

## KENT COUNTY COUNCIL

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

MINUTES of a meeting of the Children's Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 9 July 2014.

PRESENT: Mrs A D Allen, MBE (Chairman), Mrs M E Crabtree (Vice-Chairman), Mr H Birkby (Substitute for Mrs Z Wiltshire), Mr R E Brookbank, Mrs P T Cole, Mrs M Elenor, Mrs S Howes, Mr G Lymer, Mr T A Maddison (Substitute for Ms C J Cribbon), Mr B Neaves, Mr C P Smith, Mr M J Vye and Mrs J Whittle

ALSO PRESENT: Mr G K Gibbens and Mr P J Oakford

IN ATTENDANCE: Mr A Ireland (Corporate Director, Social Care, Health & Wellbeing), Mr A Scott-Clark (Interim Director of Public Health), Mrs P Denney (Assistant Director of Safeguarding and Quality Assurance) and Miss T A Grayell (Democratic Services Officer)

#### UNRESTRICTED ITEMS

**17. Membership**  
*(Item A2)*

The Committee noted that Mrs J Whittle had replaced Mr P J Oakford as a Member of the Committee.

**18. Apologies and Substitutes**  
*(Item A3)*

The Democratic Services Officer reported that apologies had been received from Mrs V J Dagger. Mr H Birkby was present as a substitute for Mrs Z Wiltshire and Mr T A Maddison was present as a substitute for Ms C J Cribbon.

**19. Declarations of Interest by Members in items on the Agenda**  
*(Item A4)*

There were no declarations of interest.

**20. Minutes of the meeting held on 22 April 2014**  
*(Item A5)*

RESOLVED that the minutes of this Committee's inaugural meeting held on 22 April 2014 are correctly recorded and they be signed by the Chairman. There were no matters arising.

**21. Minutes of the meeting of the Corporate Parenting Panel held on 10 April 2014**  
*(Item A6)*

RESOLVED that these be noted.

## 22. Verbal updates

*(Item A7)*

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

***04 June attended Public Health Champions celebration event in Maidstone***

***17 June attended West Kent Healthy Business Launch in Brands Hatch*** – this was attended by businesses seeking to support their staff to embrace healthier lifestyles

***17 June attended Healthy Living Programme event in Wrotham***

***9 July will attend Children and Young People's Emotional Wellbeing summit in Gravesend***

Mr Gibbens explained that he would report public health updates to both the Children's and Adult Social Care and Health Cabinet Committees unless any item was specifically related only to one or the other.

2. Mr A Scott-Clark gave a verbal update on the following issues:-

***Update on transfer of Health Visiting Service***

***Teenage Pregnancy strategy development***

***Undertaking health needs assessments for Children in Care***

***Swale infant feeding task and finish group***

3. Mrs Whittle pointed out the differences that she had experienced in the health visitor and antenatal services during her current pregnancy and her previous experience nearly seven years ago. She added that targeted breastfeeding support was needed, from birth, in all areas of the county. To achieve the best coverage and value for money, health visitors needed to be located in children's centres. Such an arrangement would be beneficial to both services. Other Members agreed that such an arrangement would help to keep children's centres open. Mr Scott-Clark supported the comments made.

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

***Comprehensive set of meetings with senior officers and others, both within Specialist Children's Services and the wider organisation.***

***Started to work with officers on the Children's transformation and will continue to work towards ensuring that necessary reforms are implemented within budget.***

***Ofsted is on the horizon***

***Attended Bishop of Dover's reception to discuss adult and children's safeguarding*** – community work around this subject was well co-ordinated.

***Visited the central referral unit and spent time with the various groups including time on the phones with a senior social worker.***

***Spent time with Newton Europe to gain a good understanding of the work they are doing with Specialist Children's Services and the challenges we face.***

***Interviewed and appointed a Staff Officer*** - Léonie Harrington would be taking up this role shortly.

***Attended the Coram Seminar in London***  
***Attended the Adoption Summit in County Hall***  
***Led a working group of senior officers and cabinet members to discuss the issue of social worker recruitment and retention***

5. Mr Oakford responded to comments and questions from Members, as follows:-
- a) the newly-qualified social workers recruited 18 months ago had now settled into the role and gained experience, and Mr Oakford said he was hopeful that further recruitment could be undertaken this year;
  - b) many social work supervisor posts were currently filled by agency staff. Recruiting permanent staff to these posts would create more stability and support for frontline staff as well as saving the County Council money on agency fees;
  - c) there was a national graduate recruitment scheme for social workers, similar to the one established for teachers;
  - d) Kent's base salary for social workers compared well to those of its local authority neighbours, being higher than some, and its benefits package compared well to those offered in London, although vehicle licensing has been a sticking point. Mr Ireland added that a finance package for Kent social workers had recently been established; and
  - e) Kent had adopted the practice of 'growing its own' social work supervisors by identifying and developing good social workers, and a recent staff workshop on this subject had been held. This initiative represented a major piece of work for the future.

