

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

Friday, 13th May, 2016

10.00 am

Darent Room, Sessions House, County Hall, Maidstone





AGENDA

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Friday, 13 May 2016 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 J Whittle (Chairman), Mrs A D Allen, MBE (Vice-Chairman),
Mr R E Brookbank, Mrs P T Cole, Mrs M E Crabtree,
Mrs V J Dagger, Mr G Lymer, Mr C P Smith and Mr G K Gibbens

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 22 March 2016 (Pages 5 - 10)

To consider and approve the minutes as a correct record.

A5 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.

D - Monitoring of Performance

D1 Specialist Children's Services Performance Dashboard (Pages 11 - 26)

To receive a report from the Cabinet Member for Specialist Children's Services and the Director of Social Care, Health and Wellbeing giving an overview of the performance of Specialist Children's Services.

D2 Work Programme 2015/16 (Pages 27 - 32)

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

Thursday, 5 May 2016

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.

KENT COUNTY COUNCIL

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

MINUTES of a meeting of the Children's Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 22 March 2016.

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

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

IN ATTENDANCE: Mr A Saul (Democratic Services Officer), Mr M Thomas-Sam (Strategic Policy Adviser), Ms Samantha Bennett (Public Health Consultant), Mr A Scott-Clark (Director of Public Health), Ms K Sharp (Head of Public Health Commissioning), Infanti (Strategic Commissioning Manager), Mrs M Robinson (Management Information Unit Service Manager), Mr P Segurola (Director of Specialist Children's Services) and Mr A Mort (Policy Manager)

UNRESTRICTED ITEMS

120. Introduction/Webcast announcement

(Item A1)

121. Apologies and Substitutes

(Item A2)

1) Apologies were received from Jane Cribbon who was represented by Pam Brivio as a substitute.

122. Declarations of Interest by Members in items on the Agenda

(Item A3)

1) There were no declarations of interest from Members.

123. Minutes of the meeting held on 22 January 2016

(Item A4)

1) The minutes were agreed as a correct record.

124. Minutes of the meeting of the Corporate Parenting Panel held on 28 January 2016

(Item A5)

1) Members noted the minutes from the January Corporate Parenting Panel meeting.

125. Verbal updates

(Item A6)

- 1) Mr Oakford, gave the following verbal updates;
 - a) In regards to UASC there has been a large drop in arrivals in recent months.
 - b) He informed members that he would be attending an LGA refugee and migration meeting in the near future and that there has been further positive progress on the development of a national dispersal programme.
 - c) That the Local Children's Partnership Groups were now formed and their grants all submitted.
 - d) Members were also informed that a letter detailing the recent Social Mobility and Grammar Schools Select Committee's conclusions would be circulated to for their information.

- 2) Andrew Ireland, Corporate Director for Social Care, Health and Wellbeing, gave the following verbal updates;
 - a) He ensured members that every effort is being made to stress to the Government that UASC arrivals could increase dramatically again and that Kent will need support to respond to this.
 - b) He informed members that he had been involved in constructive conversation with other local authorities on further developing Adult Services and their capacity to work more closely with Early Help Services.
 - c) He informed the Committee that a new Assistant Director of Corporate Parenting had been recruited.

- 3) Mr Gibbens, gave the following verbal updates;
 - a) He had attended the LGA annual Public Health conference on 3 February and shared in a presentation on suicide and its impact.
 - b) He had also attended an Arts and Recovery Festival on 23 February where he participated in very interesting discussion with those recovering from addiction who had been affected since they were minors.
 - c) Members were informed that there had a recent an LGA sub-committee health and wellbeing board where they discussed physical activity for children, using play areas efficiently and child obesity.
 - d) In response to a concern raised Mr Gibbens assured members he would write to the Rt Hon. Greg Clark to emphasise their view that efficient use on play areas should be codified in planning law.

- 4) Andrew Scott-Clark, Corporate Director of Public Health, gave the following verbal updates;
 - a) He informed members he had also attended the recent LGA conference with Mr Gibbens and had been made aware of the new tobacco control strategy being put together by the Minister of Public Health.
 - b) In regards to the 'Sugar Tax' he confirmed to members that revenue raised from this is spent on schools, sports and further education.
 - c) He also informed members that he has been appointed representative for the South East on the Association of Directors of Public Health.

126. Emotional Health and Wellbeing Strategy

(Item B1)

1) Samantha Bennett, Public Health Consultant, introduced the report giving an overview to members of the work undertaken regarding the planned re-commissioning of school based universal and targeted emotional health and wellbeing services. Ms Bennett also gave the following information;

- a) A lack of capacity in emotional health and wellbeing services was identified and this strategy will assist in responding to that.
- b) A review of Public Health Services had been undertaken as well as a public consultation. The most prevalent issue raised during the consultation was emotional health in both Primary and Secondary schools.
- c) This strategy would establish a visible and well promoted school public health service that will work within schools to both support and advise them on emotional health and wellbeing.
- d) Support and resources for this would also be available to parents.
- e) Under this new strategy all children would undergo key assessment points for emotional health at reception, Year 6 and Year 10.

2) In regards to a question raised Ms Bennett confirmed that capacity will not increase a great deal but strategies, such as mixed skill groups, will enable cases to be progressed more efficiently.

3) Mrs Allen shared with Members that she had heard a very interesting debate from the Kent Youth County Council on the difference in behaviour and attitudes toward emotional and mental health between Boy and Girls. The Youth County Council went into further depth of the gender imbalance and had discussed how Girls were noticeably more likely to be willing to seek help and someone to discuss their problems than Boys. They had also discussed how self-harming was far more common among Girls and suicide amongst Boys.

4) A view was expressed that this report should not be included as a B item on the agenda.

5) Mr Gibbens, Cabinet Member for Adult Social Care and Public Health, explained the Young Healthy Minds would be extended as a part of the decision in item B2 and had been considered a B item for this reason.

6) RESOLVED that the Children's Social Care and Health Cabinet Committee considered the information in the report and commented.

127. Public Health Transformation

(Item B2)

1) Karen Sharp, Head of Public Health Commissioning, introduced the item that builds on the previous report to committee (January 2016) detailing the initial review undertaken to inform commissioning of Public Health services for children and young people. Mrs Sharp explained the review focused in particular on health visiting services.

2) In response to views expressed and questions raised Mrs Sharp gave the following information;

- a) That following the results of the review a number of indicators showed low performance. Mrs Sharp confirmed this commissioning was considered an excellent opportunity to improve health visiting services.
- b) That it was her view that the proposal aligns contract end dates in such a way that has enabled sufficient review work.
- c) Performance in some of these areas has been captured in item D2 'Public Health Performance – Children and Young People'. Mrs Sharp confirmed this would be returning for every meeting of the Children's Social Care and Health Cabinet Committee.

3) After further discussion it was agreed that a report providing an update on the Public Health Transformation would be included in the Work Programme to come to the July meeting of the Children's Social Care and Health Cabinet Committee.

4) RESOLVED that the Children's Social Care and Health Cabinet Committee endorsed the proposed decision to extend the existing contracts for Health Visiting, School Public Health and Young Healthy Minds services until April 2017.

128. Update on the Procurement of the Children and Young People's Mental Health Service

(Item C1)

1) Thom Wilson, Head of Strategic Commissioning (Children's), introduced the report providing members with an update on the planned procurement of the Children and Young People's Mental Health Service. Mr Wilson confirmed that this had been heavily scrutinised at Health Overview and Scrutiny Committee.

2) Mr Wilson explained to members that West Kent had proposed Kent County Council should go into collaborative dialogue with them.

3) Mr Wilson indicated to members that there were clearly workforce issues in mental health services. The strategic focus will be on utilising the available workforce as much as possible.

4) Mr Ireland, Corporate Director of Social Care, Health and Wellbeing, emphasised to members that the contract will be an NHS contract.

