CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Wednesday, 2nd December, 2015

10.00 am

Darent Room, Sessions House, County Hall, Maidstone

AGENDA

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Wednesday, 2 December 2015 at 10.00 am
Darent Room, Sessions House, County Hall, Maidstone

Ask for: **Alexander Saul**
Telephone: **03000 419890**

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

Please note: this meeting may be filmed for the live or subsequent broadcast via the Council's internet site or by any member of the public or press present. The Chairman will confirm if all or part of the meeting is to be filmed by the Council.

By entering into this room you are consenting to being filmed. If you do not wish to have your image captured please let the Clerk know immediately

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

A - Committee Business

A1 Introduction/Webcast announcement

A2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present

A3 Declarations of Interest by Members in items on the Agenda

To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which it refers and the nature of the interest being declared

A4 Minutes of the meeting held on 8 September 2015 (Pages 7 - 16)

To consider and approve the minutes as a correct record.

A5 Minutes of the meeting of the Corporate Parenting Panel held on 3 September 2015 (Pages 17 - 26)

To note the minutes.

A6 Verbal updates

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.

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

C1 Update on Unaccompanied Asylum Seeking Children (Pages 27 - 34)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director for Social Care, Health and Wellbeing updating the committee on the steps that have been taken by KCC following the unprecedented rise in the numbers of Unaccompanied Asylum Seeking Children (UASC) arriving in the county and subsequently entering KCC's care since June 2015.

C2 Action Plans Arising from and in Preparation for Ofsted Inspections (Pages 35 - 42)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director for Social Care, Health and Wellbeing updating the Committee on the progress made regarding the continued journey of Kent's services for children and young people; the current position and the aspirational plans moving forward.

C3 Update on the Children in Care Mental Health Service (Pages 43 - 54)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing, updating the Committee on the performance of the Children in Care Mental Health Service provided by Sussex Partnership Foundation Trust.

C4 Update on Specialist Children's Services 0-25 Transformation Programme (Pages 55 - 62)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing and take note of the progress of the 0-25 Transformation Programme.

D - Monitoring of Performance

D1 Specialist Children's Services Performance Dashboard (Pages 63 - 76)

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

D2 Public Health Performance - Children and Young People (Pages 77 - 82)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Interim Director of Public Health, outlining the performance of services delivered to children and services which aim to improve the health and wellbeing of children and young people.

D3 Work Programme 2015/16 (Pages 83 - 90)

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

EXEMPT ITEMS

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

Peter Sass
Head of Democratic Services
03000 416647

Tuesday, 24 November 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 Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 8 September 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), Dr F Khan (Interim Deputy Director of Public Health) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

77. Apologies and Substitutes
(Item A2)

Apologies for absence had been received from Mr M J Vye. Mr S J G Koowaree was present as a substitute for Mr Vye.

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

Mr S J G Koowaree declared an interest as his grandson was in the care of the County Council.

79. Minutes of the meeting of this committee held on 22 July 2015
(Item A4)

RESOLVED that the minutes of the meeting of this committee held on 22 July 2015 are correctly recorded and they be signed by the Chairman. There were no matters arising.

80. Minutes of the meeting of the Corporate Parenting Panel held on 18 June 2015
(Item A5)

1. RESOLVED that the minutes of the meeting of the Corporate Parenting Panel held on 18 June 2015 be noted.

2. The Chairman said she was looking into the possibility of the Panel's minutes being sent to full Council for information, as well as to this committee, as at present.

This would reinforce and raise the profile of the corporate parenting role of all elected Members. The Democratic Services Officer undertook to look into this.

81. Meeting Dates for 2016/2017
(Item A6)

RESOLVED that the dates reserved for meetings of this committee in 2016 and early 2017 be noted, as follows, all meetings to commence at 10.00 at County Hall:-

Friday 22 January 2016
Tuesday 22 March 2016
Friday 13 May 2016
Tuesday 5 July 2016
Tuesday 6 September 2016
Thursday 10 November 2016

Wednesday 11 January 2017
Thursday 23 March 2017

82. Verbal updates
(Item A7)

1. Mr P J Oakford gave a verbal update on issues relating to unaccompanied asylum seeking children (UASC):-

a) Kent had a large number of UASC, currently 731 (having increased from 368 since March 2015). However, the rate of arrivals had very recently slowed down slightly, for the first time in a very long while;

b) there were currently two reception centres being used to accommodate UASC – Millbank and Swattenden - and one other very shortly to come into use – the former Ladesfield Care Home in Whitstable;

c) almost all UASC were young men and these centres were all exclusively for them. There were very few girls among the numbers, and any girls arriving would be placed with foster carers until they were 18, rather than in a centre;

d) plans to use the Ladesfield building had been leaked by local media and had attracted hostile and unpleasant reactions on social media and from local residents. 600 complaints about its use had been received within 24 hours of the news being leaked;

e) news of the intention to use the Swattenden centre at Appledore had been carefully managed and local reaction there had been much better. A select number of media representatives had been taken to visit the Millbank centre to see the basic but good facilities there, and the County Council had made a film about the work of the centre. No cameras had been permitted at this visit, and reporting rules had been very stringent, so the reporting of issues could be controlled. The media were able to hear at first hand from the young men housed there, to show the reality of their situation. UASC had stated their

priorities as being to feel that they were safe, to know that their families were safe, and to join and contribute to Kent society; and

f) there had been much support from local residents who wanted to work with the UASC, and sympathy for their situation, following recent media coverage. A local teacher and a football coach had both offered their time free of charge to mentor UASC. The public had offered donations of clothes and bedding for use at the centre, but these were not needed. Donations of games and sports equipment would be useful. Some people had offered to accommodate UASC in their homes, and these people would need to go through the process of becoming fosters carers.

2. In response to a request for committee Members to be able to see the film about the work of the centre, *Mr Oakford undertook to send a link to Members, and this was subsequently done.*

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

Update on Unaccompanied Asylum Seeking Children – 176 new UASC had arrived over a six week period but the situation was now fairly quiet. However, the consistently high numbers of arrivals through the rest of the year had placed a great strain on the service at a time when it was under much public scrutiny. Twice-weekly monitoring reports were made to the Government. Mr Ireland thanked Mr Segurola and staff for the excellent job they had done in ensuring that the County Council had met its statutory responsibility for every single child, despite the ongoing increase in numbers. Other local authorities around the UK had agreed to take responsibility for the accommodation and support of 33 UASC as Kent's accommodation had reached saturation point, but such arrangements would take time to put in place. Some increase in agency staff had been necessary to cover the increased workload, and the opening of a second reception centre had helped. Ofsted were expected to make a visit shortly.

Update on Voluntary Adoption Agency – the tender process for this had started, and detail was being negotiated. *A report would be made to the committee's December meeting.*

4. In response to comments and questions from Members, Mr Ireland and Mr Segurola explained the following:-

a) estimates of the costs associated with UASC, made at the start of the financial year, had assumed the usual pattern of a reduction in arrivals in the winter months. However, if the winter of 2015/2016 were to follow the pattern of 2014/2015, a reduction may not materialise. In addition, costs had risen, due to the need to use out- of-county foster carers, and the County Council would need to negotiate with the Home Office about how these extra costs could be covered. There was currently no commitment from the Home Office to cover these or the costs of converting the former Ladesfield care home to use for UASC. An overspend of approximately £5.6million was currently forecast;

b) apart from the financial costs associated with the large UASC population, there would also be pressure on school places. while children were placed around the county, according to the availability of foster carers, it was

important to check also that school places were available in that area. Mr Ireland explained that approximately 75% of UASC were aged 16 or 17, so had limited need for school places. Those under 16 would mostly be placed with foster carers, and all girls would automatically be placed with foster carers rather than in the reception centres referred to. Mr Segurola confirmed that under-16s were well spread across the county and that no one area was overloaded in terms of the demand for school places;

c) currently, the youngest UASC was 5 years of age but most were 16 - 17, with a few 12 - 13 year olds travelling with older children; and

d) in some areas of Kent, courses in English as a Second Language (ESL) were hard to access, but this was being addressed. The priority for young people arriving was to learn English quickly, to be able to join mainstream schooling as soon as possible.

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

23 July - Attended and spoke at the Kent Healthy Business Awards at Oakwood House, Maidstone – these awards had attracted a good level of interest from Kent businesses.
11 September – Health Visitors welcome event at Sessions House, Maidstone

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

Update on Department of Health in-year savings from the Public Health allocation 2015/16 – this consultation had recently finished. Whatever the outcome, Kent would continue to plan for the £4m cuts expected.
Visit with Health Visitors in Swale – when commissioning of the health visiting service moved to the County Council on 1 October 2015, health visitors would continue to be employed by the Kent Community Health Trust (KCHT), as at present. By visiting health visitor services around the county, Mr Scott-Clark had been able to prepare them for how the service would look after 1 October, and ensure that expectations and requirements were clear, so the service could best meet local needs.

7. RESOLVED that the verbal updates be noted, and Members' sincere thanks and appreciation to Mr Oakford, Mr Ireland, Mr Segurola and the staff team for their work in exceptional circumstances be recorded. The Chairman added that she was proud of Kent's record in rising to the challenge of supporting and accommodating so many UASC.

83. Kent Teenage Pregnancy Strategy 2015 - 2020
(Item B1)

Mr C Thompson, Consultant in Public Health, was in attendance for this item.

1. Mr Thompson introduced the report and explained that the strategy had been prepared to address the ongoing challenge of reducing rates of teenage pregnancy across Kent. The Cabinet Committee had considered an earlier draft of the strategy and asked that it be amended to take full account of the recommendations of the PSHE/Children's Health Select Committee, which had reported in 2007. The

Children's Health and Wellbeing Board had also asked that the strategy include data for the under-18 conception rates and the rate of abortions, by district. Mr Thompson, Mr Scott-Clark and Dr Khan responded to comments and questions from Members, including the following:-

a) the quality and content of PSHE teaching in secondary schools across Kent was inconsistent and did not include teaching about emotional development and relationships. Mr Scott-Clark agreed that good PHSE teaching, including emotional development, was essential, but must be supported by good service provision, to which young people could be signposted. For example, a mobile phone App made information easy to access. Improving the quality of PSHE teaching was a key priority for the school nursing service. Mr Thompson added that Belgium and the Netherlands both had very low rates of teenage pregnancy and very robust sexual health education in school;

b) an opinion was expressed that PSHE classes should be taught by suitably-qualified staff, preferably from outside the school, as young people often found it uncomfortable to be taught PSHE by a teacher who also taught them other subjects;

c) young people needed to be given a realistic picture of parenting and the huge commitment this represented. Asking teenage parents to visit schools and colleges to talk to students about their experiences would help this. A scheme in which young people helped at a local toddler group was another way of showing them the reality of looking after small children. In another scheme, teenagers were asked to take home and look after a computerised baby doll which was programmed to cry until given appropriate care and attention;

d) the rate of abortions among teenagers in some areas of the county was also a matter of concern. The emotional and physical impact of abortion also needed to be made clear, and may help deter young women from becoming pregnant. Post-abortion counselling was also important, as well as building resilience, so young women felt confident and able to say no to sex. Mr Scott-Clark clarified that post-abortion counselling and contraception were both part of the new sexual health service. Building emotional resilience was supported by the emotional health and wellbeing service;

e) teenage parents needed to be deterred from having a second child. Families might manage to support one baby, financially and in terms of childcare while a young mother returned to school or college, but would struggle much more and would possibly not be able to cope with the additional burden of a second child;

f) contraception did not seem to be as visible and available in retail outlets as it had previously been. Dr Khan explained that the sexual health service had quite recently been re-commissioned. The new delivery model was an integrated sexual health model, bringing together contraception and sexually-transmitted infection testing, diagnostics and treatment. The extended delivery in contracted pharmacies provided Kent women aged 30

years and under increased access to a choice of free Emergency Hormonal Contraception (EHC, or the 'morning-after pill') through pharmacies. Brook would be working with schools in areas of greatest need to support staff to deliver sex and relationships training, and with young people vulnerable to child sexual exploitation. Commissioning of termination of pregnancy services was the responsibility of the seven clinical commissioning groups in Kent. The public health team in the County Council was in discussion with the commissioners to explore the possibility of a pilot medical termination service in East Kent; and

g) a local mobile information and guidance scheme in Folkestone, run by youth workers, was showing success at reaching young people as it operated outside the school environment and was thus seen by young people as being more accessible.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and undertook to take account of them when taking the decision to approve the strategy. He also thanked those Members of the committee who had served on the Select Committee in 2007 and contributed their views and experiences to the debate. He suggested that an update on progress in addressing the rate of teenage pregnancy be made to the committee in twelve or eighteen months' time.

3. RESOLVED that:-

a) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to approve the Teenage Pregnancy Strategy 2015 – 2020, after taking account of comments made by this committee, be endorsed; and

b) an update on progress in addressing the rate of teenage pregnancy be made to the committee in twelve months' time.

84. Children's Emotional Wellbeing and Mental Health services - update
(Item B2)

Ms K Sharp, Head of Public Health Commissioning, Ms C Infanti, Commissioning Officer, Strategic Commissioning, and Ms J Hook, Commissioning Manager, were in attendance for this item.

1. Ms Sharp introduced the report and explained that the Kent Emotional Wellbeing Strategy for Children, Young People and Young Adults (0-25) had been the subject of extensive consultation with children and young people and had been discussed in a number of forums, most recently at the Health Overview and Scrutiny Committee (HOSC) on 4 September. A key part of the new model was the emphasis on emotional resilience as well as mental health. Delivery of the new strategy was on track and tendering for contracts would commence in autumn 2015. Ms Sharp, Ms Infanti and Ms Hook responded to comments and questions from Members, as follows:-

a) a significant change in the new emotional wellbeing strategy was that services would now be focussed on delivery in universal settings, schools

and hubs, making it easier for children and young people to get support at the earliest opportunity without the need to access services at the specialist level. The focus was on supporting children wherever they were. Schools would be encouraged to adopt a whole-school approach, for example by establishing drop-in areas which pupils could use to help them cope with emotional difficulty, and by identifying recurring themes which give rise to emotional difficulty, eg bullying;

b) Young Healthy Minds were currently contracted to deliver services and had performed well over the life of the three-year contract, exceeding the contract activity targets;

c) concern was expressed, from experience as a primary school governor, about the help given to young people in exclusion cases, and whether or not suitable support had been offered to them, eg to cope with anger management issues, before resorting to exclusion proceedings;

d) emotional problems were very common during adolescence, but many did not seem to be identified until much later, eg at 16 or 17. What was needed was immediate help and support. Teachers were able to identify young people with emotional problems but needed then to be able to refer them onwards for help. Early recognition of issues was a critical part of the new model and vital for getting services right; and

e) the aim was to include trained mental health professionals in the Early Help units, working with a whole family, as most problems identified via work with troubled families had their roots in emotional wellbeing and mental health issues. This would contribute to meeting the outcomes of the Troubled Families programme.

2. RESOLVED that the information set out in the report be welcomed.

85. Annual Equality and Diversity Report 2014 - 2015
(Item D1)

Ms M Woodward, Principal Social Worker, and Ms N Shaw, Practice Development Officer, Safeguarding Unit, were in attendance for this item.

1. Ms Shaw introduced the report and highlighted the key areas of activity and improvement, particularly engagement with young people and those in care. This engagement had resulted in increased involvement of young people in shaping the key documents which related to the care process, eg the Kent Pledge and the Fostering Guide. Mr Ireland added that the County Council was seeking to establish services to help UASC to settle into the country, eg help with transport so UASC could attend church and events with other members of their community. Mr Ireland, Mr Segurola and Ms Shaw responded to comments and questions from Members, as follows:-

a) Mr Segurola undertook to supply information on the percentage of children in care from black and minority ethnic (BME) communities, and the percentage of these successfully adopted, to a speaker outside the meeting, and *this was subsequently done;* and

b) responding to a question about the number of children in care who were aware of the Kent Pledge, Ms Shaw advised Members that raising awareness of the Pledge was part of the work of Independent Reviewing Officer (IROs).

2. The Chairman asked how it was envisaged that paragraph b) of the recommendations in the report would be achieved. Mr Ireland clarified that this recommendation was intended to give the committee an opportunity to scrutinise the equalities and diversity activity by checking that suitable information was included in reports to Cabinet Committees, especially for reports relating to decisions.

3. RESOLVED that:-

a) current performance be noted;

b) equality governance information be included in reports to Cabinet Committees, especially those relating to decisions, so Members can ensure that requirements are being properly observed;

c) reports on equality and diversity work be made annually to the committee, to comply with the Public Sector Equality Duty (PSED) and ensure progress against County Council objectives; and

d) revised objectives be received in 2016.

86. Specialist Children's Services Performance Dashboard
(Item D2)

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

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

~~a.~~ the percentage of children entering child protection arrangements for the second time was high. This was currently due to a high number of large sibling groups having become subject to child protection plans since April, so, although the percentage was higher than the target level, the actual number of children was relatively low;

b. the time elapsed between a decision to place a child for adoption and a match being made was rated red but had been skewed by one particularly complex case which had necessarily taken a long time; and

c. when considering the adoption performance indicators, it was important to consider and understand the context of the activity being measured. For instance, while it was desirable for placements to be made as quickly as possible, it was important to take time to make the correct placement for each child. Some placements simply needed more time and the process for them had been slow for good reasons, but all resulted in positive outcomes for the children concerned.

2. RESOLVED that the information set out in the Specialised Children's Services dashboard report be noted.

87. Complaints and Representations 2014/15
(Item D3)

Ms A Kitto, Customer Care Manager, was in attendance for this item.

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

88. Work Programme 2015/16
(Item D4)

1. The Democratic Services Officer introduced the report and sought Members' comments on the items listed. Members referred to the update report on Teenage Pregnancy which had been suggested for 12 months' time, under item B1 on the agenda (minute 83 above). The usefulness of this was questioned, as very little progress could be expected in this time; to show any real progress on this issue would surely need longer. Another view was that some progress on reducing the rate of teenage pregnancy needed to be made very shortly, so a one-year-on update would be expected to show some change. Another speaker asked if data on the rate of teenage pregnancies could be listed with more local detail than previously, ie at ward level.

2. RESOLVED that the committee's work programme for 2015/2016 be agreed.

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KENT COUNTY COUNCIL

CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Darent Room, Sessions House, County Hall, Maidstone on Thursday, 3 September 2015.