6. Mr A Ireland gave a verbal update on the following issues:-

***Children's Transformation*** and ***0-25 Portfolio*** – these were both part of Facing the Challenge and were a joint responsibility with the Corporate Director of Education and Young People's Services. A review of the costs of the service, eg independent fostering agency fees and residential care placements, would be undertaken, with the aim of achieving best value for money. The new Early Help Directorate would take on this important role.

***Care Leavers*** – a review of the commissioning of services for care leavers would follow the Ofsted inspection of the Council's Children in Care service undertaken last summer. Social workers would now have responsibility to monitor children in care up to the age of eighteen.

***Child Protection Operation*** – the Committee was briefed on the latest developments in a major child protection operation.

7. The verbal updates were noted, with thanks. The Chairman added that any Member of the Committee was welcome to approach either of the Cabinet Members and Directors at any time with any question about their area of work.

**23. Tendering for a Community Infant Feeding Service**  
*(Item B1)*

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

1. The Chairman asked Members of the Committee if they wished to refer to the information included in the exempt appendix to the report. Members confirmed that they did not and the item was therefore considered without going into closed session.

2. Ms Sharp introduced the report and referred to the extensive discussion which the Committee had at its April meeting about the importance of breastfeeding and the challenges in supporting and promoting it. The procurement process had since been completed and it was now proposed that the Cabinet Member award the contract for a community infant feeding service to the preferred bidder, as identified in the exempt appendix to the report. Ms Sharp responded to comments from Members and the following points were highlighted:-

- a) one speaker told of a colleague who had recently returned to a teaching job at a local authority school and had experienced a lack of support from the school in terms of making available suitable facilities for her to express milk at break times. Ms Sharp explained that there was a national scheme in place which encouraged employers to make available suitable facilities and flexible working hours to support staff who wished to express milk. Mr Scott-Clark added that, in the case described, such facilities and support should be provided under the Healthy Schools Initiative and he undertook to check that the school in question was complying with the initiative;
- b) the national scheme described above applied to all employers, including the County Council, and Ms Sharp added that she was liaising with the Director of Property and Infrastructure Support to check that a suitable policy would shortly be in place at County Council premises; and
- c) part of the specification of the contract about to be awarded was a requirement to work with businesses to promote breastfeeding-friendly premises such as cafés and other leisure facilities.

3. Mr Gibbens thanked Members for their comments and said he would take them into account when taking the decision to award the contract. He voiced concern about the lack of support experienced by school staff wishing to express milk and undertook to look into the matter with the Cabinet Member for Education and Health Reform, Mr R Gough.

4. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to award a contract to deliver a Community Infant Feeding Service to the preferred bidder identified in the exempt appendix, taking account of the Cabinet Committee's comments, be endorsed.

**24. A New Model for School Public Health**  
*(Item B2)*

1. Mr Scott-Clark introduced the item and explained that the Committee's comments were being sought on the change to the policy prior to a formal decision being taken in the future. He responded to comments and questions from Members, as follows:-

- a) Mr Scott-Clark had recently met with the Cabinet Member for Education and Health Reform to address the issue of providing a consistent school nurse service in special schools;
- b) support at schools for young people with mental health problems was a priority issue, and school nurses were an important part of the support available for children with these issues. A summit taking place on 9 July would discuss this issue and the importance of getting the service right. Mr Scott-Clark undertook to give the questioner more detail on this issue outside the meeting;
- c) the school nursing service should be given as high a priority as possible, and social media could be used to tell students about the service. The Chairman added that she had raised this issue at a local meeting of the Youth Council. Mr Scott-Clark added that the profile of the service had not been helped by the shortage of nurses and had been further exacerbated by recent focus on the health visitor service, which had drawn some school nurses to change career to become health visitors. What was needed now was to stimulate an increase in school nurse recruitment. The Chairman added that this could be partly taken forward with the Education and Young People's Services Cabinet Committee;
- d) children were not smoking and drinking as much as had previously been the case but the problem of childhood obesity had now taken over from this as a priority concern. Inconsistent government messages had not been helpful, for example about fruit juice being one of the recommended five portions a day of fruit and vegetables but then being highlighted as containing unhealthy levels of sugar. Mr Scott-Clark explained that the Healthy Schools Programme and the Olympic legacy sought to address childhood obesity by encouraging increased physical activity, but there had been too much focus on diet and not enough on exercise. An integrated approach by the school nursing service and the Healthy Schools Initiative would seek to improve the approach to these issues. School nurses had traditionally not liaised with GPs but the new model for school public health would make it clear that this was necessary; and
- e) the issues above were related to the Health and Wellbeing Strategy, which was reported elsewhere on this agenda. Parental guidance and behaviour was a great influence on children's behaviour, for example, 90% of children who started to smoke lived in households containing a smoker.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and undertook to take account of them when he came to take the decision to approve the new model later in the year. He also undertook to take forward with the Cabinet Member for Education and Health Reform the issues which had been raised about areas of joint working between social care and education and with the Cabinet

