

SPECIALIST CHILDREN'S SERVICES POLICY OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Specialist Children's Services Policy Overview and Scrutiny Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Thursday, 22 March 2012.

PRESENT: Mrs A D Allen (Chairman), Mr M J Vye (Vice-Chairman), Mr M J Angell, Mrs P T Cole, Mr H J Craske, Mr T Gates, Mrs E Green, Mr J D Kirby, Mr M J Northey, Mr J M Ozog and Mr C T Wells

ALSO PRESENT: Mr P W A Lake and Mrs J Whittle

IN ATTENDANCE: Mr A Ireland (Corporate Director, Families and Social Care), Mrs J Imray (Interim Director, Specialist Children's Services) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

42. Minutes of the meetings of this Committee held on 19 January 2012, the Corporate Parenting Panel held on 23 February 2012 and Children's Services Improvement Panel held on 7 December 2011 and 17 January 2012 *(Item A4)*

1. RESOLVED that the Minutes of the meeting of this POSC held on 19 January 2012 are correctly recorded and they be signed by the Chairman. There were two matters arising:-

Minute 34, paragraph 2, c) – the update on Children's Centres will be made verbally by the Cabinet Member under the next item below; and

Minute 35, Resolution c) – Members had been promised a copy of the audit report on referral thresholds but had not yet received it. The Democratic Services Officer will follow this up.

2. The Minutes of the Corporate Parenting Panel meeting held on 23 February 2012 and the Children's Services Improvement Panel meetings held on 7 December 2011 and 17 January 2012 are attached for information only and are noted.

43. Oral Update by Cabinet Member *(Item A6)*

1. Mrs Whittle gave an oral update on the following issues:-

Children's Services Improvement Plan – Caseloads are now at a manageable level, averaging 20 per social worker, and work is focussed on improving the quality of assessment and case handling. When the recent service improvements (eg, the introduction of a specialist LAC social work team and the commissioning of new

services) are rolled out and bedded in across the county, it is hoped that an improvement in quality and a reduction in the number of LAC will soon be evident.

Adoption is currently the subject of national focus and a national action plan. The government will support Foster Carers to adopt babies and very young children. A report on Children In Care, due in summer 2012, is expected to address issues around Adoption.

Children's Centres – An appraisal is going on of the future of the current 97 centres, seeking to achieve better integration with partners (eg the NHS) and ensure that every child is able to access a centre. A reduction in funding for children's centres had been agreed by the County Council in the 2012/13 budget, so the services provided at centres must achieve the best possible value for money from remaining funding. A report on children's centres will be made to the first meeting of the new Social Care and Public Health Cabinet Committee.

The new Director of Specialist Children's Services has been appointed and an announcement is imminent. *The new Director was subsequently announced as Mairead MacNeil, who will take up the post in July.*

2. Mrs Whittle expressed her thanks for and appreciation of the excellent work which Mrs Imray had undertaken as Interim Director of Specialist Children's Services in driving forward major service improvements in a very challenging environment.

3. Mrs Whittle responded to comments and questions from Members, and the following points were highlighted:-

a) CAMHS services will in future be commissioned via Clinical Commissioning Groups. Aligned services will support earlier intervention, reduce waiting times and aim to avoid escalation of problems, and integration will make the best use of funding and staff resources; and

b) the aim in linking children's centres and the common assessment framework is to achieve a seamless service. Members commented that, with mixed provision, it will be a challenge to make services truly seamless.

4. RESOLVED that the oral update and the information given in response to comments and questions be noted, with thanks.

44. Children's Services Improvement Plan (CSIP) - update (Item B1)

1. Mr Ireland introduced the report and listed key successes. The number of referrals has reduced, assessment times have been improved and the establishment of the central referral unit has brought with it a more consistent response to referrals. The number of cases unallocated after 28 days has fallen dramatically, and it is now unusual to have any cases not allocated. The number of Child Protection Plans issued has also fallen, and the emphasis is on making sure that Plans which are issued are appropriate and that each child receives services which are best suited to

their situation. The number of LAC has not yet reduced as far as had previously been hoped.