5) RESOLVED that the Children's Social Care and Health Cabinet Committee note the report.

129. Early Help/Preventative Services Business Plan

(Item C2)

1) Florence Kroll, Director of Early Help and Preventative Services, introduced the report and gave an overview of the draft. She explained to members that the final version would be published in May.

2) RESOLVED that the Children's Social Care and Health Cabinet Committee note the report.

130. Specialist Children's Services Performance Dashboard

(Item D1)

- 1) Maureen Robinson, MI Service Manager, introduced the Specialist Children's Services Performance Dashboard to members. Members were also reminded that two scorecards were being maintained, one of which included the impact of UASC.
- 2) Philip Segurola, Director of Specialist Children's Services, explained that some performance indicators from last year were still skewed by the unprecedented increase in UASC arriving in Kent.
- 3) RESOLVED that the Children's Social Care and Health Cabinet Committee took note of the report.

131. Public Health Performance - Children and Young People

(Item D2)

- 1) Karen Sharp, introduced a report giving an overview of the performance of Public Health commissioned services for children and young people. She also raised concerns on health visiting targets and ensured Members that a performance plan was in place to respond to these concerns.
- 2) Mr Gibbens ensured Members that Child Health and Wellbeing Boards were taking child measurement very seriously and that plans in response to this would be being produced by all Health and Wellbeing Boards.
- 3) RESOLVED that the Children's Social Care and Health Cabinet Committee note the report.

132. Draft 2016/17 Social Care, Health and Wellbeing Directorate Business Plan

(Item D3)

- 1) Michael Thomas-Sam, Strategic Business Adviser (SCHWB,) introduced the report on the draft Social Care, Health and Wellbeing Directorate Business Plan. He explained to Members that it would also be available on Knet.
- 2) RESOLVED that the Children's Social Care and Health Cabinet Committee considered and took note of the report.

133. Risk Management - Social Care, Health and Wellbeing

(Item D4)

- 1) Anthony Mort, Customer Care and Operations Manager, introduced the annual Risk Management report.
- 2) Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing, gave further information on the report. He explained that the increased risk in the register from previous versions was to reflect specific issues such as the impact of last years unprecedented increase in UASC, increasing pressure on the budget and any resulting issues of sustainability. He confirmed that his Directorate felt the need to increase the risk profile going forward.

3) RESOLVED that the Children's Social Care and Health Cabinet Committee considered and noted the report.

134. Work Programme 2015/16

(Item D5)

1) It was confirmed that a report for the July meeting on the progress of health visiting and the Public Health Transformation would be included on the Work Programme.

2) The Chairman suggested that bringing performance monitoring reports to an earlier stage on the meeting could be beneficial in future meetings.

3) RESOLVED that the Children's Social Care and Health Cabinet Committee agreed the Work Programme.

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

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

To: Children's Social Care and Health Cabinet Committee – 13 May 2016

Subject: **SPECIALIST CHILDREN'S SERVICE PERFORMANCE DASHBOARD**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

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

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the SCS performance dashboard.

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 SCS is attached as Appendix A.

2.2 The SCS performance dashboard includes latest available results which are for March 2016.

2.3 The indicators included are based on key priorities for SCS 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. On the 31 March 2016 17 indicators are rated as Green, 20 indicators are rated as Amber and seven indicators are rated as Red.
- 3.2 Exception reporting against the seven measures with a Red RAG rating is included within the Report attached as Appendix A.
- 3.3. In comparison to performance for the previous month (February 2016) 23 of the performance measures have shown an improvement, one of the measures has remained the same and 20 measures have shown a reduction.
- 3.4 In comparison to performance for March 2015, 16 indicators have shown an improvement and 28 indicators have shown a reduction.
- 3.5 An additional page showing the substantial adverse impact on performance by the increasing cohort of Unaccompanied Asylum Seeking Children has been included within the Report in Appendix A.

<p>4. Recommendations: The Children's Social Care and Health Cabinet Committee is asked to NOTE the SCS performance dashboard.</p>
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5. Background Documents

None

6. Appendices

Appendix A – Performance Management Scorecard

7. Contact Details

Lead Officer

Maureen Robinson

Management Information Service Manager for Children's Services

3000417164

Maureen.robinson@kent.gov.uk

Lead Director

Philip Segurola

Director, Specialist Children's Services

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Social Care, Health and Wellbeing

