, so the case manager involved Dad, who had been absent from Mike’s life for some time. As a result, they began to rebuild their relationship”.

In the main, case managers drew on the views of victims and the potential for restorative justice. The YOT’s restorative justice lead contacted victims as necessary, but this was not always considered as part of the overall assessment of desistance.

Overall, case managers did enough to analyse and understand factors linked to desistance in every case, completing their assessments within an appropriate timeframe and recording these well.

Does assessment sufficiently analyse how to keep the child safe?

Most of the children working with the YOT were vulnerable. In 5 of the 12 cases we assessed, they had been subject to a child protection plan or Section 47 enquiry during the period we were inspecting. Overall, work to understand the safety and wellbeing factors that had an impact on the children working with the YOT was good.

Case managers consistently analysed the controls and interventions that could help to keep a child safe, drawing on information provided by other agencies.

In some cases, however, they had not identified critical factors linked to a child’s safety and wellbeing, or had not sufficiently analysed the significance of these or their potential impact. Issues relating to child exploitation or adverse childhood experiences were not consistently explored in enough depth.

We agreed with the classification of safety and wellbeing applied at the start of sentence in 8 of the 12 cases. In 4, the level of need had been underestimated. In one of these, a child was placing himself in harmful situations, drinking alcohol to excess and engaging in unhealthy sexual behaviour, and he had revealed feelings of anxiety, yet his safety and wellbeing needs were categorised as ‘low’.

Does assessment sufficiently analyse how to keep other people safe?

Assessment relating to the need to keep others safe was outstanding, and among the best we have seen during this inspection programme.

Case managers drew consistently on the information available from partners and previous YOT records to identify and understand the risk of harm that a child posed to others.

They made clear the nature and level of harm to individuals – victims of previous harmful behaviour and potential victims – and, in our judgement, made the correct classification of risk of harm in every case.

Assessments were recorded well and reflected the quality of the assessments being undertaken.

2.2. Planning



Planning is well-informed, holistic and personalised, actively involving the child and their parents/carers.

Inadequate

Our rating³² for planning is based on the following key questions:

| | % yes |
|---|------------|
| Does planning focus sufficiently on supporting the child or desistance? | 75% |
| Does planning focus sufficiently on keeping the child or safe? | 42% |
| Does planning focus sufficiently on keeping other people safe? | 42% |

Inspectors saw examples of excellent planning for work in the community, consistent with the YOT's Child First approach. The rating for this standard, however, was driven by insufficient planning for children in custody, and a failure to address specific risks to the children, themselves, and their victims. The scores for this standard allowed us to consider whether to apply professional discretion. After careful consideration, it was agreed that the 'Inadequate' rating was appropriate and accurately reflected the YOT's performance.

Does planning focus sufficiently on supporting the child's desistance?

Planning to support the child's desistance was good.

There was a distinct difference between the quality of planning for children in a custodial rather than community setting. We found little evidence of meaningful planning for work in custody to support desistance. As we inspected five custodial cases, this made a substantial impact on our overall judgement about the YOT's performance.

By contrast, the YOT's Child First approach strengthened planning to support desistance in community sentences and on licence. Rather than use standard templates to record desistance plans, case managers tailored their planning process to meet the interests, strengths and aspirations of the children with whom they worked. This led to a creative array of plans, some in workbooks, others in spray-painted posters or collages. This increased the engagement of children helped them to identify and 'own' their journey through their sentences, and strengthened their motivation to succeed. Case managers made sure that, although planning was child focused, objectives addressed the priorities identified during their assessment process, such as substance misuse; education, training and employment; mental health; and work to strengthen resilience. Where there were gaps in planning, these related mostly to objectives to help children explore and strengthen their sense of identity or the need to make changes to lifestyles.

Victims were contacted by the YOT's restorative justice lead, and their views and wishes were considered in eight of the ten cases where this was relevant. This helped to shape plans for reparative work and to decide what should be done to help children to understand the impact of their offending on their victims.

³² The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annexe 2 for a more detailed explanation.

Does planning focus sufficiently on keeping the child safe?

Planning to support safety and wellbeing was not good enough. The YOT's performance was negatively affected by the poor quality of planning to safeguard children in custody. Overall, planning was sufficient in only 5 of the 12 cases inspected.

In the community, case managers worked well with partner agencies to align their plans. This meant that YOT and child protection plans, for instance, reflected the priorities of both organisations, providing for a coordinated approach and helping to avoid duplication of work.

Planning included necessary controls and interventions in 6 of the 12 cases. There was too little planning to protect children who were at risk of sexual or criminal exploitation. In one case, a child had drug debts that were not considered; in another, a growing interest in gangs and risk of being involved in county lines were not addressed. Referrals to Medway Vulnerability Panel (the authority's multi-agency meeting for discussing missing children and those at risk of exploitation), or the National Referral Mechanism,³³ were not routinely considered as part of the planning process.

One inspector noted of a vulnerable girl:

“Kyra was at risk of sexual and criminal exploitation, and had asked to be referred to a domestic abuse charity. Neither of these priorities were reflected in the plan to support her safety and wellbeing. It would have been helpful to have convened a multidisciplinary meeting to share relevant information and agree a safety plan for Kyra. The case manager was not aware of the benefits this could bring and had not considered it during the planning process.”

Circumstances for children with complex issues can change quickly. It is important that case managers consider what these changes could be, so that they can respond quickly and effectively. In Medway, the importance of anticipating changes, and tailoring the response to these, was given too little priority. Contingency planning relating to safety and wellbeing was sufficient in only 4 of the 12 cases where it was needed.

Does planning focus sufficiently on keeping other people safe?

Planning to keep others safe was not good enough. It was sufficient in only 5 of the 12 cases assessed.

Planning focused on appropriate work in 6 of the 12 cases, and set out necessary and effective contingency arrangements in 5.

Case managers involved other agencies in 7 of the 12 cases. They set out what needed to be done to manage and minimise the risk of harm that children posed to other people, paying enough attention to the needs of individual victims, again, in 7 of the 12 cases.

Five of the cases we looked at were eligible for management through MAPPA; however, not all case managers had enough knowledge about this process and which cases should be considered for this approach.

³³ The National Referral Mechanism is a framework for identifying victims of human trafficking and ensuring that they receive the appropriate protection and support.

An inspector noted in one case:

“Samuel had committed a serious assault on his girlfriend. The case manager put a plan in place to monitor and manage this risk. However, she did not consider soon enough the need to refer the case to a Multi-Agency Risk Assessment Conference (MARAC),³⁴ so that arrangements could be put in place to support his victim”.

2.3. Implementation and delivery



Reviewing of progress is well-informed, analytical and personalised, actively involving the child and their parents/carers.

Good

Our rating³⁵ for implementation and delivery is based on the following key questions:

| | % yes |
|--|------------|
| Does the implementation and delivery of services effectively support the child’s desistance? | 92% |
| Does the implementation and delivery of services effectively support the safety of the child? | 75% |
| Does the implementation and delivery of services effectively support the safety of other people? | 75% |

The YOT’s approach to desistance was well considered, and focused effectively on engagement and compliance. There was less consistency in the quality of work to keep the child, or others, safe, especially in relation to the effectiveness of work with partners and the availability of timely, appropriate services and interventions. The overall scores for implementation and delivery allowed us to consider whether to apply professional discretion to this rating. The panel was satisfied, however, that the rating of ‘Good’ reflected the YOT’s performance against this standard.

Does the implementation and delivery of services effectively support the child’s desistance?

The implementation and delivery of services to support desistance was outstanding.

Case managers worked thoughtfully to prioritise and sequence their work with children. When necessary, they focused first on establishing a relationship with the child, to provide a good platform on which to base other work.

In the clear majority of cases, the YOT made sure that service provision met the needs identified during assessment. Children had good access to substance misuse services. They were less able to access services to strengthen their resilience or their emotional wellbeing and mental health. At least one child had waited too long for an assessment of their neurodevelopmental needs, and there was too little access to therapeutic and psychological alternatives to CAMHS for young children.

³⁴ MARACs are convened to discuss the highest-risk domestic abuse cases. They focus on the needs of the victims, with partners working together to agree and action a safety plan to protect them.

³⁵ The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annexe 2 for a more detailed explanation.

Children were supported well to gain education, employment and training places, but there was too little post-16 provision available to help every child effectively.

Service delivery was tailored so that it took account of specific diversity needs, such as the child's learning style or need to work around other commitments, such as training and employment. Case managers also made sure that their approach to the work built on the child's interests and strengths.

Although the YOT's approach was to use positive measures to encourage engagement, formal compliance measures were used well in each of the six cases where these were warranted.

Children in custody often present the highest risk of harm to others and are also the most vulnerable, in terms of their safety and wellbeing. We found that work for and with those in custody was less effective than work in the community. In one case, however, we noted:

“The case manager helped to make sure Michael received a holistic package of interventions in custody. With his father, she visited Michael frequently, to undertake one-to-one work, such as completing a timeline of events in Michael's past and 'Old Me – New Me', an intervention to encourage him to think about his future. Michael has been supported to participate in the CSCS [Construction Skills Certification Scheme] and a barista course”.

Many children benefit from being introduced to services and activities in the community which will continue to support their desistance once they are no longer working with a YOT. Case managers gave this sufficient consideration in 9 of the 12 cases assessed.

Does the implementation and delivery of services effectively support the safety and wellbeing of the child?

The implementation and delivery of services to support safety and wellbeing was good.

Case managers focused on monitoring the safety and wellbeing of children with whom they worked, and increased their contact levels as they became more concerned.

As an example:

“Clive's case manager monitored his interest in gang culture and focused on encouraging his other interests, such as music and sport. Together, they completed weapons awareness and emotional management sessions, and built a 'toolbox' of strategies to help Clive remain calm when he experienced difficult emotions. As a result, Clive has gone missing less frequently and is less at risk of being exploited”.

In 9 of the 12 cases, case managers coordinated their work with children's social workers; however, they did not always escalate unsuccessful attempts to engage with children's social care services or seek support from the early help team. Case managers made relevant referrals to partners within appropriate timeframes. In some cases, children received support from METRO for their relationships or sexual health, or from St Giles Trust to support their emotional wellbeing and mental health.

Does the implementation and delivery of services effectively support the safety of other people?

The implementation and delivery of services to keep other people safe was good.

The work that was delivered met the needs assessed in the case and there was a consistently good focus on protecting victims.

Licence conditions were well considered during custodial resettlement meetings, and additional requirements were added to reflect either the requests of victims or the YOT's assessment of need.

In 9 of the 12 cases, the YOT made effective use of the services and partnerships available to them. In one, the case manager sought the help of St Giles Trust to help a boy move away from his gang associates and lifestyle. In another, involving violent domestic abuse (see Samuel's case above), a referral to MAPPA resulted in a more coordinated, multi-agency approach to managing the threat of violence by the boy. The referral to MARAC led to the provision of a safety plan to protect his victim.

Appropriate work on knife crime and weapons awareness did not always take place when needed. In some cases, none was delivered. In others, in the absence of an alternative, case managers were selecting and delivering elements of an outdated weapons awareness work programme. The work pack included a DVD, a player for which is not routinely available in homes and other community venues. There was also a lack of specialist support for those on the cusp of gang or county lines involvement.

The YOT's restorative justice worker was routinely involved in delivering interventions, where appropriate, tailoring these to the needs of individual cases to help to raise the awareness of children of the impact of their actions on their victims.

2.4. Reviewing



Reviewing of progress is well-informed, analytical and personalised, actively involving the child and their parents/carers.

Requires improvement

Our rating³⁶ for reviewing is based on the following key questions:

| | % yes |
|--|------------|
| Does reviewing focus sufficiently on supporting the child or desistance? | 83% |
| Does reviewing focus sufficiently on keeping the child safe? | 50% |
| Does reviewing focus sufficiently on keeping other people safe? | 50% |

Case managers routinely reviewed children's progress towards desistance and adapted their approach where necessary. The rating for this standard, however, reflected the quality of reviewing to support safety and wellbeing, and manage and reduce risk of harm to others. This work was not always reviewed in a meaningful way and did not take enough account of information indicating that risks in a case were escalating. As such, reviewing was rated as 'Requires improvement'.

³⁶ The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annexe 2 for a more detailed explanation.

Does reviewing focus sufficiently on supporting the child's desistance?

Reviewing to support a child's desistance was outstanding.

Case managers reviewed their cases when necessary, not just to meet a YOT target. They understood the significance that a change of worker in a partner agency or an additional conviction could have, and made sure that they involved the child and their parents/carers in reviewing the impact of changing circumstances. This helped case managers to understand changing circumstances, and adapt their plan of work and their approach to delivery to aid compliance and desistance.

We found an appropriate record of the review in every case inspected.

Does reviewing focus sufficiently on keeping the child safe?

Review of factors linked to safety and wellbeing required improvement.

We expected to see a review in 8 of the 12 cases inspected. While there was a review recorded in all 8, this focused sufficiently on keeping the child safe in only 4.

Case managers were not good at recognising and analysing emerging indicators that a child had become more vulnerable – for instance, in terms of their risk of exploitation by others. In one case, there was an absence of planning for release for a child leaving custody that had an impact on his safety and wellbeing.

In four of the eight cases, the case manager had not involved other agencies or used data from them. In one, a partner agency had shared important information via the IT recording system but the case manager had not seen this.

The evolving circumstances in a case should have led to a change of plan to keep the child safe in seven cases. Case managers had taken appropriate action to adjust their plan of work in only three of these.

Does reviewing focus sufficiently on keeping other people safe?

We expected to see a review of factors linked to risk of harm in eight cases. Work in this area required improvement; only four of these cases had been reviewed sufficiently well.

Case managers involved children and their parents/carers in their reviews in six of the eight cases, and recorded this work in seven; however, reviews did not consistently reflect all the needs in a case. In one custodial case, there was no review on release; in another, there was a review of some important factors that led to an adjusted plan of work to keep others safe, but the review was not far-reaching enough.

We would have expected to have seen reviews leading to a change in the plan of work in seven cases, but this took place in only three.



3. Out-of-court disposals

We inspected ten cases managed by the YOT that had received an out-of-court disposal. These included two youth conditional cautions, three youth cautions, and four community resolutions. This YOT also provides assessment, planning and interventions in some cases where the police have decided on 'no further action', and we inspected the YOT's work in one of these. We interviewed the case managers in all ten cases.

We examined the quality of assessment; planning; and implementation and delivery of services. Each of these elements was inspected in respect of work done to address desistance. For the five cases where there were factors relating to serious harm,³⁷ we also inspected planning, and implementation and delivery, of work to keep other people safe. In the eight cases where there were relevant factors, we looked at planning, and implementation and delivery, of work to ensure the safety and wellbeing of the child. We also looked at the quality of joint working with local police. For each of our standards, the quality of the work undertaken needs to be above a specified threshold for each aspect of supervision to be rated as satisfactory.

At least 70 per cent of cases inspected met all our standards for assessment, resulting in a 'Good' rating for this aspect of work. The quality of planning was rated as 'Requires improvement'. While it supported desistance well (it was sufficient in nine of the ten cases inspected), it met all our standards to keep others safe in only three of the five relevant cases. Initially, our standards on implementation and delivery, and joint working were both given a rating of 'Requires improvement'. Following the meeting of our internal ratings panel, however, we used professional discretion to increase these ratings to 'Good'.³⁸

Case managers worked creatively to encourage children to participate in interventions to reduce the likelihood that they would reoffend. While focusing on desistance, case managers were mindful of the need to support the safety and wellbeing of the children with whom they worked and help to keep others safe. The issues in some cases were highly complex. In two of these, the YOT had not taken sufficient action to protect the child.

Strengths:

- Case managers effectively identified and analysed a wide range of factors to understand the level and nature of risk of harm that a child posed to others.
- Victims were given appropriate priority at every stage of the out-of-court process.
- The staff's focus on building relationships led to the engagement of children in the voluntary activities offered by the YOT.
- The YOT contributed well to decisions about whether and what out-of-court disposals should be made.

³⁷ See footnote 3.