2. Mr Ireland and Mrs Imray responded to comments and questions from Members, and the following points were highlighted:-

- a) the 'deep dive' exercise had shown fluctuations in performance across districts, but no one district had shown consistently good or bad performance. All have areas in which they perform well and others in which they are more challenged. District performance is reported regularly to the CSIP, and if more information on a particular aspect is needed, the data collected can be adjusted to include this;
- b) it is difficult to identify children who are referred to other agencies or who are of concern to other agencies but for whom no referral is ultimately made. KCC does not receive information from all other agencies, but data sharing is likely to improve as partner working increases;
- c) when looking at current performance, it is important to remember how much service improvement has been implemented in the last 12 to 18 months – a relatively short space of time in which to formulate and implement major service changes. It is important that changes are well thought through and progress is steady and does not prioritise pace of change at the expense of quality of service;
- d) Mrs Whittle and Mr Ireland assured Members that the Children's Services Improvement Panel and the Corporate Parenting Panel will both continue their work when the Council's new governance arrangements come into force on 1 April 2012, and the focus and attention given to specialist services will continue. Mrs Whittle added that Kent needed to have a dedicated safeguarding panel for adults and children;
- e) the use of agency social work staff is not consistent across the county, as each area addresses its own individual staffing needs. Mr Ireland undertook to supply information about patterns of agency use;
- f) caseloads have gradually reduced to around 20 per social worker, and further reduction is hoped for. An average caseload per social worker in an authority rated as 'outstanding' would be around 15, and this gives Kent a target to aim for; and
- g) Mrs Whittle pointed out that the KCC had allocated £2.7million in its 2012/13 budget for targeted preventative services for adolescents. It is hoped that these will include crisis services such as the 'crash pad' scheme in Dartford, which supports young people who wish to leave home temporarily and offers support and encouragement to them to return home. Research has shown that, if young people do not return home within about three weeks of leaving, they are unlikely ever to return.

3. RESOLVED that:-

- a) the information set out in the report and given in response to comments and questions be noted, with thanks, and progress be welcomed and commended; and
- b) a report on the success of preventative work be submitted to the new Social Care and Public Health Cabinet Committee.

45. Common Assessment Framework (CAF) in Kent - A Progress Report
(Item B2)

Ms K Graham, Head of Children's Services, East Kent, and Ms N Patient, Integrated Processes Team Leader, were in attendance for this item.

1. Ms Graham and Ms Patient introduced the report and explained that the common assessment framework (CAF) is the principal intervention mechanism for families which fall below the threshold for specialist services. Families need to be directed quickly to services, which are delivered via multi-agency working with partners such as the Kent Community Health NHS Trust (KCHT) and Kent Police.

2. Ms Graham, Ms Patient and Mr Ireland responded to comments and questions from Members, and the following points were highlighted:-

- a) the CAF identifies a lead professional who will act as a main link to a family. This person will be someone with whom the family is most closely engaged – eg a youth worker or a health visitor – and ensures that effective links are made. To strengthen the range of people available to act as lead professionals, closer links with the Youth Service are being developed, and KCC has an agreement with KCHT to increase the inclusion of health visitors and midwives. KCC has set an ambitious recruitment target of 421 new health visitors. Members welcomed the fact that a lead professional can be someone other than a social worker;
- b) currently, most CAFs are instigated in schools, but the number instigated by health professionals is increasing. There is much data available to show patterns of engagement, ie which agency instigates a CAF, which agency the lead professional comes from, and which other agencies are in the team working with a family. A future report will set out this greater detail;
- c) after a CAF, interventions and a focussed piece of work will address a family's needs, and issues identified can also be addressed via a range of mechanisms, eg Head Teachers' meetings or Local Children's Trust Boards. Family Liaison Officers (FLOs) in primary schools play a key role;
- d) when it is no longer needed, a CAF will be closed. This can be because the issues originally identified have been resolved or because a family's needs have escalated and they need to be referred onwards for more specialised support; and

- e) Mr Ireland emphasised that he and Mr Leeson, the Director of Education, Learning and Skills, are acutely aware of the need for close and co-ordinated working between the ELS and FSC Directorates, and joint monitoring of progress.

3. RESOLVED that:-

- a) the information set out in the report and given in response to comments and questions be noted, with thanks; and
- b) a further report to the new Social Care and Public Health Cabinet Committee, planned for September 2012, include details of joint working and agency engagement.