Specialist Children's Services

Performance Management Scorecard

13th May 2016

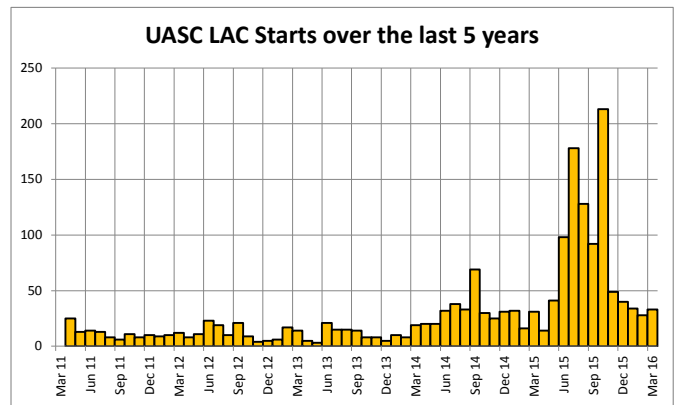
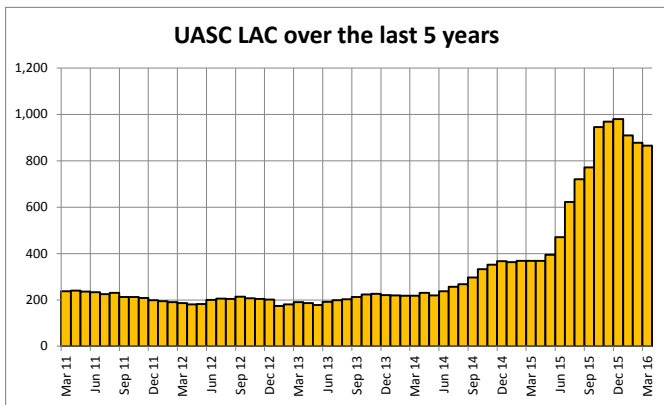
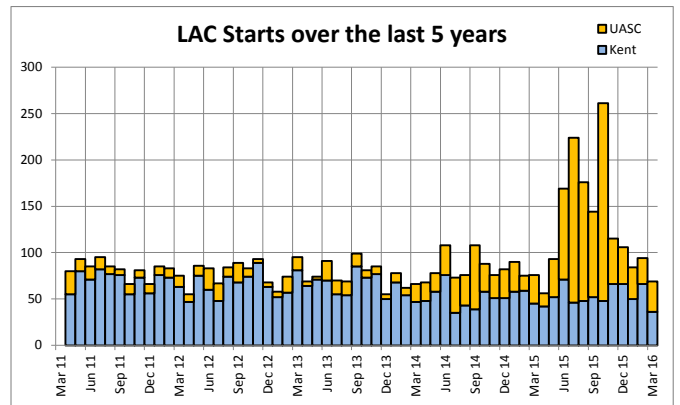
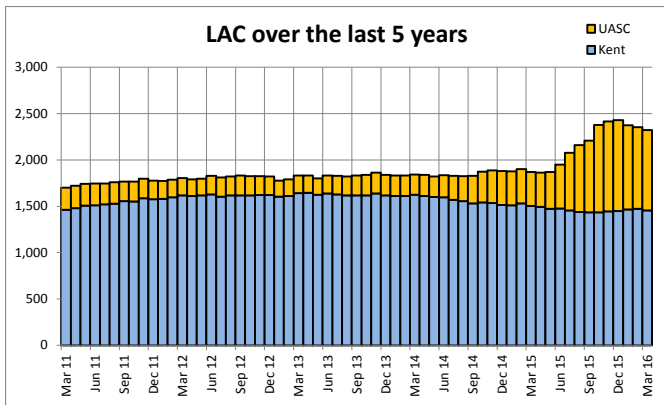
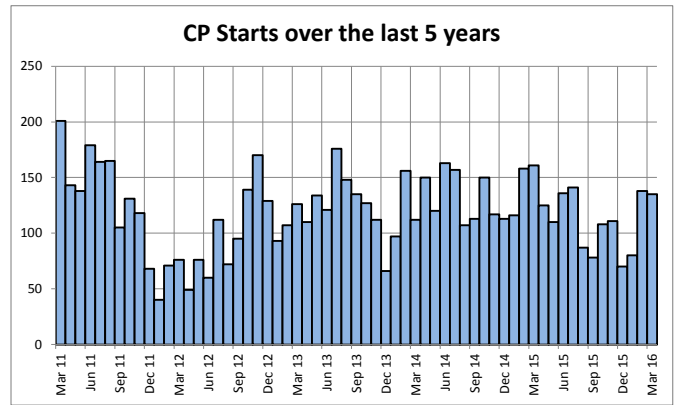
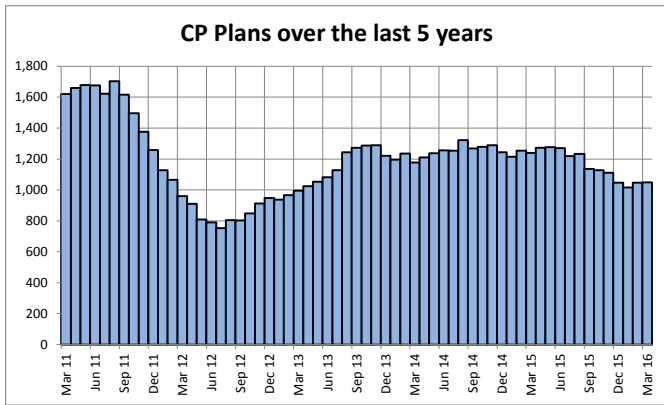
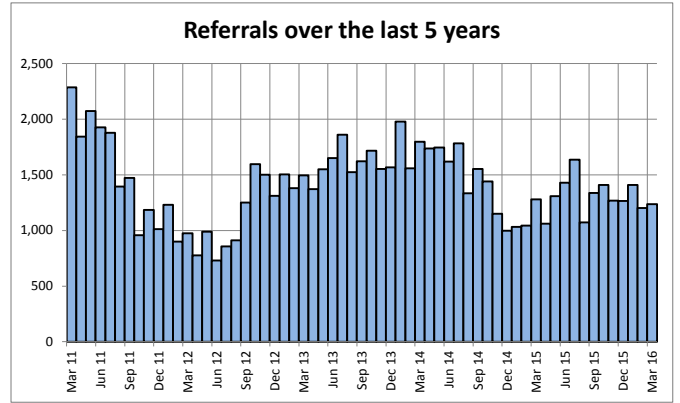
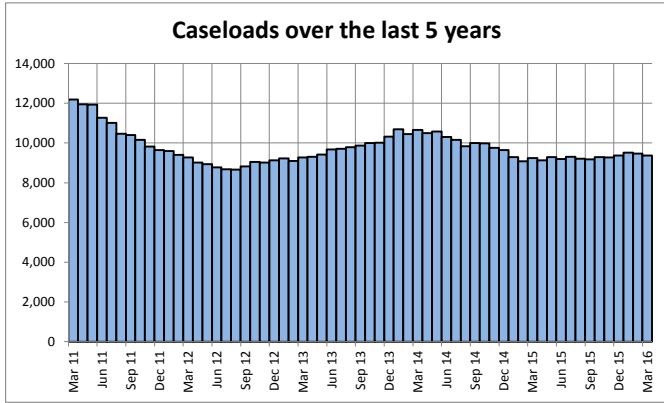


SCS Activity

	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	9377	9470	-93	1236	1509	1049	1046	+3	135	131	2320	2352	-32	866	878	-12	69	91	32	36	-4
North Kent	1114	1113	+1	228	261	185	182	+3	33	30	293	293	0	73	76	-3	4	5	3	5	-2
East Kent	2248	2346	-98	358	443	381	412	-31	21	51	626	641	-15	92	96	-4	7	21	11	14	-3
South Kent	1814	1791	+23	301	377	305	288	+17	52	35	387	384	+3	61	65	-4	20	20	12	12	0
West Kent	1318	1332	-14	260	287	172	157	+15	29	14	365	385	-20	97	100	-3	3	17	6	5	+1
Disability Service	1201	1203	-2	24	63	6	7	-1	0	1	102	104	-2	0	0	0	2	2	0	0	0
Ashford AIT & FST	454	443	+11	81	115	112	103	+9	23	14	13	14	-1	0	0	0	5	0	1	1	0
Canterbury AIT & FST	337	365	-28	82	86	106	112	-6	4	15	10	6	+4	0	0	0	1	0	7	7	0
Dartford AIT & FST	189	194	-5	82	84	54	54	0	9	8	4	5	-1	0	0	0	2	0	0	0	0
Dover AIT & FST	426	431	-5	118	127	81	73	+8	20	12	7	3	+4	0	0	0	5	1	11	11	0
Gravesham AIT & FST	382	367	+15	85	95	90	83	+7	17	10	2	0	+2	0	0	0	2	0	1	2	-1
Maidstone AIT & FST	413	426	-13	100	134	75	61	+14	20	6	4	4	0	0	0	0	2	1	2	2	0
Sevenoaks AIT & FST	219	221	-2	47	66	31	33	-2	7	10	2	2	0	0	0	0	0	0	2	2	0
Shepway AIT & FST	516	490	+26	93	110	110	109	+1	9	8	6	2	+4	0	0	0	7	1	0	0	0
Swale AIT & FST	556	627	-71	120	162	123	140	-17	0	13	4	10	-6	0	0	0	0	1	2	5	-3
Thanet AIT & FST	628	627	+1	147	175	136	146	-10	16	15	3	6	-3	0	0	0	2	2	2	2	0
The Weald AIT & FST	458	460	-2	154	144	87	85	+2	9	7	1	4	-3	0	0	0	0	1	4	3	+1
North Kent CIC	296	304	-8	0	4	10	12	-2	0	2	282	283	-1	73	76	-3	0	5	0	0	0
East Kent (Can/Swa) CIC	349	351	-2	1	3	5	5	0	0	0	321	326	-5	60	63	-3	0	9	0	0	0
East Kent (Tha) CIC	317	317	0	0	14	11	8	+3	0	7	273	279	-6	32	33	-1	2	8	0	0	0
South Kent CIC	382	386	-4	1	12	2	3	-1	0	1	354	360	-6	61	65	-4	0	17	0	0	0
West Kent CIC	419	424	-5	1	4	10	11	-1	0	1	358	376	-18	97	100	-3	0	14	0	0	0
SUASC Service	574	603	-29	35	78	0	0	0	0	0	543	541	+2	543	541	+2	27	21	0	0	0
Disability EK	573	573	0	10	26	3	3	0	0	0	65	66	-1	0	0	0	2	1	0	0	0
Disability WK	628	630	-2	14	37	3	4	-1	0	1	37	38	-1	0	0	0	0	1	0	0	0
Adoption & SG	75	104	-29	5	0	0	0	0	0	0	4	4	0	0	0	0	0	0	0	0	0
CDT/OOH/CRU	28	18	+10	21	0	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0
Care Leaver Service (18+)	1005	960	+45	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0

