CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Tuesday, 5th July, 2016

10.00 am

Darent Room, Sessions House, County Hall, Maidstone

AGENDA

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Tuesday, 5 July 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 and Mr C P Smith
UKIP (3)	Mrs M Elenor, Mr B Neaves and Mrs Z Wiltshire
Labour (2)	Mrs P Brivio, Mrs S Howes and Vacancy
Liberal Democrat (1):	Mr M J Vye

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UNRESTRICTED ITEMS

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

A - Committee Business

A1 Introduction/Webcast announcement

A2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present

A3 Declarations of Interest by Members in items on the Agenda

To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item

number to which it refers and the nature of the interest being declared

A4 Minutes of the meeting held on 13 May (Pages 7 - 10)

To consider and approve the minutes as a correct record.

A5 Minutes of the meeting of the Corporate Parenting Panel held on 15 March (Pages 11 - 20)

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.

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

B1 Public Health children's services (Pages 21 - 28)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health asking the Children's Social Care and Health Cabinet Committee on the proposed decision to extend the existing contract for Health Visiting and FNP Service until 31 May 2018 and to comment on the progress of the procurement of the School Public Health Services.

B2 Children and Young People Mental Health Service - joint procurement (Pages 29 - 36)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing asking the Children's Social Care and Health Cabinet Committee to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to enter into S76 arrangements (under the NHS Act 2006) with West Kent CCG as the lead commissioner on behalf of all the Kent CCGs and KCC.

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

C1 Action Plans arising from Ofsted inspection (Pages 37 - 42)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care, Health and Wellbeing providing the Committee with an update on key themes and lessons learned from the Ofsted findings regarding other local authorities.

C2 Kent's Teenage Pregnancy Strategy 2015- 2020 - One Year On (Pages 43 - 50)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health this report provides an update on the progress made to implement Kent's Teenage Pregnancy Strategy which was approved in September 2015.

C3 Local Government Ombudsman Finding of Maladministration (Pages 51 - 74)

The Local Government Ombudsman has investigated a complaint against Kent County Council and concluded that there was fault by the Council which caused injustice to the complainant. The Ombudsman has issued a public report regarding the complaint.

D - Monitoring of Performance

D1 Specialist Children's Services Performance Dashboard (Pages 75 - 86)

To receive a report from the Cabinet Member for Specialist Children's Services and the Director of Social Care, Health and Wellbeing, outlining the Specialist Children's Service (SCS) performance dashboards to provide members with progress against targets set for key performance and activity indicators.

D2 Public Health Performance - Children and Young People (Pages 87 - 94)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, giving an overview of the performance of Public Health commissioned services for children and young people.

D3 Work Programme 2015/16 (Pages 95 - 100)

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

Monday, 27 June 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.

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KENT COUNTY COUNCIL

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Children's Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Friday, 13 May 2016.

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

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

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health & Wellbeing), Mrs M Robinson (Management Information Unit Service Manager), Mr P Segurola (Director of Specialist Children's Services) and Mr A Saul (Democratic Services Officer)

UNRESTRICTED ITEMS

135. Introduction/Webcast announcement
(Item A1)

136. Apologies and Substitutes
(Item A2)

1) Apologies were received from Jane Cribbon, Valerie Dagger and Robert Brookbank. They were represented respectively by Pam Brivio, Steve Manion and Bryan Sweetland.

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

1) There were no declaration of interest.

138. Minutes of the meeting held on 22 March 2016
(Item A4)

1) The minutes of the previous meeting were agreed.

139. Verbal updates
(Item A5)

1) The following verbal updates were received from Peter Oakford, Cabinet Member for Specialist Children's Services;

a) The utilisation of Children's Centres was being looked into further as a step towards further integration. He reassured Members that the focus on this

would be integrating health visitors and be limited to services focused on children's health and wellbeing.

b) In regards to Unaccompanied Asylum Seeking Children (UASC) Members were informed that 40 had arrived in April. It was emphasised that the amount of arrivals had steadied from last year; the vast majority of those arriving were now from Afghanistan. Arrivals from Eritrea and Syria have both decreased significantly.
c) The Cabinet Committee was informed that migrant groups had been moving around the coast and due to this there had been an increase in UASC arriving in Newhaven, East Sussex.
d) It was confirmed that KCC was still awaiting further news on the UASC Dispersal Programme progressing. Mr Oakford also expressed a view that he would like Government to explain the infrastructure established to support UASC and their dispersal. He also reassured Members that other Local Authorities had so far provided assistance for 93 Asylum Seekers.
e) In regards to the additional 3,000 refugee children the UK will be resettling Mr Oakford was of the view that none of these will be settled in Kent.

2) The following verbal updates were received from Andrew Ireland, Corporate Director for Social Care, Health and Wellbeing;

a) In regards to a query over central government giving KCC reimbursement for the cost of UASC care Members were reassured that KCC had received an offer and it was broadly in line with the cost.
b) He shared with Members that he had given evidence at a Select Committee of the House of Lords along with representatives from the LGA and Croydon. He explained most discussion was around process and funding in regards to UASC. There was also further discussion into children's social care in European countries.
c) In regards to education and support for UASC he confirmed progress on accessing English classes and college courses had been made.
d) Members were informed that an advisor from the Home Office was now permanently with the Directorate.

3) The following verbal updates were received from Graham Gibbens, Cabinet Member for Adult Social Care and Public Health;

a) He explained that the Department of Health had declared last year a reduction of payments to pharmacies. Because of this he was concerned Community Pharmacies in rural areas and town outskirts were at risk. He proposed to the Cabinet Committee to jointly respond with Roger Gough, Cabinet Member for Education and Health Reform, to express their concerns over a loss of out of town services.
b) Members were informed that the new regulations on tobacco packaging that would come into effect from Friday 20th May 2016 and that a briefing in regards to this could be found online. He explained that the health warning must now cover 65% of the package and that certain descriptive words, such as *organic* or *light,* were ban from the packaging.
c) In response to a query Members were informed the Arts and Recovery Festival had been a one-time event, but similar events would be held in future.

4) The following verbal updates were received from Andrew Scott-Clark, Director of Public Health;

a) In regards to tobacco packaging he explained to Members that there was a range of initiatives to help enforce the new regulations including a licensing initiative from HMRC.
b) Members were reassured that health visiting performance was showing the right direction of travel.

5) Mr Sweetland brought the Cabinet Committee's attention to a project in which Northfleet School for Girls had introduced School Pastors.

140. Specialist Children's Services Performance Dashboard
(Item D1)

1) Maureen Robinson, MI Service Manager, introduced the Performance Dashboard for Specialist Children's Services to the Cabinet Committee. She explained that 44 Performance Indicators were measured in the Dashboard. Of these 7 were given a red RAG rating. Mrs Robinson emphasised to Members that if UASC were excluded from the Performance Dashboard then 5 additional Performance Indicators would have met their target. She also stated that placement stability was a key area for improvement over the coming year.

2) The Chairman expressed a view that she was heartened by the 25% drop in re-referrals.

3) In response to a Members query into which Performance Indicators should he be particularly cautious of Mr Ireland stated that any relating to assessment should be given attention and of these placement stability should be given particular focus.

4) Philip Segurola, Director of Specialist Children's Services, reassured Members that the Directorate were being mindful of the emotional resilience of their Social Workers and were working with the NHS to provide the appropriate support for their staff.

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

141. Work Programme 2016
(Item D2)

1) The Chairman reassured Members that it was her intention a report on all services due to be recommissioned services would come to Cabinet Committee meetings in future.

2) A view was expressed by Members that a regular update on Early Help services should be included on the Work Programme.

3) Mr Sweetland stated he would be interested in a report on how Kent County Council performs as a commissioner and its perception amongst voluntary organisations.

4) RESOLVED that the Work Programme be agreed with the discussed additions included.

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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 Tuesday, 15 March 2016.

PRESENT: Mrs A D Allen, MBE (Chairman), Mrs Z Wiltshire (Vice-Chairman), Mr M J Angell (Substitute for Mrs J Whittle), Mr R H Bird (Substitute for Mr M J Vye), Mrs P T Cole, Ms S Dunstan, Mr T A Maddison (Substitute for Ms C J Cribbon), Mr B Neaves, Mr M J Northey (Substitute for Mr G Lymer) and Ms B Taylor

ALSO PRESENT: Mr P J Oakford

IN ATTENDANCE: Mr P Segurola (Director of Specialist Children's Services), Mrs S Skinner (Service Business Manager, Virtual School Kent), Ms C Smith (Acting Head of Fostering) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

134. Exclusion of the Press and Public

RESOLVED that, under Section 100A of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information, as defined in paragraphs 1 and 2 of Part 1 of Schedule 12A of the Act.

(OPEN ACCESS TO MINUTES)

135. The views of Young People in Care

(Item 1)

A group of five young people attended to tell the Panel about their experiences of being in care and leaving care. They were supported by Julie, a social worker from the 18-plus team.

Everyone around the table introduced themselves.

Welcome to this meeting of the Corporate Parenting Panel. Can you tell us about your experiences of coping at school and of leaving care? Have you found any barriers or problems?

