CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Wednesday, 22nd July, 2015

10.00 am

Darent Room, Sessions House, County Hall, Maidstone

AGENDA

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Wednesday, 22 July 2015 at 10.00 am
Darent Room, Sessions House, County Hall, Maidstone

Ask for: **Theresa Grayell**
Telephone: **03000 416172**

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

Webcasting Notice

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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 of this committee held on 21 April 2015 (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 9 April 2015 (Pages 19 - 30)

To note the minutes.

A6 Verbal updates (Pages 31 - 32)

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 Director of Public Health.

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

B1 Commissioning Transfer of the Health Visiting Service - October 2015 (Pages 33 - 38)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to enter into a contract with the current provider to deliver Health Visitor services for one year.

B2 The Public Health Strategic Delivery Plan and Commissioning Strategy (Pages 39 - 46)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to extend the contracts listed in the report to 30 September 2016.

B3 Update on Millbank Reception Centre and the provision of reception accommodation for male unaccompanied asylum seeking children aged 16 to 17. (Pages 47 - 50)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing. The committee is asked to review its previous endorsement of the decision to close the Millbank centre, and a new recommendation is made that the centre now remain open as a result of the substantial increase in the numbers of young UASC coming into the care of the County Council.

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

C1 Action Plans arising from previous Ofsted inspections - progress update (Pages 51 - 66)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing, on which the committee is invited to comment.

C2 Update on actions regarding Child Sexual Exploitation (Pages 67 - 74)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing, setting out progress made since the CSE thematic inspection in October 2014, on which the committee is invited to comment.

D - Monitoring of Performance

D1 Public Health Performance - Children and Young People (Pages 75 - 80)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, outlining performance and actions taken, on which the committee is invited to comment.

D2 Specialist Children's Services Performance Dashboard (Pages 81 - 90)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing, outlining performance, on which the committee is invited to comment.

D3 Work Programme (Pages 91 - 98)

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

E - FOR INFORMATION ONLY - Key or significant Cabinet Member Decisions taken outside the Committee meeting cycle

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
03000 416647

Tuesday, 14 July 2015

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 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 Segurola 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.

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KENT COUNTY COUNCIL

CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Swale 1, Sessions House, County Hall, Maidstone on Thursday, 9 April 2015.

PRESENT: Mrs A D Allen, MBE (Chairman), Mr R E Brookbank, Mrs T Carpenter, Mrs P T Cole, Mr S Griffiths, Mr G Lymer, Mrs C Moody, Mr B Neaves, Ms B Taylor, Mr M J Vye, Mrs J Whittle and Mrs Z Wiltshire

ALSO PRESENT: Mr C Dowle, Ms A Kury and Mr M Roberts

IN ATTENDANCE: Ms S Hammond (Assistant Director of Specialist Children's Services, West Kent), Mrs S Skinner (Service Business Manager, Virtual School Kent) and Miss T A Grayell (Democratic Services Officer)

EXEMPT ITEMS

(Open access to minutes)

MOTION TO EXCLUDE THE PRESS AND PUBLIC FOR EXEMPT ITEM

The Panel RESOLVED that, under Section 100A of the Local Government Act 1972, the press and public be excluded from the meeting for the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 1 of Part 1 of Schedule 12A of the Act.

68. The Views of Young People in Care - discussion
(Item 1)

The Chairman introduced the purpose of the discussion session, ie to seek to identify how corporate parents can make a difference for children and young people in care. The Clerk explained that the session had been closed to the press and public so that personal information could be discussed.

The session was attended by a number of young people representing Our Children and Young People's Council (OCYPC), being currently or previously in care, accompanied by Virtual School Kent (VSK) Apprentices Amelia, Bella, Chris and Matt, Sarah Skinner (Service Business Manager, VSK) and Sarah Hammond (Assistant Director of Specialist Children's Services, West Kent).

Those around the table introduced themselves. The Clerk informed those present that their comments about their experiences of being in care would be recorded but assured them their names would not be.

The Chairman opened the discussion by setting out a number of issues that the Panel had heard about, for instance young people's relationships with their social workers, the rate of change of social worker, and issues around leaving care.

In this record of the discussion, questions and comments from the Panel are shown in italics and comments from young people are shown as bullet points. Information given by officers and VSK Apprentices is attributed to them by name.

When a social worker changes, you have to get to know a new one and tell them about all sorts of personal issues. Do you feel that they respect the personal things that you tell them?

How can we address the issue of frequent change and the need to establish a new relationship?

- When there has to be a change, perhaps we could be given a social worker that we have dealt with before. They will know us and be familiar with the problems that we have.

- It seems that, to a social worker, I am just a number. My social worker was awful; they forgot important information. I do my own budgeting at my supported lodgings but the social worker forgot to give me the money I was supposed to have. The lady I lodge with leant me some money to buy my groceries. When I had to deal with the police, when my bike was stolen, my social worker was late coming to the police station to support me.

What is the arrangement in the event of an emergency? Is there a hotline you can ring for advice?

Once you are allocated a social worker, could that person keep in touch for the whole time you are in care, so that you stay connected; for example, they would attend your annual reviews?

- Which social worker would be this long-term contact? Would this be the first one we were allocated, or would we be allowed to choose which one we wanted to stay connected to, ie one that we felt most comfortable with?

- Yes, I think that sort of arrangement would help. But my new social worker was very good, really 'on the ball', and I trust her to listen to me and to do what she says she will do.

How long have you had your current social worker?

- I can't remember. I am nearly 18 now so I will shortly be getting a new social worker anyway.

Sarah Hammond – I am pleased to hear that young people seek continuity of social work contact. This was the reason for the restructure of the children's social work service in late 2014, to avoid the need for young people to have to change social worker when they reach 16. Social workers will always want to move on through their career, but the idea is that someone from the same social work team with stay with you through to adulthood, to give continuity of care. When you leave care at 18 you will have a personal adviser instead of a social worker. This change is a separate issue to that of social workers not doing what they are supposed to do to support you.

How do you complain when something is wrong? Who do you tell?

- No-one, as far as I know. No-one offered; 'if you want to complain, contact me'. So when I am asked to fill in anything which asks 'do you know who to contact…?' I put 'no!'

You could contact your local County Council Member. You could find them on the website.

The issue of social workers suddenly changing was raised at the Kent Corporate Parenting Group (KCPG). There is no guarantee that you'll have the same social worker all the time that you are in care but some sort of handover should be organised. Does this happen?

- Once, two social workers turned up together; one said 'Hello' and the other said 'Goodbye'. They did not sit down with me and talk.

- I have had a mixed experience; one sat down and spoke to me properly and one other just turned up at the door and started asking me personal questions!

If you don't like your social worker, do you have any choice?

- No, there is no choice.

Sometimes, a system that the County Council thinks will work, young people know will not work. What sort of system of handover do young people want to see? Do you know why social workers change so much?

Sarah Hammond – some social workers leave out of choice, and there are still some agency social workers in teams, but even then there should be a month's notice if one of them is leaving.

- I know that one social worker left from stress.

Bella – what if social workers could have a 'buddy' system? If the usual social worker is not available, they could send the buddy instead?

This would be like seeing another doctor at the same surgery; you would know them a bit.

At foster carer performance reviews we advocate for children in care to ensure that their voice is heard. Foster carers speak to social workers and Independent Reviewing Officers (IROs), and I know that IROs will sort a problem, so tell your IRO about any problems!

- What if your complaint is about your foster carer? My IRO keeps changing, so I don't know them well enough to feel able to talk to them!

IROs can make a big difference as they are possibly the person who knows you the best. Some keep in touch years after you leave care. My 24-year-old had lots of social workers during his time in care and had to keep re-telling his story every time his social worker changed, but I put a stop to that.

A good foster carer can make a big difference to a young person's experience of being in care.

- If there's an issue with your foster carer you could tell your IRO but you have to live with your foster carer afterwards.

All teenagers have troubled times and difficult relationships with adults; those years are always a difficult time.

I like the idea of having a social work buddy. A young person could have a main social worker and someone else to step in if the main social worker is not available. A young person could be supported by one person or a team of people.

Amelia - we tell young people about the independent advocacy service. This is accessible via the website.

- In my children's home the phone was in the office so it was difficult to make a private call. You would be asked who you were calling and if you said 'the advocacy service' they would be very off with you. The system seems to turn on young people.

This need for privacy could be helped if the advocacy service could be on speed-dial, or if some sort of code were used, eg 'press 1 for x, press 2 for y', etc

- They would still be able to see what you were pressing!

- When you come into care, information about the advocacy service, and contact numbers and names for IROs, etc, could all be together in a pack that you are given.

Are the VSK Apprentices involved in producing things for children in care that is in a language they understand?

Sarah Skinner – this is being done. Leaflets are available on the website and there is a group working with the County Council's Communications team. Child & young person friendly leaflets are being designed and young people have been involved in the design.

- Please could this information include a copy of the rights of children in care?

Sarah Skinner – there is a new contract for the independent advocacy service, and the new manager will be attending the OCYPC on 13 April. The next VSK newsletter will have a big feature on how to complain.

- When people first come into care, they react differently to being given lots of information. Some people are preoccupied with issues and are taking one day at a time. They cannot take in or retain lots of information at that time.

- Since I was 10, I have spoken to my IRO privately before any meeting that I needed to attend. They are someone that I have always trusted.

- I found that if I told my IRO about any issue that was bothering me she would sort it out for me. When she retired she came to see me personally to say goodbye.

It seems that, if things are right, your experience of being in care will be good, but if they are wrong, you will have a bad experience.

I use the advocacy service to address issues for the children I foster. Foster carers can tell young people that there is now a new organisation running the service and it will hopefully be better now.

Sarah Hammond – the advocacy service should also be proactive about telling people they are there.

Young people could have a card listing contact details so they all know who to call.

I sympathise with the trauma which is caused when communications break down. If you are new in care you don't want to have to cope with any more information than is necessary. Your first priority must be to settle in and become comfortable, then tackle information, eg about how to complain. Issues could be treated either as complaints or problems; these two things are not necessarily the same.

How did you feel the police dealt with you? Did you tell them you were in care?

- When I had to deal with the police, when my bike was stolen, I didn't tell them I was in care as I thought it might affect how they treated me.

The police need to know something like that so they can protect your rights, so you should tell them about being in care. They have a duty to ensure that you are not unfairly treated because of it.

- I was treated OK. I told my foster care and they approached the police on my behalf.

Bella – the police are more understanding than before, so don't be afraid to tell them about being in care.

- I don't seek to tell my personal business to strangers; it's private.

You could view the police as being friends; there to help you.

- I still have reservations about telling them all my personal information.

- Children in care are treated differently. They seek to better themselves by going to college and university, but find it hard to get qualifications as their GCSE studies are often interrupted by moves to new placements.

How can this missed opportunity be addressed? Would it help to be able to take more time to pass the courses you need?

- Yes. Colleges and universities do give you more leeway if you have been in care.

The young man I fostered wanted to go to Cambridge but didn't have enough points to get onto the course he wanted. I rang the university on his behalf and they agreed to accept him with fewer points. Children in care are always playing catch-up, but universities are keen to take children in care, so you must keep asking them. All universities have LAC officers whose role it is to support you through your course.

Sarah Skinner – VSK has extended its support up to 18 year olds, including going to university. VSK has good relationships with Kent universities.

- I took an extra year in college to get the right qualifications so I was one year behind my peers all through my university course. Careers advisors need to be told about the issues that children in care face.

VSK can help with information and support.

Children in care should plug into the benefits available, so you should go and ask.

Sarah Hammond – no-one can access a degree course with fewer than 5 GCSE passes, and the same rule is applied to children in care as to everyone else. Presently there is no room for negotiation. VSK do support young people as much as possible to help them to get the points needed to get on to the course they want to do.

Bella – if you are going to university, you need consistent and coherent support from social workers and foster carers, and that doesn't seem to be there.

Sarah Skinner – there is an ePEP in place for all children in care, and established liaison between young people, the school, social workers, etc. It is possible to do one more year to gain the grades you need, and VSK could support you through this. We would not risk someone going to university and not managing; we would not set someone up to fail. We know that you would need good support.

- Falling short on my GCSEs and being one year behind my peers built up barriers to me building friendships with them.

We have heard the same from other young people. The Select Committee on Corporate Parenting will be taking forward in its report the issues that it heard about, and these will be reported to the full County Council. The recommendations that the Select Committee makes will then be actioned.

- Will I be treated differently at university as a former child in care?

You should not be.

Bella – you don't have to tell them that you were in care.

- I avoid saying to people that I am in care as I fear being treated differently.

One young man whom I started fostering when he was 13 thought he was too late to change his academic record and do well, but he is now 28 and the deputy manager

of a group of care homes. He did a BTEC qualification, worked hard and made up the ground. So it is always possible to overcome a difficult start and turn your life around.

The Chairman closed the session by saying she hoped those present had found the discussion useful. She added that it would be useful to have similar sessions regularly, perhaps twice a year.

The OCYPC representatives said they had found the session useful.

UNRESTRICTED ITEMS

69. Membership - increasing the number of Virtual School Kent (VSK) apprentices/Our Children and Young People's Council (OCYPC) representatives co-opted on to the Panel
(Item A1)

1. The Chairman proposed that three seats on the Panel be offered to co-opted representatives of young people in care, in place of the current single seat.

2. RESOLVED that the number of seats on the Panel offered to co-opted representatives of young people in care be increased from one to three.

70. Minutes of the meeting of this Panel held on 13 February 2015
(Item A3)

RESOLVED that the minutes of the Panel meeting held on 13 February 2015 are correctly recorded and they be signed by the Chairman. There were no matters arising.

71. Minutes of the meeting of the Kent Corporate Parenting Group (KCPG) held on 16 March 2015, and verbal update
(Item A4)

1. Mr M J Vye gave a brief verbal update on four issues arising from the minutes, as follows:-

- **Challenge cards** – liaison was ongoing with Surrey County Council about the use of challenge cards, and the outcome of this would be reported back to the Panel.
- **Leading Improvements for Looked After Children (LILAC)** – a working group had been set up to aim at getting a 'good' rating next time. Social media would be used to reach young people.
- **Social worker change** – a new target had been set for the percentage of children who had been in care for more than 18 months to have the same social worker for at least 12 months, and this was 50%. The current score against this target was 39%. The Corporate Parenting Panel should scrutinise this issue.
- **Links between the KCPG and the Corporate Parenting Panel** – it had been agreed that the KCPG would now receive the minutes of the Corporate Parenting Panel meeting, and vice versa.

2. Mr Vye and Ms Hammond responded to comments and questions from Members, as follows:-

a) the social work service had experienced difficulties in recent years, but Kent could strive to make its service as good as it could be, and, by benchmarking against other authorities, better than those of its peers. Although the number of social work vacancies was an area of concern, realistically there would always be some level of turnover and vacancy. The changes made to the 16+ service should help to minimise changes and meet the 50% target.

3. RESOLVED that the minutes of the meeting of the Kent Corporate Parenting Group held on 16 March 2015, and the verbal updates and discussion points arising from them, be noted, with thanks.

72. Chairman's Announcements
(Item A5)

1. The Chairman said that she hoped the discussion between the Panel and young people in care, which had taken place in the first part of the Panel's meeting, had been useful and would help those who had attended. If today's attenders spread the word that the session had been useful, hopefully others would be willing to attend future sessions.

2. The Chairman suggested that, as the Panel's meetings had necessarily to be business-like, it might be easier for young people to engage via a 'Shadow Panel', made up just of young people in care. The Shadow Panel would be sent the main Panel's agenda and papers, perhaps in an 'easy-read' version, and would be able to feed comments into the main Panel meeting. The Shadow Panel could also suggest items of business for the main Panel to consider. Mrs Skinner agreed that such an arrangement was worth trying, and undertook to talk about it with the VSK apprentices and the OCYPC. This suggestion met with interest, and a comment made that it was easier to learn more about young people's views in their own environment.

3. The Chairman said that she was still not sure that all elected Members fully grasped their role as corporate parents to all children in the care of the County Council, including unaccompanied asylum seeking children (UASC), up to the age of 18.

4. The Chairman reminded the Panel that the report of the Select Committee on Corporate Parenting would be considered at the meeting of the full Council on 16 July and suggested that a seminar on the corporate parenting role be arranged for all elected Members on that day.

5. Finally, she referred to the new practice of holding two OCYPC meetings in different venues in East and West Kent, which would hopefully increase the number of young people who could attend. She added that all Panel members were invited to attend any OCYPC meeting.