Member for Specialist Children's Services issues around transition from children's to adult services.

3. RESOLVED that the Cabinet Committee's comments on the proposed new service model be noted.

**25. Independent Adoption and Special Guardianship Order (SGO) Support Service - Contract Award**

*(Item B3)*

*Mr T Wilson, Head of Strategic Commissioning, and Ms M Hall, Commissioning Manager, were in attendance for this item.*

1. The Chairman asked Members of the Committee if they wished to refer to the information included in the exempt appendix to the report. Members confirmed that they did not and the item was therefore considered without going into closed session.

2. Mr Wilson introduced the item and explained that, since drafting the report, it had become clear that the current provider was unable to continue to deliver the service up to the planned start of the new contract. He asked for the Committee's support for the proposed decision to award the new contract to be taken as a matter of urgency, to avoid there being a gap in provision.

3. Mr Wilson responded to comments and questions and the following points were highlighted:-

- a) as part of the screening process, all potential bidders had been asked about how they would deliver an expanding service at a lower price than was being paid currently. All had confirmed that they would be able to deliver the required service at the lower price, and accepted that robust monitoring by the County Council would form part of the contract conditions; and
- b) assessment of health issues relating to a child being placed for adoption was a key part of the established adoption process. Mr Wilson undertook to respond to a questioner in more detail outside the meeting about how adopters, and indeed the child being adopted, would be made aware of any hereditary health issue of which the birth family became aware after adoption. Mr Scott-Clark added that a screening programme for all children at birth would help to identify any health issues.

4. RESOLVED that:-

- a) the decision proposed to be taken by the Cabinet Member for Specialist Children's Services, to agree that the contract for the delivery of Independent Adoption and Special Guardianship Order support services across Kent be awarded, on the terms and for the duration set out in the report, be endorsed; and
- b) the taking of this decision as a matter of urgency be supported, to avoid there being a gap in provision before the start of the new contract.

**26. Procurement of Post Sexual Abuse, Harmful Sexual Behaviour and Risk Assessment Services**  
*(Item B4)*

*Mr T Wilson, Head of Strategic Commissioning, and Ms S Mullin, Commissioning Manager, were in attendance for this item.*

1. Mr Wilson introduced the report and responded to comments and questions from Members. The following points were highlighted:-
  - a) as part of the pre-procurement process, a 'meet the market' event had been held, which had been attended by a number of potential contractors. However, only three bids had been received, and this low number may be due to the highly-specialised nature of the work;
  - b) the County Council's Procurement Board, which involved elected Members, had received information regarding the procurement prior to the evaluation of bids; and
  - c) the County Council would have a role in monitoring the performance of the contractor, in partnership with the clinical commissioning groups. The contract would include clear provision for action to be taken if the contractor's performance were to fall below the required level.
2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Specialist Children's Services, to award a contract for the provision of post sexual abuse, harmful sexual behaviour and risk assessment services, to the winning bidders, be endorsed.

**27. Future of Millbank Reception and Assessment Centre**  
*(Item B5)*

*Ms N Scannell, Development and Planning Manager, was in attendance for this item.*

1. Ms Scannell introduced the report and she and Mr Ireland responded to comments and questions from Members. The following points were highlighted:-
  - a) the type of accommodation to be used for unaccompanied asylum seeking children (UASC), once the Millbank Centre had closed, would include a range of smaller 3- and 4-bed units in one area. In the case of longer-term accommodation, UASC would be dispersed around the county;
  - b) support staff at the Millbank Centre were currently employed by the County Council from an agency, and were engaged as and when needed; and
  - c) UASC would arrive in the UK from various countries, usually where there was currently civil unrest. Under current Children in Care and Care Leavers legislation, unaccompanied minors arriving in the county would automatically come under the care of the County Council while their asylum claim was being determined. The County Council did not, however, have any role in determining their claim for asylum.

