

**CHILDREN, FAMILIES & EDUCATION -
VULNERABLE CHILDREN AND PARTNERSHIPS
POLICY OVERVIEW AND SCRUTINY COMMITTEE**

Friday, 6th November 2009

10.00 am

Medway Room,
Sessions House, County Hall, Maidstone





AGENDA

CHILDREN, FAMILIES & EDUCATION - VULNERABLE CHILDREN AND PARTNERSHIPS POLICY OVERVIEW AND SCRUTINY COMMITTEE

Friday, 6 November 2009 at 10.00 am
Medway Room, Sessions House, County Hall,
Maidstone

Ask for: Christine Singh
Telephone: 01622 694334

Tea/coffee will be available before the meeting

Membership

- Conservative (11): Mrs A D Allen (Chairman), Mr A H T Bowles, Mrs P T Cole, Mr H J Craske, Mr R Frayne, Mr D A Hirst, Mr G A Horne MBE, Mr S Manion, Mr M J Northey, Mr K Smith and Mr C T Wells
- Labour (1): Mrs E Green
- Liberal Democrat (1): Mr M J Vye
- Church Representatives (3): The Reverend N Genders, The Reverend Canon J L Smith and Dr D Wadman
- Parent Governor (2): Mr O Poole and Mr P Myers
- Teacher Advisers (6): Mr T Desmoyers-Davies, Mrs J Huckstep, Miss S Kemsley, Mr R Straker, Mr S Thompson and Mr J Walder

UNRESTRICTED ITEMS

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

**Item
No**

Timings*

A COMMITTEE BUSINESS

- | | | |
|----|---|----------|
| A1 | Membership | 10.00 am |
| | Members are asked to note that Mr D Hirst has replaced Mr K Pugh on this Committee. | |
| A2 | Substitutes | |
| A3 | Election of Vice Chairman | |
| A4 | Declarations of Interests by Members in items on the Agenda for this meeting | |
| A5 | Future Meeting Dates 2010 | |

Members are asked to note the revised meeting dates for 2010 for this Committee as listed below:

Fri, 15 January (*Joint meeting of the 3 POCs*)

Wed, 31 March

Tuesday, 29 June

Fri, 17 September 2.00 pm (reserved date)

Thurs, 21 October

(All meetings will commence at 10.00 am unless otherwise stated)

- A6 Minutes - 18 September 2009 (Pages 1 - 4)
- A7 Children Champion's Board Minutes - 23 September 2009 (Pages 5 - 10) 10.10 am

B ITEMS FOR CONSIDERATION

- B1 Deputy Lead Member's and Service Director's Update 10.15-10.30 am
- B2 Kent Healthy Weight Strategy (Pages 11 - 32) 10.30-11.00 am
- B3 Education Attainment Results of Looked After Children (Pages 33 - 44) 11.00-11.30 am
- B4 Kent Children's Trust (KCT) Commissioning and Delivery Review (Pages 45 - 56) 11.30-12.00 am
- B5 Children's Centres Review - Verbal Update 12.00-12.30 pm
- B6 Proposed Visits - Verbal 12.30-12.50 pm

C SELECT COMMITTEE WORK

- C1 Select Committee - Update (Pages 57 - 58) 12.50-1.00 pm

EXEMPT ITEMS

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

**All timings are approximate*

Peter Sass
Head of Democratic Services and Local Leadership
(01622) 694002

Thursday, 29 October 2009

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

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KENT COUNTY COUNCIL

**CHILDREN, FAMILIES & EDUCATION - VULNERABLE CHILDREN
AND PARTNERSHIPS POLICY OVERVIEW COMMITTEE**

MINUTES of a meeting of the Children, Families & Education - Vulnerable Children and Partnerships Policy Overview Committee held at Swale 3, Sessions House, County Hall, Maidstone on Friday, 18th September, 2009.

PRESENT: Mrs A D Allen (Chairman), Mrs P T Cole, Mr H J Craske, Mr R Frayne, Mrs E Green, Mr S Manion, Mr K Pugh and Mr C T Wells

ALSO PRESENT: Mr L B Ridings

IN ATTENDANCE: Mr B Anderson (Director Children's Social Services), Mrs J Wainwright (Director Commissioning (Specialist Services)), Mr A Mort (Policy Manager) and Miss T Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

3. Membership

Miss Grayell reported that Mr K Pugh had joined the Committee in place of Mr R Tolputt.

4. Election of Vice-Chairman
(Item. A2)

The Chairman announced that this item would be deferred to the Committee's 6 November meeting. This was because so many of the Members who served on more than one CFEPOC had sent apologies as the three CFEPOCs were meeting concurrently on this occasion.

5. Dates of Future Meetings
(Item. A4)

RESOLVED that the dates set for the Committee's meetings for the remainder of 2009 and 2010 be noted, as follows:-

Friday, 6 November 2009 - 10.00 am
Friday, 15 January 2010 - 10.00 am *(joint meeting of all three CFE POCs)*
Wednesday, 31 March 2010 - 10.00 am
Tuesday, 29 June 2010 - 10.00 am
Thursday, 16 September 2010 - 2.00 pm
Wednesday, 10 November 2010 – 10.00 am

6. Areas of Focus for Future Meetings
(Item. B1)

(1) The Chairman and the Deputy Cabinet Member introduced the item by suggesting issues and discussion of how these issues could be approached then followed. The issues listed were as follows:-

- (a) *A Review of Children's Partnerships*, to gain first hand experience of the issues which the Committee was asked to consider. This could be achieved by visiting Partnerships;
- (b) *Health Visitors*. Concerns had been expressed to Members by nursery and playgroup leaders, who did not get visits from Health Visitors. Health Visitors played a key role in engaging with new parents and, as such, were well placed to see early signs of child protection issues. Health Visitor visits stopped when a child reached a prescribed age, leaving the onus on parents to visit children's centres instead. Some parents were either not motivated to attend, or had practical problems in attending. Mrs Wainwright and Mr Ridings suggested that PCTs could be asked to present the facts about Health Visiting to the POC, or possibly linking with the Health Overview and Scrutiny Committee, via the Cabinet Member Mr Marsh, to recommend action to resolve issues identified;
- (c) *Reduction in Grants for Unaccompanied Asylum Seeking Children and Young People (UASCYP)*, and the resulting substantial cost impact for Kent. Mr Anderson pointed out the complexity of funding around the issue of UASCYP in Kent and the conflicting legislation relating to it, but offered an item for the November meeting when new Government policy would be more defined. Members asked if the issue could be linked into the budget setting process. Mr Anderson invited Members to visit the teams and centres which worked with UASCYP;
- (d) *Differing levels of Children's Social Services activity in East and West Kent*; and
- (e) *Research on Serious Case Reviews since 2000*, undertaken by Dr Witney of Edinburgh University.

7. CFE Participation and Consultation - Annual Report (Item. B2)

(1) Mr Mort introduced the report and emphasised the Directorate's commitment to engaging with young people and seeking their input into policy setting, and the successes it had had in the past. He reminded Members that Every Child Matters gave all young people the right to take part in decision making which affected them, and that such engagement was also one of the KCC's targets in Towards 2010.

(2) Arising from discussion, and in response to questions raised by Members, the following points were highlighted:-

- (a) Schools and colleges were being actively encouraged to take part in the National Federation for Educational Research (NFER) survey, and this had been very helpful in past years in feeding useful info into the

KCC's Comprehensive Area Assessment (CAA). Participation was no longer automatic, but some 400 schools had so far signed up, giving a good range of primary and secondary school and college participation. The questionnaire would be based on the elements of Every Child Matters and on school life, and would be kept concise;

- (b) participation had been evenly spread across Kent, as roadshows had covered the whole county. What was proving difficult was to engage with the hard-to-reach groups, such as BME communities and those for whom English was not their first language, and the disabled, rather than any geographical area of the county; and
- (c) although surveys were conducted at Children's Centres, which tended to be frequented more by mother than fathers, there were centres and schemes aimed specifically at engaging fathers. Mr Anderson pointed out that engaging young fathers who wished to be involved with their children was part of the Teenage Pregnancy Strategy, as it had been shown that young men who were actively involved in the practicalities of bringing up a small child were less likely to become young fathers for a second time.

- (3) RESOLVED that the information given in the report and in response to Members' questions be noted, with thanks.

8. The Government's Action Plan in response to the Lord Laming Report: the Protection of Children in England: A Progress Report
(Item. B3)

(1) Mr Anderson introduced the report and set out what Children's Social Services (CSS) was doing in response to the recommendations in Lord Laming's report. He reassured Members that CSS had maintained work standards despite a 40% increase in workload, but emphasised that working with this level of pressure could not be sustained for long. CSS had exceeded its targets for recruiting new staff, with 62 new qualified social workers having been engaged, and recruitment continuing in the USA, Northern Europe and Scandinavia. However, having such a large intake of new staff at one time would mean that approximately one third of the total workforce would be inexperienced. Some of the government funding allocated to recruitment would be used to give new staff intensive support in the first year of their careers.

(2) He quoted from the interim report of the Social Work Task Force and highlighted the 6 key themes it focussed on. He undertook to send a copy of it to all POC Members.

(3) Mrs Wainwright pointed out that interim staffing arrangements would apply from 1 October 2009 to cover the reorganisation period while staff were being realigned into new directorates. Consultation with staff and unions would begin in December 2009 and continue for the requisite three months until March 2010, with the new structure being in place from September 2010. The new Directorates would match the POC headings, with Mr Anderson being the new Director of Vulnerable Children and Partnerships from 1 October until his retirement in December 2009. The first update report on the reorganisation would be possible in December 2009.

- (4) RESOLVED that the information in the report, and given in response to Members' questions, be noted, with thanks.

KENT COUNTY COUNCIL

CHILDREN'S CHAMPIONS BOARD

MINUTES of a meeting of the Children's Champions Board held in the Swale 1, Sessions House, County Hall, Maidstone on Wednesday, 23 September 2009.

PRESENT: Mrs A D Allen (Chairman), Mrs P T Cole, Mr G Cooke, Mrs P A V Stockell and Mr M J Vye

ALSO PRESENT: Mrs S V Hohler

IN ATTENDANCE: Mrs K Weiss (Head of Policy & Performance), Ms D Marriott (Acting Safeguarding Policy & Performance Manager), Mr M Ayre (Senior Policy Manager), Mrs J Doherty (Policy Manager) and Miss T Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

7. Membership

(Item A1)

Members noted that Mrs P A V Stockell had joined the Board to fill the vacancy previously listed.

8. Minutes of Board Meetings held on (a) 11 March and (b) 20 May 2009, and (c) 21 July 2009

(Item A4)

(1) RESOLVED that the minutes of the meetings held on 20 May and 21 July 2009 are correctly recorded and that they be signed by the Chairman. The minutes of the meeting held on 11 March 2009 are already signed and had been included for reference only.

