

## KENT COUNTY COUNCIL

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

MINUTES of a meeting of the Children's Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 21 April 2015.

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 S J G Koowaree (Substitute for Mr M J Vye), Mr G Lymer, Mr B Neaves, Mr C P Smith, Mrs J Whittle 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 (Director of Public Health), Mr P Segurola (Interim Director of Specialist Children's Services) and Miss T A Grayell (Democratic Services Officer)

#### UNRESTRICTED ITEMS

**45. Apologies and Substitutes**  
(Item A2)

Mr S J G Koowaree was present as a substitute for Mr M J Vye. No other apologies had been received.

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

Mr S J G Koowaree made a declaration of interest as his great grandson was in the care of the County Council.

**47. Minutes of the meeting of the Committee held on 20 January 2015**  
(Item A4)

RESOLVED that the minutes of this committee's meeting held on 20 January 2015 are correctly recorded and they be signed by the Chairman. There were no matters arising.

**48. Minutes of the meetings of the Corporate Parenting Panel held on 9 December 2014 and 13 February 2015**  
(Item A5)

RESOLVED that these be noted.

**49. Verbal updates**  
(Item A6)

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

**Met with Essex County Council on 27 March** – this was one of a series of meetings from which Kent could learn from colleagues in Essex how their children’s services had progressed from an ‘inadequate’ to a ‘good’ rating, and build what they had learnt into a work plan. This series of meetings was being facilitated by the County Council’s efficiency partner, Newton Europe, from whom a report and action plan was expected shortly.

**Visit to Children’s Centres in Dover and Tunbridge Wells** – the latest in a series of regular visits had been undertaken with officers from the Early Help and Preventative Services, and Karen Sharp from Public Health, who had discussed issues around the Health Visitor service with Centre staff.

**Visits with Principal Social Work Practitioner** – the latest in a series of regular visits had included a visit to the Kings Hill Office.

**Children in Care and Care Leavers Strategy** – this would shortly be available on line and the Democratic Services Officer undertook to send the committee a link to it.

**New arrangements for Disabled Children’s Services** - Disabled Children’s Services, Adults Learning Disability and Adult Mental Health Services had come together in a new division from 1 April 2015. Penny Southern would be the Director responsible for the division, called ‘Disabled Children, Adults with a Learning Disability and Mental Health’. This closer alignment would further improve the support for disabled young people becoming adults.

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

**Disabled Children’s Services** – the new Division led by Penny Southern would support more effective care planning and a smoother transition from children’s to adults’ services, and would better support the requirements of the Care Act. The impact of the new Division would be monitored, and other areas of service would also be reviewed to ensure that they also supported smoother transition.

**Children in Care placed in Kent by other local authorities** – he had written to the minister and senior civil servants to reiterate Kent’s grave concern about the number of children placed in Kent by other local authorities and these children’s increased vulnerability to child sexual exploitation due to their distance from their home areas.

3. In response to a question about the age range of children placed in Kent by other local authorities, Mr Ireland explained that Kent did not have full and reliable data on the age range of such children as the required pre-placement notifications were not always made by the placing authority. However, he said he would estimate that such children would tend to be in older age groups. Mr Segurolo undertook to look into the data available and advise the questioner outside the meeting. He added that he chaired a task and finish officer group looking at location assessments, to ensure that safeguarding issues had a suitably high profile. A placing authority also had a duty of care to check, ahead of placing a child, to ensure that their educational and health care needs could be met. He confirmed that this responsibility remained with the placing authority up to and including the time at which a young person left care.

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

**He had taken three recent key decisions regarding contract extensions for the Kent Community Health Trust:**

**14/00146 - Smoking Cessation Service** – more needed to be done to address the impact of smoking upon children

**14/00147 - Health Trainers Service, and  
14/00148 - Healthy Weight Service**

**11 February - Attended Local Government Association Annual Public Health Conference in London** – at which, Duncan Selbie, the Chief Executive of Public Health England, and Simon Stevens, the Chief Executive of NHS England had emphasised the importance of public health as referring to the public's health, and that the NHS was a Health service, not a health care service, both of which he agreed with and supported.