³⁸ The increase to 'Good' was made on the following basis: the original rating for implementation and delivery was derived from our assessment of five cases. A more positive judgement in one case and an increase of 5 per cent would have raised the overall score for this aspect of work to 65 per cent. The initial rating for joint working was based on the quality of work in two cases. The rating was changed to reflect this and to take account of the YOT's overall performance to deliver its out-of-court work.

Areas for improvement:

- The quality of joint work, especially with children’s social care services, to support safety and wellbeing was not always good enough.
- In two cases, the YOT’s response to new information had left vulnerable children unprotected.
- The YOT’s response to child exploitation was inconsistent and left inspectors concerned about the quality of partnership work to support safety and wellbeing.

Work with children receiving out-of-court disposals will be more effective if it is well targeted, planned and implemented. In our inspections, we look at a sample of cases. In each of those cases, we inspect against four standards.

3.1. Assessment



Assessment is well-informed, analytical and personalised, actively involving the child and their parents/carers.

Good

Our rating³⁹ for assessment is based on the following key questions:

| | % yes |
|---|------------|
| Does assessment sufficiently analyse how to support the child’s desistance? | 70% |
| Does assessment sufficiently analyse how to keep the child safe? | 70% |
| Does assessment sufficiently analyse how to keep other people safe? | 80% |

Generally, the YOT’s approach to understanding how to keep others safe was effective; however, case managers did not always take enough account of information from relevant people and partners involved in a case. This had an impact on their ability to analyse and identify all the factors linked to desistance, and the safety and wellbeing of the child. This led to an overall rating of ‘Good’ for assessment.

Does assessment sufficiently analyse how to support the child’s desistance?

Assessment of how to support desistance was good.

Assessments were recorded well, and in the majority of cases were completed within an appropriate timeframe. Case managers were thorough, routinely taking account of the child’s diversity and family circumstances, their motivation and ability to engage with the YOT, and their strengths and interests. They also sought to understand the barriers to their desistance – for instance, access to education or training. Case managers did not always involve the children and their parents/carers in these assessments, and had only sought their views in a meaningful way in six of the cases

³⁹ The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annexe 2 for a more detailed explanation.

inspected. Case managers drew on information on YOT records and from other agencies, however, and in eight of the ten cases they had a thorough understanding of diversity factors and the wider familial and social context of the child.

In seven cases, it was important to consider the needs and wishes of victims. This was done sufficiently well in six of these.

Does assessment sufficiently analyse how to keep the child safe?

Assessment of how to keep the child safe was good.

In eight of the ten cases, the level of need relating to safety and wellbeing was either medium or high. In nine of these, the YOT had identified this correctly.

In seven cases, the case manager had drawn on assessments and information available, including from other agencies, to identify and analyse all the pertinent safeguarding factors. These included the child's lived experience and traumatic events in their lives.

In one case, an inspector noted:

“Jay was not in contact with his father and had recently had a number of bereavements; relatives he had been close to had died and other close family members had been taken into care. His case manager provided an informative analysis of the impact that this had had on Jay; his sense of isolation and the impact of losing important male role models in his life”.

We found a clear record of the assessment in nine cases.

Does assessment sufficiently analyse how to keep other people safe?

Overall, the YOT worked consistently well to analyse how to keep others safe. This work was sufficient in eight of the ten cases inspected.

Assessments were timely and recorded well. In three cases, case managers had rightly assessed that there were no factors relating to risk of harm. In five, they had drawn on information from a range of sources, including from other agencies, to identify all relevant factors.

In two cases, assessment was not thorough enough and the need to keep others safe was underestimated. In one of these, the analysis had focused on the index offence, for which there were no indicators of risk of harm; however, the case manager had failed to consider the children's other, more worrying, behaviours. As such, he failed to understand the level and nature of risk that this child posed to others, and the need to protect his victims.

3.2. Planning



Assessment is well-informed, analytical and personalised, actively involving the child and their parents/carers.

Requires improvement

Our rating⁴⁰ for planning is based on the following key questions:

| | % yes |
|--|------------|
| Does planning focus on supporting the child's desistance? | 90% |
| Does planning focus sufficiently on keeping the child safe? | 75% |
| Does planning focus sufficiently on keeping other people safe? | 60% |

Planning to support desistance was strong, and planning to keep the child safe was good; however, the YOT needed to take a more effective approach to planning with partner agencies about how collectively they would protect victims. As such, planning to keep other people safe was rated as 'Requires improvement'. This drove the overall rating for planning. As this judgement related to a subsample of only five cases, we gave careful consideration to whether a rating of 'Requires improvement' reflected the YOT's overall performance for planning; the ratings panel agreed that it did.

Does planning focus on supporting the child's desistance?

This area of work was outstanding. Planning focused sufficiently on supporting desistance in nine of the ten cases inspected.

Planning flowed from assessment; case managers worked effectively to make sure that planning addressed the areas highlighted by their assessments. They prioritised the most important work, sequencing their objectives to make sure that they were proportionate and could be met within the time available to complete the out-of-court disposal.

Case managers used the same Child First approach as they did for post-court cases. This strengthened the engagement of the children and helped to identify what they hoped to achieve while working with the YOT. Case managers included objectives to build on their strengths and interests, and planned an approach to delivery that met their individual needs and learning styles. They also gave sufficient attention to enhancing opportunities for community integration, such as focusing on education, training and employment or local leisure activities.

In one case, the case manager devised work sheets that fitted the learning style of the child. He used colour and pictures, and utilised the children's interest in graffiti to set out his objectives. This strengthened the sense of ownership that the child had of the plan, and his motivation to meet its objectives.

Children and their parents/carers were meaningfully involved in the planning process in seven of the ten cases.

In the eight cases where there were victims to consider, their views and wishes were taken into account in six.

⁴⁰ The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annexe 2 for a more detailed explanation.

Does planning focus sufficiently on keeping the child safe?

Planning to support safety and wellbeing was good.

Case managers gave enough consideration to how to manage and reduce risks in six of the eight cases where there were factors to address. They thought about how the child's circumstances could change, and put effective contingency plans in place to protect their safety and wellbeing in five. In one case in which the child had made it clear that he did not wish to work with CAMHS, the case manager agreed a safety plan with him, to help to monitor and manage his moods.

In six cases, the child had been subject to a child protection plan or Section 47 enquiry during the sentence being inspected. In seven cases, it was important to liaise with children's social care or other practitioners, to align plans to keep children safe; this happened in four cases.

Does planning focus sufficiently on keeping other people safe?

Planning to keep others safe required improvement. Of the five cases where there were risk of harm issues, planning to address these was good enough in three.

Planning focused on keeping victims safe in three cases, and contingency planning was good enough in four.

There was too little liaison with other agencies about roles and responsibilities, and how to coordinate the work. We saw examples of effective joint planning, however – for instance, where the case manager engaged the family and school well to decide on their combined approach to managing the risk of harm that the child posed to others.

3.3. Implementation and delivery



High-quality, well-focused, personalised and coordinated services are delivered, engaging and assisting the child.

Good

Our rating⁴¹ for implementation and delivery is based on the following key questions:

| | % yes |
|---|------------|
| Does service delivery effectively support the child's desistance? | 70% |
| Does service delivery effectively support the safety of the child? | 75% |
| Does service delivery effectively support the safety of other people? | 60% |

The quality of implementation and delivery to support desistance, and safety and wellbeing was good. Case managers encouraged the engagement of children in what, in the majority of cases, was a voluntary intervention. In the main, they worked well with partner agencies to keep the child safe. The initial overall rating for implementation and delivery was driven by our judgement about the quality of work to keep others safe. We applied professional discretion to this rating, taking account of

⁴¹ The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annexe 2 for a more detailed explanation.

the number of cases on which this was based (a subsample of five cases) and the overall performance relating to this standard. As a result, we uplifted the rating for implementation and delivery from 'Requires improvement' to 'Good'.

Does service delivery effectively support the child's desistance?

Work to support desistance was good.

The right services were delivered within an appropriate timeframe in seven of the ten cases. In the main, the YOT focused on factors that had been identified as important during the assessment of the child's needs and aspirations, making referrals to substance misuse and education, training and employment specialists.

Case managers did not consistently support children to change their lifestyle, or strengthen their resilience and sense of self-identity. There was enough focus on promoting opportunities for their community integration and access to mainstream services in six of the ten cases inspected.

Case managers were skilled at relationship building. This was particularly important in their out-of-court work, much of which relied on the voluntary participation of the children.

One inspector made this observation:

"Ali refused to even be in the same room as his case manager from the outset. The case manager worked tirelessly to build Ali's trust in him, and eventually he started to open up and engage. He successfully completed 10 hours of reparation, attended the Open Door drug service and was referred to the education specialist to strengthen his functional skills, such as maths and English".

Does service delivery effectively support the safety of the child?

The YOT's focus on keeping children safe was good; we saw effective work in six of the eight cases inspected.

Case managers tried determinedly to engage relevant social workers. We saw examples of strong co-working: shared planning for children on child protection plans, joint home visits and effective coordination of their service delivery with families. In one case, where there were unsuccessful efforts to engage with children's social care services, the case manager liaised with Medway Council's child exploitation lead and delivered the work that the social worker had planned to do. He also notified the police of pertinent issues, agreeing with them that they would monitor the situation.

Conversely, in two cases, the YOT had not done enough to engage with children's social care services. In one, there had been an assumption that the social worker was still engaged in a case and would complete the necessary work to keep the child safe. In another, not enough had been done to contact the social worker until a serious incident sparked a more determined response from the YOT, at which point the case manager learned information that should have been identified previously. Overall, there had not been enough done to manage the escalating risks in this case, leaving a vulnerable girl unprotected.

Does service delivery effectively support the safety of other people?

We inspected the delivery of work to keep others safe in five cases. We judged that this was good enough in three.

It was important to protect victims in four cases, and the YOT gave this sufficient attention in three.

In cases, where factors were managed well, case managers worked effectively with schools to manage and monitor behaviour, delivered appropriate one-to-one work on emotional management and worked with parents/carers to devise safety strategies.

3.4. Joint working



Joint working with the police supports the delivery of high-quality, personalised and coordinated services.

Good

Our rating⁴² for joint working is based on the following key questions, the second asked only in youth conditional caution cases:

| | % yes |
|---|------------|
| Are the YOT's recommendations sufficiently well-informed, analytical and personalised to the child, supporting joint decision making? | 80% |
| Does the YOT work effectively with the police in implementing the out of court disposal? | 50% |

The YOT played an integral role in the out-of-court disposal decision-making process, and we judged the quality of its pre-delivery work to be outstanding. In only two cases, however, were we able to inspect how well the YOT worked with the police to implement youth conditional cautions. We found room for improvement in one. This translated to an original overall rating of 'Requires improvement' for joint working. We considered the evidence collected during our domain 1 interviews and the overarching quality of the YOT's out-of-court casework and used professional discretion to uplift this rating from 'Requires improvement' to 'Good'.

Are the YOT's recommendations sufficiently well informed, analytical and personalised to the child, supporting joint decision-making?

Overall, the YOT's contribution to joint decision-making was outstanding. Of the ten cases inspected, the YOT's recommendations were sufficiently well informed, analytical and personalised to the child in eight.

Case managers completed thorough assessments. They met with the child and their parents/carers to understand the factors in the case and agree how to support desistance. Case managers had helpful templates that enabled them to set out the behaviour of the children, their diversity and familial circumstances, risks and needs. They used their assessments to propose appropriate outcomes, which the joint decision-making panel considered actively when assigning out-of-court disposals.

Usually, the panel accepted the YOT's recommendations. This was not a 'rubber stamping' process, however, and decisions were made on all the information available from a range of relevant agencies. Rationales for the disposals selected were recorded on YOT records, and where the panel allocated a different outcome, the reason for this was included.

⁴² The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. See Annexe 2 for a more detailed explanation.

Does the YOT work effectively with the police in implementing the out-of-court disposal?

We made judgements for the two cases involving youth conditional cautions, as these involve enforceable expectations relating to engagement and compliance.

We found in both cases that the YOT met its obligations to monitor compliance and enforce this where necessary. In one, however, the case manager did not liaise sufficiently with the police to inform them about, or to review, the child's progress against the objectives to which they had agreed.

Annexe 1: Methodology

HM Inspectorate of Probation standards

The standards against which we inspect youth offending services are based on established models and frameworks, which are grounded in evidence, learning and experience. These standards are designed to drive improvements in the quality of work with children who have offended.⁴³

The inspection methodology is summarised below, linked to the three domains in our standards framework. We focused on obtaining evidence against the standards, key questions and prompts in our inspection framework.

Domain one: organisational delivery

The youth offending service submitted evidence in advance, and the Chief Executive delivered a presentation covering the following areas:

- How do organisational delivery arrangements in this area make sure that the work of your YOT is as effective as it can be, and that the life chances of children who have offended are improved?
- What are your priorities for further improving these arrangements?

During the main fieldwork phase, we conducted 22 interviews with case managers, asking them about their experiences of training, development, management supervision and leadership. We held various meetings, which allowed us to triangulate evidence and information. In total, we conducted 10 meetings, which included meetings with managers, partner organisations and staff. We also attended a presentation about the YOT's parenting and reparation work, and observed an out-of-court disposal joint decision-making meeting. The evidence collected under this domain was judged against our published ratings characteristics.⁴⁴

Domain two: court disposals

We completed case assessments over a one-week period, examining case files and interviewing case managers. Sixty per cent of the cases selected were those of children who had received court disposals six to nine months earlier, enabling us to examine work in relation to assessing, planning, implementing and reviewing. Where necessary, interviews with other people closely involved in the case also took place.

We examined 12 court disposals. The sample size was set to achieve a confidence level of 80 per cent (with a margin of error of 5), and we ensured that the ratios in relation to gender, sentence or disposal type, risk of serious harm, and risk to safety and wellbeing classifications matched those in the eligible population.

⁴³ HM Inspectorate's standards are available here:
<https://www.justiceinspectorates.gov.uk/hmiprobation/about-our-work/our-standards-and-ratings/>

Domain three: out-of-court disposals

We completed case assessments over a one-week period, examining case files and interviewing case managers. Forty per cent of cases selected were those of children who had received out-of-court disposals two to five months earlier. This enabled us to examine work in relation to assessing, planning, implementing and joint working. Where necessary, interviews with other people closely involved in the case also took place.

We examined 10 out-of-court disposals. The sample size was set to achieve a confidence level of 80 per cent (with a margin of error of 5), and we ensured that the ratios in relation to gender, sentence or disposal type, risk of serious harm, and risk to safety and wellbeing classifications matched those in the eligible population.

In some areas of this report, data may have been split into smaller subsamples – for example, male/female cases. Where this is the case, the margin of error for the subsample findings may be higher than five.

Annexe 2: Inspection results

In this inspection, we conducted a detailed examination of a sample of 12 court disposals and 10 out-of-court disposals. In each of those cases, we inspect against four standards: assessment; planning; and implementation and delivery. For court disposals, we look at reviewing; and in out-of-court disposals, we look at joint working with the police. For each standard, inspectors answer a number of key questions about different aspects of quality, including whether there was sufficient analysis of the factors related to offending; the extent to which young offenders were involved in assessment and planning; and whether enough was done to assess the level of risk of harm posed, and to manage that risk.

To score an 'Outstanding' rating for the sections on court disposals or out-of-court disposals, 80 per cent or more of the cases we analyse have to be assessed as sufficient. If between 65 per cent and 79 per cent are judged to be sufficient, then the rating is 'Good', and if between 50 per cent and 64 per cent are judged to be sufficient, then a rating of 'Requires improvement' is applied. Finally, if less than 50 per cent are sufficient, then we rate this as 'Inadequate'.