SCS Activity

County Level



Scorecard - Kent

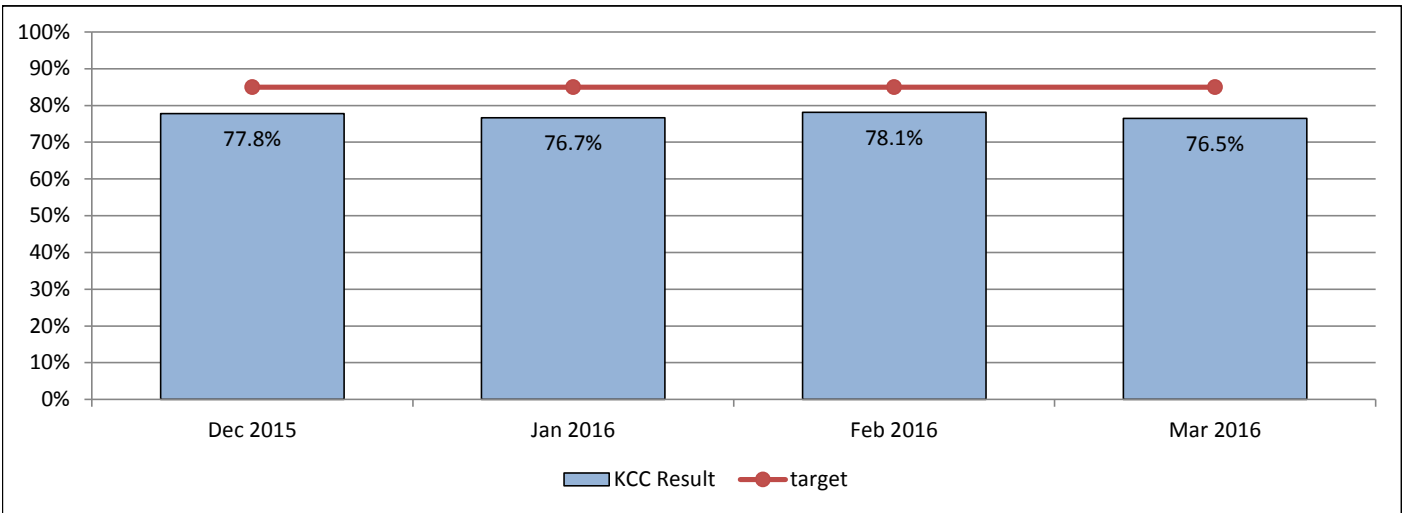
Mar 2016

ID	Indicators	Polarity	Data Period	LATEST RESULT				PREVIOUS RESULT		OUTTURN RESULT		
				Latest Result and RAG Status	Num	Denom	Target for 15/16	Previous Reported Result	DoT from previous to latest 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	21.3%	G	3329	15633	25.0%	21.3%	↑	28.5%	↑
2	% of C&F Assessments that were carried out within 45 working days	H	YTD	89.5%	A	14760	16499	90.0%	89.5%	↓	84.3%	↑
3	Number of C&F Assessments in progress outside of timescale	L	SS	38	G	-	-	75	47	↑	26	↓
4	% of Children seen at C&F Assessment (excludes unborn/missing)	H	YTD	98.2%	G	15296	15579	98.0%	98.1%	↑	97.4%	↑
CHILDREN IN NEED												
5	% of CIN with a CIN Plan in place	H	SS	85.9%	A	2091	2433	90.0%	86.0%	↓	87.2%	↓
6	% of CIN who have been seen in the last 28 days	H	SS	82.3%	G	1563	1898	70.0%	81.8%	↑	61.3%	↑
7	Numbers of Unallocated Cases	L	SS	3	A	-	-	0	2	↓	0	↓
PRIVATE FOSTERING												
8	% of PF notifications where initial visit held within 7 days	H	YTD	76.5%	R	52	68	85.0%	78.1%	↓	88.4%	↓
9	% of new PF arrangements where visits were held within 6 weeks	H	YTD	63.5%	R	40	63	85.0%	62.5%	↑	88.0%	↓
10	% of existing PF arrangements where visits were held in time	H	YTD	73.1%	R	19	26	85.0%	76.9%	↓	57.1%	↑
CHILD PROTECTION												
11	% of Current CP Plans lasting 18 months or more	L	SS	7.0%	G	73	1049	10.0%	6.4%	↓	5.5%	↓
12	% of CP Visits held within timescale (Current CP only)	H	SS	90.7%	G	17491	19289	90.0%	90.3%	↑	91.5%	↓
13	% of CP cases which were reviewed within required timescales	H	SS	100.0%	G	710	710	98.0%	100.0%	↑	99.4%	↑
14	% of Children becoming CP for a second or subsequent time within 24 months	T	YTD	11.4%	A	150	1319	7.5%	10.6%	↓	7.5%	↓
15	% of CP Plans lasting 2 years or more at the point of de-registration	L	YTD	2.9%	G	44	1511	5.0%	2.8%	↓	2.2%	↓
16	% of Children seen at Section 47 enquiry (excludes unborn)	H	YTD	98.1%	G	4490	4575	98.0%	98.1%	↑	98.6%	↓
17	% of ICPC's held within 15 working days of the S47 enquiry starting	H	YTD	84.0%	G	1160	1381	75.0%	84.5%	↓	80.7%	↑
18	% of Initial CP Conferences that lead to a CP Plan	T	YTD	85.2%	G	1319	1549	88.0%	85.2%	↓	90.3%	↓
CHILDREN IN CARE												
19	CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	12.5%	R	290	2320	9.0%	12.2%	↓	9.6%	↓
20	CIC Placement Stability: % in same placement for last 2 years	H	SS	69.9%	A	397	568	70.0%	70.7%	↑	72.7%	↓
21	% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	76.9%	A	1159	1507	85.0%	76.6%	↑	82.9%	↓
22	% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	81.4%	G	1142	1403	80.0%	80.7%	↑	82.3%	↓
23	% of Children who participated at CIC Reviews	H	YTD	95.0%	G	5379	5660	95.0%	95.0%	↑	95.6%	↓
24	% of CIC cases which were reviewed within required timescales	H	SS	79.7%	R	1797	2256	98.0%	78.5%	↑	97.1%	↓
25	% of CIC cases where all Dental Checks were held within required timescale	H	SS	90.4%	G	1124	1244	90.0%	87.0%	↑	89.0%	↑
26	% of CIC cases where all Health Assessments were held within required timescale	H	SS	86.7%	A	1079	1244	90.0%	88.8%	↓	89.7%	↓
27	% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	59.5%	G	624	1048	50.0%	58.7%	↑	47.0%	↑
ADOPTION												
28	% of cases adoption agreed as plan by 2nd review, for those with an agency decision	H	YTD	55.4%	R	51	92	86.0%	54.9%	↑	68.2%	↓
29	Ave. no of days between bla and moving in with adoptive family (for children adopted)	L	YTD	499.4	A	51434	103	426.0	522.7	↑	540.3	↑
30	Ave. no of days between court authority to place a child and the decision on a match	L	YTD	222.1	A	22657	102	121.0	238.9	↑	209.5	↓
31	% of Children leaving care who were adopted	H	YTD	9.2%	R	103	1118	13.0%	9.2%	↑	19.7%	↓
CARE LEAVERS												
32	% of Care Leavers that Kent is in touch with	H	YTD	70.2%	A	1058	1508	75.0%	69.6%	↑	72.9%	↓
33	% of Care Leavers in Suitable Accommodation	H	YTD	63.8%	A	962	1508	78.0%	63.4%	↑	64.9%	↓
34	% of Care Leavers in Education, Employment or Training	H	YTD	40.9%	A	617	1508	45.0%	40.1%	↑	39.3%	↑
QUALITY ASSURANCE												
35	% of Case File Audits completed	H	YTD	98.6%	G	684	694	95.0%	99.2%	↓	95.8%	↑
36	% of Case File Audits rated Good or outstanding	H	YTD	54.1%	A	370	684	60.0%	52.5%	↑	36.2%	↑
37	% of Case File Audits rated inadequate	L	YTD	3.5%	A	24	684	0.0%	3.4%	↓	11.9%	↑
38	% of CP Social Work Reports rated good or outstanding	H	YTD	67.9%	A	1602	2360	75.0%	69.4%	↓	71.2%	↓
39	% of CIC Care Plans rated good or outstanding	H	YTD	61.7%	G	3610	5852	60.0%	61.1%	↑	46.6%	↑
STAFFING												
40	% of caseholding posts filled by KCC Permanent QSW	H	SS	75.6%	A	334.6	442.8	85.0%	75.9%	↓	79.0%	↓
41	% of caseholding posts filled by agency staff	L	SS	20.0%	A	88.6	442.8	15.0%	19.8%	↓	18.6%	↓
42	Average Caseloads of social workers in CIC Teams	L	SS	16.0	A	1763	110.4	15.0	15.5	↓	15.3	↓
43	Average Caseloads of social workers in AIT & FST	L	SS	20.2	A	4578	226.9	20.0	20.5	↑	20.2	↑
44	Average Caseloads of fostering social workers	L	SS	18.3	A	864	47.3	18.0	18.1	↓	17.3	↓
PERFORMANCE SUMMARY												
As at 31/03/2016, Kent has 17 indicators rated as Green, 20 indicators rated as Amber and 7 indicators rated as Red. When comparing performance from last month to this month, 23 indicators have shown an improvement, 1 indicator has remained the same and 20 indicators have shown a reduction. When comparing performance from outturn (March 15) to this month, 16 indicators have shown an improvement, 0 indicators have remained the same and 28 indicators have shown a reduction.												