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

1. Ms Taylor gave a verbal update on the following issues:-

OCYPC – some new members had been attracted via a taster day in Margate; there were now two venues for meetings, in East and West Kent, and a South Kent branch would soon be added.

Activities – ideas were being sought for events which would attract a wider age range, as well as targeting young people who had not previously taken part. As the last residential course had been so successful it was planned to arrange another as soon as possible.

Current involvement – the 'in care in school' project sought to raise awareness among school children of the issues faced by their classmates in care; work was ongoing with the Princes Trust, the disability team and the 16+ Children in Care Council.

Future Plans – new ways of working together were being explored, to share the increased workload. Eight apprentices were able to cover the whole county better than before. OCYPC representatives sat on interview panels for foster carers and many had undertaken paediatric training.

2. Mrs Skinner added that awareness across County Council directorates of the issues facing children and young people in care had increased, partly due to a presentation made by Philip Segurola on the role of corporate parents to a challenger group of senior officers. From this session, some 27 officers had signed up to learn more about this role.

3. RESOLVED that the verbal updates be noted, with thanks.

74. Verbal Update by Cabinet Member
(Item A7)

1. In the absence of the Cabinet Member, Mr Oakford, Mrs J Whittle gave a verbal update on the following issues:-

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.
Select Committee on Corporate Parenting – the Select Committee had finished its evidence gathering and was expected to make some hard-hitting recommendations in its final report, which would be presented to the County Council in July 2015. This was expected to attract local media attention, and would be an opportunity to remind all elected Members of their shared corporate parenting responsibility.
Future government support – whatever the make-up of the next Government, it was vital that the interests of children and young people be maintained at the top of

the political agenda as an issue with cross-party support. The Chairman added that the new Minister could be invited to meet representatives of the County Council.

2. RESOLVED that the verbal update be noted, with thanks.

75. Participation and Engagement of Children and Young People in Care
(Item B1)

1. Mrs Skinner introduced the report and highlighted the key points of it, including the recent appointment of an Interim Assistant Director for Corporate Parenting, Geoff Gurney, and two participation workers in VSK, for a period of 12 months. She responded to comments and questions from Panel members, including the following:-

a) the involvement of social workers at meetings of the OCYPC had been considered, and there was scope to invite a social work representative to a meeting if there were issues which the OCYPC wished to share with them, but it was important that there were not more social workers present than young people;

b) concern was expressed that younger children in care may find it harder to relate their views and talk about their experiences, particularly to adults, although they did have a range of ways in which to put forward their views, eg in ePEP review sessions, and via their IRO or social worker, and some events arranged by VSK were open to children and young people of a wide age range;

c) regarding target setting for the level of engagement with young people, it was important to be realistic about what was achievable, and the target to be set would need some careful thought. Mrs Skinner added that the IRO service was to hold a focus day in May 2015 to look at participation and engagement; and

d) good foster carers would always encourage a young person to participate and engage, so ensuring that foster carers had information about the options available was a good way of spreading the message to young people. The Chairman added that she had requested that attendance at participation days and involvement in activities be part of a foster carer's annual review.

2. RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and a further report be made to the Panel in six months' time.

76. Head Teacher of Virtual School Kent (VSK) update report
(Item B2)

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

77. Children in Care and Care Leavers Strategy 2015-16
(Item B3)

1. Panel members commented that, although the membership of the Panel listed on page 49 of the Strategy document was complete and correct at the time of preparation, it could usefully have indicated that membership included foster carers and VSK representatives.

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

78. Post-Adoption Support update
(Item B4)

Ms Y Shah, Interim Head of Adoption Service, and Ms A Coombs, Family Finding Team Manager, were in attendance for this item.

1. Ms Shah introduced the report and told the Panel that, in the 2014/15 financial year, 143 children had been placed for adoption (out of 149, six cases having been delayed by challenges from birth parents), 181 children had been adopted and 138 new adopters approved. A three month moratorium had been placed on further adopter recruitment, and this may be extended further, as only five children were currently awaiting adoption. Kent's adoption service was now growing very successfully as an excellent multi-disciplinary team. Ms Shah responded to comments and questions from Panel members, as follows:-

a) the move to reduce adopter recruitment was supported, as this would avoid parents reaching the end of the approval process and being disappointed when there were no children available to be adopted;

b) Kent had a good track record of former foster carers moving to become adopters; and

c) part of the post-adoption support service was geared to supporting adopters and children to access the CAMH services, and it was recognised that more work on this was needed.

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

79. Emotional Health and Wellbeing Strategy
(Item B5)

Ms C Infanti, Commissioning Officer, was in attendance for this item.

1. Ms Infanti introduced the report and explained that the Strategy was being reported to the Panel in response to a request for an opportunity to see and comment on it before sign-off. It was later to be considered by the Children's Social Care and Health Cabinet Committee. She set out the process for its preparation and the consultation which had been undertaken, and responded to comments and questions, as follows:-

a) the focus of GPs on the lowest tier of the service was welcomed, as many emotional problems in the teenage years were due to normal adolescent development and needed no more specialised attention, although GPs

were able to refer cases, if necessary, to emotional health and wellbeing providers;

b) asked about changing patterns of mental health problems in children and young people in recent decades, and to what extent these could be linked to mothers' use of drugs and/or alcohol during pregnancy, Ms Infanti undertook to look into any links and advise the Panel; and

c) Ms Hammond pointed out that very few young people experienced mental ill health requiring treatment; much was distress rather than ill health. It was important to raise awareness of levels of emotional distress which could be experienced and make carers and professionals more aware of the issues.

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

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, Director of Public Health
To:	Children's Social Care and Health Cabinet Committee - 22 July 2015
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. Visits to Children's Centres in Swale, Thanet, Canterbury and Tonbridge & Malling
2. Visit to Specialist Children's Services office in Gravesend
3. Attended a briefing session about Children's Centres
4. Kent Integrated Children's Services Board (KICSB) special meeting focused on Child Sexual Exploitation
5. Update on unaccompanied asylum seeking children

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

1. Goddard Inquiry in to Child Sexual Abuse
2. Signs of Safety Programme
3. Accredited Social Worker Programme
4. Update on potential Ofsted Inspection

Children and Young People's Public Health

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

1. 30 June - Spoke at Public Health Champions Celebration Event, Detling Showground.

2. 1 July – Visited Cliftonville and Millmead Children's Centres in Thanet

Director of Public Health – Mr A Scott-Clark

1. Childhood vaccination rates in Kent

2. Transfer of 0-5 Healthy Child Commissioning

By:	Graham Gibbens, Cabinet Member, Adult Social Care and Public Health Andrew Scott-Clark, Director of Public Health
To:	Children's Health and Social Care Cabinet Committee
Date	22 July 2015
Subject:	**Commissioning Transfer of the Health Visiting Service - October 2015**
Classification:	Unrestricted
Past pathway:	This is the first committee to consider this report
Future pathway:	Cabinet Member decision (Decision number 15/00068)
Electoral divisions:	All

Summary: This paper presents an update on the transfer of the commissioning arrangements for health visiting to the County Council in October 2015.

Recommendation:

Members of the Committee are asked to:

i) note the work to develop the specification for health visiting.

ii) consider and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to enter into a contract with the current provider, Kent Community Healthcare Foundation Trust (KCHFT), to deliver Health Visitor services for one year, from 1 October 2015 to 30 September 2016.

1. Introduction

1.1. This paper provides an update on the transfer of commissioning responsibility for the Health Visiting service to Kent County Council, outlining the work on the specification and the next steps to progress this programme of work to ensure a smooth transfer.

2. Background

2.1. The Public Health Commissioning Team is in the final stages of agreeing the specification and contract between Kent County Council and KCHFT from the 1st October 2015. The annual value of the contract is £23m.

2.2. This is not a transfer of operational delivery of the service but of commissioning responsibility. The current provider of the service is Kent Community Health Foundation Trust (KCHFT). The legal requirement for the Authority is to secure the provision of the five mandated universal health visitor reviews with families, namely:

- the antenatal review,
- the new born review,
- the 3-4 week review,
- the 6-8 month review and
- the 2-2 ½ year review.

2.3 The contract includes provision for the delivery of the Family Nurse Partnership programme. The Family Nurse Partnership (FNP) is a licensed, evidenced-based, prevention and early intervention programme for vulnerable first-time young parents and their children. It is the first part of the preventive pathway for the 2 - 5% of most disadvantaged children.

The primary purpose of the FNP is to reduce the impact of multiple deprivation and improve the short- and long-term health and well-being outcomes of children born to vulnerable young first-time mothers and reduce the short- and long-term cost of caring for these children and families. The programme is delivered through an intensive programme using structured inputs and well-tested theories and methodologies.

3. Development of the Specification

3.1. The top priority for this work is to ensure the safe transfer of commissioning of the service and minimising any risk of disruption of the service to families across Kent. The national recommendation is to ensure that the new specification is similar to the national Department of Health specification.

3.2. The core specification delivers the recommendation to ensure a smooth transition of service and is deliberately and firmly aligned to the national specification. There are a number of key components which are necessary to ensure the safe and smooth transfer. These include:

- 5 legally required and mandated visits for families.
- 3 levels of service provision including a universal service and more targeted services.
- Specific responsibilities in relation to Safeguarding and working with families with Children in Need and on the Child Protection register
- A leadership role in ensuring services for children with special educational needs and disabilities.
- A specification for delivery of the Family Nurse Partnership programme.

3.3. In addition to this core specification, localised appendices are being developed in consultation with key stakeholders and partners to account for local variation and ensure the service operates effectively across the county.

4. Review of the current service

4.1. Public Health has been consulting with key partners and stakeholders about the performance of the service (which will continue up to and following the transfer). It is clear that there are a number of examples of good practice and good partnership working, and the health visiting service is well regarded and highly valued, although there remains variation across Kent.

4.2. Public Health is working to ensure that the service specification and contract focus on further improving the quality of the service. Robust contract management will be central to driving this forward, following the transfer.

4.3. An analysis of service performance has already started and there is a clear improvement plan in place against the mandated checks. A national workforce tool is being commissioned, which gives a clear focus on the capacity of the service needed to deliver the totality of the service.

4.4. In addition, Public Health are starting a programme of work to understand referral rates from the Health Visiting service and wider health services into Child Protection and Children in Need; the high prevalence issues; and the quality of services, for example, involvement in case conferences, children in need planning and the outcomes of cases.

4.5. Engagement with General Practice and colleagues in Early Help identified a number of areas to focus on, which has informed the development of the appendices to the specification. These include strong communication, joint working practices, alignment of caseloads and effective information sharing between related services, such as general practice, midwifery and children's centres.

4.6. Public Health will adopt a focused approach to contract monitoring, once responsibility for commissioning the service transfers, and will work with the service to further improve, using examples of good practice which already exist across the service.

5. Extension of the contract

Procurement

5.1. As a priority, and to deliver a smooth transition of service, an initial contract length of one year is recommended.

5.2. Alongside this, the improvements set out in section 4 above will form part of the contract as part 2 of the specification.

5.3. Research with other colleagues nationally, and initial discussions with the service, also suggest a more fundamental review of the programme. This includes potentially reviewing the age range of the programme and also looking much more holistically at the service within the context of the wider system around the child. This is a partnership programme of work and a timetable will be agreed with key partners to ensure full system sign-up to the programme of work.

5.4. A one-year contract will enable, as a priority, the safe transfer of service and also provide the time to work up a new model for health visiting. It fits with the timetable for the procurement of the school public health service and provides the opportunity to reshape the age range of the service.

6. Recommendations

Members of the Committee are asked to:

i) note the work to develop the specification for health visiting.

ii) consider and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to enter into a contract with the current provider, Kent Community Healthcare Foundation Trust (KCHFT), to deliver Health Visitor services for one year from 1 October 2015 to 30 September 2016.

7. Contact Details

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Background documents:

None

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care & Public Health	**15/00068**

For publication

Subject: Entering into a contract for Health Visiting services.

Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to agree that the County Council enter into a contract with the current provider, Kent Community Healthcare Foundation Trust (KCHFT), to deliver Health Visitor services for one year from 1 October 2015 to 30 September 2016 which will enable, as a priority, the safe transfer of service and also provide the time to work up a new model for health visiting. This will bring the contract end date into line with the timetable for the procurement of the school public health service and will provide the opportunity to reshape the age range of the service.

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

Cabinet Committee recommendations and other consultation:
The Children's Social Care and Health Cabinet Committee will consider the matter at its meeting of 22nd July 2015.

Any alternatives considered:
An earlier competitive tendering process was considered, but for the reasons outlined in the accompanying recommendation 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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From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Children's Social Care and Health Cabinet Committee – 22 July 2015

Decision No: 15/00067

Subject: The Public Health Strategic Delivery Plan and Commissioning Strategy

Classification: Unrestricted

Past Pathway of Paper: This topic was discussed by the Cabinet Committee at its meeting of 21 April 2015

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary:

Following the transfer of responsibility for Public Health to the Local Authority in April 2013, there has been considerable work to analyse and monitor the contracts which transferred from the Primary Care Trusts.

The need for a new and revised strategic approach to public health improvement was agreed with this committee in April 2015.

It is becoming increasingly clear that public health improvement services for children and young people have previously been commissioned in a silo approach and that new opportunities to integrate services must be developed.

To commission this new approach effectively and smoothly, there is a good opportunity to align the end dates of current contracts and re-commission a new integrated model. This includes the opportunity to align the contract for the health visiting service from October 2015.

Recommendations:

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

i) Comment on the strategy for children's public health improvement

ii) Comment on and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to extend the current contracts for School Public Health Services and Young Peoples' Substance Misuse (the Health Visitors contract is discussed as a separate item on this agenda) to 30th September 2016.

1. Introduction

1.1 The Children's Social Care and Health Cabinet Committee previously discussed the development of the public health strategic plan and commissioning strategy on 21st April 2015.

1.2 In this previous discussion, the drivers for change for the work were outlined, and the committee was asked to comment on the core outcomes. Since that discussion, further analysis has been undertaken to inform potential new models of provision for Public Health services. This paper outlines the work of the review to date, and the next steps for the public health programmes relating to children and young people.

1.3 It is absolutely recognised that children and young people live with families or carers and this paper aligns with the paper presented to Adult Social Care and Public Health committee on the 10th July 2015 on the Public Health Strategy and commissioning plan for adult services.

2. Review of Services

2.1 A review has been undertaken of the current public health grant spend on children's services, the performance of the current commissioned services and how Kent compares in relation to the relevant public health outcomes for children and young people.

2.2 Market engagement events have also been undertaken to engage with providers of services, both those that currently deliver services in Kent and also those that deliver elsewhere in the country, to explore potential new models of service.

2.3 Spend and performance have been organised into a Starting Well, Living Well and Ageing Well approach, which has enabled a clearer picture of the way in which the grant is invested, and the return on this investment.

2.4 It is clear that there has been increased investment in children's services since public health transferred to the Local Authority and there are some excellent examples of cross-authority work, such as the investment in children's centres and the associated joint working already underway.

2.5 It is also clear from the review that the current models of delivery in public health services have a number of strengths. This includes strong performance in substance misuse services and a respected and valued health visiting service, which delivers a very important universal and safeguarding service. However, it is also clear that there is significant variation across Kent and a number of concerns to address.

2.6 Whilst Kent performs comparatively well in many outcomes, there are outcomes for which no areas in Kent perform well, such as in breastfeeding continuation rates. There are other outcomes in which Kent performs comparatively well (to national rates), but the issues are so serious, and numbers so high, eg childhood obesity rates, that a completely new approach is needed, . Even where Kent performs generally well against an outcome, there is significant variation locally.

2.7 There are public health grant-funded services which are high performing and are working with significant numbers, such as the Young Healthy Minds service. However, these services need to be commissioned to increase capacity to intervene earlier and reduce the need for specialist children's services such as child and adolescent mental health services.

2.8 Work with colleagues across the the County Council's 0-25 transformation programme has highlighted many cases where health, education, early help and specialist children's services are working with the same children and families, and an integrated approach can be developed to improve delivery for families and deliver a more efficient approach. There is a series of pilots in place, such as the integrated 2-year check, which are demonstrating the value and the right approach for families, but they are not yet systematically implemented across Kent.

2.9 There are also a number of aligned strategic developments such as the development of the Emotional Wellbeing strategy which is providing a clear message that the current approach is in need of transformation and a whole system approach is the way to identify early, intervene early and target resource, in order to reduce the need for specialist, more intensive care.