(2) Arising from the minutes of the meeting held on 20 May, Members raised the following points:-

- (a) Before the June elections, the former Cabinet Member had been asked to meet the Board to talk about his role, and the Vice-Chairman asked that the new Cabinet Member for CFE do the same. Mrs Hohler agreed to this request and offered a twice-yearly 'Cabinet Member's update' item for the Board; and
- (b) The Vice-Chairman asked that discussion with the Director of CFE take place to ensure that the Board's key concerns of safeguarding and educational attainment of LACs are included on the agenda for the Head Teachers' Conference in 2010. This request was supported by officers as it would help keep these issues in the spotlight. In addition, Mrs Stockell asked if the invitation to the conference could be widened

to allow any Board Member to attend if they wish. Miss Grayell was asked to follow up both these points.

9. CPR3 Child Protection Statistical Return

(Item B1)

(1) Ms Marriott introduced the report and she and Mrs Weiss answered questions put by Members, explaining the following:-

- (a) Central Government kept nationwide data submitted by all local authorities, which all local authorities could consult to identify patterns and make comparisons;
- (b) All UK local authorities had shown an increase in the number of child protection referrals since the death of Baby Peter in 2007. In Kent the increase had been 30 – 35 %. If the whole increase could be attributed to heightened anxiety following the death of Baby Peter, professionals would expect to see a peak and then a gentle decrease, but instead the pattern had been a gradual, uniform increase;
- (c) Although many of the referrals received were from the public, most were from the Police, and Police referrals showed the biggest increase;
- (d) There was always some element of inappropriate referrals but even if these cases do not go as far as an initial assessment stage they take time and resources to process. It is important to find out why referrals had been made and what could be done to address the level of inappropriate referrals; and
- (e) Children who do not meet the official threshold for services may be missing out on support, so there was a need to see what could be done to help meet their needs. KCC's partners needed to be helped to understand thresholds.

(2) RESOLVED that the report be welcomed and information set out in it and in response to Members' questions be noted, with thanks.

10. Summary of Protecting Children in Kent review - oral

(Item B2)

(1) Mr Ayre gave an oral update of the review which had been set up as a result of the death of Baby Peter in Haringey in 2007. The overall aim of the review was to see whether or not Kent's child protection practice was fitter for purpose than it was before the death of Baby Peter, and whether or not Lord Laming's second report had left Kent better placed. He emphasised that the finding of the review was that child protection practice in Kent was fundamentally safe.

(2) Phases 1 and 2 of the review had been reported to special meetings of the Board, on 12 Feb and 21 July respectively, and the final phase would be reported to the full County Council on 10 December 2009. This final phase of the review would include the effectiveness of inter-agency working and this would include work

mentioned in the previous item about thresholds and how various partner organisations and agencies understood and applied them.

(3) The review had shown up that even agencies which had no child protection responsibility (eg District Councils) were now conscious of the need to check their staff's knowledge of child protection issues and procedures.

(4) RESOLVED that the information given in the oral update be noted, with thanks.

11. Children's Social Services Annual Activity Report for Kent Safeguarding Children Board, 1 April 2008 - 31 March 2009

(Item B3)

(1) Ms Marriott introduced the item and, with Mrs Weiss, answered questions from Members. The following points were highlighted:-

- (a) The difficult economic climate had not caused any appreciable difference in the number of domestic violence cases, as Children's Social Services' threshold for intervention looked at parenting skills and not family income level. A high number of referrals from the Police were related to domestic violence, so some joint work will be done to help CSS and the Police understand each other's processes. There were two key issues when looking at domestic violence – prevention and how to manage a case once arisen;
- (b) Kent had a higher level of child protection referrals than many other local authorities, although the way in which they are processed in each authority made the outcomes different. Other local authorities might show fewer child protection referrals but they take more of them to Section 47 Conference. Kent takes a lower proportion of its referrals to conference but a higher percentage of those end up having a Child Protection Plan. Comparing figs from authority to authority was difficult as the picture was very complex, with many variables;
- (c) Many initial referrals do not meet the threshold for CSS services but are redirected to other organisations and schemes that can help. CSS always look at available services as flexibly as possible to best meet the needs of each family. However, a family may not want the alternative service offered, or the other service may not be able to respond fast enough if the family had come seeking help at a time of crisis;
- (d) Referrals which do not proceed to service delivery are always recorded on a database, so any future referral for the same family or child can be cross-referenced to previous records;
- (e) What is most important is to choose the most suitable route for each child. A decision to take a case to conference would only be made if it was considered absolutely necessary. Conferences were avoided if possible as the process is stressful for the family. Some other local

authorities have more conferences as their processes are not so geared to avoiding them;

- (f) A small number of young people aged 17 shows up in the figures reported, and these are likely to be high-risk adolescents who have not been able to settle in the accommodation offered to them, and perhaps have mental health and/or substance misuse problems. When they reach 18 they are no longer subject to a Child Protection Plan, but those with mental health and/or substance misuse problems can be offered a good transition process into Adult Social Services;
 - (g) 45% of referrals are recoded as being due to 'family dysfunction' – an ISC category which includes a range of groups such as Children In Need. It is likely that this category includes many Police referrals;
 - (h) What would be useful for Members to see in the future is not only a breakdown of the initial referral figures but a similar breakdown of those cases which arrive at the initial assessment stage, to allow comparison and a chance to identify patterns; and
 - (i) Although the information gathered is believed to be accurate, the ICS system is still not working properly. Its documentation had to be re-designed and will need to be piloted by being tested in one district before going live. It is expected that ICS will be fully operational once again in April 2010. Members were reassured that electronic systems were always backed up by good paper records.
- (2) RESOLVED that the information given in the report and in response to Members' questions be noted, with thanks.

12. Private Fostering - Annual Report

(Item B4)

Mrs S Hammond, Policy and Performance Officer, was in attendance for this item

(1) Mrs Hammond introduced the report and defined private fostering as an arrangement made privately, between a child's parent and someone who is not a relative, for the care of a child. To be classified as private fostering, an arrangement would have to be intended to last for more than 28 days, and apply to a young person up to the age of 16 (18 if disabled). No local authority is involved in making the arrangement, and no local authority money is payable in support of the arrangement, yet the local authority is required to assess the arrangement to check that it is suitable and meets the child's needs. Someone who is taking on a private fostering arrangement has to notify the local authority of the arrangements, yet many people simply do not know about this requirement and do not define what they are doing as formal fostering, and the local authority has no way of checking that they had been notified of private fostering arrangements going on. Mrs Weiss added that Victoria Climbié had been in a private fostering arrangement when she died.

(2) In discussion, and in Mrs Hammond's and Mrs Weiss's responses to Members' questions, the following points were highlighted:-

- (a) A parent specifying in their will that they wish their child to be brought up by a godparent would be entering the child into a private fostering arrangement, and their solicitor would have to set up a transfer of parental responsibility for both parties to sign;
 - (b) In the UK, it is estimated that approx 20,000 children are in private fostering arrangements. Referrals to the private fostering team are very low and come mainly from Children's Social Services (CSS), and many private fostering arrangements are discovered accidentally. In the 2008/09 financial year, the team had had 72 notifications of private fostering, and 43 children were in private fostering at the year end. As arrangements are temporary and transient, it is difficult to identify an exact number at any one time;
 - (c) private fostering is not necessarily easier to identify when a child enters school. Admissions forms for schools are not standard and do not contain the same information. Adults signing a school form can specify that they are a 'parent or guardian', but are not required to give any further detail;
 - (d) the private fostering team was working hard to increase the information it was able to get from schools, and a multi-agency partnership project in Ashford was looking into barriers to information being passed through;
 - (e) Awareness of the issue and the need to identify private fostering in a school could be included in the training for School Governors;
 - (f) Parents entering into private fostering arrangements could be encouraged to identify themselves as a way of accessing the extra support that their family might need, but it would need to be emphasised that this support could not be financial;
 - (g) the private fostering team had been awarded the maximum possible score in a recent Ofsted inspection which had included visits to/interviews with young people and carers and social workers; and
 - (h) The British Association of Adoption and Fostering (BAAF) had used its conference to raise awareness of private fostering and the key issues of safeguarding and the need to identify vulnerable children.
- (3) RESOLVED that:-
- (a) the information in the report and given in response to Members' questions be noted, with thanks; and
 - (b) the private fostering team be congratulated on achieving an excellent Ofsted assessment.

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By: Meradin Peachey, Director of Public Health

To: CFE: Vulnerable Children and Partnerships Policy Overview and Scrutiny Committee - 6 November 2009

Subject: Kent Healthy Weight Strategy

Classification: Unrestricted

Summary: Obesity will soon overtake smoking as the biggest cause of premature death and long-term illnesses.

Unless we reverse the trend of increasing numbers of people being overweight or obese, children born today will have a life expectancy less than their parents for the first time in over 100 years. The Children Families and Education Directorate with their partners, has a crucial role to play to prevent this.

Kent and Medway have the highest prevalence of obesity in the South East region and are above the national average.

Some people, often due to their economic and social circumstances have greater difficulty in acting on the advice they receive of taking up the opportunities to live healthier lifestyles than others.

Most people know the key public health messages and are fed up with being told what to do, especially if they are made to feel bad if they do not follow it.

KCC is directing a lot of effort at these problems and there is some excellent practice across the county. The strategy provides a coherent framework for this activity including the key targets that we are working towards.

1. Introduction

1. Maintaining a healthy weight is a crucial component of being healthy and avoiding many seriously debilitating illnesses and conditions. But despite people's best intentions this can be very difficult to attain in our modern society.
2. The causes of being overweight or obese are simple – eating or drinking more calories than we use in exercise, but their solutions are often complex. People may need help and support to achieve their aspirations. Children especially need to

understand the importance of a healthy diet and lifestyle to avoid problems in later life.

Living in deprivation can also make it very difficult to take advantage of the choices and opportunities available and the Kent Regeneration Framework and the Health Inequalities Strategy will be crucial to addressing weight problems and other lifestyle issues in Kent.

3. We must also acknowledge that people in Kent are generally very aware that they should eat healthily, take more exercise, stop smoking and drink responsibly. They do not need to be lectured or made to feel that they have failed if they do not do always do these things and neither should people be pressured to change many things in their lives all at once. Young people especially tell us this very strongly.
4. The KCC Select Committee on obesity informed the production of a Healthy Weight Strategy by PCT colleagues that was drafted in the second half of last year. The strategy presented today is a higher level summary and distillation of that document which provides a framework for KCC and other organisations to work within when designing and planning interventions designed to address issues of healthy weight and promote healthier lifestyles.