2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Specialist Children's Services, to agree the proposal to close the Millbank Reception Centre for UASC males aged 16+, and to commission alternative accommodation, be endorsed.

**28. Kent County Council Sufficiency Strategy**  
(Item C1)

*Mr T Wilson, Head of Strategic Commissioning, was in attendance for this item.*

1. Mr Wilson introduced the report and explained that the new sufficiency strategy which was launched one year ago was being updated through the summer and autumn, and the Committee was being offered this opportunity to comment on the revised strategy. Mr Wilson, Mr Ireland and Mrs Denney responded to comments and questions from Members and the following points were highlighted:-

- a) concern was raised that children's centres were currently showing performance rated as 'green', but, with their increased workload, it may not be possible to maintain this level of performance;
  - b) the number of referrals to the Children and Adolescent Mental Health (CAMHS) service would need to be very closely monitored;
  - c) to generate useful information, targets and performance measures need to be both consistent and clear;
  - d) it would be very useful to be able to see the effects of the new regulations restricting the placement of children in care further than 20 miles from their family home, how many placements by other local authorities were properly accompanied by the required formal notification from the placing to the hosting authority, the number of County Council children placed in children's homes in the Thanet area and the number of available places in such homes. *Mr Wilson confirmed that data for these aspects was available and undertook to provide the requested information in future reports;*
  - e) as the work of children's centres was increasing, it would be helpful to resurrect the former steering group meetings. Mr Ireland explained that the County Council did not have operational responsibility for children's centres, and the steering groups referred to were operational only in a few parts of the county. The role of the steering groups could be picked up by the district advisory boards; and
  - f) in response to a question, Mrs Denney explained that Ofsted placed much weight on a local authority's sufficiency strategy.
2. RESOLVED that the work undertaken on the sufficiency strategy and the action plans be noted, and the additional information requested above be provided in future reports.

## **29. Kent Health and Wellbeing Strategy**

*(Item C2)*

1. Mr Scott-Clark introduced the report and explained that both the Children's and Adult Social Care and Health Cabinet Committees were being given the opportunity to comment on the revised strategy. Their comments would then be passed to the Health and Wellbeing Board at its meeting on 16 July. A list of the outcomes of the previous one-year strategy, launched one year ago, was included in the report. Good implementation was the key to the success of the strategy, and local health and wellbeing boards would use it to shape their work. Mr Scott-Clark and Mr Ireland responded to comments and questions from Members, as follows:-

- a) concern was expressed that GPs lacked the expertise to deal with some of the services proposed to be transferred to them from hospitals. Mr Scott-Clark explained that hospitals needed to be able to focus on specialist work. A recent public health audit had highlighted that approximately 75% of patients attending hospital at any one time were receiving no clinical intervention and could therefore, feasibly, be seen elsewhere. The aim was for GPs to take less of a reactive role and undertake more profiling and assessment of patients' future risk and the conditions they may develop;
- b) a view was expressed that the Cabinet Committee should monitor clinical outcomes from the CAMHS service to see how well the service was working. Mr Ireland added that emotional health and wellbeing services were part of the work of the Health and Wellbeing Board, with the aim of moving the focus away from CAMHS to a broader service covering wider needs. He agreed that enhanced monitoring of outcomes would give the County Council the opportunity to support better service delivery; and
- c) in response to a question from a Member who was a school governor about 'the team around the school', Mr Scott-Clark explained that that team should include school nurses, the healthy schools team and other partners, so the service could be integrated. Previously, providers had worked in silos, which was not helpful. He added that work was ongoing on identifying and building the school team.

2. RESOLVED that the revised Health and Wellbeing Strategy be received and the comments made by the Cabinet Committee be noted and passed to the Health and Wellbeing Board.

## **30. Update on progress implementing an integrated Children in Care and Leaving Care Service, with specific regard to supported lodging accommodation arrangements**

*(Item C3)*

*Mr T Wilson, Head of Strategic Commissioning, and Ms S Mullin, Commissioning Manager, were in attendance for this item.*

1. Mr Wilson introduced the report and explained that the new integrated service would replace the various former '16+' services. The Committee was being consulted prior to a formal Cabinet Member decision being taken in the future. Mr

Wilson and Ms Mullin responded to comments and questions from Members and the following points were highlighted:-

- a) making use of services offered by registered social landlords was an area of opportunity which could be exploited under the Supporting People programme. Such options could include support following flooding and supporting young people in their first independent home; and
- b) the supported lodging scheme was unique to Kent and was currently offered by 120 experienced providers. The new integrated service would seek to extend the current service to include UASC (who were currently unable to access it) and more than 120 providers;
- c) the need for a method of evaluating feedback from young people about the services they received would be part of the procurement specification. Mrs Denney added that young people in care and leaving care had made it quite clear that they were tired of surveys. Valuable feedback would be captured via a young person's last review during their period of care.