CC: I struggled to fit in, which gave me many problems, but I was well supported. I feel I now have the help and support that I need now I have left care.

What caused these problems? Did you move about a lot to new placements?

CC: No, I stayed in one place during that time.

JF: School was OK for me but I struggled to fit in. Over time it got better and I feel OK. Teachers and social workers were supportive. I found I had plenty of options at 16-plus - sixth form, university, apprenticeships, etc.

Did anyone tell you that your options were limited, because you were in care?
JF: I was at school at level 1 when I entered care and my social worker and carer worked together to get me into grammar school, as that's where I wanted to go. I settled well after a few months.

Was your education OK for you? Did you get help and support with English as a second language?
MA: Yes I got help. I would like to say Thank you very much for the help I was given by the County Council, which helped me a lot. This year I am studying bricklaying and next year I hope to do football coaching.

M: The County Council helped me with English and maths at level 1 and with English as a second language. In 2013 to 2014, at level 1, I studied well and had help with GCSE maths.

How do these experiences compare to those of the VSK apprentices?
VSK apprentices: This is much the same as our experience.

What have you learned from your experiences that has been helpful to you, or will be helpful to you, to help you manage as you leave care?
CC: My school did all it could to help me. I would still have learnt life skills even if I had not got any GCSEs.

Did other pupils at school know about your care status, and did you have any problem with bullying because of it?
CC: Yes they did know I was in care and I was bullied.
What did the school do to deal with this?
CC: Other people helped me to cope with this but this was because it was their job to do it; it was not their choice to help me.
But you knew where to go to get help?
CC: Yes, finding help was OK.

As you leave care and have to find a home, earn money and buy yourself food and clothes, do you find that the problems of being in care are still there? Is life still difficult for you?
J: Yes, it's stressful living on £250 per week; things build up. Costs go up all the time and this adds to the pressure, as costs are high compared to the benefits I get. I hate being on benefits; I really want to work, but I have no school qualifications in maths or English, or any experience, so it's very difficult to get a job, and everything is paper-based, which disadvantages me with English. I keep trying to get off benefits and into work.
What sort of work do you want to do?
J: Anything. I want to work – I'm 19.

VSK apprentice, to J: we could possibly help you to find work, perhaps via the VSK apprenticeships scheme. The VSK job is excellent as you can study for an NVQ as part of it, and they could help you achieve level 1 in maths and English.

J: I have sent out hundreds of CVs, looking for work.

VSK apprentice: At VSK, your status as a care leaver is more important than your CV. We can help you to look into it – we'll talk outside the meeting.

What is your current situation in terms of accommodation?
MA: I am in a Council house now, as I am over 18, after spending two years in County Council accommodation. I moved to my Council house 3-4 months ago. I have many bills to pay and I am on benefits. As I am in full-time education I cannot take up employment. At 16-plus I had £57.00 per week but when I worked for a while they stopped my benefits, so I had a while without money and had trouble paying for things like travel to college. I am now 21 and have a bus pass, but I have to pay to travel to study.

It is difficult to struggle to work and make money while you also need to study, but you are lucky in having a Council house. Did you have any help to furnish your home?
MA: I had a £2,000 grant to set up.

M: I was at Millbank to learn about life in the UK, and there I learnt about food shopping and cooking. They provided accommodation for me but I could not stay there longer as it was too far away from where I wanted to study. I was alone when I moved but I had help with accommodation and furnishing. Where I am is quite good for me and I have no problems.

CC: I have independent living support. It was hard to start with but I got help to buy furniture. I find it hard to pay bills. I am also studying at the moment.

All young people have problems setting up their own home. Did your foster carers help with teaching you life skills?
CC: I was in supported lodgings before and they helped me prepare for independent living by teaching me the skills I would need before I left.

JF: I am in supported lodgings. As I am over 18 I can claim housing benefit and I pay rent to my carers. To help pay for my food I have taken a weekend job, as working during the week would take time away from my studies. I have to pay for my own food and travel costs, and I am quite lucky that I still have someone to support me. When I move on to university or an apprenticeship, I will move to independent living, and I expect I will learn the skills I need for that then. It is a challenge to keep debts under control.

What do you have to pay – Council Tax? TV licence? Do you get any help with these?
JF: I don't earn enough to pay Council Tax. Housing benefit covers my rent, and I pay for food. When I leave education I know I will have to manage on my own.

J: I am in supported lodgings and am lucky that my support is good. I moved away from my mother at 12 and have stayed in some places which have not been good. Once I turned 16 there was much help available to me, and people have taught me so much. I hope to go on to get some more education.

Before you turned 18, were you told much about what would happen after 18?
JF: I did not have much help before 18, and the help I had was limited to how to claim the benefits I am entitled to. It took months to get me an 18-plus worker. My carer got some information from Catch 22, but it was like being thrown in at the deep end on my 18th birthday, with forms to fill in, etc.

Was there any handover of social worker at 18-plus?
J: I have both my old and new social workers at the moment. There was some handover when I moved from Children's to Adults' Services.
So did you have to build a new relationship and new trust?
J: Yes.

Would you agree that some young people are mature enough to handle the transition at 18 well, while some are not?
JF: My carers were good and helped with the transition, and with finding out about benefits, etc. They were very understanding and were patient about waiting until I had money to pay them rent. In that way, they were more than landlords to me. However, there is always some period of uncertainty as you move from one phase to another.

As a parent, I tried to teach my children skills like cooking before they moved out, and as a parent I am still there for them to come back to if they need help. I know that the situation is different for young people leaving care, if they have no family to fall back on, but it is good if you have a good relationship with your carers which could continue once you have left.

Do Catch 22 help young people to find accommodation?
CC: Yes, I think so.

Do foster carers have some role in this?
JF: I don't think they do. The 18-plus team looked after this for me, and helped and supported me, and Catch 22 set up my tenancy.

How did you find out about these arrangements, and who you needed to speak to? Did your social worker advise you?
J: They didn't tell me in advance; I felt that I was thrown into it. Once you leave your carer's home you don't know where you are going next.

Would it help if someone a bit older were to act as a mentor to you, to share their experiences of going through the same process? And would you in turn be willing to act as a mentor for someone else?
J, CC and JF: Yes, a mentor would help, and we would all be willing to do that for other people.

VSK apprentices: We would be happy to help if someone asked us. We have both had to learn how to budget for bills and food, and we could pass on this knowledge. We could establish a 'buddy' system.

CC: The VSK apprentices have attended our local Young Adults Council (YAC) to teach young people how to budget and shop carefully.
We could have more of that sort of session; we will look into setting this up.

Thank you all so much for giving your time to attend and talk to the Panel today. What you have told us is very useful. It would be good to catch up again in the future to see how you are getting on.

The meeting then returned to open session for the regular business of the Panel

136. Apologies and Substitutes

1. Apologies had been received from Mr R Brookbank, Mrs T Carpenter, Mr S Griffiths and Ms C Moody.

2. Mr M J Angell was present as a substitute for Mrs J Whittle, Mr R Bird for Mr M J Vye, Mr T Maddison for Ms C J Cribbon and Mr M J Northey for Mr G Lymer.

137. Minutes of the meeting of this Panel held on 28 January 2016

(Item A2)

RESOLVED that the minutes of the Panel meeting held on 28 January 2016 are correctly recorded and they be signed by the Chairman. There were no matters arising.

138. Chairman's Announcements

(Item A3)

1. The Chairman announced that young people in Thanet had been nominated for a National Crimebeater Award. The Vice-Chairman added that, with the encouragement of the local Youth Advisory Group, young people had made a DVD of issues they faced while in care in Thanet, which had received a good response from the High Sheriff of Kent. They had been shortlisted for a National Crimebeater Award, for which the winners would be announced on 16 March.

139. Verbal Update from Our Children and Young People's Council (OCYPC)

(Item A4)

1. Ms Dunstan gave a verbal update on the following:

OCYPC Update – OCYPC Members had taken part in a Jigsaw activity, to discuss what would make a good social worker. Mr Segurola added that the Young Lives Foundation had recently undertaken a similar exercise to identify 'the top 10 points for a good social worker', which could feed into social worker training, possibly at Canterbury Christ Church University, and into recruitment activity.

Challenge Card issues:

a. A reply to the submission of designs for business cards for social workers was still awaited. Mr Segurola agreed that this delay had gone on too long and undertook to ensure that a reply was sent.
b. A request that the County Council set up bank accounts for young people in care, into which the Council and a young person's foster carers could pay money for them to access when they reached 18.
c. Young people in care should be able to see their younger siblings still living at home with parents. Mr Segurola undertook to send a response to the young people who had raised this issue.
d. Varied experiences with social workers, and the fact that some social workers were more proactive than others. Mr Segurola asked how young people thought social worker training and practice could be improved.

