

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, 3 December 2014.

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

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

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health & Wellbeing), Mr A Scott-Clark (Interim Director Public Health), Mr P Segurola (Interim Director of Specialist Children's Services) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

16. Apologies and Substitutes
(Item A2)

No apologies or notice of any substitutes had been received.

17. Declarations of Interest by Members in items on the Agenda
(Item A3)

There were no declarations of interest.

18. Minutes of the meeting held on 23 September 2014
(Item A4)

RESOLVED that the minutes of this committee's meeting held on 23 September 2014 are correctly recorded and they be signed by the Chairman. There were no matters arising.

19. Minutes of the meeting of the Corporate Parenting Panel held on 4 September 2014
(Item A5)

RESOLVED that these be noted.

20. Meeting Dates for 2015
(Item A6)

The dates reserved for the committee's meetings in 2015 were noted, as follows:-

Tuesday 20 January
Tuesday 21 April
Thursday 4 June
Wednesday 22 July
Tuesday 8 September
Wednesday 2 December

All meetings would commence at 10.00 am. If an earlier start time were to be required for any meeting, this would be announced nearer the time.

21. Verbal updates
(Item A7)

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

Child Sexual Exploitation awareness session for Members of this Committee and the Corporate Parenting Panel on 18 December

Visits with principal practitioner to Folkestone had been very enlightening. He would shortly start a series of visits to all children's centres in the county, in alternate weeks with visits with social workers.

Kent Safeguarding Children Board Annual Conference on 13 November – 'Voice of the Child'

E.safety – he had recently seen Becky Avery's excellent presentation on e.safety and the effects of cyber-bullying and recommended it to the committee. He undertook to arrange for this committee and the Corporate Parenting Panel to see Becky's presentation.

2. He responded to comments and questions, as follows:-

- a) the presentation on Child Sexual Exploitation for all Members, and the opportunity to discuss the issue at future meetings of this committee, was welcomed. Schools had a major role to play. Reporting of alerts was vital, and there was much work to be done in this area. Mr Oakford explained that he had met with the Director for Education and Young People's Services to discuss how schools could best train their teaching staff to handle the issue. The House of Commons report of a recent investigation into Child Sexual Exploitation gave a good summary of the issue, *and Members of the committee would be sent a link to the report;* and

- b) the value of making a presentation to Members on cyber-bullying was questioned, if Members were not able to hear at first hand the views of young people on the issue. It would be more helpful for Members to be briefed in a school setting or at a Youth Advisory Group, where young people could contribute their views.

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

0 – 25 Programme Transformation Update – the design phase of work with Newton Europe had been very successful and the implementation stage would end shortly, with a presentation being made to the Portfolio Board and a key Cabinet Member decision being taken in the new year.

Child Sexual Exploitation – Ofsted themed inspection - the report of the recent inspection had been written in general terms, without highlighting any of the eight local authorities, including Kent, which had been inspected. The report included a number of recommendations, both for local authorities and for its own inspectors, on how to manage the issue. *Members of the committee would be sent a link to the report.*

Virtual School Kent Awards for 16+ and Care Leavers – the first such awards ceremony had recently taken place and, it was hoped, would come to have the same profile as the awards ceremony for younger children in care.

4. He responded to comments and questions, as follows:-

- a) asked about possible wider publication of the Ofsted themed report, Mr Ireland said that he had discussed with Ofsted the possibility of publishing the report once the current criminal proceedings had finished. Media coverage of the trials would draw some attention to some of the issues. The Kent Safeguarding Children Board had undertaken an independent review of Operation Lakeland, and this would also be published once criminal proceedings had finished;
- b) asked about coverage in the report of the issue of unaccompanied asylum seeking children (UASC) who had gone missing, Mr Ireland said there was no specific mention of any UASC, only mention of missing children in general; and
- c) asked about Kent's record in addressing cases of Child Sexual Exploitation, in comparison to other local authorities, Mr Ireland said that staff were well attuned and alert to the issue via training, which was mandatory for social work staff. He explained that victims of exploitation often did not see themselves as being exploited, believing themselves to be in a relationship, and could often only recognise exploitation in hindsight.

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

School Public Health Service – contract extensions

Contract awards for Community Sexual Health Service, round 1 (November 2014)

1 October - attended Kent Malnutrition Conference at Ashford International Hotel

10 October - attended Public Health Mental Wellbeing Celebration Day at Sessions House – the aim of World Mental Health day on 10 October was to highlight mental health issues across all age groups and sections of society, as research had shown that one in four people would experience some sort of mental ill health during their lifetime. Early diagnosis was key, and, for young people, GP support and good transition from children's to adult service was key.