PRESENT: Mrs A D Allen, MBE (Chairman), Mrs Z Wiltshire (Vice-Chairman), Mr R E Brookbank, Mrs P T Cole, Mr C Dowle, Ms S Dunstan, Mr S Griffiths, Mrs S Howes (Substitute for Ms C J Cribbon), Mr G Lymer, Mrs C Moody, Mr B Neaves, Ms B Taylor, Mr M J Vye and Mrs J Whittle

ALSO PRESENT: Mr P J Oakford

IN ATTENDANCE: Mr P Segurola (Interim Director of Specialist Children's Services), Mr G Gurney (Interim Assistant Director for Corporate Parenting) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

92. Apologies and Substitutes

Apologies had been received from Mrs T Carpenter and Ms C J Cribbon. Mrs S Howes was present as a substitute for Ms Cribbon.

93. Minutes of the meeting of this Panel held on 18 June 2015
(Item A2)

RESOLVED that the minutes of the Panel meeting held on 18 June 2015 are correctly recorded and they be signed by the Chairman. There were no matters arising.

94. Chairman's Announcements
(Item A3)

1. The Chairman proposed that the Panel's minutes be sent to full Council for information, as well as to the Children's Social Care and Health Cabinet Committee, as at present. This would raise the profile of the corporate parenting role of all elected Members. Miss Grayell undertook to look into taking this forward.

2. The Chairman also referred to Democracy Week, starting on 17 October, and suggested that this would be an opportunity for young people to find out about standing for election as councillors and be able to take part in shaping future services for young people in care.

95. Meeting Dates for 2016/2017
(Item A4)

RESOLVED that the dates reserved for the Panel's meetings in 2016 and early 2017 be noted, as follows:-

Thursday 28 January 2016 – 1.00 pm
Tuesday 15 March 2016 – 1.00 pm
Thursday 26 May 2016 – 10.00 am
Wednesday 20 July 2016 – 1.00 pm
Wednesday 7 September 2016 – 1.00 pm
Wednesday 9 November 2016 – 1.00 pm

Friday 20 January 2017 – 10.00 am
Monday 20 March 2017 – 1.00 pm

96. Verbal Update from Our Children and Young People's Council (OCYPC)
(Item A5)

1. Ms Taylor and Mr Dowle gave a verbal update, as follows:-

Sophia Dunstan had now returned from maternity leave.
OCYPC Summer Countywide meeting - this had had a good attendance of 22 young people and had looked at the Participation Strategy, with the aim of producing a version written specifically for young people.
OCYPC Junior Council – this was being established for young people aged 7 – 11.
Youth Adult Council (YAC) – young people were being trained and encouraged to participate in interview panels, monthly evening meetings were planned and the first newsletter was due to be launched by the end of September.
Challenge Cards – these gave young people an opportunity to issue a challenge to the Kent Corporate Parenting Group (KCPG) to make improvements to their care experience. Some examples of challenge cards had been tabled for the Panel to see. Mr Segurola clarified that if 'no reply' to a challenge card had been recorded, this was because cards were reported to KCPG meetings, and a reply would be made at the next scheduled meeting of the KCPG.
Publishing updates - the OCYPC was working with young people and the County Council's communications team to develop the pack of information about being in care, to be given to young people in the first few days after they come into care. The pack would also be available to download from the Kent Cares Town website.
Summer Participation Activity Days – there had been five of these across East and West Kent during August, mostly well attended. A total of 167 young people had taken part, some for the first time.
Leading Improvements for Looked After Children (LILAC) – young people attending events through the summer had been encouraged to record their views by submitting a LILAC assessment, ahead of the LILAC assessment on 21 – 23 September.
A DVD was being made by the VSK apprentices, about the experience of being in care. It would be useful to compare the experiences of young people in the care system with those of their peers not in care. The participants would be drawn from an older age bracket so they could consent to their contributions being used on YouTube and in other media, to spread the message further.
A visit to the Hardelot Centre in France, which the Panel had heard about at an earlier meeting, was being arranged. Mr Doran reminded the Panel that resources previously available from Youth Opportunities funding to support VSK events was no longer available. Ms Taylor reported that fundraising for the Hardelot visit would include a quiz night and other events.

2. In response to a question about scope for Members to support fundraising using their combined Members grants, Mr Oakford clarified that individual Members could make a contribution from their grant to support a project (but not an individual), in response to an application from the project organiser. Members were pleased to hear this and re-stated their wish to support fundraising.

3. The verbal updates were NOTED, with thanks.

97. Verbal Update by Cabinet Member
(Item A6)

1. Mr P J Oakford gave a verbal update on issues around unaccompanied asylum seeking children (UASC):

- Kent still had a large number of UASC, currently 729 (having increased from 368 since March 2015)

- There were currently two reception centres being used to accommodate UASC – Millbank and Swattenden - and one very shortly to come into use – the former Ladesfield Care Home in Whitstable.

- Almost all UASC were young men and these centres were all exclusively for young men. There were very few girls among the numbers, and any girls arriving would be placed with foster carers until they were 18, rather than at a centre.

- Plans to use the Ladesfield building had been leaked by the media and had attracted unpleasant reactions on social media and from local residents. 600 complaints about its use had been received within 24 hours of the news being leaked.

- News of the intention to use the Swattenden centre at Appledore had been carefully managed and local reaction had been much better. A select number of media representatives had been taken to visit the Millbank centre to see the basic but good facilities there, and the County Council had made a film about the work of the centre. No cameras had been permitted at this visit, and reporting rules had been very stringent, so the reporting of issues could be controlled. The media were able to hear at first hand from the young men housed there, to show the reality of their situation. UASC had stated their priorities as being to feel that they were safe, to know that their families were safe, and to join and contribute to Kent society.

- Mr Segurola said that he and Mr Ireland were seeking, via the Association for the Directors of Children's Services (ADCS) and the Local Government Association (LGA), to establish a voluntary national dispersal programme, via which other local authorities would volunteer to take responsibility for the accommodation and support of small numbers of UASC from Kent, to spread the number around the country and make the burden easier to manage. Mr Segurola expressed his gratitude to those authorities who had already provided support and said that a more formal scheme would hopefully soon be established.

- Mr Oakford and Mr Segurola had taken part in media interviews about UASC. The Chairman added that she had been asked by Radio Kent to comment on the issue, and had emphasised that UASC were children, first and foremost, and the County Council had a duty to do its best for them.

- A foster carer on the Panel said that his family was currently caring for some UASC. This brought challenges, not least in being able to communicate with them in a language they understood.

2. In response to questions:-

   a) Mr Oakford clarified that UASC under 16 would be placed in foster care and those aged 16 and 17 would be placed in a reception centre for a period of 6 to 8 weeks, during which they would undergo a health assessment, and then in supported lodgings or shared accommodation with outreach support. Any requiring more support than this would be placed in foster care; and

   b) Mr Segurola added that there were currently 130 UASC housed with the County Council's in-house foster carers and another 80 with independent fostering providers. In addition, a small number had been placed out of county.

3. The verbal updates were NOTED, and the Chairman thanked all those involved in working with and supporting UASC for the excellent job they were doing.

98. Adoption Service Annual Reports for 2014 - 2015
(Item B1)

Ms Y Shah, Interim Head of Adoption, was in attendance for this item.

1. Ms Shah introduced the report and, with Mr Segurola, responded to comments and questions from the Panel, as follows:-

   a) Ms Shah was thanked for the work of the Adoption team and for the clarity and fullness of the reporting to the Panel. She emphasised that joint working was important and that the role played by foster carers and colleagues in the childcare, health and education teams was as important in supporting the improvement of the adoption process;

   b) the 2015 adoption summit had been fascinating and it was hoped that all County Council Members would attend next year;

   c) a view was expressed that the judiciary should be subject to the same scrutiny as adoption teams and others involved in the adoption process. Ms Shah explained that a piece of work by Coram, Kent County Council and the University of Bristol was currently underway, looking at the appropriate use of special guardianship orders. Mr Segurola added that the County Council needed to be clear about the risks of granting special guardianship orders and better prepared to challenge their use in court. He added that a national benchmark for the time taken for family law proceedings had been set at 26 weeks, and that Kent had met this target;

d) in comparing Kent's performance to that of other local authorities, it was important to take account of the care populations of the areas being compared;

e) asked about the percentage of cases turned down for adoption and what effect this had on the way in which future cases were considered, Mr Segurola explained that, when an adoption had not gone ahead, it was usually because either the child returned to their birth family or someone else from the birth family had come forward to adopt them. This pattern would not deter the County Council from pursuing adoption proceedings if this was considered to be the right option for the child;

f) asked about post-adoption and peer support, Ms Shah explained that a countywide Adoption Advisory Board was based in Maidstone and local adoption support groups were available around the county; and

g) asked about the sufficiency of adopters from black and minority ethnic backgrounds, Ms Shah explained that, as many children coming forward for adoption had dual heritage, matching them to adopters of the same race had never been an issue. Focus had always been on matching a child with suitable adopters who could meet their needs rather than on matching them by ethnicity.

2. RESOLVED that the information set out in the report be noted, with thanks, and that Ms Shah and the adoption team be congratulated on their excellent work.

99. Kent Fostering Annual Report 2014 - 2015
(Item B2)

1. Mr Gurney introduced the report and responded to comments and questions from the Panel, as follows:

a) the work on the transformation programme undertaken by the County Council's efficiency partner, Newton Europe, had resulted in the County Council making more use of its in-house foster carers. The percentage of children placed with in-house foster carers had risen from 60% to 83%, and the target was to increase this further, to 85 - 87%. Newton Europe would also leave Kent with some useful tools with which it could shape future work;

b) asked about what opportunities there were for foster carers to comment on the fostering service, Mr Gurney explained that he spoke regularly with foster carers about key issues, including getting financial support for staying put, help with understanding and preparing young people for their options beyond 18, UASC and the need to increase the number of foster carers willing and able to take them, and claiming expenses. He assured the Panel that he was fully aware of the excellent work that foster carers undertook in supporting children in care in Kent;

c) the Corporate Parenting Select Committee had identified the need for elected Members to meet foster carers to increase their awareness of the foster carers' role;

d) a foster carer on the Panel added that good communications were a key issue, and being able to help young people to obtain a passport;

e) a view was expressed that the Panel should receive regular update reports on progress against the fostering improvement plan. The location of the Fostering Support Teams within the Children in Care Service worked well operationally but it was important that an overview of the Service as a whole could be retained. Mr Gurney added that staff were receiving training to help them make the best use of the Liberi data management system to support the improvement plan. The Liberi system had been in place for only 18 months and some of its features were only just being used fully, for example uploading electronic files; and

f) responding to a question about how allegations against social workers were recorded, Mr Gurney explained that the aim was to record allegations on the spot or within 48 hours of the allegation being made, but practice varied. The speaker expressed concern that 48 hours may be too long for the details to be recalled and recorded clearly, and may not stand up to scrutiny, for instance if the issue were to proceed to court proceedings. Mr Gurney reassured the Panel that the number of such cases was very small but undertook to look into how the recording process could be improved.

2. RESOLVED that the information set out in the report be noted, with thanks, and an update report on the fostering improvement plan be made to the Panel in a year's time.

100. Review of Terms of Reference for Corporate Parenting Panel
(Item B3)

1. Mr Segurola introduced the report and explained that the main reasons for reviewing the Panel's terms of reference were to review and update the links to the Kent Corporate Parenting Group and to strengthen the engagement element of the Panel's role.

2. The Panel then discussed its work, particularly the way in which it engaged with young people. Comments made were as follows:-

a) approximately half of the Panel's work took the form of monitoring, and a question was asked about the extent to which this helped the Panel to fulfil its role. Mr Segurola explained that monitoring was a statutory responsibility of the Panel but was only part of its work;

b) Mr Segurola suggested that the Panel could get a useful perspective by asking young people what the Panel meant to them;

c) the Chairman suggested that a shadow Corporate Parenting Panel or Board of young people could meet in advance of the main Panel meeting,

perhaps attended by two or three Members of the main Panel, and feed into and comment on the agenda for the main Panel;

d) it was suggested that Panel Members could try a 'rapporteur' role, for example attending meetings of the Fostering Advisory Board. Panel Members already had the habit of attending OCYPC meetings and participation days. However, feedback from such events needed to be in a structured format;

e) the role of the Panel in developing expertise and actively raising the awareness of other Members was featured in the Panel's original terms of reference but was not in the revised version. This role was an important part of the Panel's work and should be explicit in the revised terms of reference. Suitable regular training would also be required to keep Members' knowledge up to date, including updates on changes in legislation pertinent to the subject area. Paragraph 7 d) in the revised terms of reference needed to be strengthened;

f) the Chairman suggested that the minutes of the Panel be submitted to the full Council for information, once approved by the Panel;

g) to gain feedback from young people and their carers in a relaxed atmosphere, the Panel could organise a 'funday' once or twice a year. OCYPC meetings were useful for gaining feedback but did not take place at weekends, when families were more able to attend together; and

h) it was suggested that the agenda for every meeting of the Panel include an item on the experiences of young people in care, either by inviting some young people to attend or by the regular feedback report that the Panel had established as part of its work programme.

3. RESOLVED that the revised terms of reference be agreed, with the caveat that the wording around developing expertise and actively raising the awareness of other Members (paragraph 7d)) be strengthened.

101. Review of Health Services for Children Looked After in Kent
(Item B4)

Ms N Sayer, Designated Nursed for Looked After Children, and Ms H Carpenter, Accountable Officer for Thanet and South Kent Coast Clinical Commissioning Groups, and Chair of the Kent Joint Children In Need Health Commissioning Group, were in attendance for this item.

1. Ms Sayer introduced the report and highlighted key areas of work and, with Ms Carpenter, responded to comments and questions from the Panel, as follows:-

a) Panel members were reassured that the clinical commissioning groups' (CCGs') role in providing health services for children in care extended to all children in care in Kent, including those placed by other local authorities. A reciprocal arrangement with CCGs in other areas meant that any Kent children placed out of county would be covered in the same way. Any child

being placed would have a health assessment undertaken first, to ensure that the placement could meet their healthcare needs;

b) the joint working arrangements set out in the report were welcomed, and the existing links would be strengthened when the Health Visitor service came under County Council control in October 2015;

c) the concept of having a 'key nurse' for children in care was welcomed, as having one consistent contact within the complexity of the NHS would help children, and having one person responsible for keeping a child's healthcare plan up to date would be easier and provide continuity. Ms Sayer added that a nurse was the best person to take on this role as they could understand information from both the social work and medical perspectives, and a GP would not have the time to take on this role;

d) asked about children placed in care by other local authorities not being able to access mental health services, Ms Sayer said she shared Members' frustration about the number of children placed without checks first being made about the availability of suitable healthcare. She said she would expect the designated nurse in the placing authority to contact her before a placement, to check the availability of health services. The next financial year should show an improvement in this pattern. If proper advance notification of an intended placement were made, this would help resource planning and service provision. Mr Segurola confirmed that the onus was indeed upon the placing authority to consult Kent about social care and health services before placing a child, particularly considering that many of the 1,300 children placed in Kent by other local authorities needed emotional health and wellbeing services. Placing authorities had been reminded of their responsibilities but still the problem persisted. Ms Carpenter reminded the Panel that much work was going on regarding CAMHS, and having a clearer picture of the demand for services could only help this work. She would shortly be contacting CCG colleagues in neighbouring authorities to take this forward; and

e) Ms Sayer and Ms Carpenter directed the Panel's attention to a chart in the report which showed the relationship between a new group – the Kent Joint Adoption and LAC Health Commissioner Group – which Ms Carpenter chaired, and other health bodies. This Group's agendas were subject-based, and the next would be looking at issues around adoption.

2. RESOLVED that the information set out in the report be noted, with thanks, and a further update report on health services for Children in Care be provided in twelve months' time.

102. Head Teacher of Virtual School Kent (VSK) update report
(Item B5)

Mr T Doran, Head Teacher of Virtual School Kent, was in attendance for this item.

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

a) it was too early as yet to report this year's complete GCSE exam results for children in care as only 60% of results had so far been received. These would be reported to the Panel's October meeting;

b) provisional Key Stage 2 SATS results had been the best ever for Kent:-

71.1% had passed Level 4 reading, a 6% improvement since 2014 and 3% above the national average for children in care;

61.8% had passed Level 4 writing, a 3% improvement since 2014 and 2.8% above the national average for children in care;

64.5% had passed Level 4 maths, a 7.5% improvement since 2014 and 3.5% above the national average for children in care; and

GCSE potential, ie the percentage of young people likely to pass GCSE at A – C, a combination of all the above scores, was 52.6%, an 8.6% improvement since 2014 and 4.6% above the national average for children in care.

c) in response to a question about access to therapeutic work via the Young Healthy Minds service, Mr Doran explained that VSK would use the Southern Trust model to identify the costs, value and impact of this service;

d) a foster carer expressed concerns about services for young people over 16 who were trying to adjust from full-time school attendance to a part-time college course, and the challenge of filling the rest of their time usefully. Mr Doran said that VSK had limited resources so could not provide activities *per se*, but could help identify gaps in provision and signpost young people to possibilities;

e) if a young person had too little to fill their time constructively, this could put a strain on the placement and relationship with their foster family, possibly leading to the placement breaking down. Finding suitable activities for young people with special needs or disabilities was an added challenge; and

f) finding part-time employment could fill the gap but this was sometimes not a workable option for a young person with disabilities or special needs.

2. RESOLVED that the information set out in the report be noted, with thanks, and the VSK team be congratulated on the scores achieved by children in care at Key Stage 2.

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From:	Peter Oakford, Cabinet Member for Specialist Children's Services Andrew Ireland, Corporate Director for Social Care, Health and Wellbeing
To:	Children's Social Care and Health Cabinet Committee – 2 December 2015
Subject:	**Update on Unaccompanied Asylum Seeking Children**
Classification:	Unrestricted
Past Pathway of Paper:	None
Future Pathway of Paper:	None
Electoral Division:	All

Summary: Since June 2015, Kent County Council (KCC) has seen an unprecedented rise in the numbers of Unaccompanied Asylum Seeking Children (UASC) arriving in the county and subsequently entering KCC's care. UASC now make up more than a third of all children that KCC looks after.