Young Adults Council (YAC) Developments – attendance at meetings had improved, and useful sessions such as budgeting and shopping had been run at recent meetings. YAC Members would shortly take part in the Who Cares Trust London Bridge trek of 25km to raise funds.
Apprentice Staffing update – three new VSK apprentices had been recruited and would start work after Easter. Two more vacancies remained and it was hoped that an unaccompanied asylum seeking young person could be recruited to one of the posts.
Activity Days 2016 – County Council Members who had contributed funds from their Member grants were thanked for their support.
Forthcoming dates were as follows:

- **Tuesday 29 March** – Trampolining in Maidstone
- **Wednesday 30 March** – East and South Kent Activity Day at Kingswood: 48 spaces.
- **Thursday 31 March** – West and North Kent Activity Day at Bewl Water: 36 spaces.
- **Wednesday 6 April** - West and North Kent Activity Day for children aged 5 – 9 at the Hop Farm: 20 spaces.
- **Thursday 7 April** - East and South Kent Activity Day for children aged 5 – 9: 20 spaces

National Celebratory event, 17 February: 'Taking it to the next level' – This event, which had involved Children In Care Councils from other areas, had addressed engagement between Children In Care Councils and Corporate Parenting Panels. Issues arising at this event would feed into the current work to amalgamate the Corporate Parenting Panel and the Kent Corporate Parenting Group.
Regional Participation and Children in Care Council Group – for professionals - this had also shared best practice and addressed new ways of working.

2. The verbal updates were noted, with thanks.

140. Verbal Update by Cabinet Member
(Item A5)

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

Local Children's Partnership Groups had been formed in districts, and Members were becoming involved in their local groups.
Grant submissions for Local Children's Partnership Groups had been made, and most had been approved.
Duke of Edinburgh Award presentation evening and ***Sea Cadets Awards evening*** – these had both shown excellent examples of young people overcoming challenges.
Visits to Children's Centres in Canterbury, Thanet and Maidstone, meeting staff and parents.
Visit to YMCA – met staff team and heard about challenges faced.
Visit to Sunrise Centre – this provided respite care for children with disabilities.
Attended Corporate Parenting Select Committee (with Philip Segurola) to present the action plan which would follow on from the Select Committee's recommendations.
Attended South East Regional Group meeting for Directors of Children's Services and Local Members (with Philip Segurola) – this gave the opportunity to make a presentation on UASC to other local authorities and highlight and start a

conversation about the challenges Kent faced around placing them. Brighton Council had taken ten UASC from Kent but support from other authorities had been lacking.

Forthcoming meeting of Local Government Association Asylum and Refugee Task Force, 24 March – this would be a national meeting of a taskforce set up to tackle issues of asylum and migration.

2. The verbal updates were noted, with thanks.

141. Head Teacher of Virtual School Kent (VSK) update report
(Item B1)

1. In the absence of Mr Doran, Mrs Skinner introduced the report and highlighted key areas of progress in what had been a period of much activity and challenge:

- although KS4 scores would not be validated until later in March, the forecast was that both attainment and attendance would show an increase.
- due to the recent changes made to the measuring of performance at KS1 and KS2, it would be difficult to compare like with like when looking back at past years' performance.
- new VSK apprentices, including one graduate, had been recruited to fill the posts vacated when former apprentices moved on to permanent employment.

2. Mrs Skinner responded to comments and questions from the Panel, as follows:

a) it was still proving difficult to place unaccompanied asylum seeking children (UASC) in schools at year 11, and this difficulty was exacerbated by the fact that examinations were imminent at that stage, when they had limited time to learn English. Mrs Skinner assured the Panel that UASC would be given all possible support to overcome these difficulties;

b) a view was expressed that the information reported was difficult to follow in part as area references did not seem to match those used by other services, and information did not cover some of the issues that the public most wanted to know about, eg the availability of school places. Mr Segurola explained that some areas experienced more difficulty than others in accommodating the numbers of children in care, particularly those placed in Kent by other local authorities, currently approximately 1,300. In addition, the high number of UASC that Kent had to accommodate, currently approximately 900, added to the challenge of finding sufficient school places near their placements. He reminded Members that, under the Department of Education's School Admissions Code, children looked after by a local authority took precedence for local school places. The Cabinet Member, Mr Oakford, added that, in some areas of Kent, there were more children in care placed by other local authorities than there were Kent's own children; and

c) Members had learned from two recent Select Committees, Apprenticeships and the Student Journey, that students found it difficult to access good quality information, advice and guidance, and that the skills most valued by employers when recruiting young people were English, maths and 'soft' skills such as time keeping, self-discipline and interpersonal skills. It was important that good quality information, advice and guidance be available

to children earlier in their school career, before year 11, so they could build confidence in these areas before entering the employment market. Young people needed motivation as well as examination passes. Mr Segurola said he shared Members' concern about the number of care leavers who were not in education, employment or training (NEET). Ms Dunstan added that the Young Adults Council and Our Children and Young People's Council could help young people and care leavers to build their confidence and to access information about careers and training.

3. RESOLVED that the progress made by the Virtual School Kent be noted and welcomed.

142. Update on the Fostering Improvement Plan
(Item B2)

1. Ms Smith introduced the report and highlighted the main challenges currently facing the Fostering service.

- a new audit tool would become live in April 2016 and would apply to new foster carers, from six months after they had been approved.
- a planned Fostering activity day had unfortunately had to be postponed and would now take place on 22 May. However, this would now engage and benefit children from a wider age range than had previously been planned.
- feedback from a survey of foster carers was currently being considered by the Kent Foster Carers Association and would be reported to the Panel at a future meeting.

2. Ms Smith responded to comments and questions from the Panel, as follows:-

a) feedback from young people about their experiences of being in care would be used in foster carers' annual review meetings, as well as feedback from the carers' own foster children. The VSK apprentices could help to support this process, and the logistics of doing this would be investigated; and

b) a standard procedure was in place for dealing with complaints and allegations made about and against foster carers. When such an issue arose, the foster carer would be party to what was recorded about the incident on their file, including the outcome, ie if the complaint or allegation were substantiated or found to be groundless. Panel members were reassured that nothing would be recorded on a carer's file without their knowledge.

3. RESOLVED that the updated fostering improvement plan be noted and welcomed.

143. Combining the Corporate Parenting Panel and the Kent Corporate Parenting Group, including a review of Terms of Reference
(Item B3)

1. The Chairman advised the Panel that, as part of its report, the Select Committee on Corporate Parenting had made a recommendation that the Corporate Parenting Panel and the Kent Corporate Parenting Group (KCPG) should merge. This seemed a good idea but gave rise to concerns that the combined group would

be too large to achieve good, constructive discussion and could be intimidating to young people attending its meetings.

2. Mr Segurola added that Kent was unique in having two separate corporate parenting bodies. The Select Committee had taken a view that the Panel was constrained by not having access to the operational knowledge that was present in the KCPG. He added that officers were comfortable with the recommendation, although he understood concerns expressed about the size of the combined group. He undertook to review the proposed membership set out in the report, with a view to trimming it.

3. In debate, Panel members made the following comments:

a) the proposed merger was welcomed, with some reservations about the size of the combined group, and Mr Segurola's offer to reduce the membership was welcomed;

b) it was vital that the new combined membership include colleagues from the Health Service;

c) a review of the operation of the new group could take place in three or six months' time;

d) it was suggested that Mr Segurola meet informally with Group Spokesmen in the coming weeks to iron out the details of membership and Mr Segurola confirmed that he was happy to do this; and

e) the Panel was in agreement that, as a County Council Committee, its Chairman and Vice-Chairman should be County Council Members. It was suggested that this be written into the Panel's terms of reference.

4. RESOLVED that:-

a) the proposal to combine the Corporate Parenting Panel and the Kent Corporate Parenting Group by April 2016 be agreed;

b) the proposed new merged Terms of Reference be endorsed, with an addition being made that the Chairman and Vice-Chairman of the Panel be Kent County Council Members;

c) the range of partner representatives to be included in the membership of the new Panel be agreed, with the proviso that their overall number be reduced;

d) the Chairman and Vice-Chairman of the Panel be confirmed as at present; and

e) the operation of the new combined Panel be reviewed in six months' time.

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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

5 July 2016

Subject: Public Health children's services

Classification: Unrestricted

Previous Pathway: This subject was reported to Children's Social Care and Health Cabinet Committee on 8 September 2015, 22 January 2016, and 22 March 2016

Future Pathway: None

Electoral Division: All

Summary: This report outlines the progress on transformation of Public Health services for children and young people in Kent, and covers two distinct pieces of work, one on School Public Health Nursing Services, and the other concerning Health Visiting and Family Nurse Partnership (FNP).

The procurement of the School Public Health Nursing Services is underway. The committee are asked to note that this procurement process is on track, with the agreed timeline and a brief update is included on the process for member information.

Health Visiting and Family Nurse Partnership (FNP) has been reviewed in detail since the transfer of commissioning responsibilities since October 2015. The committee are asked to consider endorsing an extension to the existing contract to allow time for a wider programme of transformation that will deliver a new model for 0-5's in Kent.

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

i) either, **ENDORSE** or make a recommendation to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to extend the existing contract for Health Visiting and FNP Service until 31 May 2018

ii) **COMMENT** on the progress of the procurement of the School Public Health Services

1. Introduction

1.1. This report is a follow up to the paper on public health transformation plans that were presented to the Cabinet Committee in March 2016.

