CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Tuesday, 23rd September, 2014

10.00 am

Darent Room, Sessions House, County Hall, Maidstone

Kent County Council
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AGENDA

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Tuesday, 23 September 2014 at 10.00 am
Darent Room, Sessions House, County Hall, Maidstone

Ask for: **Theresa Grayell**
Telephone: **01622 694277**

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

Membership (14)

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

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UNRESTRICTED ITEMS

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

A - Committee Business

A1 Introduction/Webcast announcement

A2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present

A3 Declarations of Interest by Members in items on the Agenda

To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item

number to which it refers and the nature of the interest being declared

A4 Minutes of the meeting held on 9 July 2014 (Pages 7 - 18)

To consider and approve the minutes as a correct record

A5 Minutes of the meeting of the Corporate Parenting Panel held on 19 June 2014 (Pages 19 - 28)

To note the Minutes.

A6 Verbal updates (Pages 29 - 30)

To receive a verbal update from the Cabinet Members for Specialist Children's Services and Adult Social Care and Public Health, the Corporate Director of Social Care, Health and Wellbeing and the Interim Director of Public Health.

B - Key or Significant Cabinet/Cabinet Member Decision(s) for Recommendation or Endorsement

B1 Kent Teenage Pregnancy Strategy 2015-2020 (Pages 31 - 54)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Interim Director of Public Health, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to approve the teenage pregnancy strategy.

B2 School Public Health (Pages 55 - 60)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Interim Director of Public Health, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to extend the contracts with Kent Community Health Trust and with Medway Foundation Trust until 30 September 2015 to allow the outcome of the Healthy Child Review to influence a future procurement of these services.

B3 Developing a Public Health Strategy (Pages 61 - 72)

To view a presentation by the Interim Director of Public Health on the development of a public health strategy for Kent.

B4 Update on progress of the Transformation of Children's Services, specifically the 0 - 25 programme supported by Newton Europe (Pages 73 - 86)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing and discuss progress and next steps.

B5 Proposed Revised Policy on Financial Allowances for Children's Arrangements (Pages 87 - 94)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing and either endorse or make a recommendation to the Cabinet Member on the proposed decision to revise the policy.

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

D - Monitoring of Performance

D1 Public Health Performance - Children and Young People (Pages 95 - 98)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Interim Director of Public Health outlining current performance and actions taken by Public Health.

D2 Specialist Children's Services Performance Dashboard (Pages 99 - 106)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing outlining progress against targets set for key performance and activity indicators.

D3 Equality and Diversity Annual Report (Pages 107 - 116)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing on the Equality and Diversity Annual report and to contribute comments on the report content.

D4 Recruitment and Retention of Children's Social Workers (Pages 117 - 128)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing on recent Member and Officer discussions on enhancements to the remuneration package for key staff in Specialist Children's Services.

D5 Work Programme (Pages 129 - 134)

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

EXEMPT ITEMS

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

Peter Sass
Head of Democratic Services
(01622) 694002

Monday, 15 September 2014

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'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 (Acting 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.

KENT COUNTY COUNCIL

CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Darent Room, Sessions House, County Hall, Maidstone on Thursday, 19 June 2014.

PRESENT: Mrs A D Allen, MBE (Chairman), Mr R E Brookbank, Mrs P T Cole, Mr G Lymer, Mr B Neaves, Mr R Truelove, Mr M J Vye, Mrs J Whittle and Mrs Z Wiltshire

ALSO PRESENT: Mr P J Oakford

IN ATTENDANCE: Ms M MacNeil (Director, Specialist Children's Services), Mr P Brightwell (Head of Quality Assurance, Children's Safeguarding Team), Mr T Doran (Head Teacher of Looked After Children - VSK), Ms Y Shah (Interim Head of Adoption Service) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

19. Membership
(Item A1)

The Chairman reported that Jenny Whittle had replaced Peter Oakford as a Member of the Panel, as Mr Oakford had taken over as Cabinet Member for Specialist Children's Services to cover Mrs Whittle's imminent maternity leave.

20. Substitutes and Apologies

The Democratic Services Officer reported that no notice of any substitutes had been given, but apologies had been received from Teresa Carpenter, Sophia Dunstan, Stuart Griffiths and Carolyn Moody.

21. Minutes of the meeting held on 10 April 2014
(Item A3)

1. RESOLVED that these be approved as a correct record and be signed by the Chairman.

2. In response to a question from Mr Vye about a report on the reasons for placement breakdowns, which was to have been reported to this meeting, Ms MacNeil apologised for the absence of the item on the agenda. She explained that the necessary information had not been complete in time to draft a report in June but such an item could be included for the Panel's early-September meeting. The Democratic Services Officer suggested that the report be sent out to Panel members as soon as it became available, between meetings, and that an item be added to the September agenda to respond to whatever issues Panel members may wish to raise after reading the report.

3. In response to a question from Mrs Wiltshire about placements of children in care beyond 20 miles from their family home, Ms MacNeil explained that the County Council had more control over the placement of its own children in care but no direct control over the placement of children by other local authorities. There were as yet no figures available to show the effect of recent new regulations restricting placements beyond 20 miles. Mrs Whittle added that the report of a recent Parliamentary Education Select Committee had recommended that placements beyond 20 miles should not be made. However, the Department of Education had yet to issue its response to the Select Committee report, and she advised that the County Council should wait for this response to be made before making its own formal comment.

22. Minutes of the meeting of the Kent Corporate Parenting Group held on 22 May 2014
(Item A4)

1. RESOLVED that the minutes be noted.

2. Mr Vye highlighted key issues which had arisen at the meeting, which he had attended as a representative of KCC elected Members:-

- it had been suggested that KCC elected Members be issued with a lanyard printed with 'Corporate Parent', to identify the role which they all shared;
- it was becoming clear that the Staying Put initiative would rely heavily on sufficient funding being made available;
- a recent presentation on Junior ISAs by the Share Foundation had been inspiring as a possible way of supporting Kent's children in care to save tax-free for their future, and he suggested that elected Members could possibly use part of their individual Member grants to contribute to such accounts. He said he was currently seeking advice on this issue. *It was subsequently agreed that an item be added to a future Panel agenda in which the Share Foundation could make a presentation on Junior ISAs.*

23. Chairman's Announcements
(Item A5)

1. The Chairman announced that a recent meeting had taken place between herself, Mr Oakford, Ms MacNeil and young people in care. The purpose of the meeting had been to preview the new 'Care to Listen' DVD and ask young people for their ideas and suggestions on how they wished to engage with the Corporate Parenting Panel. The young people were preparing a report to present to the County Council meeting on 15 July, with the DVD.

2. She added that she was currently in discussion with the Leader about establishing a KCC apprentice scheme for care leavers.

3. She read out a card received from Carolyn Moody of the Thanet Foster Carers Association thanking the members of the Panel for their support and participation at the recent sports day in Thanet on Bank Holiday Monday.

4. Panel members took the opportunity to congratulate the Chairman on her recent award of an MBE in the Queen's Birthday Honours list.

24. Verbal Update from Our Children and Young People's Council
(Item A6)

In the absence of Ms Dunstan, Mr Doran briefly outlined the activities being arranged by the VSK apprentices for the summer holidays. *The details of these events, once finalised, would be sent to the Democratic Services Officer for email distribution to Panel members.*

25. Cabinet Member's Verbal Update
(Item A7)

1. Mr Oakford gave a verbal update on the following issues:-

Fostering Fortnight – this had recently taken place and been very successful.

Children's Social Worker Recruitment and Retention – he had asked the Council's human resources team to research the potential total benefits packages which could be offered to social workers in local authorities and to compare them to those available to social workers in independent agencies, so the County Council could set its packages to compete. The cost of recruiting social workers was currently £3million and his aim was to halve this amount.

Foster Children and Carers Sports Day in Thanet - this had been well attended, despite very poor weather, and had been an outstanding day. The local sports centre had permitted its indoor facilities to be used free of charge so that planned outdoor activities could move indoors to escape the weather. He thanked those Panel members who had attended and urged Panel members to support similar future events.

LLP – Supporting Care Leavers in Education and Training – the annual conference had been addressed by the Secretary of State for Children and Families, Edward Timpson, who had himself been in foster care as a child.

The Caldecott Foundation – this charitable trust provided residential and day care for children with disabilities and special educational needs (SEN) and had recently opened a new vocational training centre. The Foundation was seeking to liaise with the County Council to reduce the costs of placing young people at the Foundation's centres and to make their services more affordable to the Council.

26. Update on Adoption Service
(Item B1)

1. Ms Shah introduced the report and highlighted that improvements had been made at every stage of the adoption process. She presented a selection of anonymised case studies to illustrate the challenges which the Adoption service had to overcome, especially in finding adopters for hard-to-place children. She responded to comments and questions from Panel members and the following points were highlighted:-

a) it would not yet be possible to identify any effect of a recent television series about the adoption service in one London Borough, eg on the number of prospective adopters coming forward, as the information currently available covered only the period before the series had been broadcast;

b) adopters looking at possibly taking on hard-to-place children would be advised at the outset of the support packages which would be available to them after placement;

c) the next planned Adoption Activity Day would take place on 28 September, and Panel members were encouraged to attend the Adoption Summit on 3 July;

d) it had proven difficult in the past to recruit adopters from BME communities in Kent, but also there had historically been a very low number of children in Kent from BME communities seeking adoption. The number of children with dual heritage had increased recently, and the number of families from BME communities migrating to Kent had also increased, gradually changing the ethnic profile of the county. This may mean that more adopters from such communities may need to be recruited in the future. There were very few Asian children in care, and Asian parents seeking to adopt tended to travel to India to adopt there;

e) Kent had exceeded the performance of the two other local authorities of a similar size – Essex and Birmingham – in terms of the number of children successfully adopted. *Ms Shah undertook to research comparative figures for other local authorities and advise the Panel of these;*

f) Panel members acknowledged and celebrated the great improvement made to the adoption service since the appointment of Coram; and

g) the annual report of the adoption service had not been ready to present to this meeting but would be presented instead to the Panel's September meeting. The independent Chairman of the Improvement Panel, Jonathan Pearce, would need to see the report when he visited the Kent Panel in early July, and *Ms Shah undertook to finalise the report and send it to Panel members via the Democratic Services Officer before sharing it with Mr Pearce.*

2. RESOLVED that the update report be noted, with thanks, and the adoption service annual report be sent to Panel members after the meeting.

27. Update regarding the work of the Head Teacher of Virtual School Kent (VSK)
(Item B2)

1. Mr Doran introduced the report and highlighted key areas in which VSK had performed well against the national, South East and London averages, although it aspired to perform above these averages. New data sets had been introduced at the LLP annual conference. Panel members were reminded that Kent had three times the national average of unaccompanied asylum seeking children, many of whom arrived in the UK during years 10 and 11 of their education and therefore had limited

time to settle and perform well at GCSE level. Kent also had an increasing number of children in care with SEN and, with the new reforms of the SEN assessment process, a great increase had been seen in the number of children who were just below the level at which they would be awarded a statement of SEN. Mr Doran responded to questions and comments from Panel members and the following points were highlighted:-

a) VSK had shown improvement against wider data which measured attainment beyond 5 GCSEs. Mr Doran read out the latest statistics, *which are appended to these minutes*;

b) Kent always sought to celebrate the achievements of its young people, and a press release could be prepared setting out this good news story;

c) concern was expressed about how good performance would appear if English and Maths scores were to be recorded separately. These two subjects were measured and recorded together as they were both valued by employers and a young person's employment chances would be much better if they had good scores in both these key subjects;

d) concern was also expressed about how realistic it was to expect young people to perform well academically when they had experienced trauma and disruption in their lives. Formal qualifications were only part of the story; it was important for young people in care to be able to build their self-esteem, and emphasising qualifications in which only the top 15% were expected to perform well might be damaging to the self-esteem of others. Mr Doran reassured members that VSK's focus extended beyond the top 15% of pupils;

e) the Chairman asked about the extent of awareness among foster carers of the County Council's pledge to its children in care and care leavers, and Mr Brightwell advised that independent reviewing officers (IROs) checked levels of awareness as part of their role, as a way of quality-assuring the effectiveness of the County Council's efforts to publicise the document. Although some may not recognise the title of the document, most were familiar with the content of it. As part of its ongoing liaison with children in care and care leavers, the Panel could ask them what support they required to understand the Pledge and its contents;

f) VSK's responsibility currently ended at the end of the GCSE years. The new Children and Families Act and the Raising the Participation Age legislation, which had made Mr Doran's role statutory, had been expected to extend this responsibility but no change had been made. Ideally, VSK would like to support young people from 0 to 25 but it was important to be realistic about what was currently possible with available resources. However, VSK would always seek to support a young person through their transition to further or higher education, linking to the September Guarantee. VSK had a good relationship with further and higher education colleges and would liaise with them about what support they would need to have to be able to help young people through transition;

g) currently, a high number of children in care dropped out of education at age 16 or in year 13, and the number going on to university was very low. 48% of children in care and care leavers were not in education, employment or training (NEET), although the NEET figure only ever offered a snapshot of the situation at any one moment;

h) Mr Doran was asked about what budgetary support might be required for this work and the Cabinet Member, Mr Oakford, said he would meet with the Cabinet Member for Education and Health Reform, Mr Gough, to discuss and take this forward. Mr Doran added that the recent transfer of control of the pupil premium grant from schools to VSK gave VSK scope in deciding how to use it. He tabled a chart listing possible uses of the grant, following the Sutton model;

i) Mr Doran's new statutory role brought with it a budget of £2.3million but this could only be used for children from Reception year to age 16, and some in year 11, to support transition;

j) schools had a statutory responsibility to improve the educational attainment of children in care, which is why funding had traditionally been channelled via schools, and they were required to establish a formal support plan for each child, which VSK had a responsibility to monitor. The Leuven 5-point scale of wellbeing in learning measured indicators such as interaction, concentration and behaviour and behaviour, and if existing support was not effective, schools needed to have a plan to improve it, with VSK support;

k) in response to a question about the relationship between foster carers and VSK, Mr Doran explained that one of VSK had fostering/education liaison officers who would work with foster carers, and good links would be made between a child's school, foster home, social worker and VSK; and

l) Mr Doran was asked by one Panel member to attend a meeting of the governing body of a local school to guide them in starting to use the Sutton model. Mr Doran said he was happy to do this but to attend every school in Kent which was considering using this model would be a huge undertaking. He pointed out that his budget of £2.3million could not be used for administration tasks.

2. RESOLVED that the update be noted, with thanks, and that VSK staff be congratulated on the levels of attainment the VSK has helped young people to achieve.

28. Independent reviewing Officer (IRO) Service - quarterly update
(Item B3)

1. Mr Brightwell introduced the report and highlighted key points, as follows:-
   - the number of children in care in Kent had fallen since the last quarterly report to the Panel;
   - monitoring the number of changes of social worker a child in care experiences was now included in IROs' work;
   - a recommendation arising from Ofsted's most recent inspection was that the number of IROs should be doubled;

- the key role of IROs was to promote and support good practice;
- most children in care were now chairing their own review meetings; and
- the aim of Kent's IRO service was not to settle for any rating that was less than 'good'.

2. He responded to comments and questions from Panel members and the following points were raised:-

a) young people who were happy with their experience of being in care were more likely to fill in surveys or take part in exit interviews, but it was important also to engage with those who were perhaps not so happy and may be reticent about sharing their feelings. Mr Brightwell commented that, as IROs were able to spend more time building relationships with young people, the latter would hopefully then be more willing to participate in feedback surveys and interviews. It was important to adopt a gentle and careful approach when seeking young people's views;

b) 60% of young people leaving care had said that their IRO had been helpful to them;

c) the Cabinet Member, Mr Oakford, commented that, when meeting with young people recently to seek their views on engagement, he had been told that they felt surveys to be 'boring' and that a mobile phone app would be preferred as it was easier to respond to. Mr Brightwell said that apps had been considered but social workers tended to prefer traditional ways of communicating and may take a while to embrace the use of new technology in this way. *He undertook to look into the feasibility of introducing this new idea;* and

d) 30% of social worker review reports had been rated as 'inadequate', so there was still some work to do to address the quality of reporting. Ms MacNeil responded that the County Council was thorough and strict about its self-assessment targets, and an 'inadequate' rating could arise from one error such as a mis-spelling of the child's name. The importance of getting such basic details correct was emphasised. The questioner said it would be helpful to have an indication in future reporting to the Panel of the reason for any 'inadequate' rating. Mr Brightwell added that standards of recording had risen since the 2010 Ofsted inspection, so that a basic error would now be highlighted whereas it may previously not have been. While 1 in 10 children might have some error in their care plan, it was important to acknowledge that 9 in 10, or 90%, of children, had a correct and complete plan. The County Council's aim was that all children should have a care plan which was 100% correct.

3. RESOLVED that the update be noted, with thanks, and that IROs be thanked for the difficult and valuable work they do to support children and young people in care.

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Four years of Y11 GCSE Trend Breakdown

	2009-10	2010-11	2011-12	2012-13	↑↓
NI101	4.6%	10.3%	13.1%	15%	↑226%
5A*-C	18.2%	24.4%	28%	33%	↑81%
5A*-G	38%	38%	48%	48%	↑26%
1A*-G	61%	61%	64%	65%	↑7%
Special Educational Needs					
Total SEN	56%	52%	67%	72%	↑29%
SA	10%	6%	13%	11%	↑10%
SA+	12%	18%	31%	23%	↑92%
SSEN	33%	28%	23%	38%	↑15%
Unaccompanied Asylum Seeking Children (UASC)					
National Average			3%		
South East Average			5%		
London			8%		
Kent			10% (↑233% on National Average)		

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By: Mr P J Oakford, Cabinet Member for Specialist Children's Services

Mr G K Gibbens, Cabinet Member for Adult Social Care and Public Health

Mr A Ireland, Corporate Director of Social Care, Health and Wellbeing

Mr A Scott-Clark, Interim Director of Public Health

To: Children's Social Care and Health Cabinet Committee
23 September 2014

Subject: **Verbal updates by Cabinet Members and Corporate Directors**

Classification: Unrestricted

The Committee is invited to note verbal updates on the following issues:-

Children's Social Care

Cabinet Member for Specialist Children's Services - Mr P J Oakford

1. Attended Challenger Troop Award evening
2. Fostering awareness at the Tunbridge Wells Mela event
3. Visit to Essex County Council to discuss their journey to Good
4. Virtual School Kent (VSK) awards day and Canterbury Cricket Ground
5. Social Worker Recruitment
6. Foster Carer Recruitment

Corporate Director of Social Care, Health and Wellbeing – Mr A Ireland

1. Staffing changes
2. Virtual School Kent awards
3. Emotional health and Wellbeing Strategy
4. Post Sexual Abuse Support Service

Children's Public Health

Cabinet Member for Adult Social Care and Public Health - Mr G K Gibbens

Key Decisions

1. Contract Award for Kent Community Infant Feeding Service

Events

1. 10 July Attended Mental Health Engagement event for DGS, Swale & West Kent CCG Areas in Lenham

2. 15 July Attended the LGA Physical Activity Senior Leadership Forum in London
3. 17 September Presented at the Public Health England Conference in Warwick

Interim Director of Public Health – Mr A Scott-Clark

1. update on transfer of Health Visitor responsibilities
2. Flu campaign
3. Kent School Nursing Conference
4. Public Health England Conference

From:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
	Andrew Scott-Clark, Interim Director of Public Health
To:	Children's Social Care and Health Cabinet Committee 23rd September 2014
Decision No.	14/00108
Subject:	Kent teenage pregnancy strategy 2015-2020
Classification:	Unrestricted

Summary

This paper presents the draft strategy (appendix 1) to reduce teenage pregnancies in Kent between 2015-2020. It takes into account national policy and guidance about teenage pregnancy.

The draft strategy has been informed by stakeholder engagement events, which included the views of sexual health workers, school nurses, midwives, district level representatives, health improvement workers, early intervention workers and teachers and has been developed by close collaboration between public health and education and young people teams.

The draft strategy was subject to an equality impact assessment and stakeholder and public consultation. Feedback from the consultation has been incorporated.

Recommendation

The Children's Social Care and Health Cabinet Committee is asked to comment and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to approve the Teenage Pregnancy Strategy.