The rating at the standard level is aligned to the lowest banding at the key question level, recognising that each key question is an integral part of the standard. Therefore, if we rate three key questions as 'Good' and one as 'Inadequate', the overall rating for that standard is 'Inadequate'.

| Lowest banding (key question level) | Rating (standard) |
|-------------------------------------|----------------------|
| Minority: <50% | Inadequate |
| Too few: 50–64% | Requires improvement |
| Reasonable majority: 65–79% | Good |
| Large majority: 80%+ | Outstanding |

Additional scoring rules are used to generate the overall YOT rating. Each of the 12 standards are scored on a 0–3 scale in which 'Inadequate' = 0; 'Requires improvement' = 1; 'Good' = 2; and 'Outstanding' = 3. Adding these scores produces a total score ranging from 0–36, which is banded to produce the overall rating, as follows:

- 0–6 = Inadequate
- 7–18 = Requires improvement
- 19–30 = Good
- 31–36 = Outstanding.

1. Organisational delivery

| Standards and key questions | Rating |
|--|------------------------------------|
| <p>1.1. Governance and leadership</p> <p>The governance and leadership of the YOT supports and promotes the delivery of a high-quality, personalised and responsive service for all children.</p> <p>1.1.1. Is there a clear local vision and strategy for the delivery of a high-quality, personalised and responsive service for all children?</p> <p>1.1.2. Do the partnership arrangements actively support effective service delivery?</p> <p>1.1.3. Does the leadership of the YOT support effective service delivery?</p> | <p>Requires improvement</p> |
| <p>1.2. Staff</p> <p>Staff within the YOT are empowered to deliver a high-quality, personalised and responsive service for all children.</p> <p>1.2.1. Do staffing and workload levels support the delivery of a high-quality, personalised and responsive service for all children?</p> <p>1.2.2. Do the skills of YOT staff support the delivery of a high-quality, personalised and responsive service for all children?</p> <p>1.2.3. Does the oversight of work support high-quality delivery and professional development?</p> <p>1.2.4. Are arrangements for learning and development comprehensive and responsive?</p> | <p>Good</p> |
| <p>1.3. Partnerships and services</p> <p>A comprehensive range of high-quality services is in place, enabling personalised and responsive provision for all children.</p> <p>1.3.1. Is there a sufficiently comprehensive and up-to-date analysis of the profile of children, to ensure that the YOT can deliver well-targeted services?</p> <p>1.3.2. Does the YOT partnership have access to the volume, range and quality of services and interventions to meet the needs of all children?</p> <p>1.3.3. Are arrangements with statutory partners, providers and other agencies established, maintained and used effectively to deliver high-quality services?</p> | <p>Requires improvement</p> |

| | |
|--|-------------|
| 1.4. Information and facilities | Good |
| Timely and relevant information is available and appropriate facilities are in place to support a high-quality, personalised and responsive approach for all children. | |
| 1.4.1. Are the necessary policies and guidance in place to enable staff to deliver a quality service, meeting the needs of all children? | |
| 1.4.2. Does the YOT's delivery environment(s) meet the needs of all children and enable staff to deliver a quality service? | |
| 1.4.3. Do the Information and Communication Technology (ICT) systems enable staff to deliver a quality service, meeting the needs of all children? | |
| 1.4.4. Is analysis, evidence and learning used effectively to drive improvement? | |

2. Court disposals

| Standards and key questions | Rating and % yes |
|--|-------------------|
| 2.1. Assessment | Good |
| Assessment is well-informed, analytical and personalised, actively involving the child and their parents/carers. | |
| 2.1.1. Does assessment sufficiently analyse how to support the child's desistance? | 100% |
| 2.1.2. Does assessment sufficiently analyse how to keep the child safe? | 67% |
| 2.1.3. Does assessment sufficiently analyse how to keep other people safe? | 92% |
| 2.2. Planning | Inadequate |
| Planning is well-informed, holistic and personalised, actively involving the child and their parents/carers. | |
| 2.2.1. Does planning focus sufficiently on supporting the child's desistance? | 75% |
| 2.2.2. Does planning focus sufficiently on keeping the child safe? | 42% |
| 2.2.3. Does planning focus sufficiently on keeping other people safe? | 42% |

| | |
|--|-----------------------------|
| 2.3. Implementation and delivery | Good |
| High-quality, well-focused, personalised and coordinated services are delivered, engaging and assisting the child. | |
| 2.3.1. Does the implementation and delivery of services effectively support the child's desistance? | 92% |
| 2.3.2. Does the implementation and delivery of services effectively support the safety of the child? | 75% |
| 2.3.3. Does the implementation and delivery of services effectively support the safety of other people? | 75% |
| 2.4. Reviewing | Requires improvement |
| Reviewing of progress is well-informed, analytical and personalised, actively involving the child or and their parents/carers. | |
| 2.4.1. Does reviewing focus sufficiently on supporting the child's desistance? | 83% |
| 2.4.2. Does reviewing focus sufficiently on keeping the child person safe? | 50% |
| 2.4.3. Does reviewing focus sufficiently on keeping other people safe? | 50% |

3. Out-of-court disposals

| Standards and key questions | Rating and % yes |
|--|------------------|
| 3.1. Assessment | Good |
| Assessment is well-informed, analytical and personalised, actively involving the child and their parents/carers. | |
| 3.1.1. Does assessment sufficiently analyse how to support the child's desistance? | 70% |
| 3.1.2. Does assessment sufficiently analyse how to keep the child safe? | 70% |
| 3.1.3. Does assessment sufficiently analyse how to keep other people safe? | 80% |

| | |
|--|-----------------------------|
| 3.2. Planning | Requires improvement |
| Planning is well-informed, holistic and personalised, actively involving the child and their parents/carers. | |
| 3.2.1. Does planning focus sufficiently on supporting the child's desistance? | 90% |
| 3.2.2. Does planning focus sufficiently on keeping the child safe? | 75% |
| 3.2.3. Does planning focus sufficiently on keeping other people safe? | 60% |
| 3.3. Implementation and delivery | Good⁴⁵ |
| High-quality, well-focused, personalised and coordinated services are delivered, engaging and assisting the child. | |
| 3.3.1. Does service delivery support the child's desistance? | 70% |
| 3.3.2. Does service delivery effectively support the safety of the child? | 75% |
| 3.3.3. Does service delivery effectively support the safety of other people? | 60% |
| 3.4. Joint working | Good⁴⁵ |
| Joint working with the police supports the delivery of high-quality, personalised and coordinated services. | |
| 3.4.1. Are the YOT's recommendations sufficiently well-informed, analytical and personalised to the child, supporting joint decision-making? | 80% |
| 3.4.2. Does the YOT work effectively with the police in implementing the out-of-court disposal? | 50% |

⁴⁵ The increase to 'Good' was made on the following basis: the original rating for implementation and delivery was derived from our assessment of five cases. A more positive judgement in one case and an increase of 5 per cent would have raised the overall score for this aspect of work to 65 per cent. The initial rating for joint working was based on the quality of work in two cases. The rating was changed to reflect this and to take account of the YOT's overall performance to deliver its out-of-court work.

Annexe 3: Glossary

| | |
|-----------------------|--|
| AIM3 | Assessment, Intervention and Moving-on project |
| AssetPlus Asset+ | Assessment and planning framework tool developed by the Youth Justice Board for work with children who have offended, or are at risk of offending, that reflects current research and understanding of what works with children |
| CAMHS | Child and Adolescent Mental Health services |
| Community resolution | Used in low-level, often first-time, offences where there is informal agreement, often also involving the victim, about how the offence should be resolved. Community resolution is a generic term; in practice, many different local terms are used to mean the same thing |
| Court disposals | The sentence imposed by the court. Examples of youth court disposals are referral orders, youth rehabilitation orders and detention and training orders |
| Child protection | Work to make sure that all reasonable action has been taken to keep to a minimum the risk of a child experiencing serious harm |
| ETE | Education, training and employment: work to improve learning, and to increase future employment prospects |
| FTE | Full-time equivalent |
| ISS | Intensive supervision and surveillance is used with children who would benefit from an intense programme of activities to help prevent them from reoffending. |
| IT | Information technology |
| IYSS | Integrated Youth Support Services |
| Local authority | YOTs are often a team within a specific local authority |
| MAPPA | Multi-Agency Public Protection Arrangements; children serving 12-month custodial sentences for specific violent and sexual offences can be managed through this process. It provides a formal setting for joint agency work in order to add value to the work YOTs and their partners normally deliver |
| MARAC | Multi-Agency Risk Assessment Conference |
| NRM | National Referral Mechanism The national framework for identifying and referring potential victims of modern slavery in order to gain help to support them |
| Out-of-court disposal | The resolution of a normally low-level offence, where it is not in the public interest to prosecute, through a community resolution, youth caution or youth conditional caution |
| Personalised | A personalised approach is one in which services are tailored to meet the needs of individuals, giving people as much choice and control as possible over the support they receive. We use this term to include diversity factors |
| PRU | Pupil referral unit |

| | |
|----------------------------|---|
| Risk of serious harm | Term used in Asset+. All cases are classified as presenting a low, medium, high or very high risk of serious harm to others. HMI Probation uses this term when referring to the classification system, but uses the broader term 'risk of harm' when referring to the analysis which should take place in order to determine the classification level. This helps to clarify the distinction between the probability of an event occurring and the impact/severity of the event. The term 'risk of serious harm' only incorporates 'serious' impact, whereas using 'risk of harm' enables the necessary attention to be given to those young offenders for whom lower impact/severity harmful behaviour is probable |
| Referral order | A restorative court order which can be imposed when the child appearing before the court pleads guilty, and where the threshold for a youth rehabilitation order is not met |
| Safeguarding | Safeguarding is a wider term than child protection and involves promoting a child's health and development, and ensuring that their overall welfare needs are met |
| Safety and wellbeing | Asset+ replaced the assessment of vulnerability with a holistic outlook on a child's safety and wellbeing concerns. It is defined as "...those outcomes where the child's safety and wellbeing may be compromised through their own behaviour, personal circumstances or because of the acts/omissions of others" (Asset+ Guidance, 2016) |
| Youth caution | A caution accepted by a child following admission to an offence where it is not considered to be in the public interest to prosecute the offender |
| Youth conditional caution | As for a youth caution, but with conditions attached that the child is required to comply with for up to the next three months. Non-compliance may result in the child being prosecuted for the original offence |
| YOT/YOS | Youth offending team (YOT) is the term used in the Crime and Disorder Act 1998 to describe a multi-agency team that aims to reduce youth offending. YOTs are known locally by many titles, such as youth justice service (YJS), youth offending service (YOS), and other generic titles that may illustrate their wider role in the local area in delivering services for children |
| YOT Management Board | The YOT Management Board holds the YOT to account to ensure it achieves the primary aim of preventing offending by children |
| Youth rehabilitation order | Overarching community sentence to which the court applies requirements (e.g. supervision requirement or unpaid work) |
| YJB | Youth Justice Board; a government body responsible for monitoring and advising ministers on the effectiveness of the youth justice system. The YJB provides grants and guidance to the youth offending teams |
| YJPB | Youth Justice Partnership Board |



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MEDWAY YOUTH OFFENDING TEAM
And
Youth Justice Partnership Board Improvement plan

| | |
|---|---|
| Version: Date: Changes made: | V1. 1st June 2020. Head Of Partnership Commissioning, Resources and Youth Justice |
| Version: Date: Changes made: | |
| Version: Date: Changes made: | |

Youth Offending Team Improvement Plan

Our Improvement Plan has been developed in response to the formal recommendations and improvement areas highlighted by HMIP inspection of Medway YOT that took place between 24th to 28th February 2020. This action plan sets out the improvement priorities and the actions we need to take to transform our Youth Justice Service for children, young people and their families from Requires Improvement so they are ultimately 'Outstanding' which is our aspiration. We do recognise the intermediate steps that are required to be outstanding, but believe our young people deserve nothing less.

Improving the quality of services provided to children and young people is a key corporate priority. We are fully committed to working with all our partners to deliver the aspirations set out in this plan.

We will build on the solid foundations of Medway youth justice services and ensure children and young people are kept safe and obtain the right help, at the right time in their lives. To achieve this we will show strong leadership, challenge performance and allocate resources proportionately to meet need. We will use local and national evidence to inform our journey, reflecting on the work we do, identifying areas for improvement, challenge or change.

In addition to the recommendations in the HMIP inspection report, we have also undertaken (recently) the National Standards Audit. We will use the findings from this audit (once agreed by the Youth Justice Board) to identify common areas and align (combine) improvement objectives into a single improvement plan.

Foreword:

This inspection was part of HMIP four-year programme of youth offending service inspections. HMIP have inspected and rated Medway youth offending team (YOT) across three broad areas:

1. The arrangements for organisational delivery of the service,
2. The quality of work done with children and young people sentenced by the courts, and
3. The quality of out-of-court disposal work.

Overall, Medway YOT was rated as 'Requires improvement'.

Medway was 1 point away from a 'good' judgement. The Inspection report highlighted a number of improvements since the peer review in 2018. We anticipated a 'requires improvement' judgement for this domain. The narrative reflects our sustained progress over the last 18 months. After a period of uncertainty while the local authority considered outsourcing YOT provision, Medway is slowly but determinedly rebuilding its service to meet the intensive and changing needs of its caseload.

HMIP identified that senior managers drive the direction and ambition of the YOT, demonstrating their willingness and ability to advocate for children and young people to achieve the best outcomes for them.

HMIP saw examples of excellent case management and practitioners working well to understand the behaviour of children and young people and their aspirations for their future. However, there was too much inconsistency in the quality of practice, especially relating to girls and those at risk of exploitation, which left HMIP concerned about the safety and well-being of a small number of vulnerable children.

HMIP commented that the Youth Justice Partnership Board has good representation from key agencies but has too many new members so was unable to evidence its understanding of the specific issues for YOT children and young people or its strategies as a partnership, to address these needs.

HMIP noted the planned addition of a dedicated YOT data and intelligence officer should enable the board to better identify the YOT's strengths/ areas for development and improve its focus on evidence-based service provision.

HMIP commented this is a busy YOT, which works well in a number of key areas and is making steady progress to develop its service provision.

Ratings

| Medway Youth Offending Team | | Score | 18/36 |
|-----------------------------------|-----------------------------|----------------------|---|
| Overall rating | | Requires improvement |  |
| 1. Organisational delivery | | | |
| 1.1 | Governance and leadership | Requires improvement |  |
| 1.2 | Staff | Good |  |
| 1.3 | Partnerships and services | Requires improvement |  |
| 1.4 | Information and facilities | Good |  |
| 2. Court disposals | | | |
| 2.1 | Assessment | Good |  |
| 2.2 | Planning | Inadequate |  |
| 2.3 | Implementation and delivery | Good |  |
| 2.4 | Reviewing | Requires improvement |  |
| 3. Out-of-court disposals | | | |
| 3.1 | Assessment | Good |  |
| 3.2 | Planning | Requires improvement |  |
| 3.3 | Implementation and delivery | Good |  |
| 3.4 | Joint working | Good |  |

| | |
|--|---|
| <p>Overall against 12 areas requires improvement with:</p> <ul style="list-style-type: none"> - 7 areas of good - 4 areas of requires improvement - 1 areas of inadequate | <p>The breakdown of these 23 areas identified Medway with:</p> <ul style="list-style-type: none"> 7 Areas of Outstanding practice 9 Areas of Good practice 5 Areas that Requires improvement 2 Areas of Inadequate practice |
|--|---|

Executive summary

Overall, Medway YOT was rated as: 'Requires improvement'. This rating has been determined by HMIP inspecting the YOT in three areas of its work, referred to as 'domains'. HMIP inspect against 12 'standards', shared between the domains. The standards are based on established models and frameworks, which are grounded in evidence, learning and experience. They are designed to drive improvements in the quality of work with children and young people who have offended. Published scoring rules generate the overall YOT rating. The findings and subsequent ratings in those domains are described below.

1. Organisational delivery

Over the past year YOT leaders have worked hard to increase its capacity to deliver a full range of relevant and high-quality services.

New initiatives with individual partners are intended to strengthen access to post-16 education and training and help to address the rise in serious youth violence. The YOT's approach to desistance focuses on engagement and helping children reach their goals, while work takes place in appropriate and risk-assessed environments. Out-of-court cases are increasing and the YOT is committed to making sure its strategic and operational arrangements for these cases work well.