2.10 In addition, a recent announcement of a new financial settlement for the Kent public health grant is being worked through nationally, and any transformation programme will need to deliver within the resulting final allocation.

3. Next steps

3.1 A new approach to public health models of provision for children is therefore needed. It is clear that new models of service must be worked through in partnership. New models of provision must therefore be developed through the the County Council's 0-25 transformation programme, and also with partners across the County Council, for example the Growth Environment and Transport directorate.

3.2 Wider engagement with partners, in particular General Practice and Clinical Commissioning Groups, and with all partners across the children's health and wellbeing boards, is also essential. Further consultation with providers of services, including the voluntary sector, will also be undertaken to develop the new models of provision. There is a planned programme of further engagement for autumn 2015.

3.3 As part of any new approach it will be vital that the right balance is in place which ensures universal delivery of services, where appropriate and required, with enough high quality services and interventions to target families with

specific issues, including safeguarding, or families with children with complex needs. This includes children with both physical and learning disabilities.

3.4 At the heart of all public health improvement services is the need to reduce health inequalities. It is of course critical that the new shaping of services is based on clear principles which ensure that the resource is effectively targeted to tackle health inequalities.

4. Financial Implications

4.1 In order to comprehensively design and commission a new model it is recommended that the end dates for current public health contracts for children's services are synchronised. At present they have different end dates. This is particularly important in relation to health visiting. including the Family Nurse Partnership service, in the new modelling.

4.2 It is therefore proposed to extend all contracts until the 30th September 2016 and begin new model implementation from October 2016. Work on the new model would therefore be finalised before December 2015 with a procurement process to begin early in 2016.

4.3 The financial values of these contracts are detailed below.

- School Public Health Services (KCHFT) –£4,859, 856
- School Public Health Service (MFT) –£414,379
- Young People's Substance Misuse Service (KCA) –£854,464
- Health Visiting and Family Nurse Partnership contract (KCHFT) £23,184,000

4.4 Progress will be reported back to this committee in the autumn, where there will be an opportunity to input into how the service specification(s) are shaped prior to any tendering process starting.

4.5 It must be noted that this timeline does not mean that there is no change in services until the start date for the new model. During this time, improvement plans will be put in place which will attend to current performance and quality issues.

4.6 For example, an action plan is already in place with the school nursing service, following a detailed review of this service with partners and children and young people. A quality improvement process will be a part of the new specification for health visiting, based on issues raised by partners. Strong contract monitoring is already in place for current contracts and performance will continue to be reported to this Committee.

5. Conclusion

5.1 Developing a new approach is needed to meet the challenges faced in public health, the changing needs of the population and the diminishing financial envelope of the public health grant.

5.2 The next step of this process is to engage with partners on the review of service and the emerging new model. It will important to retain the strengths of the current model whilst identifying the opportunities for improvements.

5.3 In order to deliver this programme smoothly and successfully, there is a need to synchronise the relevant contracts end dates and ensure that a fully transformed approach to public health is the model to be commissioned, moving forwards.

6. Recommendation(s)

Recommendation(s)**:**

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

i) Comment on the strategy for children's public health improvement

ii) Comment on and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to extend the current contracts for School Public Health Services, and Young Peoples' Substance Misuse (the Health Visitors contract is discussed as a separate item on this agenda)to 30th September 2016.

7. Background Documents

Update on Developing the Public Health Strategic Delivery Plan and Commissioning Strategy, presented to Children's Social Care and Health Cabinet Committee on 21st April 2015.

8. Contact details

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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	**15/00067**

For publication

Subject: Contract Extensions for Starting Well services – School Public Health Services, and Young Peoples Substance Misuse Services– to 30 September 2016

Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to agree that the County Council extend the current contracts for the Starting Well services outlined in the attached recommendation report to 30th September 2016, to allow for harmonisation of the contract end dates, prior to a transformation of the approach and subsequent competitive tender of services.

Reason(s) for decision:
Decision exceeds key decision financial criteria. The annual value of each of the contracts are:

- School Public Health Services (KCHFT) –£4,859, 856
- School Public Health Service (MFT) –£414,379
- Young People's Substance Misuse Service (KCA) –£854,464

Cabinet Committee recommendations and other consultation:
The Children's Social Care & Health Cabinet Committee will consider the matter at its meeting of 22nd July.

Any alternatives considered:
An earlier competitive tendering process was considered, but for the reasons outlined in the accompanying recommendation 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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By:	Peter Oakford, Cabinet Member for Specialist Children's Services
	Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing
To:	Children's Social Care and Health Cabinet Committee
Date:	22 July 2015
Decision:	14/00081
Subject:	Update on Millbank Reception Centre and the provision of reception accommodation for male Unaccompanied Asylum Seeking Children aged 16-17
Classification:	Unrestricted

Summary

This provides an update on the current positon with regard to the decision to close the Millbank Reception Centre and development of community based reception services for unaccompanied asylum seeking children (UASC) males, aged 16-17.Recommendation:

Recommendation:

The Committee is asked to:-

a) consider and provide comment to the Cabinet Member on the information set out in the report;

b) note the non-implementation of decision number 14/00081, for the reasons set out in the report;

c) note that the decision notice will be updated online to explain the non-implementation; and

d) note that additional sources of accommodation for UASC are being sought.

1. Background

1.1. UASC who arrive in Kent are accommodated by Kent County Council (KCC) as part of the Local Authority's statutory duty towards children in care. Male UASC, aged 16-17 are accommodated at Millbank Reception Centre. In July 2014, following a sustained period of falling numbers of UASC, the Cabinet Member took a Cabinet Committee endorsed decision to close Millbank and develop a community based reception service (Key Decision 14/00081).

2. Current Positon

2.1. Between October 2014 and April 2015, KCC made two attempts to commission a support and enablement service to facilitate the use of community based accommodation for UASC. The first attempt brought no response from the market and despite extensive market engagement activity the two bids received as part of the second procurement exercise did not meet the requirements of the authority in terms of cost nor service delivery.

2.2. Since August 2014 there has been a steady increase in the numbers of UASC arriving in Kent. Unlike previous years, the 14/15 winter months continued to see a consistent volume of new arrivals; such that Millbank has managed high levels of occupancy of its fifty bed capacity. This pattern has accelerated further since April 2015, with unprecedented numbers of UASC arriving via the port of Dover.

2.3. This upward surge in the numbers of new UASC arrivals led to a decision in June 2015 to move to shared room occupancy. This has the result that, as at 3 July, there are currently 97 young people in residence, which means the Millbank reception centre is now at capacity. Given the advice from the Home Office that numbers of UASC are likely to increase, the authority is seeking additional sources of accommodation for UASC

3. Proposed Action

3.1. As KCC have not been able to procure a support and enablement service, the proposal for a community based reception service for UASC is not viable at this time

3.2. Given the numbers of UASC arriving, it is not currently a viable option to close the Millbank Reception Centre. It is therefore recommended that the centre remain open and the Cabinet Member will be asked to confirm that the decision to close Millbank is rescinded.

3.3. Officers from SCS are working with colleagues from across the council to identify alternative accommodation solutions to meet our statutory responsibilities for UASC, both in the short and medium term

3.4. Officers will be meeting with the Home Office to seek support from national government in meeting the needs of these young people; inclusive of the option for a national scheme of dispersal for unaccompanied minors.

Recommendation:

The committee is asked to:-

a) consider and provide comment to the Cabinet Member on the information set out in the report;

b) note the non-implementation of decision number 14/00081, for the reasons set out in the report;

c) note that the decision notice will be updated online to explain the non-implementation; and

d) note that additional sources of accommodation for UASC are being sought.

4. Background Documents

Change of Reception Accommodation for Unaccompanied Asylum Seeking Children male 16+ - Decision Report to 9 July 2014, Children's Social Care & Health Cabinet Committee.
(available at https://democracy.kent.gov.uk/documents/s47280/B5%20-%20Future%20of%20Millbank%20Reception%20Centre.pdf)

5. Lead Officer

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By:	Peter Oakford, Cabinet Member for Specialist Children's Services
	Andrew Ireland, Corporate Director of Social Care Health and Wellbeing
To:	Children's Social Care and Health Cabinet Committee - 22 July 2015
Subject:	Action plans arising from previous Ofsted inspections: Progress Update
Classification:	Unrestricted

Summary

This report provides Cabinet Committee with an update on progress regarding the 'improvement journey' of Kent's services for children and young people, encompassing the collective efforts of both Specialist Children's Services (SCS), and Early Help and Preventative Services (EH&PS).

Recommendation

Members are also asked to **NOTE** the progress that has been made since the last report.

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1. Introduction

This is the tenth regular report to Cabinet Committee on progress made in improving practice and developing services provided to children and young people in Kent. The last report of this nature, was April 2015, and outlined progress to that date.

Since 2012, KCC Specialist Children's Services have undergone five Ofsted inspections:

- Fostering Services – published report 31st July 2012 (*adequate*)
- Children in need of help and protection (Safeguarding) – published report 15th January 2013 (*adequate*)
- Adoption support services – published report 18th June 2013 (*adequate*)
- Children in Care / Care Leavers – published report 23rd August 2013 (*adequate*)
- Thematic inspection of Child Sexual Exploitation (CSE) –joint national report on the findings of eight thematic inspections, published November 2014

Action plans were put in place to respond to each of the priorities recommended by Ofsted for further development, after each inspection.

In order to robustly monitor and quality assure the improvements being made against these actions, regular updates on service development have been submitted to this Cabinet Committee, Corporate Parenting Panel, the Children's Services Improvement Panel and are overseen by a Children's Improvement Group, which

has representatives from SCS, EH&PS and Children's Commissioning. Actions arising from inspections and Peer Reviews alike are overseen and monitored alongside actions self–identified by the Local Authority as areas requiring further scrutiny.

Formerly referred to as the 'Children's Services Improvement Plan', earlier in 2015 this plan was condensed and refocused to form the Children and Young People's Services' Development Plan'. The term 'Development' reflects the clear direction of travel for SCS and EH&PS: away from remedial improvement action and towards longer term development of a high quality, sustainable and efficient service.

This report sets out both the progress made since April 2015 setting out where we believe the service to be and the direction of travel for SCS and EH&PS as the divisions move through 2015, into 2016.

2. Key developments since April 2015

2.1. Quality Assurance

Following a Diagnostic of Children's Services in January 2015, it was recommended that quality assurance mechanisms and processes were strengthened to ensure any areas of weaker practice are captured early and supported to improve.

In the last report to this Committee, it was noted that changes had been made since January 2015 to recruit more Practice Development Officers, reporting into the Principal Social Workers (formerly Principal Practitioners); who work to support best practice and to be a voice for frontline social workers. Additional Independent Reviewing Officers (IROs) are also now in post, assisting in bringing down the average caseload and ensuring the experience of Children in Care receive appropriate scrutiny. The numbers of CP Chairs have also increased. They will be expected to track cases in between CP Conferences, be available to provide a wider range of consultations to staff and Chair complex Strategy Meetings. Following a period of auditing and intensive training, Child Protection (CP) Chairs are now consistently producing SMART plans. This will continue to be closely monitored by the CP Chair manager and Head of Quality Assurance.

A refreshed 'extended Deep Dive' process has been agreed and will roll out from July 2015. The practice of holding Deep Dives is well embedded, since the 2010 Ofsted inspections- allowing senior management to meet with operational managers for an honest two-way dialogue about performance and issues. Deep Dives are held for each area of the service, including Fostering, Adoption and Care Leavers.

From July, a number of Deep Dives will be extended to include a half day district visit by a team of three senior managers. The visits will be informed by the Deep Dive theme and offer the opportunity for social workers and front line managers to talk about and evidence the work they are doing. The theme of the last quarter's Deep Dives was Child Sexual Exploitation (CSE), July's theme is 'purposeful visiting'.

The district visits will include a joint, desk top review of case files, between a senior manager and the child's social worker. Some of these cases may be identified randomly and others identified by the practitioner (e.g. as an example of good practice). The aim of this change is to more directly involve front-line practitioners in the Deep Dive process, enrich and compliment the performance data and give the opportunity to showcase and explain work with families- the strengths as well as the challenges.

The current Head of Quality Assurance, Lee-Anne Farach is leaving KCC in mid-July 2015. Tom Stevenson is beginning in the role on an interim basis, from early July 2015 to allow for an effective handover.

2.2. Children in Need

Work to support Children in Need[1] (CIN) featured prominently as recommendations arising from the Safeguarding inspection at the end of 2012. One of the primary recommendations from Ofsted was to undertaken an audit of CIN cases 'to ensure purposeful work is taking place and there are no unidentified risks'.

An audit of child in need assessments and plans was completed for approximately 4,000 cases by July 2013, and reported as such to the formal, independently chaired Improvement Board. In order however to assure the Safeguarding and Quality Assurance unit, senior managers and also Members of progress two years' on- a CIN audit, with a specific focus is currently taking place. Additional, external auditors have been brought in to deliver this targeted piece of work.

The current audit is looking closely at the experiences and practice with all CIN who have had a Child In Need Plan for more than 12 months without 'stepping up' (i.e. escalating to a Child Protection Plan or going into care), or 'stepping down' (to a 'Team Around the Family' and an Early Help plan). KCC's work with these children and young people is being examined to ensure purposeful work is making a positive difference, thresholds remain appropriate and children/ families are not "drifting". This is currently a work in progress. A report detailing key themes arising from this exercise should be complete in August 2015.

It is recognised that whilst direct work with the child is strong, further development work is still required around the aspect of CIN planning. This noted particularly around translating the assessment into a plan which effectively addresses risks and areas worrying both professionals and family members. It is accepted that once embedded, the Signs of Safety model of intervention will increase staff confidence. It will also offer the necessary tools and practice framework with which to create a shared understanding (multi-agency partners, service users and social care professionals) of the actions required to keep the child/ren safe and well.

In April 2015 a new user-friendly, 'dashboard' was launched giving operational managers in SCS a daily snapshot of relevant data about their specific team, social work case loads and actions outstanding –e.g. an overdue supervision session or visit to a child. The system is called the Team Operational Dashboard (TOD), and was co-built by Newton Europe and the in-house Management Information Unit as part of the 0-25 transformation work.

The launch of this dashboard has been overwhelmingly positive with frontline managers saying among other comments (entirely positive):

> "I have worked in a number of local authorities that have been paperless and used good IT systems, TOD is the best report that I have come across"

This system was further developed in May 2015 to utilise the suite of information that the Liberi case-system can provide; TOD now allows managers to have accurate, up-to-date information on the numbers of CIN reviews overdue.

[1] Tier 3-High level, complex needs, requiring a targeted, integrated response from Specialist Children's Services (KSCB threshold criteria).

2.3. Care leavers

Young people leaving local authority care are encouraged to pursue education, employment and training (EET) opportunities post 18. KCC offers a range of apprentice opportunities to young people, with a number of Care Leavers taking up apprenticeship opportunities with the Virtual School Kent (VSK).

Young people in Higher Education/ Further Education continue with Personal Advisory support and receive full financial support. Young adults who are aged 21-25 who returns to the service to undertake education training are also allocated a Personal Advisor and a Pathway Plan is prepared. Financial support for equipment and travel is provided to support young people access further education. Designated staff within local colleges also work with care leavers to sustain and develop further learning opportunities.

A range of support is available and over 400 young people who have left KCC's care are successfully accessing their choice of full-time or part-time Employment, Education or Training. Through internal quality assurance mechanisms, it is recognised that the numbers of young people leaving care and entering EET are not yet in line though with the aspirations we, as Corporate Parents have for this cohort of young people. The Children's Services Development Plan has therefore been updated with an action to further develop the support available.

2.4. Signs of Safety

'Signs of Safety' is an evidence-based, solution-focussed systemic model of social work practice. The model of intervention is being implemented universally across SCS and EH&PS and will support a shared, whole system approach to managing risk when working with children from Early Help through to Children in Care. The roll out of the Signs of Safety training began in March 2015. Full implementation of this new way of working will take 2-5 years.

'Signs of Safety' is integral to the transformation agenda of 0-25 services; all training and changes to assessment templates are therefore aligned to the implementation of the 0-25 Unified Programme, in partnership with Newton Europe.

In the past two months, work to implement Signs of Safety has progressed at pace. A dedicated, social-work trained Project Manager has been recruited in-house to lead the implementation of Signs of Safety.