2. The Kent Healthy Weight Strategy

1. The Kent Healthy Weight Strategy outlines the main issues involved and why healthy weight is important for everyone involved in public health. These are:
 - Early prevention for weight problems
 - Promotion of healthier food choices
 - Building physical activity into our lives
 - Creating incentives for better health
 - Use of opportunities created by the KCC regeneration framework
 - Better messages for the public through the use of social marketing
2. The key priorities reflect those identified in the Foresight report and then incorporated in the DH Guidance - Healthy Weight, Healthy Lives. The National Institute for Health and Clinical Excellence (NICE) have also issued guidance on how obesity and related matters should be addressed.
3. Aligning this activity with the priorities allows those involved to understand better the connections between the various interventions and how they can be effective. Future initiatives can also be planned and reconciled within the overall framework to ensure they complement and support other actions.

4. Much being done across KCC directorates and by our partners in the District Councils, Primary Care Trusts and Voluntary Sector to help people improve their diet and take more exercise. In the current economic climate we need to ensure that people understand that healthy living can be affordable and does not involve great expense on things like gym membership or playing organised sport.

Many of the examples quoted in the strategy are demonstrations about how healthier living can be quite simply incorporated into anyone's lives in small ways by adapting what they do and without making major disruptive changes to their or their families, lives.

5. As the Foresight Report and Healthy Weight Healthy Lives recognise, early prevention and working with children and their families are crucial to future success in combating obesity. Early years initiatives are very important sources of information and support for families to incorporate diet and exercise into their lives. This includes pre-birth and the promotion of breastfeeding. (Both Kent PCTs have targets to increase breastfeeding rates).
6. Healthy Schools have an obvious role to play in promoting healthy eating and the importance of physical exercise in daily life. Encouraging children to participate in sports at school and elsewhere is also very important and the opportunities offered by the 2010 Olympics such as the Kent School Games are good examples of how this can be developed.
7. Progress on the Healthy Weight strategy will be reported to the Public Health Board through the representatives of each KCC directorate including Children Families and Education.

Once adopted by KCC as policy it will also be important that Members promote the county council's contribution to the strategy across its directorates. Policy Overview Committees can assist this by requiring progress reports on their own directorate's efforts to deliver the strategy and the aspirations it contains.

8. If the commitment already shown by KCC and its partners is maintained the people of Kent will have support and encouragement to achieve a healthy weight equal to that available anywhere else in the country.

Recommendation

- Members of the Vulnerable Children and Partnerships Policy Overview and Scrutiny Committee are asked to endorse the Healthy Weight Strategy for Kent.

Mark Lemon
Head of Policy
Kent Public Health Department
Mark.lemon@kent.gov.uk
Tel: 01622 694853

Background Documents:

- Kent Regeneration Framework
- Health Inequalities Strategy

Other Useful Information: None

DRAFT

Kent

Healthy Weight Strategy

Version 11

Version	11
Author	Mark Lemon
Date	15/09/09

“We are a sport-loving nation but we are simply nowhere near as active as we should be. Promoting active lifestyles is the simple answer to many of the big challenges facing our country today. It can save us money and ease the burden on public services.”

Andy Burham

Health Secretary – 13/08/09

The Healthy Weight Strategy for Kent has 7 elements:

- Children, healthy growth and healthy weight
- Promotion of healthier food choices
- Building physical activity into our lives
- Creating incentives for better health
- Personalised advice and support
- Using opportunities in the KCC Regeneration Framework
- Making our messages more effective through social marketing

Introduction

Everyone wants to be healthy and maintaining a healthy weight is an increasingly important part of this aspiration.

In the past messages have tended to emphasise the health risks of being overweight or obese but many people do not relate to these. People nowadays tend to see the issue much more as one of fashion, body image and lifestyle choice. It may become a health issue when it leads to complications that are diagnosed as a medical condition.

Avoiding excess weight is much more difficult than it used to be. Changes in society and the way we live all conspire to make it far easier to put on weight than to lose it.

Our daily lives are far less physically active than they were, even in the recent past. Our jobs are less physically demanding, we drive rather than walk or cycle, and we spend far more of our leisure time in front of a TV screen or computer monitor.

We have far greater access to food, 24/7, and much of it is “fast” or “convenience” food with high fat, salt, and/or sugar content that is often hidden amongst other ingredients. We eat out far more often than previous generations and it is therefore more difficult to know exactly what is in the food we are consuming. Ready meals and processed food are often bought instead of home cooking from fresh ingredients and again the contents of the food may be difficult to control or understand.

Alcohol consumption has been rising steadily and this also contributes to people finding it difficult to manage their weight. The alcohol content of drinks has increased over time and with a single glass of wine containing 120 calories or more (alcohol’s calorie content being second only to pure fat in the average diet) the amount of exercise required to maintain a healthy weight also increases significantly with increased levels of alcohol drinking.

Biologically our bodies are programmed to store food as fat when there is an excess so that we do not starve when it is scarce. However, food is very rarely scarce in our society and losing any excess is hard.

Kent and Medway have the highest prevalence of obesity in the South East region and are above the national average.

Many people feel pressured by the media and advertising to be thin but this can be very difficult to achieve because of all the factors that conspire against people reaching their aspiration to have a healthy weight. This can in turn lead to a sense of failure, giving up and resignation that nothing can be done.

People who are disadvantaged by their economic and social circumstances often have greater difficulty in acting on the advice they receive or taking up the opportunities to live healthier lifestyles than others. This does not mean that their aspirations for themselves and their families are any less ambitious but they may

face greater barriers to achieving them. We must make sure that we understand these increased difficulties and work with people to overcome them or risk an increase in health inequalities between the poorer and the better off in Kent.

We should be trying to support the efforts people want to make for themselves and providing healthier opportunities for them to live the type of lives they wish to lead. We should use our resources to help people achieve their aspirations and support their choices by providing the environment, the economic conditions and the opportunities they need.

Kent has a very good record of doing just that but there is still more we can do.

Only 28% of Kent residents consume at least 5 portions of fruit and vegetables a day with only 21% in Swale and Dartford.

Government momentum

The Department of Health strategy “Healthy Weight, Healthy Lives: a Cross-Government Strategy for England” was published in 2008 following a Foresight Report on tackling obesity.

The “Foresight Report – Tackling Obesity: Future Choices – Project Report (2007) gave a comprehensive analysis of obesity and its causes. Whilst the basic issue is simple and straightforward - obesity is caused by an imbalance between energy input (what we eat and drink) and energy output (physical activity and exercise) - the relationship between the two is very complex involving many social and individual factors.

Healthy Weight Healthy Lives identified five major themes which taken together aim to tackle the obesity problem:

Children: healthy growth and healthy weight

Promoting healthier food choices

Building physical activity into our lives

Creating incentives for better health

Personalised advice and support

As a result major government initiatives have recently been launched including:

Change 4 Life is a major national campaign to tackle obesity across the whole population by increasing people’s awareness and giving practical examples of how activity and healthier lifestyles can be incorporated into busy lives.

Fit as a Fiddle is designed to improve the health of older people. Funded by the Big Lottery Fund it is delivered by Age Concern and their partners including local authorities and Primary Care Trusts.

NICE (The National Institute for Health and Clinical Excellence) also publishes guidance on best practice to treat and prevent obesity.

All across Kent we also have many initiatives aimed at these priorities.

Children: healthy growth and healthy weight: *Early prevention of weight problems to avoid the “conveyor belt” effect into adulthood.*

A healthy start to life and helping children keep a healthy weight is probably the most effective way to prevent adult obesity. Lots of evidence shows that overweight children are much more likely to grow into overweight adults.

Good nutrition is especially important for children to maintain a healthy weight and this can start as the baby is developing during pregnancy. Once born the best way to give children a healthy start and avoid problems is breastfeeding for at least the first 6 months.

The West Kent PCT Strategic Commissioning Plan has targets to:

- Reduce obesity among primary school age children.
- Increase the percentage of infants breastfed at 6-8 weeks from 39% to 41% by 2011

Eastern and Coastal Kent PCT has commitments to:

- Reduce the rates of obesity, particularly children
- Increase breastfeeding rates of infants breastfed at 6-8 weeks to 80% by 2013

The Kent Agreement has a target to:

- Reduce Reception Year obesity amongst children

As children grow up good habits can be supported through early years and schools but, as Jamie Oliver discovered, unless these are continued at home they may have little effect. Children’s Centres, Surestart schemes and Healthy Living Centres all help parents understand how important good eating habits are and how to cook nutritious meals on a budget.

The Healthy Schools Programme emphasises all aspects of healthy living for children, including diet and exercise.

Some of what's happening in Kent –

Breastfeeding initiatives across the county to improve infant nutrition

Walk on Wednesdays in Thanet that has increased the percentage of children walking in one area from 48% to 80%

Healthy Schools 100% engaged across the county– helping all schoolchildren understand healthy eating and the importance of physical activity including the 2 hours PE and school sport target

Thousands of school children across the County involved in the Kent Schools Games programme

Physical activity classes for children in Maidstone

Swale have a number of sports and leisure schemes aimed at school children and families such as Skip to be Fit, Don't Sit-Get Fit, MEND, and Bus club

Promoting healthier food choices – *reducing the consumption of foods that are high in fat, sugar and salt and increasing the consumption of fruit and vegetables*

More and more of the food we eat is prepared in some way before we buy it. Whether from fast food outlets or microwaved at home, fewer meals are prepared and cooked from fresh ingredients than in previous generations. The skills and knowledge associated with home cooking are no longer as extensive as they were. Convenience often outweighs nutritional value in the food people choose.

Unfortunately convenient food is rarely very healthy food. It is often very high in calories and can contain large quantities of ingredients that we should eat sparingly, especially fat, sugar and salt. Whilst as an occasional treat this is fine a diet featuring large proportions of “junk” food can cause numerous problems that include putting on weight. Such a diet is also highly unlikely to include sufficient fruit and vegetables.

Alcohol consumption is also a significant contributor to many people's calorie intake. As alcohol consumption levels continue to grow, taking enough exercise to counteract the effects is more difficult.

Some of what's happening in Kent –

Refurbishment of school kitchens and strict dietary requirements for school meals improving nutrition in schools.

Bien etre project in Dover and Nord Pas de Calais helping families and children improve their diets.

House campaign (for 13-19 year olds), attracting young people to access a variety of health advice including healthy eating.

Community chefs in deprived areas demonstrating healthy eating on a budget and how to avoid unhealthy food choices.

Veg Bag schemes in East Kent and allotment projects

In Tunbridge Wells Food 4You, Grow It, Cook It, Eat It, and Looking 4Ward with Food all help people understand how to choose and cook a healthy diet.