**Health Inequalities** – a report was due to be considered by the Adult Social Care and Health Cabinet Committee at its meeting on 1 May. He invited Members of this Committee who did not also sit on that committee to attend the 1 May meeting to discuss and have an opportunity to comment on the report.

**Children and Young People's Mental Health services** – Mr Gibbens provided an answer to a question about Troubled Families and mental health issues that Ms Cribbon had asked at full Council on 12 February 2015. He said that any young person referred to the Children and Young Persons' Mental Health Services was seen on the basis of clinical need, regardless of their status as a looked after child or as a participant in the Troubled Families programme. Kent County Council also commissioned a specialist children in care team, which worked within the Sussex Partnership Trust in providing specific support for looked after children as this was separate from the core mental health element of the service, which was commissioned by the clinical commissioning groups.

5. A view was expressed that the value of this planned service could only be seen when it was put into practice, and some troubled families which currently struggled to access the service would not gain any immediate benefit from the new arrangements. A major challenge still existed in the form of those young people who had missed out on receiving services and had developed additional or more severe problems as a result.

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

**Smoke-Free Children's play areas; pilot with Ashford Borough Council** – this pilot had received much support and good feedback from local parents, and the aim now was to spread it more widely.

**Scarlet Fever: national increase in cases** – this notifiable disease mainly affected children in the winter and spring, and, although there had been a national increase in cases in the last two years, Kent's rate of increase was below the national average. The County Council's Public Health team was working with Public Health England to ensure that all nurseries and primary schools had information about what to look out for and what to do if a case were suspected, including infection control procedures.

7. He responded to comments and questions, including the following:-

- a) a speaker whose baby had a rash was told by both her GP and NHS Direct to consult the other. She expressed a concern that other parents might also experience the same confusion between services, which did not seem to be equipped to deal with such enquiries, adding unnecessary distress as

a result. Mr Scott-Clark agreed that the advice received had been inadequate and undertook to look into the issue;

- b) GPs would previously have been accustomed to seeing cases of scarlet fever, but its rarity in recent years meant that many GPs were no longer familiar with the symptoms and so would struggle to identify it;
- c) cases of scarlet fever had so far been sporadic rather than clustered, but infection control and treatment had been managed well; and
- d) the pilot scheme for smoke-free playgrounds could prove to be self-enforcing, as parents using playgrounds would pressure each other not to smoke in front of their children.

8. The verbal updates were NOTED, with thanks.

**50. Children in Care and Care Leavers accommodation**  
*(Item B1)*

1. Mr Segurola introduced the report and added that a key decision concerning the extension of the existing contract for the Supported Lodgings Service was due to be taken shortly by the Cabinet Member for Specialist Children's Services, as the current contract would expire in June 2015. The Supported Lodgings service sought to offer an intermediate stage to young people who were leaving care and preparing to take on and manage an independent tenancy, and, as such, was and had been invaluable to many young people. Mr Segurola and Mr Ireland responded to comments and questions from Members, including the following:-

- a) officers met regularly with colleagues at district and borough councils about the housing needs of young people leaving care. Housing was a high priority for the County Council as the corporate parent for those young people, and this priority was understood and supported by district and borough councils;
- b) the Corporate Parenting Select Committee, which had recently finished its evidence gathering, had identified a number of areas of concern around the providers of services for young people, especially children in care, who were especially vulnerable;
- c) in response to a question about the feasibility and cost of extending the Staying Put scheme to children in care placed in children's homes, Mr Segurola explained that this had not yet been scoped and was at a consultation stage. There were currently only 76 young people placed by the County Council in residential provision, many of whom had significant levels of need arising from disability, which would be picked up by adults' services; and
- d) the Chairman added that she had heard from young people recently that success in finding and affording accommodation depended much on where in the county a young person was trying to live; some areas were simply more costly than others, and some young people might have to move away from friends and contacts to be able to find affordable accommodation. Mr

Ireland added that it was not always realistic to try to insulate young people in care from the challenges that most other young people would expect to face upon reaching adulthood, eg affording a home.