Scorecard - Impact of UASC

Indicators	Polarity	Data Period	INCLUDING UASC				EXCLUDING UASC				Variance with UASC excluded	
			Latest Result and RAG Status	Num	Denom	Target for 15/16	Latest Result and RAG Status	Num	Denom	Target for 15/16		
CHILDREN IN CARE - KENT												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	12.5%	R	290	2320	9.0%	11.1%	A	162	1454	-1.4%
CIC Placement Stability: % in same placement for last 2 years	H	SS	69.9%	A	397	568	70.0%	70.1%	G	394	562	+0.2%
% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	76.9%	A	1159	1507	85.0%	87.2%	G	1042	1195	+10.3%
% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	81.4%	G	1142	1403	80.0%	81.4%	G	1142	1403	-
% of Children who participated at CIC Reviews	H	YTD	95.0%	G	5379	5660	95.0%	97.3%	G	3420	3516	+2.2%
% of CIC cases which were reviewed within required timescales	H	SS	79.7%	R	1797	2256	98.0%	97.4%	A	1385	1422	+17.7%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	90.4%	G	1124	1244	90.0%	91.7%	G	975	1063	+1.4%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	86.7%	A	1079	1244	90.0%	89.5%	A	951	1063	+2.7%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	59.5%	G	624	1048	50.0%	60.5%	G	565	934	+1.0%
CHILDREN IN CARE - NORTH KENT												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	15.4%	R	45	293	9.0%	12.3%	R	27	220	-3.1%
CIC Placement Stability: % in same placement for last 2 years	H	SS	69.1%	A	47	68	70.0%	69.1%	A	47	68	0.0%
% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	84.0%	A	163	194	85.0%	86.0%	G	153	178	+1.9%
% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	78.8%	A	164	208	80.0%	78.8%	A	164	208	-
% of Children who participated at CIC Reviews	H	YTD	95.4%	G	699	733	95.0%	97.1%	G	472	486	+1.8%
% of CIC cases which were reviewed within required timescales	H	SS	98.6%	G	285	289	98.0%	100.0%	G	216	216	+1.4%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	89.4%	A	178	199	90.0%	89.4%	A	135	151	-0.0%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	84.4%	R	168	199	90.0%	90.1%	G	136	151	+5.6%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	59.4%	G	92	155	50.0%	61.6%	G	77	125	+2.2%
CHILDREN IN CARE - EAST KENT												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	12.1%	R	76	626	9.0%	11.6%	A	62	534	-0.5%
CIC Placement Stability: % in same placement for last 2 years	H	SS	73.1%	G	158	216	70.0%	73.7%	G	157	213	+0.6%
% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	92.4%	G	461	499	85.0%	92.7%	G	422	455	+0.4%
% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	89.4%	G	470	526	80.0%	89.4%	G	470	526	-
% of Children who participated at CIC Reviews	H	YTD	95.3%	G	1593	1672	95.0%	98.5%	G	1336	1356	+3.2%
% of CIC cases which were reviewed within required timescales	H	SS	94.8%	A	589	621	98.0%	95.7%	A	506	529	+0.8%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	85.5%	A	402	470	90.0%	87.0%	A	355	408	+1.5%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	84.3%	R	396	470	90.0%	87.3%	A	356	408	+3.0%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	63.3%	G	252	398	50.0%	65.1%	G	233	358	+1.8%
CHILDREN IN CARE - SOUTH KENT												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	10.9%	A	42	387	9.0%	11.0%	A	36	326	+0.2%
CIC Placement Stability: % in same placement for last 2 years	H	SS	69.7%	A	76	109	70.0%	69.8%	A	74	106	+0.1%
% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	87.5%	G	267	305	85.0%	86.5%	G	237	274	-1.0%
% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	80.8%	G	253	313	80.0%	80.8%	G	253	313	-
% of Children who participated at CIC Reviews	H	YTD	95.9%	G	933	973	95.0%	95.9%	G	740	772	-0.0%
% of CIC cases which were reviewed within required timescales	H	SS	98.1%	G	362	369	98.0%	98.4%	G	303	308	+0.3%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	97.4%	G	258	265	90.0%	97.7%	G	213	218	+0.3%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	89.4%	A	237	265	90.0%	91.3%	G	199	218	+1.9%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	71.0%	G	154	217	50.0%	70.2%	G	134	191	-0.8%
CHILDREN IN CARE - WEST KENT												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	16.2%	R	59	365	9.0%	12.3%	R	33	268	-3.9%
CIC Placement Stability: % in same placement for last 2 years	H	SS	61.9%	R	78	126	70.0%	61.9%	R	78	126	0.0%
% of CIC Foster Care in KCC Foster Care/Rel & Friends placements	H	SS	74.3%	R	202	272	85.0%	82.6%	A	190	230	+8.3%
% of CIC placed within 20 miles from home (Excludes UASC)	H	SS	74.4%	A	189	254	80.0%	74.4%	A	189	254	-
% of Children who participated at CIC Reviews	H	YTD	96.3%	G	833	865	95.0%	97.8%	G	636	650	+1.5%
% of CIC cases which were reviewed within required timescales	H	SS	90.1%	A	326	362	98.0%	97.0%	A	257	265	+6.9%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	90.7%	G	206	227	90.0%	94.6%	G	192	203	+3.8%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	87.2%	A	198	227	90.0%	88.7%	A	180	203	+1.4%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	35.2%	A	70	199	50.0%	35.9%	A	65	181	+0.7%
OTHER INDICATORS - COUNTY LEVEL												
% of Care Leavers that Kent is in touch with	H	YTD	70.2%	A	1058	1508	75.0%	75.7%	G	652	861	+5.6%
% of Care Leavers in Suitable Accommodation	H	YTD	63.8%	A	962	1508	78.0%	67.9%	A	585	861	+4.2%
% of Care Leavers in Education, Employment or Training	H	YTD	40.9%	A	617	1508	45.0%	40.1%	A	345	861	-0.8%
% of C&F Assessments that were carried out within 45 working days	H	YTD	89.5%	A	14760	16499	90.0%	90.3%	G	14292	15832	+0.8%
% of Children leaving care who were adopted	H	YTD	9.2%	R	103	1118	13.0%	15.4%	G	103	668	+6.2%
Numbers of Unallocated Cases	L	SS	3	A	-	-	0	3	A	-	-	0

% 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	Dec 2015	Jan 2016	Feb 2016	Mar 2016
KCC Result	77.8%	76.7%	78.1%	76.5%
Target	85.0%	85.0%	85.0%	85.0%
RAG Rating	Amber	Amber	Amber	Red

Commentary

52 of the 68 Private Fostering visits due within 7 days of the notification took place within timescale (76.5%), 16 visits were held outside of the 7 day timescale. Of these 1 relates to a visit missed in March 2016.