The Kent Alcohol strategy will be launched in October 2009

Building physical activity into our lives – *getting people moving as a normal part of their day*

Many people are far more sedentary than in the past. Working lives require less physical effort as computers replace machinery. Heavy industry has declined massively. Labour saving devices in the home have put paid to much of the physical graft of housework. Cars are much more common and walking and cycling are not part of most people's day to day lives as they used to be. Lifts are obvious in public buildings, stairs are often hidden. Children play indoors on games consoles and less outside in physically active games. In addition everyone is very busy and trying to fit in an allocated time for exercise can be very difficult.

Taking exercise doesn't have to be about donning lycra and pumping iron at the gym. Physical activity can include gardening, walking to work, using the stairs, housework and DIY, anything that causes moderate physical exertion.

Some of what's happening in Kent –

The Kent Cycling Strategy designed to increase the number of people cycling and other transport initiatives to promote walking and cycling

Countryside Access Improvement Plan that emphasises the use of Kent's green spaces for active recreation including Green gyms, walking, cycling and riding.

Naturally Active has attracted over 400 people in Dartford and Gravesham

Health Walks that regularly attract hundreds of people across Kent to walk for leisure.

ActivMobs – working with people in communities to help them develop physical activity that fits into their particular lifestyles.

Get Active Feel Alive initiative in Canterbury

Don't Sit, Get Fit programmes in Dartford and Gravesham

Free swimming for the over 60's in East Kent districts

Creating incentives for better health - *Increasing the understanding and value people place on the long-term impact of decisions.*

Most people aspire to be healthy, for themselves and their families. They may have celebrity role models who are slim and fit. Many people are now also very aware of what they should and shouldn't do to reach this aspiration. But somehow it is too difficult to change how they live to achieve what they want.

Fast food, cigarettes, alcohol, watching TV (singly or in any combination) can give an almost immediate feeling of satisfaction to those that enjoy them. In contrast public health messages have often focussed on things that are hard to do, need people to change their habits and customs drastically within busy lives and show rewards only after prolonged periods of effort. Helping people to understand why they should change what they do requires much more than giving them information. We have to be much more in tune with the way people live their lives and the opportunities and barriers to healthier living this presents. We must talk to people in more sophisticated so they can make use of information and knowledge in ways that make sense to them.

This approach which includes the principles of Social Marketing has been shown to be very successful in reaching people in initiatives such as Activmobs and HOUSE.

Some of what's happening in Kent –

Health Trainers – assisting and supporting healthy living for individuals and communities in Kent.

MEND (Mind Exercise Nutrition ...Do it!!!) healthy lifestyle programmes for children and families across North Kent and expanding elsewhere in the county.

Shape Up weight management programme in Sevenoaks

Health Action Gravesham offers cooking sessions with dietary/nutrition advice, a physical activity instructor for those in sheltered accommodation and residential homes and a young people's programme that works in schools, after school and out of school times running weekly swimming sessions.

Personalised advice and support - *Complementing preventative care with treatment for those who already have weight problems.*

Achieving a healthy weight is not easy and many people will need help even when they are strongly motivated. There are a number of treatments, some of which, like gastric banding, involve surgery, that can help people lose weight but individual support and assistance can be critically important for people to succeed in the longer term.

Some of what's happening in Kent –

The Expert Patient Programme helps those with long-term conditions learn from the experience of others

Pharmacy weight-management programmes

GP Lifestyle referrals

The Brighter Futures group supports people aged over 75 in poor housing or on low incomes with services delivered by volunteers including exercise classes and healthy lifestyle advice

Telehealth and Telecare – the Whole Systems Demonstrator project

Health Trainers

Get S.O.R.T.ed in Sevenoaks

Why Weight Plan – Sevenoaks

NHS Life Checks (Vascular Screening)

Brighter Futures

All of this activity means that a lot is already being done across the county to respond to the challenges issued by the government in “Healthy Weight, Healthy Lives”. Unfortunately the sheer size of the problem means we need to do more. This does not necessarily mean spending a lot more money, but it does mean supporting the successful ways of helping people manage their weight to prevent the more expensive consequences of not doing so.

The Facts and Figures

Obesity and issues of over-weight are set to become the major cause of premature death and avoidable illness in the near future.

- The National Child Measurement Programme for 2006-2007 reported that 23% of reception year children and 31% of those in Year 6 were obese or overweight.
- It is forecast that by 2020 20% of boys and 33% of girls will be obese if current trends are maintained.
- Life expectancy at birth will also be less than their parents for children born now, for the first time for over 100 years.
- Only 38% of men and 27% of women are physically active at the recommended levels.

Being obese or over-weight markedly increases the chances of suffering a number of life threatening and debilitating conditions such as:

Type 2 diabetes
High cholesterol
Sleep apnoea
Coronary heart disease
Hypertension
Stroke
Osteoarthritis
Gout

The amount of disease associated with obesity is estimated to cost £ 4.5 billion per year for treatment, cost of premature death and sickness absence. These figures are set to rise dramatically if present trends continue.

The overall cost of inactivity and its effects are estimated at £8.2 billion. If all sedentary people took light exercise, like walking, rates of Coronary Heart Disease could decrease by 14%.

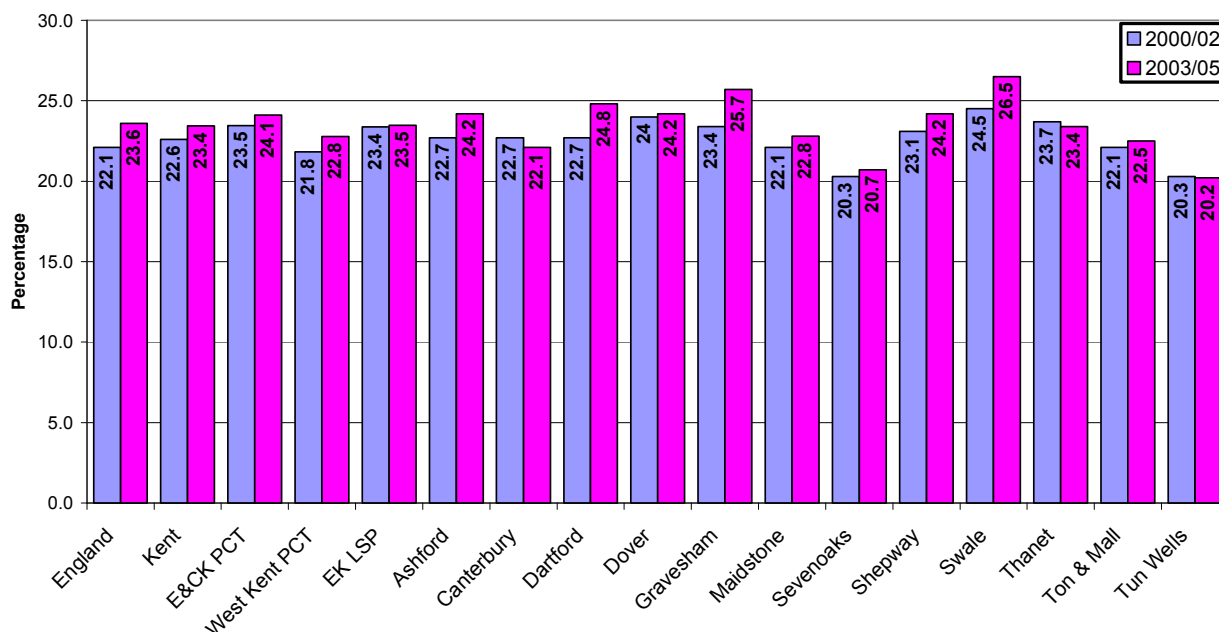
The NHS spends £3,000 every minute on combating illness which could be prevented by physical activity. A modest increase in physical activity amongst older people could cut hip fractures by one per cent, saving us more than £200 million a year. A 20 per cent increase in cycling would save the NHS more than £50 million in treatments.

The Kent Picture:

- Between 20% – 25% of the population is obese (taking a Body Mass Index of 30 as a measure).
- Kent and Medway have the highest prevalence of obesity in the South East region and are above the national average.
- The prevalence of obesity and overweight combined is marginally lower than the national average.
- Rates of obesity are increasing amongst all social classes although there is greater prevalence in areas of deprivation.
- Only 28% of Kent residents consume at least 5 portions of fruit and vegetables a day with only 21% in Swale and Dartford.

The chart below shows the estimated proportion of the Kent population who are obese by local authority and PCT area taken from the ONS synthetic estimates of lifestyle behaviours. Swale and Dover are estimated to have the highest adult obesity rates. There is also a strong relationship between obesity and deprivation in Kent with higher levels of deprivation related to higher levels of estimated obesity.

Synthetic Lifestyle Estimates for Obesity in Adults for 2000/02 & 2003/05



Source: Kent Public Health Observatory – Kent Agreement 2

These figures are the most recent published by the Department of Health derived from the Health Survey for England. We are awaiting more up to date information but expect that new figures will show a further deterioration.

The percentage of adults (aged 16 or over) who are obese (BMI>30) across Kent has risen during the period 2000-2002 and 2003-2005 to 23.4%.

Highest prevalence figures are seen in Swale, Gravesham and Dartford. Lowest prevalence figures are in Sevenoaks and Tunbridge Wells.

The national estimate is derived directly from the Health Surveys for England and therefore is not a synthetic estimate.

The Future

Tackling obesity is now a major priority in public health and a great deal of activity has been focussed by KCC, the PCTs and the District Councils in Kent on the issue. The KCC Select Committee on obesity reported in 2006 and made 13 detailed recommendations. Recommendations concerning obesity have been incorporated into the Joint Strategic Needs Assessment for Children and Young People and many actions to address obesity by KCC and district councils are described in the Health Inequalities Action Plan.

However, with increasing rates of overweight and obesity despite local and government initiatives more action is required.

The DPH Annual report 06/07 recommended:

- The wide range of good practice being undertaken in Kent be sustained and evaluated so as to develop intermediate indicators which assure us that, over time, the good practice will impact upon the prevalence of obesity in Kent. While Kent is delivering on national targets and has funded many innovative pilots, particularly in areas of deprivation, it is important to assess the probability and degree of these providing a positive change to predicted future health patterns.
- As the PCTs are committed to investing in obesity prevention, the expected attributable morbidity prevented should be estimated and evaluated for outcomes.
- The benefits of effective partnership working be calculated and expressed in consolidation of existing partnerships and development of new ones to address the wider determinants of health and their impact on obesity.
- As we broaden our evidence-based practice to ensure that the most effective interventions are supported and resourced we estimate the effects of each on specific segments of the target population.
- We develop with our partners' common aims and objectives, and ensure that we benchmark the shared information, knowledge and resources and set targets for improvement.
- Kent's commitment to improving our population's health through development and investment in changing our 'obesogenic' environment to reduce levels of obesity in children and adults, be summarised in plans and population targets.

Kent is already recognising the importance of promoting good diet and exercise in its strategies and policies.