1.1 Background

The purpose of this paper is to outline the Kent County Council proposal for a new Teenage Pregnancy Strategy.

Teenage pregnancy is one of the success stories of the last decade in the public health field. The under 18 conception rate has fallen by a third. Nonetheless, more work is needed to bring it down to those seen in other western European countries. The Government has called on local government to continue working with partners to 'keep the momentum going'. Local government is still expected to take a lead role in tackling teenage pregnancy.

The aim of the strategy is to help young people to thrive, become resilient and make positive contributions to their communities and wider society. This will be achieved by providing access to information, services and early help, so that they can make appropriate choices about their sexual relationships. When young people decide to

have a child, they should have support to achieve the best possible outcome for themselves and their children. Young people should be involved in this work.

As well as improving the information, advice and support we provide to all young people and introducing measures so that sexually active young people can access contraception easily and use it effectively, our success in reducing teenage pregnancy rates will also depend on how effectively we tackle the underlying factors that increase the risk of teenage pregnancy – such as poverty, low educational attainment, poor attendance at school, non-participation in post-16 learning and low aspirations. Offering appropriate support to young people who are experiencing these underlying risk factors will help to build their resilience and raise their aspirations and so reduce the likelihood that they experience a range of poor outcomes, including teenage pregnancy.

1.2 Local context

'Facing the Challenge' provides the framework for transforming the way in which services are delivered in Kent and a change in the interface between residents and the County Council. For children and young people's services, this includes the development of a Preventative Services Division within Kent County Council, which will progress the integrated commissioning and delivery through Kent Integrated Family Support Service (KIFSS) and Kent Integrated Adolescent Support Service (KIASS).

1.3 National picture

The Social Exclusion Report on Teenage Pregnancy (1999) highlighted the health and social impact of teenage conception. This report, given the high rates of teenage conception in comparison to European neighbours, was the catalyst for the National Teenage Pregnancy Strategy 2001-2011.

The aim of the strategy was twofold:

- to reduce teenage pregnancy rates by 50% by 2011
- to increase the number of young parents engaged in education and training

The majority of local authorities have yet to achieve a 50% reduction. However, according to 2012 data, England has the lowest teenage pregnancy rate for 30 years. Although this trend is promising and reflects a significant effort in reducing teenage pregnancies, there is clearly still further work to be undertaken to achieve the target of 50% reduction.

1.4 Local picture

The under 18 conception rate in Kent (2012) is 25.9 per 1000 females aged 15-17, that is lower than the rate for England (27.7). However, the rates and trends vary significantly across Kent[1]. There is clearly a need for continued efforts for reduction

[1] District level information is available from Kent & Medway Public Health Observatory teenage pregnancy dashboard http://www.kmpho.nhs.uk/jsna/teenage-pregnancy

of teenage pregnancies in those areas where rates have not improved as much as it would have been expected. This is a key factor in addressing inequalities for young people across Kent.

Not all teenage young women who become pregnant will complete the pregnancy. In Kent (2012), 46% of conceptions lead to a termination. The termination of pregnancy rate in Kent (2012) is 12.5 per 1000 women aged 15-17. This is slightly lower than the rate for England.

An equality impact assessment of the strategy identified a number of issues that will be considered when we develop local implementation action plans. This assessment formed part of the public consultation.

2 Consultation

The draft strategy was subject to significant consultation, with children and young people and with children and young people's workforce. A multi-agency stakeholder event took place (March 2013) with representation from Kent County Council and across the health economy to review teenage pregnancies in Kent. There was agreement to develop a strategy renewing the efforts to further reduce rates, to be led by KIASS and public health teams. Furthermore, this was informed by the publication of the national sexual health improvement plan.

Subsequently, four consultation events were organised across Kent with guest speaker, the national lead for teenage pregnancy. These events were attended by over 120 professionals working in areas such as sexual health, children's centres, early intervention, school nurses, midwives and teachers and social care, who agreed the key strategy themes and actions.

The strategy themes have been tested through the Head Start Kent programme aiming to build emotional resilience in adolescents. Co-production with children and young parents, teachers and children and young people's workers has been an essential part of this programme. In addition, the views of children and young people have been sought through a consultation event (July 2013) and peer led activities in schools with over 400 participating young people (2013-14 academic year).

Finally, we consulted with stakeholders and partners such as sexual health, education, children centres, KIASS, KIFSS, CCGs and local health and wellbeing boards, youth champions and Kent youth forum. The responses to the consultation have been noted and incorporated as appropriately to the strategy.

3 Strategy ambitions

AMBITION 1 Reducing under 18 conceptions requires strong leadership and joined-up working

The development of a Kent Health and Wellbeing board, as well as local CCG Health and Wellbeing boards, provides the multi-agency leadership and accountability required. CCG level action plans will be implemented and monitored.

AMBITION 2 Providing universal access to high quality personal, social and health education (PSHE) to all children and young people

Working with children and young people, it is important to emphasise their strengths, so that these can be built that can built upon. The Chief Medical Officer has identified that relationships and sex education (RSE) in the context of PSHE is critical. Provision of good quality PSHE is understood to be a key driver in the reduction of under 18 conceptions. Our ambition is that delivery of PSHE becomes 'outstanding'.

Young people also want to contribute to the improvement of PHSE. Kent Youth County Council has made the delivery of PHSE one of their priorities.

It is important to apply whole school approaches to build emotional health and resilience through HeadStart Kent and to implement a workforce development strategy.

AMBITION 3 Building the aspirations for young people

There is concern that some children and young people are not reaching their full potential and are not being proactively identified and supported early enough. For some cultures, communities and families, parenting at a young age is the social norm. Breaking this cycle requires the building of aspirations for communities and families alongside individual young people.

For those young people who become young parents, we need to embed progression planning as part of the holistic plan early into the pregnancy to ensure that they become economically active citizens.

AMBITION 4 Children and young people playing an active role in shaping the world around them

Their participation is not only their right, but evidence also shows that it results in better service design and delivery. Furthermore, they welcome the increased responsibility and share their enthusiasm and knowledge through their own friendship groups and networks.

AMBITION 5 Improving sexual health for young people

Sexual health services are valued by the wider children and young people's workforce, but need to be more visible and take a more integrated approach. They are not equitable and it is not clear that they meet the needs of the most vulnerable young people. Young men, in particular, may not be accessing services as they could be.

AMBITION 6 Improving emotional, physical, educational and economic wellbeing for young parents

Young parents are vulnerable to poverty and poor emotional and physical health. Many young parents leave education or training to support their families and find it hard to return to education or the workplace.

4 Next steps

Once the strategy is agreed, it is expected to come to life through the local health and wellbeing partnerships that will develop local action plans, continuing to build on their successes and becoming even more effective in tackling teenage pregnancy. These plans will be coordinated by Kent County Council.

We expect that they will engage parents, young people and local stakeholders in determining their local action plans to meet local needs and in reviewing the progress against agreed actions.

5 Conclusion

This paper lays out the key elements of the draft teenage pregnancy strategy (appendix 1), which has been subject to wide consultation and an equality impact assessment.

6 Recommendation

The Children's Social Care and Health Cabinet Committee is asked to comment and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to approve the Teenage Pregnancy Strategy.

7 Contact details

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Background Documents

None

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care & Public Health	14/00108

For publication

Subject: Kent Teenage Pregnancy Strategy 2015-2020

Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to approve the Kent Teenage Pregnancy Strategy for 2015-20

Reason(s) for decision:
Adoption of a strategy

Cabinet Committee recommendations and other consultation:
The proposed strategy will be discussed by the Children's Social Care and Health Cabinet Committee at its meeting of 23rd September.

Other consultation:
This strategy has been produced in partnership with the many stakeholders from across Kent and organisations directly involved with supporting young people.

An earlier draft of the strategy was open for formal consultation via the Kent County Council website from July - September 2014. A number of updates to the strategy have been made following feedback received.

Any alternatives considered:
The strategy has been adjusted to take account of comments received during the consultation

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

..... signed

..... date

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Kent Teenage Pregnancy

Strategy 2015 -2020

Kent County Council
kent.gov.uk

Foreword

The reduction of teenage pregnancies is one of the success stories of the last decade in the public health field that I warmly welcome. The under 18 conception rate has fallen by a third. Nonetheless, more work is needed to bring it down to those seen in other western European countries. National government has called on local authorities to continue working with partners to 'keep the momentum going'. Kent County Council will continue to lead the effort to reduce rates further across Kent. In this context, Kent County Council has published the Kent teenage pregnancy strategy and we are looking forward continuing our collaboration with all our partners, building on our successes and becoming even more effective in tackling teenage pregnancy.

Foreword by Councillor R Gough
(Cabinet Member for Education & Health Reform)

Councillor G Gibbens
(Cabinet Member for Adult Social Care & Public Health)

Introduction - what we want to achieve

- We want young people to thrive, to be resilient and lead fulfilled lives, able to become responsible and contribute positively to their communities and those around them now and in the future.

- We want to ensure that young people have access to the information, services and early help that they need to be able to take control of their lives, make positive choices for themselves in relation to the sexual relationships that they have and when they start a family.

- When young people make a positive choice to conceive and have a child, we want to make sure that they have access to the services that they need to ensure the best possible outcome for them and their children.

We recognise that teachers, parents, health and social care professionals and young people themselves will all need to be engaged and work together if we are going to achieve our aims.

Local context

Facing the Challenge is a Kent County Council strategic document, which provides a framework for transforming the way in which services are delivered in Kent and a change in the interface between residents and the County Council. For children and young people's services, this includes the development of a Preventative Services Directorate within Kent County Council, which will progress the integrated commissioning and delivery through Early Help and Preventative Services. [1|2]

Kent Joint Health and Wellbeing Strategy is the guiding document for all health and care services across Kent. It identifies three approaches to ensure that services meet the needs of local people; namely integrated commissioning and provision to deliver person centred services. One of the strategy outcomes is that 'Every Child Has the Best Start in Life' that will be achieved by working on four priority areas; tackling issues where Kent is worse than England average, health inequalities, gaps in provision and transforming services to improve patient experience, outcomes and value for money.

National context

The key national strategic drivers (see Annex 1) are identified by the Children and Young People's Health Outcomes Forum report.[3] This report introduces an integrated outcomes framework for children and young people. It recognises the need to take a more asset based approach to children and young people's health and wellbeing and ensure that children and young people health and wellbeing is embedded within health and wellbeing structures.

[1] Early Help and Preventative Services Prospectus Kent Integrated Family Support Service and Kent Integrated Adolescent Support Service (May 2014) **www.kent.gov.uk/data/assets/pdf_file/0006/13965/Early-help-preventative-services.pdf**

[2] One year plan, Early Help and Preventative Services Kent Integrated Family Support Service and Kent Integrated Adolescent Support Service (July 2014)

[3] Children & Young People's Public Health Outcomes Forum: Report of the Public Health & Prevention Subgroup HYPERLINK "**http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216854/CYP-Public-Health.pdf" www.gov.uk/government/uploads/system/uploads/attachment_data/file/216854/CYP-Public-Health.pdf**

A Framework for Sexual Health Improvement for England[4] prioritises the need to continue efforts to reduce the rates of under 18 and under 16 conceptions. It identifies that young people should receive appropriate information and education to make the right choices in their sex lives.

Positive for Youth - a new approach to cross-government policy for young people aged 13 to 19[5] introduces a new partnership approach to driving up participation in education and training and improve attainment of children and young people. It recognises the need to listen to the voice of the young people.

No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages[6] prioritises preventing mental ill health and poor mental wellbeing across all ages.

You're Welcome Standards[7] sets out 10 criteria for the delivery of effective children and young people friendly services. It includes the need to provide comprehensive sexual health services, ensuring confidentiality and consent, making services accessible and ensuring children and young people participate in their design, delivery and review.

Chief Medical Officer's report 2012[8] focuses on the health and wellbeing of children and young people. Its recommendations include the need to focus on early help, to undertake research which links personal, health, social education (PSHE) to attainment, to take resilience based approach and to better understand how to build resilience in young people and to address gaps in attainment in education for young people as a means to reduce child poverty.

[4] A Framework for Sexual Health Improvement in England. DH & Cross Government, 2013
www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

[5] Positive for Youth: A new approach to cross-government policy for young people aged 13 to 19. Cabinet Office and Dept. for Education, 2010
www.gov.uk/government/uploads/system/uploads/attachment_data/file/175496/DFE-00133-2011.pdf

[6] No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages. HMG/DH, 2011
www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

[7] You're Welcome: Quality Criteria for Young People Friendly Health Services. DH 2011
www.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf

[8] Our Children Deserve Better: Prevention Pays. Chief Medical Officer's annual report, 2012
HYPERLINK "file:///C:\Users\LZ\Desktop\Alexis\Kent\Kent\TP\www.gov.uk\government\publications\chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays" **www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays**

Teenage pregnancy nationally

The Social Exclusion Report on Teenage Pregnancy (1999) highlighted the health and social impact of teenage conception. This report, given the high rates of teenage conception in comparison to European neighbours, was the catalyst for the National Teenage Pregnancy Strategy 2001-2011.

The aim of the strategy was twofold:

- to reduce teenage pregnancy rates by 50% by 2011
- to increase the number of young parents engaged in education and training

The majority of local authorities have yet to achieve a 50% reduction.[9] However, according to 2012 data, England has the lowest teenage pregnancy rate for 30 years. Although this trend is promising and reflects a significant effort in reducing teenage pregnancies, there is clearly still further work to be undertaken to achieve the target of 50% reduction.

[9] Teenage Pregnancy Strategy: Beyond 2010. DfES and DH, 2010 **www.education.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf**

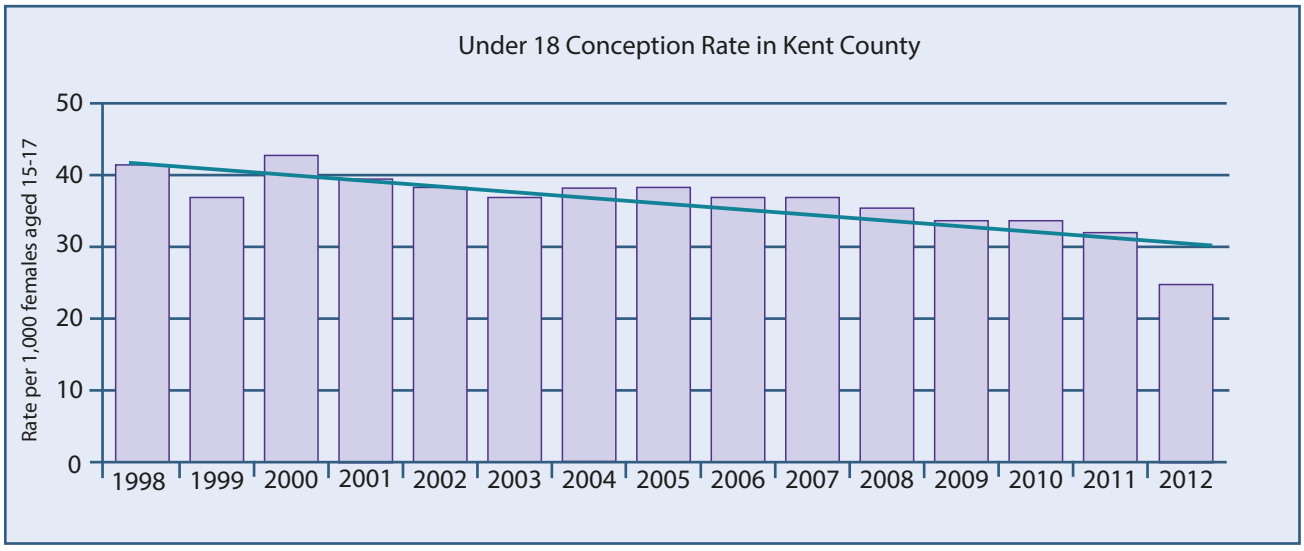
What we are seeing in Kent – the facts

The under 18 conception rate in Kent (2012) is 25.9 per 1000 females aged 15-17, that is lower than the rate for England (27.7).

However, the rates and trends vary significantly across Kent.[10] There is clearly a need for continued efforts for reduction of teenage pregnancies in those areas where rates have not improved as much as it would have been expected. This is a key factor in addressing inequalities for young people across Kent.

As well as improving the information, advice and support, we provide to all young people and introducing measures so that sexually active young people can access contraception easily and use it effectively, our success in reducing teenage pregnancy rates will also depend on how effectively we tackle the underlying factors that increase the risk of teenage pregnancy – such as poverty, low educational attainment, poor attendance at school, non-participation in post-16 learning and low aspirations. Offering appropriate support to young people who are experiencing these underlying risk factors will help to build their resilience and raise their aspirations and so reduce the likelihood that they experience a range of poor outcomes, including teenage pregnancy.

Figure 1 Under 18 conception rates in Kent (1998-2012)



[10] District level information is available from Kent & Medway Public Health Observatory teenage pregnancy dashboard **www.kmpho.nhs.uk/EasysiteWeb/getresource.axd?AssetID=362914&type=Full&servicetype=Attachment**

Termination of pregnancy

Not all young women who become pregnant will complete the pregnancy. In Kent, in 2012, 45.8% of under 18 conceptions lead to a termination. This compares to a figure of 49.1% in England.

Education, employment and training for young parents

Current data indicates that 66% of 16-19 year olds in a parenting cohort are not in education, employment or training (NEET). In January 2014, only 9% of young women under the age of 20 who were parents applied for 'Care to Learn' funding. This programme provides financial support for childcare to parents under the age of 20, who wish to take up training or return to education.

Sexual activity amongst young people

We need to be aware and respond to new evidence about what is happening in young people's relationships, so the advice and support we provide is up to date and relevant. For example, an NSPCC survey[11] reported the levels of violence within teenage relationships; a quarter of girls aged 13 to 17 had experienced physical violence from a boyfriend and a third had been pressured into sexual acts they did not want. The Office of Children's Commissioner[12] highlighted the importance of addressing access to pornography in reducing violence in young relationships. The consequences of violence and coercion can be the early initiation of sexual activity without using contraception. There is also a better understanding of the prevalence of child sexual abuse and its impact on sexual and future emotional health.

[11] Partner exploitation and violence in teenage intimate relationships. NSPCC, 2009
http://www.nspcc.org.uk/Inform/research/findings/partner_exploitation_and_violence_report_wdf70129.pdf

[12] "Basically...porn is everywhere" A Rapid Evidence Assessment on the Effects that Access and Exposure to Pornography has on Children and Young People. Office of Children's Commissioner, 2013
www.childrenscommissioner.gov.uk/content/publications/content_667

Vulnerable young people

Many adolescents experience significant life events and expose themselves to risks, but most of them will bounce back or find their way to the appropriate services. Vulnerable young people (particularly children in care or leaving care, children with learning difficulties and disabilities, young offenders, or those not engaged in education, employment or training) have an increased likelihood acquiring a sexually transmitted infection, becoming pregnant and as a result becoming young parents, having unhealthy relationships and low self-esteem or confidence. Among the most vulnerable girls, the risk of becoming a teenage mother before the age of 20 is nearly one in three. It is therefore critical that practitioners working with vulnerable young people – girls and boys – are aware of these issues, when promoting sexual health. This applies particularly to those supporting children in care and care leavers.

AMBITION 1

Reducing under 18 conceptions requires strong leadership and joined-up working

The development of a Kent Health and Wellbeing board, as well as local CCG Health and Wellbeing boards, provides the multi-agency leadership required. It is widely recognised that local strong leadership is critical for effective action.

The Health and Wellbeing strategy recognises the need for greater integration of the children and young people's workforce around the needs of children and their families. It also recognises the need for greater joint commissioning, which is required to ensure that services are in place for the right young people at the right time, and that provision is not duplicated.

AMBITION 1: Strong leadership and joined-up working
Seek Health and Wellbeing board leadership and accountability for the strategy
Develop CCG level Health and Wellbeing board action plans, which are smart and their implementation is regularly monitored and evaluated
Develop CCG level and district level integrated performance framework for the strategy

AMBITION 2

Building emotional health and resilience and providing universal access to high quality personal, social andhealth education (PSHE) to all children and young people

Emotional health and resilience is the foundation for positive health, social and education[13] outcomes for children and young people. Nationally, evidence is emerging as to how emotional health and wellbeing can be improved, but there is much to learn. The virtual world brings particular risks and challenges, which need to be understood and incorporated into learning opportunities for children and young people.