Performance against this measure is accumulating over the course of the year so visits missed earlier on in the year cannot be rectified. A percentage of the initial visits missed relate to language school placements where timescales cannot be met as notification has been made before the child arrives in the UK.

Data Notes

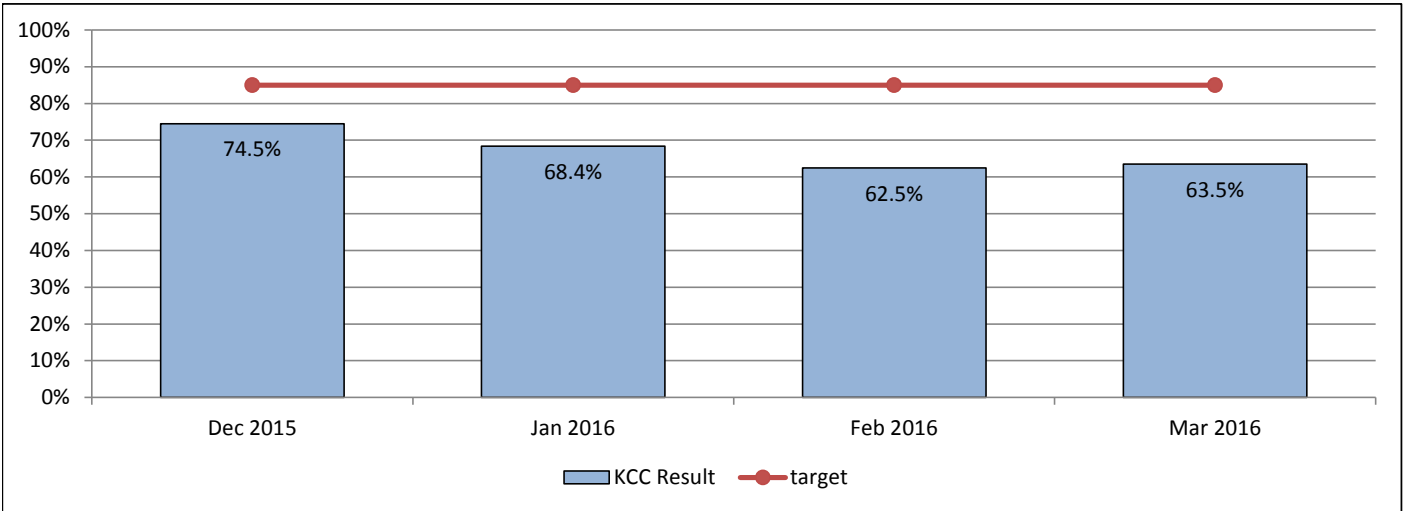
Target: 85% (RAG Bandings: Below 76.5% = Red, 76.5% to 85% = Amber, 85% and above = Green)

Tolerance: Higher values are better

Data: Figures shown are Year-to-Date. For example, the Mar 16 result is based on data from April 15 to Mar 16.

Data Source: Liberi

% of new PF arrangements where visits were held within 6 weeks			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Dec 2015	Jan 2016	Feb 2016	Mar 2016
KCC Result	74.5%	68.4%	62.5%	63.5%
Target	85.0%	85.0%	85.0%	85.0%
RAG Rating	Red	Red	Red	Red

Commentary

40 of the 63 Private Fostering visits required within six weeks were held within timescale (63.5%). Of the 23 that were outside of the six week timescale, 3 of these relate to visits due in March 2016.

Performance against this measure is accumulating over the course of the year so visits missed earlier on in the year cannot be rectified.

Data Notes

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

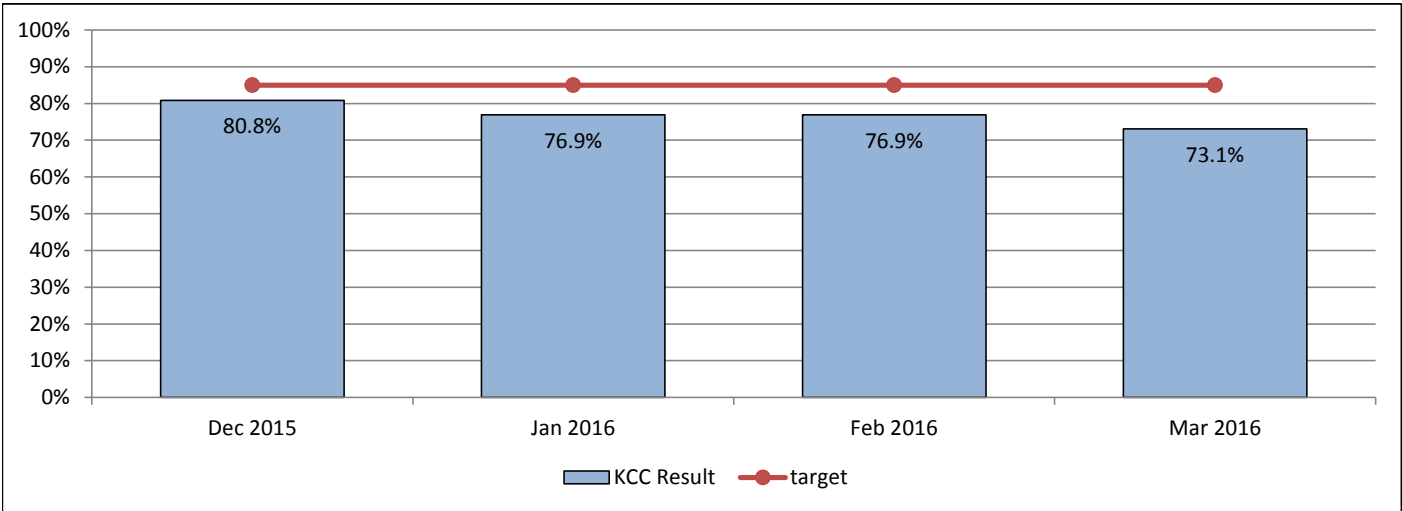
Tolerance: Higher values are better

Data: Figures shown are Year-to-Date. For example, the Mar 16 result is based on data from April 15 to Mar 16.

Data Source: Liberi

% of existing PF arrangements where visits were held in time	Red
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Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Dec 2015	Jan 2016	Feb 2016	Mar 2016
KCC Result	80.8%	76.9%	76.9%	73.1%
Target	85.0%	85.0%	85.0%	85.0%
RAG Rating	Amber	Amber	Amber	Red

Commentary

This performance measure covers Private Fostering Arrangements that were in place as at 1st April 2015, During the year 19 out of 26 visits took place within the appropriate timescale (73.1%). 7 visits were held outside timescale, 1 of which was due and was missed in March 2016.

Performance against this measure is accumulating over the course of the year so visits missed earlier on in the year cannot be rectified.