However, the Youth Justice Partnership Board (YJPB) is underdeveloped and does not drive the direction and ambition of the YOT. It does not have the information necessary to satisfy itself that the YOT is effectively resourced or that children and young people are provided with the quality, range and volume of services and interventions necessary to meet their specific needs.

HMIP key findings:

- Strong internal/ strategic leadership drives the YOT's agenda; they advocate for its needs and those of the children and young people under YOT supervision.
- Practitioners are motivated and interested in achieving the best outcomes for those with whom they work.
- The Child First planning approach strengthens engagement.

- Leaders are working determinedly to improve the YOT's access to appropriate resourcing, using external funding sources well to achieve this.
- The YOT makes an effective contribution to out-of-court processes.

The YOT has a strong commitment to improving service provision, drawing on examples of effective work in other YOTs to help shape its own delivery model.

But:

- The Youth Justice Partnership Board does not focus well enough on the specific needs of children and young people working with the YOT.
- The board does not drive the vision and strategy of the YOT, provide sufficient scrutiny of service provision or understand the risks to effective service delivery.
- The lack of in-depth needs assessment of children and young people in the YOT caseload leaves leaders without assurance that they are providing the right level and nature of services and interventions.
- Case managers do not have access to up-to-date, evidence-based interventions that reflect contemporary lifestyles and trends in offending behaviour among children in Medway.
- There is no strategy or evidence-based approach to working with girls.

2. Court disposals

HMIP examined the quality of assessment; planning; implementation and delivery; and reviewing in each of the cases inspected. The quality of the work undertaken needs to be above a specified threshold for each aspect of supervision to be rated as satisfactory.

In this YOT, assessment and implementation and delivery were assessed as 'Good' because work on desistance, safety and well-being and to keep other people safe was sufficient.

The quality of case reviewing was rated as 'Requires improvement' because only half of the cases inspected met all our standards for this dimension of work. Although planning to support desistance was good, planning to keep the child or young person themselves, and others, safe was insufficient so the overall rating given to this standard was 'Inadequate'.

HMIP key findings:

- The YOT's Child First approach to supporting desistance encouraged children and young people to participate meaningfully in identifying the work they should complete with the YOT and increased their motivation to engage with practitioners to complete this.
- Case managers undertook thorough and well-considered assessments of how to keep other people safe.

Victims were given sufficient priority throughout the sentence; there was a good level of contact with victims to identify their needs and wishes and effective work to keep them safe.

- Reparation was managed well; children and young people could access a range of activities that supported the community and helped them to develop skills.

But:

- Assessments and planning for children in custody, who often present the highest risk of harm to others and are also the most vulnerable in terms of safety and well-being, were given less priority than for children in the community.
- There was insufficient planning to support safety and well-being and to keep others safe, especially in relation to children at risk of sexual and criminal exploitation.
- Case managers did not consistently analyse or respond well enough to indicators that risks to the child or young person or other people had increased.
- There was regular management oversight of case work, but this did not make enough positive difference to the quality of practice.

3. Out-of-court disposals

HMIP stated this YOT also provides assessment, planning and interventions in some cases where the police have decided on 'no further action'. HMIP examined the quality of assessment; planning; and implementation and delivery of services. Each of these elements was inspected in respect of work done to address desistance and delivery of work to keep other people safe.

HMIP also looked at the quality of joint working with local police. For each of our standards, the quality of the work undertaken needs to be above a specified threshold for each aspect of supervision to be rated as satisfactory.

At least 70% of cases inspected met all our standards for assessment, resulting in a 'Good' rating for this aspect of work.

The quality of planning was rated as 'Requires improvement'. While it supported desistance well (it was sufficient in nine of the ten cases inspected), it met all our standards to keep others safe in only three of the five relevant cases.

HMIP key findings:

- Case managers effectively identified and analysed a wide range of factors to understand the level and nature of risk of harm that a child or young person posed to others.
- Victims were given appropriate priority at every stage of the out-of-court process.
- The staff's focus on building relationships led to the engagement of children and young people in the voluntary activities offered by the YOT.
- The YOT contributed well to decisions about whether and what out-of-court disposals should be made.

But:

- The quality of joint work, especially with children's social care, to support safety and well-being was not always good enough. The response to new information had left 2 vulnerable children and young people unprotected.
- The YOT's response to child exploitation was inconsistent and left inspectors concerned about the quality of partnership work to support safety and well-being.

Recommendations:

As a result of our HMIP inspection findings, they have made five recommendations that they believe, if implemented, will have a positive impact on the quality of youth offending services in Medway. This will improve the lives of the children in contact with youth offending services, and better protect the public.

The Medway Youth Offending Team should:

1. Make sure that case managers advocate for the needs of **children and young people in custody** and there is sufficient planning and work to support their resettlement
2. **Strengthen work with partners, particularly children's social care**, to better support the safety and well-being of children, paying particular attention to indicators that they are at risk of being exploited by others
3. Make sure that planning sufficiently addresses factors linked to **safety and well-being** and the need to keep others safe, and that this is reviewed and revised to reflect new information and the changing circumstances in a case
4. Develop an **evidence-based approach to working with girls** that takes account of their distinct needs and translates into effective partnership work to support their safety and well-being and protect other people.

The Youth Justice Partnership Board should:

5. **Strengthen its ambition** for the YOT and develop a more coherent and strategic approach to making sure that **the provision of services** is evidence based and meets the specific needs of children and young people working with the YOT.

RAG rating:

-  = No improvement
-  = Some progress
-  = Good progress
-  = Complete

| <u>HMIP inspection priority</u> | Action | Lead | Timescale | Success measures | RAG |
|---|--|---|-----------------------|--|---|
| <p>1.</p> <p>Make sure that case managers advocate for the needs of children and young people in custody and</p> <p>Ensure there is sufficient planning and</p> | <p>A: Strategic development of an escalation process with the local secure estate to escalate cases where sentence planning is not planned to be delivered within the necessary timescales.</p> <p>B: Develop a process with children’s services and placements to ensure that resettlement planning in relation to accommodation commences at the start of sentence.</p> <p>C: For the Youth Offending Team to develop it’s own sentence planning process that is separate to but informs</p> | <p>A: Head Of Service</p> <p>B: Head Of Service</p> <p>C: Operations and Practice Manager</p> | <p>September 2020</p> | <p>A: Prompt timely sentence planning taking place within the custodial estate in all cases.</p> <p>B: Young people have a plan for leaving custody early, removing anxieties and reducing the likelihood of reoffending.</p> <p>C: Young people are active participants in their planning</p> | <p></p> <p></p> <p></p> |

Appendix B

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| <p>work to support their resettlement</p> | <p>the secure estate’s sentence planning process.</p> | | | <p>process reducing the likelihood of reoffending.</p> | |
| <p>2. Strengthen work with partners, particularly children’s services, to better support the safety and well-being of children, paying particular attention to</p> <p>Indicators that they are at risk of being exploited by others.</p> | <p>A: Developed a joint post with Children’s Services, including a service specification/ joint working arrangements to address the safeguarding concerns of young people involved in the youth justice system.</p> <p>B: A comprehensive needs audit to be undertaken on the Youth Offending team cohort (2019 / 20).</p> <p>C: A review of the partnership resourcing in the youth offending team:</p> <ul style="list-style-type: none"> • Police • Probation | <p>A: Head Of Service</p> <p>B: Information Officer</p> <p>C: The YJPB and Head Of Service</p> | <p>September 2020</p> | <p>A: For there to be in place clear service level agreements between the Youth Offending Team and Children’s Services, describing agency responsibilities and joint working processes. That these result in the effective safeguarding of young people involved in the criminal justice system.</p> <p>B: That the youth justice partnership board has a clear understanding of the safeguarding needs of the youth justice cohort.</p> <p>C: Young people with increased risk have a plan in place that addresses vulnerabilities seeing a reduction of young people in custody with no prior engagement in YOT.</p> | <p></p> <p></p> <p></p> |

| | | | | | |
|---|--|--|--|--|---|
| <p>94</p> | <ul style="list-style-type: none"> ● Education, Training and Employment ● Health <ul style="list-style-type: none"> - Emotional Health and wellbeing - Speech and language - Substance misuse ● Safeguarding: <ul style="list-style-type: none"> - established links with the Adolescent Team, MASH, Early Help and the Front door <p>D: The implementation of a criminal exploitation screening process within the Youth Offending Team, and a strengthening of the use of the CSE tool kit.</p> | <p>D: Operation and Practice Manager</p> | | <p>YP in ETE. Young people have easy and natural access to health services improving their ability to thrive and reduce their offending risks. Increased access to services (A and T)</p> <p>Improved safeguarding outcomes for young people involved in the youth justice system.</p> <p>D: The effective identification of and response to Criminal Exploitation and Child Sexual Exploitation of young people and reduced vulnerability/ risks.</p> |  |
| <p>3.</p> <p>Make sure that planning sufficiently addresses factors linked to safety and well-being and the</p> | <p>A: Review YOT’s current planning processes.</p> <p>B: The implementation of the strategy has a clear focus on addressing safeguarding and risk of harm concerns.</p> <p>C: The implementation of a new multi agency planning process for all cases</p> | | | <p>A/ B/ C: That safeguarding and risk concerns are effectively planned for and responded to through a partnership planning process. That these safeguarding concerns are reduced.</p> |  |

Appendix B

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| <p>need to keep others safe.</p> <p>And</p> <p>This is reviewed and revised to reflect new information and the changing circumstances in a case</p> | <p>identified with High Risk and High safeguarding concerns.</p> <p>D: The full implementation of a MAPPA screening process on all MAPPA eligible cases.</p> <p>E: Staff are trained in the MAPPA process.</p> <p>F: Quality assurance processes to be developed in relation to planning and review.</p> <p>G: A case supervision template to be implemented in case manager supervision, to robustly address safeguarding, and risk concerns. To be used during each supervision session to identify changing circumstances.</p> <p>H: The development of administrative support processes to ensure that planning reviews are undertaken in a timely manner.</p> | <p>Operational Manager and Practice Manager.</p> | <p>September 2020</p> | <p>D/ E: That all MAPPA eligible cases are screened and appropriate cases are referred to MAPPA. That staff in the youth offending team have a clear understanding of the MAPPA process and their responsibilities to it.</p> <p>F: Plans drive improvement.</p> <p>G: That all cases are known to have been reviewed to respond to changing circumstances.</p> <p>H: An administrative system in place that supports case managers in the review of all cases where safeguarding and risk concerns are identified.</p> |  |
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Appendix B

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| <p>☞</p> <p>Develop an evidence-based approach to working with girls that takes account of their distinct needs and translates into effective partnership work to support their safety and well-being and protect other people.</p> | <p>A: A comprehensive needs audit to be undertaken on the girls in the Youth Offending team cohort (2019 / 20) that then informs the local strategy for working with Girls involved in the criminal justice system.</p> <p>B: Work undertaken with the Youth Justice Board Effective Practice forum to identify evidence based approaches.</p> | <p>A: Information officer</p> <p>B: Operations and Practice Mangers</p> | <p>September 2020</p> | <p>A: Information informs actions and a strategy to address needs identified.</p> <p>B: Further increased portfolio in evidence based practice.</p> | <p></p> <p></p> |
| | | | | | |

| <u>The Youth Justice Partnership Board should:</u> | | | | |
|--|--|---|-----------------------|--|
| <p>5. Strengthen its ambition for the YOT and develop a more coherent and strategic approach to making sure that the provision of services is evidence based and meets the specific needs of children and young people working with the YOT.</p> | <p>A: Update strategy to reflect HMIP improvement areas.</p> <p>B: YJPB resources and support the YOT to develop evidence based toolkits/ intervention packages in:</p> <ul style="list-style-type: none"> - Knife crime - Youth Violence - Girls - Criminal Exploitation <p>C: YJPB to develop additional resources across Medway to address serious youth violence and</p> | <p>A: Head Of Service</p> <p>B: YJPB and Head Of Service</p> <p>C: YJPB and Head Of Service</p> | <p>September 2020</p> | <p>A: Strategy sets the vision for 3 years addressing need and areas for improvement whilst ensuring Medway is clear for its ambition for young people.</p> <p>B: Medway YOT has the tools and resources to support practice and QA and reviews evidence impact.</p> <p>C: Implementation of funding addresses prevention, targeted and intensive areas of work seeing a</p> |



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| 86 | reoffending (PCC, HO, ESYV and VRU). D: Challenge partners and look at additional arrangements to strengthen the response to young people involved in the YOT. | D: Chair and YJPB | | reduction in SYV and reoffending access. D: The YOT reflects the expectation of the Crime and Disorder Act, YJB and HMIP expectations. |  |
| | | | | | |



CABINET

9 JUNE 2020

S75 UPDATE: BETTER CARE FUND

| | |
|-------------------|--|
| Portfolio Holder: | Councillor David Brake, Portfolio Holder for Adults' Services |
| Report from: | James Williams, Director of Public Health Ian Sutherland, Director of People – Children and Adults Services |
| Author: | Su Ormes, Head of Adult Partnership Commissioning and Better Care Fund |

Summary

This report seeks approval for the Better Care Fund S75 agreement for 2020/21 which has been updated to reflect the new Kent and Medway CCG arrangements.

Additionally, this report seeks approval for a variation to the S75 agreement for 2020/21 to include the Covid 19 funding in relation to hospital discharges and out of hospital work.

It also seeks agreement to extend the existing Better Care Fund arrangements of 2019/20 until the new policy framework and planning guidance is issued for this financial year

1. Budget and Policy Framework

- 1.1. Matters relating to the Better Care Fund S75 pooled budget agreement are a matter for Cabinet.
- 1.2. Better Care Fund arrangements for 2020/21 are subject to receipt of the policy framework and planning guidance and this has been delayed due to the Coronavirus Pandemic.
- 1.3. This report has been included on the Forward Plan in accordance with Section 11 (Cases of Special Urgency) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012. As such, this report has been circulated separately to the main agenda. Therefore, the Cabinet is asked to accept this report as urgent to ensure that it

can finalise the Better Care Fund S75 Agreement at the earliest opportunity to ensure the continuation of the services funded by the Better Care Fund and the delivery of coronavirus funding from Central Government.

2. Background

- 2.1. The Better Care Fund (BCF) in Medway is a joint plan between NHS Medway Clinical Commissioning Group (the CCG) and Medway Council with Medway NHS Foundation Trust (MFT) as a key stakeholder. A pooled budget for the Better Care Fund is administered in accordance with a Section 75 agreement between the CCG and the Council.
- 2.2. Policy guidance and frameworks for the Better Care Fund in 2020/21 have not yet been issued and therefore we are unable to commence planning and development of our Medway BCF plans. The recent mergers of CCGs to form a Kent and Medway CCG require an update to the existing S75 to support the services within the plan.
- 2.3. In March and April 2020, government announced and issued guidance on a number of initiatives to support the response to the Covid 19 Pandemic.
- 2.4. Government published 'COVID 19 hospital discharges and out of hospital work Guidance & FAQs' on 30 April 2020. This confirmed that The Government has agreed to fully fund the cost of new or extended out-of-hospital health and social care support packages, referred to in the guidance. This applies, from 19 March 2020, for people being discharged from hospital or who would otherwise be admitted into it, for a limited time, to enable quick and safe discharge and more generally reduce pressure on acute services.
- 2.5. Guidance advised that local authorities should pool existing funding for discharge support with this additional money. The additional funding should be identifiable separately and spending from this new funding should be recorded for each person discharged and supported under these arrangements. Once pooled, funding should be treated as a single pooled fund and used to deliver the appropriate care for individuals to be discharged under these new arrangements.

3. Options

- 3.1. Officers request that the existing Better Care Fund arrangements (Appendix A) should be extended to cover the interim period until the new BCF Policy Frameworks and Planning Guidance is issued for 2020/21. This is required to ensure the continuation of the essential services included within the Better Care Fund.
- 3.2. Approval of the associated S75 agreement and a delegation of authorisation to the Director of People - Children and Adults Services, in consultation with in consultation with the Medway NHS Clinical Commissioning Group Deputy

Managing Director, Chief Legal Officer and the Portfolio Holder for Adults' Services.