1.2. At the March meeting, the Committee endorsed the proposal to extend most of the existing contracts to March 2017 and also requested a review of the commissioning timeline for the longer term. This paper presents an overview of the commissioning strategy for each of the services and seeks endorsement for a proposal to extend the existing contract for the Health Visiting and FNP service.

2. Background

2.1. Kent County Council (KCC) has responsibility for commissioning a range of Public Health services for children and young people in Kent. These services are funded from KCC's Public Health grant and include the Health Visiting service and the School Public Health Nursing Service.

2.2. In addition to this, KCC also invests approximately £2.5m a year of the Public Health grant into Kent's Children's Centres and Early Help provision. A further £1.1m is invested into other externally commissioned services which contribute to improving public health outcomes for children in Kent including substance misuse treatment services.

2.3. Earlier this year, Public Health England confirmed that the Public Health grant would be reduced by at least 10% over two years from the 2015/16 baseline.

3. School Public Health Nursing

3.1. The Children's Social Care and Health Cabinet committee have previously considered papers on school public health nursing and the links with emotional health and wellbeing on a number of occasions. The KCC Public Health team has undertaken a detailed review of the service and identified the need to change the service to support a range of health outcomes for children across Kent in line with three overarching changes:

- An effective school public health service, focussed on core health outcomes, firmly integrated with the wider system of school-based support for children and young people

- A core partner for the effective delivery of the universal and targeted elements of *'The Way Ahead, Kent's Emotional Wellbeing Strategy for children, young people and young adults in Kent'*.

- An efficient and intelligence-led service delivered by the appropriately skilled workforce

3.2. In line with the outcome of previous committee discussions and the public consultation, the procurement process has been organised to procure two

distinct services which will replace the current School Nursing Service, which currently has the same offer for children who are five and children who are fifteen.

3.3. The first service will be a Primary School Public Health Service for children aged 5-11 which will deliver:

- the National Child Measurement Programme (NCMP) and proactive follow-up for children who are overweight
- a universal emotional wellbeing service for primary-aged children
- individual health assessments, screening and relevant health and wellbeing interventions
- whole-school approaches to health promotion and improvement.

3.4. The second will be an Adolescent Health and Targeted Emotional Wellbeing Service which will deliver whole-school approaches to health improvement, universal emotional wellbeing service, individual health assessments and relevant health interventions for secondary school aged children. It will also provide a targeted emotional wellbeing service right across the 5 to 19 age group. This will ensure a more seamless transition between universal and targeted support for emotional wellbeing.

3.5. KCC is procuring these reshaped School Public Health Services aligned with the wider procurement programme for Emotional Wellbeing and Mental Health Services for children and young people. The procurement is at an early stage and will include a 'competitive dialogue' process. This will enable KCC to review and refine the specification and requirements after bidders have submitted initial responses. Contracts for the new services are due to be awarded early in 2017. This approach will offer the opportunity for a new framework to support schools in relation to health improvement.

3.6. The table below outlines the high level timelines for the School Public Health Nursing Services procurement project:

Pre-qualification stage	June – July 2016
Competitive Dialogue and tender process	August – December 2016
Approval to award governance process	January 2017
Pre-contract mobilisation	February – March 2017
Contract start and start of transition period	April 2017

3.7. Public Health will provide regular updates to the Children's Social Care and Health Cabinet Committee throughout the procurement process. A proposed key decision is expected to be presented in January 2017 once the tender evaluation process has been completed.

4. Health Visiting and FNP

4.1. KCC became responsible for the commissioning of Health Visiting Service in October 2015 and now has a statutory obligation to secure provision of five mandated checks for children under five. The service also plays a crucial role in safeguarding and child protection procedures for this age group.

4.2. Previous papers presented to the Children's Social Care and Health Cabinet committee have reported on areas including:

- feedback from staff, from a public consultation, and from service users
- challenges in some key performance in the service
- the potential opportunity for closer integration with KCC's Early Help and Preventative Services and the wider range of early years' service provision across the County.

4.3. In reviewing the service and changing any model it will be imperative to recognise the health visiting service is a core safeguarding service and any changes must ensure that there is no negative impact on safeguarding, and should enhance the approach. This integration may also highlight opportunities for efficiency savings. The review will include current arrangements for breastfeeding support as there are currently a range of providers, and potential disjoint and duplication in provision.

4.4. Since the last committee meeting, Public Health have held discussions with Kent Community Healthcare Foundation Trust (KCHFT), the providers of the service, and reached a provisional agreement (subject to key decision) to extend the existing contract for an additional fourteen months to 31st May 2018. This extension will provide the opportunity to transform the service model to deliver improved performance and efficiency before the service is re-tendered.

4.5. This would also align the timescale for a new contract, more closely with any changes to the mandate for Health Visiting and the arrangements of the ring-fence of the Public Health grant from April 2018 onwards.

4.6. The Family Nurse Partnership (FNP) is also part of the current Health Visiting contract although not a statutory requirement. It is a much more intensive programme for first-time mothers aged 19 and under to support the development of strong attachment and parenting skills, and support to return to education and work. The programme has a very strong evidence base in the US for return on investment, however initial studies in the UK have not yet found evidence of the same cost-effectiveness. A period of review of this service will be undertaken to assess whether, considering reduced overall resources, it should be commissioned moving forward.

4.7. The table below outlines the high level timelines for the Health Visiting commissioning project if this proposal for a contract extension to 31st May 2018 is agreed:

Completed detailed analysis of current activity	June – September 2016
Explore opportunities for new service model	
Agree and implement service transformation	October 2016 – Jun 2017
Procurement Process	July – December 2017
New contract awarded – start mobilisation process	March 2018
New contract commences	June 1st 2018

4.8. This timeline relies upon a key decision to extend the existing contract being taken later in July to enable the existing Health Visiting and FNP contract to be extended to 31st May 2018. A further proposed key decision to award a new contract for 2018/19 onwards will be presented to the Children's Social Care and Health Cabinet Committee towards the end of 2017, whilst the Cabinet Committee will receive regular updates on progress of service transformation and will be consulted where necessary.

5. Financial Implications

5.1. The current full-year contract values for the Health Visiting and School Public Health Service contracts are £29.4m p.a. The majority of this is Health Visiting which currently stands at £23.1m, with the remainder on the school public health service and young healthy minds service. The exact contract values are being negotiated, due to the reduction in the Public Health grant in the current financial year and the anticipated efficiency driven by the transformation programme.

6. Conclusion

School Nursing

6.1. The Children's Social Care and Health Cabinet committee has previously considered and endorsed the proposal for the procurement of a reshaped School Public Health Services as part of the wider programme for Emotional Wellbeing and Mental Health Services.

6.2. The procurement is at an early stage and contracts for the new services are due to be awarded early in 2017. This approach will offer the opportunity for a new framework to support schools in relation to health improvement.

Health Visiting and FNP

6.3. The proposal to re-engineer and reshape the existing Health Visiting and FNP service as part of a 20-month contract extension presents a significant opportunity for improved service delivery and better value for KCC investment.

6.4. The stakeholder engagement and public consultation process has highlighted clear support for the proposal for retaining a Health Visiting and FNP service focused on the 0-5 age group.

6.5. The scope of a new contract (to start from 1st June 2018) and the performance and outcome measures would need to be developed as part of the review and re-engineering process.

6.6. The next steps in the commissioning process will be:

- Negotiate terms of the extension to the current contract to deliver required efficiency savings
- Identify and explore opportunities for integration with wider early years' service provision
- Provide an update to Cabinet Committee in September 2016

6.7. The proposed commissioning plan will enable KCC to realise the required short-term savings and provide the opportunity to redesign the service to be more sustainable for the longer term. It also enables further integration with the wider early years' provision and contributes more effectively to improving outcomes for children, giving the best start in life.

7. Recommendations

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

i) either **ENDORSE** or make a recommendation to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to extend the existing contract for Health Visiting FNP Service until 31st May 2018

ii) COMMENT the progress of the procurement of the School Public Health Services

8. Background Documents

Reports to Children's Social Care and Health Cabinet Committee on;

- 8th September 2015
- 22nd January 2016
- 22nd March 2016

https://democracy.kent.gov.uk/ieListMeetings.aspx?CId=830&Year=0

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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 - 5 July 2016
Decision No:	16/00052
Subject:	**CHILDREN AND YOUNG PEOPLE MENTAL HEALTH SERVICE**
Classification:	Unrestricted
Past Pathway of Paper:	None
Future Pathway of Paper:	Cabinet Member decision
Electoral Division:	All

Summary: This report provides an update on the commissioning and procurement of the child and young people mental health service. The report seeks endorsement from the Children's Social Care and Health Cabinet Committee to enter into such legal arrangements as are necessary with West Kent CCG as the lead commissioner on behalf of all the Kent CCGs and KCC.

Recommendation(s): The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or **MAKE A RECOMMENDATION** on the proposed decision (Attached as Appendix 1)

a) that Kent County Council will enter into such legal agreements that are necessary and appropriate to enable the joint operational delivery of this project between KCC, West Kent Clinical Commissioning Group and the Provider for the purpose of jointly procuring a mental health service for children and young people including children in care and integrated provision within the heath needs pupil referral units, and

b) to delegate authority to the Corporate Director of Social Care, Health and Wellbeing or other nominated officer to undertake the necessary actions to enter into the agreements.