Data Notes

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

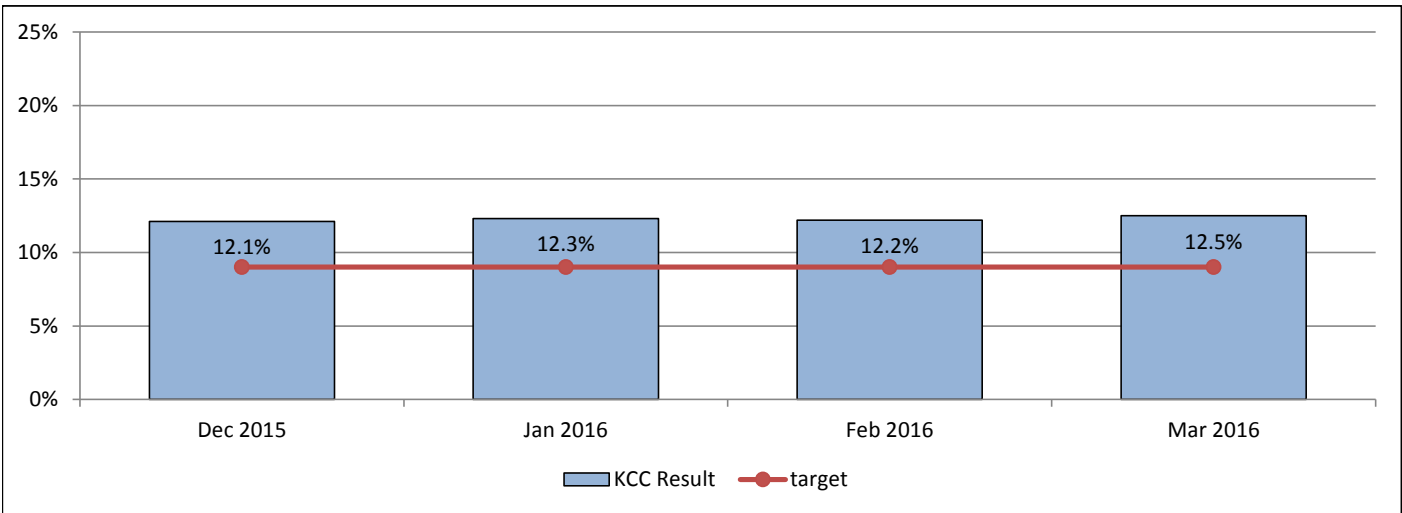
Tolerance: Higher values are better

Data: Figures shown are Year-to-Date. For example, the Mar 16 result is based on data from April 15 to Mar 16.

Data Source: Liberi

CIC Placement Stability: % with 3 or more placements in the last 12 months	Red
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Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Dec 2015	Jan 2016	Feb 2016	Mar 2016
KCC Result	12.1%	12.3%	12.2%	12.5%
Target	9.0%	9.0%	9.0%	9.0%
RAG Rating	Red	Red	Red	Red

Commentary

In the year-to-date 290 children/young people had three or more placement moves in the previous 12 months. This included 128 Unaccompanied Asylum Seeking children (UASC). If UASC are removed from the calculation the performance rate is 11.1% which is above the Target of 9% and within the Amber banding. The age profile of the total cohort is:

- 0-4 - 17 (5.9%)
- 5-10 - 27 (9.3%)
- 11-13 - 29 (10%)
- 14-15 - 54 (18.6%)
- 16-17 - 163 (56.2%)

It is worth noting that some placement moves are planned and are positive moves in the best interests of the child/young person. For example of those aged 4 and under, 6 were moves into adoption placements and for the 163 aged 16-17, 106 (65%) were moves into Leaving Care Placements.

Data Notes

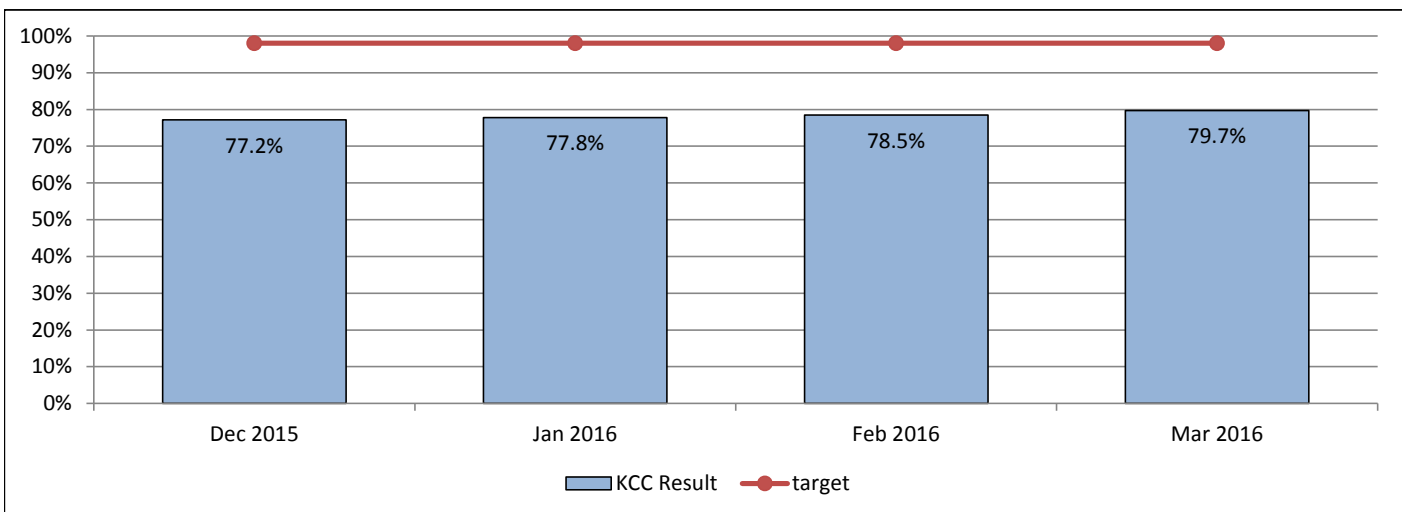
Target: 9% (RAG Bandings: Above 12% = Red, 12% to 9% = Amber, 9% and below = Green)

Tolerance: Lower values are better

Data: Figures shown are based on a snapshot at the end of the month. The placements for the previous 12 months from that date are then counted.

Data Source: Liberi

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



Trend Data – Month End	Dec 2015	Jan 2016	Feb 2016	Mar 2016
KCC Result	77.2%	77.8%	78.5%	79.7%
Target	98.0%	98.0%	98.0%	98.0%
RAG Rating	Red	Red	Red	Red

Commentary

Performance against this indicator has been significantly impacted upon by the increase in the number of Unaccompanied Asylum Seeking Children (UASC) during the year. The high levels of demand due to the increasing numbers of UASC from June 2015 through to November 2015 meant that there was insufficient capacity to carry out reviews for these young people within the four week timescale. These will continue to be reported as being outside of timescales for the remainder of the reporting year (April-March)

If the UASC cohort are excluded from this measure, performance is at 97.4% and close to the 98% target.

All UASC cases are now allocated to social workers and we expect to achieve full compliance with completion of outstanding CIC reviews by the end of April.'