2. RESOLVED that:-

- a) the progress made since December 2013 on implementing service integration to improve service delivery and outcomes for children in care and care leavers be noted; and
- b) Members' comments on the issues relating to the provision of supported lodging interim arrangements be noted and be used to inform a subsequent Cabinet Member decision.

**31. Specialist Children's Services Performance Dashboard**  
(Item D1)

*Mrs M Robinson, Management Information Service Manager for Children's Services, was in attendance for this item.*

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

- a) only five of the forty performance measures were rated red but most of these were moving towards a green rating and would appear as such on the next regular report to the Committee. The commentary in the report had focussed only on the measures currently rated red; and
- b) concern was expressed that the County Council might be setting its sights too high and setting targets that it could not achieve. Mr Ireland explained that the targets against which the Council's performance was rated were either set nationally or based on best practice or benchmarking exercises between local authorities. Targets were challenging but achievable, and although some were hard to reach, there had been much progress made in recent years in issues such as social work recruitment and case allocation.

2. RESOLVED that the performance dashboard be noted.

**32. Public Health Performance - Children and Young People**  
(Item D2)

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

1. Ms Sharp introduced the report and highlighted the targets, for example the number of women smoking at the time of delivery, which were currently rated as red. Public Health England had not yet released national data for this target. From 8 July, the County Council would undertake joint monitoring in partnership with Public Health England. She added that the health visitor monitoring data previously requested by the Committee had now been included and reminded Members that the County Council would take over the commissioning of this service in October 2015.

2. RESOLVED that:-

- a) the current performance and actions taken by public health be noted; and
- b) the inclusion of the presented health visitor information be agreed.

**33. Ofsted Inspection Action Plans**  
(Item D3)

*Mr P Brightwell, Head of Quality Assurance, was in attendance for this item.*

1. Mr Brightwell introduced the report and explained that, whereas a number of action plans had existed previously, each with the purpose of responding to issues highlighted in the Ofsted inspection, there would now be one overarching plan to shape the County Council's future practice. Although a local authority's performance could previously have been given an 'adequate' rating, anything less than a 'good' rating would now require the authority to instigate a programme of improvement. In this new culture, the County Council should not settle for anything less than 'good'. The new single action plan was in a format which had the approval of Ofsted and could be added to over time. Other agencies, such as the Safeguarding Board, could link into and use the County Council's action plan. Mr Brightwell, Mr Ireland and Mrs Denney responded to comments and questions from Members, as follows:-

- a) the new action plan was welcomed and the hard work which had gone into its preparation praised, but a concern expressed that the change in Ofsted's rating system made keeping up with the latest standards difficult. However, the good work practices which the County Council had established would continue, regardless of Ofsted's ratings. Mr Brightwell commented that, although previous action plans had been established to respond to Ofsted's recommendations, the overriding focus of the County Council's work was, and always would be, the young people in its care. Mr Ireland added that Ofsted was currently consulting on its new inspection framework; and
- b) in response to a question about the inspection process, Mrs Denney explained that the County Council would typically be given 24 hours' notice of an inspection and the inspection team would stay for up to one month.

Inspections were very thorough and would include field work, first-hand evidence gathering and observations and sessions in which the County Council would be required to demonstrate its practices and standards. Interviews would be undertaken with young people, their parents and foster carers, and what was said at these interviews would be cross-referenced and checked. Elected Members would also take part in an inspection as the Cabinet Member and Committee Chairman would be interviewed.

2. RESOLVED that the progress in delivering Ofsted actions plans be noted.

### **34. Risk Management - Strategic Risk Register**

*(Item D4)*

*Mr A Mort, Customer Care and Operations Manager, was in attendance for this item.*

RESOLVED that the strategic and corporate risks outlined in appendices 1 and 2 of the report be noted.

### **35. Work Programme 2014/15**

*(Item D5)*

1. The Democratic Services Officer introduced the report and explained that the informal work-planning schedule used for agenda settings was now being more formally presented to the Committee for comments and views on how it wished to tackle its workload. Members made the following comments:-

- a) the agenda papers for today's meeting were large and had been difficult for some Members to read through in time for the meeting;
- b) the amount of reading could be more easily managed if the papers were to be published earlier than the latest required deadline of five clear days before the meeting;
- c) Members asked if the Committee could meet six times a year instead of five; and
- d) the feasibility of having executive summaries of lengthy reports was raised.

2. The Democratic Services Officer undertook to look into the points which Members had made.