1. Introduction

1.1 Previous papers to the Children's Cabinet Committee provided the background and context for this work; development of the Emotional Wellbeing Strategy, The Way Ahead, and development of the new whole system integrated model including a single point of access.

2. Financial Implications

2.1 Specialist Children's Services (SCS) currently contributes £1m per year to the children and adolescent mental health service (CAMHS), this is specifically for Kent's children in care.

2.2 SCS also contributes £288,288 to specialist services for children who have been sexually abused or who exhibit harmful sexual behaviour. The contract is held and manged by KCC, but is jointly funded by the CCGs who make an additional contribution.

2.3 Early Help and Preventative Services (EHPS) will contribute£1,440,000 to the new contract for a children and young people mental health service. This funding is currently funding commissioned early help services which are due to end.

2.4 The total KCC contribution will be £2,728,288 per year for the life of the contract.

3. Policy Framework

3.1 The outcomes reflect the vision shared by the Kent and local Health and Wellbeing Boards and Local Children's Partnership Groups i.e. 'Every child has the best start in life' and 'people with mental health issues are supported to live well'.

3.2 The Children and Young People's Plan has an outcome that young people will have 'good physical, mental and emotional health'.

4. Current position

4.1 KCC and the Kent Clinical Commissioning Groups (CCGs) have been working together since 2015, to increase universal provision to deliver a new whole system of support which extends beyond the traditional reach of commissioned services.

4.2 The new model has been developed alongside the principles and approaches articulated within Future in Mind. This new model has a whole system approach to emotional wellbeing and mental health in which there is a single point of access and clear seamless pathways to support, ranging from universal early help through to highly specialist care with seamless transition between services. Ease of access was one of the key messages arising from the consultation undertaken to inform the Emotional Wellbeing Strategy.

5. Service model and outcomes

5.1 Within the new model and specification there will be a requirement that Kent's children in care receive priority throughout the system as they are at greater risk of poor outcomes if they do not receive the help and support they need. The service is being developed to become an all-inclusive model of direct work with children, their families, carers and the professional network to maintain stability

in placements and for children to receive the therapy they may need for attachment disorders and other therapeutic needs.

5.2 The new model also includes support for children and young people who have been sexually abused, rather than children having to go to another service provider. It is anticipated this all-inclusive model will provide a better experience and outcomes for these young people.

5.3 The additional resources from EHPS will provide more support in community settings, there will be 0.5 WTE mental health professionals embedded within each Early Help Unit. These staff will work with children and young people and families where there are mental health needs and they are known to EHPS, but do not meet the threshold for the mental health service. A 'whole family approach' will be provided to prevent escalation to a specialist mental health service. By being based in the Early Help Units staff will be able to take a collaborative approach with KCC Early Help practitioners.

5.4 In addition, the new Provider will develop an integrated model providing support and advice within health needs Pupil Referral Units.

6. Legal implications

6.1 West Kent CCG will be the lead commissioner on behalf of all the Kent CCGs and KCC. West Kent CCG will enter into the contract with the successful provider following the procurement process. KCC, West Kent CCG and all the CCGs will be required to enter legal agreements to govern the relationship between the Council, the CCG, and the Provider. The suite of agreements will set out the respective responsibilities, decision making, financial management and risk arrangements between the partner organisations, with a view to achieving clarity and trust and facilitating closer and more efficient working practices between the Parties.

6.2 The framework provided by the National Health Service Act 2006 means money can be pooled between health bodies and health-related local authority services, functions can be delegated and resources and management structures can be integrated. The arrangements allow commissioning for existing or new services, as well as the development of provider arrangements, to be joined-up.

6.3 Section 76 of the National Health Service Act 2006 authorises a Local Authority to make either capital or revenue payments to certain NHS Bodies (NHS England, CCGs or a Local Health Board) towards expenditure incurred in connection with the performance of the NHS Body's functions. Section 76 payments may be made by local authorities to the NHS Commissioning Board (also known as NHS England), CCGs or Local Health Boards, and section 256/257 payments may be made by NHS England or CCGs to local authorities, voluntary organisations and other bodies specified in the NHS Act 2006.

6.4 An equalities impact assessment has been completed for the KCC element of the mental health service. Actions noted within this are; (i) to ensure that there is data recording on the protected characteristics so that in future the uptake of

the service by all groups of children and young people can be monitored and (ii) there will be service user involvement in the procurement process.

6.5 Public Health is undertaking their own procurement alongside the procurement for the targeted and specialist mental health service.

6.6 KCC Strategic Procurement is leading both procurement exercises on behalf of West Kent CCG and Public Health. The procurement will be undertaken using the competitive dialogue approach so there are opportunities to ensure that services and dialogue are aligned. The procurement process commenced with a market meeting held on 10 June 2016. The new contract is due to commence on 1 April 2017.

6.7 The Corporate Director of Social Care, Health and Wellbeing will be requested to sign such legal agreements that are necessary and appropriate to enable the delivery of this project between KCC, West Kent, the CCG's and the Provider.

7. Equality Implications

7.1 None

8. Conclusions

8.1 This work brings together KCC and seven Clinical Commissioning Groups across Kent, the collective understanding and collaborative approach will drive activity focussed on improving outcomes. The outcomes reflect vision shared by Kent and local Health and Wellbeing Boards and Local Children's Partnership Groups. Progress of the new contract will be measured against local indicators using robust, good quality data.

9. Recommendations

9.1 Recommendation(s): The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and ENDORSE or **MAKE A RECOMMENDATION** on the proposed decision (Attached as Appendix 1)

a) that Kent County Council will enter into such legal agreements that are necessary and appropriate to enable the joint operational delivery of this project between KCC, West Kent Clinical Commissioning Group and the Provider for the purpose of jointly procuring a mental health service for children and young people including children in care and integrated provision within the heath needs pupil referral units, and

b) to delegate authority to the Corporate Director of Social Care, Health and Wellbeing or other nominated officer to undertake the necessary actions to enter into the agreements.

10. Background Documents

Future in Mind.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Past committees

Childrens Cabinet Committee	HOSC
22nd March 2016	4th March 2016
8th September 2015	29th January 2016
20th January 2015	9th October 2015

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Peter Oakford Cabinet Member for Specialist Children's Services	16-00052

For publication

Key decision Affects more than two Electoral Divisions and expenditure over £1m

Subject: CHILDREN AND YOUNG PEOPLE MENTAL HEALTH SERVICE

Decision: As Cabinet Member for Specialist Children's Services, I propose:

a) Kent County Council will enter into such legal agreements that are necessary and appropriate to enable the joint operational delivery of this project between KCC, West Kent Clinical Commissioning Group and the Provider for the purpose of jointly procuring a mental health service for children and young people including children in care and integrated provision within the heath needs pupil referral units, and

b) to delegate authority to the Corporate Director of Social Care, Health and Wellbeing or other nominated officer to undertake the necessary actions to enter into the agreements.

Reason(s) for decision:
Kent County Council and the seven Clinical Commissioning Groups (CCGs) across Kent have been working together since early 2015 to deliver a new whole system of support to improve children's mental health. The current contract is due to end on 31 March 2017. A new service will be procured by West Kent CCG as the lead commissioner on behalf of all CCGs and KCC which will commence on 1April 2017.

Financial Implications:
Funding for this procurement will be c. £2,7m per year with Specialist Children's Services committing £1.29m per year and Early Help and Preventative Services committing £1.44m per year.

Legal Implications:
West Kent CCG will be the lead commissioner on behalf of all Kent CCGs and KCC. West Kent CCG will enter into the contract with the successful provider following the procurement process. KCC, West Kent CCG and all the CCGs will be required to enter legal agreements to govern the relationship between the Council, the CCG and the Provider.

Equality Implications:
None

Cabinet Committee recommendations and other consultation:
The issue will be discussed at the Children's Social Care and Health Cabinet Committee on 5 July and the outcome will be included in the decision paperwork the Cabinet Member will be asked to sign.

Any alternatives considered: None

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

....

signed date

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 – 5 July 2016
Subject:	**ACTION PLANS ARISING FROM OFSTED INSPECTIONS**
Classification:	Unrestricted
Previous Pathway of Paper:	None
Future Pathway of Paper:	None
Electoral Division:	All

Summary:	This report provides the Committee with an update on key themes and lessons learned from the Ofsted findings regarding other local authorities. It also builds on previous reports on the subject of the continued development of existing practice and services, as well as our internal preparation activity.
Recommendation:	The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** AND **COMMENT ON** the content of the report.

1. Introduction

1.1 This is the twelfth regular report to Cabinet Committee on progress made in improving practice and developing services provided to children and young people in Kent. The last report of this nature, was in December 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;

2. When will Kent be inspected?

2.1 The Single Inspection Framework (SIF) was launched in 2014. At the end of May 2016, 104 local authorities have had their SIF. This leaves 48 authorities (including Kent County Council) to be inspected. Ofsted have committed to assessing each local authority under the Single Inspection Framework by December 2017.