This paper details the steps that have been taken by KCC since June 2015 and builds on the verbal updates presented to the Children's Social Care and Health Cabinet Committee (22 July and 8 September 2015), KCC's Corporate Parenting Panel (3 September and 23 October 2015) and the County Council meeting 22 October 2015

Recommendation(s): The Children's Social Care and Health Cabinet Committee is asked to **COMMENT ON** and **NOTE** the content of the report.

1. Introduction

1.1 Prior to June 2015, there had been a relatively steady increase month on month in the numbers of UASC arriving into Kent and becoming accommodated by the Council. Recent world events though have led to a developing crisis within the county and pressure on both KCC services and the services of partner agencies (e.g. Kent Police and local NHS among others). This is well documented within both national and local news.

1.2 The table below details the numbers of referrals relating to individual unaccompanied minors received by KCC children's services within 2015:

Figure 1

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct[1]	Total
31	17	31	13	41	100	181	95	97	211	817

1.3 For each child or young person that presents in Dover, there is an immediate need to identify a social worker (and an interpreter if required) who can meet the child and conduct an initial safeguarding and wellbeing assessment at the port. This initial assessment includes making a considered judgement on signs which may indicate for instance that a young person is a different age to that claimed and/or signs that a child may have been trafficked, exploited or harmed. A bed must also be identified in an age-appropriate setting; however temporary, it must be available immediately.

1.4 Recognising that many of these children and young people have had long, traumatic journeys, this process must be undertaken in a child-centred timescale; taking a maximum of 24 hours. This is manageable when 17 unaccompanied asylum-seeking children present in a month, but it becomes an increasingly untenable when over 20 children *a day* are entering Kent's care.

1.5 The heightened numbers of new UASC arriving into Kent has created mounting pressure on available placements and staff capacity to meet its' statutory requirements i.e. completion of visits, Children and Families assessments, health assessments and Looked After Child reviews etc.

Figure 2
Numbers of UASC aged 17 or under in KCC's care

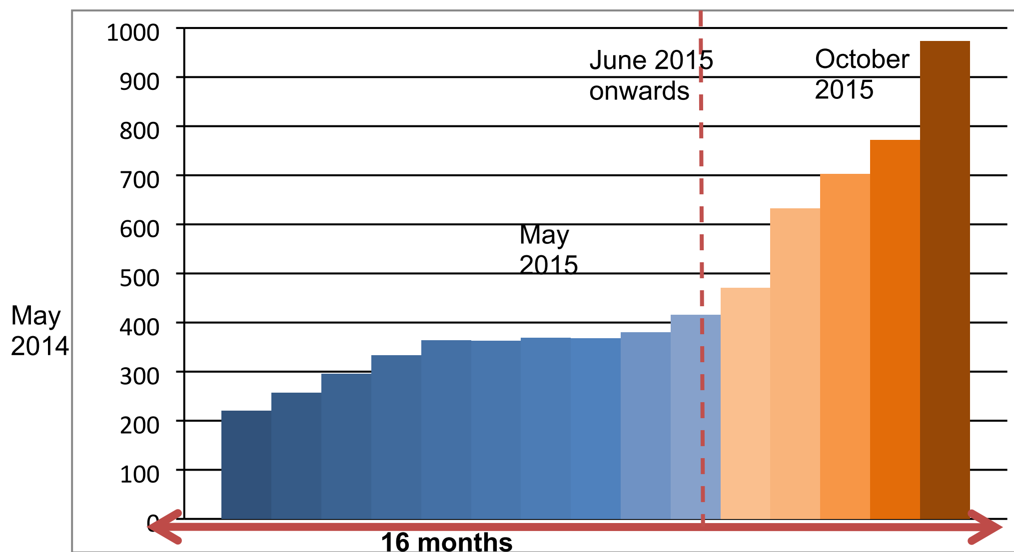
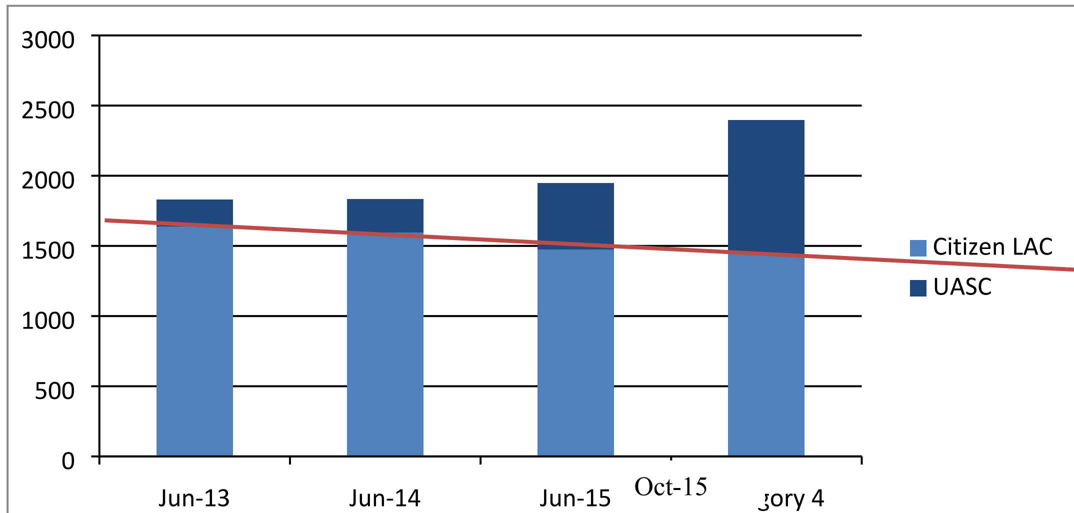


Figure 3

[1] Interim figure as of 27.10.2015

Total numbers of Looked After Children for whom KCC is corporate parent



2. KCC response to the increased numbers of UASC arriving in Kent

2.1 As the rate of new arrivals and referrals is not forecast to significantly decrease, it was clear the current service provision could not hold in its' current numbers were taken in relation to:

- Sufficiency of additional accommodation and placements for children and young people;
- Increasing the numbers of front-line Children's social care staff in order to meet the needs of vulnerable children and young people presenting at the port of Dover;

2.2 Whilst KCC's response to the summer's UASC crisis has been a commendable effort, it is far from sustainable. There is an ever-mounting pressure on children's social care. This is increasingly having a detrimental impact on the needs of citizen children the Council is already supporting. The pressure on wider services for children and young people is particularly visible in the Access to Resources Team sourcing available placements for Children in Care, the capacity of the Out Of Hours (OOH) service and the availability of school places and medical services.

2.3 <u>Accommodation and placements</u>

2.3.1 The majority of new UASC entrants to Kent are 16 and 17 year old boys; and make up over 60% of UASC looked after children. The previous flow of new arrivals meant most older, adolescent boys were temporarily housed in the Millbank reception centre (Ashford) for six to eight weeks whilst their Children and Families assessments were completed. Female children and children under the age of 16 were placed directly into a foster placement. The increase in numbers over the summer, however created an accommodation emergency in the county and additional housing capacity was required.

2.3.2 Following the sustained drop in arrivals through 2013 to 2014 the decision had been taken to close Millbank Reception Centre. However as 2014 progressed the numbers started increasing again and so implementation of the closure was

paused. By 2015 it was clear that there was unprecedented number of arrivals and the Cabinet Member for Specialist Children's Services was consulted and agreed that the closure should not be implemented. This was noted by the Children's Social Care and Health Cabinet Committee on 22 July 2015.

2.3.3 In collaboration with the council's Property and Infrastructure division, a full options appraisal of all buildings held within the council's portfolio was undertaken to urgently identify additional Reception Centre facilities. Ladesfield in Whitstable, a former care home, was identified and considered to be the building most suitable for temporary use, which could also be refurbished and brought into operation quickly.

2.3.4 Ladesfield was opened for use on 14 September 2015. It is able to accommodate a maximum of 40 young people at any given time. Although currently providing a source of temporary accommodation for UASC, it remains on course to be demolished in 2016, making way for the neighbouring school's expansion. A commitment has been given to close Ladesfield by January 2016.

2.3.5 It was clear from the rate of arrivals and the over-population in Millbank that Ladesfield alone would not provide sufficient capacity moving forwards.

2.3.6 Appledore (Swattenden Centre, Cranbrook) was originally part funded by the Home Office to be a Reception Centre for unaccompanied children. In partnership with staff within the Early Help and Preventative Services, the Appledore Unit was returned to its former use as a Reception Centre over the course of early September. Currently open, it is able to provide accommodation for an additional forty children and young people.

2.3.7 Despite best efforts to source accommodation locally, the council still has to place children and young people out of the county, some as far away as Hertfordshire. This goes against best practice and statutory guidance. Having to place children outside of Kent is also further complicating the timely delivery of assessments and the support these young people are offered.

2.4 Access to information

2.4.1 From the end of July 2015, daily update reports have been sent from the Management Information Unit to senior managers within children's services and finance, the Cabinet Member for Specialist Children's Services and the Designated Nurse for Looked After Children in Kent. The report details UASC team caseloads, numbers of UASC who are currently missing and an ongoing illustration of daily referrals. It ensures senior managers have a strong and current knowledge of the issues and challenges faced by front-line staff.

2.4.2 Status reports are also shared weekly with the Department for Education (DfE) and the Home Office, in order to inform decision making and maintain transparent communication.

2.4.3 The council continues to work closely with the United Kingdom Border Force (UKBF) and United Kingdom Visas and Immigration (UKVI) to ensure decisions are made in a child-centred timescale. Children's Services has

placed a UASC assessment specialist social worker in Dover who is accessible to the UKBF within ten minutes of referral.

2.5 Section 27 responsibilities and requests for support

2.5.1 Although every effort is made by the Access to Resources Team (ART)[2] to place UASC within Kent, the surge in numbers of children entering the UK is not an issue that could be solely managed and contained locally; national engagement from Government and other local authorities is also required. From June 2015, the council has needed to place increasing numbers of UASC outside of Kent's boundaries. In mid-August, around 100 asylum-seeking children and young people were placed outside of Kent, however as the numbers of UASC have grown, by late October 2015 this had risen to over 215.

2.5.2 Alongside work nationally to progress a national dispersal scheme and following discussion with the Department for Education, KCC's Corporate Director for Social Care, Health and Wellbeing sent a letter to all Directors of Children's Social Services in England requesting urgent support under Section 27 of the Children Act 1989.

2.5.3 Section 27 (2) states:

> "*An authority whose help is so requested shall comply with the request if it is compatible with their own statutory or other duties and obligations and does not unduly prejudice the discharge of any of their functions".*

2.5.4 As the council does not have the facilities or placements to meet the needs of all the UASC, help was sought in the form of:

- Offers of placements within other local authority areas;
- Offers to take on full Corporate Parenting responsibility under the Children Act for one or more UASC;
- Offers to supervise, on KCC's behalf, young people that had been placed in their local authority area;

2.5.5 Since the request was issued, 19 local authorities have agreed to take over full responsibility for 49 UASC[3]. A further nine local authorities have made an offer and work is ongoing to ensure a young person is appropriately matched and transferred to each offer made.

2.6 Additional staff and new UASC teams

2.6.1 The Service for Unaccompanied Asylum Seeking Children (SUASC) Assessment and Intervention Team (AIT) ordinarily comprises one team manager, four social workers, two support workers and a senior administration officer. The team is part of the wider Central Referral Team and is managed alongside the other Central Duty Teams and the Out of Hours service. The team hold new UASC arrivals for six to eight weeks whilst Children and

[2] Part of Children's Strategic Commissioning

[3] This figure is inclusive of an ongoing arrangement with Brighton and Hove to accept one child per week for ten weeks

Families assessments were completed. The children or young people would then transfer to one of the district Children in Care teams.

2.6.2 With four social workers, the SUASC AIT would ideally hold no more than 60 children. Prior to bringing in significant numbers of additional staff, the SUASC AIT was responsible for between 250-300 children and young people at any one time.

2.6.3 Although the formerly separate UASC service was integrated into the Children in Care service and 18+ service in December 2014, recent surges in the numbers of UASC has meant additional staffing resources have been urgently required in order to ensure the needs of children and young people are met. A new, temporary UASC Service Manager joined the council on 11 August 2015, to offer support and assist in overseeing the additional UASC social workers and team management.

2.6.4 A decision was taken corporately in August 2015 that all UASC who have become looked after since June 2015 will become the responsibility of the new Central UASC teams, under the management of the Assistant Director for West Kent and UASC strategic lead.

2.6.5 This decision was taken to ensure that newly looked after unaccompanied minors are fully supported, and secondly so as not to overwhelm the existing Children in Care (CIC) teams. If the numbers of UASC becoming looked after had continued to transfer into the CIC teams, each social worker's caseload would have significantly increased which would have negatively impacted on the care and support individually given to children and young people already looked after. UASC already allocated to a CIC social worker will not transfer or face any unnecessary disruption as a result of this decision.

2.6.6 Since June 2015 over twenty additional social workers, three team managers and a service manager have now been recruited from agencies to specialist UASC teams. These three new teams, combined with the existing UASC AIT are working with and supporting over five hundred asylum-seeking children and young people currently. Together with the number of UASC the CIC teams are also supporting, this means the council is in total currently looking after over 960 unaccompanied minors aged 17 or under.

2.6.7 Urgent action was also taken in collaboration with the authority's IT department to source laptops and create additional Liberi accounts for the new members of staff starting.

2.6.8 As the numbers of UASC continue to grow, the council has continued to urgently seek additional social workers. There continue to be recruitment challenges in firstly sourcing qualified, suitably experienced staff and secondly in finding staff who are prepared to work primarily in either West Kent or Dover.

2.6.9 There continue to be unallocated UASC cases - those which are temporarily held in a Team Manager's name. The process allows for all newly incoming children to be immediately held in the Team Manager's name, rather than overwhelming individual social worker's case loads and ensures an appropriate throughput of assessments. This means, however, that at present 180 UASC

are not allocated to a social worker and are therefore awaiting a full assessment.

3. Next steps and the plans for a national dispersal scheme

3.1 All unaccompanied children arriving in the UK become the responsibility of the local authority where they arrive. The majority arrive in the gateway councils of Kent, Croydon and Hillingdon. Under current arrangements, any unaccompanied child that arrives at the port of Dover becomes the responsibility of the local authority. During times of crises, this places an unreasonable and excessive burden on the 'gateway' authorities.

3.2 Staff within the council should be commended for their tireless efforts in trying to meet our statutory responsibilities in the face of the enormous challenge that the volume of new UASC arrivals has posed. However, it should be stated clearly that services are at breaking point and the current position is not sustainable. Discussions continue between the Department for Education (DfE), the Local Government Association (LGA), the Association of Directors for Children's Services (ADCS) as to an alternate model of distribution which is both financially and logistically viable and ensures children and young people face minimal disruption during the transfer process.

4. Recommendations

Recommendations: The Children's Social Care and Health Cabinet Committee is asked to **COMMENT ON** and **NOTE** the content of the report.

5 Background documents

None

6. Report Author

Emily Perkins
Executive Officer, Specialist Children's Services
03000 415655
Emily.perkins@kent.gov.uk

Lead Officer
Sarah Hammond
Assistant Director for West Kent
03000 411488
Sarah.hammond@kent.gov.uk

Lead Director
Philip Segurola
Director, Specialist Children's Services
03000 413120
Phlip.segurola@kent.gov.uk

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

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

To: Children's Social Care and Health Cabinet Committee – 2 December 2015

Subject: **Action Plans Arising from and in Preparation for Ofsted Inspections**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This report provides the Children's Social Care and Health Cabinet Committee with an update on progress regarding the continued journey of Kent's services for children and young people; the current position and the aspirational plans moving forward.

This report is representative of the collective efforts of both Specialist Children's Services (SCS), and Early Help and Preventative Services (EHPS).

Recommendation(s): The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the progress which has been made since the last report.

1. Introduction

1.1 This is the eleventh regular report to the Children's Social Care and Health 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 July 2015, and outlined progress to that date.

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

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

1.3 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 and development.

1.4 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 Committee, Corporate Parenting Panel, the Children's Services Improvement Panel and are overseen by the joint Early Help and Preventative (EHPS) Services and Specialist Children's Services (SCS) joint Divisional Management Team (DivMT).

1.5 This report sets out both the progress made since July 2015 in continuing to develop the Council's practice with and services for children, young people, their families and carers.

2. Key developments since July 2015

2.1. Unaccompanied Asylum Seeking Children (UASC)

2.1.1 This Committee has received a separate report (item C2) detailing the current challenges in relation to the extremely high numbers of asylum-seeking children and young people entering Kent's care. As the dramatic increase in numbers of children has had such a significant effect on the capacity of local services and its' resources however, it is undoubtedly a key development since July 2015.

2.1.2 The current crisis is having unavoidable consequences, which are steadily affecting every aspect of children's service delivery: training and equipment required, staff guidance required, and senior management time- among others. This is in addition to more direct pressures: the availability of foster placements or accommodation within the County (for both UASC and citizen children entering care or requiring an alternate placement), the availability of education/ learning opportunities and health services, and the capacity of the Central Referral Unit, Out of Hours teams, UASC teams and 18+ leaving care service.

2.2 Recruitment and retention of qualified social workers

2.2.1 Alongside longstanding recruitment challenges driven by proximity to competition of other local authority borders, and the size of the county; there is an urgent need for additional, experienced social workers in Kent in order to support the high number of unaccompanied asylum seeking children entering the United Kingdom via the Dover port and tunnel.

2.2.2. Campaigns which ran over summer and early autumn have successfully resulted in the recruitment of forty one Newly Qualified Social Workers (NQSWs) who will be joining the council in the coming months. This is extremely positive for the council and indicative of the hard work of staff and senior officers to create an environment which offers the support, leadership and resources for social workers to flourish and have practice to be proud of.

2.2.3 Vacancies for experienced social workers are currently being advertised on Kent.gov.uk and Google ad-words. By utilising a social media package, the

Council is able to promote itself as a preferred employer for Children's social workers. The channels being utilised include LinkedIn, Facebook, Twitter and Google+.

2.2.4 Kent County Council also sponsored a stand at the Compass Jobs Fair in London on 30 November 2015 and used this as a forum to discuss employment opportunities with interested social workers. Specialist Children's Services also sponsored the 'Team Leader of the Year - Social Services' award at the annual Social Worker of the Year awards. Andrew Ireland, Corporate Director for Social Care, Health and Wellbeing presented the award to the winner.