Underpinning our approach to emotional health and resilience must be an approach to working with children and young people and their families, which emphasises the strengths that they have and can build on. The HeadStart Kent programme[14] will promote a new approach to building resilience. Working with partners, we will develop a new strengths based model that will support vulnerable groups to better cope with life challenges. This programme has been developed using best available evidence and integrating techniques and methods of work that are responsive to the needs of young people and their families.

The Chief Medical Officer has identified that relationships and sex education (RSE) in the context of PSHE is critical. Provision of good quality PSHE is understood to be a key driver in the reduction of under 18 conceptions. Children and young people in Kent must have the information, support and be confident to make the right choices about relationships and when to become sexually active. They need to be given opportunities to develop the knowledge and the understanding of acceptable norms that will safeguard them if adults attempt to sexually exploit them.

[13] Childhood Wellbeing Research Centre (2012). 'The impact of Pupil Behaviour and Wellbeing On Educational Outcomes' **www.gov.uk/government/publications/the-impact-of-pupil-behaviour-and-wellbeing-on-educational-outcomes**

[14] HeadStart Kent programme **www.kent.gov.uk/education-and-children/headstart**

Ofsted has identified that PSHE in England is not 'good enough' in a third of the schools that were inspected.[15] The report identifes this as a concern as it may leave children and young people vulnerable to inappropriate sexual behaviours and sexual exploitation. This is because they have not been taught the appropriate language or developed the confidence to describe unwanted behaviours or know where to go to for help. The ambition is that delivery of PSHE becomes 'outstanding'.[16] It is not only in schools[17] that PSHE can be delivered. Youth and faith settings, between peers and in the family, are places where PSHE messages can be delivered and reinforced.

Young people also want to contribute in the improvement of PSHE. Kent Youth County Council has made the delivery of PSHE one of their priorities. We plan to design together with young people, their parents, schools and the voluntary sector, a new curriculum for life.

We will use peer led social marketing (in collaboration with the PHE 'Rise Above') and target interventions to support young people to make better choices and develop coping strategies for improved positive relationships. We will utilise young health champions to deliver SRE in schools, in the community and through digital media, so that young people can become good parents in the future.

AMBITION: 2 Building emotional health and resilience of the children and young people

Apply whole school approaches to build emotional health and resilience through PSHE and HeadStart Kent

With the active involvement of young people, develop and implement a Kent framework for relationship and sex education

Develop a curriculum for life that builds upon the 'Six Ways to Wellbeing'[18] and is a central component of early help

Develop and implement a workforce development strategy for emotional health and resilience

[15] OFSTED (2013). ' Not Yet Good Enough' **www.ofsted.gov.uk/resources/not-yet-good-enough-personal-social-health-and-economic-education-schools**

[16] OFSTED (2013). 'Supplementary Subject Specific Guidance for PHSE Education' **www.ofsted.gov.uk/resources/generic-grade-descriptors-and-supplementary-subject-specific-guidance-for-inspectors-making-judgement**

[17] 'Schools' denotes all education settings such as schools, colleges, pupil referral units and alternative curriculum settings

[18] Live it well. Six ways to wellbeing HYPERLINK "**http://www.liveitwell.org.uk/ways-to-wellbeing/six-ways-to-wellbeing"www.liveitwell.org.uk/ways-to-wellbeing/six-ways-to-wellbeing**

AMBITION 3

There is concern that some children and young people are not reaching their full potential and are not being proactively identified and supported early enough or at key transition stages.

For some cultures, communities and families, parenting at a young age is the social norm. Breaking this cycle requires the building of aspirations for communities and families alongside individual young people. Building on work with particular communities in Kent can be used to build effective interventions with children, young people and their parents; for example with gypsy traveller young people.

As children and young people build their aspirations, schools and colleges will need to offer innovative and accessible training programmes. For those young people who become young parents, we need to embed progression planning as part of the holistic plan early into the pregnancy to ensure that they become economically active citizens.

AMBITION 3: Building the aspirations for young people
Build the capacity of universal services to provide early help, ensuring that all young people are supported to make successful transition into adulthood
Identify the underlying causes of disengagement from education
Provide early help through the use of the early help assessment, targeted interventions, engagement on social action initiatives and positive activities

AMBITION 4

Children and young people playing an active role in shaping the world around them

Children and young people want to play an active role in shaping the world around them and their futures. Their participation is not only their right, but evidence also shows that it results in better service design and delivery. By being involved, their confidence increases. Furthermore, they welcome the increased responsibility and share their energy, enthusiasm and knowledge through their own friendship groups and networks.

We need to systematically and proactively engage young people by building on existing participation in Youth Health Champions, the County Youth Council and school councils, through social action, applying the 'You're Welcome standard' across children and young people services as well as primary and secondary health care. We need to draw this work together in a network and ensure that all children and young people are included, irrespective of age, gender, ethnicity, ability or sexuality. In this way we can maximise our contact with children and young people and ensure that they have access to information and can be actively engaged in shaping, delivering and reviewing services.

AMBITION 4: Children and young people playing an active role in shaping the world around them
Build on existing approaches to the participation of children and young people and extend them to make sure that all children have the chance to shape, deliver and review services
Implement ' You're Welcome Standards ' in all children and young people's services
Implement a Kent wide peer to peer social marketing campaign around children and young people's emotional health and resilience which makes links with national campaigns to maximise effect
Link with Kent's programme of social action in order to increase their engagement with young people who require early help and to build capacity to enhance aspirations and emotional resilience
Build on and extend Youth Health Champions involvement in the delivery of PSHE

AMBITION 5

Improving sexual health for young people

Sexual health services are valued by the wider children and young people's workforce, but need to be more visible and take a more integrated approach. They are not equitable and it is not clear that they meet the needs of the most vulnerable young people. Young people have a great deal to contribute to achieve better sexual health outcomes. Young men, in particular, may not be accessing services as they could be.

We need to make sure there is effective communication with and by young people and the wider children and young people's workforce about where services are, what is available and when. This needs to include the full range of contraception available to young people.

AMBITION 5: Improving sexual health for young people
Implement a new model for the delivery of sexual health services for young people which is equitable in relation to geographical and vulnerable young people's needs
Ensure that the location and times of services are communicated to young people, their parents and carers and the professionals
Ensure the sexual health needs of young men are being met

AMBITION 6

Improving emotional, physical, educational and economic wellbeing for young parents

Young parents are vulnerable to poverty and poor emotional and physical health. Many young parents leave education or training to support their families and find hard to return to education or the workplace. We need to learn from resilient young parents and share that learning, so that all young parents can become resilient and keep themselves and their children safe.

There are programmes such as Family Nurse Partnership and Children's Centres already operating in Kent. However, the existing pathway for young parents to a range of services varies across Kent and is not always up to date.

AMBITION 6: Improving emotional, educational and economic wellbeing for young parents
Ensure that the needs and contribution of young parents is considered across all the ambitions of the strategy
Actively engage and learn from young parents and their families
Review and implement a pathway for young parents in Kent ensuring that they remain engaged in education and employment and become economically active citizens

The way forward

Once the strategy is published, it is expected to come to life through the local health and wellbeing partnerships that will develop local action plans, continuing to build on their successes and becoming even more effective in tackling teenage pregnancy. These plans will be coordinated by Kent County Council.

Annex 1 Children and Young People's Health Outcomes Forum

Current national policy drivers				
Teenage Pregnancy (DH)	Chlamydia (PHE)	HIV (NHS England and PHE)	STIs (DH and PHE)	Cross government Building Resilience
Sexual violence (Home Office and DH)	Child Sexual Exploitation (OCC. DH, LGA)	Sexualisation and commercialisation (No.10)	Online Porn (No.10/DCMS)	Homophobic bullying (DfE/GEO)
Body Image (GEO)	Evidence Base for PSHE/ Contraception	You're Welcome (PHE/ DH - CMO report)	Volunteering and social action (Cabinet Office)	PSHE/SRE (DfE)
Children & young people's health outcomes forum				

Teenage Pregnancy Strategy 2015-2020

This publication is available in other formats
and can be explained in a range of languages

24 hour helpline: 0300 333 5540
Text Relay: 18001 0300 333 5540

From:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
	Andrew Scott Clark, Interim Director of Public Health
To:	Children's Social Care and Health Cabinet Committee
	23rd September 2014
Decision No.	14/00109
Subject:	School Public Health
Classification:	Unrestricted

Summary

This paper outlines the plan for the implementation of a new school public health service across Kent. It recommends that the current contracts to deliver the service are extended with a new service specification that reflects a revised model.

The paper also outlines that a review is underway to identify opportunities to integrate the school public health provision with Kent County Council Early Help and Preventative services, resulting in improved pathways of provision for children and families.

Recommendation

The Children's Social Care and Health Cabinet Committee is asked to comment and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to extend the contracts with Kent Community Health Trust and with Medway Foundation Trust until 30th September 2015 to allow the outcome of the Healthy Child Review to influence a future procurement of these services.

1 Introduction

1.1 This paper presents the progress on the implementation of a new model for the School Public Health. It follows the paper presented to the Children's Social Care and Health Cabinet Committee on the 9th July 2014.

1.2 The paper proposes that a decision is taken to extend the current contract with Kent Community Health Trust (KCHT) and with Medway NHS Foundation Trust (MFT) but to implement a new specification for school health.

2 Background

2.1 Kent County Council commissions the Kent School Public Health service (SPH) which consists of the Public Health School Nursing service and the Healthy Schools programme. School nurses lead and deliver key elements of the Healthy Child Programme 5-19 including the mandated National Childhood Measurement

Programme (NCMP)[1]. SPH also includes a vaccination programme, which is commissioned separately by NHS England and School Nursing provision to special schools and children in care which is commissioned by Clinical Commissioning Groups (CCGs). The budget for the total Kent County Council commissioned service is £5,047,000 with KCHT and £421,000 with MFT.

2.2 Currently, Kent Community Health Trust (KCHT) delivers the SPH service across Kent with the exception of part of Swale, where SPH Nursing is delivered by Medway NHS Foundation Trust. The current contract runs until April 2015.

3 Remodelling and Transforming the Kent School Public Health Service

3.1 On 9th July 2014, the Children's Social Care and Health Cabinet Committee was asked to comment on a paper which proposed a new model for School Public Health. This was based on a review of the SPH Nursing Service and the publication of a national specification for school nursing.

3.2 A new model with key performance indicators has now been finalised for the service. The specification for the service will reflect key challenges in improving the health of children and young people, including a strong role in relation to preventing and tackling obesity, building the capability of the service to support children and young people's emotional and mental health. Commissioners will ensure that the service is visible and well publicised to children and young people and that it will improve the links with GPs.

3.3 In addition to the work to develop the model, robust contract monitoring arrangements have been established with the provider to ensure that the key requirements of the specification and improvements to the service are delivered. This will be closely monitored over the coming months. There is also work in place to improve recruitment to the service.

3.4 Concurrent to the work on the model, the Children's Health and Wellbeing Board has established a task and finish group to review how delivery of The Healthy Child Programme 0-18 can be best integrated with the Kent County Council transformation programme, in particular Early Help and Preventative services. The Director of Public Health and the Director of Preventative Services jointly chair this review. This review will ensure that opportunities for integration of provision are maximised and children and young people and their families receive integrated services.

3.5 Once this review has concluded, there may be some change to the model of provision for school health. The review will ensure that pathways of provision between the public health and early intervention services are seamless. Extending the current contract with KCHT and MFT will ensure that there is continuity of service and opportunity to deliver improvement, but the approach to implementation will also allow for future changes to the service recommended from the review.

3.6 There will be a similar opportunity to review the model for the child public health nursing services, including the 0-5 services, when the commissioning of Health Visiting services is transferred to the Local Authority in October 2015. Kent County Council is working closely with NHS England, as the current commissioner of the

[1] DH (2014) 'Maximising the school nursing contribution to the public health of school aged children: guidance to support the commissioning of public health provision for school aged children' www.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf

Health Visiting service, to ensure smooth transition of the service. Through this joint working, Kent County Council commissioners are developing an understanding of the current Health Visiting service arrangements and the operational and delivery alignment with the School nursing service.

3.7 It is recommended that the existing contracts with KCHT and MTW are extended to ensure continuity of service whilst the Healthy Child programme review takes place.. This review should be concluded by April 2015. A key decision will be required to extend the contracts until 30th September 2015. Proposals to re-procure the service will be presented to the Committee in 2015.

4 Conclusion

4.1 This paper outlines the progress of the implementation of a new model for School Public Health. It identifies the opportunities which can be realised through implementing the revised service specification, with robust contract monitoring through an extension of the current contract.

5 Recommendation

The Children's Social Care and Public Health Cabinet Committee is asked to comment and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to extend the contracts with Kent Community Health Trust and with Medway Foundation Trust until 30th September 2015 to allow the outcome of the Healthy Child Review to influence a future procurement of these services.

6 Contact details

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Background Document

Children's Social Care and Public Health Cabinet Committee (2009) 'A New Model for School Public Health'

https://democracy.kent.gov.uk/documents/g5636/Public%20reports%20pack%2009th-Jul-2014%2010.00%20Childrens%20Social%20Care%20and%20Health%20Cabinet%20Committee.pdf?T=10

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care & Public Health	14/00109

For publication

Subject: Contract Extensions for Kent Community Health Trust and Medway Foundation Trust – School Public Health Service

Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to agree that the County Council extend the current contracts with Kent Community Health NHS Trust (KCHT) and Medway NHS Foundation Trust (MFT) to deliver the School Public Health Service until 30th September 2015, pending competitive tender of the School Public Health service.

Reason(s) for decision:
Decision exceeds key decision financial criteria

Cabinet Committee recommendations and other consultation:
The Children's Social Care & Health Cabinet Committee will consider the matter at its meeting of 23rd September

Any alternatives considered:
An earlier competitive tendering process was considered, but for the reasons outlined in the report this was not followed

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

..... signed

..... date

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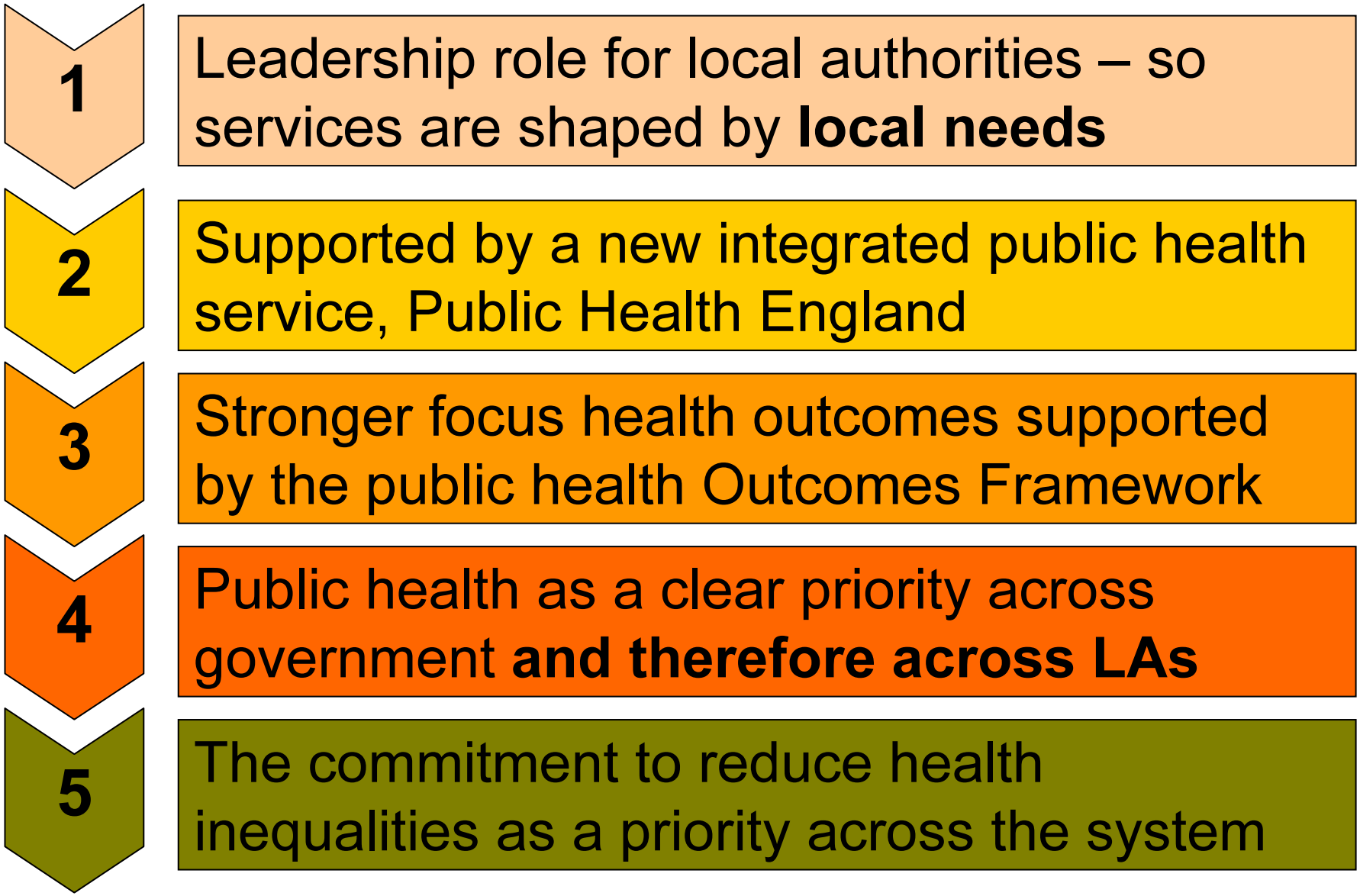
Public Health Strategy

outline for discussion

Andrew Scott-Clark
Director of Public Health (interim)
September 2014

The new national approach to public health



Statutory Public Health Responsibilities

- Set out in the Health and Social Care Act 2012
- Secretary of State has overall responsibility with
  - National functions delegated to Public Health England
- Duty to improve public health
- All upper tier and unitary local authorities – must take appropriate steps
- Regulation 3: Weighing and measuring of certain children in their area
- Regulations 4 & 5: provision or commissioning of health checks for eligible people and the information to be recorded including on dementia
- Regulation 6: provision of open access sexual health services. (HIV treatment, termination, sterilisation stay with NHS)
- Regulation 7: provision of a public health advice service to any Clinical Commissioning Groups in their area.
- Regulation 8: to provide information and advice to certain persons/bodies to promote health protection arrangements against threats to the health of the population, including infectious disease, environmental hazards and extreme weather events

Statutory Public Health Responsibilities

•Section 31: duty to have regard to guidance from SoS (and therefore Public Health England) especially the:

•Public Health Outcomes Framework

•Section 237: compliance with recommendations of National Institute for Health and Care Excellence

•Section 29: Dental services –oral public health, fluoridation

•And duty to help deliver and sustain good health in prison populations

•New Mandation: elements of the Child Health programme 0-5

Specific Duties of the Director of Public Health

•Jointly appointed Director of Public health, whose role is integral to the new duties for health improvement and health protection responsibilities:

•Exercise of any requirements of SoS of Local Authority under Section 6C

•Planning for and responding to emergencies and public health risks

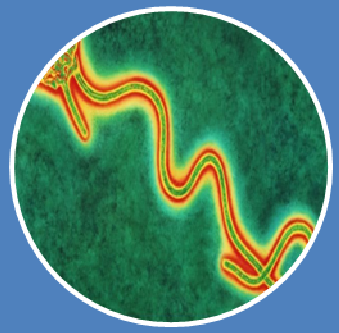
•Co-operating with police, probation and prison services in assessing risk of violent or sexual offender

•Other public health functions that Secretary of State may specify in regulations (e.g. licensing of premises for alcohol supply)