- 3.3. Officers request that agreement is given to approve a variation to the S75 agreement to allow the pooled budget to include the new Covid funding related to hospital discharges as outlined in section 4 of the report.

4. Advice and Analysis – Covid Funding details

- 4.1. The Hospital Discharge and Out of Hospital funding agreement will be kept under review in line with Government requirements. CCGs and local authority partners will be notified by NHSE&I or DHSC, in collaboration with ADASS and LGA, when this no longer applies to new patients or recipients of support.

- 4.2. The funding scheme covers:

- Full or enhanced cost of care packages agreed at the point of discharge and delivered in the community, both domiciliary and non-domiciliary, and from a range of providers (including hospices).
- The additional cost of care for those who would ordinarily be deemed 'self-funding' during the period of the process if they were a hospital discharge during the emergency period or if their needs increased and required a new care setting.
- Enhancement of existing packages of care.
- It will also cover the cost of any loss of 'means tested' income from this cohort by the local authority.
- The costs of providing community health services to the homeless and rough-sleepers, wherever this accommodation may be situated.
- It also includes the cost of onward care both stepping up and stepping down packages of care intensity throughout the period covered by these arrangements. For example, for a patient discharged initially to a care home bed and subsequently moved to a 'home setting' once clinically appropriate – the additional costs of both elements will be met through this additional funding during the period.

- 4.3. It will be important that CCGs and primary care maintain medical, DN and therapy input to these additional care packages to enable people to either move back home or to decrease their need to care and support otherwise what is intended.

4.4. Funding is not intended to cover:

- Existing funded packages of care (prior to 19 March 2020) that will remain funded on the normal basis, but that if there are material changes to the package, they will then fall within scope of these new arrangements.
- Additional administrative burden on commissioners such as staffing and non-pay related costs incurred by CCGs and local authorities. CCG funding for this should be covered under the “workforce” element of the COVID 19 response work.
- Any extra costs associated with COVID 19 virus testing.

5. Risk management

| Risk | Description | Action to avoid / mitigate | Rating |
|--|---|--|--------|
| Government refuse to fund / clawback funding from the grant scheme | Grant not awarded in line with criteria specified by Government | Ensure allocation of funding is recorded in line with government guidelines. | E2 |
| S75 is not agreed | Failing to sign the S75 will mean there is no legal agreement between the CCG and the Council | Officers to follow Governance processes to ensure S75 is amended | E2 |

6. Consultation

- 6.1. Proposals were discussed with the Portfolio Holder for Adults’ Services who indicated his support for the scheme.

7. Financial implications

- 7.1. The finances of the BCF are contained within a Section 75 agreement and this will be updated based on the revised BCF Policy Frameworks and Planning Guidance for 2020/21 when published.

8. Legal implications

- 8.1. S75 of the National Health Service Act 2006 and the resulting regulations (NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000/617) set out the partnership arrangements that NHS bodies and Local Authorities may enter into via a s75 agreement. These include pooled funds and delegation of certain functions.

- 8.2. As this report seeks approval to extend an existing arrangement made in line with the national policy framework there are no direct legal implications arising from it.

9. Recommendations

- 9.1. Cabinet is asked to agree the revision of the S75 arrangements to include reference to the new Kent and Medway CCG and to pool the Coronavirus funding as detailed in section 4 of the report for the period from 1 April 2020 to 31 March 2021.
- 9.2. Cabinet is asked to agree an extension of the existing BCF plan to cover the interim period until planning guidance is issued and to delegate authority for the development and delivery of Medway's Better Care Fund programme during 2020/2021 to the Director of People - Children and Adults Services, in consultation with the Medway NHS Clinical Commissioning Group Deputy Managing Director, Chief Legal Officer and the Portfolio Holder for Adults' Services.

10. Suggested reasons for decisions

- 10.1 The extension of the existing BCF Plan and S75 arrangements to cover the period from 1 April 2020 to 31 March 2021 will enable the arrangements and services that sit within the Better Care Fund to be dealt with as seamlessly as possible the policy framework and planning guidance from Central Government is received. This has been delayed due to the Coronavirus Pandemic.
- 10.2 Given the severity of the Covid-19 pandemic and the funding available to Medway Council it is appropriate for the Council to introduce these measures.

Lead officer contact

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Appendices

Appendix A – Better Care Fund Plan

Background papers

None

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Integration and Better Care Fund

Narrative Plan Template 2017/19

Better Care Support Team

MEDWAY

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Introduction

This plan has been developed by Medway Council and Medway Clinical Commissioning Group. It has been approved by the Joint Commissioning Management Group and Medway Health and Wellbeing Board at its meeting on 12 September 2017.

The plan covers:

- the joint Medway Better Care Fund proposals for 2017 – 2019
- the iBCF proposals for 2017-18
- the Transforming Care Plan for 2018-20
- Section75 Agreement which includes specific financial schedules for both the iBCF and Transforming Care Programme budget proposals

The plan has been signed off by:

The Accountable Officer for Medway CCG:

Caroline Selkirk

The Director of Children's and Adults' Services:

Ian Sutherland

The Lead Member for Children's and Adults' Services (Medway Council)
Chair of the Medway Health and Wellbeing Board

Cllr David Brake

What is the local vision and approach for health and social care integration?

Medway Council and Medway CCG have a strong track record of joint working for the benefit of the population of Medway. We already have in place a joint commissioning team to ensure more integrated commissioning. The development of a Kent and Medway Strategic Transformation Plan (STP) has further highlighted the opportunities that closer working between the Council and the CCG would bring to the residents of Medway, including further joint work across a larger Kent and Medway footprint when it makes sense to do so.

Our vision is to move toward the Medway Model, a single commissioner, with shared provision. However, we need to recognise the views of our wider stakeholders and ensure that our plans realise a shared vision across health and social care. In the year ahead we will work towards realising this vision, focussing on developing people as well as processes. In children's health and care services, we have already achieved an integrated commissioning model across Social Care, Public Health and the CCG with our ambitious children's health tender. Good progress is being made to integrate adult health and care commissioning.

Our five key priority areas for integration in 2017 are:

1. Local model of care – implementing the next stage of delivering the Medway Model
2. Rationalisation of estate –consider the co-location of our frontline and back office teams and the need for flexibility in how we use our locations and buildings
3. Joint commissioning – building and developing our joint commissioning arrangements
4. Digital roadmap – recognising the huge enabling potential of information management and technology in supporting development of the Medway Model
5. Communications and engagement – creating a compelling, shared narrative and agreeing practical actions to support communications across Medway

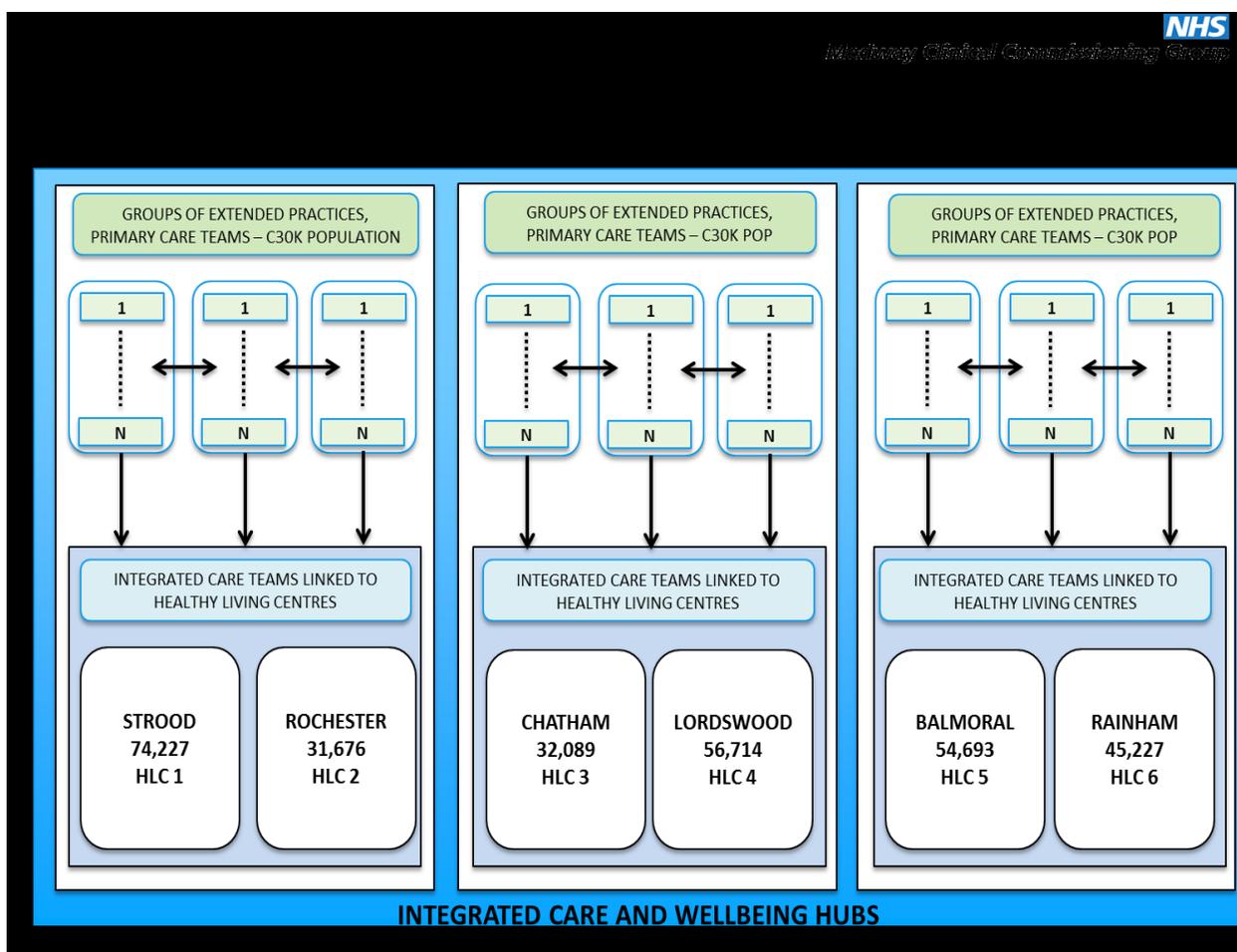
Like all health and social care economies, Medway faces some significant financial challenges. Our BCF plan 2017 – 2019 has been developed to ensure a close fit with the emerging STP and will continue to provide a Medway-specific focus to that work, ensuring that Medway is able to address the priorities identified in the Five Year Forward View and the Council's plan

In Medway, shared leadership is demonstrated through the development of the new Medway Model for delivering integrated care and wellbeing. There has been significant system-wide engagement with providers (both health and social care), Council Members, GPs and the Acute Trust, in developing this model. The Medway Model puts the needs of residents before organisational need and is a key response to the Kent and Medway STP.

The Medway Model is based around six local geographies, building groups of extended practices and focuses care in each of these through a Healthy Living Centre (HLC), each with a population of between 30,000 and 50,000.

The health and social care system is being redesigned, so that people will need to make fewer trips to hospital and instead access the support they need at more specialist clinics provided in local surgeries. This will allow people to have one point of call for family doctors alongside teams of community nurses, social and mental health services, and better access to blood tests, dialysis or even chemotherapy closer to home. These changes will also join up the often confusing array of A&E, GP out of hours, minor injuries clinics, ambulance services and 111 so that Medway residents know where they can get urgent help easily and effectively, seven days a week.

The Medway Model



We have worked hard in Medway to understand the variation in health and social care outcomes across a wide range of indicators. Detailed analysis has been done for each of the groups of extended practices within the Medway Model. This analysis is data-driven and drawn from work undertaken by Public Health.

Background and context to the plan

Medway Unitary Authority (“Medway”) was formed in 1998 and consists of five main towns (Strood, Rochester, Chatham, Gillingham, and Rainham) and a number of smaller towns and villages, now contained within 22 electoral wards. While the towns are densely populated there are larger, much more sparsely populated rural areas in the Hoo Peninsula to the north of Medway, and the ward of Cuxton and Halling in the west.

There is one Acute Trust, Medway NHS Foundation Trust, serving around 300,000 people resident in Medway, according to figures produced by the Office for National Statistics in 2015.

Even though Medway has a slightly younger population than the national average, projections from 2015 to 2025 suggest that the number of people 65 years of age or over will increase by 24% to 53,000 and the number of people over 85 years will grow by 44% to 6,900. This growth will mean both an increase in support for older people will be needed, as well as a wider range of services to support a wider, and maybe more complex range of needs.

The number of people over 65 years with a limiting long-term illness is expected to increase significantly by 2030, which would have an impact on the demand on health services for the management of long term conditions such as dementia, heart disease and diabetes as the incidence of these conditions increases with age. The summary of Medway’s JSNA can be found here:

<http://www.medwayjsna.info/jsna-summary.html>

These changes in need will inevitably put additional demands on health and social care services in Medway. There are already signs of a trend in increased numbers of people with additional support needs and the Medway system reflects the national shortage of available specialist resources outside of the acute setting. In response to this, Medway will develop a system-wide response, removing traditional barriers across Health and Social Care - the Medway Model outlined above.

Within Medway, the Index of Inequality shows that the difference in life expectancy between the 10% most and least deprived in the population is 9.4 years for men and four years for women. The main disease contributors to the life expectancy gap are the same as the major causes of death, with circulatory disease and cancer contributing the most to the life expectancy gap.

The challenges of public sector funding as well as increased demand will mean that Medway Council and Medway CCG will need to deliver significant efficiency savings to achieve agreed outcomes, such as enabling the older population to live independently and well for longer; preventing early death; and increasing years of healthy life.

Medway has many challenges facing it over the next five years, not least the predicted rise in people aged over 65, and, with this, the potential for higher levels of morbidity and demand for care. Alongside this are a range of indicators which show that significant health inequalities still exist, which, if not addressed, will also increase the pressure on an already pressurised health and care system.

- Average Medway life expectancy is estimated at 81.7 years for women and 77.6 for menⁱ. People aged 85 and over make up 1.6% of Medway's population (4,136 people according to 2010 estimates)
- An estimated 6,300 people of working age in Medway live with a moderate disability
- An estimated 6,700 people in Medway live with sight loss
- An estimated 6,400 people of working age in Medway live with moderate or severe hearing loss, meaning they require a hearing aid or support with different forms of communication such as lip reading or the use of British Sign Language.
- An estimated 2,727 people over 65 live with dementia in Medway.

Demand on health and social care is rising as the population is living longer, and experiencing more complex physical and mental health issues as they live those additional years. By 2035 over one fifth (21%) of Medway's population will be aged 65 and over, up from 15% in 2014.ⁱⁱ

NHS Medway Clinical Commissioning Group (CCG) has consulted with stakeholders in shaping its mission and vision for the future that builds cohesion around the agreed focus for transformation in both the most effective clinical models of care and in the underpinning enabling strategy to develop strong provider networks with flexibility to adapt to changing need.

Medway CCG's 5 year vision focuses on:

- Maximising health gain and reducing inequalities
- Securing sustainability and resilience through integration - to secure a seamless transition between providers where patients need the support or intervention of community care, secondary care, social services or the voluntary sector.
- Improving productivity and clinical effectiveness across all providers

Some of the increases in demand for health services will focus on the management of long term conditions such as dementia, heart disease and diabetes as the incidence of these conditions increases with age. With the increasing rise in the older population, will also come a risk of an increase in falls.

[Medway's Adult Social Care Strategy 2016 – 2020](#) "Getting Better Together" sets out a vision for adult social care in Medway based on 6 strategic priorities:

1. Prevention
2. Personalisation
3. Partnership
4. Integration
5. Innovation
6. Safeguarding

By focusing our actions and efforts on these key areas, and the CCG's 5 year vision, we will strengthen and improve the support and care that we provide to residents in Medway.