2.3 Early Help and Preventative Services (EHPS)

2.3.1 One of the key actions for 2015 concerned the implementation of a new Early Help management system. For many years, Early Help services have used the Secure Kent Workforce Online (SKWO) system. Between November and December 2015, there will be a phased roll out of a new Early Help module. The Early Help module will provide a full case management system integrated to the SCS system provided by Liquid Logic-Liberi. This module will be fully live and operational across the county by December 2015.

2.3.2 The phased roll out commenced on 2 November 2015 when South Area Early Help went live. This was followed by West Area Early Help on 11 November; East Area Early Help on 19 November; and North Area Early Help on 2 December 2015.

2.3.3 The implementation of this piece of technology creates a shared system between SCS and EHPS. It will enable improved communication between teams when 'stepping up' and 'stepping down' the amount of help and support a child, young person or their family require. The 'step up/ step down' process transfers a child or young person between the thresholds a Child In Need (open to SCS with a social worker) and being open to EHPS, receiving dedicated support from an Early Help practitioner. Having shared access to a case management system will also enable greater ease of access for performance reporting across the tiers of interventions, particularly in relation to case notes for children who have been or currently are missing.

2.3.4 A new EHPS Quality Assurance Framework has also been drawn up. Improvement Managers, supported by Improvement Officers from within the EHPS Information and Intelligence service will project manage the EHPS Quality Assurance Framework by enabling and supporting strategic and operational managers to ensure its effective implementation.

2.3.5 The framework includes an intensive audit plan, not just of case work, but also of data quality, advice/ practice guidance and the quality of return interviews. A series of EHPS six-monthly deep dives will also focus on specific themes and areas of service delivery and joint-working.

2.4 Principal Social Workers and the Practice Development team

2.4.1 Kent County Council has two Principal Social Workers. An embedded part of SCS's Safeguarding and Quality Assurance Unit, the role has been in existence in Kent since 2013. It was developed as a result of Eileen Munro's 2011 report, recommending there be a conduit for feedback between operational social care staff and quality assurance staff, to senior managers and the Lead Member for Children's Services.

2.4.2 Kent's Principal Social Workers are both highly experienced qualified social workers. An Expert Practitioner group of staff from across Children's Services continues to meet monthly. This forum is an effective mechanism to both share positive experiences as well current challenges/ escalate specific issues.

2.4.3 The Principal Social Workers are responsible for the service's Practice Development Officers. A team of team-manager level, experienced social workers either have specific practice leads (e.g. Transformation, child sexual exploitation, Children in Care/ Care Leavers, missing children etc.) or are attached to specific areas of the county, with one each for North, East, South and West.

2.4.4 During 2015, the Practice Development team have undertaken targeted auditing work and workshops led by the demands of the service and areas identified as either requiring further training or attention. The team's workshops have focused on a range of practice issues, including-but not limited to- the participation of children, parents and carers (these have included representatives from across the service including the Virtual School Kent and Kent's apprentices), chronologies and the use of family history, purposeful visiting and effective planning, permanence, missing children and child sexual exploitation.

2.5 Signs of Safety

2.5.1 'Signs of Safety' is a systemic, theoretical framework for social work practice; based on identifying strengths as well as risks. The model of intervention is being implemented universally across SCS and EHPS 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 two to five years.

2.5.2 Since July 2015, the demand for courses remains high, with an unprecedented level of attendance and minimal cancellation or non-attendance. The feedback from the training is very positive, both anecdotally and formally. Staff are enthusiastic about the model and there is positive evidence of them beginning to implement their learning in practice. There has been a clearly enhanced focus on the issues within the family and thus greater clarity as to the defined "Danger Statement and Safety Goal".

2.5.3 There is increasing evidence of the children/young people's participation, particularly notable in the numbers of children and young people attending their Child Protection (CP) conferences. A 'Signs of Safety' approach has not just aided the inclusion of children and young people in the work of the Council's services (particularly CP conferences). There is improved inclusion

of parents, carers and/ or other key family members, who-among other positive comments- pleasingly noted:

> "I like the idea of the new approach to the way the conference is presented, having written on the board 'What is going well' and 'What are you worried about' is less intimidating"

2.5.4 Within SCS, all permanent Team Managers will be practice leaders, alongside half of the EHPS Unit Leaders. The training for practice leaders includes regular additional workshops and a further five day course. The practice leader role is critical for embedding the Signs of Safety model into practice.

2.5.5 Multi-agency briefings hosted by KSCB were held on 25 and 27 November.

2.6 Transformation of Children's Services

2.61 Services for children and young people are collectively 'Facing the Challenge: Delivering better outcomes' to achieve whole council transformation, through the 0-25 Programme. The programme is part of the overarching 0-25 transformation, change portfolio and is being undertaken in partnership with the Council's efficiency partner: Newton Europe.

2.6.2 The 0-25 programme started with the 'design' phase in mid-2014. The knowledge learned from this then informed the 'sandbox' phase, which began in autumn 2014. The 'sandbox' phase began in Tunbridge Wells for EHPS and the Weald (Tonbridge and Malling and Tunbridge Wells) for SCS. The 'sandbox' system involved trialling and testing theories and business processes in a controlled environment, in order to determine which had the most positive impact on timeliness, effectiveness and outcome focus.

2.6.3 The 'implementation' phase began in April 2015, permanently implementing the most beneficial aspects evidenced from the 'sandbox' experience. The transformation process if robustly supported by a dedicated Practice Development Officer for SCS, who works not just to embed change into day to day practice, but also ensure all proposed changes have good, research-informed social work practice at their heart.

2.6.4 The change process has now completed in West Kent and South Kent; with East Kent having gone live earlier in October 2015. North Kent will see the 'implementation' process commence before the end of 2015. There are increasing visible signs of the benefits of this transformation programme, with more manageable caseloads and renewed focus in practice as a result of Signs of Safety and case progression meetings. Adolescent Support Teams are in place in three of the four areas and will be wholly operational by the end of the calendar year.

2.7 Step-down Panels

2.71. Step-down panels are now fully implemented across all districts and working successfully. Representatives from both SCS and EHPS meet weekly to:

- Determine appropriate step down pathway for cases closing to SCS ensuring that rationale is clear and the decision appropriate

- Plan and structure handover to ensure that families receive a seamless service
- For EHPS to monitor the progress of cases that have previously stepped down until confident that family has engaged, outcomes are on track and it is safe to close to panel
- Review complex cases
- Ensure management dialogue to improve practice

3. Children's Services Development Plan

3.1 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.

3.2 This plan ensures cross-directorate priority actions are collated into a single plan which is overseen by the joint Divisional Management Team meetings, co-Chaired by Philip Segurola, Director of SCS and Florence Kroll, Director of EHPS.

3.3 The plan is due for revision in light of the activity in 2015. This will ensure it is fully reflective of the pace of change within the Council and is re-focused on the 'must do' actions for 2016.

4. Conclusion

4.1 The majority of the targets and performance indicators as agreed by Cabinet are being met or there is encouraging progress towards them. Most positively, the September 2015 monthly performance scorecard for SCS evidenced that for the first time, over 50% of case file audits were rated 'Good' or 'Outstanding'. This demonstrates that casework at a county level is at a qualitative level and continues to improve each month.

4.2 The Council's Strategic Statement 2015-2020, Outcome 1 (of 3) is: "Children and Young People in Kent get the best start in life". Both EHPS and SCS continue to work together to ensure children (including pre-birth), young people and their families will receive the services and support they need in a timely and responsive way, so that they are safeguarded, their educational, social and emotional needs are met and positive outcomes are achieved.

4.3 There continue to be some areas where progress is proving to be more challenging, this is further impacted by the high numbers of unaccompanied asylum seeking children currently requiring support and protection. Any identified shortfalls within the service are being urgently addressed. Continued implementation of current measures such as Signs of Safety and the projects detailed within the 0-25 Programme will help address areas recognised as requiring improvement.

5. Recommendations: The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the content of the report.

6. Background Documents

None

7. Report Author

Emily Perkins
Executive Officer, Specialist Children's Services
03000 416566
Emily.perkins@kent.gov.uk

8. Lead officers

Patricia Denney
Assistant Director for Safeguarding and Quality Assurance
03000 416927
Patricia.denney@kent.gov.uk

Tom Stevenson
Safeguarding and Quality Assurance Manager
03000 421775
Tom.Stevenson@kent.gov.uk;

9. Lead Directors

Philip Segurola
Director of Specialist Children's Services
03000 413120
Philip.Segurola@kent.gov.uk

Florence Kroll
Director of Early Help and Preventative Services
03000 416362
Florence.kroll@kent.gov.uk

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

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

To: Children's Social Care and Health Cabinet Committee – 2 December 2015

Subject: **Update on the Children in Care Mental Health Service**

Classification: Unrestricted

Past Pathway of Paper: Children's Social Care and Health Cabinet Committee – 20 January 2015 and 8 September 2015

Future Pathway of Paper: None

Electoral Division: All

Summary:
This report gives an update on the performance of the Children in Care Mental Health Service provided by Sussex Partnership Foundation Trust.

Since taking over the contract Sussex Partnership Foundation Trust (SPFT) has reshaped the staff team and delivery model. Overall performance has improved with a reduction in waiting time for assessment and treatment. There has been very limited user feedback, but those children and young people and professionals who have completed satisfaction surveys have been very positive.

SPFT are currently working with KCC to develop a new model to support and promote placement stability for adolescents who are hard to place and who typically have several placement moves.

Recommendation(s): The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the content of the report.

1. Introduction

1.1 At the Children's Social Care and Health Cabinet Committee meeting on 8 September 2015, members received an update on the Emotional Wellbeing Strategy and development of the whole system model. Work is currently ongoing to develop specifications for both the emotional wellbeing service and the mental health service including supporting children in care with emotional wellbeing and mental health needs.

1.2 Since taking over the contract SPFT have reshaped the staff team and delivery model. The team provides a range of support; to professionals who are working with the young person and direct intervention working with the young person.

2. Mental health service for children in care

2.1 The aim of the children in care service is to improve the mental health outcomes for those children where the mental health difficulties are having an adverse impact on the child/young person. The service offers a range of enhanced therapeutic approaches to support the child, their foster carer, and the professional team around the child to promote permanence and placement stability.

2.2 Staff in the Children in Care Mental Health team (CIC CAMHS) are located with the community CAMHS hubs in the South, East, West and Swale. Each multi-disciplinary team consists of therapists and social workers.

2.3 The service provides:

- Group work with foster carers and/or adoptive parents.
- Direct work with the child or young person.
- Consultation, advice and training to the child's professional network which includes foster carers.
- Opportunities for social workers to discuss concerns and dilemmas regarding the emotional and psychological issues of the children and young people they work with, through a variety of consultation surgeries in area locations.

2.4 Not all children and young people referred to the CIC CAMHS service require treatment. Some young people may be unwilling or unable to engage in the assessment process or treatment at the time of the referral. In these circumstances, interventions/ strategies are offered to the social worker and the network as appropriate. All treatment is offered in a way that optimises the young person's engagement with the service.

2.5 SPFT has also established a telephone consultation line so that any professional can ring for advice before making a referral.

3. Care Quality Commission (CQC)

3.1 This year SPFT was inspected by the CQC, one team in Kent and one team in Medway were inspected, the children in care teams were not inspected.

3.2 The main CAMH service was rated as outstanding in the 'caring' criteria and rated as good for being 'well-led'. These are positive in relation to the leadership of locally managed services. The remaining three areas in the inspection framework; safe, effective and responsive were given a rating of 'requires improvement'. SPFT has acknowledged a need to make progress in these areas.

3.3 With regard to services being 'safe', the inspection identified two issues; high demand for the service and staffing levels in services across the division which impacted on timely access. The vacancy rate is constantly under review and the Trust is offering recruitment incentives to address this. The rating for services being 'effective' was given because at the time children and

young people in Kent and Medway did not have access to a Designated Place of Safety. ‘Place of Safety’ is the name given to a space Police are able to take a member of the public to if they appear to be a danger to themselves or others in order to be assessed by a doctor. This was in development at the time and is now in place. The rating for services not being ‘responsive’ was a repeat of the lack of availability of a ‘Place of Safety’.

3.4 The CQC also used the opportunity to identify good practice. This included the development of the Home Treatment Team which works intensively alongside mainstream service to support young people 24/7. The aim is to reduce admissions to inpatient units, facilitate early discharge and provide emergency response and support risk management. This service was mentioned a number of times as good practice throughout the report.

4. Performance data

4.1 The following tables show the performance of the service over the last six months. District data is not yet available. SPFT have introduced a new IT system and are expecting to be able to provide district based data from February 2016. Data is not available for the month of July as this is the period when the new system was installed.

Table 1 – Caseload of the children in care service

	Ashford	Cant & coastal	DGS	SKC	Swale	Thanet	West Kent	Total
March	33	76	63	76	62	72	45	427
April	33	84	59	71	66	74	44	431
May	34	77	26	65	57	78	48	385
June	31	102	29	65	65	105	48	445
August	36	89	32	81	59	88	38	423
Sept	43	92	37	82	56	85	42	437

Table 2 – New referrals by month to children in care service

	March	April	May	June	August	September
TOTAL	53	43	41	46	27	34

Table 3 - Time waited from referral to first assessment

	March	April	May	June	August	September
TOTAL Assessment	45	16	17	31	13	19
Average length of waiting time (weeks)	3	9	2	11	10	6

Target: 4 – 6 weeks from referral to assessment

Table 4 - Time waited from referral to first treatment

	March	April	May	June	August	September
0 - 4 weeks	20	8	10	13	0	7

5 - 10 weeks	13	4	4	10	1	11
11 - 13 weeks	3	3	4	3	0	0
14 - 18 weeks	3	0	4	0	0	0
19 - 25 weeks	1	1	0	0	0	0
26+ weeks	4	2	1	0	0	0
TOTAL Entering Treatment	**44**	**18**	**23**	**26**	**1**	**18**

Target: 8 – 10 weeks from referral to treatment

4.2 The current average waiting time for assessment is six weeks. During September 63% of children in care had an assessment within six weeks and 100% of children received treatment within ten weeks from referral.

5. User feedback

5.1 SPFT use two questionnaires to gather feedback from children and young people and parents about the quality of the service that they have received; the NHS standard Friends and Family Test (FFT) and the Commission for Health Experience of Service Questionnaire (CHI-ESQ). Commissioners have repeatedly stressed the need to gather user feedback to inform the improvement and development of the service. SPFT have explained that the questionnaires are completed on a voluntary basis, but they will renew their efforts to get more feedback.

5.2 The numbers of responses are low; there have been 24 FFTs and four CHI-ESQs. The following are some of the comments received.

“Being listened to and believed.”
“Being able to talk and hear views and have different things to try.”
“Really useful meetings and opportunities for professionals put their views and ideas forward to support the young person.”

5.3 Feedback from foster carers has been positive about the support they have had from the children in care CAMHS service.

Appendix 1 gives two short case studies
Appendix 2 has a copy of a completed CHI-ESQ report
Appendix 3 is the September FFT report

6. Partnership working

6.1 SPFT/CIC CAMHS are working with the Fostering team to develop a new model of support for adolescents who typically are hard to place because of their behaviour (aggression, absconding, arson, self-harm) and who frequently have to be placed in independent foster placements.

6.2 The pilot which started early November and will be reviewed in six months, involves a network of three foster carers who each have an adolescent placed with them and a fourth foster carer who provides respite whenever it is needed to prevent the placement breaking down. CIC CAMHS provide the support to

help understand and manage the behaviours. Virtual School Kent is also involved to ensure that the young person remains engaged in education.

7. Conclusions

7.1 SPFT have embraced partnership working, they have responded to the needs of vulnerable children and young people by developing and testing new models of providing support.

7.2 As noted above, SPFT have remodelled the children in care CAMHS service and are now providing a good service for Kent's children in care.

8. Recommendations

Recommendations: The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the content of the report.

9. Appendices

Appendix 1 – Case Study 1 and 2
Appendix 2 – Example of a completed CHI-ESQ survey
Appendix 3 – Sussex Partnership Ward Analysis

10. Background Documents

Children's Social Care and Health Cabinet Committee reports – 20 January 2015 and 8 September 2015

11. Lead Officer

Thom Wilson
Head of Strategic Commissioning, Children's
03000 416850
Thom.wilson@kent.gov.uk

Lead Director

Philip Segurola
Director, Specialist Children's Services
03000 413120
Philip.segurola@kent.gov.uk

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Appendix 1

Case studies

Case study 1

BD is a young white British male with two younger brothers in the same foster placement. He has been in his foster placement with his two siblings for three years. BD and his siblings are in foster care because of the neglect they experienced when in the care of their parents and exposure to substance misuse, domestic abuse and a chaotic home environment.

BD was referred to CIC because he was being disruptive in the home through his behaviour with his female foster carer by pushing boundaries and also soiling. BD's foster carer was asking for guidance on how to manage his behaviour in the home and the soiling. Guidance was also being sought around transition of schools.
BD was also talking about his birth mother and how he wanted to go back when he was 18 years old.

Intervention provided by CIC

- Professionals meeting.
- 3 weekly network support which involved all key professionals i.e. Foster carer, social worker VSK and school.
- 8 Sessions of direct work with BD and the Foster Carer in the home around attachment / bonding.

Outcomes

- BD engaged well with the sessions in the home between himself and the foster carer.
- His engagement with the sessions enabled him to talk about and name some of his feelings around his mother.
- There has been a decrease in soiling and BD is starting to acknowledge when he is soiling and taking some responsibility for it.
- The transition between the schools was a positive experience for BD and he has settled well into his new school but he was also able to acknowledge some of the difficult feelings around the loss of relationships from his previous school.

What went well

- BD engaging with the therapeutic work.
- The transition between schools which the network supported.
- The foster carer using the therapeutic sessions to bond with BD so that his attachment to her can grow and develop.
- The network was open to and engaged using the space from the network meetings to focus and understand BDS needs.

The work with BD remains on going as he has asked for individual sessions which reflect his trust in the therapeutic process. The network remains in place to support the foster carer as the individual therapeutic work with BD takes place.

Case study 2

X is an 8-year old boy. He was referred to the CIC team because his behaviour included aggression towards his sibling, not settling at night, questions about his birth family, disruptive behaviour, expressing distress, trying to run away and being verbally abusive to the family.