Public Health Practice

The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society

Health Improvement

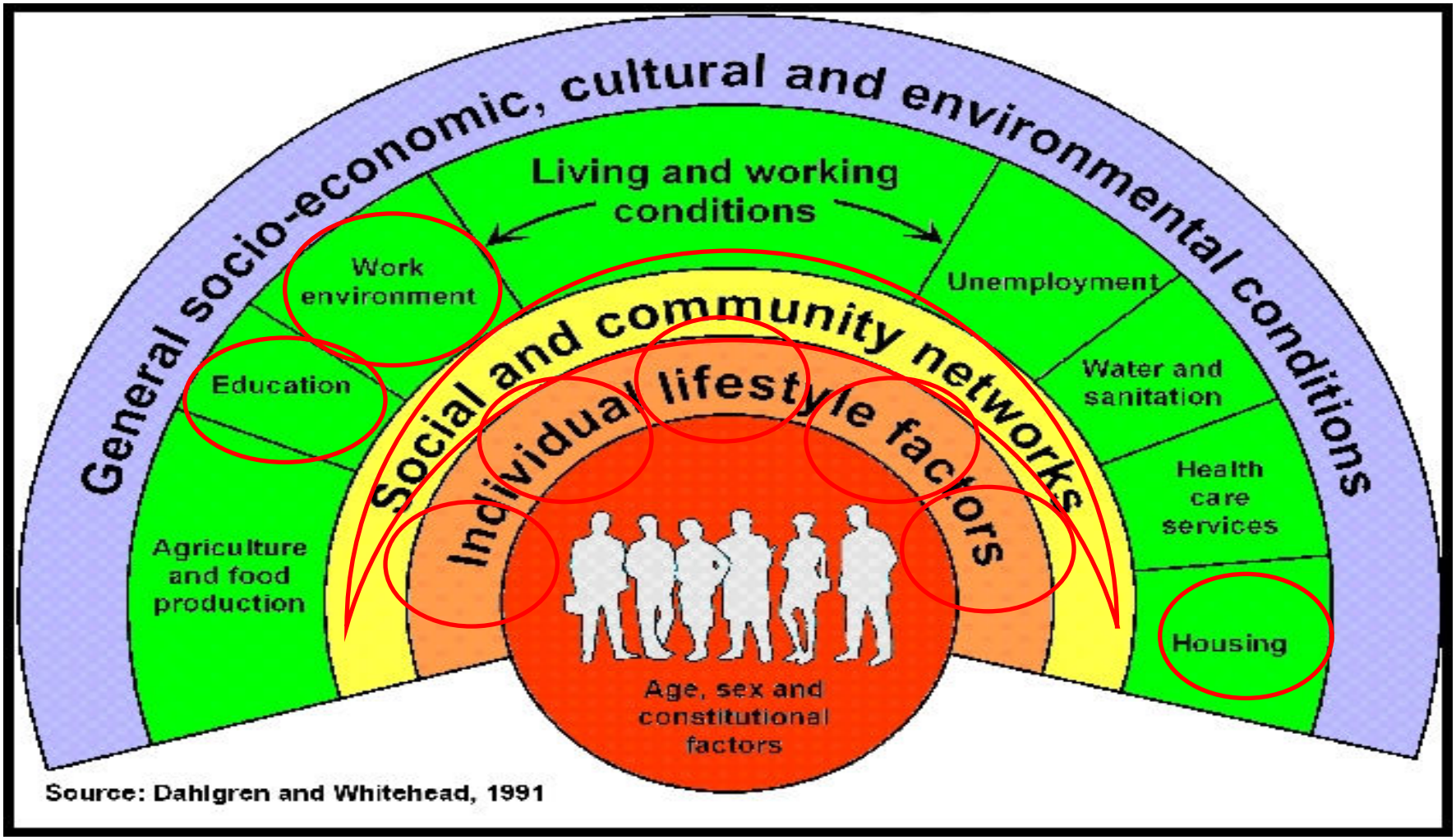


Health Protection

Improving Services

Surveillance, monitoring and analysis of data and information
Disease and Risk Factors

Health Improvement



Health Improvement

- Use an approach which includes:
  - Specific lifestyle behaviours
  - Settings and
  - Life course

- To develop comprehensive set of strategies to underpin delivery of the Kent Health and Wellbeing Strategy

Health Improvement

- Develop Strategies that address key lifestyle behaviours and wider determinants of health:
  - Substance misuse (alcohol completed)
  - Tobacco control plus stop smoking
  - Healthy weight (exercise and diet) and physical activity
  - Sexual health
  - Ageing well
  - Children and families
  - Working age population
  - Suicide prevention

The above list is illustrative and not exhaustive

Health Protection

- Ensure KCC internal response to emergencies fit for purpose
- Ensure robust and exercised plans in place to meet the greatest health threats
  - Pandemic influenza
  - Nuclear/chemical disasters
  - Weather related threats (heatwave, flooding and cold)
- Work with Public Health England in managing local outbreaks and the consequences of such outbreaks
- Work with Environmental Health officers in order to manage environmental health issues; e.g. radon, land contamination
- Work with health sector to oversee infection control
- Oversight of Health Acquired infection, immunisation and NHS Screening programmes

Improving Services

- Work with Social care and CCGs to improve services and service integration
- Align health improvement services with clinical and care services to ensure pathways are fit for purpose and cover prevention, early intervention together with secondary and tertiary prevention
- Develop needs assessment work to include service reviews
- Review equity to ensure positive impact on health inequalities.

Surveillance, Monitoring, Analysis

- Development of Strategic Intelligence environment to support co-comissioning of care.
- Develop KCC as an ASH (accredited safe haven) in order to analyse and inform co-commissioners of needs and service gaps.
  - Acknowledging the importance of ASH status: to have the legal basis of doing needs assessments / needs analysis, using whole population person level linked datasets
- Develop the Joint Strategic Needs Assessment to cover the totality of KCC provided care services in addition to the current cover of health services.
- Develop sector orientated Public Health briefings to support joined up action

Fundamental principles and timeline

- Support delivery of the Kent Health and Wellbeing Strategy
- All strategies will address health inequalities
- All strategies will address life course
- All strategies co-designed with health and care partners
- All strategies will be accompanied by implementation plans based on CCG boundaries and agreed through local Health and Wellbeing Boards
- All KCC PH contracted health improvement programmes are monitored based on need, evidence, quality, performance and financial indicators.

Timeline approval of KCC Public Health Strategy at Cabinet committees (Adult and Children) in February/March

From:	**Peter Oakford, Cabinet Member for Specialist Children's Services**
	Andrew Ireland, Corporate Director for Social Care, Health & Wellbeing
To:	**Children's Social Care and Health Cabinet Committee on 23rd September 2014**
Subject:	**Update on progress of Transformation of Children's Services, specifically 0-25 Programme supported by Newton Europe**
Classification:	**Unrestricted**

Summary: Following Kent County Council's successful improvement journey and exit from Ofsted Improvement notice, children's services have committed to continuing to improve, and to become more efficient through an ambitious Transformation Programme.

This report accompanies a set of slides that will be presented to the Committee to provide an update on progress with the 0-25 programme and to provide Cabinet Committee with the opportunity to discuss progress and next steps.

Recommendations: Cabinet Committee is asked to:

- Note the progress of the 0-25 Programme, and the way that Kent County Council officers are working alongside Newton Europe to re-design services.
- Note that a further report will be presented to Committee in December 2014, at which potential key decisions are expected in relation to delivery changes and the way that they will be implemented.

1. Introduction

1.1 As part of our continuing improvement journey for children's services, and in line with "Facing the Challenge", the council is undertaking an ambitious transformation programme to improve outcomes for vulnerable children through improving efficiency.

1.2 Children's services are working in partnership with Newton Europe, the council's efficiency partner, to re-design the way that the service works. The programme is directly led by the council's relevant Corporate Directors

through the 0-25 Portfolio Board, and reports to the Transformation Advisory Group which is a member led body.

1.3 This presentation attached to this report provides an overview of the work undertaken so far, including a Diagnostic Assessment to identify priorities and the planning and commencement of Service Design Activity.

2. Policy Framework

2.1 **Facing the Challenge, Whole Council Transformation:**
There are a range of strategic developments and drivers that have informed this Transformation Programme including:

- Whole-council transformation (specifically with regard to integration of services around client groups or functions, single-council approach to projects, programmes and review, and embedding commissioning authority arrangements)

2.2 **Framework for the inspection of services for children in need of help and protection, children looked after and care leavers (single inspection framework) and reviews of Local Safeguarding Children Boards:**
This framework outlines the expectations for the way that children's services should be delivered and the outcomes that they should achieve for vulnerable children, specifically including:

- A focus on the effectiveness of local authority services and arrangements to help and protect children, the experiences and progress of children looked after, including adoption, fostering, the use of residential care, and children who return home
- The arrangements for permanence for children who are looked after and the experiences and progress of care leavers.
- The effectiveness of leadership, management and governance arrangements and the impact they have on the lives of children and young people
- The quality of professional practice locally

3. The 0-25 Unified Programme

3.1 The 0-25 Unified Programme is set out in the presentation attached as Appendix A.

4. Financial & Legal Implications

4.1 Today's update and recommendations do not have any specific legal or financial implications. However implementation of new service design will involve significant change which will be intended to deliver substantial savings.

4.2 It will be important within implementation proposals that all legal and regulatory implications are carefully considered, and this will form part of an

update in December's Cabinet Committee prior to any key decision on implementation.

5. Conclusions

5.1 The 0-25 Transformation Programme is an ambitious programme aimed at improving the life chances of the most vulnerable children in Kent at the same time as reducing inefficiency and therefore costs.

5.2 The programme is being led by Kent County Council Corporate Directors with support from Newton Europe. A considerable number of Officers are involved in service design activities, ensuring both that the council is designing solutions and that there is a transfer of knowledge and skills that will help the council to be more effective in the future.

5.3 The Committee will receive a further update in December.

6. Recommendations

Cabinet Committee is asked to:

- Note the progress of the 0-25 Programme, and the way that Kent County Council officers are working alongside Newton Europe to re-design services.
- Note that a further report will be presented to Committee in December 2014, at which potential key decisions are expected in relation to delivery changes and the way that they will be implemented.

7. Background Documents

Appendix A - 0-25 Unified Programme

8. Contact details

Thom Wilson – Head of Strategic Commissioning, Children's, Strategic Commissioning thom.wilson@kent.gov.uk

Matt Lees – Business Manager, Newton Europe matt.lees@newtoneurope.com

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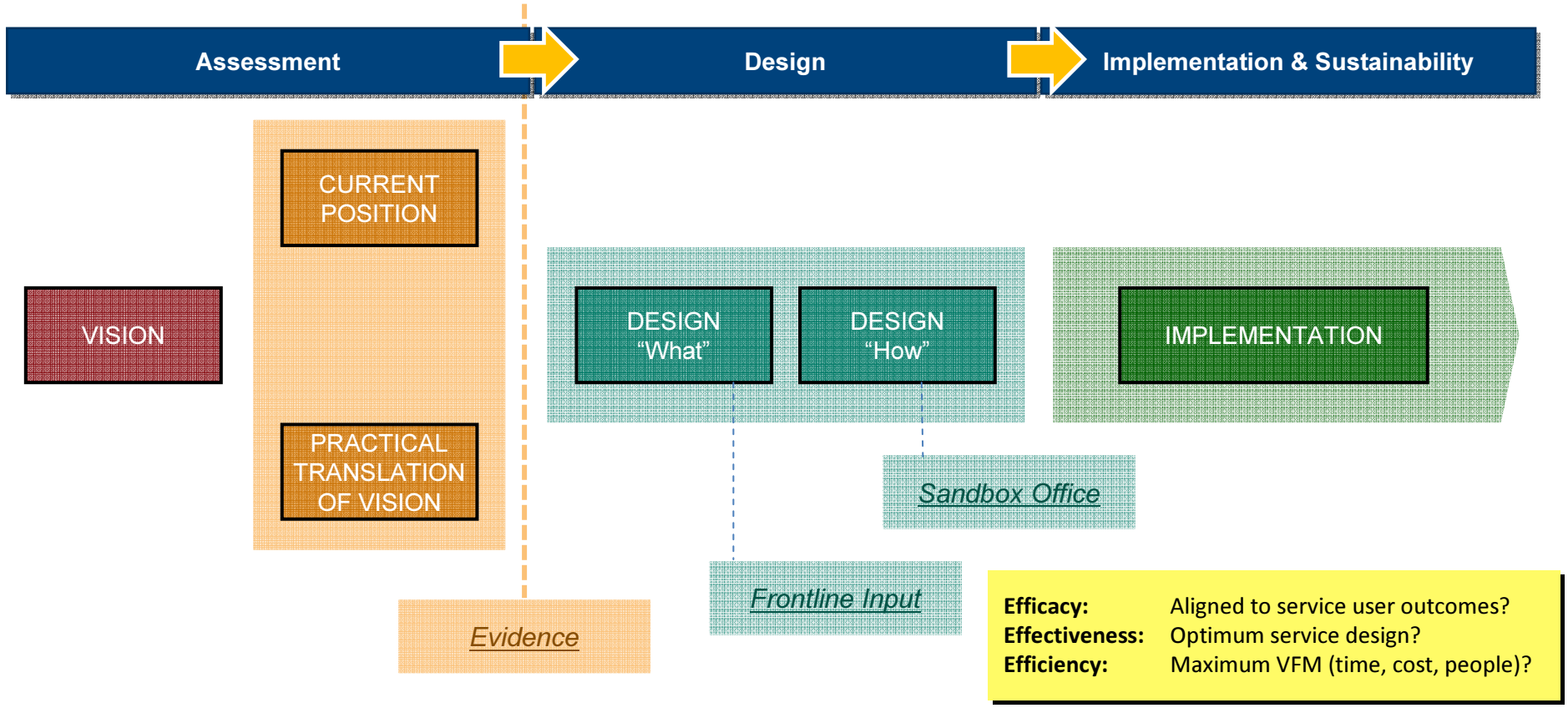
0-25 Unified Programme

KCC & Newton Europe

- Our Approach
- Assessment Overview

0-25 Unified Programme Delivery

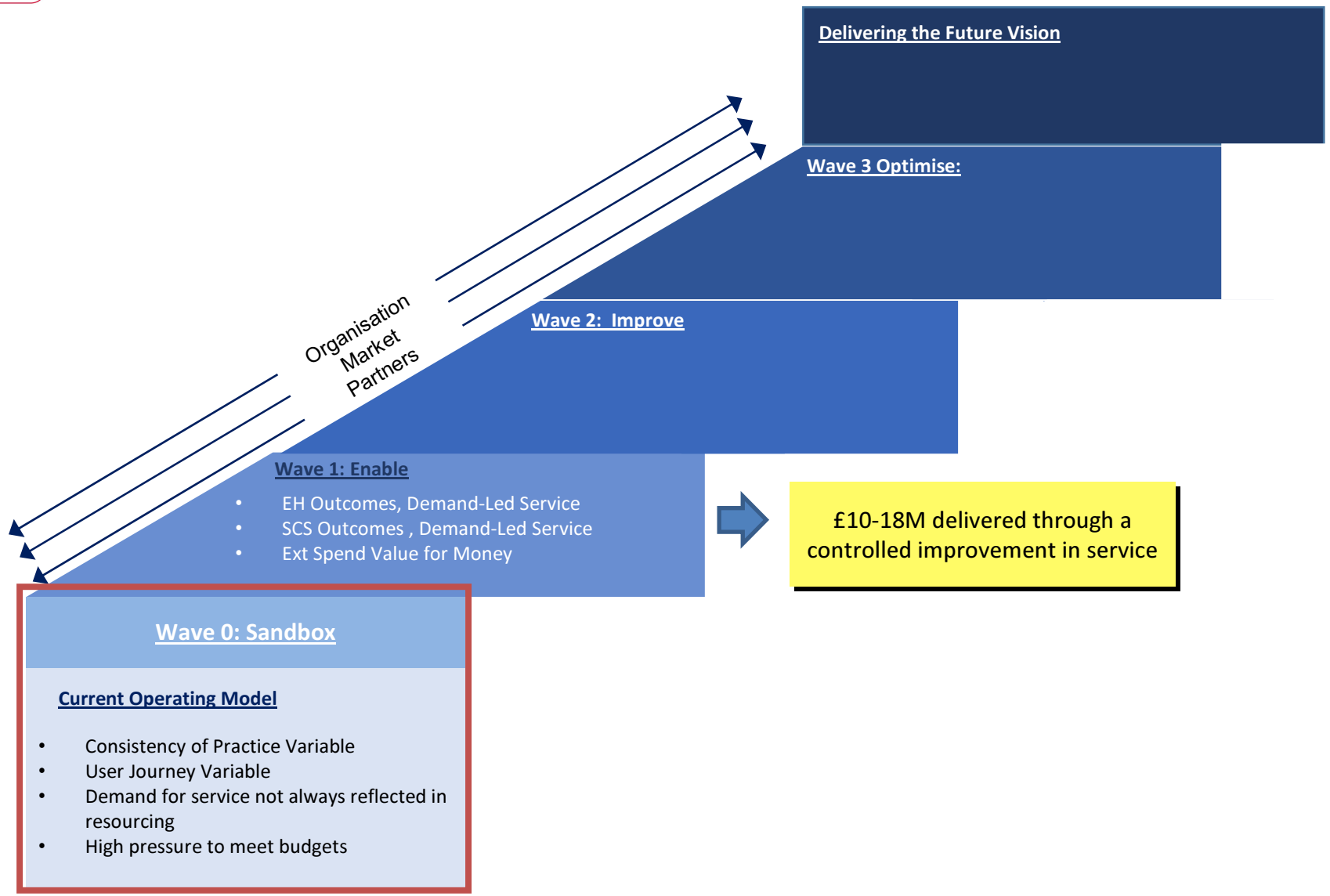


April 2014 – 6wks
Completed

Jun-Dec 2014 – 7mths
Ongoing

Jan 2015 – 12-24 mths
TBC Dec Cabinet Committee

Making Strategy Deliverable



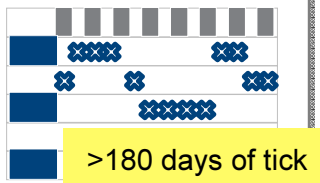
Assessment Coverage

- 0 - 11
- KIASS
- Troubled Families
- CRU
- AIT
- FST
- CIC
- DCS
- Fostering
- Adoption
- Asylum
- Single Placements Team
- 16+ Service

Spent time with all teams in the pathway and all districts across Kent

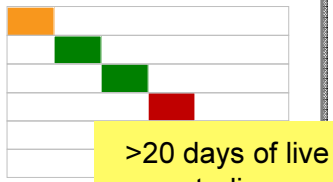
- AD Catch-up
- Stakeholder Meetings
- Studies
- Workshops

Activity Tick Sheets



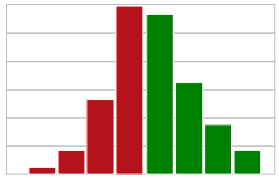
>180 days of tick sheet data

Live Studies

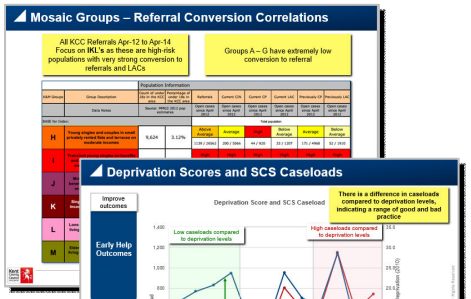


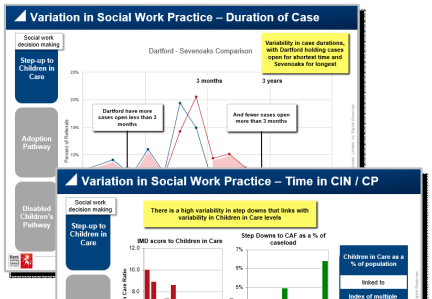
>20 days of live studies

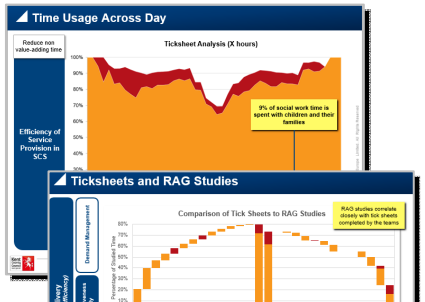
Historical Data

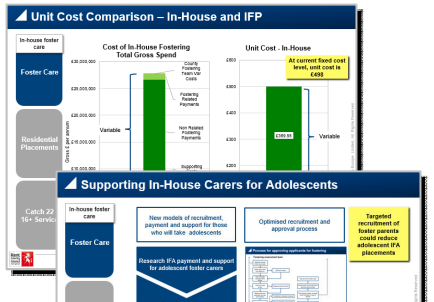


Analysis – Focus Areas









Early Help and Preventative Services

- Ensuring services are delivering improved outcomes
- Improving effectiveness of delivery
- Delivering efficiently, able to spend more time with children and families