Four Signs of Safety training sessions have been delivered to front-line staff members to date, primarily in the west of the county in order to align to the 0-25 Unified Programme transformation happening within the area. It is the intention that that the majority of South Kent staff (Ashford, Dover and Shepway) will be trained by the end of July 2015.

Every team manager will become a 'Practice Leader' for Signs of Safety. This decision means that frontline managers will not just lead the changes, but be equipped with specific training and tools to effectively implement Signs of Safety in their office, undertake appreciative inquiries and supervise cases in a way which best utilises the principles of the Signs of Safety framework.

Implementation of Signs of Safety will assist the services' aim of improving the consistency of high quality interventions across the county, as well as the quality of planning and engagement with children and their families.

2.4. Family, Drug and Alcohol Court

The FDAC National Unit has secured funding, via the Children's Social Care Innovation Programme, for the development of 4 sites in Kent and Medway, Coventry, the West Yorkshire consortia and Plymouth, Torbay and Exeter. Each Authority will match fund the monies provided via the Innovation fund. In Kent and Medway the FDAC will focus on parents with alcohol and/or substance misusing issues with the additional factor of domestic abuse. A further tranche of funding has been awarded to develop an FDAC for parents who have previously had children removed from their care. The project will initially commence on a small scale.

Working in partnership with the National FDAC unit, Kent County Council and Medway Council are currently working together to develop a local Family, Drug and Alcohol Court (FDAC) pilot site in the county.

This follows the strong steer from the Rt. Honourable Sir James Munby (President of the Family Division), that every Local Authority should have an FDAC. The notion builds on the success of the London FDAC pilot (2008-2012), now permanently run by a consortium of five local authorities in London. The FDAC in London is a shared enterprise between the Inner London Family Proceedings Court at Wells Street, the Tavistock and Portman NHS Foundation Trust, Coram and the London boroughs of Camden, Islington, Lambeth with Westminster, Hammersmith and Fulham and Southwark.

The FDAC model looks to keep families together, helping families to either be safely reunited with their children, or for their children to remain at home. Not all parents who misuse substances (drugs or alcohol) will require the support or intervention of social care, particularly for intermittent use. For those with a dependency however, who are unable to control their usage, this can lead to children and young people being provided with inconsistent-sometimes neglectful- practical or emotional care.

Additionally, parental substance misuse and domestic abuse are significantly linked problems, leading to many children being at risk of harm and/or entering care. This is key factor in over 50% of care cases in the area, and is the root cause of a high proportion of care proceedings.

The FDAC model utilises a combination of multi-disciplinary support mechanisms, including fast access to substance misuse services, help with housing, domestic violence, financial hardship or concerns. Parents also see the same judge throughout the proceedings and can access a team of volunteer parent mentors who have been through and overcome their own problems. Where plans to assist parents make changes are agreed to be no longer viable, the FDAC is able to utilise the evidence base to swiftly make decisions which secure an alternate, permanent home for the child (e.g. adoption).

Local Joint Strategic Needs Assessments (JSNA) for both local authorities identify that approximately 274 adults in Medway[2] are receiving support for drug or substance misuse, are either pregnant or have a child; and 1570 drug users in Kent

[2] Medway JSNA; Kent JSNA;

receiving treatment, live with children. These figures are not inclusive of those who may also be experiencing problems with alcohol consumption and/ or domestic abuse.

Implementation of an FDAC for Kent and Medway assists both local authorities to achieve their strategic objective of 'Children and young people have the best start in life'.

2.5. Transformation of Children's Services

Services for children and young people are collectively 'Facing the Challenge: Delivering better outcomes' to achieve whole council transformation, through the 0-25 Unified Programme. The programme is part of the overarching 0-25 transformation, change portfolio.

SCS and EH&PS are now firmly into the 'implementation phase' of the transformation process, in partnership with our efficiency partner, Newton Europe. Work is due to conclude in the West of the county -Tunbridge Wells, Tonbridge and Malling (the Weald) and Maidstone- in summer, before moving to the South of the county.

'Implementation' for Kent is about building on the best of our existing structures and processes whilst thinking differently about the way we do things and changing the practices and cultures which stand in the way of our ambitious, long term goals for Kent's children. The 0-25 Unified Programme 'Implementation' involves projects to:

- Merge the functions of the Assessment and Intervention Teams and Family Support Teams to ensure continuity of support for families. This is reflective of Eileen Munro's doctrine 'to improve transparency and rigour'. The resulting locality children's social work teams will cover the full breadth of interventions with families (both short term and longer term Children In Need and Child Protection work), whilst maintaining the separate Children in Care teams and structures.

- Provide helpful, new operational dashboards of case information- like the TOD system (2.2.) This hones and tailors the large amount of data available into what is most useful for individual teams.

- Ensuring managers get protected time to manage the casework of their teams.

- Strengthening and developing a universal 'edge of care' model to give timely and intensive support to adolescents and families in crisis; decreasing the chances of a young person becoming homeless and/ or coming into local authority care.

- Alignment of the Early Help Triage to the Central Referral Unit in order to ensure support is co-ordinated around the needs of families not teams; whilst embedding a focus on early intervention to better manage future demand.

- Development of 'Early Help Units' which enable joint working between a range of Early Help and Preventative Services disciplines, such as Youth Offending, Adolescent Support, Early Years, Attendance and Inclusion.

- Provide a clear threshold and universal process for appropriately stepping down cases.

- Care leavers' pathway: in line with priority 4 of KCC's LAC and Care Leaver Strategy 2015-2016, provide increased placement choice, stability and support for young people leaving care and transitioning to living independently.

It is expected these changes, alongside the roll out of the Signs of Safety Framework, will actively support practitioners to deliver consistently high quality practice to our service users 'Implementation' will eventually be rolled out to every team across the county by the end of 2015.

3. Children's Services Development Plan

Outstanding recommendations from all five Ofsted inspections, the Independent Diagnostic in January and learning from our own quality assurance processes have been collated into a single Children's Services Development Plan, attached as an appendix to this report.

This plan ensures cross-directorate priority actions are collated into a single plan which is overseen by the Children's Improvement Group, co-Chaired by Philip Segurola, Director of SCS and Florence Kroll, Director of EH&PS.

4. Conclusion

The majority of the targets and performance indicators as agreed by Cabinet are being met. There continue to be some areas where progress is proving to be more challenging and identified shortfalls are being urgently addressed. Continued implementation of current measures such as the Children's Development Plan, 'Signs of Safety' and the projects detailed within the 0-25 Programme will help address areas recognised as requiring improvement.

In line with Ofsted's view, any practice falling short of 'good' should be viewed as 'requiring improvement'. We therefore continue to develop a culture of aspiration that is intolerant of poor practice and entirely focused on the consistent attainment of good practice standards.

5. Recommendations

Members are also asked to **NOTE** the progress that has been made since the last report.

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9. Background Documents

Appendix 1- SCS and EH&PS Development Plan

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Kent County Council Children's Services Development Action Plan August 2014 – April 2016

"Must do" actions for Specialist Children's Services (SCS), Early Help and Preventative Services (EHPS) and Children's Commissioning

Purpose of the plan

This plan captures actions self- identified by the above services as necessitating immediate action and attention in order to deliver consistently positive outcomes for children and young people. Actions within this plan are further supported by recommendations from external regulators and peer challengers as areas of service delivery requiring further development.

The Council's Strategic Statement 2015-2020, Outcome 1 is: **"Children and Young People in Kent get the best start in life".** Kent has a culture of continuous improvement and as such this is a 'live document'. Actions and priorities will change dependent on the completion of objectives and analysis of 'business as usual' quality assurance activity which identifies areas requiring improvement.

It will also support the delivery of Kent's Social Work Contract by addressing specific aspects of the organisational offer around learning, development and quality assurance. The Contract was designed to ensure services are, and remain, properly child-centred and that they recognise the complexity and importance of the work required in keeping children and young people safe.

The priority themes within this plan are:

1. Quality and consistency of practice
2. Effective Front Door
3. Effective Early Help
4. Improved Outcomes for Children in Care and Care Leavers

Governance

The Children's Improvement Group meets monthly and is the lead group responsible for overseeing the timely completion of these actions. The responsible owners for the priorities set out in this Development Plan are Florence Kroll- Director of EHPS and Philip Segurola, Director of SCS.

Red	Action not completed, or whose current performance status is of risk to organisational performance
Amber	Action is in progress towards delivery targets. The action may be showing slow /minimal improvement, lack supporting evidence.
Green	Actions which are currently meeting delivery targets and outcomes and/ or has shown significant performance improvement
Grey	Actions which are completed and have been evidenced as such

Theme 1: Quality and consistency of practice Lead Officer: Philip Segurola, Director of Specialist Children's Services and Florence Kroll, Director of Early Help and Preventative Services						
Objective	**Ref**	**Action**	**Lead driver**	**Review/ end date**	**Targets, outputs and outcome measures**	**RAG**
1.1. Support KSCB and Children's Health and Wellbeing Board strategic priorities	1.1.1	Support the KSCB in their programme of multi-agency audits and analysis Led by divisional representatives at the QE sub-group	Sarah Hammond Florence Kroll (sub-group Chair)	Review 31st July 2015	• Multi-agency audits are well-represented by appropriate KCC staff; data requested is provided where possible and appropriate • Staff are aware of current and planned activity, and how the outcomes/ learning from the auditing and case reviews impacts on day-to-day work with vulnerable children and families.	G
1.2. Improve the consistency of assessments, planning (including contingencies) and interventions found to be 'Good' or better; decision-making is timely and child-centred	1.2.1	Implement the 'Signs of Safety' model of intervention unilaterally across Early Help and SCS	Julie Davidson	Progress review 31st July 2015	• Children, families and partners are aware of and engaged with the methodology. • All relevant staff receive training or briefing and understand how to apply the framework to their work. • Embedded learning and new ways of thinking lead to evaluated/ audited plans showing a stronger depth of analysis, child-focus and clear focus on outcomes.	G
	1.2.2	Carry out face-to-face auditing/ case-coaching on randomly selected cases	Lee-Anne Farach, Practice Development Unit	Review 31 July 2015	• Build confidence by enabling social workers to articulate their work. • Enable a solution-focussed, open discussion about areas of good practice, and aspects that would benefit from development.	A
	1.2.3	Guidance and training to be provided to Child Protection conference chairs and Independent Reviewing Officers underlining responsibilities in challenging and addressing poor practice.	Patricia Denney	Completion 31st October 2015	• Appropriate rigour is applied in quality assuring practice with vulnerable children and young people as evidenced by audits of CP Chairs plans and reviews of thresholds. • All CP Chairs and IROs receive Signs of Safety training	G
	1.2.4	Review and refresh current online case audit process	Lee-Anne Farach	Review 31 July 2015	• Online peer-review audit process is less mechanical, and has the functionality to challenge and focus on the quality of interventions.	G
					• Cases found to be inadequate are re-audited monthly until practice, recording and analysis has improved to a level of 'Good'.	

1.3. Regular supervision focuses on the management of risk and practice challenge. Decisions and options considered are recorded as case-notes on Liberi. Actions arising from Supervision Policy	1.3.1	Monitor and quality assure the regularity and recording of supervision and the impact it is having on ensuring appropriate interventions commensurate to the child/ family's need.		Review 31 August 2015	• Newly Qualified Social Workers have fortnightly supervisions for the first six months of their professional practice, this may become three weekly for the remainder of their first year of practice • Social workers, senior practitioners and team managers have regular professional supervision (every 4 – 6 weeks) in accordance with the Supervision Policy and Practice Standards for Supervisors. • Appropriate management oversight is being undertaken; decisions are recorded on case files. • Dip sample audits show interventions are having a positive impact on the child's experience and there is no drift or delay to the child/ young person receiving appropriate help or stepping down.	**A**
		• Service Manager and Team Manager to audit one supervision record per month. This should include cross referencing with case files to quality assure decision making	Service Managers (SMs)			
		• The Quality Assurance and Performance Monitoring Unit to undertake random auditing of supervision records as part of the overall programme of yearly audits.	Lee-Anne Farach, Head of Quality Assurance			
1.4 Children are being effectively safeguarded from the risk of Child Sexual Exploitation. (CSE).	1.4.1	Develop and publish CSE work plan which implements the objectives of the CSE Strategy and the areas of focus identified in the CSE action plan.	Mark Janaway KSCB	Review of implementation 31 July 2015	• Completed action plan is shared with Children's Health and Wellbeing Board, KCC Leader, Head of Paid Service, Community Safety Partnership and the Police and Crime Commissioner. • KCC departments and staff are clear of actions arising from this multi-agency work plan.	**G**
	1.4.2	Establish a targeted preventative and self-protection programme on child sexual exploitation for looked after children	Geoff Gurney, Teresa Vickers	For review 31 July 2015	• All foster carers approved for ages 10 and upwards and all fostering service social workers complete a CSE preventative training programme; (training to include the direct views of young people who have experienced CSE). • Foster carers feel able to discuss proactively with their children the risks of exploitation and what it means, in terms relevant and appropriate to the age and lives of individual children in care (CIC). • Discussions undertaken between foster carers and their child are recorded on the CIC file. • Status of completed foster carer training is included in the carer's training profile and assessed as part of their annual review.	**A**
	1.4.3	All frontline professionals who work with children and young people must undertake LSCB awareness training or	ADs, EHPS HoS	Numbers of staff trained or	• All cases where children/ young people are at risk of/ have experienced CSE show evidence of utilising the CSE Toolkit to manage and treat risk	**A**

		equivalent and be able to identify risk indicators and vulnerabilities. - KSCB CSE Toolkit training - Localised district workshops - 'Safeguarding children from abuse and sexual exploitation' e-learning		signed up for training for review 31 July 2015	• Front-line staff have a clear understanding of vulnerability identifiers (in the toolkit), appropriate pathways and referral	
	1.4.4	Capture and disseminate key good practice learning points from Operation Lakeland to all SCS and relevant staff.	Patricia Denney	Action awaiting Independent Management Review.	• Staff are aware of best practice when working with vulnerable children and young people who have been exploited and/ or abused • Key messages arising from the Lakeland Independent Report are disseminated to staff	
	1.4.5	Confirm arrangements for long term therapeutic support for children/young people who have experienced CSE and other forms of sexual trauma	Thom Wilson	For review 31 July 2015	• Work in partnership with Public Health as part of the wider Emotional Health and Wellbeing Strategy work, championed by the Children's Health and Wellbeing Board. • Practitioners are aware of services available for children and young people who have experienced CSE or sexual trauma.	**A**
	1.4.6	All frontline staff working directly with vulnerable children and young people to undertake returner interview training. Inclusive of: • KSCB Return Interview training • Localised return interview 'train the trainer' workshops	ADs, EHPS HoS	For review 31st July 2015	• All frontline staff working directly with vulnerable children and young people have strong skills on conducting productive and meaningful return interviews for children who go missing. • Return interviews happen within 72 hours of each missing episode. • Number of staff who have received returner interview training increases each month.	**A**
	1.4.7	Develop a Public Law Outline (PLO) tracker system, in partnership with legal services	Karen Graham	Completion 31st July 2015	• Challenge and address drift in cases escalating to proceedings; ensure high risk cases are progressed in a timely way	**G**
1.5. Children/ young people's views and opinions contribute to shaping services.	1.5.1	Produce a Participation Strategy for CHIN and CP The current Kent CIC and Leaving Care Participation Strategy is published in the online procedures manual.	Geoff Gurney	Complete	• Action complete	
1.6 Children in Need (CIN) receive timely and	1.6.1	CIN cases are routinely audited to reduce 'drift' and ensure each child: • Is visited at least every 4 weeks • Their plan is outcome focussed,	IFSMs and Lee-Anne Farach	For review 31 July 2015	• Achieve a county average of 30 days for assessment; all assessments to be completed within 45 days. • CIN are visited at least every 4 weeks, or more frequently- dependent on need	**R**

focussed assessments		strengths, risks and needs are clearly identified In line with CIN plans and reviews policy .			• Every CIN (not including finance only) has an outcome-focussed plan within 45 days of referral.	A
					• The frequency of visits and timescales for review is recorded on the child's plan	A
1.7 Quality Assurance mechanisms robustly challenge all areas of performance and enable a learning organisation.	1.7.1	Roll-out a refreshed Deep Dive process to all areas of the service	Lee-Anne Farach	For review 31 July 2015	• Deep Dives have an interactive auditing element, which focusses on the experiences of individual children • Deep Dives have an increased focus on the effectiveness of social care's work with multi-agency partners	G