2.2 The SIF is not the only inspection framework currently looking at the effectiveness of care and support for children and young people. Ofsted has been collaboratively working with the regulators for partner agencies: Care Quality Commission (Health services and Adult Social Care), Her Majesty's Inspectorate of Constabulary (Police) and Her Majesty's Inspectorate of Prisons (Probation and Community Rehabilitation Companies). The Joint Targeted Area Inspections bring together all four inspectorates to identify how a partnership, as a whole is identifying and protecting vulnerable children and young people. As Ofsted's National Director for Social Care, Eleanor Schooling, noted "The responsibility of safeguarding cannot rest with one agency alone."

2.3 Joint Targeted Area Inspections (JTAIs) were launched in January 2016. These shorter, one-week inspections, drill down on a specific theme and highlight good practice as well as areas for improvement. The current area of focus for the JTAIs looks at the multi-agency response to tackling CSE and children going missing from home, school or education. The inspections assess processes and responsiveness of staff at all levels. From a practitioner perspective, regulators will look to see how children and young people are identified, tracked, assessed and the potential risks investigated. On a broader level, the multi-agency inspection will evaluate how the leadership and management prioritise awareness and training, and are able to analysis patterns of behaviour, therapeutic needs, and disrupt perpetrator's activity.

2.4 Additionally, the JTAI framework seeks to understand "whether local elected members scrutinise and challenge services and the impact of this [challenge] on practice."

2.5 Between February and August 2016, the inspectorates have committed to visiting six areas. At the end of May 2016, South Tyneside, Oxfordshire and Central Bedfordshire have been visited and their reports published. The JTAIs do not give an overall judgement like the SIFs do; they instead focus on a narrative of partnership effectiveness.

2.6 There is also a third assessment framework. A joint venture between the Care Quality Commission (CQC) and Ofsted, a programme of inspection was launched in April 2016 looking at local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities (SEND). This will evaluate the contribution of health, education and social care services to supporting children and young people.

2.7 From a corporate parenting perspective, Inspectors will pay particular attention to children and young people whose specific circumstances require additional consideration; for example, children in care and young adults leaving care with

learning needs and/ or disabilities; or who will require a supported transition to Adult Social Care.

2.8 The SEND inspection framework was piloted over 2015 with five local authorities. Ofsted invited Kent to participate in the pilot inspections in developing the new inspection framework. To this end, in May 2015, a fieldwork team of Her Majesty's Inspectors (CQC and Ofsted inspectors) visited Early Years settings, schools and colleges as well as hosting a webinar for parents. Pilots did not result in published findings; but feedback was given by the Lead Inspector to local authority senior managers. Kent's pilot findings were positive overall, with Kent's SEND Strategy and Parent Carer Forum highlighted as particularly strengths.

2.9. Since the framework was launched in April 2016, Ofsted and CQC have committed to undertaking at least eight SEND local area inspections before the 2016 school summer holidays. Whilst there is no surety as to when Kent County Council will receive their SEND inspection, this authority was one of the programme's pilot authorities. Since the April launch of the SEND framework, it is known Brighton and Hove were visited by Ofsted and CQC in May 2016. Over the next five years however, all local areas will be inspected at least once.

3. What makes a local authority "Outstanding"?

3.1 Under the Single Inspection Framework (SIF), the majority of local authorities continue to be found by Ofsted to be "Requiring Improvement". For the first time, in March 2016, two local authorities were found to be "Outstanding". The tri-borough consisting of Westminster, Kensington and Chelsea, and Hammersmith and Fulham were inspected at the same time, but were three separate inspections. Westminster and Kensington, and Chelsea were found to be "Outstanding", with Hammersmith and Fulham achieving an overall effectiveness of "Good". Mike Sheridan, Ofsted's Regional Director for London has urged all local authorities to learn from their example.

3.2 In the endeavour of being a learning organisation, findings from the three, tri-borough inspections were one of the topics explored within the April 2016 Early Help and Preventative Services (EH&PS) and Specialist Children's Services (SCS) joint Deep Dive.

3.3 For an authority to achieve an overall effectiveness of 'Outstanding', it must achieve 'Outstanding' in three or more of the five domains:

- The experiences and progress of children who need help and protection;
- The experiences and progress of children looked after and achieving permanence;
- Adoption performance;
- The experiences and progress of care leavers;
- Leadership, management and governance;

3.3.1 There is no statutory requirement to carry out a Local Safeguarding Children Board inspection; however a review of performance is permitted under *s.15A Children Act 2004*.

3.4 For background, in 2015, the Tri-borough was awarded £4 million from the Department for Education Innovation Programme and named one of the government's Partners in Practice (flagship authorities). 'Partners in Practice' is seeing the Tri-borough be given more freedom over how children's services are run. An element of this has included the three authorities sharing usage of a 'Focus on Practice' initiative, which Inspectors across the board were positive about. 'Focus on Practice' involves a mixture of intensive, accredited training, and a range of models of practice. "Dual teams" include clinical psychologists and family therapists embedded with social work teams. They offer a consultancy role, alongside social workers specialising in CSE, domestic abuse and children's mental health. The consultancy element was found to be effectively extended to co-working complex cases.

3.5 There was a clear benefit to the tri-borough's multi-disciplinary teams of wide-ranging expertise at all thresholds of need; extending from Early Help to leaving care services. From a preventative perspective, the tri-borough's Early Help services usage of qualified social workers had led to significant reductions in "step-ups" and re-referrals to statutory Specialist Children's Services.

3.6 Another common theme was the co-location of mutually supportive services. Early Help teams were, for instance, in the same offices as Child In Need and Child Protection practitioners, supporting a shared understanding or thresholds and collaborative working. This was echoed for Children in Care, where the Virtual School and Child and Adolescent Mental Health Services were collocated with social workers, facilitating decisive and responsive interventions. This "exemplary" amalgamation achieved not just consistency of good practice, but also substantial savings from the flexible deployment of resources.

3.7 It was repeatedly emphasised that "Management oversight is a clear strength". Inspectors saw evidence of oversight and planning in relation to the most complex and challenging cases from all tiers of management, up to and including director-level input. This was described by Inspectors as an "exemplary working culture". Similarly, elected Members were praised for their scrutiny role and "challenging questions on service delivery that hold officers appropriately to account".

4. Learning and quality assurance to support assessment preparedness and service development in Kent

4.1 The enhanced Deep Dive process was launched in early 2016. It builds on the existing monthly audit programme to include face-to-face discussions with social workers. Each month, 70 children and young people's experiences are electronically selected for peer review. This involves an audit against the child's electronic (Liberi) file. Cases are peer-reviewed by randomly selected management at all tiers, from team managers, up to and including the Corporate Director. From that initial 70, 7 (10%) are selected for an enhanced face-to-face audit and evaluation.

4.2 Enhanced audit allows for a more holistic understanding of a child or young person's experience and the social worker's direct work, beyond the electronic case record. It also increases senior manager's knowledge about the successes of, as well as challenges for, front-line practitioners.

4.3 This model has been translated over to the Deep Dive progress. As of January 2016, there is an enhanced element to the Deep Dives, which focuses on cases and interviews with practitioners about their experience. An evaluation is then drawn up to focus discussion on areas for improvement, as well as share learning on areas of good practice.

4.4 The first Joint EH&PS and SCS Deep Dive examined the effectiveness of the Children and Young People's Step-down Panel process, an output of the 0 – 25 Transformation Programme. The enhanced element of the Deep Dive sampled twelve cases and considered the strengths or otherwise of the transitions between services, including threshold application. The Deep Dive enhanced element, gives the Social Care Health and Wellbeing Corporate Director additional opportunities to directly oversee work with vulnerable children and young people. Similarly, it allows senior management to assess how the Signs of Safety practice model is being implemented and integrated, both internally and with partner agencies.

4.5 With six JTAI inspections (CSE and children missing from home, care or education) expected before summer 2016, there is no certainty Kent agencies will be selected to be assessed under this framework. There is no complacency however, and the Kent partnership has embraced the release of this framework as a learning opportunity.

4.6 As part of the local authority, Kent Safeguarding Children Board (KSCB) and local partnership's inspection readiness, there have been two multi-agency meetings exploring the JTAI framework and requirements. The outcomes of these efforts is a developing 'Annex A' of strategic documentation and performance data from all agencies. This portfolio highlights the local area's extensive efforts, notably such work as a recent multi-agency Deep Dive by KSCB, which looked at "Exploring links to Child Sexual Exploitation for children who have repeat missing episodes"; alongside the Operation Willow campaign and multi-agency Children's Sexual Exploitation Team (CSET).

4.7 In addition, a multi-agency case evaluation took place in late June and was run in accordance with the JTAI framework and inspection timetable. Each agency brought their anonymised information on a child or young person and there was a collective evaluation of agencies' work together to identify, protect and support a child at risk of harm. The findings are being drawn together into an overarching joint commentary.

4.8 Briefings on a range of key service issues are regularly disseminated to front-line staff, from the SCS Service Manager for Safeguarding and Quality Assurance. These are designed to enable learning and understanding on topics such as Female Genital Mutilation (FGM), Kent's values and Prevent (protecting children from radicalisation).