SCS Pathway

- Working to reduce the need to place in care through improving outcomes
- Reducing delays in the adoption pathway

SCS Service Delivery

- Ensuring demand on the system is appropriate reduced where possible
- Improving process efficiency
- Consistent management structures

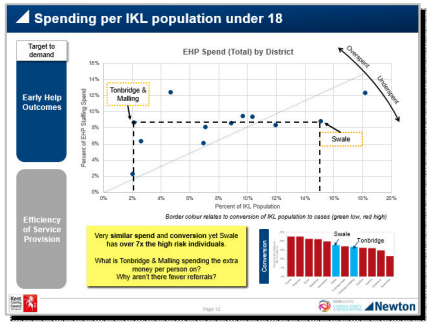
SCS External Spend

- Value for money in foster care
- Value for money in residential care

Suite of detailed analysis underpins each area of opportunity

Summary of Opportunity Areas – Early Help

Outcomes Improvement



Spending 7x more per deprived under 18 in Tonbridge than in Swale

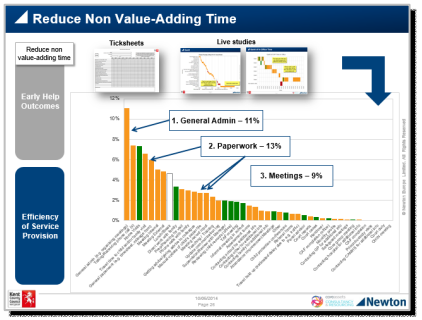
But same proportion are ending up in SCS in each area

Variable spend and practice, but insufficient outcomes data to show what's working and what isn't in EH&P

Actions:

- Quantifiable objectives for each service, with measures in place
- Improvement cycle in place to improve outcomes
- Assessment of what is effective at reducing SCS demand
- Align services to demand and effectiveness

Efficiency of Service Delivery in EH&P



33% of time on paperwork, meetings and general admin

High variability in workload per FTE and management ratios

Opportunity to reduce time taken on paperwork, meetings and admin, and make workload more consistent

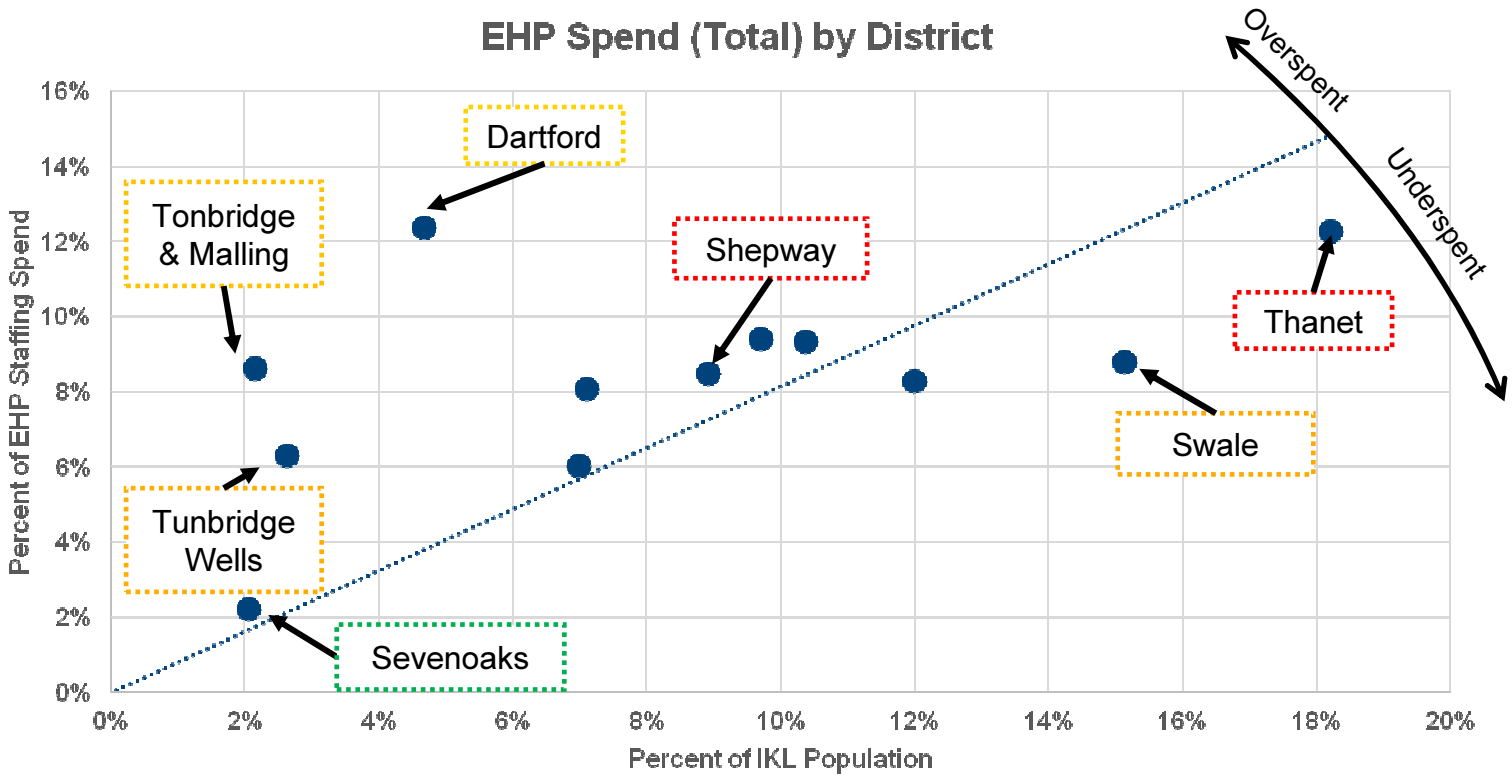
Actions:

- Review and make changes to forms and entry systems
- RAG meeting efficiency and necessity
- Review best and worst workload per FTE areas, compare to outcomes to reach ideal workload and standardise
- Standardise management ratios in EH teams

Spending per IKL population under 18

Early Help Outcomes

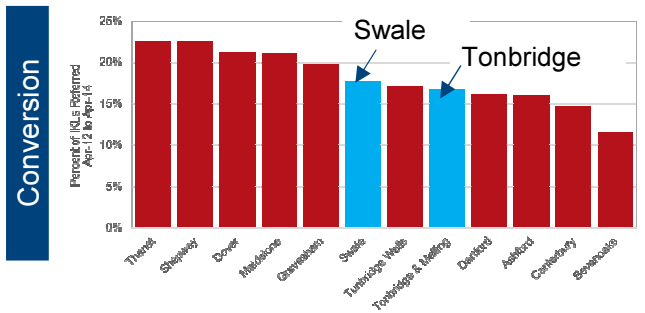
Efficiency of Service Provision



Border colour relates to conversion of IKL population to cases (green low, red high)

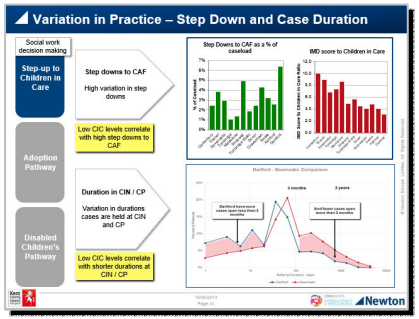
Very **similar spend** and **conversion** yet Swale has **over 7x the high risk individuals**.

What is Tonbridge & Malling spending the extra money per person on?
Why aren't there fewer referrals?



Summary of Opportunity Areas – SCS Pathway

Interventions to minimise step-up to placement



Variation in practice at CIN and CP stage to reduce chance of step-up

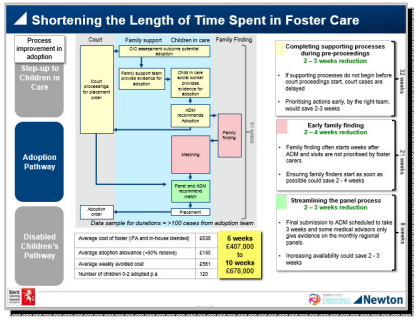
IRO review assessed 14% of 8+ placements could be supported at home with high confidence

Variable case durations and step downs at CIN and CP, with limited access to commissioned services. 14% of 8+ placements could be avoided.

Actions:

- Set up teams to look specifically at certain types of cases – to include 16+ pathway choices
- Make set of appropriate commissioned services available
- Trial new approaches to avoiding 8+ placements
- Close visibility and monitoring of case information
- Wider roll out once approach agreed

Improved adoption pathway



Court proceedings to placement takes 61 weeks on average

Process improvement could reduce this by 6 – 10 weeks

Delays in supporting processes, family finding and panel processes create an extra 6 – 10 weeks in the adoption pathway.

Actions:

- Track the duration of each stage of the pathway
- Make improvements to each stage identified as causing delays – e.g. scheduling panel dates
- Monitor impact of improvements and continue to resolve delays in the process

Variation in Practice – Case Example

Step-up to Children in Care

Adoption Pathway

Initial referral

Domestic Violence in family

6 children
All became Child in Need

Month 24

6 children

All became subject to Child Protection Plan

Case moved to new social worker. Likely to go to court within 6 months.

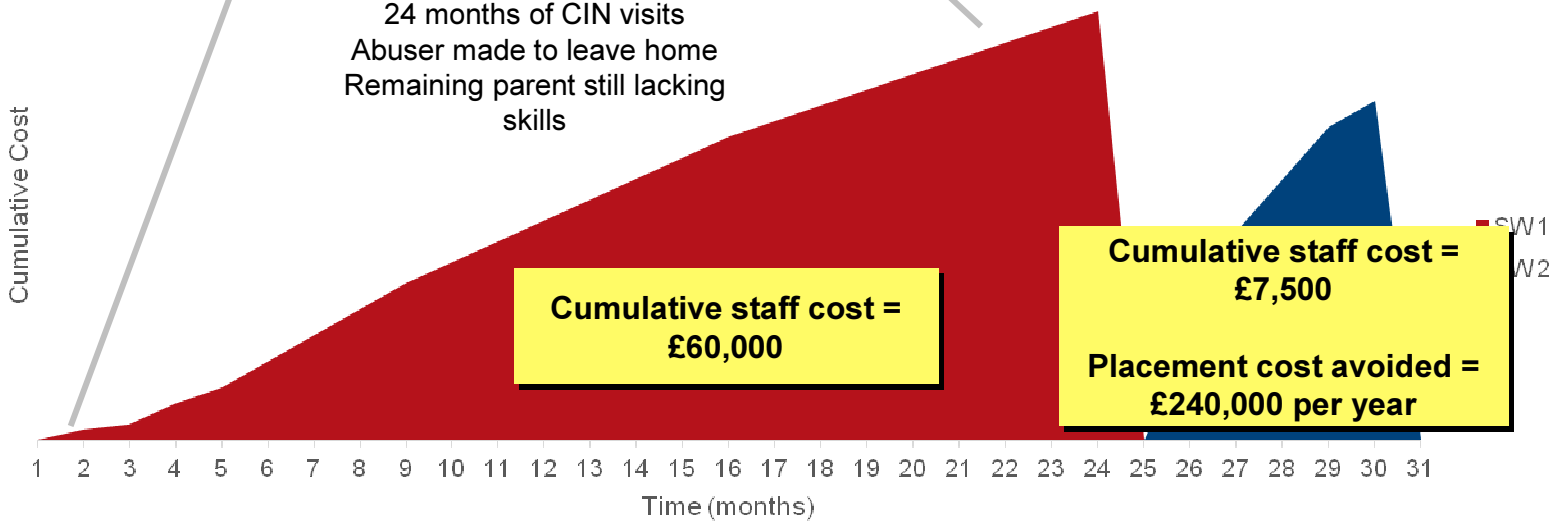
Month 27

First 3-month review, increased stability, due to come off Child Protection plan

Social Worker 2:

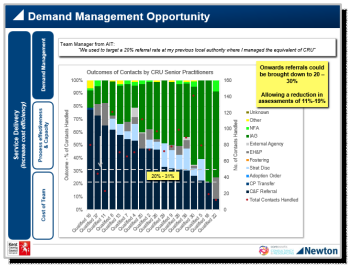
- Intensive weekly support to family
- Vol Sector Support
- Student Social Worker
- Adolescent support
- CAMHS

Social Worker 1:
24 months of CIN visits
Abuser made to leave home
Remaining parent still lacking skills

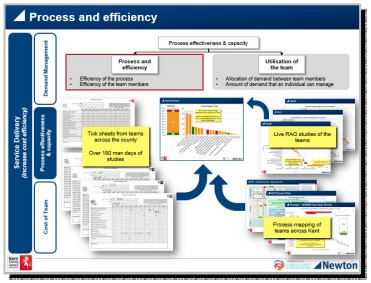


Summary of Opportunity Areas – SCS Service Delivery

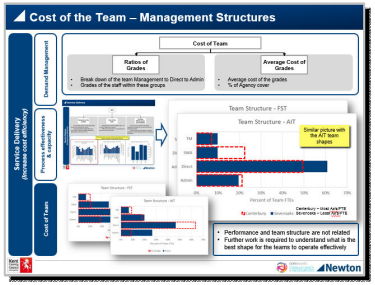
Efficiency of Service Delivery in SCS



Variation in onwards referrals from CRU # assessments could be reduced by 11 – 19%



Opportunity to reduce time spent on handovers and paperwork, and improve allocation of cases



Variation in team structures and management ratios

Opportunity to reduce demand into the teams, minimise time spent on paperwork and handovers, maximise case allocation without compromising outcomes and make management ratios consistent

Actions:

- Design new processes for handovers, forms and allocation
- Design approach for standardising CRU onwards referrals
- Design right structure and management ratios
- Set up trial team with new process and structure to ensure any issues are resolved prior to wider changes

From:	**Peter Oakford, Cabinet Member for Specialist Children's Services** **Andrew Ireland, Corporate Director, Social Care Health and Wellbeing**
To:	**Children's Social Care Health and Wellbeing Cabinet Committee**
Decision No:	**14/00090**
Subject:	**Proposed Revised Policy on Financial Allowances for Children's Arrangements**
Classification:	**Unrestricted**
Past Pathway:	**Divisional Management Team – 5 August 2014, Directorate Management Team - 20 August 2014**
Future Pathway	**Corporate Director report to the Cabinet Member for Specialist Children's Services**
Electoral Division:	**All**

Summary: Local authority responsibilities for safeguarding and promoting the welfare of children are set out in legislation and key statutory guidance. Child Arrangements Orders (formerly Residence Orders), Special Guardianship Orders, Adoption Orders and looked after children have related allowances set out under specific statutory provisions and/or statutory guidance. The policy has been updated to reflect changes in guidance as well as evolving case law.

Recommendation(s):

The Cabinet Committee is asked to consider and endorse, or make recommendations to the Cabinet Member for Specialist Children's Services on the proposed decision to revise the policy on financial allowances as set out below in this report.

1. Introduction

1.1 Kent County Council (KCC) is required to fulfil specified duties in relation to the assessment of need and conduct of financial assessment. These obligations are set out in relevant primary and secondary legislation as well as in statutory guidance which deal with Child Arrangements Orders, Special Guardianship Orders, Adoption Orders and looked after children.

1.2 The legal framework also sets out a range of discretionary powers which governs the arrangements that local authorities may choose to exercise when making decisions in relation to the provision of support for children and by extension, their families and carers that fall within distinctive categories.

1.3 In discharging the duties placed on KCC (including where discretionary powers exist) the authority would also reflect its strategic objectives and seek to the make best use of resources and give priority to supporting children and families where the child is or has been looked after. In exceptional cases it may also provide on-going financial support in other circumstances where permitted by the law.

1.4 The proposed revised policy on financial allowances for children's arrangements takes into consideration the statutory guidance issued by the Secretary of State for Education and landmark case law.

2. Financial Implications

2.1 Steps have been taken to calculate the cost of the annual impact of the proposed changes as they relate to the applicable allowances.

2.2 It should be noted that the financial impact of the proposed changes which is estimated to be in the region of £1.83m would be managed within the Directorate budget.

3. Facing the Challenge and Policy Framework

3.1 As stated above, this policy reflects the current legislation and regulatory requirement as well as case law derived from precedents set in individual court cases. The revised processes and procedures for implementation of the changes in policy will require amendment of financial procedure and delegations. These will be aligned with the current transformation programme.

3.2 Policy Context

a) All local authorities have a general duty to safeguard and promote the welfare of 'Children In Need' living within their area and to promote the upbringing of such children by their families. A Child in Need is defined in Section 17(10) of the Children Act 1989, as a child who is disabled or who is unlikely to achieve or maintain a reasonable standard of health or development without the provision of services by the Local Authority. The way in which Kent County Council fulfils this duty is by providing a range and level of services appropriate to those children's assessed needs, which can include financial, practical or other support.

b) It is important to note that local authorities do not have a general duty to assess all arrangements where children are living with their wider family or friends network rather than their parents but it does have a duty to asses where it appears that services may be necessary to safeguard or promote the welfare of a Child in Need.

c) Informal Family and Friends Care Arrangements - where a child cannot be cared for within his or her immediate family, the family may make their own arrangements to care for the child within the family and friends network.

d) Family and Friends Foster Carers "Connected Persons" - where a child is looked after by the local authority, there is a responsibility wherever possible to make arrangements for the child to live with a member of the family.

e) Special Guardianship Orders - offers a further option for children needing permanent care outside their birth family. It can offer greater security without

absolute severance from the birth family as in adoption. Relatives may apply for a Special Guardianship Order after caring for the child for one year. As Special Guardians, they will have Parental Responsibility for the child which can be exercised with greater autonomy on day-to-day matters than where there is a Child Arrangements Order.

f) Child Arrangements Orders - (NB: from April 2014, Residence Orders and Contact Orders were replaced by Child Arrangements Orders) - A Child Arrangements Order is a Court Order regulating any of the following arrangements about:

- With whom and when a child is to spend time or otherwise have contact; and
- With whom and when a child is to live.

g) Adoption Order - the process by which all parental rights and responsibilities for a child are permanently transferred to an adoptive parent by a Court. As a result the child legally becomes part of the adoptive family.

4. Proposed Revised Policy on Financial Allowances for Children's Arrangements

4.1 The key points of the revised policy in regard to:

a) Informal Kinship payments - the applications of clear eligibility criteria for financial support and formula for calculations and taking in to account the following:

- Any financial support should be based on an assessment of need and be time limited;
- Should be agreed via the Access to Resources Panel;
- Should be exceptional.

b) Connected Persons:

- Carers will receive the maximum fostering age related maintenance allowance and will be eligible to receive the professional fee in the same way as professional foster carers if they complete the foster carer training and are approved at fostering panel;
- These allowances will be available to the carers until the child reaches the age of 18 years, unless the child remains in full time education, when the allowance should continue to be offered until the end of the course the child is completing.

c) Special Guardianship Orders:

- The local authority has a duty to carry out an assessment for financial support in those situations where the child was looked after immediately prior to the making of the Special Guardianship Order;
- Any allowance paid will be in line with the maximum fostering age related maintenance allowance (means tested) and paid until the child reaches 18, unless in full time education when allowance should continue to be offered until the end of the course they are completing;
- Any allowance will be reviewed annually.

d) Child Arrangements Orders (excluding placements with parents and step parents (by marriage/civil partnerships) :

- The local authority has no duty to make any payments to carers with Child Arrangements Orders and it does not routinely make such payments unless a child has been in local authority care immediately before the Order is made;
- However, even when the child has not been looked after the local authority should consider whether there is a need for a financial contribution to be paid in order to support the placement;
- Any allowance agreed prior to May 2013, will continue to be paid at existing rates based on the arrangement in place at the time of the agreement;
- Any allowance agreed after May 2013 will be paid in line with the maximum fostering age related maintenance allowance (means tested) and paid until the child reaches 18, unless in full time education when allowance should continue to be offered until the end of the course they are completing;
- Any allowance will be reviewed annually.

e) Agency Adoption Orders:

- Any allowance paid will be in line with the maximum fostering age related maintenance allowance (means tested) and paid until the child reaches 18, unless in full time education when allowance should continue to be offered until the end of the course they are completing;
- The local authority is required to advise prospective adopters of the availability of types of support;

4.2 The payments in line with the fostering maintenance rates – the weekly amounts for Adoption, Special Guardianship Orders and Child Arrangements Orders would be as follows:

			Age Band			
Under 2's	**2-4**	**5-8**	**9-10**	**11-15**	**16-17**	**18+**
£	**£**	**£**	**£**	**£**	**£**	**£**
141.12	**145.39**	**162.68**	**162.68**	**184.17**	**216.51**	**216.51**

Means testing will continue to be applied.