Theme 2: Effective Front Door Lead Officer: Stephen Fitzgerald, Assistant Director South Kent Specialist Children's Services (SCS)						
Objective	**Ref**	**Action**	**Lead driver**	**Review/ End Date**	**Targets, outputs and outcome measures**	**RAG**
2.1 Integration of services around client groups or functions (County Council priority; Facing the Challenge; Delivering Better Outcomes 2013)	2.1.1	Co-locate the Early Help Triage with the Central Referral Unit.	Katherine Atkinson, Stephen Fitzgerald	Complete	Action complete	
	2.1.2	Step down cases are tracked with oversight by senior managers to ensure that interventions by EHPS staff are timely and effective.	EHPS HoS Katherine Atkinson	Review 31 July 2015	• Re-referral to SCS is minimised • Monthly monitoring data will provide numbers and trends by district on step ups and step downs. • Numbers of children with a Child Protection Plan, Children in Need (CIN) and Children in Care (CIC) receiving Early Help support, and kind of support are tracked.	A
2.2 Threshold Criteria	2.2.1	Refresh threshold criteria to remove disparities between KSCB guidance and CSE Risk Assessment toolkit	Mark Janaway	Complete	Action complete	
2.3 Children and young people who go missing from home are identified and supported to	2.3.1	Establish a Single Point of Contact (SPOC) for missing children	Stephen Fitzgerald	Complete	Action complete	
	2.3.2	Audit and quality assurance arrangements are in place to monitor the quality and frequency of return interviews across both SCS and EHPS	Mark Janaway	Monthly review	• Dip-test samples show a percentage increase in the number of missing children having a return interview by SCS or Early Help and Preventative Services. • Return interviews are of a high quality, helping children/ young people to understand risk. Outcomes of return	A

missing episodes					interviews inform future planning for the individual. • Return interviews are carried out within 72 hours or the child being found. If the child/ young person refuses a return interview then this is clearly selected on Liberi.	
	2.3.3	All data on children missing and their outcomes to be recorded on Liberi system (SPOC)	Stephen Fitzgerald	Monthly review	• For children known to SCS/ EHPS, every missing episode is recorded on the child's record. • Information regarding missing children is shared with the Community Safety Partnership. • Trends and 'hot spots' are reported regularly to KSCB.	G
2.4 Consolidation of contact and referral processes	2.4.1	Full implementation of Liberi's functions within the Central Referral Unit	Stephen Fitzgerald	Complete	• Reduce reliance on paper systems, and reduce time spent conducting back-office processes	

Theme 3: Effective Early Help **Lead Officer: Florence Kroll, Director of Early Help and Preventative Services (EHPS)**						
Objective	**Ref**	**Action**	**Lead driver**	**Review/ End Date**	**Targets, outputs and outcome measures**	**RAG**
3.1 EHPS workforce is effective and achieves the KCC vision for Early Help services	3.1.1	Staff utilise new tools and methodologies arising from 0-25 Unified Programme transformation initiatives to achieve outcomes and reduce re-referrals to SCS.	Joint EHPS and SCS Divisional Management Teams	For review 1st September 2015	• Monthly performance and activity data will show a downward trend in line with targets and expectation • Reduction in referrals to SCS to 'no more than 16,779'- EYPS Business Plan 2015-16.	G
	3.1.2	Implement a new, integrated EHPS structure	Florence Kroll	1st September 2015	New structure is in place and operating effectively across Kent in alignment with SCS in each District.	G
3.2 Strong quality assurance mechanisms to answer the question "How do we know it is working?"	3.2.1	EHPS has an agreed, robust Quality Assurance (QA) process and cycle for casework	Katherine Atkinson	1st September 2015	Quality assurance process is implemented and robustly monitoring the quality of interventions, and capturing areas of poorer performance. • Assessments are effective and outcomes focussed, providing a clear plan of support	G
	3.2.2	Early Help and Preventative Service managers receive regular, accurate information on activity within their area	Katherine Atkinson	Complete	• Action complete	
3.3 Effective Early Help services are in place that reduce demand;	3.3.1	Develop an integrated Early Help delivery model which achieves acceleration of phase 1 of the Troubled Families Programme.	Florence Kroll	31st July 2015	• Achieve a 'turnaround' of 8960 families in Kent by the conclusion of Phase 2. • Impact and outcomes of work undertaken is evident Kent has the 3rd largest troubled families target numbers nationally	G

3.4 Early Help Assessments and plans are of a high quality, timely and proportionate to risk Targets from EH&PS scorecard	3.4.1	Develop new Assessment, Planning and Review Forms and Outcome Trackers in line with KFSF.	Jeanne King, NE	Complete	• Action complete Kent Family Support Framework (KFSF)	
	3.4.2	Audited Early Help assessments and plans: - are completed in a timely way; - have SMART targets and clear outcomes.	Katherine Atkinson, EHPS HoS	Review 30th September 2015 (Dependent on 3.2.1)	• % increase in the number of Early Help cases closed with a positive outcome • % increase in the number of assessments completed within 2 weeks of notification • % increase of plans in place within 4 weeks of notification	

Theme 4: Improved Outcomes for Children in Care (CIC) and care leavers **Lead Officer: Geoff Gurney, Assistant Director of Corporate Parenting**						
Objective	**Ref**	**Action**	**Lead driver**	**Review/ End Date**	**Targets, outputs and outcome measures**	**RAG**
4.1 Children in Care, their carers and care leavers are provided with easily accessible and helpful information; including about their placement before they move.	4.1.1	Review and update Kent's Strategic Looked After Children Plan for 2015-16.	Jill De Paolis	Complete	• Action complete • Looked After Children and Care Leaver Strategy 2015-16	
	4.1.2	Ensure all children receive a CiC pack and it is regularly reviewed and updated Continued implementation of a recommendation arising from Ofsted's CIC inspection July 2013	Geoff Gurney	Monthly review	• Ensure all staff regularly receive and disseminate the VSK newsletter to children, young people and their carers • All eligible children and young people in care are aware of the Kent Pledge, the Kent Cares Town website, their entitlements and how to get involved with Council activity. • IRO management report shows an increased % of children aged 8+ receiving a consultation leaflet prior to their review, and are assisted to complete it, if requested.	**A**
	4.1.3	Recruit more Independent Reviewing Officers (IROs)	Patricia Denney	Completion 31 July 2015	• As a result of reduced IRO average caseloads- dip-sample audits demonstrate children and young people in care receive timely and appropriate support, and do not experience drift or delay in care planning processes.	**A**
4.2 Children and young people in care and leaving care live and thrive in safe and stable placements in which they develop safe and	4.2.1	Deliver a new, fit for purpose Commissioning & Sufficiency Strategy which articulates our sufficiency needed, our approach to meeting them and establishes a clear action plan for how to make improvement.	Thom Wilson	Strategy implementation Review 31 July 2015	• As part of the 0-25 Unified Programme, introduce a pathway plan for careleavers in supported accommodation (action 4.2.3.) • Sufficiency strategy is published on Tri.X and Kent.gov.uk • %increase of in-house foster carers who can support adolescents and those children with more complex needs,	**G**
	4.2.2	Increase the % of Children in Care with permanency plan at their second review	CYPSMs (Children and Young People's Service - CIC)	Review 30 August 2015	• There is robust management of decision making processes leading to a decision on permanence and children do not 'drift' in the care system.	**A**

secure relationships.					• Children in care achieve a sense of belonging either through reunification, long term fostering or adoption.	
	4.2.3	Review the current pathway plan template to develop a more appropriate plan format that better addresses care planning for care leavers.	Sarah Hammond, Newton Europe	Review 31 July 2015	• An 'ideal pathway' plan for all care leavers is introduced, with a data tracking system to monitor care leavers' progress to independent living. • All staff within the care leavers' service receive appropriate training to implement the pathway plan.	**G**
	4.2.4	Working with District Authorities, strengthen housing protocols in relation to youth homelessness	Karen Mills	For review July 2015	• Ensure vulnerable young people can access accommodation suitable for their needs and are not unnecessarily accommodated Accommodation for 16+ Care Leavers aspect of 0-25 Unified Programme	**A**
4.3 Reduce the prosecution of CIC and numbers of CIC involved in the criminal justice system	4.3.1	Implement the Kent and Medway Joint Protocol on Criminal Justice Agency Involvement with Children in Care • Undertake cross- divisional audits to access joint working with young people either known to be at risk of offending, or already known to YOS and SCS.	Geoff Gurney, Rebecca Ransley	Review 31st July 2015	• Improve the recording for CIC identified as having a substance misuse problem. Numbers of Children in Care shown will initially increase as recording improves. • % reduction in the numbers of CIC re-offending • % reduction in the numbers of CIC entering the criminal justice system Kent and Medway Joint Protocol is the local version, beneath the overarching South East Protocol to reduce offending and criminalisation of CIC.	**A**
4.4 The health and well-being of Children in Care and Care Leavers is prioritised	4.4.1	Work with Kent's CCGs to manage the Children and Young People Mental Health service (formerly CAMHS), to ensure appropriate and timely access to mental health and emotional wellbeing services for CIC.	Elizabeth Williams, Carol Infanti	Review 31st July 2015 Next data due July 2015.	• Children and young people have an assessment within 4 weeks and treatment within 12 weeks from referral. • All CIC who need a mental health or emotional wellbeing service receive it. • Staff report satisfaction with the responsiveness and accessibly of the Mental Health service.	**A**
4.5 Increase the numbers of care leavers in Education, Employment or Training (EET)	4.5.1	Introduce bespoke measures to assist young people aged 18-21 leaving care to access Higher or Further Education, Employment or Training.	Sue Clifton, Sue Dunn, Tony Doran	Review 30th September 2015	• Opportunities and means of support are clearly communicated to cohort of young people leaving care/ supported by the Care Leavers' service • Increase the percentage of Care leavers in EET • Regular progress on this matter is reported to the Corporate Parenting Panel	**A**

By:	Peter Oakford, Cabinet Member for Specialist Children's Services Andrew Ireland, Corporate Director of Social Care Health and Wellbeing
To:	Children's Social Care and Health Cabinet Committee - 22 July 2015
Subject:	Update on Actions regarding Child Sexual Exploitation (CSE)
Classification:	Unrestricted

Summary

This report provides information about the work undertaken by Kent County Council (KCC), in partnership with colleagues in other agencies since the local authority was part of the thematic inspection by Ofsted in October 2014 which looked at the effectiveness of local authority response to child sexual exploitation (CSE).

Since October 2014, significant work has been undertaken by Children's Services, Education, Public Health, Children's Commissioning and the KSCB to raise awareness of CSE warning signs among partners, providers and front-line staff. This has been further supported by measures to evaluate the quality and responsiveness of interventions; ensuring vulnerable children and young people are appropriately safeguarded and receive the required help and support in a timely way.

This report sets out the steps taken to date and the direction of travel through the second half of 2015, into 2016.

Recommendation

Members are asked to **NOTE** the progress made since the CSE thematic inspection in October 2014.

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1. Introduction

Between September and October 2014, Ofsted conducted eight thematic inspections of how Local Authorities are tackling Child Sexual Exploitation (CSE). Rotherham, Rochdale, Bristol, Luton, Oldham, Camden and Brent as well as Kent, were all inspected. Kent's CSE thematic inspection took place 13th -17th October.

This was a targeted one week inspection, and not the full four week inspection under the Single Inspection Framework. As a result, there was not a Kent-specific inspection report published, nor Kent-specific recommendations. Instead, anonymised evidence collected from all eight thematic inspections were collated into a single report "The sexual exploitation of children: it couldn't happen here, could it?"

Feedback from the CSE thematic was given verbally by Her Majesty's Inspectors to:

- David Cockburn- Corporate Director of Strategic and Corporate Services (in capacity as Head of Paid Service and the accountabilities set out in 'Working together to safeguarding children: March 2015');
- Gill Rigg- Chair of the Kent Safeguarding Children Board (KSCB);
- Andrew Ireland- Corporate Director for Social Care, Health and Wellbeing;
- Patrick Leeson- Corporate Director for Education and Young People's Services;
- Florence Kroll- Director of Early Help and Preventative Services (EH&PS);
- Philip Segurola- Director of Specialist Children's Services (SCS);
- Patricia Denney- Assistant Director for Safeguarding and Quality Assurance in SCS;

Actions arising from the thematic inspection, both nationally and locally were incorporated into the Children's Services Development Plan (report C1).

2. Actions undertaken to recognise risks and likelihood, respond to and protect children from CSE

The KSCB have completed a CSE work-plan detailing the necessary actions the professional agencies within Kent must undertake in order to robustly tackle and prevent sexual exploitation. It utilises analysis of all the national reports regarding CSE and Ofsted thematic inspection findings.

CSE remains at the forefront of officer's minds, with quality Assurance mechanisms such as Deep Dives have looking closely at the theme of CSE. The Council's updated Looked After Children and Careleaver strategy 2015-16 and Sufficiency strategy refer to CSE as a key area KCC is focusing on; working with central government and other authorities to develop learning from the thematic inspection. A Public Health CSE Assurance Plan has also been developed in the department, based on the Ofsted thematic review findings and Kent and Medway Strategic Plan for CSE.

2.1. Communication and raising awareness

Substantial efforts have been undertaken by all aspects of the Council to work with both our staff, our providers and colleagues in other agencies to assess training needs, levels of awareness and actions required to ensure the safeguarding response is as robust as possible.

An internal audit was undertaken by Public Health which assessed 8 organisations (six of which are directly commissioned by KCC and two of which provide a Public Health sexual health service but are not directly commissioned by the Council). The Public Health division now have a greater understanding of the levels of staff awareness, understanding of signs and risk factors, use of the KSCB CSE toolkit and utilisation of safeguarding procedures and any gaps to work on.

Children's Commissioning have been working with supported lodgings providers- who deliver accommodation and support to over 130 young people leaving care- to ensure staff within these services are aware of the Kent CSE risk-assessment toolkit, and access relevant training.

A presentation on duties in regard to CSE was also given to senior managers from across the whole Council at the June 2015 'Challenger' event. The Challenger group comprises the most senior managers from across the organisation (targeting those at KR13 and above who are no more than two line management steps away from the Head of Paid Service). Challenger meets four times a year and each agenda contains a core briefing, with a focus at the last two meetings on the role of KCC Staff as Corporate Parents, our duties and responsibilities in relation to 'Prevent' (radicalism, terrorism and violent extremism) and Child Sexual Exploitation.

Andrew Ireland and Amanda Beer (Corporate Director of Engagement, Organisation Design & Development) presented a call to action, asking Challengers to ensure they and their staff understand the local authority's shared responsibilities, remain vigilant, professionally curious and above all report any concerns.

2.2. Training

Following the CSE thematic in October, KCC committed that all front-line staff responsible for the safeguarding assessment of/ planning for children and young people would undertake CSE training. Training provided includes utilisation of the KSCB CSE risk-assessment toolkit and spotting the vulnerability indicators specific to sexual exploitation in the context of sexual abuse.

As of May 2015, KSCB had run three "Train the Trainer" sessions; assisting forty seven individuals to run their own single-agency CSE training. A variety of training opportunities are open to front-line staff. Communications and presentations to SCS and EH&PS front-line staff has resulted in increased numbers of front-line staff attending or being booked to attend training, inclusive of:

- multi-agency CSE training sessions run by KSCB,
- localised workshops run by Practice Development Officers (trained by KSCB),
- KSCB e-learning "Safeguarding Children from Abuse by Sexual Exploitation" which is free and open to any member of staff within the safeguarding partnership, regardless of role.

Training and awareness-raising is widespread within Kent, with KCC Education, Admissions and School Placement Officers also attending training on CSE and associated trauma in April 2015. Professional knowledge of CSE vulnerability factors across all agencies will help ensure that information and intelligence is shared proactively across the partnership to improve the protection of vulnerable children.

A training workshop was also jointly hosted by KCC and Kent Police in April 2015 for KCC foster carers. The workshop shared KSCB's procedures for missing children; alongside vulnerability factors and risks associated with children going missing (i.e. CSE) and good practice planning. The workshop was designed to increase the confidence of foster carers managing children who go missing from their placement.

2.3. CSE audit

Audits of all children identified as being at risk of CSE were carried out between November 2014 and January 2015, firstly by the child or young person's allocated social worker and their manager. Secondly, completed audits were assessed by a member of the Children's Safeguarding and Quality Assurance team.