15 October - hosted Professor Chris Bentley's Health Inequalities briefing for Members at Sessions House – this had highlighted the seven stages of life and the importance of a child's early years. Health inequality was a huge issue to be tackled.

19 November - spoke at the Wellbeing Symposium at Detling Showground

26 November - attended Environment, Health & Sustainability Conference at Ashford International Hotel

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

Update on health visiting – the Healthy Child programme would commence in October 2015 and would include both the health visitor and family nurse partnership services. Much work had gone into identifying current patterns of service delivery, and the condition of the service that the County Council would inherit in October 2015. The funding allocation for the service would also become clear at that time.

Family nurse partnership - this service worked with new mothers under the age of 19 and gave support to a child for the first 2½ years of life. It was designed to provide support around a family, including a child's father, with support being gradually reduced over time to allow a family to function on its own.

Work with preventative services – this service also worked with young parents and children in the first 2½ years of life.

Maternity – the County Council was currently working with clinical commissioning groups to identify the best way for the two to collaborate to run key public health programmes, eg the BabyClear programme, which sought to reduce babies' exposure to cigarette smoke before birth and in their early years.

7. He responded to comments and questions, as follows:-

a) asked about the family nurse partnership service, he explained that:-

- the service would be commissioned by public health and would be part of its provider arm, delivered via the Kent Community Health Trust,
- it was a licensed, national programme and was very prescribed, eg in terms of monitoring, and was subject to national evaluation,
- the service would consist mainly of former health visitors with a public health background,
- where the service would be located was not yet known, but it was expected that family nurses would spend most of their time on home visits, rather than being based at an office or centre,
- families would be told about by, and be able to access the service via, their midwife, but all professionals working in the preventative and early help services would be aware of it, and
- the service would cover the whole of the county so all families were able to access a universal, common service. However, the time it would take to roll out the service over the whole county was, as yet, unclear;

b) it was important to make the best of available opportunities to establish links between families and the health visitor service, to minimise as far as possible the scope for a child to come into care. Mr Scott-Clark agreed that it was vital to check that the planned services to young families were actually being delivered and that there was good local integration of service;

c) good coverage of service was important, so that all areas of the county, including remote and deprived areas, could access them. It was important that service delivery be properly monitored. *An update on service delivery would be made to this committee in six months' time;*

- d) the promptness of parents receiving information about the health visitor and family nurse partnership services, at the start of a pregnancy, was important, and Mr Scott-Clark explained that information on the service would be given to any expectant mother who was eligible for the service at her first appointment with a midwife, the aim being to facilitate a meeting between a family nurse and mother as soon as possible;
- e) the service itself was not mandatory, although some elements of it were services which the County Council was required to deliver; and
- f) the aim of the health visitor and family nurse services, under the Healthy Child Programme, was that every young mother and child should receive support and advice until the child reached five and the school nurse service took over, ensuring good assessment supported by good planning.

8. The verbal updates were noted, with thanks.

22. The Way Ahead: Draft Emotional Wellbeing Strategy for Children, Young People and Young Adults (0-25) in Kent - Part 1
(Item B1)

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

1. Ms Sharp introduced the report and explained that the draft strategy was being presented to Members for their comment and endorsement. This strategy represented the start of much work on emotional wellbeing, and regular updates would be made to the Committee. The strategy sought to address how best young people with emotional wellbeing issues could be given early support via the most appropriate route, before their needs escalated to require a referral to the Child and Adolescent Mental Health service (CAMHS). Ms Sharp and Mr Ireland responded to comments and questions, as follows:-

- a) the strategy and its clarity were welcomed. It set out why a service was needed and then how that service would be delivered;
- b) in response to a question about the number of family liaison officers in each school, able to offer early intervention, *Ms Sharp undertook to respond to the questioner outside the meeting.* Young people had said that they wished to be able to access support at school but not from a teacher. The role of trusted confidante should be kept separate from a teaching role;
- c) the offer to supply case studies mentioned in the report was welcomed as useful illustrations, and the delivery plan was eagerly awaited. *Ms Sharp undertook to supply these outside the meeting;*
- d) it was important that, amongst a number of professionals around them, a family had one person to whom they could link and from whom they could receive first-hand support;
- e) being able to access the right help, early on, would help prevent an issue escalating to a more advanced and distressing stage; and

- f) the Health Overview and Scrutiny Committee had been looking at CAMHS in depth over some months, and would be looking again at the whole contract in the new year. It was vital that regular monitoring of the issue be maintained.

2. RESOLVED that:-

- a) the draft Emotional Wellbeing Strategy for Children, Young People and Young Adults (0-25) be welcomed and endorsed; and
- b) the Health Overview and Scrutiny Committee be thanked for its work on scrutinising the Child and Adolescent Mental Health service (CAMHS).