The KCC Framework for Regeneration "Unlocking Kent's Potential": In designing communities, we will encourage walking and cycling and healthy leisure activities such as sport and the enjoyment of the countryside.

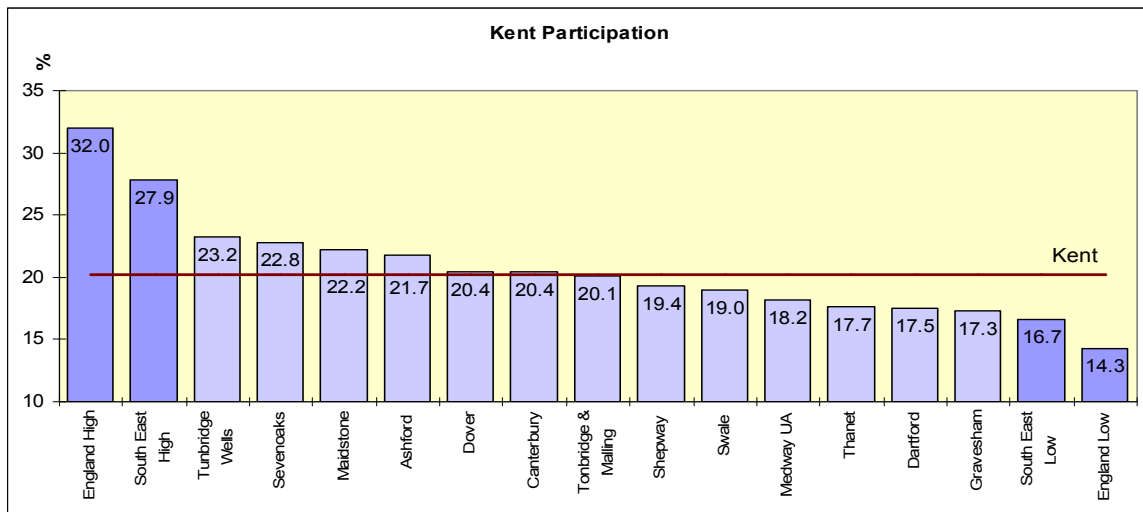
The Kent Agreement

The Kent Agreement also has a clear focus of attention on weight management and obesity.

Tackling obesity and weight issues are reflected in the latest Kent Agreement where a number of indicators are designed to promote interventions that help people achieve a healthy weight. These include:

National Indicator (NI) 8: Adult participation in sport and active recreation.

Active People Survey – baseline information by district

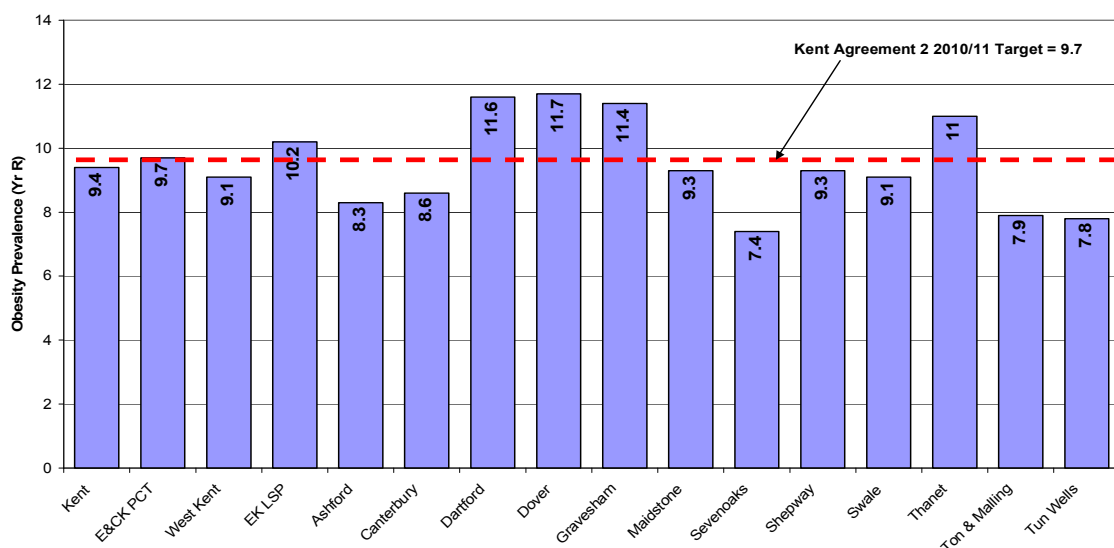


Source: Kent Public Health Observatory – Kent Agreement 2

The Kent Disability Sport Strategy builds on the enthusiasm of people with disabilities to engage in sport and active leisure when it is made accessible and inclusive. Research suggests that whilst there is a greater prevalence of obesity amongst adults with disabilities (24.9%) than the general population (15.1%) weight loss within this group can be as dramatic as within any other, given the right advice and support. The Kent Outdoor Pursuits Disability Project is now working with 7,000 people with disabilities and offers dedicated support and tuition in an increasing variety of sports and activities.

NI 55: Reception year obesity

Childhood Obesity in Reception Year by Area - Baseline year 2006/07



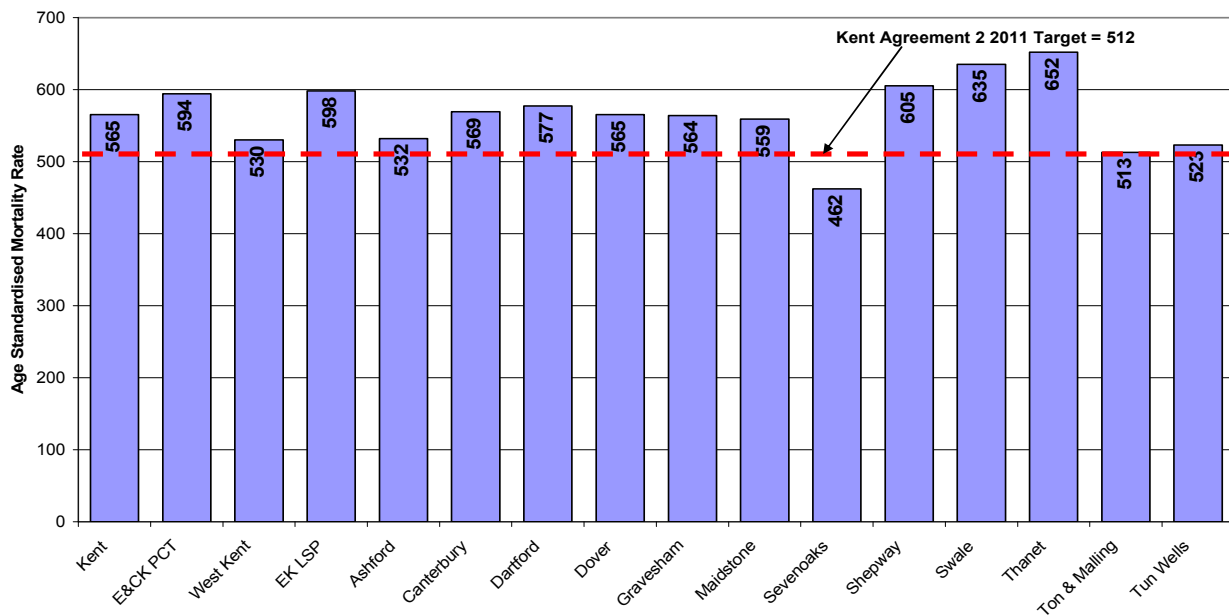
Source: Kent Public Health Observatory – Kent Agreement 2

The national prevalence in obesity for reception year children is slightly higher than the Kent prevalence at 9.9%. However, the South East Coast SHA area prevalence is lower at just 8.5%.

Please note that the recording of this data in its first year was difficult (particularly with parents and children opting out of being measured) the prevalences above are indicative as compliance rates were not always high (e.g. Swale only had a 26% compliance rate, so, the prevalence figure above is based on only a quarter of the population that could have been measured and therefore could go up when more children are measured).

NI 120: All age, all cause mortality

Directly Age-Standardised All Age All Cause Mortality - Baseline year 2006



Source: Kent Public Health Observatory – Kent Agreement 2

The age standardised rate for all age all cause mortality for England is 591 per 100,000 which is higher than that of Kent.

The rate in South East Coast Strategic Health Authority (SHA) area is 549 per 100,000 which is slightly lower than Kent.

Get Active South East is part of a regional framework designed to increase levels of physical activity and promote opportunities presented by the 2012 Olympics and their legacy. This plan complements those of KCC and others that use the impetus of the Olympic Games to raise the profile of physical activity and sport for all.

In Kent – **Get Active in Kent** adds a local dimension to the regional programme and Change 4 Life to promote sport and active recreation.

Kent is a Beacon Authority for sport and has leading initiatives around the 2010 Olympics and its legacy.

In addition both PCTs and their partners have a clear focus on health inequalities including partnership projects aimed at weight management.

Monitoring and Evaluation

The implementation and development of actions on obesity will be monitored through the 12 district based Health and Wellbeing Partnerships or Health Action Teams with the Public Health Board giving strategic oversight.

The **Kent & Medway Public Health Observatory** brings together data and information from a range of sources such as PCTs and Local Authorities to provide a comprehensive picture of issues such as obesity across the area. The information and analysis the Observatory provides will be major benefit to understanding how obesity is affecting the people of Kent.

Other information will be gleaned from initiatives such as the National Vascular screening programme which includes the EK Vascular initiative which will target prevention in areas of greatest need with a focus on smoking and obesity through vascular and Triple Aim screening.

The key Kent Agreement Targets will be monitored through the various subgroups of the Kent Partnership including the Public Health Board.

References:

DH - Healthy Weight Healthy Lives (2008)
KCC Select Committee Report on Obesity (2006)
Kent JSNA Children and Young People (2008)
KCC Health Inequalities Action Plan (2007)
Kent DPH Annual Report (2007)
Get Active South East (2008)
Kent Lifestyle Survey (CHSS 2005)
Kent Disability Sport Strategy (KCC 2008)
A Healthy Weight Strategy for Kent (2008)

NICE Clinical Guideline CG43 Obesity (2006)

NICE Public Health Guidance:

Four commonly used methods to increase physical activity (2006)
Maternal and child nutrition (2008)
Physical activity and the environment (2008)
Promoting physical activity in the workplace (2008)

NICE Guidance – how planning can influence healthy choices.

Children and Young persons plan and JSNA

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By: Peggy Harris – Interim Virtual School Head

Joanna Wainwright, Director of Commissioning (Specialist Services)

Sarah Hohler, Cabinet Member for Children, Families & Education Directorate

To: CFE: Vulnerable Children and Partnerships Policy Overview and Scrutiny Committee - 6 November 2009

Subject: Education Attainment Results of Looked After Children

Classification: Unrestricted

Summary: The report outlines provisional attainment results expected for 2009 in relation to children looked after by Kent County Council in relation to the National Indicators 99 to 101. The final performance results for these indicators will be published in the OC2, which is due at the end of November 2009.