Intervention provided by CIC

- A network meeting with his foster carer on a two-weekly basis. This focussed on supporting the carer to manage X's behaviour at home and to cope with the demands of caring for him.
- CIC CAMHS met regularly with the network, this helped the social worker plan giving information about his birth mother.

Outcomes

- Improvements in X's behaviour.
- School provided play therapy and the therapist attended and contributed to the network.
- X made such good progress that the case was closed to the CIC team.

What went well

- The foster carer engaged really well with the support and used the sessions well. She was able to think of ways of changing how she responded to X.
- The Play Therapist joined the network.

X was re-referred as a number of factors combined to lead to an increase in more unsafe behaviours at home and also increased aggression to the carer.
The following factors impacted on his behaviour

- His social worker leaving
- Being told new information about younger siblings
- Play therapy coming to an end
- A younger child entering the placement

Since re-referral CIC CAMHS have met with him, his carer and brother for family therapy. CIC CAMHS have also resumed foster carer support. Feedback from the network and carer is very positive and they feel the team provide good support for them.

Appendix 2

Example of a completed CHI-ESQ survey

CORC ADAPTED PARENT EXPERIENCE OF SERVICE QUESTIONNAIRE

Please think about the appointments you, your child and/or your family have had at this service or clinic.

For each item, please tick the box that best describes what **you** think or feel about the service (e.g. ☑).

	Certainly True	Partly True	Not True	Don't know	
I feel that the people here listened to me	☑	☐	☐	☐	1
It was easy to talk to the people here	☑	☐	☐	☐	2
I was treated well by the people here	☑	☐	☐	☐	3
My views and worries were taken seriously	☑	☐	☐	☐	4
I feel the people here know how to help with the Problem(s) I came for	☑	☐	☐	☐	5
I have been given enough explanation about the help available here	☑	☐	☐	☐	6
I feel that the people here are working together to help with the problem(s)	☑	☐	☐	☐	7
The facilities here are comfortable (e.g. waiting area)	☑	☐	☐	☐	8
The appointments are usually at a convenient time (e.g. don't interfere with work, school)	☑	☐	☐	☐	9
It is quite easy to get to the place where the appointments are	☑	☐	☐	☐	10
If a friend needed similar help, I would recommend that he or she come here.	☑	☐	☐	☐	11
Overall, the help I have received here is good	☑	☐	☐	☐	12

PLEASE TURN OVER...

What was really good about your care? *13*

Being able to talk and hear views and diffrent things to try

Was there anything you didn't like or anything that needs improving? *14*

Is there anything else you want to tell us about the service you received? *15*

extremley pleasent and comfortable.

THANK YOU FOR YOUR HELP

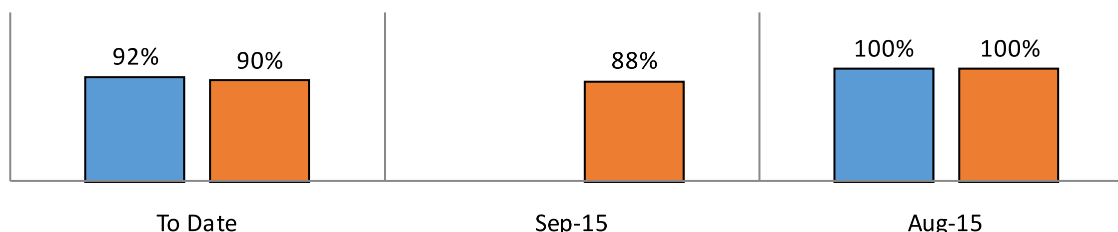
Appendix 3

Sussex Partnership NHS
NHS Foundation Trust

Sussex Partnership Ward Analysis

September 2015
Children in Care

Children in Care Friends and Family Test Results: September 2015

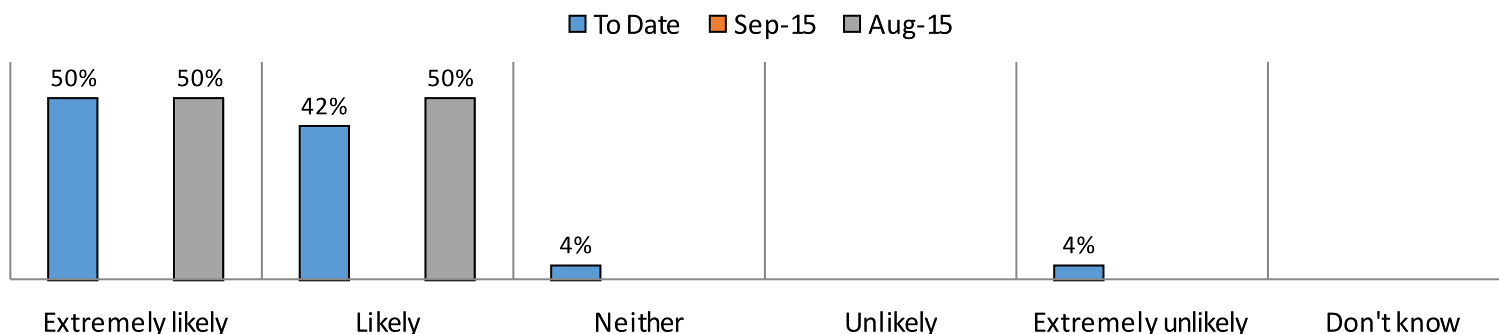


	To Date	Sep-15	Aug-15
Children in Care	24	0	2
CHYPS/ CAMHS Kent	368	23	15

This chart shows the % and number of respondents answering the FFT question "How likely are you to recommend our ward/ service/team to friends and family if they needed similar care or treatment?" as either Extremely Likely or Likely, combined (known as the Combined Positive Response rate). It compares ward/service/ team performance with that of the division as a whole. The results are shown both as % of all ratings and as a number of responses. The current month's cumulative results are compared with those from the previous month and all results collected to date.

The headings under the bar chart relate to the chart above and the table below.

Children in Care score distribution: September



	Extremely likely	Likely	Neither	Unlikely	Extremely unlikely	Don't know
To Date	13	11	1	0	1	0
Sep-15	0	0	0	0	0	0
Aug-15	1	1	0	0	0	0

This chart shows the distribution of scores across the whole scale of responses to the FFT question " How likely are you to recommend our ward/ service/ team to friends and family if they needed similar care or treatment? The results are shown both as % of all ratings and as a number of responses. The current month's cumulative results are compared with those from the previous month and all results collected to date.

The headings under the bar chart relate to the chart above and the table below.

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Sussex Partnership NHS
NHS Foundation Trust

Sussex Partnership Ward Analysis

September 2015 - Free Text Comments

ID	date	Ward	Patient / Carer	Opt Out	How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	What is the main reason for the answer you have given?	Please suggest anything that we could have done better during your time with us?	How important would this be to your overall care?

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

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

To: Children's Social Care and Health Cabinet Committee – 2 December 2015

Subject: **Update on Specialist Children's Services 0-25 Transformation Programme**

Classification: Unrestricted

Past Pathway of Paper: Children's Services Improvement Panel – 24 November 2015

Future Pathway of Paper: None

Electoral Division: All

Summary: This report is intended to provide a summary of progress of the 0-25 Transformation Programme including a brief overview on the progress of each work stream.

Recommendations: The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the content of this report.

1. Introduction

1.1 This report provides a summary of the 0-25 Transformation Programme progress to date. The implementation phase of the programme began in March 2015. The majority of the work streams are now fully implemented across the county. The key performance indicators (KPIs) are showing strong performance. Sustainability is now the key focus, ensuring KPIs remain stable or improve.

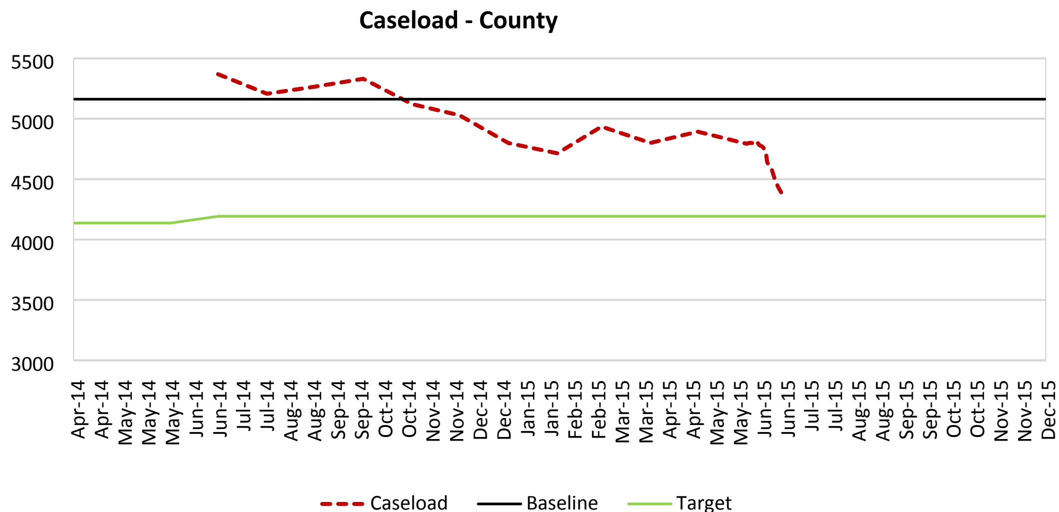
1.2 This paper will give a brief overview to the progress of each work stream.

2. Programme Progress Summary

2.1 *Specialist Children's Services (SCS) – Children Social Work Teams*

2.1.1 Case progression is the terminology used to describe the new model in place for Children's Social Work Teams. This enables social workers and managers to see the progress they are making with each family at all times, and are then more able to focus their efforts on those who need help most.

2.1.2 The Case progression methodology is now live in all areas across the county Through reduction in case drift (elapsed time with no significant intervention), the current position is a 20% reduction in total case holding in Children's Social Work Teams (previously known as Assessment and Intervention Teams and Family Support Teams).



2.1.3 This has been achieved despite a local and national trend of increasing demand on children's social care. Referrals have increased by 9% over the past year in Kent.

2.1.4 Newton Europe has been working in partnership with the Safeguarding and Quality Assurance Team to embed the methodology and culture required for both the case progression and Signs of Safety to be a sustainable success. Signs of Safety is a practice model that supports practitioners to focus on family strengths and safety to help develop greater resilience, and is being rolled out across children's social care and early help.

2.1.5 The reduction in caseload will allow for an equitable establishment, with a target of 18 cases per frontline social worker - a significant reduction for the county. This will allow for more time from social workers to be spent with those children most in need.

2.2 ***SCS – Children in Care Teams***

2.2.1 The Children in Care (CiC) service design is now complete subject to management approval. Each area will operate a dedicated contact service (a supervised period of time for children to meet their family or carers who they may now be removed from), ensuring consistency across the county in approach and practice. Case holding of 15 children per CIC frontline social worker (excluding Unaccompanied Asylum Seeking Children) is the target, with most areas now achieving that.

2.2.2 The revised design will allow the service to either support more demand with the same level of resource, or reduce resource due to increased efficiency. Owing to the substantial numbers of Unaccompanied Asylum Seeking

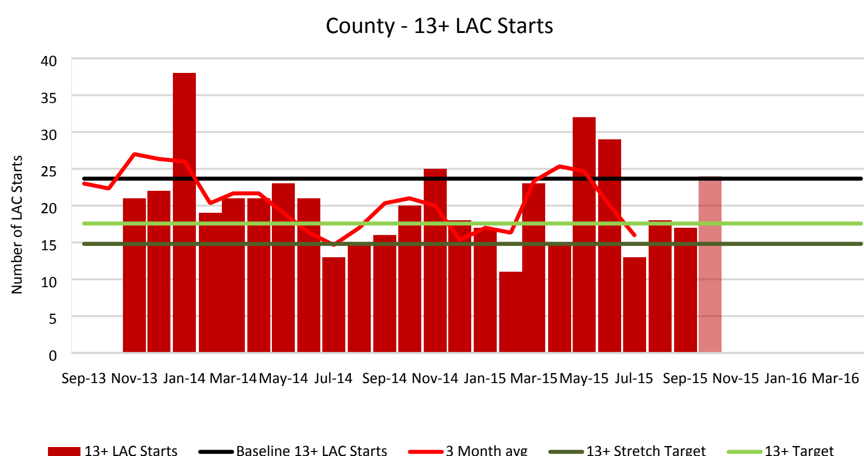
Children arriving it Kent, the new model is enabling us to support more children with current resource – reducing the number of additional social workers needed.

2.3 ***SCS – Adolescent Support Teams (AST)***

2.3.1 There is now an Adolescent Support Service live in each area of the county. The service is providing targeted help for those adolescents who are most likely to enter a period of crisis that could lead to care. Working intensively with the families and young people, the service aims to stabilise the environment and decrease the likelihood of the young person leaving the family.

2.3.2 There are now over 60 fewer children in care as a result of the project, with the expectation of 100 likely to be surpassed by the end of the project. The council takes great care to ensure that these children are able to remain safely at home with their families and that they are not exposed to risk.

2.3.3 The graph below shows the reduction in looked after children (LAC) starts achieved, with the average now significantly below baseline (the number at the start of the project).



2.3.4 In cases where we cannot avoid taking a child into care, the service is seeking to increase the number of young people who are reunited with the family. The KPI is showing a progressive increase to an average of ten reunifications per month.

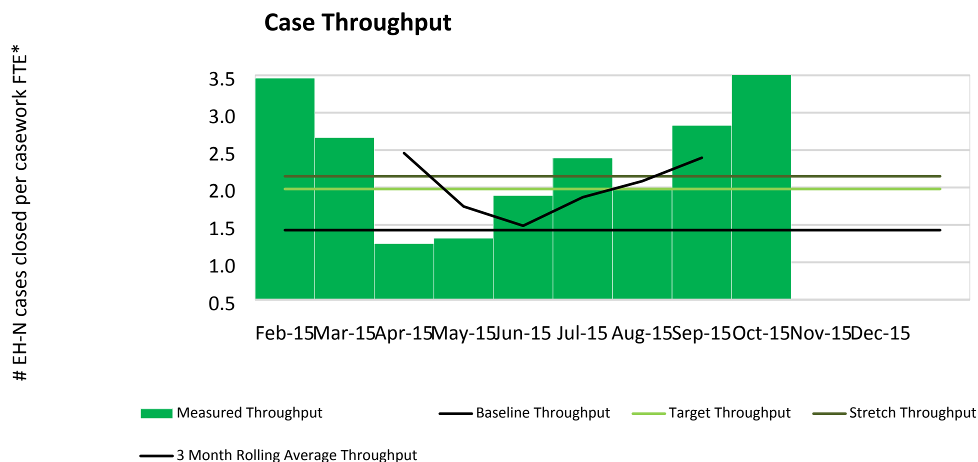
2.3.5 The new service is both reducing costs and improving outcomes for Kent's young people.

2.4 ***Early Help***

2.4.1 The Early Help service has undergone complete transformation over the past 18 months. Key to the transformation is the 'unit' based structure. A unit is defined by a group of practitioners with multiple skillsets providing more holistic help to those that need it, and preventing children and families' needs escalating to the point of statutory Specialist Children's Services intervention The restructure that has been supported by the 0-25 transformation programme is now live across the county.

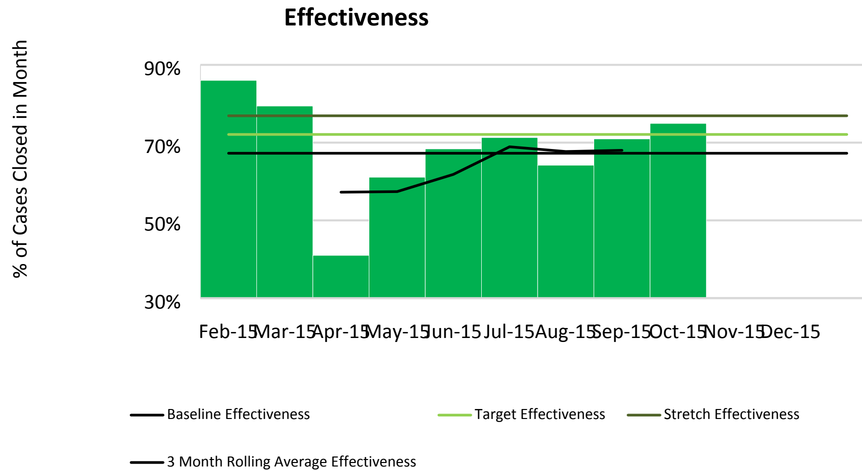
2.4.2 Specific, measurable, achievable, relevant and time bound (SMART) objectives are planned for each child or family, providing a platform for good practice and timely intervention. Each manager has access to a case monitoring dashboard to give visibility of progress and flag issues where further support may be required. 'Rolled up' views then provide district and area based summaries to ensure teams get support when needed.

2.4.3 The graph below shows the increasing productivity and efficiency of the service, increasing case throughput (the number of cases that each worker completes support and closes) from under 1.5 to the current performance over 2.2 per frontline worker per month. Similar to the social care case progression methodology, Early Help has increased capacity by reducing drift. The service now has increased capacity to work with Kent's community.



2.4.4 A key focus has been on the effectiveness of the service. This measure seeks to reduce step-ups to social care and disengagement from the service by families.

2.4.5 The graph below shows the service is now operating at target level of effectiveness and will continue to work towards the stretch target. This is testament to the hard work from all levels of the service.

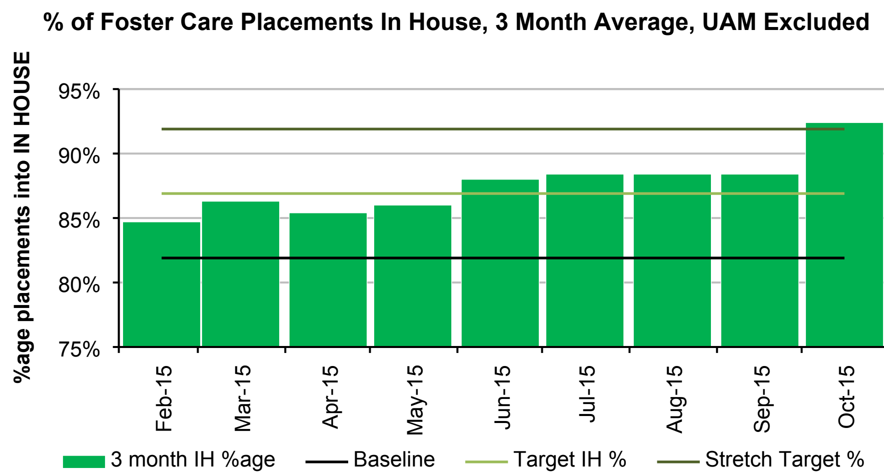


2.4.6 The Early Help Liberi module is due to go live at the end of 2015. This will provide a platform for greater levels of visibility of the flows between Early Help and SCS.