Some 120 audited experiences of children and young people were then scrutinised and evaluated by an independent auditor with experience as an Ofsted Inspector. Cases were assessed across nine practice domains: overall audit grade, early identification and risk assessment, multi-agency working, assessment, the child's voice, planning, protection and support, the quality of care for Looked after Children and management oversight.

This independent overview provided the local authority with a clearer idea of themes and trends relating to the cohort of children currently identified as being at risk. Significant amounts of 'Good' practice were identified, with some cases found to have aspects of 'Outstanding' direct work with children and families, recording an multi-agency working to keep children safe. Although the majority of cases were found to require some level of improvement, it was encouraging that 'Inadequate' practice was seen in just 10 cases (8.4% of the total cohort). These cases have all been subject to further remedial work.

The KSCB CSE toolkit featured heavily as a device which supported strong, child-focussed risk assessments and analysis of children and young people's relationships.

To facilitate professional development and the establishment of a learning organisation, key points arising from this exercise (both practice strengths and areas to work on) were shared with social care staff working with vulnerable children and young people.

2.4. Strategic needs assessment- analysis of prevalence

Following a direct recommendation from Ofsted, a CSE Joint Strategic Needs Assessment (JSNA) chapter has been produced by Public Health as part of the wider Children's JSNA. The chapter will inform commissioning and safeguarding priorities moving forwards. The assessment details the current mechanisms used to train, raise awareness and prevent CSE in Kent. The CSE JSNA stipulated Kent is still in the early stages of being able to fully assess the likely prevalence of CSE within the county. CSE is often a hidden problem; not easily spotted by health professionals, families and carers. It is also often not readily reported by victims themselves, some of whom may not see the abuse for what it is.

Information-sharing and the impact of prevention efforts will become clearer once certain mechanisms- such as the Multi-Agency Child Sexual Exploitation (MACSE) Panel, multi-agency CSE team and the missing children Single Point of Contact (SPOC) have had time to embed and begin to collect sufficient data with which to analyse levels of activity.

2.5. Information sharing

The Early Help Triage and Central Referral Unit (CRU) have been co-located since the end of June 2015. This ensures that contacts and referrals received are appropriately redirected to the service which best meets the needs and usage of children and families. It also looks to better manage future demand, by ensuring families receive support and attention at the earliest stage, even if they do not meet the threshold for statutory intervention from Specialist Children's Services.

2.6. Multi-Agency Child Sexual Exploitation (MACSE) Panel

In line with the KSCB Business Plan 2015-18, a Multi-agency Child Sexual Exploitation Panel (MACSE) was set up in May 2015. A KCC –led proposal, it follows a determination to spot CSE early and build effective information sharing mechanisms.

Although in the early stages, this panel will provide a solid foundation for the effective sharing/use of hard and soft intelligence between agencies with responsibilities for safeguarding children and young people.

2.7 Commissioning and long-term support

The Representation, Rights and Advocacy Service has been expanded to include child in need (CIN), those subject to a child protection (CP) Plan and those children in the process of a Family Group Conference (FGC). This increases the opportunity to identify risk and for children and young people to speak about their concerns.

The Independent Visitors Service for Looked After Children (LAC) is also key to giving vulnerable children and young people an opportunity to voice their concerns. This is particularly relevant for young people who have gone missing, as this gives an opportunity to talk to someone independent about the reasons for running away, help understand the risks and issues they experienced and help identify future risks. The commissioned provider for this service has reviewed its internal safeguarding policies to ensure they reflect awareness of CSE, associated risk and the need for intelligence gathering. The commissioning unit intend to monitor issues/emerging themes and trends arising from independent return interviews during performance reviews.

3. Missing children and Other Local Authority (OLA) children

Children who runaway or go missing are particularly vulnerable to suffering harm-including sexual exploitation. The missing children Single Point of Contact (SPOC) was fully integrated and 'went live' in the Central Referral Unit at the end of May 2015. The SPOC collates in partnership with Kent Police, notifications regarding any child that goes missing in Kent in a single place and on a single database. These could be children known to a KCC service or not, they could also be children placed in Kent by other local authorities (OLA). It means that children who may be vulnerable as a result of running away are able to be given support and help at the earliest opportunity. Whilst the SPOC continues to embed, work is underway in partnership with Kent Police to build the ability to cross-reference those children who go missing, with those who are known to be at risk of sexual exploitation.

OLA have particular vulnerabilities, insofar as they are further away from their social worker, Independent Reviewing Officer/ Child Protection Chair and other support services. Kent has particularly high numbers of children placed here by other local authorities. Children are placed outside their local authority for a number of reasons, including for their own safety, localised specialist provision or as a result of local sufficiency strategies with regard to accommodation.

An OLA placement officer has been appointed who will become part of the KSCB team. The OLA placement officer will ensure placing authorities have sufficient information on the statutory, specialist and universal services available. They will also work with placing authorities to ensure there is strong intelligence on OLA who go missing in Kent and work with the Single Point of Contact to escalate any non-

compliance of OLAs in respect of requested information, including Return Interview forms.

4. Moving forwards- summer 2015 and beyond

Work to continue raising awareness, preventing and tackling CSE remains high on the agenda, embedded within the strategic priorities across the local authority. A range of measures are planned which, once embedded will hopefully ensure children, young people, carers, parents and professionals alike are equipped and empowered to spot the signs, take the responsibility and get the necessary support to address the abuse.

A conference specifically on sexual exploitation is due to be held in October 2015 jointly with Kent Police to highlight a range of exploitation issues including online (e-safety) risks, gangs, trafficking and organised crime as well as the sexual exploitation and abuse of children.

4.1. Multi-agency CSE team

Efforts to ensure children and young people are protected from abuse and exploitation is a high priority for Kent's safeguarding partnership. There is currently an ongoing project led by Kent Police to develop a specialist multi-agency CSE team; a strategic and operational team of experts, which could support investigations anywhere in Kent.

The team will include representatives from the Police, data analysts and Health alongside KCC social workers. The team will be co-located to aid integration and effective partnership working.

To best support this team, KCC SCS will provide two Practice Development Officers to the team. Children's safeguarding experts, these two Practice Development Officers will be managed by the Principal Social Workers (formerly Principal Practitioners) within the Children's Safeguarding Unit. Once in post, these two members of staff will be key to assisting social care to share expertise, knowledge and develop practice. It is envisaged the multi-agency team will be operational by autumn 2015.

4.2. Universal CSE training for foster carers

As part of KCC's efforts to establish a preventative and self-protection programme on CSE for CIC (national recommendation), led by fostering, plans are underway for all foster carers approved for ages 10 and upwards and all fostering service social workers to complete a CSE preventative training programme. Training is to include the direct views of young people who have experienced CSE. The proposed outcomes are that Foster carers feel able to discuss proactively with their children the risks of exploitation and what it means, in terms relevant and appropriate to the age and lives and lifestyles of individual children in care (CIC). The status of completed foster carer training will be included in the carer's training profile and assessed as part of their annual review.

4.3. Commissioning and procurement

In order to set contractual quality standards and to monitor commissioned providers regarding their organisation response to CSE, KCC's legal team are currently drafting additional clauses relating to CSE for inclusion into contract terms and conditions.

The additional clauses will focus upon:-

a) Stipulating that each provider has clear policies and procedures for dealing with CSE;
b) Placing a requirement on commissioned providers that all staff working with children and young people have received CSE training and that this is regularly updated;
c) Linking the provider to the resources, information and training available via the KSCB.

4.4. Schools and relationship education

A consistent approach to personal, social, health and economic (PSHE) education including sex and relationship education (RSE) is essential to ensure children and young people have the knowledge to- where possible- keep themselves safe, make sensible choices and know who to speak to if something worries them. This is particularly relevant as some young people do not see themselves as victims, or potential victims of sexual exploitation. Where certain behaviours are common among a group of peers, or in a relationship- activity may be regarded as being "normal". This work is being progressed between Public Health and Education and Young People's services.

KSCB is also currently working in partnership with Kent Youth County Council on a 'Positive Relationships' project to produce a short video for use in schools and other youth settings.

4.5. Information and guidance for parents and carers

A wealth of e-safety information is publically available to professionals, parents and carers alike. KCC is also particularly fortunate as one of only a handful of local authorities with a dedicated e-safety officer, able to work in schools and education settings to share resources to help children be safe online. This is particularly relevant given child sexual exploitation may be as result of online grooming or 'sexting'.

Information leaflets for parents, carers and young people have been drafted by KSCB and will be published and printed by September 2015.

5. Conclusion

Whilst it is evident that there are excellent examples of good information sharing, this practice is not yet systemic between all services. CSE is an extremely complex and hidden activity, therefore ongoing training and knowledge of the vulnerability indicators is critical to successfully identifying children and young people who may be at risk. Good information sharing between agencies and teams in the interests of the child/ young person is one of the activities to have the greatest impact in preventing abuse and/ or exploitation and promoting welfare. A number of informal information sharing networks exist but these are not consistent across the county, nor formally published as protocols.

Information sharing shortfalls have been clearly self-identified by divisions and plans are in place to address the majority of these issues. In light of the range of measures

that have been recently established and are due to be implemented, KCC and its' partners will be in a much stronger position to begin systematically evaluating emerging trends in behaviour, utilising this intelligence to build stronger preventative and protective measures.

In the shorter term, embedding systemic practice approaches such as Signs of Safety will help social workers and first-line case managers to address the complexities associated with identifying, working with and engaging with families and victims of/ children at risk of sexual exploitation.

5. Recommendations

Members are asked to **NOTE** the progress made since the CSE thematic inspection in October 2014.

6. Contact lead officer: KCC strategic lead for CSE and Chair of KSCB CSE and Trafficking sub-group

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9. Background Documents

Ofsted

- The sexual exploitation of children: it couldn't happen here, could it?"

Kent Safeguarding Children's Board

- Kent and Medway Strategic Plan for CSE.
- CSE work-plan
- KSCB CSE toolkit
- KSCB's procedures for missing children
- KSCB Business Plan 2015-18

Kent County Council's

- Looked After Children and Careleaver strategy 2015-16
- CSE Joint Strategic Needs Assessment (JSNA)
- e-safety information

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

Andrew Scott-Clark, Director of Public Health

To: Children's Social Care and Health Cabinet Committee

22nd July 2015

Subject: Public Health Performance – Children and Young People

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

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

Public Health commissioned services range from pre-birth, early years and through to adolescence. The breadth of services will continue to develop as commissioning responsibility for the Health Visiting service moves into the local authority from October 2015.

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to note the current performance of Public Health commissioned services and action taken by Public Health.

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 of commissioned services

2.1. There is a wide range of indicators for Public Health, including those 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 to this report.

Smoking during pregnancy

2.2. Public Health is currently undertaking an assessment of the first year of the BabyClear Pilot. The pilot focussed on getting pregnant women into commissioned stop smoking services (SCS) through partnership working between Maternity Services, Midwives and the providers of SCS in Kent. The review includes whether the pilot has had a higher impact in certain geographical locations.

2.3. Most recently available published quarterly figures on women who have a smoking status at the time of delivery show that Kent remains around 13% and the number averaging around 531. At CCG level there are particular concerns for Swale, South Kent Coast and Thanet, who either experience high or increasing levels. Outcomes will continue to be tracked as the BabyClear project continues into 2015/16

Table1: Quarterly published smoking status at time of delivery Kent and England

	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	DoT
% of women with a smoking status at time of delivery in Kent	13.6%	12.8%	12.5%	13.1%	12.6%	12.8%	⇩
No. of women with a smoking status at time of delivery in Kent	558	536	493	524	534	543	⇩
% of women with a smoking status at time of delivery in England	12.0%	11.8%	12.0%	12.3%	11.5%	Not available	⇧

Source: HSCIC and PHOF

Infant Feeding Services

2.4. The new integrated Community Infant Feeding service commenced in October 2014.The aim is to increase the number of mothers contacted within 48 hours of giving birth to offer support in continuing with breastfeeding, and increasing the number of women breastfeeding at 6-8 weeks. The service is providing accessible community-based services and is targeting communities with the lowest rates of breastfeeding prevalence

2.5. Published figures continue to show Kent as having large proportions of missing fields on the breastfeeding status recorded at the GP 6-8 week check. From October 2015, Public Health England will be changing the source of this data away from the GP 6-8 week check to the 6-8 week check delivered by the Health Visiting Service. The expectation is that data quality will steadily increase and the reported prevalence rate of breast feeding will be more accurate than at present.

Table 2: Quarterly published breastfeeding status for Kent

	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15
No. of infants due a 6-8 week check in Kent	4,263	4,012	4,192	4,360	4,380
No. of infants without a breastfeeding status recorded at 6-8 week check in Kent	917	1,211	1,128	860	1,486
% missing fields – 5% maximum threshold for missing fields	21.5% (r)	30.2%(r)	26.9%(r)	19.7%(r)	33.9%(r)
No. of infants with a totally or partially breastfed status at 6-8 week check	1,480	1,262	1,324	1,434	1,374

	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15
% missing fields for England	10.6% (r)	12.0% (r)	11.8% (r)	12.9% (r)	13.1% (r)

Source: NHS England

Health Visiting Service

2.6. Commissioning of the Health Visiting service will transfer from NHS England to the local authority from October 2015. Nationally the focus has been on increasing the size of the health visiting workforce. The target for Kent was to have 342.2 whole-time equivalent health visitors in post by 31st March 2015; the provider has reported meeting this target. NHS England and Public Health will continue to monitor the retention of the workforce in the lead up to transfer of the commissioning responsibilities.

2.7. From October there will be five mandated interventions offered by Health Visitors

- Antenatal visit,
- New birth visit,
- 6-8 week review,
- 1 year review,
- 2-2½ year review.

2.8. Public Health are working with NHS England and the provider to establish an accurate current baseline for provision and performance in Kent. Current information identifies that performance against the five mandated interventions is mixed. Latest data is being validated and will be included in future reports.

2.9. New minimum standards for reporting requirements will be implemented from October 2015, once the local authority is responsible for commissioning the service.

National Child Measurement Programme (NCMP)

2.10. There are no updates from the previous performance report on the delivery of the NCMP. Work is currently underway to measure the 2014/15 cohorts of 4-5 year olds and 10-11 year olds in Kent. Public Heath continues to monitor the progress of the programme. By 27 May 2015, 91% of 4-5 year olds and 94% of 10-11 year olds had been measured. Children will continue to be measured until the end of the school year.

Table 3: Annual participation and prevalence rates from the NCMP

	2010/11	2011/12	2012/13	2013/14	DoT
Participation rate of 4-5 year olds	95% (g)	94% (g)	92% (g)	96% (g)	⇧
Participation rate of 10-11 year olds	93% (g)	95% (g)	95% (g)	94% (g)	⇩
% of healthy weight 4-5 year olds	77% (a)	78% (g)	78% (g)	79% (g)	⇧
% of excess weight 4-5 year olds	23% (a)	22% (g)	22% (a)	21% (g)	⇧
% of healthy weight 10-11 year olds	66% (a)	66% (g)	66% (g)	66% (g)	⇔
% of excess weight 10-11 year olds	33% (a)	33% (g)	33% (a)	33% (g)	⇔

Substance Misuse Services

2.11. The responsibility for commissioning substance misuse services transferred to Public Health in October 2014. Services for young people include early intervention and preventative work and specialist treatment services for those with complex substance misuse needs.

2.12. During 2014/15, over 7,800 young people were engaged by the Early Intervention Services, with just over 300 young people accessing specialist treatment services. Over 90% of the young people leaving the service had a planned exit.

2.13. The service addresses a number of public health priorities, with over 4,000 young people given sexual health information and, where appropriate, chlamydia screening and testing were provided. In specialist services, where appropriate, information, testing and vaccination for Blood-borne Viruses are provided, for example Hepatitis B and Hepatitis C.

3. Conclusion

3.1. The number of services commissioned by Public Health which impact on the health and wellbeing of children and young people has increased over the past year. This will continue as commissioning responsibility for the Health Visiting and Family Nurse Partnership Services moves into the local authority in October 2015 and further opportunities to improve outcomes are realised.

4. Recommendations

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to note the current performance of Public Health commissioned services and action taken by Public Health.

5. Background Documents

None

6. Contact Details

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

Key to KPI Ratings used:

(g) GREEN	Target has been achieved or exceeded; or is better than national
(a) AMBER	Performance at acceptable level, below target but above floor; or similar to
(r) RED	Performance is below a pre-defined floor standard; or lower than national
⇧	Performance has improved
⇩	Performance has worsened
⇔	Performance has remained the same

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

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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 - 22 July 2015

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 review the Specialist Children's Service performance dashboard.