The report also includes a revised action plan focussing on the key areas necessary to promote the educational attainment of Looked After Children and Care Leavers.

1. Introduction

(1) The educational attainment of looked after children is one of a number of key issues that the local authority is focussing upon to promote better outcomes for this vulnerable group of children and young people. This is reflected in the emphasis that is being given to improve performance in relation to National Indicators (NIs) 99 to 101¹, which includes a range of commitments made in Kent's Pledge to promote the educational attainment of children and young people in care and new measures and actions necessary to improve outcomes, which are presented in the action plan at appendix 1.

(2) The local authority has set more ambitious targets regarding our performance on these NIs for 2010. It is expected that the introduction of a Virtual School Head (VSH) for LAC and Care Leavers will result in significant improvements in outcomes for children and young people in and leaving care.

¹NI 99 = the % of LAC reaching level 4 in English at Key Stage 2; NI 100 = the % of LAC reaching level 4 in mathematics at Key Stage 2; NI 101 = the % of LAC achieving 5 A*-C (including English and Maths) at Key stage 4.

(3) Oversight of the educational attainment and attendance of looked after children and care leavers is being directed by the interim Virtual School Head (Peggy Harris), with

schools/designated teachers being supported by the LAC Education Advisor team (part of Kent's Integrated Looked After Children Service) . Work is being undertaken to finalise the structure of Kent's Virtual School Head (VSH) and virtual school for Looked After Children, alongside an evaluation of the Integrated Looked After Children Support Service (ILSS). This evaluation is expected to be completed in December 2009 and will be based upon the findings from the VSH pilots (DCSF, September 2009). The structure is also expected to include the role of Kent's Corporate Parenting Group taking on the role of the virtual school governor group for LAC/Care leavers.

(4) Education attainment results for LAC under National Indicators 99 to 101 will not be published formally until the completion of the Governments statistical return for LAC, called OC2, which is expected at the end of November 2009. The predicted outcomes for these indicators are presented in a table at the beginning of the amended action plan, along with a summary of each indicator (at Appendix 1). In addition to the predicted outcome for 2009, Kent's performance for 2008 is also shown for NIs 99 and 100 (NI 101 is a new indicator this year) as well as targets set for 2010.

(5) It is of concern that Kent's 2008 performance in relation to NIs 99 (33%) and 100 (28%) remain below the national averages for these performance indicators (NI 99 = 46%, NI 100 = 44%), as well as below the averages for the South-East (NI 99 = 44%, NI 100 = 37%). Based upon predicted performance for 2009, it is likely that Kent will continue to show performance levels for these indicators below the national averages. It is not possible to provide comparison data for NI101 since this is the first year this performance indicator has been used. However, performance in relation to the previous performance indicator of 5 A*-C GCSEs showed Kent's performance in 2008 to be the same as the south east average (12%) and just below the national average (14%). The action plan at appendix 1, along with the formalisation of the VSH, should bring about improvements in the education of LAC and Care Leavers.

(6) Work has been undertaken by a LAC working group under the interim VSH to review Kent's existing action plan promoting the educational attainment of LAC and Care Leavers. The amended action plan is presented at Appendix 1, which is to be presented to Kent's corporate parenting groups (i.e. Children's Champion Board and Kent's Corporate Parenting Group) and the provisional Children in Care council in December 2009 for final approval. Accountability for the action plan sits with the VSH, who reports to KCPG in its role of the Virtual School Governor Group for Kent's virtual school for LAC. Ultimate accountability for the educational attainment of LAC rests with the Directors for learning and Enhanced Children's Services under CFE SMT.

(7) The action plan at Appendix 1 (page 1) outlines Kent's 2010 targets for NIs 99 to 101. The action plan outlines the key strategic objectives and resulting actions required in order to promote the educational attainment of Looked After Children/Care leavers in order to achieve these improvements in educational attainment. These objectives are prioritised in order of their importance and timescales identifying completion/review dates are provided where applicable.

(8) The action plan and ongoing targets will be reviewed annually and presented to the Corporate Parenting boards and the Children in Care Council (CICC) for approval. It is also expected that the VSH will provide end of term reports to the corporate parenting boards and CICC, outlining the progress in promoting the educational attainment of LAC/Care leavers.

2. Recommendation

Members of the CFE: Vulnerable Children and Partnerships Policy Overview and Scrutiny Committee are asked to:

Note and comment upon the predicted attainment results for NIs 99 to 101 and the revised action plan promoting the educational attainment of LAC and Care Leavers

Paul Brightwell
Policy and Performance Manager – Looked After Children/leaving Care
01622 694308
Paul.Brightwell@kent.gov.uk

Diana Robinson
Senior Inclusion and Achievement Adviser
01732 525031
Diana.Robinson@kent.gov.uk

Background Documents: Appendix 1: Amended Action Plan promoting the educational attainment of Looked After Children.

Other Useful Information: None

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CHILDREN AND YOUNG PEOPLE'S PLAN 2008 - 2011

Outcome 5C: Looked after children (LAC) are fulfilling their potential and have the help and support they need

Action 44: Improve the educational achievements of LAC and improve their attendance at school

Amended action plan for promoting the educational attainment of looked after children and care leavers

	2009 Outcome	Predicted 2009 outcome	2010 Local Authority Target
National Indicator 99: Looked After Children reaching level 4 in English at Key Stage 2	Awaiting data from MIU – to be submitted to DCSF on 27/11/09	33.3% (2008= 33%)	43%
National Indicator 100: Looked After Children reaching level 4 in mathematics at Key Stage 2	Awaiting data from MIU – to be submitted to DCSF on 27/11/09	33.3% (2008 = 28%)	53%
National Indicator 101: Looked After Children achieving 5+A*-C inc En and Ma at Key Stage 4	Awaiting data from MIU – to be submitted to DCSF on 27/11/09	6.34%	19%

Strategic objective	Action	Success criteria	Lead	Timescale	On-going monitoring	Additional costs
1 Develop a more sophisticated understanding of the reasons LAC do not attend school Priority 1	1.1 Undertake Dartington style Matching needs and Services Audit (multi-agency) focussing on LAC attainment and school attendance issues - 2010	Improved attendance (OC2)	PB	Completed by end May 2010		None
	1.2 Development of service specifications to respond to identified groups in MNS audit	Targeted services/response developed	PH / VSH	Start June 2010 –		Not yet known

Strategic objective	Action	Success criteria	Lead	Timescale	On-going monitoring	Additional costs
	1.3 Provision of regular monitoring data on attendance	Improved prediction and tracking of performance Moving from Welfare Call to B2B	LW/ MIU MIU	service spec developed for biggest groups by Sept 2010 Start Oct 2009		None Predict saving from Welfare Call
2 Introduction of VSH role Priority 1	2.1 VSH implementation plan (including role of KCPG and CICC) 2.2 Termly report by VSH - to commence asap - 1st report to KCPG in December 2009 (see also 4.1 and 4.2)	Implementation of agreed structure Agreed format	CFESMT PH / VSH	Start Dec 2009 completed by Jan 2010 Start Dec 2009		None (VSH budge may need to be identified) None
3 Raise greater awareness of parental involvement in promoting educational achievement / outcomes for LAC Priority 2	3.1 Review research on parental involvement 3.2 Actions and guidance to promote greater levels of parental involvement with children's carers in relation to different age groups of children 3.3 Provide help for children's literacy, personal computers and out of school hours learning for children as well as adult learning	Improvement in NI 99, 100, 101 with particular emphasis on improvements in literacy and numeracy of all cohorts	PH / VSH	Start Oct 2009		Production of leaflets

Strategic objective	Action	Success criteria	Lead	Timescale	On-going monitoring	Additional costs
	opportunities for foster carers 3.4 Provide incentives for foster cares to take up education and training.					
4 Develop a robust data monitoring process for Virtual School Priority 1	4.1 Draw up specification for Virtual School SIMs package and virtual school roll 4.2 Ensure quality data feed to VS SIMs (CSS, Des Ts, B2B)	Improvement in NI 99, 100, 101 and improvement in forecasting and on-going tracking	PH / VSH	Start Dec 2009		To be determined
5 Implementation of Pledge Commitments and Personal Educational Allowances Priority 1	5.1 Development of Pledge tracking system (to track implementation of Pledge for each child by IROs)	100% tracked Improved stability of school placements	PB	To begin Dec 2009		None
	5.2 Annual review of Pledge commitments	Evaluate tracking to determine changes required and consult with practitioners and Children in Care Council	PB	First review April 2010		None
	5.3 On-going implementation of Personal Education Allowances (PEAs) and higher education bursaries	All C&YP who meet eligibility criteria to receive allowances/ bursaries	ILSS for PEAs 16+ and SUASC for bursaries	On-going		None (already included in existing budgets)
6 Re-introduce	6.1 Identify LAC in Y11 and	100% informed	ILSS	By Dec		£10,000

Strategic objective	Action	Success criteria	Lead	Timescale	On-going monitoring	Additional costs
incentivisation scheme re LAC taking GCSEs Priority 1	write to them and their carers regarding the scheme 6.2 Identify LAC in Y10 and provide early notification 6.3 LAC Advisers collect data re LAC sitting GCSEs from schools/des teachers 6.4 Provide mechanism for payment of incentives	NI 101 performance improves PAF A2 (Paul to confirm) improves 100% of those eligible for incentive are paid		2009 By April 2010 By July 2010 By Aug/Sept 2010		appro
7 Update PEP in response to DCSF guidance on care planning Priority 2	7.1 Review PEP in response to DCSF guidance and make appropriate amendments 7.2 Consultations with relevant groups, including des teachers, Children in Care Council, social workers and IROs 7.3 Present PEP to KCPCG, CCB and CiCC for approval 7.4 Explore options for printing and presenting, including electronically 7.5 Implementation of revised PEP	New format compliant with DCSF guidance on care planning NI 99 – 101 improve Improved school attendance Contribution to placement stability	PH / VSH	From Dec 2009		Some additional costs for publishing PEPs