2. Mr Segurola raised the issue of the committee being asked to support the proposed key decision to extend the existing contract for supported lodgings, which the Cabinet Member for Specialist Children's Services would be asked to take. The Democratic Services Officer pointed out that Members had not yet seen and read the paperwork relating to the decision (and that such papers had not yet been placed in the public domain) so was unable to comment on or agree it. She suggested that the committee be asked only to give its general support to the principle of extending the existing arrangements for supported lodgings with the current provider. Mr Ireland added that there was to be no variation to the existing arrangements, just an extension. He added that all Members would have the chance to comment on the proposed decision when it was published, ahead of being taken by the Cabinet Member, and undertook to ensure that the information supporting the decision would be as detailed as possible. The committee accepted this assurance.

3. RESOLVED that:-

- a) the Corporate Parenting responsibilities of the County Council with regard to ensuring that Care Leavers have suitable accommodation be noted;
- b) support be given to the Cabinet Member for Specialist Children's Services in influencing district, borough and city council Members with regard to the provision of social housing for children in care and care leavers; and
- c) general support be given to the principle of extending the existing arrangements for supported lodgings with the current provider, without variation.

**51. Update on developing the Public Health Strategy delivery plan and commissioning strategy**  
*(Item C1)*

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

1. Ms Sharp introduced the report and explained that it represented the start of a programme of work to reassess the form and delivery of public health services and ensure that they were meeting needs effectively. The outcomes of this review would be reported to future meetings of this committee. Ms Sharp responded to comments and questions from Members, including the following:-

- a) the direct purchasing system (DPS) was used by Public Health in the procurement of services as a way of enabling many smaller providers to compete for contracts; and
- b) postural stability services were offered to people who had previously had a fall and/or were deemed by their GP to be at risk of future falls. It consisted of a 12-week programme of exercises aimed at increasing their stability.

2. RESOLVED that the progress made, and the proposed vision, strategy and commissioning intentions, outlined in the report, be noted.

## **52. Public Health campaigns and press** *(Item C2)*

*Mr W Gough, Business Planning and Strategy Manager, was in attendance for this item.*

1. Mr Gough introduced the report and explained that campaigns were an important part of the public health strategy. Campaigns took three forms – service promotion (eg breastfeeding), education and awareness raising (eg HIV and flu vaccination), and social marketing to change behaviour (eg smoking in pregnancy). Mr Gough and Mr Scott-Clark responded to comments and questions from Members, including the following:-

- a) the annual number of deaths from suicide and undetermined causes, presented in the report, showed a higher prevalence in West Kent than in other areas. Mr Scott-Clark explained that this was because the figures listed were the actual numbers of deaths rather than a rate or percentage, so a larger geographical area would tend to show a greater number of cases. If the figures were to be adjusted to show rates, the picture would be quite different. Mr Scott-Clark undertook to look into rates;
- b) asked if there was routine investigation to identify any mental health problems, or other underlying causes, amongst people committing suicide, Mr Gough explained that the County Council's suicide prevention strategy, currently nearing sign-off, would cover these issues, and undertook to send the questioner a copy of it;
- c) there had been a very small increase in the number of HIV diagnoses undertaken, but the level of late diagnoses of the condition, ten years or more after infection, still presented a challenge. Mr Gough added that it was hoped that more detail would be available for future reporting to the committee;
- d) it was suggested that the Fire and Rescue Service be engaged to help with a 'stop smoking' campaign by emphasising the danger this posed in terms of house fires;
- e) the increased risk of flu to pregnant women, and the low take-up of flu jabs amongst this group, was a cause for concern. Mr Scott-Clark explained that Public Health England and NHS England had both done much work with midwives to encourage pregnant women to take up the flu vaccine. The take up rate, however, had been slow to increase;
- f) asked how pregnant women who were most at risk, eg those with a rare blood group or some other condition, would be targeted for a flu vaccination, Mr Gough explained that patients in the most at-risk groups would be contacted by their GP and offered a vaccination;