One of the key areas of focus in social care for 2017-18 is the development of a 'Three Conversation' approach which will deliver more person centred care and support as well as help prevent, reduce and delay the development of longer term care needs. The implementation of this new model links directly into the system-wide activity to reduce delays to discharge, reduce 91 day re-admission rates and increase the amount of home-based care people receive.

Improving health and reducing reliance on health and social care for an increasing number of older people will require greater focus on early intervention, greater self management and better care coordination.

Medway's BCF Plan, aligned to the delivery of the Medway Model, will target those most vulnerable in the community including people living in areas of greatest deprivation and in particular those with a mental health condition, to proactively help them access the advice and care they need for both their physical and mental wellbeing.

Increasing the resilience of carers will also be a priority, with proactive support for people in their own homes to enable people to live independently.

In terms of social care, needs increase significantly over the age of 85. Not only are the numbers of older people growing in Medway, as stated earlier, the complexity of the physical health and mental health problems that they are living with is also increasing. Currently there is too much of a dependency on residential care. This needs to change.

The direction of travel in Medway is towards independence, reablement and recovery. Over the next few years, Medway will make a significant shift from expenditure on traditional institutional style services such as care homes and day centres into services delivered in people's own homes and in local communities.

For example, we are already seeing the amount spent on reablement services delivered at home increase. We will now work towards a reduction in the amount spent on residential care homes unless there is a specific, specialist need to provide care in those settings which cannot be accommodated at home.

Progress to date

Between 2015 -2017 Medway Council and Medway CCG put a number of initiatives in place to deliver the BCF plan. As a result we have:

- achieved 98% of the service users registered on our social care systems having an NHS number. We have worked with adult social care to retrospectively apply NHS numbers to all live cases. This has involved close working with the national records team
- reduced the DToCs to the national target of 3.5%. To support the delivery of the DToC target Medway has an integrated, multidisciplinary DToC process which provides weekly senior challenge. The contribution of this effort was recognised by the CQC Inspection of Medway Foundation NHS Trust in 2016 which noted *'Medway has one of the lowest delays to transfer of care in the country'*

- reduced bed days lost by nearly 30% through detailed and systematic examination and challenge to medically fit records to ensure delays where they happen are reduced to a minimum
- introduced a “discharge to assess” service, Home First, which has helped over 2500 people home from hospital
- demonstrated that through the roll out of Home First, the Intermediate Care and Reablement Services and MICES that 7-day working is achievable and 7- day working will be a key feature of BCF initiatives in Medway going forward.

In addition to developing approaches to provide integrated care for individuals already known to both health and social care services, we recognise the importance of prevention. To achieve that we continue to build on, and introduce initiatives that identify individuals before they require services, or that prevent an individuals’ health from deteriorating further, for example, in 2017/18 we will focus on reducing the number of conveyances to hospital from residential and nursing settings, through the frailty work being led by Medway and Swale Centre of Excellence (MASCOE).

We know that the key to managing demand and reducing pressure on the system is to prevent people from becoming ill in the first place, or ensuring that the system supports individuals to better manage their conditions, thus maintaining their health and well-being wherever possible. Medway Council is piloting a ‘Three Conversation’ approach to deliver an improved service to those contacting social care for advice and support. It is anticipated that this approach will be rolled out in 2017-18 across the health and care system.

Home First Discharge to Assess

Medway has an established service to deliver assessment and reablement at home. Home First is a multiagency response service that supports hospital discharge for people who are medically stable and have reablement potential. The significant difference with this model is that the assessment and reablement is delivered in the service user’s home setting and not, as has traditionally been done, in a hospital ward or community bed.

Medway’s Home First service has been highlighted at regional and national BCF network events and by the Emergency Care Improvement Pathway (ECIP), which supported its development, as good practice and Medway has been invited to provide presentations of the journey to its creation and delivery as part of the national programme of Masterclasses as well as to information sessions run by the Association of Directors of Adult Social Services (ADASS).

The new Intermediate Care and Reablement Service (IC&RS), which was developed from the learning of the original Home First trial, commenced on 1 October 2016 with Home First as an embedded part. This new service aims to extend the reablement opportunity to people requiring additional non-acute support to get them ready to go home.

Home First provides reablement in people's own home. There is capacity for up to 35 people a week to go home via this route. The IC&RS is a bed based service. People referred to the IC&RS discharge pathway spend, on average, 21 days receiving support. During this time progress towards independence is constantly monitored and if the multi-disciplinary team providing the reablement identify there is an obvious need for additional on-going support once the person returns home, this is organised while they are still receiving reablement. The average length of stay is around 28 days.

In total over 2500 people have either gone home or had their care transferred earlier through the Home First / Intermediate Care and Reablement pathways since this service was commissioned.

Medway Integrated Community Equipment Service (MICES)

MICES was introduced during 2016 to bring together a number of equipment services into one integrated service. The service now operates from three "satellite" stores and provides quick response times, especially to Home First patients who receive their equipment within 24 hours of it being ordered.

In its first year of operation, June 2016 – June 2017, the new service dealt with 12874 orders, which involved the loan of 31747 pieces of equipment. In that same time-frame 14973 items were recycled back into the system for reuse.

Reducing delays to transfer of care (DToC)

Even before DToC was introduced as a National Condition to the BCF programme, Medway had identified, as part of the work with the Emergency Care Improvement Programme (ECIP) that bringing down DToC numbers and understanding the blockages that led to DToC was a crucial issue.

When the DToC work started, the Medway system was ranked in the third quartile for performance and was averaging losses of 774 bed-days each month. In the first quarter of 2017 the bed-days lost averaged 475 and Medway system's performance is now in the top quartile and almost reaching the stretch target of 2.5%.

Dementia

In the last 2 years there has been a concerted effort across Medway to increase dementia awareness across a range of organisations and the local community, as a way of improving the care and support that people living with Dementia and their carers receive. A number of areas including crisis management, dementia diagnosis, support in care homes and post diagnostic support have been addressed.

Amongst these initiatives has been the introduction of a Dementia Support worker role that has integrated into existing workers role across a number of organisations including Carers First, Alzheimer Society, IMAGO (care navigators), Age UK and is being supported by Admiral Nurses from KMPT and MCH. Practically this means that in addition to Admiral Nurses there a number of dementia trained workers that

can visit individuals in their own homes to provide specific support and advice to them and their carers.

This collaboration has led to the development of multi-disciplinary drop in clinics which run alongside dementia cafes. This increasing cross organisational co-ordination of support for individuals is leading to increased satisfaction with services and support.

BCF Plan for 2017-2019

Community Discharge Process

Medway leaders are aware of the plentiful evidence of the benefits for patients, carers staff and organisations of effective hospital discharge planning. Guidance published to date has heavily influenced the work already carried out in the borough and as a result, Medway has seen a change in the number of people who are reported as a delayed transfer of care. This change is sufficiently well documented within the whole system in specific performance reports.

Yet despite the number of “good practice” guides and the demonstrable local achievements, hospital discharge in Medway remains a complex and challenging process for healthcare professionals, patients and their carers. Hospital staff, and therefore their community health and social care partners, remain under constant pressure to discharge patients from the ward as quickly as possible.

A number of proposals and tests will be considered over the coming months in order to develop a new community discharge process in Medway. By January 2018 we will have collated information about the impact from our trials and will be able to implement the agreed approach across Medway.

Delays to Transfer of Care (DToC)

A delayed transfer of care (DToC) trajectory has been agreed for Medway in 2017 with 16.56 as the agreed target for daily delays.

Medway will continue to work in a focused, multi-disciplinary way to monitor the system delays, provide solutions to the challenges and deliver the ambitious DToC target.

A separate DToC Plan on a Page is detailed in Appendix 1, and accompanies this BCF plan with specific actions and key performance indicators (KPIs).

Seven-day services

Plans to move to 7-day working continue to be developed. Some services, such as Home First, Intermediate Care and Reablement, IDT and the proposed Community Assessment Hub are already focused on 7-day working.

As a restructure of Adult Social Care takes effect from the autumn of 2017, new contracts and rotas for health and social care staff are being drawn up and negotiated. Negotiations will also take place with care providers to assess and restart care at weekends. Hospital departments have plans in place to extend their operational hours into evenings and weekends to enable greater discharge planning over 7 days.

Trusted assessments

Medway plans to roll out a single assessment process through the Community Discharge process. The service is being developed around the principle that people will receive one assessment which is accepted across the health and social care system.

We will ensure people are upskilled to undertake an appropriate level of assessments as part of the Three Conversation's model. Once the reorganisation of Adult Social Care is embedded in the third and fourth quarters of 2017/18, we will move away from making long term decisions in a crisis situation.

KPIs will be developed with social care to ensure progress is maintained and can be documented.

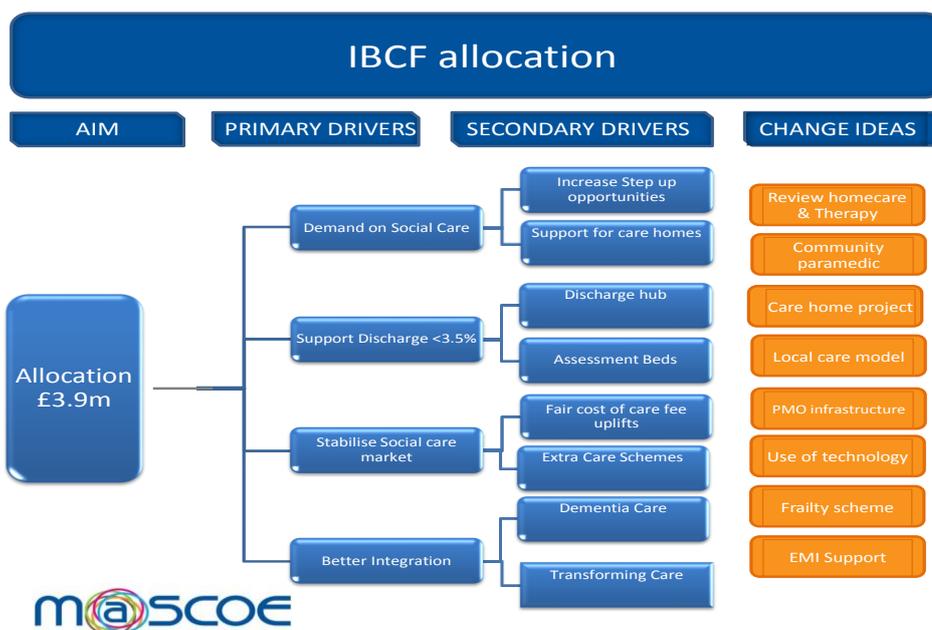
Focus on choice

Admission advice and information leaflets are now available for patients. We aim to increase the visibility of information about the "patient pathway" through the hospital and increase the understanding of the "choice" policy. This is being monitored through the A&E Delivery Board.

We will continue to monitor choice as a component of DToC. The DToC categories are reported to the Urgent Care Organisational Group as a regular item and the DToC plan contains KPIs relating to maintaining momentum and reducing those categories, like Patient Choice, which impact on the DToC performance.

iBCF Funding

The following diagram demonstrates our intended approach in relation to the management of iBCF funding. This additional funding will be used for addressing demand on social care; facilitating hospital discharge; stabilising the social care market and enhancing integration. Although the iBCF is reported separately, the funds will be incorporated into the overall Section 75 which covers BCF.



Risk and performance monitoring

The Risk Register detailed below for the Medway Better Care Fund provides an overview of the top risks identified for 2017-18. The risks will be reviewed on a monthly basis by the BCF Programme Lead, with oversight by the Joint Commissioning Management Group on a quarterly basis through a performance dashboard.

| Key: | | | | | |
|--|------------|------------------|---------------------|---|----------------------|
| JCMG: Joint Commissioning Management Group AEDB: A&E Delivery Board UCOG: Urgent Care operational Group APC: Adults' Partnership Commissioning ASC: Adult Social Care CCG: Clinical Commissioning Group | | | | | |
| There is a risk that: | Likelihood | Potential impact | Overall risk factor | Mitigating Actions | Ownership |
| Breakdown in partnership working results in an inability | 2 | 4 | 8 | <ul style="list-style-type: none"> Robust partnership governance arrangements via JCMG | JCMG UCOG AEDB |

| | | | | | |
|--|---|---|----|---|-------------|
| to co-ordinate and integrate health and social care services, reducing the collective impact on improving outcomes for vulnerable residents. | | | | <ul style="list-style-type: none"> • Prioritisation of resources and clear senior leadership across partners to support the development / direction of integrated working • Continued focus on building and maintaining strong relationships between partners through formal and informal routes. | |
| MFT is unable to reduce overheads linked to a reduction in activity from BCF impact, compromising their financial position | 3 | 3 | 9 | <ul style="list-style-type: none"> • CCG and MFT are working closely together to ensure detail of plans aligned and impact understood. Annual review of target involving commissioners and provider(s). | AEDB |
| Shifting of resources to fund new joint interventions and services will destabilise current providers across the health and social care system | 3 | 4 | 12 | <ul style="list-style-type: none"> • Review individual risk assessments ensuring intended as well as potential consequences are assessed • Contingency plans put in place | JCMG |
| Day-to-day operational pressures on providers prevents them from making the required changes to develop a long-term integrated vision | 3 | 3 | 9 | <ul style="list-style-type: none"> • Commissioners will work closely with providers throughout the process and ensure that they have the necessary support and resources to deliver the required changes in the timeframe required | APC JCMG |
| Inability within the timeframe required to address the cultural and competency requirements across the whole workforce to enable integrated working to be successful | 4 | 3 | 12 | <ul style="list-style-type: none"> • Through engagement with service providers we will ensure diverse staff groups are brought together to build a new integrated professional identity reinforced by physical co-location, joint management structures and shared training | SRG JCMG |
| Preventative services will fail to translate into the necessary | 3 | 4 | 12 | <ul style="list-style-type: none"> • Partnership Commissioning will ensure that activity is monitored | APC JCMG |

| | | | | | |
|--|---|---|----|--|-------------|
| reductions in acute, nursing home /residential care home activity, impacting the overall funding available to support core services and future schemes | | | | and report any deviation from planned trajectory to the Joint Commissioning Management Group who will put in place remedial action in a timely fashion. Contingency plans inline with risk sharing agreement in s75 | |
| Sustainability of financial planning assumptions | 3 | 4 | 12 | <ul style="list-style-type: none"> Close monitoring against the Better Care Fund metric to secure shift in patient flows out of hospital. To continue to review financial planning assumptions against progress and adjust plans accordingly. | JCMG |
| Better Care Fund schemes will increase demand for community based services, which could lead to higher waiting times for community care assessment. | 2 | 3 | 6 | <ul style="list-style-type: none"> Commissioners will work closely with providers to ensure appropriate monitoring tools are in place to manage any increase in demand. Contingency plans put in place including further investment of community services. | APC JCMG |
| Scheduling of change is complex with risk of potential gaps if acute services are reduced before community capacity is in place | 2 | 3 | 6 | <ul style="list-style-type: none"> Transition planning and co-design will be critical. Close transition management and creative contract negotiation processes underpin better planning and commissioning. | JCMG |