5. Legal implications

5.1 The specific duties in relation to the assessment of need and conduct of financial assessment that are placed on the local authority are defined in relevant primary and secondary legislation as well as in statutory guidance. These deal with Child Arrangements Orders, Special Guardianship Orders, Adoption Orders and looked after children. The legal framework also sets out a range of discretionary powers which governs the arrangements that local authorities may choose to exercise, when making decisions in relation to the provision of support for children, their families and carers.

5.2 In line with the KCC policy an equality impact assessment is being drafted with the proposed changes in mind. This would be considered as part of the decision making.

5.3 In respective of the implications for the council's property portfolio, none have been identified.

6. Conclusion

6.1 This paper sets out the key elements of the proposed revised policy on financial allowances for children's arrangement.

7. Recommendation(s)

Recommendation(s):

The Children's Social Care and Health Cabinet Committee is asked to consider and endorse or make recommendations to the Cabinet Member for Specialist Children's Services on the proposed decision to revise the policy on financial allowances as set out above in paragraphs 4.1 and 4.2 of this report.

8. Background Documents - none

9. Contact details

Report Author

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- philp.segurola@kent.gov.uk

Relevant Director:

- Andrew Ireland, Corporate Director Social Care, Health and Wellbeing
- 01622 696083
- Andrew.ireland@kent.gov.uk

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KENT COUNTY COUNCIL – Proposed RECORD OF DECISION

DECISION TO BE TAKEN BY	DECISION NO.
Peter Oakford, Cabinet Member for Specialist Children's Services	14/00090

For publication

Subject: : Proposed Revised Policy on Financial Allowances for Children's Arrangements

Decision:

As Cabinet Member for Specialist Children's Services, I propose to agree:

To the proposed revised policy on financial allowances for children's arrangements for the provision of support for children, their families and carers as they relate to Child Arrangements Orders, Special Guardianship Orders, Adoption Orders and looked after children.

Reason(s) for decision, including alternatives considered and any additional information
The policy has been updated to reflect changes in guidance as well as evolving case law. The Local authority has a range of responsibilities for safeguarding and promoting the welfare of children and in doing so should have regard to the statutory guidance issued by the Secretary of State for Education and evolving case law.

Background Documents:
Report from Corporate Director to Cabinet Member

Cabinet Committee recommendations and other consultation:

The comments and endorsement or recommendations of the Children's Social Care & Health Cabinet Committee will be added after the 23 September.

Any alternatives considered:
None.

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

....
signed date

FOR LEGAL AND DEMOCRATIC SERVICES USE ONLY

Decision Referred to Cabinet Scrutiny			
YES		NO	

Cabinet Scrutiny Decision to Refer Back for Reconsideration			
YES		NO	

Reconsideration Record Sheet Issued			
YES		NO	

Reconsideration of Decision Published

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From: Graham Gibbens, Cabinet Member, Adult Social Care and Public Health

Andrew Scott-Clark, Interim Director of Public Health

To: Children's Social Care and Health Cabinet Committee

Date: 23rd September 2014

Subject: Public Health Performance – Children and Young People

Classification: Unrestricted

Summary: This report provides an overview of the performance indicators monitored by the Public Health division which directly relate to services delivered to children, or services which aim to improve the health and wellbeing of children and young people.

There have been no updated figures to the commissioned services since the previous report; the 2013/14 National Child Measurement Programme measurements have now been submitted and publication is expected in December 2014. Nationally the breastfeeding data continues to be under scrutiny due to poor data completion; Kent Public Health has escalated these concerns.

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

- note the current performance and actions taken by Public Health
- note that breastfeeding statistics in Kent have not met validation criteria and have not been published

1. Introduction

1.1. This report provides an overview of the key performance indicators for Kent Public Health which directly relate to services delivered to children and young people, or services which aim to improve the health and wellbeing of children and young people.

2. Performance Indicators

2.1. There is a wide range of indicators for public health, including the indicators contained in the Public Health Outcomes Framework (PHOF). This report will focus on the indicators which are presented to KCC Cabinet, and which are relevant to this committee. The key to the tables is available in appendix 1.

Indicator Description	2010/11	2011/12	2012/13	2013/14	Trend
Prescribed Data Return					
National Child Measurement Programme - Participation Year R	95.0% (G)	93.7% (G)	92.2% (G)	Not yet available	⇩
NCMP Year R Excess Weight (overweight or obese)	22.9%	21.7%	21.7%	Not yet available	⇔
National Child Measurement Programme - Participation Year 6	93.2% (G)	95.0% (G)	95.4% (G)	Not yet available	⇧
NCMP Year 6 Excess Weight (overweight or obese)	33.3%	32.7%	32.7%	Not yet available	⇔
Local Indicator	**Q1 12/13**	**Q2 12/13**	**Q3 12/13**	**Q4 12/13**	
Proportion women breast feeding (partial or total) at 6-8 weeks	40.2% (A)	40.5% (A)	41.9% (A)	39.8% (R)	⇩

2.2 Participation in the child measurement programme has continued to be very good, far exceeding the 85% target. Measurements for 2013/14 have now been submitted and publication is expected in December 2014; internal monitoring of the programme has shown that provisional participation rates as continuing to exceed the 85% minimum rate and both Year R and Year 6 increased on last year.

2.3 Data quality problems have meant that breastfeeding prevalence figures in Kent continued to fail the validation process and have not been published for 2013/14; This is a national issue as England did not pass the validation process. Information has been provided by CCG and GP practice on data quality and Public Health are undertaking further work to identify areas of concern and direct the new Community Infant Feeding Service to target these areas when it starts in October 2014.

2.4 Public Health has raised concerns about data collection with NHS England, who hold the contract for the Child Health Information System, and has escalated the issue to the Kent Health & Wellbeing Board. Public Health will also be providing Local Health & Wellbeing Boards and Clinical Commissioning Groups (CCGs) with the information.

3. Annual Public Health Outcomes Framework (PHOF) Indicators

3.1 There have been no updates or additions to the annual PHOF indicators since the last committee meeting.

Annual PHOF Indicators	2008	2009	2010	2011	2012	Trend
Under 18s conception rate (per 1,000)	36.5 (G)	34.1 (G)	34.6 (A)	31.0 (A)	25.9 (A)	⇧
Annual PHOF Indicators			**2010/11**	**2011/12**	**2012/13**	**Trend**
Smoking status of pregnant women at time of delivery			16.8% (R)	15.2% (R)	*	⇧

RAG is against National performance. * Not published due to data quality concerns

3.2 Public Health has analysed local data on smoking status at time of delivery; this data indicates that in 2013/14 the rate was 13.1%. Public Health are also working with those CCGs with high proportions through the Integrated Commissioning Groups.

4. Health Visiting

4.1 In October 2015, KCC will assume responsibility for commissioning health visiting services in Kent. KCC Public Health staff have begun attending the provider performance monitoring meetings with the current commissioners, NHS England Area Team.

4.2 The key target for the service is to increase the workforce numbers; most recently available figures show that there were 253.63 whole time equivalent (WTE) Health Visitors, against a target of 263.10. Targets are currently under review. These are shown in the table below.

	April 2014	May 2014	June 2014
Actual number of Health Visitors employed - FTE	248.25	250.23	253.63
Target number of Health Visitors - FTE	258.10	262.10	263.10
Difference	-9.85	-11.87	-9.47

5. Conclusion

5.1 There are ongoing concerns about breastfeeding statistics which have been escalated to key partners involved in the commissioning and provision of the service. There have been no other updates or additions to the other public health performance indicators for children and young people.

5.2 Public Health are working with a range of partners and service providers to improve performance in these key areas, to help ensure that all children in Kent have the best start in life.

6. Recommendations

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

- note the current performance and actions taken by Public Health
- note that breastfeeding statistics in Kent have not met validation criteria and have not been published

7. Contact details

Report Author

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Relevant Director:

- Andrew Scott-Clark: Interim Director of Public Health
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Appendix 1:

Key to KPI Ratings used:

(G) GREEN	Target has been achieved or exceeded
(A) AMBER	Performance at acceptable level, below Target but above Floor
(R) RED	Performance is below a pre-defined Floor Standard
⇧	Performance has improved relative to targets set
⇩	Performance has worsened relative to targets set
⇔	Performance has remained the same relative to targets set

Data quality note**:** Data included in this report is provisional and subject to later change. This data is categorised as management information.

Background Documents: none

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

To: Children's Social Care & Health Cabinet Committee

Date: 28 August 2014

Subject: **Specialist Children's Services Performance Dashboard**

Classification: Unrestricted

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

Recommendation: Members are asked to note the SCS performance dashboard

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Introduction

1. Appendix 2 Part 4 of the Kent County Council Constitution states that:

   "Cabinet Committees shall review the performance of the functions of the Council that fall within the remit of the Cabinet Committee in relation to its policy objectives, performance targets and the customer experience."

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

Children's Social Care Performance Report

3. The dashboard for Specialist Children's Services (SCS) is attached as **Appendix A.**

4. The SCS performance dashboard includes latest available results which are for July 2014.

5. The indicators included are based on key priorities for Specialist Children's Services as outlined in the Strategic Priority Statement, and also includes operational data that is regularly used within the Directorate. Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes.

6. The results in the dashboard are shown as snapshot figures (taken on the last working day of the reporting period), year-to-date (April-March) or a rolling 12 months.

7. Members are asked to note that the SCS dashboard is used within the Social Care, Health & Wellbeing Directorate to support the Transformation programme.

8. A subset of these indicators is used within the KCC Quarterly Performance Report which is submitted to Cabinet.

9. As an outcome of this report, members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.

10. Performance results are assigned an alert on the following basis:

Green: Current target achieved or exceeded

Red: Performance is below a pre-defined minimum standard

Amber: Performance is below current target but above minimum standard.

Recommendations

11. Members are asked to:
REVIEW the Specialist Children's Service performance dashboard.

Contact Information

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Background Documents: Appendix A – SCS Monthly Performance Report – July 2014

Social Care, Health and Wellbeing

Specialist Children's Services Performance Management Scorecard

July 2014

Guidance Notes

POLARITY

H	The aim of this indicator is to achieve the highest number/percentage possible.
L	The aim of this indicator is to achieve the lowest number/percentage possible.
T	The aim of this indicator is to stay close to the target that has been set.

RAG RATINGS

R	A red rating indicates that the current performance is signficantly away from the target set.
A	An amber rating indicates that the current performance is close to the target set.
G	A green rating indicates that the current performance has met the target that has been set.
No RAG Rating	RAG ratings are not applied to activity based indicators. Also, if the denominator is 0 no RAG rating has been applied

DIRECTION OF TRAVEL (DOT)

A green arrow indicates that performance has improved this month when compared to last month. Depending on the polarity of the indicator, an improvement in performance could either be a reduction or increase in numbers/percentage.

An amber arrow indicates that performance has remained the same as last month.

A red arrow indicates that performance has worsened this month when compared to last month. Depending on the polarity of the indicator, a worsening in performance could either be a reduction or increase in numbers/percentage.

KEY TO ABBREVIATIONS

YTD	Year to Date (April to March)	IA's	Initial Assessments
Num	Numerator	CA's	Core Assessments
Denom	Denominator	CIN	Child in Need
R12M	Rolling 12 Months	CP	Child Protection
CAF	Common Assessment Framework	LAC	Looked After Children
TAF	Team around Family	SGO	Special Guardianship Order
PEP	Personal Education Plan	UASC	Unaccompanied Asylum Seeking Children
QSW	Qualified Social Worker	SS	Snapshot

PERFORMANCE INDICATOR GRAPHS AND CHILD LEVEL DATA

The latest graphs and Child level data are published on the SCS Performance Management website

KEY CHANGES MADE TO THE REPORT THIS MONTH

New indicator showing percentage of agency Team Managers now included

SMALL DENOMINATORS

Caution should be applied in the overinterpretation of all RAG ratings for those performance measures which are calculated against low numbers. In order to highlight this, any denominators with a value between 1 and 9 have been highlighted in light blue.

YTD DATA

Many of the performance indicators on the scorecard are measured using a Year to Date (YTD) approach - April to the end of the current month. For the first few months, it is advisable to treat the results of these indicators with a little caution as they are often based on a small cohort of children and therefore the percentages can be easily skewed.

DISTRICT LEVEL PAGES

Please note that as a result of the move to Liberi, we are currently unable to provide accurate district level pages and therefore they have been temporarily removed. These will be re-instated as soon as possible.

MANAGEMENT INFORMATION CONTACT DETAILS

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Chris Nunn 7000 6010
Paul Godden 7000 1577
Gareth Harris 7000 4886
Pete Stockford - 7000 4582

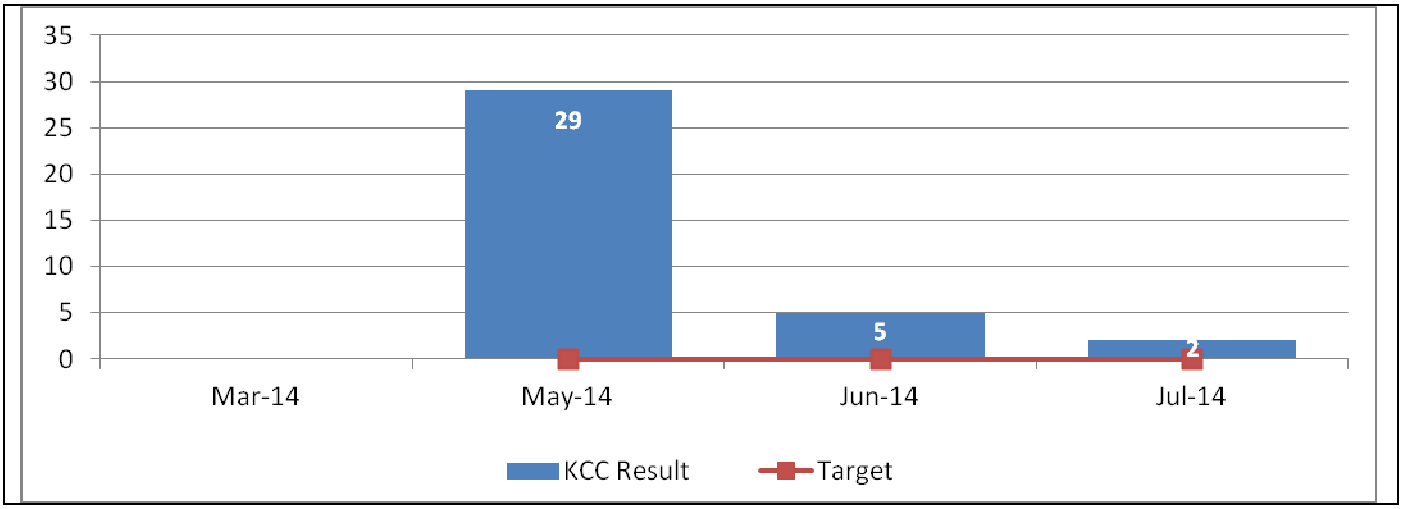
Scorecard - Kent, inc UASC

Jul 2014

	Indicators	Polarity	Data Period	LATEST RESULT: Latest Result and RAG Status		LATEST RESULT: Num	LATEST RESULT: Denom	LATEST RESULT: Target for 14/15	PREVIOUS RESULT: Previous Reported Result	PREVIOUS RESULT: DoT from previous to latest result	OUTTURN RESULT: Outturn (March 14) Result	OUTTURN RESULT: DoT from outturn to latest result
	REFERRAL AND ASSESSMENTS											
1	Number of Referrals per 10,000 population under 18		R12M	619.5		20197	326000	522.6	621.9		605.6	
2	Percentage of referrals with a previous referral within 12 months	L	YTD	**29.8%**	**A**	2051	6886	25.0%	29.6%	↓	26.6%	↓
3	Percentage of C&F Assessments that were carried out within 45 working days	H	YTD	**78.0%**	**A**	4620	5926	85.0%	75.9%	↑	74.0%	↑
4	C&F Assessments in progress outside of timescale	L	SS	**108**	**A**			100	**83**	↓	317	↑
5	Percentage of Children seen at C&F Assessment (excludes unborn/missing)	H	YTD	**96.8%**	**A**	5591	5773	98.0%	96.7%	↑	97.2%	↓
	CHILDREN IN NEED											
6	Number of CIN per 10,000 population under 18 (includes CP and CIC)		SS	311.6		10158	326000	315.0	316.1		326.8	
7	Numbers of Unallocated Cases	L	SS	**2**	**R**			0	5	↑	0	↓
	CHILD PROTECTION											
8	Numbers of Children with a CP Plan per 10,000 population under 18		SS	38.5		1254	326000	35.7	38.5		36.1	
9	Percentage of Current CP Plans lasting 18 months or more	L	SS	**4.3%**	**G**	54	1254	10.0%	4.1%	↓	3.6%	↓
10	Percentage of children becoming CP for a second or subsequent time within 24 mo	T	YTD	**6.8%**	**G**	40	585	7.5%	8.9%	↑	8.0%	↓
11	Child protection cases which were reviewed within required timescales	H	SS	**98.1%**	**G**	815	831	98.0%	**97.8%**	↑	90.2%	↑
12	Child Protection Plans lasting 2 years or more at the point of de-registration	L	YTD	**2.1%**	**G**	11	513	5.0%	2.8%	↑	4.8%	↑
13	Percentage of CP Visits held within timescale (Current CP only)	H	SS	**91.5%**	**G**	10143	11083	90.0%	91.4%	↑	88.0%	↑
14	Number of S47 Investigations per 10,000 population under 18		R12M	135.6		4419	326000	100.9	136.1		129.4	
15	Percentage of S47 Investigations proceeding to Initial CP Conference	T	YTD	**35.3%**	**A**	617	1748	45.0%	33.7%	↑	46.7%	↓
16	Percentage of Children seen at Section 47 enquiry (excludes unborn)	H	YTD	**99.0%**	**G**	1612	1629	98.0%	98.7%	↑	97.4%	↑
17	Number of Initial CP Conferences per 10,000 population under 18		R12M	51.8		1689	326000	47.4	52.4		51.2	
18	Percentage of ICPC's held within 15 working days of the S47 enquiry starting	H	YTD	**76.1%**	**G**	434	570	70.0%	74.6%	↑	78.8%	↓
19	Percentage of Initial CP Conferences that lead to a CP Plan	T	YTD	**92.9%**	**G**	585	630	88.0%	93.0%	↑	89.5%	↓