- g) many pregnant women worried about taking medicines of any sort during their pregnancy and would need to be reassured that the flu vaccination posed no risk to them or their unborn baby. Mr Gough added that an NHS registrar colleague had had the flu vaccination while pregnant, to demonstrate to others that it was quite safe. Over 40% of eligible women had taken up the offer of the vaccination, so it was hoped that it would soon come to be viewed as a social norm to have it each year and more people would be encouraged to take it up;
- h) a view was expressed that some people might be put off taking up a flu vaccination, or were at least not convinced of its value, as the strain of flu that might come each year could not be predicted, and there was therefore some doubt as to how effective a vaccine might be that year. Mr Scott-Clark explained that global surveillance of flu viruses had improved much in recent years and, although precise predictions may not be possible, this should not be seen as a reason for not taking up a flu vaccination; and
- i) it would be helpful to be able to measure which medium was the most successful and offered the best value for money in spreading health messages to the people of Kent, so money could be spent most effectively.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and support of campaigns and asked that any Member who wished to contribute an idea to any of the public health campaigns contact him or Mr Scott-Clark's team. He reiterated the points made at the Local Government Association conference about 'public health' referring to the public's health and emphasised the role of local authorities in promoting this idea. He added that a focussed campaign would accompany the launch of the suicide prevention strategy in the autumn of 2015. To be successful, public health campaigns needed to be both dynamic and relevant to the people of Kent.

3. RESOLVED that the progress and impact of public health campaigns in 2014/15 be noted, and the programme planned for 2015/16 be welcomed.

**53. Transition update**  
(Item C3)

*Mr M Walker, Assistant Director, Learning Disability, West Kent, and Mrs R Henn-Macrae, County Manager, Disabled Children, were in attendance for this item.*

1. Mrs Henn-Macrae introduced the report and, with Mr Ireland and Mr Walker, responded to comments and questions from Members, including the following:-

- a) the new SEND process was a help and support to parents as it allowed a helpful flow of information and avoided the need for a child to be reassessed every time they moved to a new school. Mr Ireland acknowledged the positive comments made and said services had been improved to better reflect and fit round the normal course of people's lives, and would be in a better position to reflect future changes, including those introduced by the Care Act; and

- b) in terms of identifying young people's future housing needs, Mr Walker said there had been much joint working between adult social care staff and housing providers to understand demand and assess how to meet the future housing needs of vulnerable groups such as young people leaving care and those with learning disabilities.

2. RESOLVED that:-

- a) the information set out in the report be noted;
- b) the ongoing work on transition, specifically:
  - 1) embedding the Care Act changes relating to transition;
  - 2) implementing and embedding the changes to the Disabled Children and Adult Learning Disability teams;
  - 3) continuing to develop the working arrangements with SEND with regard to education, health and care assessments and transfers;
  - 4) and conducting the questionnaire of young people going through transition,be supported and endorsed.

**54. Kent Emotional Wellbeing Strategy for Children, Young People and Young Adults**  
*(Item C4)*

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

1. Ms Sharp introduced the report and emphasised the extensive multi-agency and joint working which had contributed to the preparation of the strategy. The strategy would also be considered by the Health Overview and Scrutiny Committee in June 2015 and plans for procurement of services were on track for later in 2015. Ms Sharp and Mr Ireland responded to comments and questions from Members, including the following:-

- a) governance arrangements relating to the sign-off of the strategy were complex, as ownership of the strategy was shared by all clinical commissioning groups;
- b) asked if the final strategy would include scope for multi-agency referral, to eliminate confusion and reduce the scope to make inappropriate referrals, Ms Sharp confirmed that it would and explained that this had been the reason for the extensive multi-agency work in preparing the strategy;
- c) asked for assurance that professionals would be in place to handle referrals and deliver services as soon as the new arrangements came into effect, Ms Sharp confirmed that access to mental health professionals would be possible via early help teams. This would have the added benefit of those professionals already being familiar to a family via their involvement with the early help team. She reassured the committee that there were no plans to reduce specialist provision;



- d) in response to a question about children in care placed in Kent by other local authorities, and what priority those children would be given regarding CAMHS services, Mr Ireland assured the committee that clinicians would triage all referrals and make a judgement about priority on a case-by-case basis; and
- e) Mr Ireland emphasized that there was a particular focus on child victims of sexual exploitation and that the emotional wellbeing work was aligned with the work of partners in relation to child sexual exploitation.