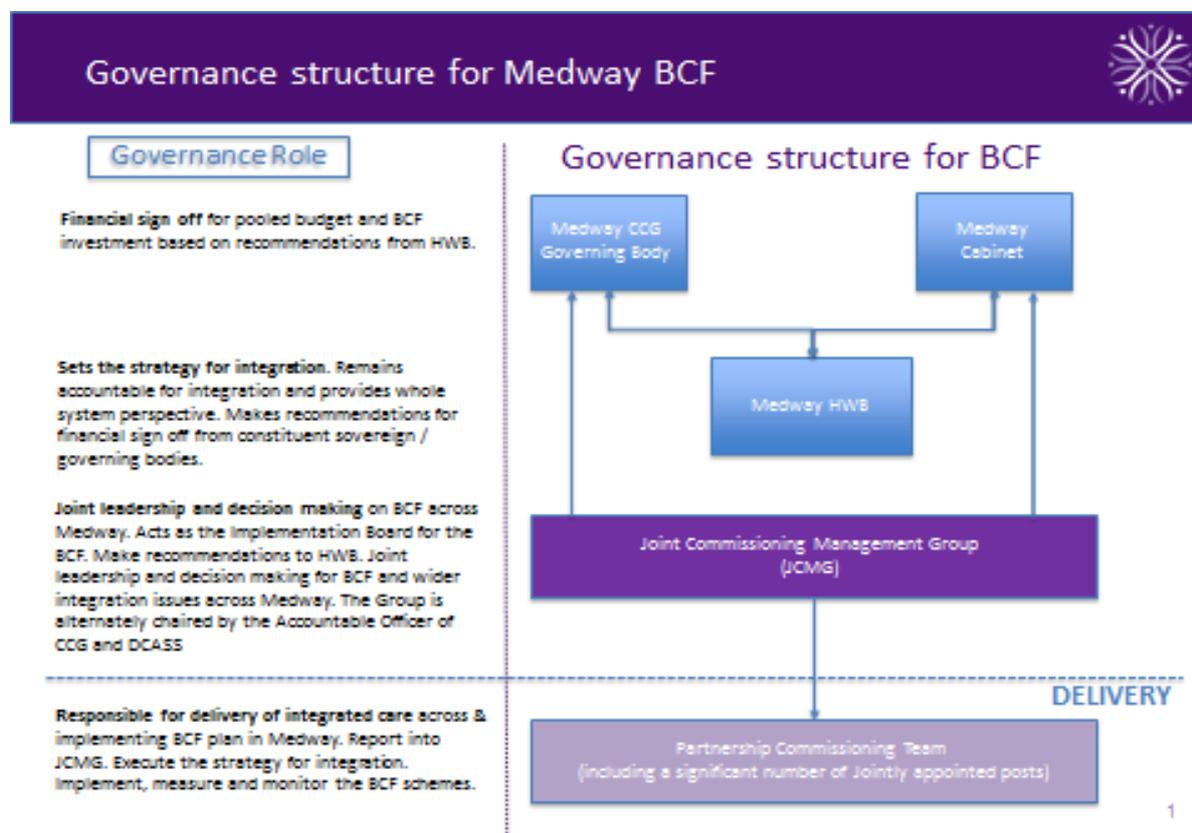
The majority of services within the BCF Plan are currently operational, and the risks already assessed and owned. In the case of new services or major variations to existing services, business cases will be developed to ensure that they are fully costed, outcomes clearly stated and risks fully assessed. Business plans and Project Initiation Documents (PIDs) will be agreed by the Joint Commissioning Management Group. These plans will include robust mobilisation plans for each project, including key milestones, impacts and risks.

Performance monitoring will take place quarterly at the Joint Commissioning Management Group, on an agreed set of metrics which will evidence the impact of BCF implementation in Medway.

National Conditions

National condition 1: jointly agreed plan

The diagram below describes Medway governance processes:



The Joint Commissioning Management Group (JCMG) which was established to lead on all elements of joint commissioning, including BCF has enabled us to share our learning to inform local plans across the system, providing us with the flexibility to adapt to changes in need, performance or circumstance.

Meeting every six weeks, the JCMG has enabled us to ensure the separate CCG and Council governance processes are fully informed e.g. the Health and Wellbeing Board, Medway CCG's Governing Body, Medway Council's Overview and Scrutiny Committee and Cabinet.

The overall BCF fund for 2017 – 2018 is £22,677,366.00 and for 2018 – 2019 is £24,350,408.00 with the existing Section 75 agreement covering the governance and joint working. The funding includes provision for a joint commissioning team.

The BCF pooled budget includes the iBCF allocations for both years, which are £3,962,308.00 for 2017 – 2018 and £5,151,562.00 for 2018 – 2019. The BCF budget will also include the funding for the Transforming Care Programme once this has been finalised. All of these elements will be covered by one Section 75 agreement.

The BCF expenditure and narrative plan has been approved by the Joint Commissioning Management Group which represents the Council and CCG, and will be taken to the meeting of the Medway Health and Wellbeing Board on 12 September 2017 for endorsement.

National condition 2: social care maintenance

We have created a monthly provider forum in Medway, which has had good representation from our residential/ nursing homes as well as home care providers. We have invited guest speakers and have had themed and solution focused discussions, resulting in an action plan for improvement. Updates on progress are given at each provider forum and sent out electronically. The provider forum has representation from Medway Clinical Commissioning Group, GPs, NHS Medway Foundation Trust and all other health partner agencies and is led by Medway Council.

In order to stabilise the local care market our iBCF will focus on:

Fair cost of care fee uplifts:

It is recognised that in Medway care providers have seen very little in the way of uplifts over a number of years. Medway has one of the lowest unit costs for residential and domiciliary care provision in the South East and this is a contributing factor to many struggling to deliver the level of service expected by the Council.

There is agreement across the health and social care system that an amount of £962,000.00 will be allocated from the iBCF funds in 2017 – 2018 and increased further in 2018 – 2019. This is reported in the NHSE BCF planning template.

Pathway redesign:

We are redesigning our care pathways to reduce hand overs, improve information and advice, improve use of reablement, reduce long-term care packages, increase take-up of direct payments, introduce a strength based approach to social care and implement a 'Three conversations approach' to social care delivery.

Our trial of the 'Three Conversation Model' in Medway has shown some improvements to client satisfaction and outcomes and we intend to roll this approach out across our social care teams. Through this, we will remove the traditional 'assessment for services' approach and create a new culture where practice is based on three conversations. We are currently concluding a staff reorganisation to better support and implement the new model.

Strategic planning and programme support:

Medway CCG and Medway Council have very close working relationships including a joint partnership commissioning team. The co-terminosity with Medway Council and its Unitary Authority status provide a real advantage in the commissioning of services for Medway residents. Medway Council and CCG will continue to develop and embed its partnership commissioning arrangements through the BCF. Funding has been allocated through iBCF to increase dedicated finance support for the BCF programme in 2017/18.

Micro-commissioning:

This project is about developing and embedding streamlined decision making, placement finding and payment pathways to achieve tighter controls on spend. It will also develop a strong and efficient Access to Resources team whose remit will be to

source better value from all residential, nursing, supporting living, extra care and homecare provision.

National condition 3: NHS commissioned out-of-hospital services

Medway CCG, Medway Council and Medway NHS Foundation Trust are developing an action plan to implement the High Impact Change Model. We have previously worked with ECIP on our BCF programme and we are keen to identify and implement best practice models. We are also looking at fast track assessments for CHC to ensure that at least 85% of CHC assessments are undertaken outside of the acute setting.

Key areas of development include: the new Community Discharge process, the commissioning of nine assessment beds in the community and the commissioning of an intermediate care and reablement service.

Through the [High Impact Change Model](#) self-assessment we have identified key areas for improvement. These relate primarily to integrated assessment and budgets and this will largely be addressed through the creation of a new community discharge process, remodelling assessment beds so that we will be able to ensure that at least 85% of CHC assessments are eventually undertaken outside of the acute setting.

In partnership with Kent, Medway has established a 24/7 Crisis Resolution Home Treatment Team (CRHTT). CRHTT is made up of Psychiatrists, Psychiatric Nurses, Pharmacists, Social Workers, Occupational Therapists and Support Workers, all of whom work together to resolve the mental health crisis. The service was set up to respond to and support adults who are experiencing a severe mental health problem which could otherwise lead to an inpatient admission to a psychiatric hospital. The main aims are to help someone manage and resolve a crisis through assessment and treatment in their home environment as an alternative to going into hospital. They also support people being discharged from psychiatric hospital, enabling them to continue recovery at home.

The Medway Liaison Psychiatry Service aims to provide mental health support to people admitted to Medway Maritime Hospital. The service works very closely with staff at Medway Maritime Hospital to allow patients' mental health to be treated effectively alongside any physical health problems. The service is available to anyone over the age of 18, regardless of address, who attends an emergency department or is an inpatient at Medway Maritime Hospital and needs advice, assistance or a mental health assessment.

Kent and Medway STP plans have highlighted a range of actions relating to mental health, acknowledging that mental health is as important as physical health and planning a range of actions:

- Work to deliver integrated mental and physical health services
- Deliver rapid access to individuals and their families to give expert advice, guidance and support during their first episode of psychosis

- Implement a CORE 24 model of liaison psychiatry in all acute emergency departments
- Transform children’s emotional and wellbeing services and improve transition between children’s and adult services
- Improve prevention and early intervention, help and support
- Deliver screening, assessment, intervention, training and support across the physical and mental health journey for women, babies and families.

We have already:

- Reduced our use of private beds to zero
- Secured funding for a Core 24 Liaison Service
- Developed and implemented a Peer Supported Open Dialogue service
- Secured additional funding and procured a provider for mother and infant mental health services
- Launched two new Street Triage services in Thanet and Medway.

In addition to the cross-organisational dementia work highlighted earlier in this report, a project funded by the BCF in 2017 will be extending our work with care homes in order to improve staff knowledge, understanding and support for those people with Dementia. Clinical staff will visit care homes to undertake initial assessments of clients who are as yet undiagnosed but displaying symptoms. This increased diagnosis then leads to improvements in care as detailed in current research and best practice. Dementia crisis management is also being addressed through work with Med OCC and MCH on developing pathways to manage and avert carer breakdown as reported through the dedicated helpline.

Along with other systems we are embracing the challenge provided by 7-day working and it is a feature that all future BCF initiatives will be delivered across 7 days. We have plans in place to meet our targets in this area, however this is an area that will require specific focus over the next year alongside the development of demand and capacity plans.

Finally, Medway CCG and Council have expressed an interest in BCF Graduation for 2017/18 and we await the result of this submission. We are moving towards a mature BCF, and the Council and CCG share a vision to create one commissioning organisation, with shared provision. In the year ahead we, therefore, need to make plans that move us towards realising this vision, focussing on developing people as well as systems and processes.

National Condition 4: Managing Transfers of Care

In relation to reducing delayed transfers of care, we have committed to the following actions:

- We will review and amend patient pathways to reach our targets around delayed transfers of care.

- We will develop a Community Discharge process which will be delivered as a test for change from October 2017, as well as establish 9 assessment beds which are already operational
- We will increase the availability of clinical support available to care homes to reduce transfers to hospital and hospital admissions. This will be supported in part through the creation of a community paramedic scheme
- We will focus on the patient journey and flow through the system, reducing transfers of care and improving the patient experience. We have funded additional assessment beds to improve the patient experience, and enable the ongoing assessments of people with complex care needs following hospital discharge
- We will make reablement available to all those who can benefit from it and monitor effectiveness, particularly for those with complex needs
- We will invest in dementia care, to increase the availability of EMI beds and reduce out of area placements
- We will work with providers to build changes into the local market which will deliver savings and improvements in service delivery. We will provide an uplift in fees in order to achieve this
- We will invest in Extra Care housing to reduce our existing block contracts and reduce residential care costs in the longer term
- We will fund a complex care coordinator and project officer support for our Transforming Care Programme

The Medway and Swale Health and Social Care Economy A&E Delivery provides whole system oversight and leadership to drive improvement in A&E performance, and ensure high quality Urgent Care Pathways for patients in the context of the Sustainability and Transformation Plan (STP). Every statutory body has a seat on the A&E Delivery Board and is represented at executive level with the authority to commit to decisions on behalf of their organisation.

The A&E Delivery Board is responsible for leading recovery of performance against the national standard that 95% of patients will be seen and discharged within 4 hours of arrival at A&E at Medway NHS Foundation Trust. The A&E Delivery Board will also oversee the strategic direction and delivery of Unplanned Care as defined by the STP and the outcome of the Urgent and Emergency Care Review.

Overview of funding contributions

Funding contributions for Medway's BCF have been agreed and confirmed, including agreement on identification of funds for Care Act duties, reablement and carers breaks from the CCG minimum.

A pooled budget for the Better Care Fund is administered in accordance with a Section 75 agreement between the CCG and the Council. For 2017–2018 the proposed BCF budget is £22,677,366.00 and the proposed pooled BCF budget for 2018–19 is £24,350,408.00.

The BCF pooled budget includes the iBCF allocations for both years, which are £3,962,308.00 for 2017 – 2018 and £5,151,562.00 for 2018 – 2019. iBCF funding is allocated to the following areas:

| Stabilising the Care Market | Developing community infrastructure | Managing demand on social care | Facilitating hospital discharge |
|---|--|--|---|
| Fair cost of care fee uplifts Pathway redesign Strategic planning and programme support Micro-commissioning - developing and embedding streamlined decision making, placement finding and payment pathways | Extra care GP support in care homes Community paramedic scheme | Dementia care Transforming Care / complex care coordination Placements Transitions - improving the seamless approach to transitions and the outcomes for individuals and their families | Additional assessment beds commissioned to improve patient flow Integrated community discharge process is being developed to improve discharge |

Our BCF expenditure plan is summarised in the following table and detailed fully in the BCF Planning Template, submitted separately:

| No. | Scheme name | 2017/18 expenditure | 2018/19 expenditure |
|------------|--|----------------------------|----------------------------|
| 1 | Joint commissioning infrastructure / programme support | £835,000 | £835,000 |
| 2 | Telecare | £80,000 | £80,000 |
| 3 | Intermediate care and reablement service | £3,955,515 | £3,955,515 |
| 4 | Carers support services | £879,335 | £879,335 |
| 5 | Dementia services | £202,032 | £202,032 |
| 6 | Maintaining social care & managing demand including community paramedic scheme | £3,612,815 | £3,732,815 |
| 7 | Care home support | £550,930 | £550,930 |
| 8 | Care Navigator Scheme | £224,886 | £224,886 |

| | | | |
|----|--|--------------------|--------------------|
| 9 | Facilitating hospital discharge including new community discharge process | £1,635,114 | £1,835,465 |
| 10 | Medway Integrated Equipment Service | £2,200,000 | £2,200,000 |
| 11 | Disabled facilities grant | £1,854,496 | £2,017,933 |
| 12 | Transforming care programme | £387,350 | £387,350 |
| 13 | Stabilising the care market, including care home placements, extra care, and fair cost of care fee uplifts | £1,808,129 | £2,997,383 |
| 14 | Community nursing | £4,451,764 | £4,451,764 |
| | TOTAL | £22,677,366 | £24,350,408 |

Approval and sign off

This plan has been jointly agreed by Medway Council and Medway CCG. The plan will be presented to the Medway Health and Wellbeing Board at its meeting on 12 September 2017.