Strategic objective	Action	Success criteria	Lead	Timescale	On-going monitoring	Additional costs
				By April 2010		
8 Review the use of alternative curriculum by schools for LAC Priority 1	8.1 Establish level of use of AC for LAC 8.2 Develop protocols of AC use by schools with LAC	NI 99 – 101 improve Improved school attendance Contribution to placement stability	PH / VSH	From Nov 2009 From April 2010		None
9 Support for children on the edge of care Priority 2	9.1 Analysis of data (qualitative and qualitative) to indentify key characteristics of children on the edge of care 9.2 Review of services against identified needs of children in care (from 9.1) 9.3 Extend PEPs (plus some Pledge commitments) and early years education to priority groups of children on the edge of care 9.4 Monitor and review progress of children prioritised to determine outcomes 9.5 Report to KCPG and CCB	NI 99 – 101 improve Improved school attendance Contribution to placement stability Reduction in LAC numbers	PH/VSH and PB	From April 2010 By June/July 2010		None
10 Ensure 3 and 4 year old LAC can go to early years education	10.1 IROs to ensure issue of Early Years education is considered at all LAC reviews for 3 and 4 year olds and to	Increase in take up of EY provision by LAC aged 3 and 4	PB	On-going		None

Strategic objective	Action	Success criteria	Lead	Timescale	On-going monitoring	Additional costs
Priority 1	include recommendation for EY education when appropriate 10.2 Awareness raising in early years settings, settings improvement partners, foster carers, social workers and health visitors about the needs of LAC and the barriers they face to ensure access to free early education places for 3 and 4 year olds in care	Improvements in educational attainment and attendance	PH/VSH			
11 Strengthening of designated teacher role Priority 1	11.1 Ensure that every school has a designated LAC teacher and remind headteachers of this requirement where necessary. 11. 2 Work with School Improvement Partners (SIPs) to challenge schools and improve outcomes for LAC 11.3 Support schools and LCSPs to review and improve their provision for children in care 11.4 Run a mentoring scheme to boost the achievement of 10 to 15 year olds in care.	Every LAC is making progress from previous attainment All schools have a designated LAC teacher SIPs use data (names and attainment data on LAC attending the schools they support) to provide challenge and follow up on individual pupil progress. Action plan to promote education of LAC agreed with each LCSP LCSP self-evaluation tool implemented	PH/ VSH	Achieved		None

Strategic objective	Action	Success criteria	Lead	Timescale	On-going monitoring	Additional costs
	<p>11.5 Ensure that guidance to schools on financial personalised learning includes a specific focus on supporting looked after learners.</p> <p>11.6 Ensure increased accountability, particularly in relation to school governors</p>	<p>A model school policy on supporting looked after learners and governor training is in place taken up by 100% of schools</p>				
<p>12 Improve school attendance of LAC</p> <p>Priority 1</p>	<p>12.1 refer to action 1.1</p> <p>12.2 Ensure that every young person has a place at a school that will enable them to do their best (refer to strategic objective 5)</p> <p>12.3 Protocols developed to prevent exclusions and ensure access to education for excluded pupils. (including consideration of non-exclusion policy)</p> <p>12.4 Identify incentives and ways that will encourage schools to pursue non exclusion</p>	<p>Admission arrangements in place to ensure LAC have access to good schools.</p> <p>No LAC to be excluded (fixed term or other) without an avenue back into mainstream education</p>	<p>PH / VSH</p>	<p>On-going</p>		<p>None</p>

Strategic objective	Action	Success criteria	Lead	Timescale	On-going monitoring	Additional costs
	(including unofficial exclusion) policies 12.5 Supporting schools to understand the emotional needs of LAC	Improved school attendance	LAC Education Advisors	Ongoing		None

Key

PH/ VSH – Peggy Harris - interim Virtual School Head

PB – Paul Brightwell Policy and Performance Manager – Looked After Children/leaving Care

ILSS – Integrated LAC Support Service

MIU – Management Information Unit

LW – Lindy Whitfield Attendance Leader

By: Joanna Wainwright, Director of Commissioning (Specialist Services)
 Sarah Hohler, Cabinet Member for Children, Families & Education Directorate

To: CFE: Vulnerable Children and Partnerships, Policy Overview and Scrutiny Committee

Date: 6 November 2009

Subject: **Kent Children's Trust (KCT) Commissioning and Delivery Review**

Classification: Unrestricted

Summary: This report presents initial findings from the KCT Commissioning and Delivery review. These findings will inform options for change to strengthen our integrated commissioning and delivery arrangements to improve outcomes for children and young people in line with the Children and Young Peoples Plan.

1. Introduction

- 1.1 Children's trust arrangements are central to improving children's services. The policy, developed in Every Child Matters, the Children Act 2004, and The Children's Plan aims to improve outcomes for all children by redesigning services and ensuring active partnership and integrated commissioning and delivery across key agencies.
- 1.2 The vision for children's trust arrangements is for whole system integration and change, across all children's services, to radically improve the experience of childhood in the UK and most notably to eradicate childhood poverty by 2020. This is a long term programme requiring all children's services to work in closer partnership and to increasingly shift resources towards preventative and early intervention approaches.
- 1.3 Through the Apprenticeships, Skills, Children and Learning (ASCL) Bill the government is seeking to strengthen children's trust arrangements to deliver this ambitious programme of change. The Bill aims to:
- extend the 'duty to cooperate' to Jobcentre plus and to all front line providers of education (including academies); and
 - place Children's Trust Boards on a statutory basis with a joint responsibility to own and resource the Children and Young Peoples Plan.

New guidance and CYPP regulations are expected in October /November 2009 and the Bill should receive Royal Assent in November.

2. Why is the Kent Children's Trust undertaking a review?

- 2.1 All local authorities are being encouraged to evaluate the effectiveness of their local arrangements in readiness for the ACSL Bill and a national Commissioning Support Programme (CSP) has been established to support this process. KCT is working with the national CSP and has used the self analysis tool provided through the programme to identify current strengths and areas of development.
- 2.2 In June the KCT Board considered findings from the Children and Young People's Plan (CYPP) annual review. It was agreed that the KCT needed to build stronger commissioning arrangements that harness the ambition in our CYPP and shape new and improved integrated services that really make a positive difference. This particularly applies in the priority areas where we need to make more progress for example teenage pregnancy and substance misuse.

In July the KCT Executive agreed that there should be a review of our children's trust arrangements at county and local levels with a particular focus on how we commission and deliver services.

3. What is the purpose of the review?

3.1 The purpose of the KCT Review is to:

- Gather views on progress to date.
- Develop options to strengthen our commissioning and delivery arrangements at county and local levels.
- Implement changes that will enhance partnership working and most importantly improve outcomes for children and young people.

Specifically the review is designed:

- To ensure that the KCT Board, Executive and sub structure are fit for the purpose of effective strategic integrated commissioning and delivery across children's services in Kent.
- To identify commissioning strengths and areas for improvement by completing the national commissioning self-evaluation with a wide range of groups.
- To seek feedback on the effectiveness and capacity of local partnership arrangements to commission and deliver on a locality basis within a KCT overarching strategic framework.
- To develop a strategic commissioning plan (setting out how the key priorities in the CYPP will be commissioned) including any infrastructure development for the KCT arrangements.
- To inform the long term development of all elements of children's trust arrangements.

3.2 Methodology and timescales are set out in: KCT Commissioning and Delivery Review – Overview – Appendix 2.

4. What are the main messages as at 7th October 2009?

- 4.1 The main findings to date are set out on Appendix 1. These are an analysis of the self evaluation ratings to date undertaken by a range of planning/strategic groups and through on line survey. The qualitative data gathered to date is being analysed and an initial summary is shown alongside the ratings. Quotes have been included to highlight particular themes.
- 4.2 Findings from previous assessments and surveys have also been drawn together to inform the KCT review, sources include the recent annual needs assessment, the teenage pregnancy review, and key messages from national research including the DCSF report: Commissioning Services for Children and Young People and families: a study of six local authority areas, July 2009 and the Audit Commission Report – Are We There Yet? Themes arising from this secondary research reinforce the feedback shared in our self evaluation and demonstrate synergy with other children's trusts across the country. This secondary research will be set out in the final review report.

5. Areas of focus for further consideration

- 5.1 On the 6th October the KCT Board were invited to discuss initial feedback set out in Appendix 1 and consider additional proposals to strengthen KCT arrangements.
- 5.2 The KCT Board agreed that we need to streamline current partnership arrangements at strategic and local levels and provide greater clarity about accountability and priorities to improve outcomes for children and young people across Kent.

Options discussed included a much stronger commissioning role for the KCT Executive group, a reduction in the number of strategic planning and coordinating groups and as smaller number of Local Children Services Partnership Boards.

There was also a real commitment to strengthen local integrated teams to support universal and targeted provision for children and families.

6. What happens next?

- 6.1 A final report of the commissioning review will be agreed by the KCT Executive on 11 November and reported to the full Board on 16 December.
- 6.2 A strategic development plan for the Children's Trust will be drafted to carry forward the changes identified through the review process. Implementation across partner agencies will be from early 2010 depending on the extent and nature of the changes agreed.

Recommendations

Members of the Vulnerable Children and Partnerships, Children, Families and Education Policy Overview Committee are asked to:

1. Note the initial findings from the review set out in Appendix 1.
2. Commit to a programme of development and change across all partner agencies of the Kent Children's Trust.
3. Agree to receive a full report on the review and final recommendations for commissioning arrangements at the next Policy Overview Committee.

Joy Ackroyd
Kent Children's Trust Partnership Manager
01622 696013 x 6013
joy.ackroyd@kent.gov.uk

Background Documents: None

Other Useful Information: None

KCT Commissioning and Delivery Review - Main Messages and Options (at 6/10/09)

Main Messages		
	CSP standard	Going Well scores of 4
a	Clarity and agreement on outcomes to improve CSP standard 1	The KCT has taken an outcomes approach and there is broad agreement about outcomes that need to be improved. However common outcomes are not successfully driving commissioning and service development for all partners. <i>"Good articulation and clarity re strategic focus in the CYPP"</i> <i>"outcomes have been identified and prioritised but who are the commissioners?"</i>
b	Understanding the needs of CYPP and families CSP standard 5	Partners are working closer together to share and analyse information about needs. More work is needed to understand the needs of particular groups of CYPP. <i>"Needs assessment is comprehensive and insightful"</i> <i>"Not really sure we understand the need of vulnerable families particularly those who do not access our services"</i> The engagement of CYPP and families was also identified as an area where significant improvements were being made.
c	Partnership culture to promote development of commissioning skills, knowledge and expertise at all levels CSP standard 12	There is an understanding of the potential of commissioning to secure better outcomes and a commitment to improve joint commissioning arrangements. However more work is needed to achieve common and agreed approaches to commissioning at strategic and local levels. <i>"There is now a dialogue that extends beyond children's social and education services. The breadth of the agenda is better understood and the engagement of children, young people and families, and communities in this has been highlighted."</i>