23. Ofsted Inspection Mapping: Single Inspection Framework
(Item C1)

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

- a) the timing of the next inspection was, as yet, unknown, but the Directorate was preparing for it to take place in the new year;
- b) the hope was expressed that the next inspection would review and acknowledge the vital role of the IRO service and the improvements made to this service, eg recruitment of two new IROs and the ongoing drive to reduce the average caseload, which would allow each IRO to spend more time engaging with each child;
- c) asked about peer reviews, Mr Segurola explained that the system of peer reviews and the allocation of authorities to undertake them was managed by a regional agency, so the County Council was not able to state a preference of which other local authority it wished to review its services; and
- d) it was confirmed that elected Members would be engaged by Ofsted inspectors as part of the review, and those who had taken part in past reviews confirmed that they had been interviewed.

2. RESOLVED that the findings outlined in the report, and given in response to questions, be noted, and the County Council focus attention on these areas when preparing for the next inspections of its specialist children's services.

24. Recruitment and Retention of Children's Social Workers
(Item C2)

Ms K Ray, Human Resources Business Partner, was in attendance for this item.

1. Ms Ray introduced the report and summarised key areas of work since the previous report to the committee's meeting on 23 September 2014. In addition to the recruitment activity figures presented in the report, one team manager post had been

offered, 50.5 FTE newly-qualified social workers had been recruited (some of whom had started work; some would start very shortly) and several more were being interviewed. The next wave of recruitment was expected in April and May 2015. Ms Ray responded to comments and questions from Members, as follows:-

- a) the newly-appointed social workers were of a good calibre and good feedback had been received about the new recruits. Newly-qualified social workers were easier to recruit, but to encourage more experienced social workers to move to Kent from other local authorities was more of a challenge;
- b) the number of social workers that Kent needed to have to meet its needs was approximately 430, so the latest intake of 50.5 FTE represented a significant proportion of this total;
- c) newly-qualified social workers would work with a reduced caseload and would need more support and training than more experienced workers. There was currently a good number of newly-qualified social workers completing university courses and seeking employment and it was hoped that this would continue;
- d) research had been undertaken on how long experienced social workers tended to stay in any one post, and to identify common patterns of career moves. The County Council had made tangible changes to its retention package in an effort to keep experienced social workers for as long as possible;
- e) asked about the possibility of re-training existing staff, who may not have the exact social work qualifications required but could be supported to study for them, Ms Ray explained that a scheme to sponsor staff to undertake social work degree courses with the Open University had been in place for the last few years. Mr Segurola added that the County Council also worked with colleges to offer training placements to social work students, who were then more likely to want to work for the Council when qualified. The benefit for the Council was that these newly-qualified staff would already be familiar with its work practices;
- f) asked about the apparent low success rate of only one appointment being made from 30 applications, set out in the recruitment activity in the report, Ms Ray explained that, although the Council advertised the requirements of a post very clearly, often applications were received from a number of candidates who did not have the required qualifications and were unsuitable to proceed to shortlisting and interview;
- g) there would always be some level of turnover of social workers, due to retirement and career moves, and the aim was to retain experienced social workers for as long as possible and to balance new recruitment with retention of existing staff;
- h) asked about continuous professional development for existing social workers, to allow the Council to 'grow its own' team managers, and how many such managers were needed, *Ms Ray undertook to check the*

number of current team manager vacancies and supply the information outside the meeting. Some team manager posts had been offered but the successful applicants had not yet taken up post. Most team managers were currently either employed by agencies or were existing staff who were acting up into the role. Any internal applicant who had been unsuccessful in applying for a team manager post would be given supportive feedback;

- i) asked about the imbalance between east and west Kent, in terms of attracting new recruits, Ms Ray explained that, when research had been undertaken nationally to identify issues, the main issue for east Kent had been the distance that workers would have to travel to work there. This applied to both permanent appointments and agency workers. Promoting the benefits of living in east Kent would help address this;
- j) asked about the possibility of County Council employees moving to work for agencies to access better rates of pay, Ms Ray replied that a few staff had moved for this reason and some others had moved to achieve more flexible employment; and
- k) asked about the car premium offered as part of the recruitment and retention package to social workers in receipt of the market premium, Mr Ireland said that it was too early to identify any impact of this, although he expected that it would have a positive effect. He added that recruitment and retention packages were targeted to address key stages in a social worker's career, ie starting out and moving on, which research had shown tended to be after three or four years in any post.