2.5 *External spend – Fostering*

2.5.1 The Fostering work stream has focused on maximising the use of the authority's in-house foster carers. Kent can use the in-house service or an Independent Fostering Agency (IFA).

2.5.2 Through distance based searches, vacancy dashboards and new processes the use of the authority's in-house services vs IFAs has increased to over 90%. Each IFA placement avoided, saves approximately £500 per week. By reducing the number of children entering IFA foster placements, the work stream is on track to prevent spending of more than £1million per year.

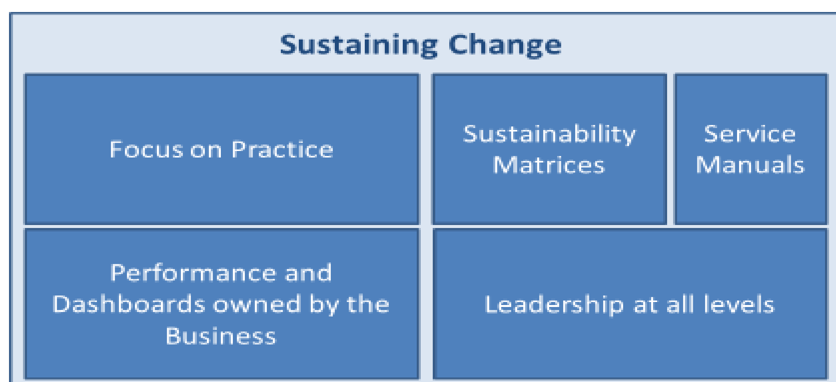


3. 0-25 transformation sustainability

3.1 Having demonstrated the ability to improve outcomes and efficiency through changing ways of working. The challenge now is to ensure that

these these changes are sustained, embedding the new way of working to ensure that the benefits continue in the future.

3.2 Our approach is summarised in the diagram below:



3.3 Focus on practice is being led in SCS by Practice Development Officers and in Early Help by Practice Development Leads. The programme has identified that in order to create real change there is a need to work alongside practitioners, using their language and their aspirations to design an approach that leads to better outcomes for children and families.

3.4 The process changes undertaken with Newton Europe have given a platform for the embedding good practice. An excellent example is the Case progression model which uses the Signs of Safety methodology at its core.

3.5 Dashboards and performance reports that show key information about progress, have been developed through the programme and will be transferred to Kent teams for ownership and maintenance. This has already happened in many cases. In addition to these, interactive Service Manuals outline all changes and new ways of working, and can be used as refreshers for existing staff and to train new staff. These will also be used to undertake "health checks" to verify if new approaches are still on track.

3.6 The first work stream to enter the sustainability phase (meaning the goal has been achieved and there will be no further involvement from Newton Europe) is fostering. Performance in this work stream continues to rise, demonstrating the sustainability of the change.

4. Recommendations

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the content of this report.

5. Background Documents

None

6. Lead Officer

Thom Wilson
Head of Strategic Commissioning, Children's
03000 416850
Thom.wilson@kent.gov.uk

Lead Director

Philip Segurola
Director – Specialist Children's Services
03000 413120
Philip.segurola@kent.gov.uk

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

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

To: Children's Social Care and Health Cabinet Committee
2 December 2015

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

Classification: Unrestricted

Previous Pathway: None

Future Pathway: None

Electoral Division: All

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

Recommendation: Members of the Children's Social Care and Health Cabinet Committee are asked to **NOTE** the SCS performance dashboard

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1. Introduction

1.1 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."

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

2. Children's Social Care Performance Report

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

2.2 The SCS performance dashboard includes latest available results which are for October 2015.

2.3 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.

2.4 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.

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

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

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

2.8 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.

3. Summary of Performance

3.1 There are 44 measures within the SCS Performance Scorecard with a RAG (Red, Amber, Green) rating applied. Of these 17 are rated as Green, 22 as Amber and 5 indicators are rated as Red. Exception reporting against the 5 measures with a Red RAG rating is included within the Report attached as Appendix A.

3.2 In comparison to performance for the previous month (September 2015), 20 of the performance measures have shown an improvement, 3 of the measures have remained the same and 21 measures have shown a reduction.

3.3 In comparison to performance for March 2015, 21 of the performance measures show improvement and 23 measures show a reduction.

3.4 An additional page showing the impact on performance by the increasing cohort of Unaccompanied Asylum Seeking Children has been included within the Report in Appendix A.

4. Recommendations

4.1 Members of the Children's Social Care and Health Cabinet Committee are asked to **NOTE** the SCS performance dashboard

5. Report Author

Maureen Robinson
Management Information Service Manager for Children's Services
03000 417164
Maureen.robinson@kent.gov.uk

6. Appendices

Appendix A – Specialist Children's Service Performance Dashboard Scorecard

6. Background Documents

None

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Social Care, Health and Wellbeing

Specialist Children's Services Performance Management Scorecard

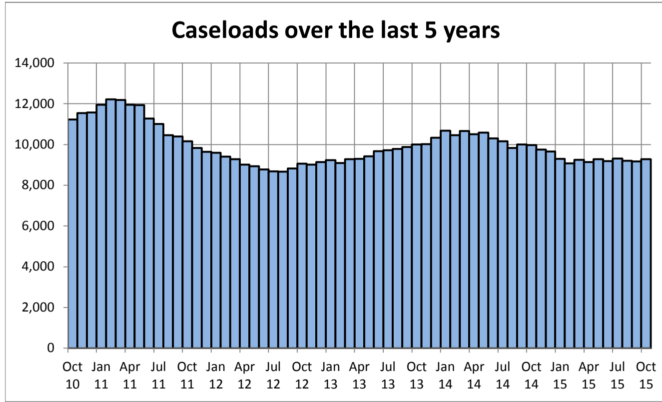
2nd December 2015

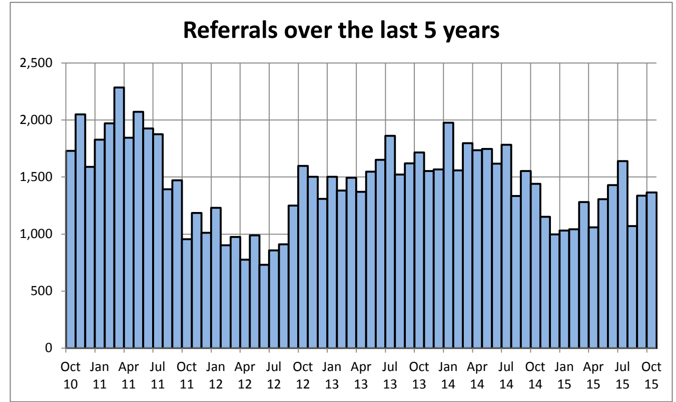
SCS Activity

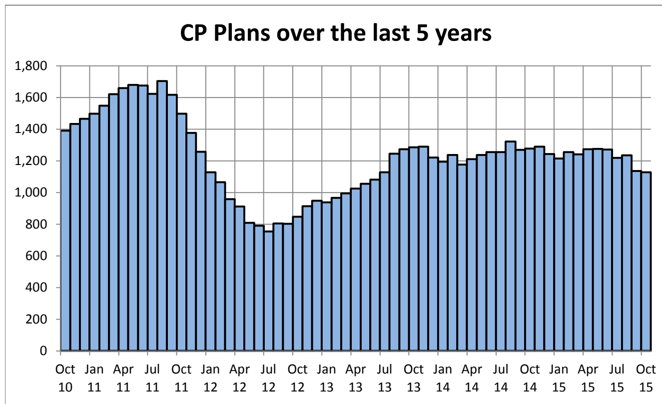
	Caseloads - This month	Caseloads - Last month	Caseloads - Change	Referrals in last month	CF Assessments in last month	CP Plans - This month	CP Plans - Last month	CP Plans - Change	CP Starts in last month	CP Ends in last month	Total LAC - This month	Total LAC - Last month	Total LAC - Change	UASC LAC - This month	UASC LAC - Last month	UASC LAC - Change	LAC Starts in last month	LAC Ends in last month	PF Cases - This month	PF Cases - Last month	PF Cases - Change
Kent	9284	9176	+108	1365	1315	1127	1135	-8	108	119	2378	2206	+172	945	771	+174	259	76	38	35	+3
North Kent	1096	1072	+24	231	202	177	159	+18	33	14	281	287	-6	85	88	-3	11	17	4	5	-1
East Kent	2310	2389	-79	430	435	461	471	-10	24	34	684	693	-9	131	139	-8	11	16	14	11	+3
South Kent	1678	1802	-124	215	383	318	308	+10	40	34	378	380	-2	74	78	-4	12	14	11	11	0
West Kent	1283	1213	+70	229	199	165	191	-26	10	35	379	359	+20	104	83	+21	9	10	9	8	+1
Disability Service	1232	1235	-3	23	49	6	6	0	1	2	101	100	+1	0	0	0	1	1	0	0	0
Ashford AIT & FST	378	441	-63	63	131	88	94	-6	8	10	1	6	-5	0	0	0	4	1	1	1	0
Canterbury AIT & FST	401	368	+33	119	69	114	124	-10	2	12	8	14	-6	0	0	0	1	0	12	10	+2
Dartford AIT & FST	229	189	+40	84	61	46	40	+6	12	5	10	14	-4	0	0	0	2	1	0	0	0
Dover AIT & FST	392	424	-32	86	132	84	78	+6	10	7	2	1	+1	0	0	0	2	0	10	9	+1
Gravesham AIT & FST	338	340	-2	90	79	88	79	+9	16	7	2	1	+1	0	0	0	5	3	1	1	0
Maidstone AIT & FST	432	377	+55	122	109	89	100	-11	6	17	13	13	0	0	0	0	1	2	1	1	0
Sevenoaks AIT & FST	238	246	-8	57	60	33	30	+3	5	2	6	6	0	0	0	0	3	3	3	4	-1
Shepway AIT & FST	467	506	-39	55	101	137	132	+5	22	14	0	4	-4	0	0	0	1	1	0	0	0
Swale AIT & FST	524	547	-23	140	119	154	150	+4	14	8	2	2	0	0	0	0	1	1	1	0	+1
Thanet AIT & FST	611	666	-55	164	214	175	180	-5	8	12	9	7	+2	0	0	0	4	0	1	1	0
The Weald AIT & FST	434	423	+11	107	84	68	74	-6	4	10	3	3	0	0	0	0	6	2	8	7	+1
North Kent CIC	291	297	-6	0	2	10	10	0	0	0	263	266	-3	85	88	-3	1	10	0	0	0
East Kent (Can/Swa) CIC	347	365	-18	0	6	6	5	+1	0	1	336	331	+5	83	84	-1	0	5	0	0	0
East Kent (Tha) CIC	427	443	-16	7	27	12	12	0	0	1	329	339	-10	48	55	-7	5	10	0	0	0
South Kent CIC	441	431	+10	11	19	9	4	+5	0	3	375	369	+6	74	78	-4	5	12	0	1	-1
West Kent CIC	417	413	+4	0	6	8	17	-9	0	8	363	343	+20	104	83	+21	2	6	0	0	0
UASC AIT	565	392	+173	213	47	0	0	0	0	0	551	383	+168	551	383	+168	171	17	0	0	0
Disability EK	586	586	0	11	19	3	3	0	1	1	64	65	-1	0	0	0	0	0	0	0	0
Disability WK	646	649	-3	12	30	3	3	0	0	1	37	35	+2	0	0	0	1	1	0	0	0
Adoption & SG	114	109	+5	5	0	0	0	0	0	0	4	4	0	0	0	0	0	0	0	0	0
CDT/OOH/CRU	69	33	+36	19	0	0	0	0	0	0	0	0	0	0	0	0	44	0	0	0	0
Care Leaver Service (18+)	937	931	+6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0