46. Update on the re-commissioning of Emotional Wellbeing and Child and Adolescent Mental Health Services (CAMHS)

(Item B3)

Ms H Jones, Head of Children's Commissioning, and Mr I Darbyshire, Senior CAMHS Commissioning Manager, NHS Kent and Medway, were in attendance for this item.

1. Ms Jones and Mr Darbyshire introduced the report and explained that, since writing the report, specifications for tenders had been issued. Tendering for NHS contracts will end on 27 March, and tendering for KCC contracts will end later. Contracts for the new Emotional Wellbeing and Community CAMHS services will be awarded in April and May and new services will start on 1 September, in line with the start of the new school year.

2. Ms Jones, Mr Darbyshire and Mr Ireland responded to comments and questions from Members, and the following points were highlighted:-

- a) to avoid gaps in service, the transfer to new contracts will be phased in 3- or 5-month intervals. Existing NHS contracts have been extended to the end of August to align with KCC contracts. Members requested an interim progress report on the outcome of the tendering process and arrangements for transition, before new contracts start in September;
- b) children and young people who are affected by domestic abuse are among those who need carefully-targeted CAMHS support, and Members commented that it would be useful if Ms Jones and Mr Darbyshire could attend a meeting of the Domestic Abuse Select Committee to tell Members about services provided for these young people. Members also requested a future item on services for children and young people affected by domestic abuse;
- c) a small number of KCC staff will transfer to the new Community CAMHS provider. New providers will identify their needs in terms of numbers and grades of staff, but it is expected that most current KCC and NHS staff will transfer to the new providers;

- d) the tendering process must follow the legally-enshrined process and cannot be shortened or accelerated, but Members were assured that children and young people needing urgent support have always received, and will continue to receive, urgent support. Although those with non-urgent needs have previously waited a long time, new providers will be required to deliver services within a strict maximum of 4 – 6 weeks; and
 - e) it is not possible to advise Members of the names of those tendering while the process is ongoing, but successful providers will be announced as soon as it is possible and appropriate to do so.
3. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and further reports be made as follows:-
- a) an interim progress report on the outcome of the tendering process and arrangements for transition; and
 - b) a future agenda item to the new Social Care and Public Health Cabinet Committee on CAMHS services provided to children and young people affected by domestic abuse.

47. Specialist Children's Services Budget Forecast Report 2011/12
(Item C1)

Miss M Goldsmith, FSC Finance Business Partner, was in attendance for this item.

1. Miss Goldsmith introduced the report and, with Mr Ireland, responded to comments and questions from Members. The following points were highlighted:-
- a) an underspend shown against Children's Centres on page 44 of the papers is the lead-in to the savings planned for the 2012/13 financial year. Children's Centres and Early Years are both part of the overall savings planned for next year, with Children's Centres being the largest part of those savings; and
 - b) an overspend shown against Asylum Seekers is composed entirely of the costs of providing services to Unaccompanied Asylum Seeking Children and Young People who have exhausted their rights to stay and are awaiting repatriation. Mrs Whittle added that discussions between the Home Office and KCC are ongoing, and until the issue is resolved, KCC has no option but to continue to bear the cost of providing services to these young people. KCC will also continue to urge the UK Border Agency to speed up the repatriation process and minimise the time for which it has to provide services.
2. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks.

48. Specialist Children's Services Core Monitoring Performance Report for December 2011
(Item C2)

Mrs M Robinson, Service Manager, Management Information, was in attendance for this item.

1. Mrs Robinson introduced the report and Mrs Imray responded to comments and questions from Members. The following points were highlighted:-

- a) the number of looked after children (LAC) per 10,000 of children aged under 18 might seem to be an indicator over which the KCC has little control, but this figure is an indicator of the effectiveness of its preventative services which stop children becoming looked after and the speed at which it finds permanent placements for LAC; both minimise the LAC population. KCC's performance in this area compares well to that of those of its statistical neighbours; and
- b) the only area of work over which KCC has no control at all is the number of Unaccompanied Asylum Seeking Children (UASC) who arrive in the county, for whom KCC is obliged to provide services.

2. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks.

49. Update on Select Committee work
(Item D1)

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

50. Vote of Thanks

The Chairman thanked Members for all their work on the Committee, and the officer team for their work in supporting and servicing the Committee.