Main Messages		
	CSP standard	Steady progress (scores of 3)
d	Governance arrangements to improve outcomes through commissioning CSP standard 3	There is recognition that governance arrangements are in place but more work is needed to ensure they are fully understood. <i>"Not clear who/which body is accountable for what – this needs greater clarification"</i> The current governance arrangements do not necessarily impact on how partners work together this was particularly felt to be the case for pooling resources.
e	Monitoring impact and managing the performance of services to improve outcomes CSP standard 7	There is evidence of managing performance but this is not sufficiently integrated – much good practice exists but generally on a single agency/issue basis. Improvements in the availability of multi agency data were reported but more local data was requested <i>" county level data helps and has got a lot better over the last year"</i> It was felt that there is an over emphasis on monitoring and a stronger focus is needed on evaluating impact. <i>" we weigh the pig a lot"</i>
f	Having the right people with the right skills, knowledge and expertise to improve outcomes through commissioning CSP standard 11	Commissioning skills, knowledge and experience is present across the partner agencies but tends to be 'locked up' in particular services. There is a sense that some services are 'rich' in skills and expertise while there are significant capacity issues in other areas; more sharing is needed. Capacity issues for effective commissioning were particularly highlighted by respondents from LCSPs. <i>"Agencies holding onto people, funding and knowledge, this needs to be shared"</i> <i>"Strong in single agencies – poor in multi agency aspects of commissioning"</i>

Main Messages			
	CSP standard	Needs improvement scores of 1 - 2	Options for KCT improvements (for consultation and further development)
g	<p>Robust up-to-date joint commissioning arrangements which allow the KCT to improve outcomes</p> <p>CSP standard 2</p>	<p>Some work has been done to agree a joint commissioning framework but this is not yet working in practice. <i>"commissioning is still only a word"</i></p> <p>Outcomes priorities in the CYPP are not systematically translated in commissioning plans.</p> <p>Partners are agreed that we need to improve in this area at strategic and local levels but there has been limited progress to date <i>"Some partners still do not understand the commissioning cycle but most now aware and starting to engage"</i></p>	<p>Joint commissioning arrangements and structures to be fully explored, agreed and implemented <i>(e.g. reconsider KCT substructure, including LCSPs, as a commissioning model reporting to the Executive)</i></p> <p>Outcome based joint commissioning plans should be developed for key priority areas <i>(e.g. agree joint commissioning plans in these areas that guide strategic decisions and local delivery)</i></p>
h	<p>Partners understand commissioning and have effective joint commissioning arrangements</p> <p>CSP standard 4</p>	<p>A range of commissioning approaches are active across partner agencies but these are not generally understood by other partners.</p> <p>There is no common understanding of the joint commissioning arrangements needed to improve outcomes.</p> <p>There is a strong sense of disconnect between strategic and local levels of the trust arrangements.</p>	<p>Clearer joint commissioning arrangements at all levels.</p> <p>Stronger leadership to ensure agreed commissioning arrangements are embedded across all partners <i>(e.g. KCT Board to develop a stronger role in championing a joint commissioning approach, offering constructive, challenge and feedback to partners)</i></p>

i	Wise investment and market development CSP standard 6	Resources and budget allocations between partners is not clear and arrangements for pooling funds are not clear Information about service providers/provision is not systematically maintained and used to inform commissioning decisions and market development	Agreed arrangements to systematically collect and analyse information about resources and markets across children's services <i>(e.g. strengthen KCT substructure to ensure information on resources and markets are generated, shared and developed)</i>
j	Commissioners working effectively together at strategic and local levels CSP standard 8	Joint commissioning at the strategic level is not being systematically driven by the children's trust arrangements. The focus of local commissioning is unclear and there is a perception of insufficient capacity to effectively commission at the local level.	Stronger strategic commissioning arrangements to drive service development to improve agreed outcome areas <i>(e.g. Executive to become a more strategic commissioning group to drive joint commissioning throughout the whole children's services system)</i> Clarity at local levels about commissioning responsibilities and partner resources to support local commissioning activity <i>(e.g. stronger focus on local joint commissioning arrangements and pooled/ aligned resources to support commissioning activity)</i>
k	Successfully secure major service reconfiguration and change to improve outcomes through commissioning	There was some confusion articulated with the groups about what constituted major service reconfiguration and a sense that it was too early to judge? The introduction of LCSPs was identified as a major	Agree a partnership commissioning-led approach to major service change <i>(e.g. major change or service configuration is evidence based and outcomes focussed within the framework of the CYPP. Partners have an open approach sharing</i>

	CSP standard 9	<p>change by some groups but generally it was felt that major change was not managed on a partnership basis but within single agencies.</p> <p><i>"LCSPs were a successful service reconfiguration but need more time to fully develop"</i></p> <p>It was not felt that a commissioning approach was systematically used to manage change.</p>	<p><i>information about major change and wherever possible seeking active engagement in decision making. Robust monitoring and evaluation leads to decommissioning of services.)</i></p>
I	<p>Joint working and common understanding at a leadership level for effective commissioning</p> <p>CSP standard 10</p>	<p>Some work has taken place to build a shared understanding of commissioning at strategic levels. There is a perception that more work is needed to ensure that strategic leaders have a common understanding and approach.</p>	<p>Set out clearer roles and responsibilities for the strategic joint commissioning across the trust.</p> <p><i>(e.g. DCS role of lead commissioner across Children's Services understood and supported by a strong commissioning executive)</i></p>

Kent Children's Trust (KCT) Commissioning and Delivery Review Overview

1. Introduction

Children's trust arrangements are central to government policy for improving children's services. The policy, developed in [Every Child Matters](#), the [Children Act 2004](#), and [The Children's Plan](#) aims to improve outcomes for all children by redesigning services and ensuring active partnership across key agencies.

Through the Apprenticeships, Skills, Children and Learning Bill the government is now seeking to strengthen children's trust arrangements. All local authorities are being encouraged to evaluate the effectiveness of their local arrangements and a national [Commissioning Support Programme](#) has been established to support this process.

In Kent we need to build stronger commissioning arrangements that harness the ambition in our Children and Young People's Plan (CYPP) and shape new and improved integrated services that really make a positive difference. This particularly applies in the priority areas where we know we must make more progress for example teenage pregnancy and substance misuse. To this end the KCT Executive has initiated a review of our commissioning and delivery arrangements at county and local levels.

2. Purpose of the Review

The purpose of the KCT review is to:

- Gather views on progress to date.
- Develop options to strengthen our commissioning and delivery arrangements.
- Implement changes that will enhance partnership working and most importantly improve outcomes for children and young people.

Specifically the review is designed:

- To ensure that the KCT Board, Executive and sub structure are fit for the purpose of effective integrated commissioning and delivery across children's services in Kent.
- To complete the national commissioning self-evaluation with a wide range of groups to identify commissioning strengths and areas for improvement.
- To seek feedback on the effectiveness and capacity of local partnership arrangements to commission and deliver on a locality basis within a strategic framework.
- To develop a strategic commissioning plan (setting out how the key priorities in the CYPP will be commissioned) including any infrastructure developments for the KCT arrangements.
- To inform the long term development of all elements of children's trust arrangements.

3. What is Commissioning?

The national Commissioning Support Programme (CSP) defines commissioning in relation to children's trusts as follows:

"Commissioning is the process for deciding how to use the total resource available for children, young people and parents in order to improve outcomes in the most efficient, effective, equitable and sustainable way."

The Kent Children's Trust is committed to developing robust arrangements to enable partners to commission services together; progress to date includes:

- The Kent Integrated Commissioning Framework, setting out principles and standards to underpin integrated commissioning.
- Draft integrated commissioning guidance for Local Children's Services Partnerships.

For more information see

http://www.kenttrustweb.org.uk/Children/kct_comframework.cfm

4. The Review Programme

Working with the national CSP the KCT Executive has agreed a phased programme of review:

Listening phase: September – October 2009

A number of groups have been invited to participate using the self evaluation tool from the national CSP and some specific questions agreed by KCT Executive. Individuals are also able to share their views using an online survey, the link is given below.

We will also use feedback from recent assessments and reports for example the annual review of the Children and Young Peoples Plan.

Options phase: October – December 2009

Building on feedback and taking account of related national and county developments the KCT County Board will develop and share options to strengthen our county and local children's trust arrangements.

Implementation phase: January 2010 onwards

This will include immediate changes as well as the development of a longer term strategic change plan to ensure our partnership arrangements continue to improve.

The schedule of meetings in the listening phase and an overall timeline are available at: http://www.kenttrustweb.org.uk/Children/kct_whats_new.cfm

5. How can I be involved?

If you are a member of a group involved in the listening phase you will be invited to complete the CSP [self evaluation tool](#) (prior to the meeting) and to take part in a discussion to identify current strengths and areas for development. Alternatively you can complete the online survey to ensure your views are heard, or email your views to Joy Ackroyd.

Online Survey: <http://www.kenttrustweb.org.uk?selfanalysis>

Contacts:

Joy Ackroyd
Kent Children's Trust
Partnership Manager
Kent County Council
2.70 Sessions House
Maidstone
Tel - 01622 696013
Email – joy.ackroyd@kent.gov.uk

James Harman
Kent Children's Trust
Development Officer
Kent County Council
2.70 Sessions House
Maidstone
Tel - 01622 694195
Email - james.harman@kent.gov.uk

By: Overview, Scrutiny and Localism Manager

To: CFE: Vulnerable Children and Partnerships Policy Overview and Scrutiny Committee - 6 November 2009

Subject: **SELECT COMMITTEE - UPDATE**

Classification: Unrestricted

Report Type: Monitoring

Summary: This report updates Members on the progress with establishing a Select Committee Topic Review Work Programme 2009/2010.

Select Committee Topic Review Work Programme

1. (1) At its meeting on 16 October the Policy Overview Co-ordinating Committee (POCC) considered all the suggestions put forward by Members and Officers for possible Select Committee Topic Reviews. The Proposers of the review, Officers and the Cabinet Member or their Deputies were given the opportunity to put forward their views on the proposals.

(2) The POCC agreed that the following topics would form part of the work programme for 2009/10:-

- Extended Schools
- Renewable Energy – What should Kent’s role be?
- Dementia
- Educational Attainment of Pupils and Schools in Areas of High Deprivation

(3) If resources allow, there may be a short piece of work on Intergenerational Interaction, if this is the case then the CFE POSCs will be kept informed of progress.

(4) The only Select Committee Topic Review agreed, which is partly within the remit of the CFE under Learning and Development POSC is a topic review on Extended Schools, (which would be a joint review lead by Communities POSC). It is anticipated that this Select Committee will start its work in February/March 2010 and submit its report to County Council on 22 July 2010.

(5) Regular update reports will be submitted to the CFE POSCs to keep Members informed of the progress of the Select Committee.

Recommendation

2. Members are asked to note the topics to be included in the new Select Committee Topic Review Work Programme 2009/2010.

Christine Singh Tel No: 01622 694334
e-mail: christine.singh@kent.gov.uk

Background Information: *Nil*