Data Notes

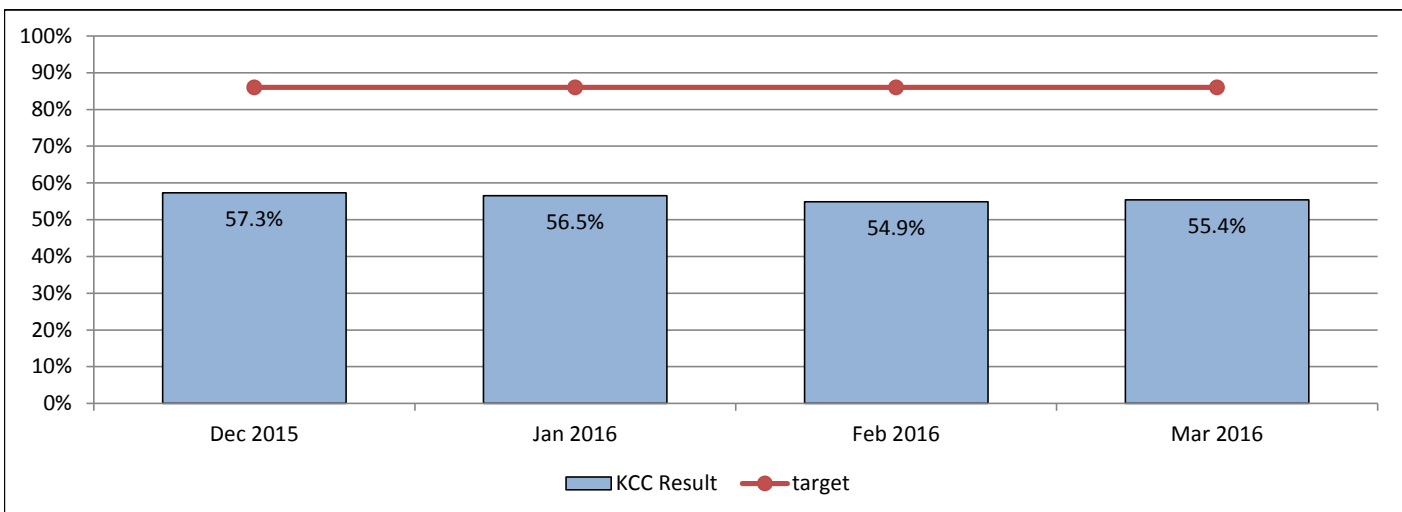
Target: 98% (RAG Bandings: Below 90% = Red, 90% to 98% = Amber, 98% and above = Green)

Tolerance: Higher values are better

Data: Figures shown are Year-to-Date. For example, the Jan 16 result is based on data from April 15 to Oct16.

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	Dec 2015	Jan 2016	Feb 2016	Mar 2016
KCC Result	57.3%	56.5%	54.9%	55.4%
Target	86.0%	86.0%	86.0%	86.0%
RAG Rating	Red	Red	Red	Red

Commentary

51 of the 92 cases that have had an agency decision for adoption between April 2015 through to March 2016, had adoption agreed as the plan by the 2nd Review (55.4%).

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. Some children will however have had more than 2 reviews within this timescale.

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 as reunification to parents or extended family options will be being considered.

Data Notes

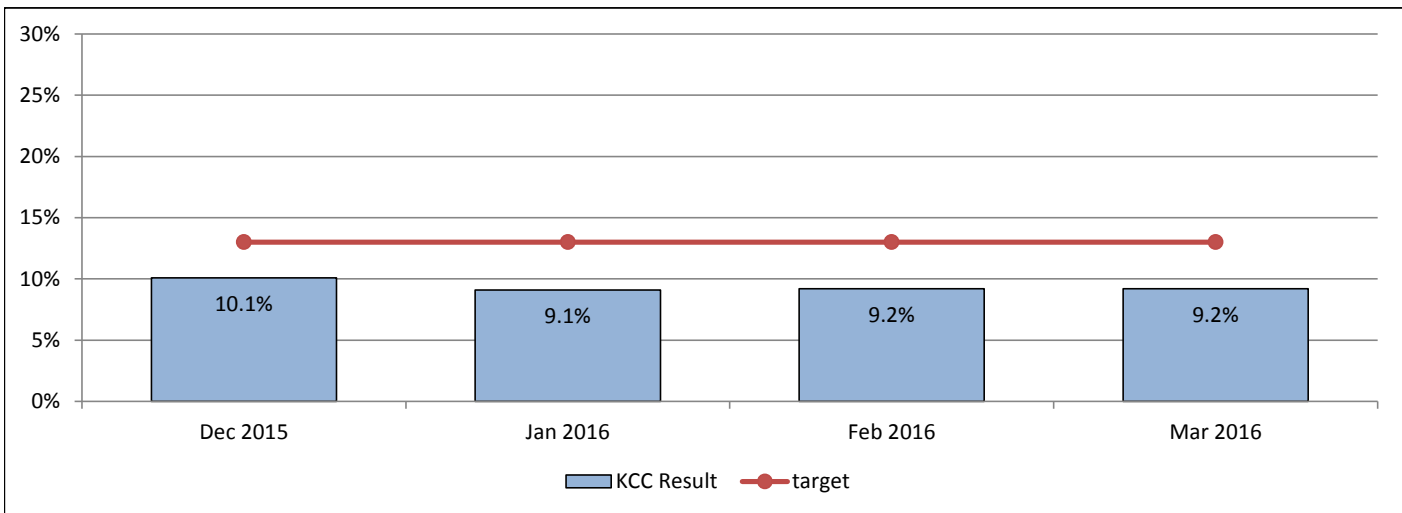
Target: 86% (RAG Bandings: Below 76% = Red, 76% to 86% = Amber, 86% and above = Green)

Tolerance: Higher values are better

Data: Figures shown are Year-to-Date. For example, the Jan 16 result is based on data from April 15 to Jan 16.

Data Source: Liberi

% of Children leaving care who were adopted			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Dec 2015	Jan 2016	Feb 2016	Mar 2016
KCC Result	10.1%	9.1%	9.2%	9.2%
Target	13.0%	13.0%	13.0%	13.0%
RAG Rating	Red	Red	Red	Red

Commentary

The calculation for this performance measure uses a national definition which is the number of children adopted in the year as a percentage of all those who cease to be Children in Care (Looked After). This includes Unaccompanied Asylum Seeking Children (UASC). During the year 450 UASC have ceased to be Children in Care which has resulted in a notable decrease in the performance rate.

If UASC are excluded from the calculation performance is 15.4%, which is above the Target set for the year. Representations will be made to the DFE to have UASC excluded from the reporting of this indicator in order to ensure that figures provided are an accurate reflection of performance. Local reporting will continue to show performance figures for UASC included and excluded.

Data Notes

Target: 13% (RAG Bandings: Below 9.8% = Red, 9.8% to 13% = Amber, 13% and above = Green)

Tolerance: Higher values are better

Data: Figures shown are Year-to-Date. For example, the Jan 16 result is based on data from April 15 to Jan 16.

Data Source: Liberi

From: Peter Sass, Head of Democratic Services

To: Children's Social Care and Health Cabinet Committee – 13 May 2016

Subject: **Work Programme 2016**

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 2016.

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 Whittle, the Vice-Chairman, Mrs Crabtree and three Group Spokesmen, Ms Cribbon, Mr Vye and Mrs Wiltshire.
- 1.2 Whilst the Chairman, in consultation with the Cabinet Member, is responsible for the final selection of items for the agenda, this item gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Terms of Reference

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

Children's Social Care and Health Cabinet Committee

Commissioning

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

Specialist Children's Services

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

Child and Adolescent Mental Health Services

Children's Social Services Improvement Plan

Corporate Parenting

Transition planning

Health – when the following relate to children

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

2.2 Further terms of reference can be found in the Constitution at Appendix 2, Part 4, paragraphs 21 to 23, and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2016

3.1 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 2016.

6. Background Documents

None.

7. Contact details

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

Agenda Section	Items
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	<ul style="list-style-type: none"> • Action Plans arising from Ofsted inspection (replaces former CSIP update) to alternate meetings • Teenage Pregnancy Strategy one year on update • Health Visiting / Public Health Transformation update
D – Performance Monitoring	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Emotional Health and Wellbeing Strategy – 6 monthly update
C – Other items for Comment/Rec to Leader/Cabinet Member	<ul style="list-style-type: none"> • Update on teenage pregnancy strategy– seek data for more local (ward) level. (<i>Requested at 8 Sept mtg</i>)
D – Performance Monitoring	<ul style="list-style-type: none"> • 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 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	<ul style="list-style-type: none">• Action Plans arising from Ofsted inspection (replaces former CSIP update) to alternate meetings
D – Performance Monitoring	<ul style="list-style-type: none">• 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