ⁱ Medway's Market Position Statements

ⁱⁱ 2014 population projections <http://www.medway.gov.uk/pdf/Population%20Projections%202016.pdf>

Appendix 1 - Medway DToC Plan 2017 - 2019

| Focus Areas | Action | Outcome | KPI | Lead | Timeframe |
|------------------------------------|--|--|--|---|--|
| DATA – UNDERSTAND ISSUES | AGREE METRICS FOR PLAN | BETTER UNDERSTANDING OF ISSUES LEADING TO DToC ACROSS SYSTEM | | AD COMMISSIONING, BUSINESS & INTELLIGENCE | MONTHLY REPORTING TO UCOG |
| | AGREE TRAJECTORY | | | | QUARTERLY MONITORING VIA BCF STOCKTAKE |
| | BENCHMARK PERFORMANCE | UCOG ABLE TO TRACK PERFORMANCE AND HOLD TO SYSTEM TO ACCOUNT | | | |
| | REPORT TO UCOG | | | | |
| GOVERNANCE – WHOLE SYSTEM RESPONSE | WHOLE SYSTEM MDT APPROACH ESTABLISH DToC DATA GROUP TO DELIVER TARGET | REDUCTION IN DToCs • KMPT • MFT (Medway Residents) • WHOLE SYSEM / OTHER STAKEHOLDERS | ACHIEVE AGREED REDUCTION MOVE TOWARDS 3.5% NATIONAL TARGET >4/100,000 POPULATION REDUCTION IN SYSTEM DToC DELAYS DUE TO ASC | AD COMMISSIONING BUSINESS & INTELLIGENCE | AGREEMENT VIA UCOG TBA |
| BUILD CAPACITY | DEVELOP COMMUNITY ASSESSMENT HUB | REDUCTION IN DUPLICATION – ENSURE RIGHT CARE, RIGHT PLACE, RIGHT TIME | TO BE ESTABLISHED AS PART OF THE CAH BUSINESS PLAN | HEAD OF ADULTS' PARTNERSHIP COMMISSIONING | HUB OPERATIONAL FROM OCT 17 |
| | INCLUDE CHC BROKERAGE PROCESS AND PATHWAYS | | | PROGRAMME MANAGER - PMO | NOVEMBER 2017 |
| | DEVELOP TRUSTED ASSESSMENT PROCESS | ALL PROCESSES DELIVER A CO-ORDINATED DISCHARGE PLANNING BASED ON JOINT NEEDS ASSESSMENT PROCESSES AND PROTOCOLS, ON SHARED / AGREED RESPONSIBILITIES DELIVERING GOOD OUTCOMES FOR PATIENTS | SET KPIS AROUND LENGTH OF STAY / DISCHARGE DESTINATION | PROGRAMME MANAGER - PMO | SEPTEMBER 2017 |
| | RECONFIGURE BROKERAGE FUNCTION | | | UCOG | SEPTEMBER 2017 |
| COMMUNITY SERVICES | MOBILISE COMMUNITY ASSESSMENT HUB | PATIENT CARE IS DELIVERED IN COMMUNITY RATHER THAN IN AN ACUTE SETTING | REDUCTION IN COMPLEX DToCs | PROGRAMME LEAD | MOBILISE CAH OCT 2017 |
| | ART INTEGRATION | | | | |
| | CARE HOMES INTEGRATED INTO WHOLE HEALTH AND SOCIAL CARE COMMUNITY AND PRIMARY CARE SUPPORT | IMPROVE RESPONSES FOR REQUESTS FROM RESIDENTIAL / NURSING HOMES | REDUCTION IN THE NUMBER OF DToC IN COMMUNITY BEDS | HEAD OF ADULTS' COMMISSIONING | NOVEMBER 2017 |
| | REVISE SERVICE SPECIFICATION AND CONTRACT T&Cs TO IMPROVE RESPONSE TIMES | NO UNNECESSARY ADMISSIONS FROM CARE HOMES / CLOSER LIASON WITH COMMUNITY GERIATRICIAN | REDUCTION IN THE NUMBER OF PROVIDERS THAT RECEIVE AN INADEQUATE / REQUIRES IMPROVEMENT CQC RATING | HEAD OF ADULTS' COMMISSIONING | MARCH 2018 |
| | ENSURE SUPPLY IN MARKET MEETS DEMAND | PATIENTS ABLE TO ACCESS RIGHT SERVICE IN RIGHT PLACE | | HEAD OF ADULTS' COMMISSIONING | REVIEW OF PROGRESS ON WINTER OUTCOME |
| WORKFORCE DEVELOPMENT | ASC PROCESSES TO MEDWAY MODEL OF DELIVERY | ASC WORKFORCE UNDERSTANDS PROCESSES THAT SUPPORT EARLY DISCHARGE | | HEAD OF SERVICE SOCIAL CARE | JANUARY 18 |
| | REVIEW CAPACITY / SKILL SET IN COMMISSIONED SERVICES TO ENSURE UPDATED PROVISION OF SERVICES | REDUCTION IN DUPLICATIONS / DELAYS / UNNECESSARY ADMISSIONS TO HOSPITAL | IN LINE WITH THE EXPECTATIONS OF MEDWAY MODEL / STP | PROGRAMME LEAD - CCG | REVIEW POST WINTER 2017 |
| | SCOPE POTENTIAL FOR INCREASED POOLED RESOURCES INCLUDING CHC | PATIENTS TO HAVE SINGLE ASSESSMENT | | PROGRAMME MANAGER - PMO | TBA |

| Focus Areas | Action | Outcome | KPI | Lead | Timeframe |
|--------------------------------|---|---|---|--|------------|
| VOLUNTARY AND COMMUNITY SECTOR | REVIEW AND BUILD CAPACITY OF VOLUNTARY SECTOR ORGANISATIONS TO ENGAGE IN DISCHARGE TEAMS TO SUPPORT PEOPLE HOME FROM HOSPITAL | REDUCTION IN SOCIAL ISOLATION AND COMMUNITY RESILIENCE | REVIEW TARGETS FOR 2017/18 PR | PROGRAMME LEAD ADULTS' COMMISSIONING / PUBLIC HEALTH | MARCH 18 |
| | SUPPORT COMMUNITY INITIATIVES (SUCH AS DERIC / MEGAN) TO BECOME INTEGRATED WITHIN THE DEVELOPMENT OF A NEW HEALTH AND SOCIAL CARE MODEL | VOLUNTARY SECTOR FULLY INTEGRATED AS PART OF THE HEALTH AND SOCIAL CARE TEAM BOTH WITHIN THE ACUTE TRUST AND IN THE COMMUNITY | | | |
| CHOICE | IMPLEMENT THE NEW NATIONAL GUIDANCE ON PATIENT AND FAMILY CHOICE | REDUCTION IN DTOC DAYS RELATING TO CHOICE IN LINE WITH ACTION PLAN | REDUCTION IN NUMBER OF PEOPLE / BED DAY DELAYS ON CHOICE | PROGRAMME LEAD ADULTS' COMMISSIONING | MARCH 2018 |
| | IMPLEMENT A TRIAL TO PROVIDE TAILORED INFORMATION, ADVICE AND GUIDANCE FOR THOSE IDENTIFIED AS REQUIRING SUPPORT | INCREASED SUPPORT FOR PEOPLE ON CHOICE | ACHIEVE 3.5% REDUCTION AND LESS THAN 8 BED DAYS LOST DUE TO SOCIAL CARE | PROGRAMME LEAD ADULTS' COMMISSIONING / HEAD OF SERVICE SOCIAL CARE | |
| | CHOICE PROTOCOL USED PROACTIVELY TO CHALLENGE PEOPLE | | | | |
| DIGITAL ROAD MAP | DEVELOPMENT OF STRATA WITH SYSTEM PARTNERS | INCREASED INTEROPERABILITY | INCREASED USAGE OF TECHNOLOGY ENABLED CARE SERVICES (TECS) | PROGRAMME LEAD ADULTS' COMMISSIONING | MARCH 2017 |
| | | BETTER UTILISATION OF TECS AS BOTH A PREVENTATIVE MEASURE AND DISCHARGE FACILITATION | | PROGRAMME LEAD ADULTS' COMMISSIONING | MARCH 2017 |



CABINET

9 JUNE 2020

HOUSING INFRASTRUCTURE FUND (HIF) NEW ROUTES TO GOOD GROWTH – PROJECT DELIVERY

Portfolio Holder: Councillor Alan Jarrett, Leader

Report from: Richard Hicks, Director of Place and Deputy Chief Executive

Author: Dawn Hudd Assistant Director of Physical and Cultural
Regeneration

Summary

This report provides an update on the progress of Medway's Housing Infrastructure Fund (HIF) Bid – New Routes to Good Growth, which will provide much needed infrastructure to enable growth in and around the Hoo Peninsula.

The report asks Cabinet to agree in principle that, should it become necessary, the Council will utilise compulsory acquisition powers to ensure delivery of the required infrastructure of road, rail and Strategic Environmental Management Scheme (SEMS) that is to be supported by the HIF. As this is an in principle decision a further report will be presented to Cabinet at a later date detailing the full acquisition programme and seeking approval for the detailed acquisition proposals.

1. Budget and Policy Framework

- 1.1 The decisions in this report are within the Council's policy and budget framework, and are for Cabinet determination.
- 1.2 This report has been included on the Forward Plan in accordance with Section 10 (General Exception) and Section 5 (Procedures prior to private meetings) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012. However, this report has been circulated separately to the main agenda. Therefore, the Cabinet is asked to accept this report as urgent to meet the target date for signing the Grant Determination Agreement by 30 June 2020. The next scheduled Cabinet meeting is due to take place on 7 July 2020.

2. Background

- 2.1 In September 2017, Medway Council submitted to Homes England an Expression of Interest, for a project called New Routes to Good Growth. This £170m bid was intended to unlock potential new development on the Hoo Peninsula of 12,100 new homes by 2043, and to strengthen the area's economy through development of commercial space at Kingsnorth and Grain.
- 2.2 The Council submitted its New Routes to Good Growth Business Case to the Ministry of Housing, Communities & Local Government (MHCLG) on 1 March 2019.
- 2.3 On 1 November 2019, MHCLG announced that Medway's HIF bid had been successful. Since then, officers have been responding to conditions that MHCLG and Homes England require to be attached to the receipt of this funding.
- 2.4 These are to be set out in a Grant Determination Agreement (GDA) with Homes England. Some of these conditions are required to be met before the GDA is entered into.
- 2.5 One of these conditions requires the Council to provide evidence of its commitment that CPO powers will be used if required to deliver the infrastructure.
- 2.6 This report is brought forward to enable the Council to satisfy that condition.
- 2.7 On 4 February 2020, £170m was added to the Council's capital programme, in anticipation of receipt of funding.

3. Options

- 3.1 There are two principal options:

Option 1: Cabinet approves the high-level strategy for obtaining and using compulsory acquisition powers and grants in principle approval to the use of such powers, if confirmed, in respect of all land required to deliver the road, rail and SEMS infrastructure.

Option 2: Cabinet declines to approve the high-level strategy for the use of compulsory acquisition powers and to the in principle use of such powers, if confirmed, of all relevant land required to undertake road, rail and SEMS delivery.

- 3.2 Option 1 is the only approach that will unlock the allocated £170m of government investment in the Hoo peninsula. As such it is the recommended option.

4. Risk Management

- 4.1 The risks associated with entering into the Grant Determination Agreement on the basis of Option 1 being taken, are as follows:

| Risk | Description | Action to avoid or mitigate risk |
|---|---|---|
| Compulsory acquisition proceedings are opposed | There is a risk compulsory acquisition powers will not be granted if a successful objection is made. Such an objection may be made on the basis that the relevant policy and legal tests have not been met, including human rights and equalities considerations. This is in the context that compulsory purchase involves significant interference with private property and landowners being forced to part with land or buildings, against their will and is therefore only appropriate in circumstances where the public interest outweighs the rights of the owners. | Seek appropriate specialist support to make as robust a case as possible if made for the Council's use of compulsory acquisition powers. |
| Cabinet declines the use of Compulsory Purchase powers in principle | Condition 18 cannot not be met, therefore resulting in the Grant Determination Agreement not being signed on 30 June 2020. | Agree to use compulsory acquisition powers subject to a further report being present with full details of the compulsory acquisition proposals for each intervention. |

5. Financial Implications

- 5.1 The Council will need to bear the costs of preparing the necessary documentation to obtain compulsory acquisition powers and then submitting it to the Secretary of State for confirmation.
- 5.2 The Council will also have to bear the costs of taking steps to secure the planning and other consents for the project which are required in order to justify seeking compulsory acquisition powers, which could include the costs of preparing for and attending any required public inquiry.
- 5.3.1 The above costs would be met from the New Routes to Good Growth HIF budget, however as with the overall scheme, in the event of any overspend this would need to be met by the Council.

- 5.3.2 If agreement can be reached with the relevant landowners for the voluntary transfers of land, the Council will need to cover costs for acquisition of land/buildings together with legal and surveyor's costs and stamp duty land tax.
- 5.3.3 If agreement cannot be reached and the Council decides to use compulsory acquisition powers to acquire land/ buildings then the Council will need to pay for the costs for any land compensation and professional fees etc.
- 5.3.4 The Council will need to also bear in mind there is a risk that the costs of objectors to the compulsory acquisition powers will have to be borne by the Council if consents are not granted.

6. Legal Implications

- 6.1 As this is solely an “in principle” decision to confirm that the Council is willing to use the powers available to it to compulsorily acquire land if required to bring the scheme forward there are no direct legal implications. Any application for consent (and associated compulsory acquisition powers) will need a further approval from Cabinet when details are available regarding any land requirements and extent.

7. Recommendations

- 7.1 The report asks Cabinet to agree to in principle that should it become necessary it will utilise compulsory acquisition powers to ensure delivery of the required infrastructure of road, rail and Strategic Environmental Management Scheme (SEMS). As this is an in principle decision a further report will be presented seeking approval for the detailed acquisition proposals.
- 7.2 Cabinet is also asked to note the high-level strategy and timeline for use of compulsory acquisition powers.

8. Suggested reasons for decisions

- 8.1 In order to enter into the GDA agreement is required to demonstrate commitment to use compulsory acquisition powers should it become necessary.

Lead officer contact

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Appendices

Appendix 1 (exempt) – High level Compulsory Acquisition Strategy
Appendix 2 (exempt) – Indicative timeline

Background papers

[5 February 2019 Cabinet Paper – Housing Infrastructure Fund Bid – New Routes to Good Growth](#)

[3 February 2020 Cabinet Paper – Capital and Revenue Budgets 2020/21](#)

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CABINET

9 JUNE 2020

EXCLUSION OF THE PRESS AND PUBLIC

Portfolio Holder: Councillor Alan Jarrett, Leader

Report from/ Author: Perry Holmes, Chief Legal Officer

Summary

This report summarises the content of exempt appendices, which, in the opinion of the proper officer, will contain exempt information within one of the categories in Schedule 12A of the Local Government Act 1972. It is a matter for the Cabinet to determine whether the press and public should be excluded from the meeting during consideration of these documents.

1. Recommendation

- 1.1 The Cabinet is required to decide whether to exclude the press and public during consideration of the following documents because consideration of these matters in public would disclose information falling within one of the descriptions of exempt information contained in Schedule 12A to the Local Government Act 1972, as specified below, and, in all the circumstances of the case, the public interest in maintaining the exemption, outweighs the public interest in disclosing the information.

| | |
|---|--|
| Report Title | Renewal of Lease at Northbank House |
| Agenda Item | Exempt Appendix |
| Summary | This exempt appendix sets out the detailed financial and legal implications |
| Category of exempt information (Schedule 12A of the Local Government Act 1972) | Not for publication under paragraph 3 of Schedule 12A of the Local Government Act 1972 – Information relating to financial or business affairs of any particular person (including the authority holding that information). |

| | |
|---|---|
| Report Title | Housing Infrastructure Fund (HIF) New Routes to Good Growth – Project Delivery |
| Agenda Item | Exempt Appendix |
| Summary | This Exempt Appendix provides details of the High Level Compulsory Purchase Order Strategy (Appendix 1) and the indicative timeline (Appendix 2). |
| Category of exempt information (Schedule 12A of the Local Government Act 1972) | Not for publication under paragraphs 3 and 5 of Schedule 12A of the Local Government Act 1972 – Information relating to financial or business affairs of any particular person (including the authority holding that information). Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings |

1.2 Members are advised that the Local Authorities (Executive Arrangements) (Meetings and Access to Information)(England) Regulations 2012 requires 28 clear days’ notice of a Cabinet meeting to be held in private.

1.3 A notice of intention to conduct business in private was originally issued on 11 May 2020. No representations have been received.

Housing Infrastructure Fund (HIF) New Routes to Good Growth – Project Delivery

1.4 The Local Authorities (Executive Arrangements)(Meetings and Access to Information)(England) Regulations 2012 requires 28 clear days’ notice of a Cabinet meeting to be held in private. On this occasion it was not possible to provide this 28 clear days’ notice. The Chairman of the Regeneration, Culture and Environment Overview and Scrutiny Committee agreed, in accordance with the provisions of the 2012 Regulations, that this matter was both urgent and could not be reasonably deferred until the next Cabinet meeting on 7 July 2020 to meet the target date for signing the Grant Determination Agreement (30 June 2020).

1.5 A further notice of intention to conduct business in private was issued on 1 June 2020. No representations have been received.

1.6 This report confirms the previous notice of intention to conduct this business in private.

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Appendices

None

Background Papers

[Cabinet Forward Plan 9 June 2020 – Update No.3](#)

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NOT FOR PUBLICATION

By virtue of paragraph(s) 3, 5 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

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