5. Suggested areas for Member's further consideration

5.1 In order to ensure Members are kept well informed of current work, an All Member's Briefing on 21 June 2016 will focus specifically at the topic of Child Sexual Exploitation and efforts to tackle this in Kent. This is supplemented by increased engagement with local member's briefings e.g. for Maidstone, Tonbridge and Malling.

6. Conclusion

6.1 It is unknown when exactly Kent will receive their inspection, but it will likely be in the next nine months. There are no inspections scheduled during August 2016. There are earmarked members of staff with specific roles and responsibilities in the event of the inspection call; and the Annex A data and document set is regularly reviewed and quality assured.

6.2 The expectations of what 'Good' Children's Services should deliver (Single Inspection Framework Annex M; alongside statutory responsibilities) drive business as usual decisions and quality assurance activity. There is a strong chain of feedback up and down the organisation, and visible leadership. The Director and Assistant Directors regularly meet with front-line staff, via roadshows, team meetings, Access to Resources Panels, visits to district offices and whole county service manager meetings. Knowledge of the service's strengths and areas requiring improvement is further enriched by daily, team-specific performance data (Team Operational Dashboard/ TOD). There is furthermore a robust programme of audit, both by practitioners within the Directorate, externally through the KSCB and Corporately by the Internal Audit team.

7. Recommendations

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

8. Background Documents

None

9. Report Author

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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

5 July 2016

Subject: Kent's Teenage Pregnancy Strategy 2015- 2020 - One Year On

Classification: Unrestricted

Previous Pathway: Children's Social Care and Health Cabinet Committee September 2015

Future Pathway: Children's Social Care and Health Cabinet Committee July 2017

Electoral Division: All

Summary: This report provides an update on the progress made to implement Kent's Teenage Pregnancy Strategy which was approved in September 2015. Overall, the rate of under 18 conceptions are decreasing in Kent, although there is variation across districts and wards. The number of teenage mothers is also declining however it remains higher than both the South East Region and England as a whole.

Recommendation(s)

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

i to comment on the progress in delivering the Kent Teenage Pregnancy Strategy

ii. to receive a subsequent update on the progress of the Strategy in July 2017

1. Introduction

The Kent Teenage Pregnancy Strategy was approved by the Children's Social Care and Health Cabinet Committee in September 2015. It set out six ambitions which aim to both prevent conceptions and support those young people who have become parents.

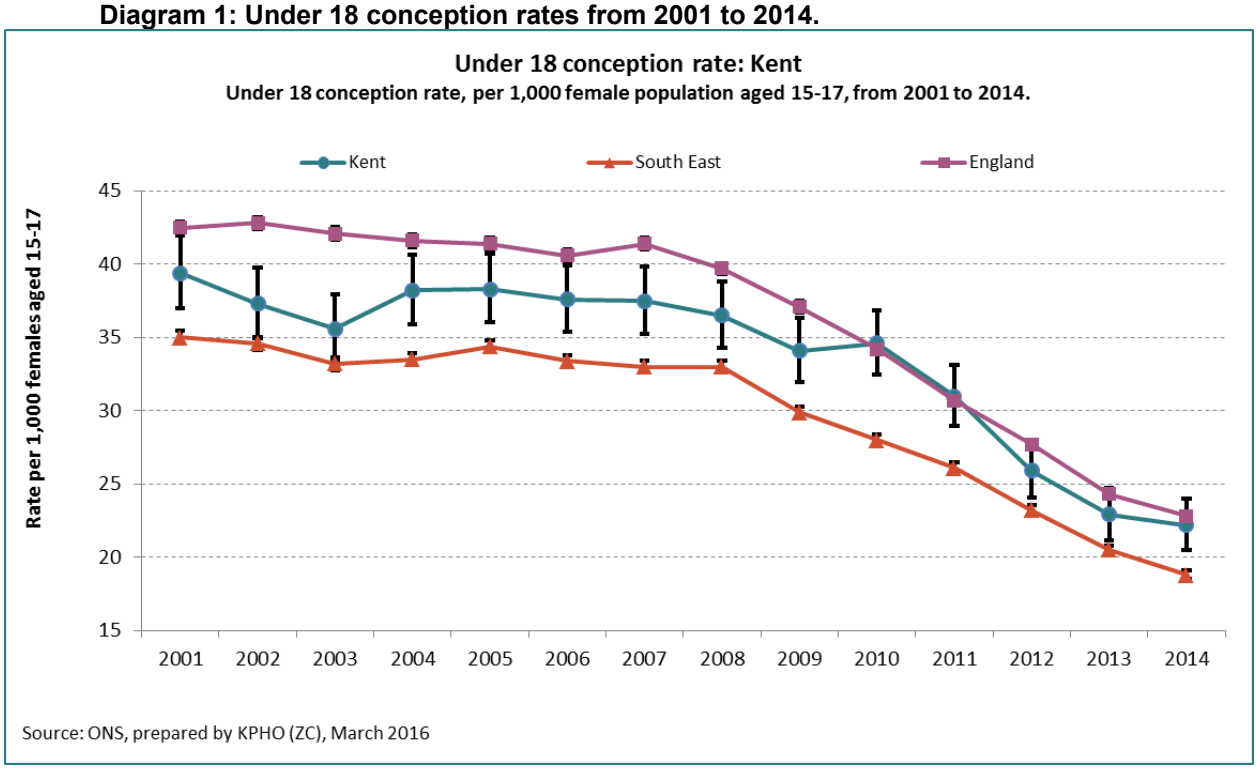
Conceiving under the age of 18 and being a young parent puts young people and their children at increased risk of not being in employment, education or training, infant mortality, child poverty, smoking in pregnancy and post-natal depression. Young parents are also less likely to breastfeed. Given the association between teenage conceptions, poor health and education outcomes, the success of the Teenage Pregnancy Strategy is aligned with that of the Emotional Health Strategy for children and young people in Kent, the Vulnerable Learners Strategy and the Health and Wellbeing Strategy for Kent.

Teenage pregnancy is one of the success stories of the last decade in the public health field. Nationally, the under 18 conception rate has fallen by a third since the introduction of the National 10 year Teenage Pregnancy Strategy. This has been attributed to sustained multi sectorial and evidence based action. Nonetheless, more work is needed to bring down the rates to those seen in other western European countries. The Government has called on local government to continue working with partners to 'keep the momentum going' and the expectation remains that local government take a lead role in tackling teenage pregnancy and supporting teenage mothers.

2. Data on Teenage Conceptions and Teenage Parents

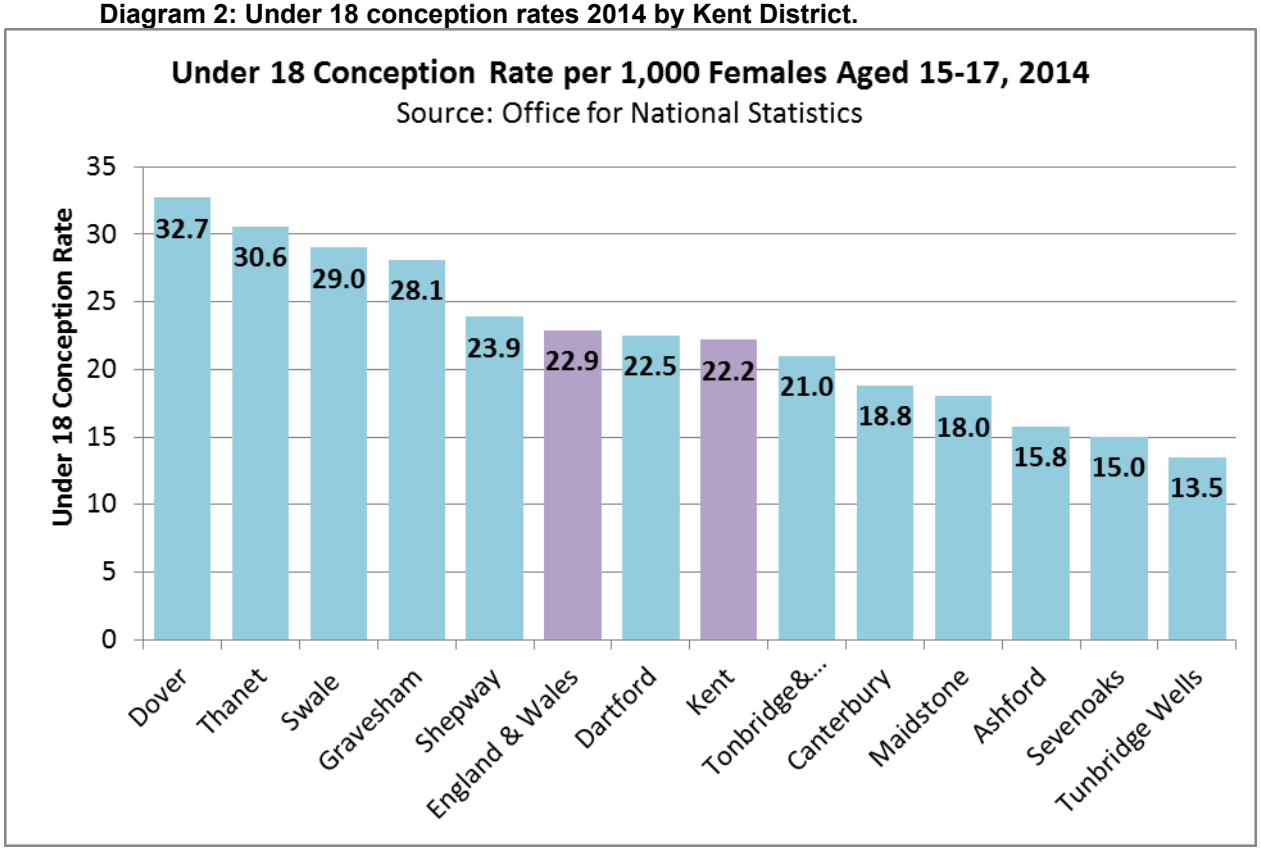
The most recent annual data for Kent, reports that in 2014 the under 18 conception rate was 22.2 per 1000 15 – 17 year olds. The rate in Kent, like that of England, is falling and has almost halved in the last 13 years (to 2014) with most of the decrease coming in the period 2010 to 2014. However, under 18 conception rates in Kent remain above the South East regional average which is 18.8 per 1000.