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

**55. Draft 2015/16 Social Care, Health and Wellbeing Directorate Business Plan and Strategic Risks**

*(Item D1)*

*Mr A FitzGerald, Business Manager, was in attendance for this item.*

1. Mr FitzGerald introduced the report and explained that comments made by this committee would be added to the draft business plan, as had comments made by the Adult Social Care and Health Cabinet Committee, when the plan had been reported there in March. He responded to comments and questions from Members, including the following:-

- a) the target for key performance indicator SCS06 had been set at 60%, which at first sight may seem quite modest but represented an improvement on the previous outturn target. It was important to set targets which were challenging but realistic and seek gradual improvement over a longer period. The audit process also needed to be robust, and the County Council tended to be stringent in assessing its performance. Mr Segurola added that the performance rate for March was 38.7%.

2. RESOLVED that the draft 2015-16 Directorate Business Plan for the Social Care, Health and Wellbeing Directorate, and the Directorate risk register, be noted, in advance of the final version of the Business Plan being approved by the relevant Cabinet Members and Corporate Director.

**56. Action Plans arising from previous Ofsted Inspection**

*(Item D2)*

1. Mr Segurola introduced the report and summarised key areas of progress since last reporting to the committee. At that time, it had not been clear when the next inspection would be due, but no further inspection had yet been undertaken. He emphasised that ongoing improvement was part of the Directorate's regular work and was not driven by Ofsted inspections. The central referral unit now included a triage role and a central quality assurance function, a chapter had been added to the Joint Strategic Needs Assessment and an audit undertaken of all 142 cases in which children may be at risk of child sexual exploitation. These measures would ensure that the Directorate now had the expertise to identify and respond promptly to any issue around child sexual exploitation which may arise. The 'signs of safety' model was being implemented in phases and would go live in Maidstone on 27 April 2015. Mr Segurola agreed with a speaker who asserted that the County Council should not

wait until an inspection to identify any inconsistent provision but should be able to identify and correct this as a matter of best practice. Mr Ireland added that the detail identified in a recent programme of deep dive reviews would add weight to the performance scorecard, reported regularly to this committee.

2. RESOLVED that the progress made be noted and welcomed.

**57. Recruitment and Retention of Children's Social Workers**  
(Item D3)

1. Mr Segurola introduced the report and summarised recent developments. He assured Members that the quality of social work graduates leaving college recently was very high, and that such recruits were better able to take on more complex cases earlier in their careers. In addition, the rate of turnover had reduced. He said he expected the intake of new graduates in summer 2015 to be around 40 or 50, compared to last year's intake of 40, in addition to 8 secondees from the Open University. The County Council was using radio, Spotify and other social networking tools as part of its recruitment campaign, but the outcomes of the latest recruitment activity had yet to be assessed. Mr Segurola and Mr Ireland responded to questions from Members, as follows:-

- a) staff who left by mutual agreement, ie agreeing that they seek more suitable employment, were very few, but careful initial recruitment could hopefully eradicate this altogether; and
- b) some team manager posts were still being covered by staff 'acting up', and the aim was to appoint these staff to posts permanently, wherever and as soon as possible.

2. RESOLVED that the update on recruitment and retention activity be noted.

**58. Specialist Children's Services Performance Dashboard**  
(Item D4)

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

1. Mrs Robinson introduced the report and emphasised that only one target – the percentage of scheduled visits to private fostering arrangements which were completed on time - was currently rated as red. Responding to a question about how scheduled visits could be missed, Mr Segurola explained that such visits were a regulatory requirement which, if not able to be made on time, were not able to be 'caught up' later in the year and so would show as having fallen short for the remainder of that year. It was expected that next year's figures would show a better performance.

2. RESOLVED that the performance dashboard be noted

**59. Public Health Performance - Children and Young People**  
(Item D5)

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

RESOLVED that the current performance and actions taken by Public Health, and the current performance of the Health Visiting Service with regard to workforce growth, be noted.

**60. Work Programme 2015/16**  
*(Item D6)*

RESOLVED that the committee's work programme for 2015/16 be agreed.

**61. Children's Rates and Charges 2015/16**  
*(Item E1)*

RESOLVED that the decision on children's rates and charges increases for 2015/16, which was taken by the Leader of the County Council in accordance with the arrangements for urgent decisions set out in paragraph 7.10 of Appendix 4 part 7 of the County Council's Constitution, be noted.