2. The Cabinet Member for Specialist Children's Services, Mr Oakford, commented that the early results of the recruitment measures being put in place were encouraging, with the number of permanent social workers having increased by 6% and the number of agency workers having decreased by 2% since the issue was last reported to the committee in September. He said that focus should now be directed towards retention of existing staff. The issue was not one just of money but of maintaining staff's interest in remaining in Kent, by minimising caseloads and offering continuous professional development. He asked that *a further report be made to the April meeting of the committee.*

3. RESOLVED that the information set out in the update report, and given in response to questions, be noted, and a further update report be made to the committee's April meeting.

25. Action Plans arising from Ofsted inspection - progress update *(Item D1)*

1. Mr Segurolo introduced the report and set out key challenges, eg achieving consistency of practice and the need to increase post-adoption support to keep up with a rise on the number of adoptions. Monthly data monitoring was helping to map good practice and areas of development, so that evidence would be ready to share with Ofsted at the next inspection. He responded to comments and questions from Members, as follows:-

- a) asked what the committee could do to help officers prepare for inspection, Mr Segurola offered to share improvement documents with Members, as well as sharing with a local Member any issues which had arisen in their division. Mr Ireland added that the Member Improvement Panel had a valuable scrutiny role; and
 - b) asked if Kent's size and diversity made it difficult to share and spread best practice, or to keep track of issues such as the number of children placed in the county by other local authorities, Mr Ireland replied that it was possible to be confident of only about 60% of the available data on these placements. It was important that presentation of this issue at the next inspection was frank and robust, so the extent of the problem experienced by Kent would receive appropriate recognition. Ofsted might even be able to lend its weight to Kent's lobbying of government about this issue.
2. RESOLVED that information set out in the report, and given in response to questions, be noted.

26. Annual Report on Complaints and Representations - 2013/2014
(Item D2)

1. Mr Segurola introduced the report and responded to comments and questions from Members, as follows:-
 - a) the term 'explanation', listed as an outcome to the largest number of complaints, meant that some level of clarification had been required in response to a complaint that information supplied to a service user or their family had been unclear. The lesson from this type of complaint was that information and advice given to service users should be as clear and user-friendly as possible, eg avoiding the use of jargon; and
 - b) another issue to be addressed was to reduce delay wherever possible, and as far as possible, in dealing with service user complaints. Tracking processes had been improved in the past year.
2. RESOLVED that information set out in the report, and given in response to questions, be noted.

27. Specialist Children's Services Performance Dashboard
(Item D3)

RESOLVED that the information set out in the dashboard report be noted.

28. Public Health Performance - Children and Young People
(Item D4)

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

1. Ms Sharp introduced the report and said that most areas of performance had met targets, with the exception of breastfeeding. It was hoped that the recently-improved contract for community infant feeding would soon show an improvement.

Ms Sharp and Mr Scott-Clark responded to comments and questions from Members, as follows:-

- a) the Chairman said that her local Healthy Living Centre was undertaking work to promote breastfeeding but did not make available any data. Mr Scott-Clark agreed that data flow had been identified as a problem and that it was difficult to see a clear picture of progress;
- b) asked about mothers who were not able to breastfeed, and how they could be recorded in the data amongst those who did not breastfeed, Mr Scott-Clark explained that the prescribed way in which data was collected did not have scope to record those who could not feed so, sadly, this cohort was not reflected;
- c) similarly, mothers who started to breastfeed but did not continue would show up only by identifying the difference between the figures for the number of women initiating breastfeeding and for those still breastfeeding at 6 – 8 weeks, although the finer detail of when and why they had stopped would not be recorded;
- d) schemes to encourage mothers to breastfeed in public, and building support for and acceptance of this, would help. Premises could label themselves as being 'breastfeeding friendly'. Advice on breastfeeding in public places could be issued by children's centres. The Chairman added that the County Council aimed to provide facilities at County Hall for mothers to breastfeed and express milk, and she undertook to check on this. Ms Sharp advised that it was the responsibility of a line manager to support a returning mother to express milk at work; and
- e) a view was expressed that statistics on the rates of teenage pregnancy were not helpful in identifying trends as they were not as current as the data for other areas of activity, and that it was also not possible to make any comparison between areas. *Ms Sharp explained that future reports could include more detail.*

2. The Cabinet Member for Adult Social Care and Public Health, Mr Gibbens, endorsed the comments made about encouraging breastfeeding and making facilities available to support this and said that District Councils and schools needed to consider how they would make available such facilities. The Chairman added that committee Members' offers to support local schemes and distribute promotional material locally would be useful in spreading the message across the county. *Ms Sharp undertook to make available some promotional material to the next meeting of the committee.*

3. RESOLVED that the information set out in the dashboard report, and given in response to questions, be noted.

29. Work Programme *(Item D5)*

RESOLVED that the work programme for 2015 be agreed.