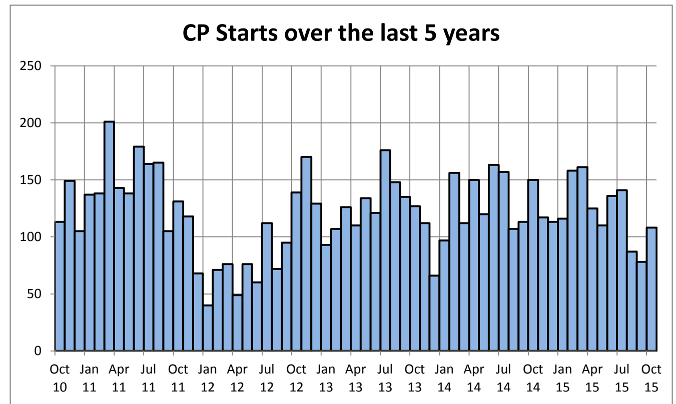
SCS Activity

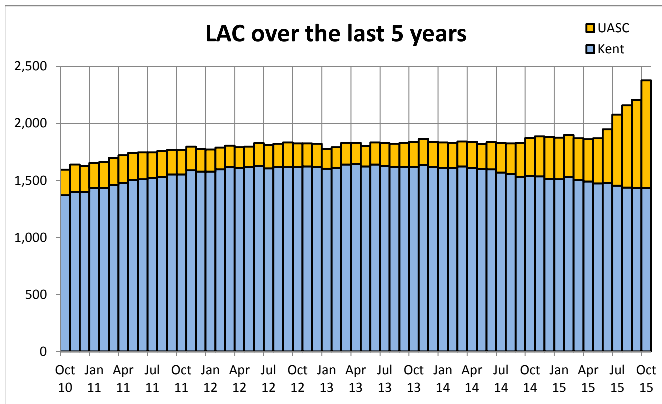
County Level

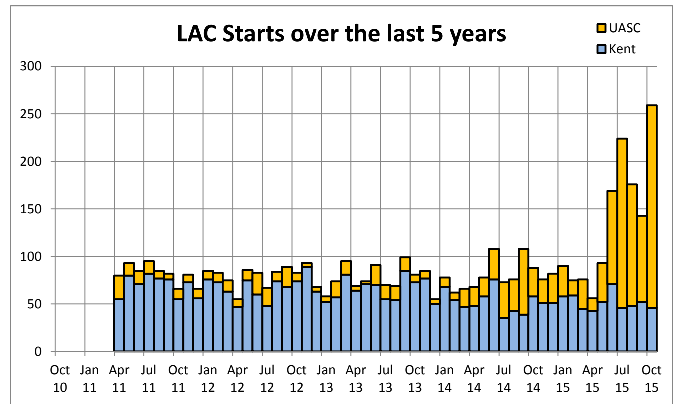


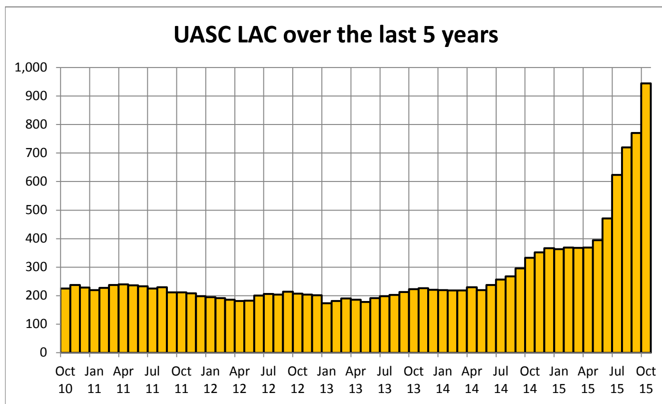


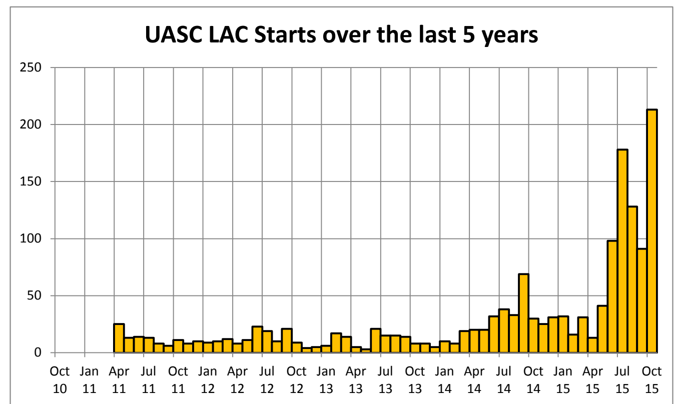












Scorecard - Kent

Oct 2015

	Indicators	Polarity	Data Period	LATEST RESULT: Latest Result and RAG Status		Num	Denom	Target for 15/16	PREVIOUS RESULT: Previous Reported Result	DoT from previous to latest result	OUTTURN RESULT: Outturn (March 15) Result	DoT from outturn to latest result
	REFERRAL AND ASSESSMENTS											
1	% of referrals with a previous referral within 12 months	L	YTD	20.8%	G	1913	9209	25.0%	21.1%	↑	28.5%	↑
2	% of C&F Assessments that were carried out within 45 working days	H	YTD	89.8%	A	8766	9767	90.0%	90.0%	↓	84.3%	↑
3	Number of C&F Assessments in progress outside of timescale	L	SS	44	G	-	-	75	57	↑	26	↓
4	% of Children seen at C&F Assessment (excludes unborn/missing)	H	YTD	98.0%	A	9024	9209	98.0%	97.9%	↑	97.4%	↑
	CHILDREN IN NEED											
5	% of CIN with a CIN Plan in place	H	SS	89.9%	A	1970	2191	90.0%	86.0%	↑	87.2%	↑
6	% of CIN who have been seen in the last 28 days	H	SS	82.9%	G	1478	1783	70.0%	82.5%	↑	61.3%	↑
7	Numbers of Unallocated Cases	L	SS	86	R	-	-	0	0	↓	0	↓
	PRIVATE FOSTERING											
8	% of PF notifications where initial visit held within 7 days	H	YTD	73.8%	R	31	42	85.0%	72.5%	↑	88.4%	↓
9	% of new PF arrangements where visits were held within 6 weeks	H	YTD	90.7%	G	39	43	85.0%	91.2%	↓	88.0%	↑
10	% of existing PF arrangements where visits were held in time	H	YTD	76.9%	A	20	26	85.0%	76.9%	→	57.1%	↑
	CHILD PROTECTION											
11	% of Current CP Plans lasting 18 months or more	L	SS	4.0%	G	45	1127	10.0%	3.3%	↓	5.5%	↑
12	% of CP Visits held within timescale (Current CP only)	H	SS	92.1%	G	15641	16988	90.0%	92.1%	↓	91.5%	↑
13	% of CP cases which were reviewed within required timescales	H	SS	100.0%	G	858	858	98.0%	100.0%	→	99.4%	↑
14	% of Children becoming CP for a second or subsequent time within 24 months	T	YTD	10.3%	A	81	785	7.5%	10.9%	↑	7.5%	↓
15	% of CP Plans lasting 2 years or more at the point of de-registration	L	YTD	3.2%	G	29	899	5.0%	3.7%	↑	2.2%	↓
16	% of Children seen at Section 47 enquiry (excludes unborn)	H	YTD	97.9%	A	2578	2632	98.0%	97.8%	↑	98.6%	↓
17	% of ICPC's held within 15 working days of the S47 enquiry starting	H	YTD	84.5%	G	664	786	75.0%	82.4%	↑	80.7%	↑
18	% of Initial CP Conferences that lead to a CP Plan	T	YTD	88.1%	G	785	891	88.0%	87.9%	↓	90.3%	↑
	CHILDREN IN CARE											
19	CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	10.4%	A	247	2378	9.0%	9.6%	↓	9.6%	↓
20	CIC Placement Stability: % in same placement for last 2 years	H	SS	72.3%	G	412	570	70.0%	73.5%	↓	72.7%	↓
21	% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	77.8%	A	1161	1492	85.0%	80.8%	↓	82.9%	↓
22	% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	81.1%	G	1114	1373	80.0%	81.4%	↓	82.3%	↓
23	% of Children who participated at CIC Reviews	H	YTD	94.7%	A	2860	3019	95.0%	94.8%	↓	95.6%	↓
24	% of CIC cases which were reviewed within required timescales	H	SS	87.0%	R	1854	2132	98.0%	90.1%	↓	97.1%	↓
25	% of CIC cases where all Dental Checks were held within required timescale	H	SS	88.5%	A	1295	1464	90.0%	91.5%	↓	89.0%	↓
26	% of CIC cases where all Health Assessments were held within required timescale	H	SS	91.2%	G	1335	1464	90.0%	90.6%	↑	89.7%	↑
27	% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	54.9%	G	559	1018	50.0%	53.8%	↑	47.0%	↑
	ADOPTION											
28	% of cases adoption agreed as plan by 2nd review, for those with an agency decisio	H	YTD	68.1%	R	32	47	86.0%	68.1%	→	68.2%	↓
29	Ave. no of days between bla and moving in with adoptive family (for children adopt	L	YTD	545.3	A	33809	62	426.0	544.6	↓	540.3	↓
30	Ave. no of days between court authority to place a child and the decision on a matc	L	YTD	239.8	R	14870	62	121.0	236.3	↓	209.5	↓
31	% of Children leaving care who were adopted	H	YTD	10.4%	A	62	599	13.0%	11.3%	↓	19.7%	↓
	CARE LEAVERS											
32	% of Care Leavers that Kent is in touch with	H	YTD	68.5%	A	559	816	75.0%	65.7%	↑	72.9%	↓
33	% of Care Leavers in Suitable Accommodation	H	YTD	61.3%	A	500	816	78.0%	59.1%	↑	64.9%	↓
34	% of Care Leavers in Education, Employment or Training	H	YTD	39.5%	A	322	816	45.0%	38.0%	↑	39.3%	↑
	QUALITY ASSURANCE											
35	% of Case File Audits completed	H	YTD	98.3%	G	411	418	95.0%	99.1%	↓	95.8%	↑
36	% of Case File Audits rated Good or outstanding	H	YTD	54.5%	A	224	411	60.0%	50.7%	↑	36.2%	↑
37	% of Case File Audits rated inadequate	L	YTD	3.9%	A	16	411	0.0%	4.1%	↑	11.9%	↑
38	% of CP Social Work Reports rated good or outstanding	H	YTD	71.5%	A	1011	1413	75.0%	72.0%	↓	71.2%	↑
39	% of CIC Care Plans rated good or outstanding	H	YTD	61.9%	G	1998	3229	60.0%	62.7%	↓	46.6%	↑
	STAFFING											
40	% of caseholding posts filled by KCC Permanent QSW	H	SS	75.7%	A	331.2	437.8	85.0%	75.4%	↑	79.0%	↓
41	% of caseholding posts filled by agency staff	L	SS	19.6%	A	85.8	437.8	15.0%	20.4%	↑	18.6%	↓
42	Average Caseloads of social workers in CIC Teams	L	SS	16.1	A	1923	119.4	15.0	17.0	↑	15.7	↓
43	Average Caseloads of social workers in AIT & FST	L	SS	19.4	G	4444	228.9	20.0	19.0	↓	20.2	↑
44	Average Caseloads of fostering social workers	L	SS	19.7	A	872	44.3	18.0	19.5	↓	17.3	↓

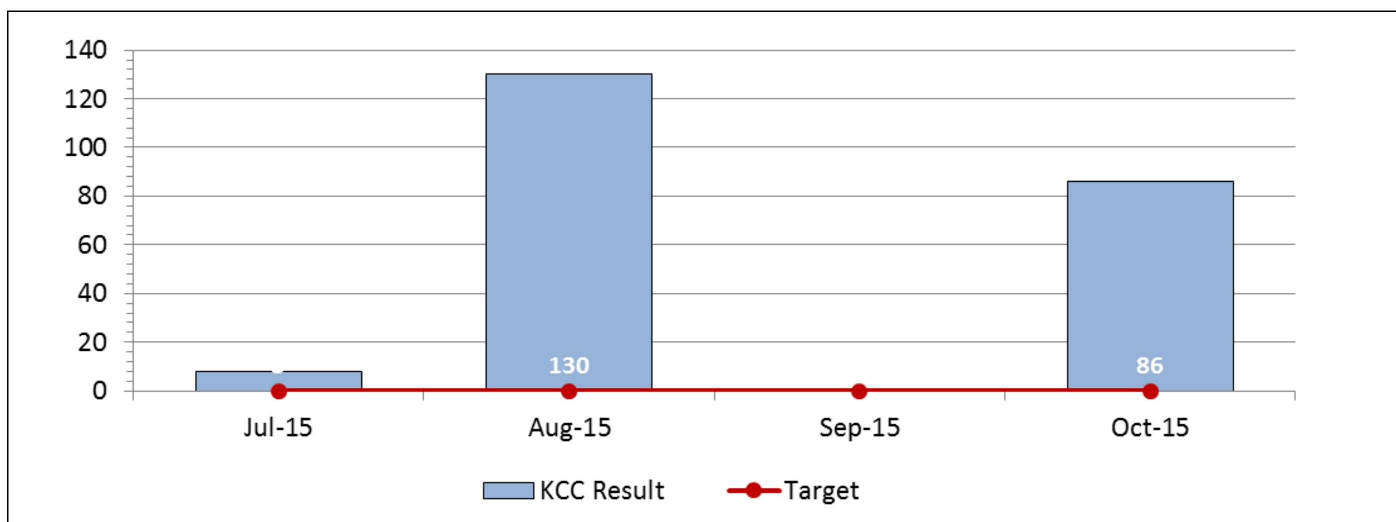
PERFORMANCE SUMMARY

As at 31/10/2015, Kent has 17 indicators rated as Green, 22 indicators rated as Amber and 5 indicators rated as Red. When comparing performance from last month to this month, 20 indicators have shown an improvement, 3 indicators have remained the same and 21 indicators have shown a reduction. When comparing performance from outturn (March 15) to this month, 21 indicators have shown an improvement, 0 indicators have remained the same and 23 indicators have shown a reduction.

Scorecard - Impact of UASC

Indicators	Polarity	Data Period	INCLUDING UASC: Latest Result and RAG Status		Num	Denom	Target for 15/16	EXCLUDING UASC: Latest Result and RAG Status		Num	Denom	Variance with UASC excluded
CHILDREN IN CARE - KENT												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	10.4%	A	247	2378	9.0%	9.5%	A	136	1433	-0.9%
CIC Placement Stability: % in same placement for last 2 years	H	SS	72.3%	G	412	570	70.0%	72.1%	G	409	567	-0.1%
% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	77.8%	A	1161	1492	85.0%	87.0%	G	1031	1185	+9.2%
% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	81.1%	G	1114	1373	80.0%	81.1%	G	1114	1373	-
% of Children who participated at CIC Reviews	H	YTD	94.7%	A	2860	3019	95.0%	97.1%	G	1941	1999	+2.4%
% of CIC cases which were reviewed within required timescales	H	SS	87.0%	R	1854	2132	98.0%	98.6%	G	1378	1397	+11.7%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	88.5%	A	1295	1464	90.0%	89.2%	A	1072	1202	+0.7%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	91.2%	G	1335	1464	90.0%	93.0%	G	1118	1202	+1.8%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	54.9%	G	559	1018	50.0%	58.1%	G	554	953	+3.2%
CHILDREN IN CARE - NORTH KENT												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	15.7%	R	44	281	9.0%	12.2%	R	24	196	-3.4%
CIC Placement Stability: % in same placement for last 2 years	H	SS	74.6%	G	53	71	70.0%	74.3%	G	52	70	-0.4%
% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	80.5%	A	149	185	85.0%	83.9%	A	135	161	+3.3%
% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	78.0%	A	145	186	80.0%	78.0%	A	145	186	-
% of Children who participated at CIC Reviews	H	YTD	94.3%	A	396	420	95.0%	95.6%	G	259	271	+1.3%
% of CIC cases which were reviewed within required timescales	H	SS	99.6%	G	274	275	98.0%	100.0%	G	190	190	+0.4%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	93.9%	G	216	230	90.0%	94.4%	G	152	161	+0.5%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	96.1%	G	221	230	90.0%	98.8%	G	159	161	+2.7%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	50.0%	G	72	144	50.0%	56.0%	G	70	125	+6.0%
CHILDREN IN CARE - EAST KENT												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	9.2%	A	63	684	9.0%	8.7%	G	48	553	-0.5%
CIC Placement Stability: % in same placement for last 2 years	H	SS	75.8%	G	169	223	70.0%	75.6%	G	167	221	-0.2%
% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	91.0%	G	484	532	85.0%	92.6%	G	438	473	+1.6%
% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	89.3%	G	476	533	80.0%	89.3%	G	476	533	-
% of Children who participated at CIC Reviews	H	YTD	94.9%	A	929	979	95.0%	97.8%	G	772	789	+3.0%
% of CIC cases which were reviewed within required timescales	H	SS	96.6%	A	649	672	98.0%	97.6%	A	528	541	+1.0%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	82.9%	R	465	561	90.0%	83.5%	R	390	467	+0.6%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	88.9%	A	499	561	90.0%	91.6%	G	428	467	+2.7%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	56.5%	G	225	398	50.0%	59.6%	G	223	374	+3.1%
CHILDREN IN CARE - SOUTH KENT												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	13.0%	R	49	378	9.0%	10.9%	A	33	304	-2.1%
CIC Placement Stability: % in same placement for last 2 years	H	SS	70.6%	G	77	109	70.0%	70.6%	G	77	109	0.0%
% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	89.9%	G	258	287	85.0%	88.9%	G	224	252	-1.0%
% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	81.2%	G	238	293	80.0%	81.2%	G	238	293	-
% of Children who participated at CIC Reviews	H	YTD	96.6%	G	533	552	95.0%	96.9%	G	410	423	+0.4%
% of CIC cases which were reviewed within required timescales	H	SS	98.4%	G	363	369	98.0%	98.6%	G	291	295	+0.3%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	97.1%	G	306	315	90.0%	97.7%	G	251	257	+0.5%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	91.7%	G	289	315	90.0%	91.1%	G	234	257	-0.7%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	61.7%	G	124	201	50.0%	64.7%	G	123	190	+3.0%
CHILDREN IN CARE - WEST KENT												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	14.5%	R	55	379	9.0%	10.5%	A	29	275	-4.0%
CIC Placement Stability: % in same placement for last 2 years	H	SS	64.2%	A	79	123	70.0%	64.2%	A	79	123	0.0%
% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	75.3%	A	201	267	85.0%	79.9%	A	187	234	+4.6%
% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	73.6%	A	190	258	80.0%	73.6%	A	190	258	-
% of Children who participated at CIC Reviews	H	YTD	95.8%	G	459	479	95.0%	98.1%	G	363	370	+2.3%
% of CIC cases which were reviewed within required timescales	H	SS	95.9%	A	355	370	98.0%	99.6%	G	265	266	+3.7%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	85.4%	A	229	268	90.0%	88.1%	A	200	227	+2.7%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	89.6%	A	240	268	90.0%	93.0%	G	211	227	+3.4%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	45.4%	A	89	196	50.0%	48.1%	A	89	185	+2.7%
OTHER INDICATORS - COUNTY LEVEL												
% of Care Leavers that Kent is in touch with	H	YTD	68.5%	A	559	816	75.0%	72.5%	A	380	524	+4.0%
% of Care Leavers in Suitable Accommodation	H	YTD	61.3%	A	500	816	78.0%	64.7%	A	339	524	+3.4%
% of Care Leavers in Education, Employment or Training	H	YTD	39.5%	A	322	816	45.0%	39.5%	A	207	524	+0.0%
% of C&F Assessments that were carried out within 45 working days	H	YTD	89.8%	A	8766	9767	90.0%	90.3%	G	8561	9476	+0.6%
% of Children leaving care who were adopted	H	YTD	10.4%	A	62	599	13.0%	14.9%	G	62	416	+4.6%
Numbers of Unallocated Cases	L	SS	86	R	-	-	0	7	R	-	-	-79

Number of Unallocated Cases			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	July 2015	Aug 2015	Sep 2015	Oct 2015
KCC Result	8	130	0	86
Target	0	0	0	0
RAG Rating	Amber	Red	Green	Red

Of the 86 cases deemed to be unallocated as at the end of October 2015, 79 of these were for Unaccompanied Asylum Seeking Children (UASC) and were a result of the unprecedented influx of UASC over recent months. These cases were being held by the relevant team leaders.

An additional 26 Agency Social Workers have been brought into cope with the increasing UASC demands, with a further 200 arrivals over a four week period in September/October 2015.

Of the remaining 7 cases, 6 were Children in Need Cases and 1 was a Child in Care case awaiting closure. All of these cases were being held by the relevant team leader. Two were subsequently closed and the remaining 5 were allocated to Social Workers.

Data Notes

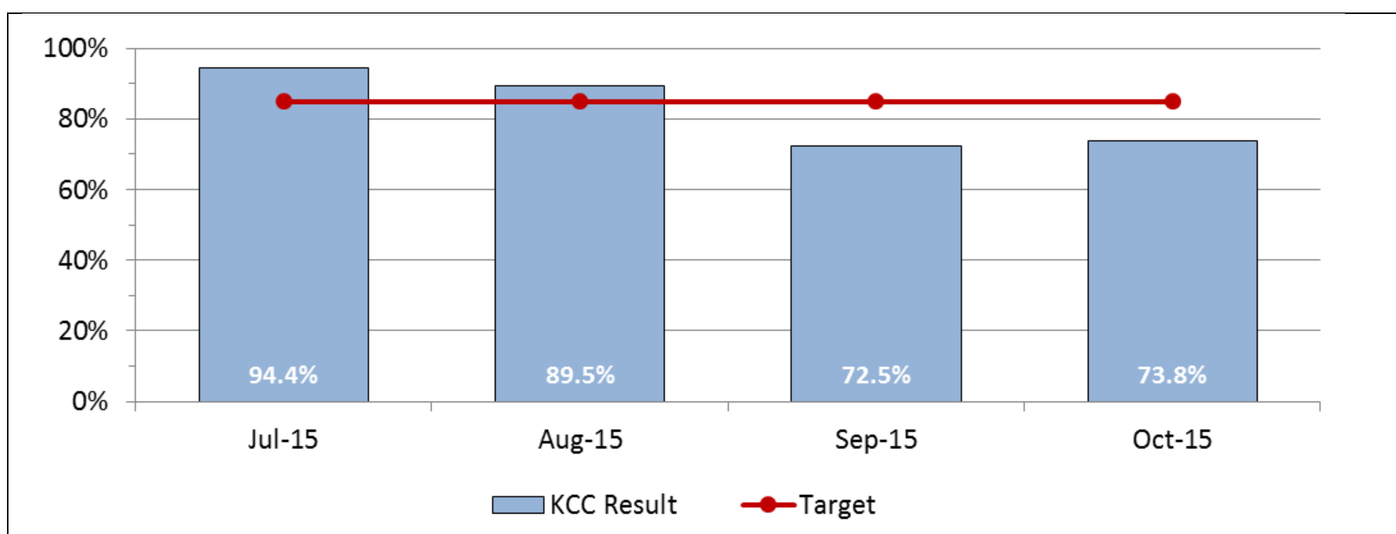
Target: 0 cases. Green is only achieved by having 0 cases unallocated. Amber 1-10, Red 11+

Tolerance: Lower values are better

Data: Figures shown are a snapshot taken at the end of each calendar month

Data Source: Liberi

% of PF notifications where initial visit 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	July 2015	Aug 2015	Sep 2015	Oct 2015
KCC Result	94.4%	89.5%	72.5%	73.8%
Target	85.0%	85.0%	85.0%	85.0%
RAG Rating	Green	Green	Red	Red

The timescale for initial visits is within 7 days of the notification of a private fostering arrangement. Of the 11 initial Private Fostering visits held outside of timescale, 9 of these were for notifications received of young people intending to study at private language schools.