	Indicators	Polarity	Data Period	LATEST RESULT					PREVIOUS RESULT		OUTTURN RESULT	
				Latest Result and RAG Status		Num	Denom	Target for 14/15	Previous Reported Result	DoT from previous to latest result	Outturn (March 14) Result	DoT from outturn to latest result
	CHILDREN IN CARE											
20	Children in Care per 10,000 population aged under 18 (Excludes Asylum)		SS	48.2		1570	326000	48.0	49.0		49.8	
21	Percentage of LAC Starters who have had a previous episode of care in Kent		YTD	10.7%		34	318	-	9.5%		14.6%	
22	CIC Placement Stability: 3 or more placements in the last 12 months	L	SS	**7.6%**	**G**	138	1827	9.0%	7.4%	↓	8.9%	↑
23	CIC Placement Stability: Same placement for last 2 years (Excludes 16+)	H	SS	**64.9%**	**A**	359	553	70.0%	63.7%	↑	66.6%	↓
24	Percentage of CIC in KCC Foster Care (Excludes Asylum)	H	SS	**64.6%**	**G**	1014	1570	60.0%	65.0%	↓	63.2%	↑
25	Percentage of CIC in Foster Care placed within 10 miles from home (Excludes Asylu	H	SS	**59.3%**	**A**	766	1292	65.0%	61.8%	↓	62.1%	↓
26	Participation at CIC Reviews	H	YTD	**92.3%**	**A**	1357	1471	95.0%	93.6%	↓	94.4%	↓
27	CIC cases which were reviewed within required timescales	H	SS	**95.9%**	**A**	1692	1765	98.0%	96.2%	↓	-	-
28	CIC Dental Checks held within required timescale	H	SS	**90.6%**	**A**	1423	1570	92.0%	**94.0%**	↓	96.6%	↓
29	CIC Health assessments held within required timescale	H	SS	**88.2%**	**A**	1385	1570	92.0%	86.1%	↑	85.6%	↑
30	Ave. no of days between bla and moving in with adoptive family (for children adop	L	YTD	**493.2**	**A**	30579	62	426	496.4	↑	650.0	↑
31	Ave. no of days between court authority to place a child and the decision on a mat	L	YTD	**183.8**	**A**	11395	62	121	185.1	↑	217.0	↑
32	% of Children who wait <14 mths between bla and moving in with adoptive family	H	YTD	36.4%		90	247	-	35.6%	↑	35.9%	↑
33	Percentage of Children leaving care who were adopted	H	YTD	**20.5%**	**G**	62	303	13.0%	23.7%	↓	16.1%	↑
	QUALITY ASSURANCE											
34	Percentage of CP Social Work Reports judged adequate or better	H	YTD	**93.5%**	**A**	628	672	100.0%	93.8%	↓	-	-
35	Percentage of Case File Audits judged adequate or better	H	YTD	**88.2%**	**A**	180	204	100.0%	86.1%	↑	89.3%	↓
36	Percentage of Case File Audits completed	H	YTD	**76.4%**	**A**	204	267	90.0%	82.6%	↓	65.4%	↑
	STAFFING											
37	Percentage of caseholding posts filled by agency staff	L	SS	**20.6%**	**A**	98.0	475.4	19.0%	**20.1%**	↓	18.8%	↓
38	Percentage of caseholding posts filled by KCC Permanent QSW	H	SS	**69.6%**	**R**	331.0	475.4	81.0%	71.0%	↓	73.8%	↓
39	Percentage of Team Manager posts filled by agency staff	L	SS	17.5%		15.8	90.2	-	17.7%	↑	-	-
40	Average Caseloads of social workers in CIC Teams (District Teams Only)	L	SS	**14.5**	**G**	1263	87.0	15.0	14.9	↑	16.9	↑
41	Average Caseloads of social workers in non CIC Teams (District Teams Only)	L	SS	**22.5**	**A**	5393	239.8	20.0	22.9	↑	22.6	↑

Number of Unallocated Cases (for over 21 days)			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Mar 14	May 14	Jun 14	Jul 14
KCC Result	n/a	29	5	2
Target	n/a	0	0	0
RAG Rating	**n/a**	**Red**	**Red**	**Red**

The definition for this measure was changed for 2014/15, reducing the timescale from 28 to 21 working days.

Reporting of unallocated cases on Liberi was impacted upon by the process of not adding new Social Workers to Liberi until they had completed their Liberi Training. This process has been amended recently to allow for new Social Workers to be set up promptly, allowing the appropriate and timely allocation of cases. Until this change in May 2014 Team Managers held cases in their name whilst awaiting the appointment or training of a new Social Worker. The change in process will lead to fewer numbers of unallocated cases on Liberi in the future.

Both of the cases that where classed as unallocated at the end of July were with a team manager whilst awaiting allocation to a qualified social worker. Both of these cases have since been allocated to a qualified social worker.

Data Notes

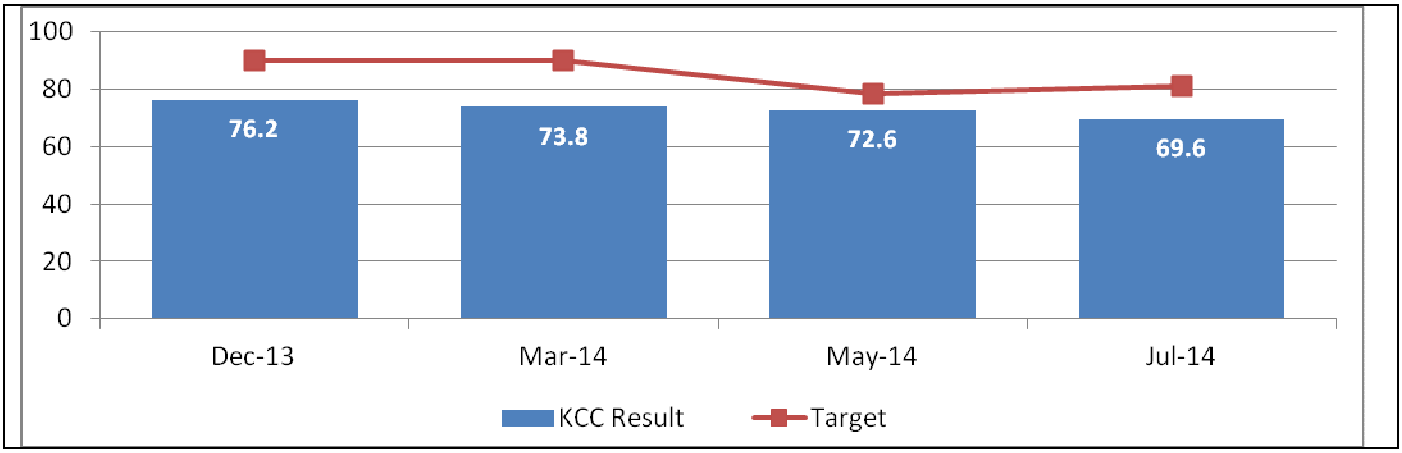
Target: 0 (RAG Status set as: Red for 1 and above, Green for 0)

Tolerance: Lower values are better

Data: Figures shown are a snapshot as at the end of each month/quarter

Data Source: Liberi.

Percentage of case holding posts filled by permanent Qualified Social Workers			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Dec 13	Mar 14	May 14	Jul 14
KCC Result	76.2	73.8*	72.6*	69.6
Target	90	90	78.5	81.0
RAG Rating	Red	Red	Red	Red

This performance measure is a calculation of qualified social workers employed in *'case holding'* posts within Specialist Children's Services. As at 31/07/14, 69.6% of the Establishment level for this group of staff were filled by KCC employees, 20.6% of the remainder were filled by Agency Staff who continue to be used to ensure that average caseloads remain at manageable levels.

The current advertising campaign is generating good levels of applications. During April and May there were 16 applications for Senior Practitioners and 38 for experienced social workers, from which 10 and 16 were shortlisted respectively. During the same period 5 social workers accepted appointments and are expected to commence employment during July and August (subject to employment checks and notice periods). Five Senior Practitioners were appointed, although it should be noted that these were internal appointments which will result in social worker vacancies. In addition to this, 41 NQSWs have been appointed and these staff will take up post when confirmation of their qualification has been received and they are HCPC registered (expected Sept 14) and a further 15 to follow in October. Based on the appointment of the 41 NQSWs and planned replacement of agency workers in September, we predict that 77% case-holding KCC staff and 18% case-holding agency workers, will be in place, resulting in 95% case-holding posts filled.

Data Notes: Please Note *Change of definition and source from March 14, previous data not directly comparable.

Target: 78.5 for Quarter 1; 81.0% Quarter 2; 83.5% Quarter 3; 86.0% Quarter 4 (March 2015)
Tolerance: Higher values are better
Data: Data is provided as a snapshot as at the last working day in the Month.
Data Source: HR Establishment Spreadsheets maintained on behalf of the AD for SCS

From: **Peter Oakford, Cabinet Member for Specialist Children's Services**

Andrew Ireland, Corporate Director for Social Care, Health & Wellbeing

To: **Children's Social Care & Health Cabinet Committee**

23 September 2014

Subject: **Annual Equality and Diversity Report**

Classification: **Unrestricted**

Electoral Division: All divisions

Summary: This report sets out a position statement for services within Social Care, Health & Wellbeing regarding equality and diversity work and progress on KCC Equality objectives for 2013/14.

Recommendation(s):

Note current performance

Continue to ensure that equality governance is observed in relation to decision making

Note the proposed changes to Equality Objectives and agree to receive revised objectives

Agree to receive this report annually in order to comply with the Public Sector Equality Duty (PSED).

1. Introduction

1.1 Publication of equality information is compulsory in England for all public authorities. Proactive publication of equality information ensures not only compliance with the legal requirements, but also greater understanding by the public of the difficult decisions an authority faces, and why it takes those decisions. Gathering equality information and using it to inform decision-making can also enable authorities to achieve greater value for money in the services they deliver through better targeting of services.

2. Financial Implications

2.1 There are no financial implications in producing an annual report.

3. Policy Framework

3.1 Advancing equality and reducing socio-economic inequalities in Kent contributes towards Council's Medium Term Plan, 'Bold Steps'. The Equality Objectives were developed drawing on the council's. As such the objectives correspond with existing council priorities and the objectives support the

aims of, helping the Kent economy to grow, putting the citizen in control and tackling disadvantage.

3.2 The council published its equality objectives in 2011/12. Each service was asked to provide equality information and to demonstrate how they complied with equality legislation between 1 April 2013 – 31 March 2014, and what performance measures they have in place to achieve the KCC Equality Objectives.

4. Key Achievements

4.1 Key achievements for Specialist Children's Services division in Social Care, Health & Wellbeing directorate have been:

4.2 The collation of views from children and young people about their experiences to inform key strategies and the Kent Pledge to children in care. This has led to members signing up to the Pledge which includes a clear commitment to take into account young people's background and beliefs, including ethnic and cultural needs and any needs because of a disability. This culminated in a presentation to full council on the 17 July 2014.

4.3 For disabled children and their families who may need significant adaptations to enable them to stay in their homes, the Home Support Fund Policy has been rewritten to provide them consistency with disabled adults.

4.4 For Public Health, the focus has been on using the council's new commissioning responsibilities and Equality Impact Assessments to improve the quality of services for all sections of the Kent community. Examples include:

4.5 Sexual health services identified a need that the service be adapted in order to provide better bespoke access to Young People and ensure that universal services are provided in a more accessible and supportive way. The service specification for the recently tendered sexual health services defined a Young Persons' service as part of the revised programme and to provide universal services in a more accessible and supportive way. This will include improved use of digital communications, better outreach and ensuring facilities are located where there is most need/demand.

4.6 When developing a new service specification for infant feeding services a need was identified in West Kent has demonstrated a need to target work with white women as well as offer a universal service, as this cohort was least likely to continue with breastfeeding. Also it was identified that outreach work was needed to help men support their partners. Both of these needs were included in the service specifications for the recently tendered service.

4.7 A report on what has been achieved in 2013/14 can be seen in Appendix 1.

5. Governance

5.1 In 2012 governance arrangements were agreed to ensure compliance with the Public Sector Equality Duty (PSED) following an internal audit. Governance is based on decisions having an EqIA at both Departmental

Management Team and Member levels. If decisions are taken without full equality analysis the authority is open to potential Judicial Review

5.2 KCC continues to use EqIAs to capture and evidence our analysis on the impact of our decisions and policies on the People of Kent. The Equality Act abolished the need for EqIAs but is clear on the need to undertake equality analysis in order to demonstrate that due regard has been paid to our Equality duties and KCC evidences this by way of an EqIA. EqIAs assess the impacts and or needs of policies, procedures and services on staff, Members and customers.

5.3 It has also been noted that there is no process in place regarding Officer decisions under delegated authority to ensure that Officers making decisions can evidence compliance with the Equality Act and the PSED. Arrangements are now being reviewed to ensure that all decisions have the outcomes of an equality analysis as part of the reports

6 Future reporting

6.1 It is proposed that KCC revises and consults on its equality objectives during 2014/2015. The objectives will be incorporated in to the new Strategic Commissioning Plan and the accompanying Outcomes Framework so that KCC can embed equality monitoring in to the core performance framework.

6.2 This will result in greater compliance in relation to the delivery of organisational priorities and core services. Critically outcomes will be monitored through core performance management frameworks which will result in greater efficiency and accountability in relation to the delivery and outcomes of the objectives and services to customers. Performance monitoring is to be reported to the relevant Committees and this will meet the statutory duty under the Equality Act 2010.

6.3 Duplication will be reduced through streamlining KCC's equality duty by including public information within other published reports.

7 Legal Implications and Risk Management.

7.1 The Public Sector Equality Duty (Section 149 of the Equality Act 2010) requires the Council to publish its Equality Annual Report each year.

8 Equality Impact Assessment

8.1 There is no requirement to undertake an Equality Impact Assessment because this paper reports performance monitoring on the previous year's work and internal governance arrangements.

9. Conclusion

The annual report has been able to identify progress on the relevant equality bjectives. The Directorate can demonstrate that it provides accessible and usable services but it needs to continue to improve its governance arrangements and review how it communicates and provides information with service users.

10. Recommendation(s)

Recommendation(s): (select relevant wording from below)

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

Note current performance.

Continue to ensure that equality governance is observed in relation to decision making.

Note the proposed changes to equality Objectives and agree to receive revised objectives.

Agree to receive this report annually in order to comply with the Public Sector Equality Duty.

11. Background Documents

11.1 Kent County Council Equality Objectives.

http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/equality-and-diversity/equality-and-diversity-objectives

12. Contact details

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Relevant Director:

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- Philip.Segurola@kent.gov.uk

Social Care, Health and Wellbeing Annual Equalities Report 2013-14 for KCC Annual Report

NB: Individual examples have not been supplied from Public Health, it is assumed that relevant content within the Health and Wellbeing Strategy and Plan will be included directly in to the reporting process.

Equalities Reporting Requirements	**Example of Outcomes**
Access to services or participation rates for people with the different protected characteristics	Pathways to Independence The Pathways to Independence project has been piloted in two localities across Kent, Dover Thanet and Dartford Gravesham and Swanley Community Learning Disability Teams. The pilot started in April 2013 The rationale for this project is that it meets the long and short term strategic aims of the organisation. It meets the requirements set out in Learning Disability specific white paper Valuing People Now (2009) and directorate specific strategies. The purpose of the project is to deliver an enablement model to people with Learning Disabilities. It aims to increase people's independence, enable them to move on from traditional social care support, to live and participate in their community. Access and Participation in Autistic Spectrum Conditions Service The Autistic Spectrum Conditions Service has increased participation rates and to access to relevant services, for people with a protected characteristic.
Performance information for functions which are relevant to the aims of the general equality duty, especially around service outcomes (e.g. attainment, recovery rates)	Adults Performance Reporting Performance management is changing in line with the Transformation Programme and is very focussed on service outcomes. This is all relevant to the aims of the general equality duty. Details are available on Knet and through Transformation Board reporting. Children's Performance Reporting Management Information Unit provides Performance data

	which profiles age, gender, disability and ethnicity. This data is scrutinised at quarterly 'Deep Dives' for each area and in management meetings. Kent Safeguarding Children Board includes equality profiles in its performance reporting.
Complaints about discrimination and other prohibited conduct from service users	The aim of the Pathways to Independence project is to help people with learning disabilities live more independently with support from carers when needed. The aspiration is for service users to become increasingly integrated into their communities and support them in using community facilities such as libraries and the local bus service. This is also a positive and proactive approach to counter disability hate crime.
Details and feedback of engagement with service users	<u>Specialist Children's Services</u> Feedback from children and parents and carers is collated via: • Children's Rights Information using the Kent Caretown interactive website. • Child Protection Case Conference parents and carers feedback routinely collated. • Family Group Conference Process feedback routinely collated • Children in Care Reviews collate data regarding the views of children and young people/parents/carers. • Disabled children and young people in all KCC short break residential units are asked for feedback on the service which informs planning and delivery of the service • Parents of disabled children are surveyed by Kent Parent Carer Forum on a variety of issues and these are reported to the Health and Wellbeing Sub-group for Special Educational Needs and Disabilities to inform service development Virtual School Kent leads on participation and engagement for children in care and convenes a number of participation days/events. This is underpinned by the Kent Children in Care and Care Leavers Participation Strategy. Additional information is provided by: • Children in Care Council (Our Children & Young People Council – OCYPC) • LAC nurses seek children's views following Health Assessments • Children are able to provide feedback on their

	Personal Education Plans • Activity based participation events <u>Kent Learning Disability Partnership</u> KCC facilitates the partnership, which consists of: • Kent Learning Disability Partnership Board • Valuing People Now (VPN) Cabinet • Delivery Groups (Work on issues such as transition, health, safety, housing and daily activities such as employment, education, hobbies, etc) • District Partnership Groups (DPGs) All of these meetings are co-chaired by people with a learning disability. The Board, Cabinet and Delivery Groups are also co-chaired by professionals who are able to action work required, e.g. Cabinet Members, commissioners, members of the police force etc.to ensure that people with learning disabilities are able to move their agenda forward. Issues and information are fed upwards from a local level by the DPGs who consist of people with learning disabilities, parent carers and anyone who has an interest in issues around learning disabilities. Likewise, information is fed-down from the Partnership Board and VPN Cabinet to the District Partnership Groups via the Delivery Groups. People with learning disabilities are involved in all decisions from these groups and also do a lot of work to highlight and rectify issues. Members of the partnership who have learning disabilities have also presented to the Health and Wellbeing Board to make sure that there are good links with the work they are doing. They have also recently presented to the KCC Cabinet where they were well received and are now working with Cabinet Members to move the Valuing People Now agenda forward. <u>Engagement with Carers</u> Following engagement with carers a review of support to carers was carried out and the finding presented one year on with a view to improving the service provided.
Quantitative and qualitative research with service users e.g. patient surveys	<u>Specialist Children's Services</u> Views of children and young people are regularly sought including by: • Children in Care Council (OCYPC.) qualitative survey

	• Leading Improvements for Looked After Children (LILAC) survey • Your Voice Matters survey • LAC nurses seek children's views following Health Assessments • Children are able to provide feedback on their Personal Education Plans An overview of the views of Children in Care was presented by representative young people to the full council on 17 July 2014. <u>Research in Specialist Children's Services</u> Research has been carried out on Specialist Children's Services to quantify the take up of services by protected characteristics and demographic groups. This is being used to identify groups that are under represented. <u>Joint Health and Social Care Self-Assessment Framework</u> This is an annual check on health and social care services. Although this is a self-assessment, people with learning disabilities were involved in the consultation process on how this would be monitored. As part of the process, people were asked to give their own experiences on services to be added to the framework. <u>Living in Fear research</u> This is research conducted by MCCH, Tizard (University of Kent), Autism London and Kent Police. The purpose of the research was to look at the number of people with a learning disability or autism who had suffered hate crime, the nature of this hate crime and whether or not the crime was reported. This study combined qualitative and quantitative methodology and looked at the experiences of people with learning disabilities and autism as well as family and paid carers. The Kent District Partnership Groups were listed (in Appendix 4) as an example of good practice in promoting the community safety of people with learning disabilities. <u>The Accomplished Community: Building Inclusive Communities</u> Example 1, (page 6) shows the work of the Good Health Delivery Group in putting together the communication book and creating a poster to advertise in hospitals that the book is available.

	http://www.learningdisabilities.org.uk/content/assets/pdf/publications/The_accomplished_community1.pdf?view=Standard Local research is regularly completed by District Partnership Groups. Please contact Joanne Cunningham for further information.
Records of how KCC have had due regard to the aims of the duty in decision-making with regard to service provision, including any assessments of impact on equality and any evidence used	Easy read minutes are produced for all meetings. Copies of these minutes can be obtained via Joanne Cunningham at joanne.cunningham@kent.gov.uk Bariatric Service Provision The need for a bariatric service was identified and the equality evidence was a key part of agreeing the service provision.
Details of policies and programmes that have been put into place to address equality concerns raised by service users	This is numerous and ongoing. Some examples from the delivery groups are: The Home Support Fund Policy has recently been rewritten to provide consistency between disabled adults and children. This has now been agreed as a key decision. Becoming an Adult (Transition) Production of an easy read guide to be used by young adults to plan for transition. This was produced in collaboration with young people with learning disabilities, schools and colleges. Good Health Group (Health) As well as the communication books listed above under "The Accomplished Community: Building Inclusive Communities", there has also been the production of the electronic hospital passport. This is a keyfob is held by the individual and contains all relevant medical information that the hospital may need to know should the individual be admitted. Keeping Safe Group (Safety) The group has been working with North Kent Independent Advocacy Scheme on the Shop Safe Scheme. This works by the individual being registered to the scheme and having their emergency information kept at a central point. If the individual finds themselves in difficulty whilst in the community, they can find a shop that is displaying the shop

	safe logo and know that the staff will help. The staff will be able to contact the central point and quote an ID number which is listed on a keyfob held by the individual. This will enable emergency medical advice to be given or a listed emergency contact, (such as family or paid carer) to be made aware of the situation. The Keeping Safe group has also discussed many issues around public transport. Therefore, a transport sub-group has been formed and from this group journey cards have been produced for people who may have difficulty with communication. This will help people travel independently as they will be able to show a card which will state the required destination or if some type of assistance is needed. <u>What I Do (Employment, education, hobbies etc)</u> Through mystery shopping the What I Do Group established that there were issues around visits to jobcentres. Training is now being given to Jobcentre staff on working with people who have a learning disability to ensure that the visits are less intimidating. Initially, this was done by a member of the partnership with a learning disability visiting staff meetings and conveying their experiences. However, one of these sessions has now been filmed and DVDs have been given to Jobcentres so that they can be used for continual training. Also, optician packs have been produced for opticians to give guidance on working with people who have a learning disability. This has easy read information that can be shared with the customer to help explain what the optician will do during the eye test. <u>Where I Live (housing)</u> The Moving On toolkit was created by JPPB Kent (housing) and the Kent Housing Group to guide people through the moving and settling in process. The Where I Live group has worked in collaboration with these groups to produce easy read guidance to help explain some of the more complex factsheets from this toolkit. <u>Dementia Support</u> Dementia support is often highlighted by service users and carers as an equality concern. The shared lives programme has been developed to address this.