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 May 2015.

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.

Summary of Performance

11. There are 43 measures within the SCS Performance Scorecard. The RAG (Red/Amber/Green) applied as at the 31st May 2015 was as follows: 20 indicators rated as Green, 20 indicators rated as Amber and 3 indicators rated as Red. Additional information has been provided within the report for those 3 indicators with a Red RAG rating.

Recommendations

12. 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 –May 2015

Social Care, Health and Wellbeing

Specialist Children's Services Performance Management Scorecard

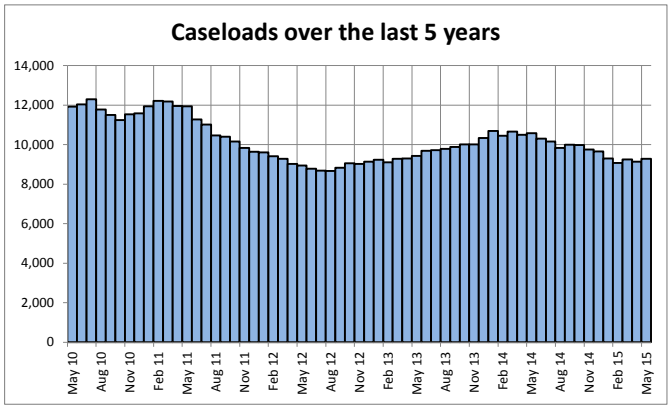
July 2015

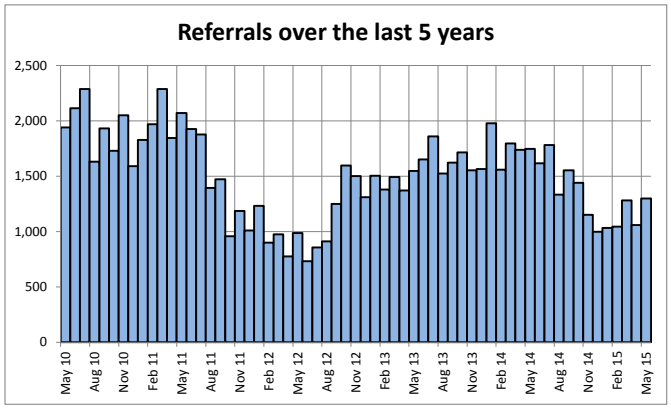
SCS Activity

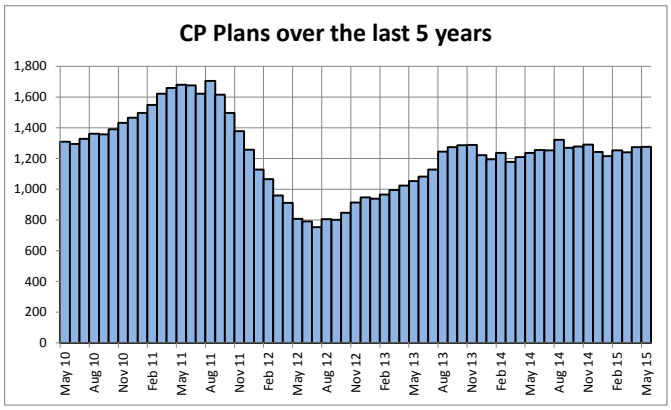
	Caseloads - This month	Caseloads - Last month	Caseloads - Change	Referrals in last month	CF Assessments completed in last month	CP Plans - This month	CP Plans - Last month	CP Plans - Change	CP Starts in last month	CP Ends in last month	LAC - This month	LAC - Last month	LAC - Change	LAC Starts in last month	LAC Ends in last month	PF Cases - This month	PF Cases - Last month	PF Cases - Change
Kent	9287	9134	+153	1299	1192	1276	1273	+3	110	106	1869	1861	+8	89	73	20	21	-1
North Kent	1130	1121	+9	229	192	191	196	-5	11	16	300	303	-3	6	8	5	6	-1
East Kent	2538	2428	+110	445	373	475	472	+3	45	41	681	677	+4	16	19	6	7	-1
South Kent	1807	1756	+51	272	256	337	327	+10	27	17	402	403	-1	17	22	7	6	+1
West Kent	1321	1381	-60	265	297	266	271	-5	27	32	342	354	-12	8	18	2	2	0
Disability Service	1273	1267	+6	29	54	7	7	0	0	0	96	94	+2	1	0	0	0	0
Ashford AIT & FST	423	401	+22	89	74	112	117	-5	7	11	11	8	+3	4	1	2	2	0
Canterbury AIT & FST	386	377	+9	109	75	115	120	-5	8	11	9	6	+3	1	1	5	6	-1
Dartford AIT & FST	234	181	+53	88	63	53	52	+1	5	4	5	6	-1	1	2	1	1	0
Dover AIT & FST	413	419	-6	83	94	108	99	+9	9	0	3	4	-1	7	3	5	4	+1
Gravesham AIT & FST	360	362	-2	80	76	96	99	-3	4	7	5	2	+3	4	0	1	1	0
Maidstone AIT & FST	454	486	-32	136	144	131	145	-14	7	13	5	13	-8	3	7	1	0	+1
Sevenoaks AIT & FST	218	246	-28	61	46	34	37	-3	2	5	5	4	+1	1	0	3	4	-1
Shepway AIT & FST	548	510	+38	97	75	115	110	+5	11	6	7	5	+2	2	0	0	0	0
Swale AIT & FST	604	577	+27	148	128	147	144	+3	12	9	5	2	+3	5	1	0	0	0
Thanet AIT & FST	761	721	+40	180	148	198	191	+7	25	16	9	5	+4	8	3	1	1	0
The Weald AIT & FST	492	520	-28	129	144	113	109	+4	17	14	11	13	-2	3	2	1	2	-1
North Kent CIC	318	332	-14	0	7	8	8	0	0	0	285	291	-6	0	6	0	0	0
East Kent (Can/Swa) CIC	399	399	0	0	5	4	8	-4	0	4	353	363	-10	0	8	0	0	0
East Kent (Tha) CIC	388	354	+34	8	17	11	9	+2	0	1	305	301	+4	2	6	0	0	0
South Kent CIC	423	426	-3	3	13	2	1	+1	0	0	381	386	-5	4	18	0	0	0
West Kent CIC	375	375	0	0	9	22	17	+5	3	5	326	328	-2	2	9	0	0	0
UASC AIT	56	43	+13	40	20	0	0	0	0	0	48	30	+18	40	2	0	0	0
Disability EK	599	596	+3	13	23	3	3	0	0	0	65	65	0	0	0	0	0	0
Disability WK	674	671	+3	16	31	4	4	0	0	0	31	29	+2	1	0	0	0	0
Adoption & SG	87	93	-6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CDT/OOH/CRU	133	117	+16	17	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Care Leaver Service (18+)	942	928	+14	1	0	0	0	0	0	0	0	0	0	0	4	0	0	0