Data Notes

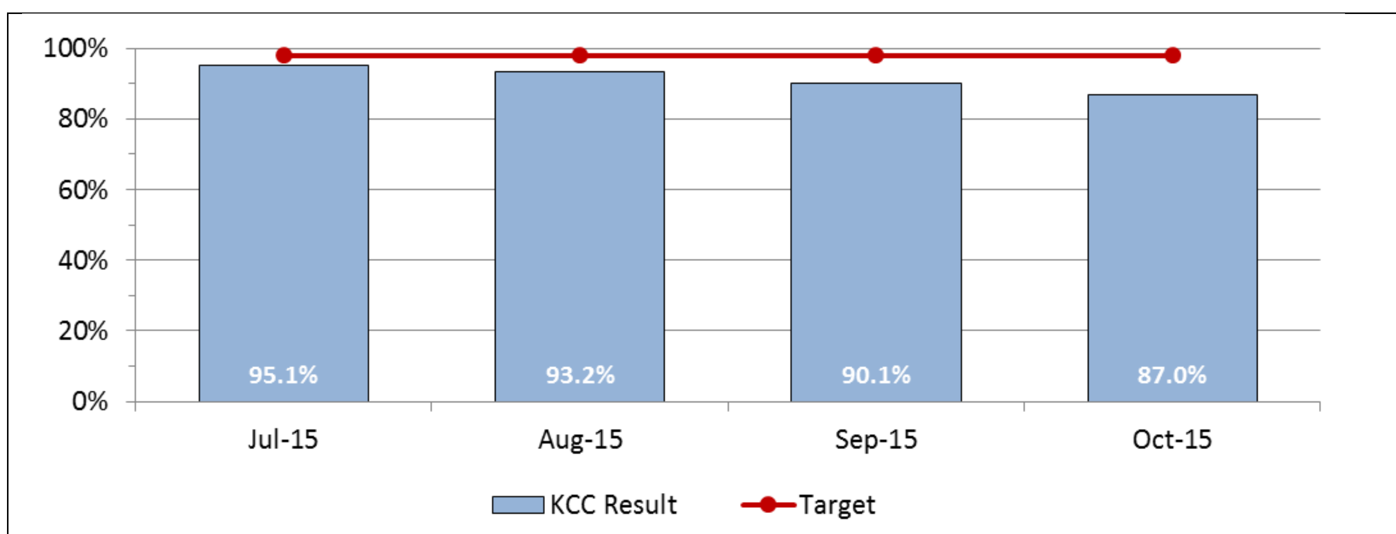
Target: 85% (RAG Bandings: Below 76.5% = Red, 76.5% to 85% = Amber, 85% and above = Green)

Tolerance: Higher values are better

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

Data Source: Liberi

% of CIC cases which were reviewed within required timescale			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	July 2015	Aug 2015	Sep 2015	Oct 2015
KCC Result	95.1%	93.2%	90.1%	87.0%
Target	98.0%	98.0%	98.0%	98.0%
RAG Rating	Amber	Amber	Amber	Red

Performance against this indicator has been significantly impacted by the increase in the number of Unaccompanied Asylum Seeking Children (UASC).

If the UASC cohort are excluded from this measure performance is at 98.6%. This is above the target of 98% and would have resulted in a Green rating.

Data Notes

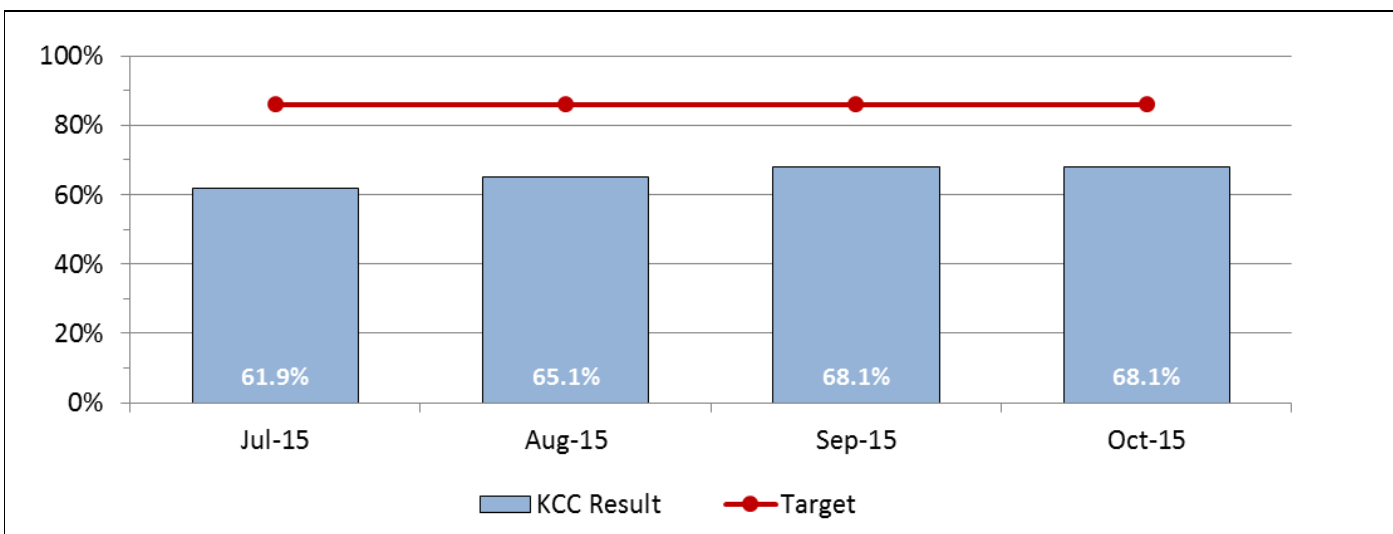
Target: 98% (RAG Bandings: Below 90% = Red, 90% to 98% = Amber, 98% and above = Green)

Tolerance: Higher values are better

Data: Figures shown are Year-to-Date. For example, the Oct 15 result is based on data from April 15 to Oct15.

Data Source: Liberi

% of cases adoption agreed as plan by 2nd review, for those with an agency decision				Red
Cabinet Member	Peter Oakford	Director	Philip Segurola	
Portfolio	Specialist Children's Services	Division	Specialist Children's Services	



Trend Data – Month End	July 2015	Aug 2015	Sep 2015	Oct 2015
KCC Result	61.9%	65.1%	68.1%	68.1%
Target	86.0%	86.0%	86.0%	86.0%
RAG Rating	Red	Red	Red	Red

32 of the 47 cases that have had an agency decision for adoption between April-September 2015 had adoption agreed as the plan by the 2nd review (68.1%). Of the remaining 15 cases, 13 had a plan for adoption agreed at the 3rd review and all of these children had Adoption as part of a dual plan at their second review

The definition for this measure requires Adoption to be the sole plan at the 2nd Review, which is a maximum of four months after a child becomes 'Looked After' by the Local Authority. For a number of children alternative plans were still being considered at the second review and this will be the correct course of action for these children.

Data Notes

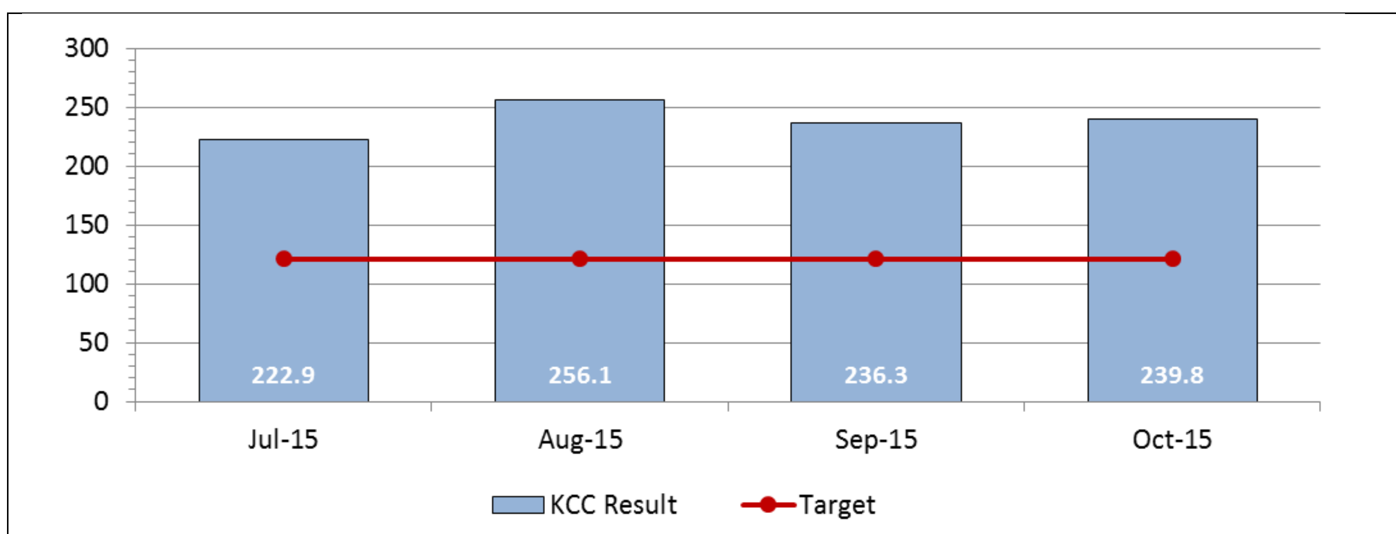
Target: 86% (RAG Bandings: Below 76% = Red, 76% to 86% = Amber, 86% and above = Green)

Tolerance: Higher values are better

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

Data Source: Liberi

Ave. no of days between court authority to place a child and the decision on a match			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children’s Services	Division	Specialist Children's Services



Trend Data – Month End	July 2015	Aug 2015	Sep 2015	Oct 2015
KCC Result	222.9	256.1	236.3	239.8
Target	121.0	121.0	121.0	121.0
RAG Rating	Amber	Red	Red	Red

One adoption in August had a significant impact on this indicator. This was an inter-country adoption which involved a very complex legal process. The child became Looked After in 2008 and was granted a Placement Order in July 2009. The match was agreed by the Agency Decision Maker in March 2015. This is 2067 days and has heavily weighted the average days from Court Authority (the Placement Order) to a Matching Agency Decision. Without this child, the average would be 210 days.

There were an additional 10 children adopted this year where the time from Order to Matching was greater than 500 days. Whist the timescale for this measure may have been exceeded for these cases the end result is a positive outcome for each of these children.

Data Notes

Target: 121 (RAG Bandings:225 and above = Red, 225 to 121 = Amber, 121 or below = Green)

Tolerance: Lower values are better

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

Data Source: Liberi

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

2nd December 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 relate to commissioned services delivered to children and young people and their families

From October 1st commissioning responsibility of the Health Visiting Service and the Family Nurse Partnership service moved into the local authority. The Health Visiting service has responsibility for conducting five universal mandated reviews, the performance of which has previously been monitored by NHSE England. This report includes performance of the service whilst under NHSE commissioning responsibility.

Recommendation(s): The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the current performance of Public Health commissioned services.

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.

2. Performance Indicators of commissioned services

Smoking during pregnancy

2.1. 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.

2.2. Most recently available published quarterly figures on women who have a smoking status at the time of delivery show that Kent has shown an overall improvement to 12% and 500 women smoking. At CCG level there are particular concerns for Swale who remain the CCG with the highest percentage at 22.3%; this is a small increase on previous quarters, from 22.1% in Q4 14/15.

2.3. Thanet CCG and West Kent CCG have both improved their rates of women smoking at time of delivery, with Thanet improving from 17.8% in Q3 14/15 to 13.9% in Q1 15/16 and West Kent from 12.3% to 8.9% in the same time period.

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

SATOD	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Overall DoT
% of women with a smoking status at time of delivery in Kent	13.1%	12.6%	12.8%	12.9%	11.8%	12.1%	⇧
No. of women with a smoking status at time of delivery in Kent	524	534	543	531	473	500	⇧
% of women with a smoking status at time of delivery in England	12.3%	11.5%	11.5%	11.4%	11.1%	10.7%	⇧

Source: HSCIC

Infant Feeding Services

2.4. NHS England 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. For Kent the proportion of missing fields has been increasing since Q1 2014/15. Prevalence figures will not be published unless the proportions of missing figures are less than 5%. In Q1 2014/15, there were prevalence figures published for Swale CCG as they had met all three validation criteria; in Swale CCG 42.0% of mothers at the 6-8 week check were partially or totally breastfed.

2.5. Since October 2015, Public Health England has become responsible for reporting on the 6-8 week breastfeeding status using the Health Visiting service as the data source. GP's through NHS England have previously been the source of this data. As such local authorities now have responsibility for improving data quality through their commissioned service. Our clear expectation of the provider 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

	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Overall DoT
% missing fields – 5% maximum threshold for missing fields	30.2%	18.0%	26.4%	28.6%	28.7%	29.3%	⇔
% missing fields for England	12.0%	11.9%	12.8%	12.6%	13.7%	12.0%	⇔

Source: NHS England

Health Visiting Service

2.6. Commissioning of the Health Visiting service transferred from NHS England to the local authority on 1st October 2015. The performance set out below reflects Q1 performance (April to June 2015)

2.7. The Local Authority became legally responsible for 5 mandated reviews, these are; an antenatal visit at 28 weeks or above, new birth visit (NBV), the 6-8 week review, a 1 year review and the 2-2½ year review. The table below outlines this activity from Q1 which was released in November reflecting service performance while under NHSE commissioning responsibility.

2.8. The South East and England figures are for those authorities that submitted figures and achieved the validation criteria. Kent did not report the 6-8 week check as the provider was unable to provide those figures however this data can be refreshed during 2015/16.

2.9. Delivery of these interventions in Q1 varied; Kent delivered nearly 100% of the NBVs within 30 days of birth, delivering a higher proportion than in the South East and England; however the key time for NBVs is for within 14 days and Kent delivered a lower proportion during this time period compared to the South East and England.

2.10. Kent also delivered higher proportions of 12 months review by the time the child turned 15 months; however fewer reviews were completed before the child turned 1 when compared with the South East and England. In Q1 68.3% of 2-2½ year reviews were delivered, this is slightly higher than the South East figure but below England at 71.8%.

2.11. Clearly this performance is variable and the priority for the public health commissioning team is to work with the provider to improve performance and delivery overall. The contract has been developed to include performance incentivisation clauses and a clear action plan.

Table 3: Health visiting mandated interventions delivered in Q1 15/16 under NHS England Commissioning. This data has never previously been published.

Metrics	Kent	South East	England
Number of mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above	1,064	22,376	49,187
Percentage of births that receive a face-to-face NBVs within 14 days by a health visitor	70.1%	81.6%	85.4%
Percentage of births that receive a first face-to-face NBVs within 30 days (includes the metric above)	98.3%	96.9%	97.3%
Percentage of infants who received a 6-8 week review by the time they were 8 weeks	unreported	84.6%	80.5%
Percentage of children who received a 12 month review by the time they turned 12 months	68.5%	69.9%	71.3%
Percentage of children who received a 12 month review by the time they turned 15 months	80.0%	72.9%	78.6%
Percentage of children who received a 2-2½ year review	68.3%	67.6%	71.8%

National Child Measurement Programme (NCMP)

2.12. Figures for the 2014/15 cohorts of NCMP are due for publication in December and will be reported in the next report to Cabinet. There are no updates from the previous performance report.

Substance Misuse Services

2.13. During the first 6 months of 2015/16, 1,754 young people were engaged through early intervention and 296 young people accessed Specialist Treatment Services. The service takes a holistic approach to public health interventions as 909 of these young people were given sexual health information, 1,783 stop smoking information and 126 were screened for chlamydia.

2.14. The service continues to discharge a higher proportion of young people from treatment in a planned way when compared to the national average

Specialist Treatment Service Exits – reported directly by Kent Public Health	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Overall DoT
% of young people exiting specialist services with a planned exit	94%	97%	94%	94%	⇔

3. Conclusion

The number of services which impact on the health and wellbeing of children and young people commissioned by Public Health has increased since taking responsibility for the Health Visiting and Family Nurse Partnership Services on October 1st.

This commissioning responsibility brings to the local authority the opportunity to influence delivery of the service and the responsibility to seek continuous improvement of performance.

4. Recommendation(s)

Recommendation(s): The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the current performance and actions taken by Public Health.

5. Background Documents

5.1. None

6. Contact Details

Report Author:
- Karen Sharp: Head of Public Health Commissioning
- 03000 416668
- karen.sharp@kent.gov.uk

Relevant Director:

- Andrew Scott-Clark: Director of Public Health
- 03000 416659
- andrew.scott-clark@kent.gov.uk

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 Sass, Head of Democratic Services

To: Children's Social Care and Health Cabinet Committee – 2 December 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:

<u>Children's Social Care and Health Cabinet Committee</u>

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 An agenda setting meeting was held on 8 September 2015, at which items for this meeting's agenda were agreed and future agenda items discussed. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion in the agenda of future meetings.

3.2 The schedule of commissioning activity 2015-16 to 2017-18 which falls within the remit of this Cabinet Committee will be included in the Work Programme and considered at future agenda setting meetings. This will support more effective forward agenda planning and allow Members to have oversight of significant service delivery decisions in advance.

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

Report Author:	Lead Officer:
Alexander Saul	Peter Sass
Democratic Services Officer	Head of Democratic Services
03000 419890	03000 416647
alexander.saul@kent.gov.uk	peter.sass@kent.gov.uk

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Last updated: 5 October 2015

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE – WORK PROGRAMME 2016/17

Agenda Section	Items
22 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** • **Social Worker Recruitment and Retention –** regular update (next one to include update on effectiveness of memorandum of co-operation and accredited social worker programme – models for future accreditation) • **Update on Public Health Transformation programme** • **Cabinet Members priorities for the 2016/17 Directorate Business Plan**
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Public Health Performance Dashboard** • **Strategic Priority Statement** (previously mid-year business plan Monitoring) • **Work Programme**
E – for Information - Decisions taken between meetings	
22 MARCH 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)* • **Emotional Health and Wellbeing Strategy** – 6 monthly update • **Update on bedding in of new Sexual Health contract** (in particular, contraception) – *requested at 8 September meeting, for six months' time*
D – Performance Monitoring	• **Draft Business Plan 2016/17** • **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	

Last updated: 5 October 2015

13 MAY 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	
5 JULY 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	
6 SEPTEMBER 2016	
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	• **Update on teenage pregnancy strategy–** seek data for more local (ward) level. (*Requested at 8 Sept mtg)*
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Public Health Performance Dashboard** • **Equality and Diversity Annual report** • **Annual Complaints report**

	• **Work Programme**
E – for Information - Decisions taken between meetings	
10 NOVEMBER 2015	
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
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Public Health Performance Dashboard** • **Work Programme**
E – for Information - Decisions taken between meetings	

NEXT MEETINGS:

11 JANUARY 2017

23 MARCH 2017

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