From: Peter Oakford, Cabinet Member for Specialist Children's Service

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

To: Children's Social Care and Health Cabinet Committee

23 September 2014

Subject: **Recruitment and Retention of Children's Social Workers**

Classification: Unrestricted

Summary: This paper provides an update to Children's Social Care Cabinet Committee on recent Member and Officer discussions on enhancements to the remuneration package for key staff in Specialist Children's Services.

Recommendation(s):

The Cabinet Committee is asked to consider and endorse the proposed improvements to the recruitment and retention strategy for Children's Social Workers as outlined in this paper.

1. Introduction

1.1 Gary Cooke, Cabinet Member for Corporate & Democratic Services, which includes responsibility for Human Resources, and Peter Oakford, Cabinet Member for Specialist Children's Services have met with officers from both SCS and HR to explore ways to improve levels of recruitment and retention of key post holders in Specialist Children's Services.

1.2 Following discussion at the last Cabinet Committee in July, further discussions have taken place and a number of options have been explored. As a result, a range of proposals are now recommended.

2. Financial Implications

2.1 The current level of spend on agency workers in Specialist Children's Services is high, resulting in a significant pressure on Divisional staffing costs of around £3.5m. There is therefore an imperative to reduce this spend both in this financial year and over the Medium Term Financial Plan.

2.2 The proposals recommended will cost in the region of £1.15m, but it is clear that without this investment, the capacity to reduce the number agency staff will be severely limited.

2.3 It is important to note that the need to have fewer agency staff and therefore a more stable workforce, especially at team manager level, is also crucially relevant in terms of a "good" Ofsted inspection.

3. Context

3.1 A detailed and comprehensive recruitment and retention plan is in place and is regularly reviewed by the Specialist Children's Services Resourcing Group. Progress against this plan has been good, but the national shortage of children's social workers has meant that the target of 85% of posts filled by permanent staff has not been achieved. In case-holding teams at the end of July, 69.6% of posts were filled by permanent employees with a further 20.6% being filled by agency staff. Further details of the distribution of current vacancies are shown at Appendix 1.

3.2 KCC's remuneration package is regularly reviewed against that of other Authorities and is competitive. The latest comparator details are shown at Appendix 2. A summary of existing market premiums is shown at Appendix 3.

3.3 The proposals outlined below concentrate on the areas where it is felt specific improvements could and should be made. These have been based on factual evidence of vacancy rates, staff demographics, comparators and feedback from staff on reasons for leaving. It is therefore felt that taking these actions will result in an improvement in recruitment and retention rates, although these may not become apparent immediately.

3.4 It is important that the other aspects of the recruitment and retention plan are maintained, particularly in relation to supportive, strong supervision, and the introduction of the professional capability framework which links to professional development, both of which are known to be valued by staff.

3.5 The ability to attractive high quality Newly Qualified Social Workers has continued this year and is fundamental to the underlying importance of planning for the longer term by growing our own supply of social workers.

4. Conclusions

4.1 It is recommended that in addition to the ongoing activity to recruit and retain social work staff, action should be focused on the following:

- Targeted advertising for experienced social workers. Senior practitioners and team managers.
- Equalisation of market premium payments for Senior Practitioners and Social Workers.
- Additional retention/market premium payments targeted at staff reaching significant length of service landmarks
- Car allowances

5. Recommendation(s)

Recommendation(s):

The Cabinet Committee is asked to consider and endorse the proposed improvements to the recruitment and retention strategy for Children's Social Workers as outlined in this paper.

6. Background Documents

Appendix 1: Vacancy rates
Appendix 2: Salary comparisons
Appendix 3: Existing KCC Market Premiums

7. Contact details

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Appendix 1
Vacancies as at 31 July 2014

	Team Manager	Case-holding social worker
West	3	36.8
East	5	42.6
South	4.2	19.8
North	0.4	14.6
Other (DCS, UASC, 16+)	4.2	21.4
Total	16.8	135.2

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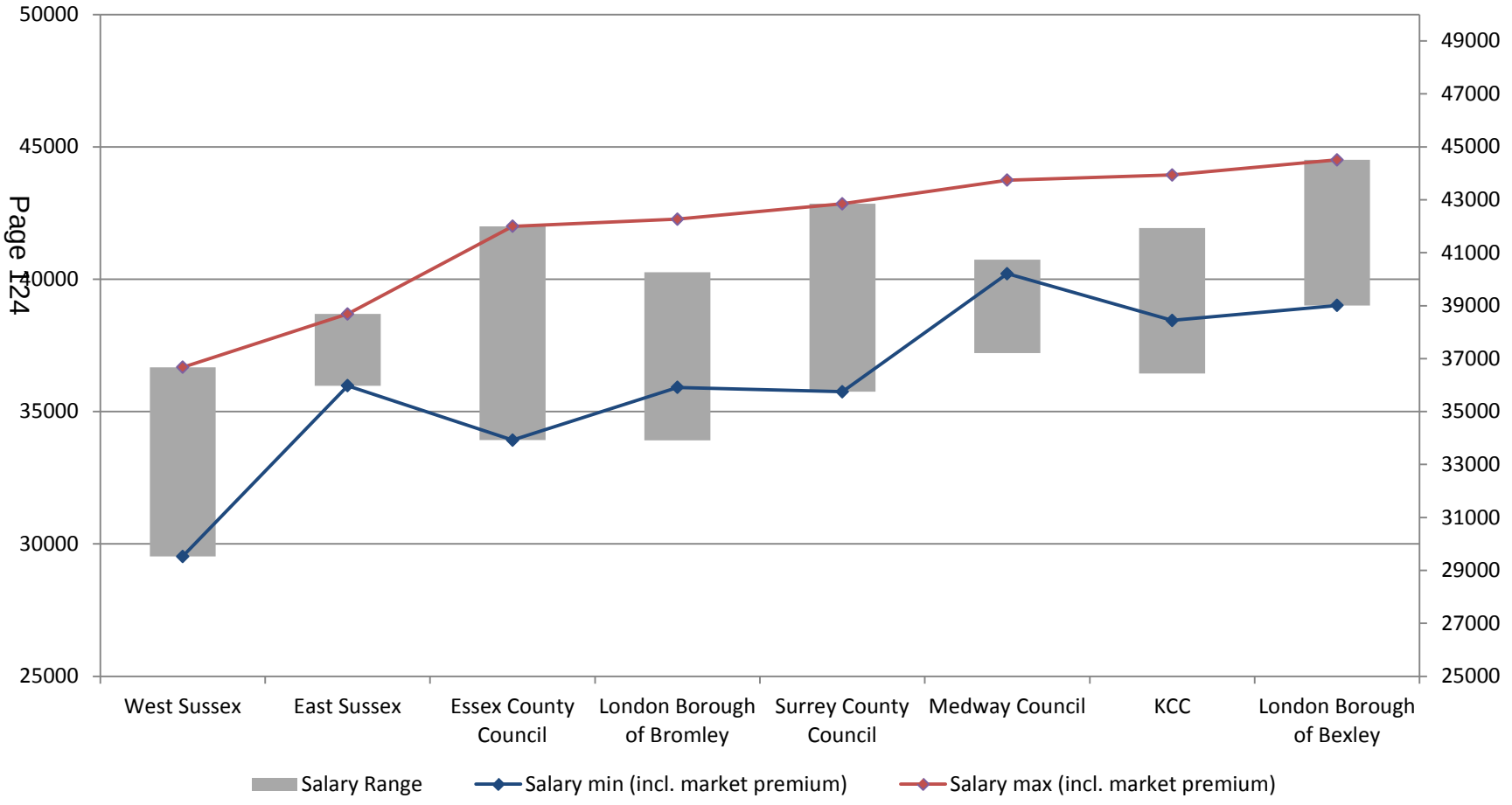
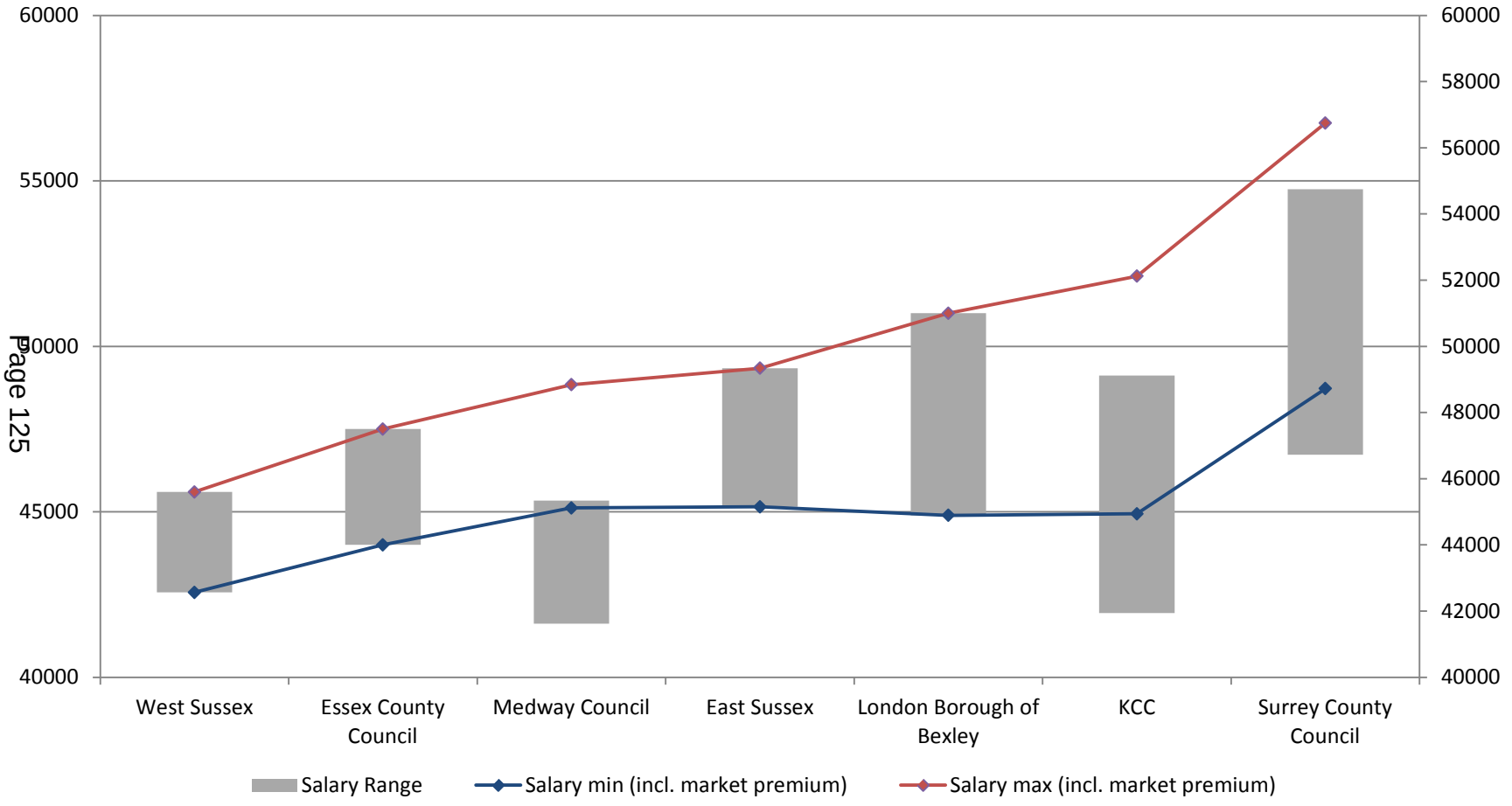
Appendix 2a
Salary Comparison- Social Workers

Appendix 2b
Salary Comparison – Senior Practitioners



Appendix 2c
Salary Comparison – Team Managers



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Appendix 3 - Existing KCC Market Premiums

Market Premium	Target Group	Amount	Payment details	Annual costs (estimated 2014/15)
Golden Hello	Externally recruited Newly Qualified Social Workers	£2,000.00	Paid on appointment repayable if leave within 2 years	£100,000.00
Market Premium	Social Workers employed in A&I; CiC; FST; CRU; DCS	£3,000.00	Paid in two instalments: June and December subject to full attendance, managing a full caseload, no performance issues	£339,562.00
	Senior Practitioners employed in A&I; CIC; FST; CRU; DCS	£2,000.00	Paid in two instalments: June and December subject to full attendance, managing a full caseload, no performance issues	£148,364.00
	Team Managers in all teams	£3,000.00	Paid in two instalments: June and December subject to full attendance, managing a full caseload, no performance issues	£115,596.00
Car Market Premium	Social Workers, Senior Practitioners, Team Managers, IROs, Occupational Therapists, Child Protection Chairs - in all SCS teams	£410 + 45p per mile	£410 paid in monthly instalments	TBD
	Existing staff graded KR10 or below retain essential user allowance	£833 + 34.4p per mile	£833 paid in monthly instalments	TBD
			NB only in place while in the same job under no detriment arrangements	
				£703,522.00

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From: Peter Sass, Head of Democratic Services

To: Children's Social Care and Health Cabinet Committee – 23 September 2014

Subject: **Work Programme 2014/15**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Standard item

Summary: This report gives details of the proposed work programme for the Children's Social Care and Health Cabinet Committee

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to consider and agree its work programme for 2014/15.

1. Introduction

1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decision List, from actions arising from previous meetings and from topics identified at agenda setting meetings, held six weeks before each Cabinet Committee meeting in accordance with the Constitution and attended by the Chairman, Mrs Allen, the Vice-Chairman, Mrs Crabtree and three Group Spokesmen, Ms Cribbon, Mr Vye and Mrs Wiltshire.

1.2 Whilst the Chairman, in consultation with the Cabinet Member, is responsible for the final selection of items for the agenda, this item gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Terms of Reference

2.1 At its meeting held on 27 March 2014, the County Council agreed the following terms of reference for the Children's Social Care and Health Cabinet Committee:- "*To be responsible for those functions that sit within the Social Care, Health and Wellbeing Directorate which relate to Children"*. The functions within the remit of this Cabinet Committee are:

Children's Social Care and Health Cabinet Committee

Commissioning

- Children's Health Commissioning
- Strategic Commissioning - Children's Social Care
- Contracts and Procurement - Children's Social Care
- Planning and Market Shaping - Children's Social Care
- Commissioned Services - Children's Social Care

Specialist Children's Services

- Initial Duty and Assessment
- Child Protection
- Children and young people's disability services, including short break residential services
- Children in Care (Children and Young People teams)
- Assessment and Intervention teams
- Family Support Teams
- Adolescent Teams (Specialist Services)
- Adoption and Fostering
- Asylum (Unaccompanied Asylum Seeking Children (UASC))
- Central Referral Unit/Out of Hours
- Family Group Conferencing Services
- Virtual School Kent

Child and Adolescent Mental Health Services

Children's Social Services Improvement Plan

Corporate Parenting

Transition planning

Health – when the following relate to children

- Children's Health Commissioning
- Health Improvement
- Health Protection
- Public Health Intelligence and Research
- Public Health Commissioning and Performance

2.2 Further terms of reference can be found in the Constitution at Appendix 2 Part 4 paragraph 21 and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2014/15

3.1 An agenda setting meeting was held on 24 July 2014, at which items for this meeting's agenda and future agenda items were agreed. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in an appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion in the agenda of future meetings.

3.3 When selecting future items, the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any 'for information' or briefing items will be sent to Members of the Cabinet Committee separately to the agenda, or separate Member briefings will be arranged where appropriate.

4. Conclusion

4.1 It is vital for the Cabinet Committee process that the Committee takes ownership of its work programme to help the Cabinet Member to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions for future items to be considered. This does not preclude Members making requests to the Chairman or the Democratic Services Officer between meetings for consideration.

5. Recommendation:

The Children's Social Care and Health Cabinet Committee is asked to consider and agree its work programme for 2014/15.

6. Background Documents

None.

7. Contact details

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Last updated on: 12 September 2014

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE – WORK PROGRAMME 2014/2015

Agenda Section	Items
3 DECEMBER 2014	
B – Key or Significant Cabinet/Cabinet Member Decisions	• **Newton Europe – review of Specialist Children's Services** early report in September, decision report in December
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Report on Childhood Obesity** (raised at Adult SC Cttee on 2 May as part of Adult Healthy Weight Strategy) • **Autumn Budget Statement/Medium Term Financial Plan** • **KICSB Inspection themes report**
D – Performance Monitoring	• **Action Plans arising from Ofsted inspection** (replaces former CSIP update) now to every other meeting • **SCS Performance Dashboards and mid-year business plan Monitoring** • **PH Performance Dashboard - Health Improvement Programme Performance report** • **Work Programme**
E – for Information - Decisions taken between meetings	•
JANUARY 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions	• **Children/Adults – Transition update** *(12 months on from report at Jan 2014 mtg)*
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Health Inequalities update** *(12 months on from report at Jan 2014 mtg)* • **Draft Revenue and Capital Budgets 2015/16** •
D – Performance Monitoring	• **SCS Performance Dashboards** • **PH Performance Dashboard - Health Improvement Programme Performance report** • **Work Programme**
E – for Information - Decisions taken between meetings	•
SPRING 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions	•
C – Other items for Comment/Rec to Leader/Cabinet Member	•
D – Performance Monitoring	• **Strategic Priority Statements** incl **Risk Registers** • **Action Plans arising from Ofsted inspection** (replaces former CSIP update) now to every other meeting • **SCS Performance Dashboards** • **PH Performance Dashboard - Health Improvement Programme Performance report** • **Work Programme**
E – for Information - Decisions taken between	

meetings	
SUMMER 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions	•
C – Other items for Comment/Rec to Leader/Cabinet Member	•
D – Performance Monitoring	• **SCS Performance Dashboards** • **PH Performance Dashboard - Health Improvement Programme Performance report** • **Work Programme**
E – for Information - Decisions taken between meetings	
AUTUMN 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions	•
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Action Plans arising from Ofsted inspection** (replaces former CSIP update) now to every other meeting •
D – Performance Monitoring	• **SCS Performance Dashboards** • **PH Performance Dashboard - Health Improvement Programme Performance report** • **Work Programme**
E – for Information - Decisions taken between meetings	