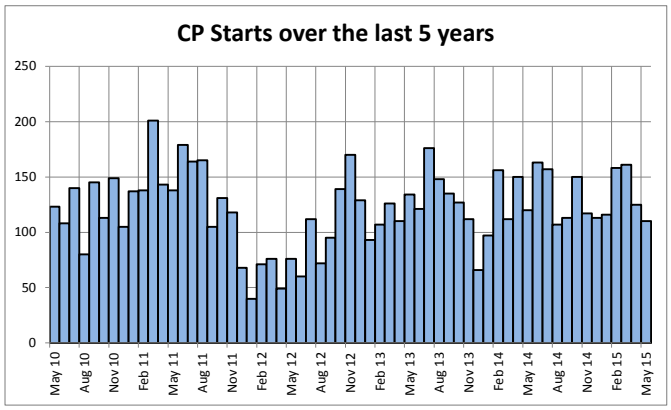
SCS Activity

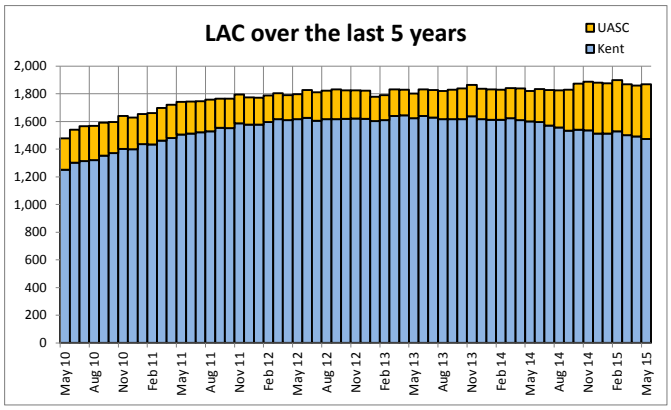
County Level

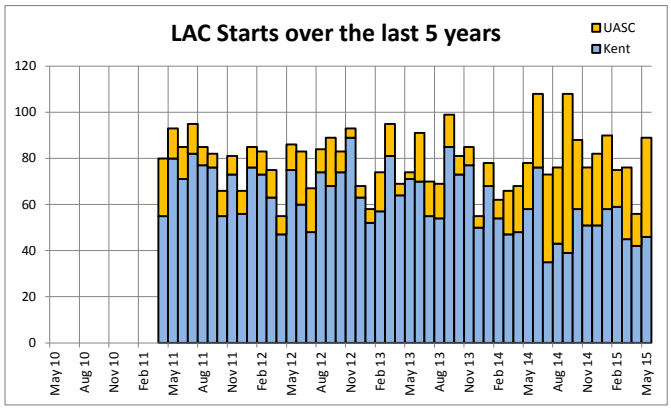


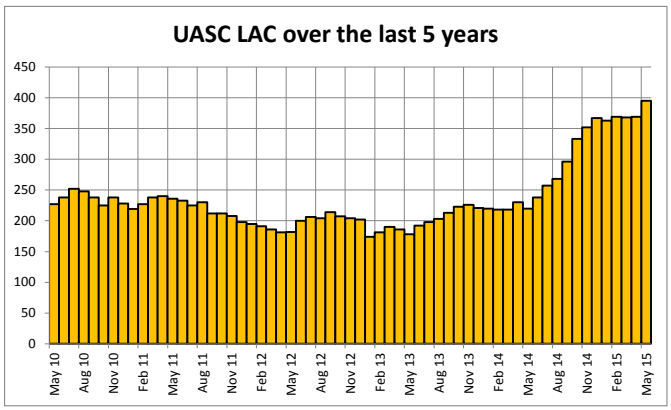


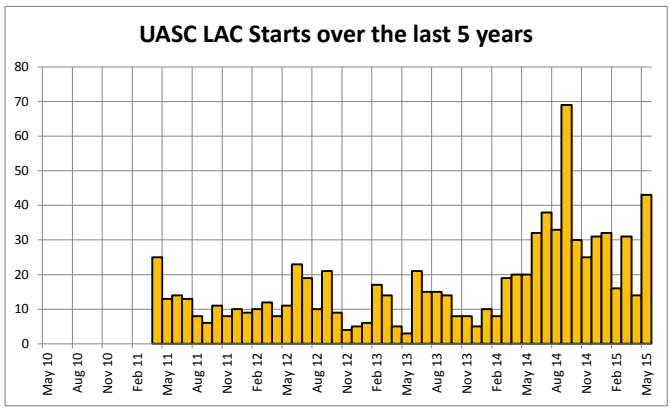












Scorecard - Kent

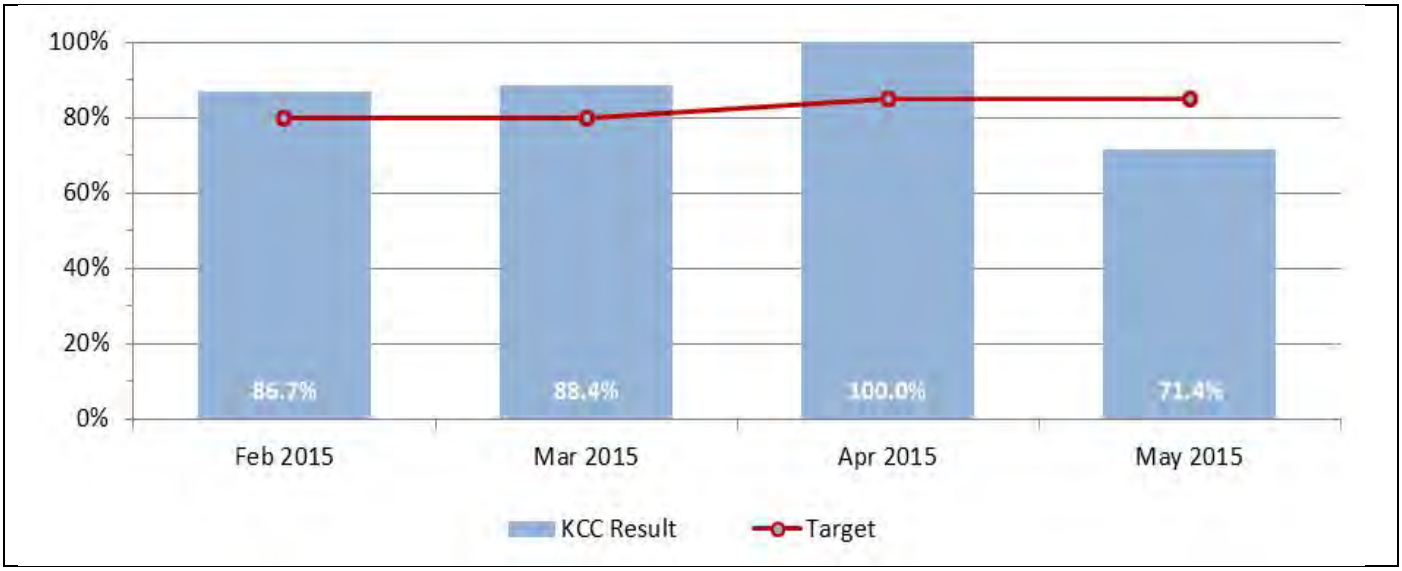
May 2015

	Indicators	Polarity	Data Period	LATEST RESULT: Latest Result and RAG Status		LATEST RESULT: Num	LATEST RESULT: Denom	LATEST RESULT: Target for 15/16	PREVIOUS RESULT: Previous Reported Result	PREVIOUS RESULT: DoT from previous to latest result	OUTTURN RESULT: Outturn (March 15) Result	OUTTURN RESULT: DoT from outturn to latest result
	REFERRAL AND ASSESSMENTS											
1	% of referrals with a previous referral within 12 months	L	YTD	22.4%	G	528	2359	25.0%	22.3%	↓	28.5%	↑
2	% of C&F Assessments that were carried out within 45 working days	H	YTD	93.1%	G	2306	2477	90.0%	92.1%	↑	84.3%	↑
3	Number of C&F Assessments in progress outside of timescale	L	SS	31	G	-	-	75	23	↓	26	↓
4	% of Children seen at C&F Assessment (excludes unborn/missing)	H	YTD	97.8%	A	2281	2332	98.0%	96.7%	↑	97.4%	↑
	CHILDREN IN NEED											
5	% of CIN with a CIN Plan in place	H	SS	90.9%	G	2115	2326	90.0%	87.4%	↑	87.2%	↑
6	% of CIN who have been seen in the last 28 days	H	SS	79.4%	G	1522	1916	70.0%	77.3%	↑	61.3%	↑
7	Numbers of Unallocated Cases	L	SS	4	A	-	-	0	0	↓	0	↓
	PRIVATE FOSTERING											
8	% of PF notifications where initial visit held within 7 days	H	YTD	71.4%	R	5	7	85.0%	100.0%	↓	88.4%	↓
9	% of new PF arrangements where visits were held within 6 weeks	H	YTD	66.7%		2	3	85.0%	100.0%	↓	88.0%	↓
10	% of existing PF arrangements where visits were held in time	H	YTD	84.0%	A	21	25	85.0%	84.0%	→	57.1%	↑
	CHILD PROTECTION											
11	% of Current CP Plans lasting 18 months or more	L	SS	3.7%	G	47	1276	10.0%	4.2%	↑	5.5%	↑
12	% of CP Visits held within timescale (Current CP only)	H	SS	94.2%	G	6226	6608	90.0%	93.5%	↑	91.5%	↑
13	% of CP cases which were reviewed within required timescales	H	SS	99.9%	G	888	889	98.0%	100.0%	↓	99.4%	↑
14	% of Children becoming CP for a second or subsequent time within 24 months	T	YTD	15.3%	R	36	235	7.5%	18.4%	↑	7.8%	↓
15	% of CP Plans lasting 2 years or more at the point of de-registration	L	YTD	4.5%	G	9	200	5.0%	9.6%	↑	2.2%	↓
16	% of Children seen at Section 47 enquiry (excludes unborn)	H	YTD	98.6%	G	751	762	98.0%	99.2%	↓	98.6%	↓
17	% of ICPC's held within 15 working days of the S47 enquiry starting	H	YTD	77.7%	G	185	238	75.0%	76.6%	↑	80.7%	↓
18	% of Initial CP Conferences that lead to a CP Plan	T	YTD	90.4%	G	235	260	88.0%	89.3%	↓	90.3%	↓
	CHILDREN IN CARE											
19	CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	9.7%	A	182	1869	9.0%	9.7%	↓	9.6%	↓
20	CIC Placement Stability: % in same placement for last 2 years	H	SS	72.8%	G	414	569	70.0%	72.6%	↑	72.7%	↑
21	% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	83.4%	A	1148	1376	85.0%	83.0%	↑	82.9%	↑
22	% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	82.5%	G	1168	1416	80.0%	82.4%	↑	82.3%	↑
23	% of Children who participated at CIC Reviews	H	YTD	92.7%	A	644	695	95.0%	94.9%	↓	95.6%	↓
24	% of CIC cases which were reviewed within required timescales	H	SS	99.3%	G	1775	1788	98.0%	99.4%	↓	97.1%	↑
25	% of CIC cases where all Dental Checks were held within required timescale	H	SS	94.0%	G	1634	1739	90.0%	94.3%	↓	89.0%	↑
26	% of CIC cases where all Health Assessments were held within required timescale	H	SS	89.4%	A	1554	1739	90.0%	87.2%	↑	89.7%	↓
27	% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	46.8%	A	488	1042	50.0%	48.0%	↓	47.0%	↓
	ADOPTION											
28	% of cases adoption agreed as plan by 2nd review, for those with an agency decision	H	YTD	90.0%	G	9	10	86.0%	50.0%	↑	68.2%	↑
29	Ave. no of days between bla and moving in with adoptive family (for children adopted)	L	YTD	423.2	G	10156	24	426.0	381.9	↓	540.3	↑
30	Ave. no of days between court authority to place a child and the decision on a match	L	YTD	163.5	A	3923	24	121.0	129.8	↓	209.5	↑
31	% of Children leaving care who were adopted	H	YTD	17.0%	G	24	141	13.0%	17.6%	↓	19.7%	↓
	CARE LEAVERS											
32	% of Care Leavers that Kent is in touch with	H	R12M	66.2%	A	640	967	75.0%	43.0%	↑	62.9%	↑
33	% of Care Leavers in Suitable Accommodation	H	R12M	58.1%	R	562	967	78.0%	36.6%	↑	56.0%	↑
34	% of Care Leavers in Education, Employment or Training	H	R12M	36.6%	A	354	967	45.0%	24.3%	↑	35.0%	↑
	QUALITY ASSURANCE											
35	% of Case File Audits completed	H	YTD	85.3%	A	116	136	95.0%	92.8%	↓	95.5%	↓
36	% of Case File Audits rated Good or outstanding	H	YTD	47.4%	A	55	116	60.0%	43.8%	↑	36.5%	↑
37	% of Case File Audits rated inadequate	L	YTD	0.9%	A	1	116	0.0%	1.6%	↑	12.0%	↑
38	% of CP Social Work Reports rated good or outstanding	H	YTD	70.9%	A	288	406	75.0%	72.0%	↓	71.2%	↓
39	% of LAC Care Plans rated good or outstanding	H	YTD	69.2%	G	276	399	60.0%	64.9%	↑	46.6%	↑
	STAFFING											
40	% of caseholding posts filled by KCC Permanent QSW	H	SS	76.1%	A	331.9	436.3	85.0%	78.8%	↓	79.0%	↓
41	% of caseholding posts filled by agency staff	L	SS	20.3%	A	88.4	436.3	15.0%	18.6%	↓	18.6%	↓
42	Average Caseloads of social workers in CIC Teams	L	SS	16.6	A	1903	114.6	15.0	15.8	↓	15.7	↓
43	Average Caseloads of social workers in AIT & FST	L	SS	20.4	A	4893	239.3	20.0	20.2	↓	20.2	↓
44	Average Caseloads of fostering social workers	L	SS	19.1	A	853	44.6	18.0	17.9	↓	17.2	↓

PERFORMANCE SUMMARY

As at 31/05/2015, Kent has 20 indicators rated as Green, 20 indicators rated as Amber and 3 indicators rated as Red. When comparing performance from last month to this month, 20 indicators have shown an improvement, 1 indicator has remained the same and 23 indicators have shown a reduction. When comparing performance from outturn (March 15) to this month, 23 indicators have shown an improvement, 0 indicators have remained the same and 21 indicators have shown a reduction.

Percentage of Private Fostering Notifications where the Initial Visit was held within 7 days			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	February 2015	March 2015	April 2015	May 2015
KCC Result	86.7%	88.4%	100.0%	71.4%
Target	80.0%	80.0%	85.0%	85.0%
RAG Rating	Green	Green	Green	Red

When reviewing performance for this measure consideration must be given to the low numbers at this point of the year. The measure is based on year-to-date performance and for April-May 2015 there were 7 notifications of Private Fostering arrangements. Of these 7, 5 were visited within the 7 day timescale and 2 were outside timescale. Subsequent review of the data identified an inaccuracy with one of the records which has subsequently been corrected. Actual performance for May was therefore 85.7% and above target which would have resulted in a Green RAG rating. This correction will be reflected within the June Performance Scorecard.

Data Notes

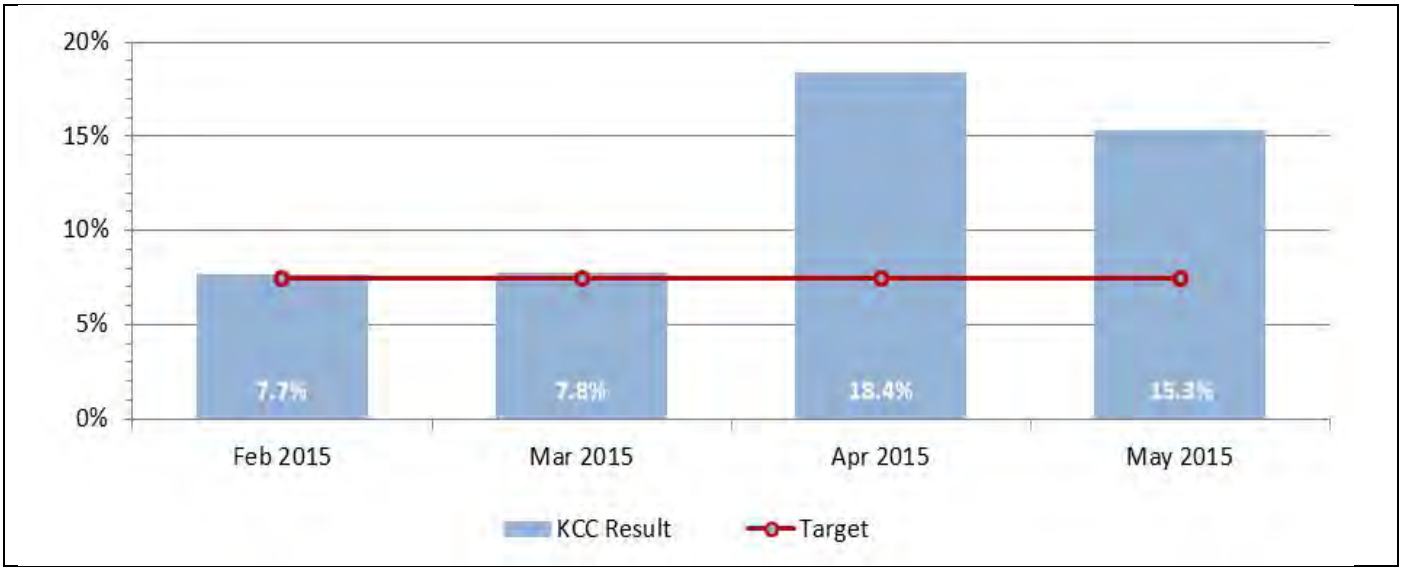
Target: 85% (RAG Status set as: Green 85% and above, Amber from 76.5% to 85%, Red below 76.5%.

Tolerance: Higher values are better

Data: Figures shown are Year-to-Date. For example, the May 15 result is based on data from April 15 to May 15.

Data Source: Liberi

Percentage of Children becoming CP for a second or subsequent time within 24 months			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	February 2015	March 2015	April 2015	May 2015
KCC Result	7.7%	7.8%	18.4%	15.3%
Target	7.5%	7.5%	7.5%	7.5%
RAG Rating	Green	Green	Red	Red

In the year-to-date (April-May 2015) 235 children/young people have been made the subject of a Child Protection Plan. Of these 36 (from 17 families) had been the subject of a previous plan within 24 months. The period between plans ranged from 4 months to 20 months.

As part of the quality assurance process those with repeat Child Protection Plans within 24 months are reviewed by the Specialist Children's Safeguarding Unit.

Data Notes

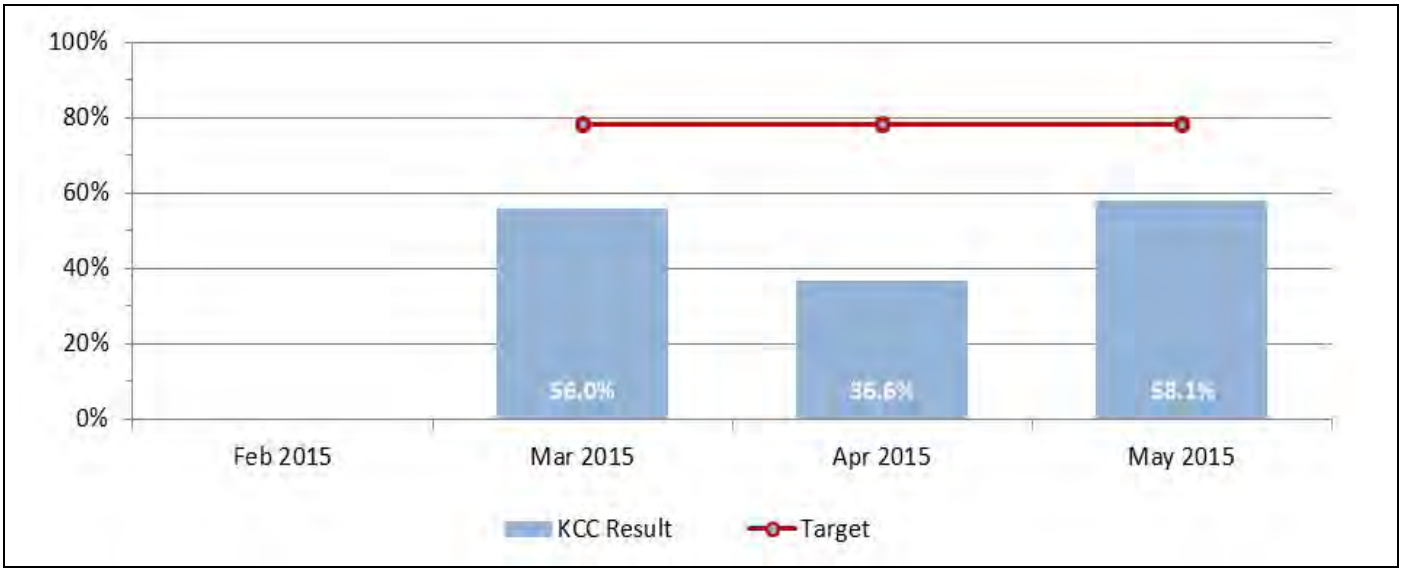
Target: 7.5% (RAG Status set as: Green 5% to 10% Amber from 2% to 5%, or 10% to 13%. Red below 2% or above 13%.

Tolerance: Values as close to either side of the target are better

Data: Figures shown are Year-to-Date. For example, the May 15 result is based on data from April 15 to May 15.

Data Source: Liberi

Percentage of Care Leavers in suitable accommodation			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	February 2015	March 2015	April 2015	May 2015
KCC Result	-	56.0%	36.6%	58.1%
Target	-	78.0%	78.0%	78.0%
RAG Rating	-	Red	Red	Red

The definition for this performance indicator reflects the measure used by the Department for Education (DfE) for national reporting. This definition includes the total cohort of Care Leavers of the appropriate age (19, 20 and 21 and from April 15, 17 and 18 year olds) and the contact with these young people (to determine whether they are in suitable accommodation) must be within a four month window around their birthday. Those in suitable accommodation are shown as a percentage of the total cohort, which may include those that refuse contact.

For the 12 month period covered by May performance figure above there were 967 Care Leavers. Kent County Council was in contact with 615 (63%) during the three months prior to their birthday, or one month after. Of these 615, 562 (91.4%) were in suitable accommodation and 53 (8.6%) were deemed to be in unsuitable accommodation.

Data Notes

Target: 78% (RAG Status set as: Green 78% and above, Amber from 60% to 78%, Red below 60%.

Tolerance: Higher values are better

Data: Figures shown cover a rolling 12 month period.

Data Source: Liberi

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From: Peter Sass, Head of Democratic Services

To: Children's Social Care and Health Cabinet Committee – 22 July 2015

Subject: **Work Programme 2015/16**

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 2015/16.

1. Introduction

1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decisions 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, paragraphs 21 to 23, and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2015/16

3.1 It did not prove possible to arrange an agenda setting for this meeting, but items from the work programme planned for July were discussed via email with all those who would normally attend an agenda setting, and the agenda for this meeting agreed that way. 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 Members 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 of 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 2015/16.

6. Background Documents

None.

7. Contact details

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Last updated: 14 July 2015

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE – WORK PROGRAMME 2015/16

Agenda Section	Items
22 JULY 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	• **Update re Millbank centre** • **Health Visitor Service (key decision) and further development of Health Visitor and Family Nurse partnership services** – *one report with two elements* • **Public Health Strategic Delivery Plan and Commissioning Strategy**
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Action Plans arising from Ofsted inspection** (replaces former CSIP update) to alternate meetings • **Update on action re Child Sexual Exploitation**
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Public Health Performance Dashboard** • **Work Programme**
E – for Information - Decisions taken between meetings	• **Supported Lodgings decision (15/00010)**
8 SEPTEMBER 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	• **Update on Public Health Transformation programme**
C – Other items for Comment/Rec to Leader/Cabinet Member	
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Strategic Priority Statement** (previously mid-year business plan Monitoring) • **Public Health Performance Dashboard** • **Equality and Diversity Annual report** • **Work Programme**
E – for Information - Decisions taken between meetings	
2 DECEMBER 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	• **Emotional Health and Wellbeing Strategy** – 6 monthly update

C – Other items for Comment/Rec to Leader/Cabinet Member	• **Action Plans arising from Ofsted inspection** (replaces former CSIP update) to alternate meetings
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Public Health Performance Dashboard** • **Work Programme**
E – for Information - Decisions taken between meetings	
JANUARY 2016	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Budget Consultation and Draft Revenue and Capital Budgets**
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Public Health Performance Dashboard** • **Work Programme**
E – for Information - Decisions taken between meetings	
SPRING 2016	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Health Inequalities update** *(if done annually)*
D – Performance Monitoring	• **Directorate Business Plan and Strategic Risk report** • **Early Help/Preventative Services Business Plan** • **Action Plans arising from Ofsted inspection** (replaces former CSIP update) to alternate meetings • **Specialist Children's Services Performance Dashboards** • **Public Health Performance Dashboard** • **Work Programme**
E – for Information - Decisions taken between meetings	
EARLY SUMMER 2016	
B – Key or Significant Cabinet/Cabinet Member Decisions	

CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	
C – Other items for Comment/Rec to Leader/Cabinet Member	
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Public Health Performance Dashboard** • **Work Programme**
E – for Information - Decisions taken between meetings	
LATE SUMMER 2016	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Action Plans arising from Ofsted inspection** (replaces former CSIP update) to alternate meetings • **Teenage Pregnancy Strategy** one year on update
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Public Health Performance Dashboard** • **Work Programme**
E – for Information - Decisions taken between meetings	

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