Diagram 1: Under 18 conception rates from 2001 to 2014.



The rate for under 18 conception and the rate of their improvement varies between districts and wards.

Diagram 2: Under 18 conception rates 2014 by Kent District.



Dover, Thanet, Swale, Gravesham and Shepway have rates above that of Kent in 2014.

In Thanet and Swale under 18 conception rates remain above the Kent average and whilst there have been improvements at a rate similar to the Kent average, teenage conception rates remain above the Kent average.

In Dover and Gravesham, there has been little or no improvement in under 18 conceptions since 2001 and the rates there are now above the Kent average where they were not in 2001.

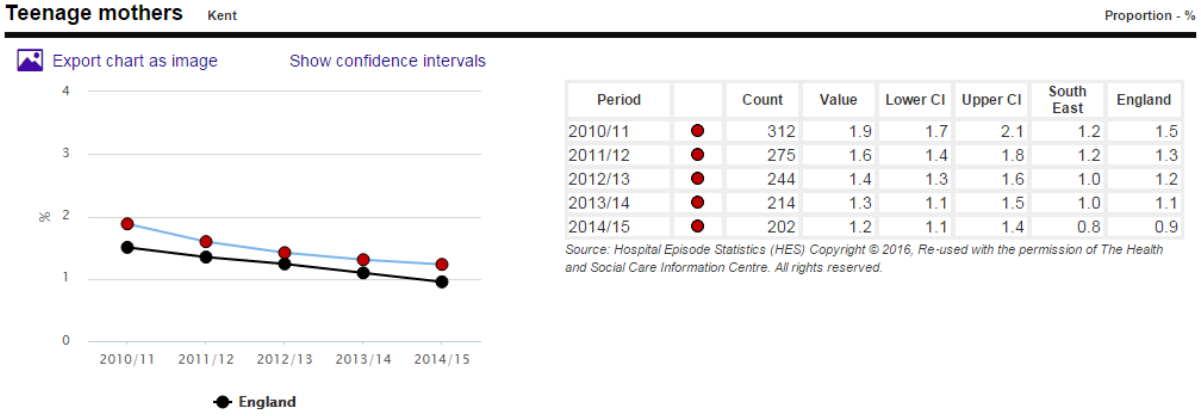
Wards with the highest rates of under 18 conceptions for the period 2011-13 are listed below. The highest rate in Kent is found in Tower Hamlets in Dover.

Table 1: Highest rates of under 18 conception by ward.

Ward Name	District	Number of Under 18 Conceptions	Rate per 1,000 Females Aged 15-17 2011/13
Tower Hamlets	Dover	37	116.0
Cliftonville West	Thanet	48	92.5
Folkestone Harvey Central	Shepway	20	88.1
Dane Valley	Thanet	31	58.9
Riverside	Gravesham	29	58.8
Snodland East	Tonbridge and Malling	21	62.0
Central Harbour	Thanet	27	57.7
Nethercourt	Thanet	12	71.9
Park Wood	Maidstone	22	59.1
St Radigunds	Dover	23	58.2
Joyce Green	Dartford	16	62.5
Margate Central	Thanet	21	57.2
Leysdown and Warden	Swale	10	64.1

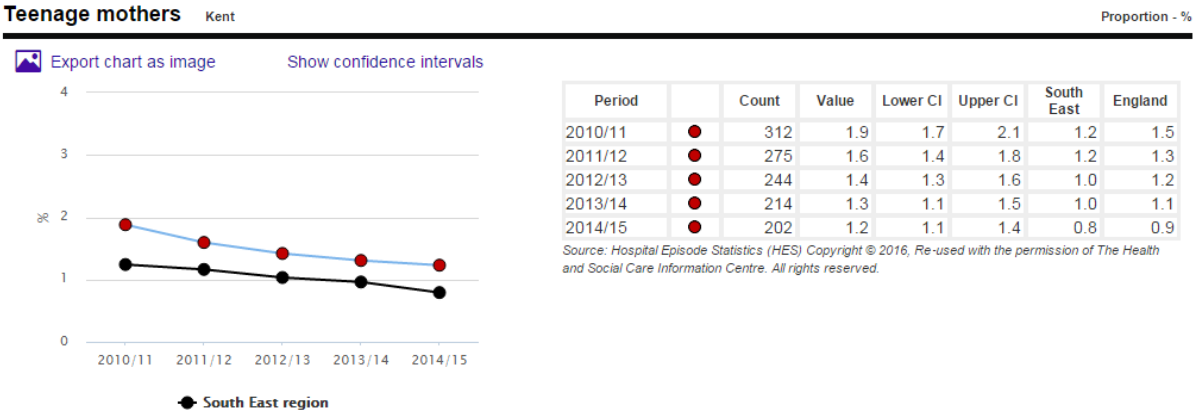
In 2014/15, 1.2% of 12-17 year olds are parents in Kent. This figure has been declining however it is higher than the South East region and England as a whole and has been so since 2010/11.

Diagram 3: The rate of teenage parents in Kent compared to England from 2010/ 2011 to 2014/15



Period		Count	Value	Lower CI	Upper CI	South East	England
2010/11		312	1.9	1.7	2.1	1.2	1.5
2011/12		275	1.6	1.4	1.8	1.2	1.3
2012/13		244	1.4	1.3	1.6	1.0	1.2
2013/14		214	1.3	1.1	1.5	1.0	1.1
2014/15		202	1.2	1.1	1.4	0.8	0.9

Diagram 4 : The rate of teenage parents in Kent compared to the South East region from 2010/ 2011 to 2014/15



Period		Count	Value	Lower CI	Upper CI	South East	England
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2013/14		214	1.3	1.1	1.5	1.0	1.1
2014/15		202	1.2	1.1	1.4	0.8	0.9

A detailed breakdown of the under 18 conception rates for Kent are available at the Kent Public Health Observatory at http://www.kpho.org.uk/__data/assets/pdf_file/0016/56104/Teenage-Conceptions-Summary-Report.pdf

3. Progress on the six ambitions of the Teenage Pregnancy Strategy:

3.1 AMBITION 1 Reducing under 18 conceptions requires strong leadership and joined-up working

The development of the 0-25 Health and Wellbeing Board and Local Children Partnership Groups (LCPG) at district level provides the multi-agency leadership and accountability required to drive the Strategy. Under 18 conceptions are included as a key indicator in the proposed Children and Young People's Plan and the dashboards provided to each LCPG. The identification of key priorities and multi sectorial actions is now being undertaken.

3.2 AMBITION 2: Building emotional resilience with children, young people, their families and their communities

This ambition includes actions which are aimed at improving the emotional health and resilience of young people. The Way Ahead, Kent's Emotional Wellbeing Strategy for children, young people and young adults has resulted in the remodeling of mental and emotional health services in Kent. A whole system approach has been taken to service delivery; the service is currently being procured with new contracts starting from April 2017. The services range from specialist CAMHs delivering interventions to young people with moderate mental health problems to school based services for those with milder issues.

Another key method of delivering this ambition is through whole school health improvement via a personal, social, health and economic education (PSHE). Work is underway to map the offer the PSHE offer from Kent County Council and their commissioned services and communicate this to schools and their governors. In addition this role has been strengthened in the new school public health service which is currently out to procurement. New opportunities have also arisen to develop and test new approaches to building adolescent resilience through the Big Lottery's HeadStart Programme. A final decision is pending.

A survey of current provision has been produced jointly by Kent Youth County Council, Kent Community Health Foundation Trust's Health Improvement team. The findings will inform the development of a framework for Relationship and Sex Education, co-produced with young people.

3.3 AMBITION 3: Building the aspirations of young people

The development of a Strategy for Vulnerable Learners aims to reduce in the number of children and young people who are Not in Education and Training (NEET). This will support young parents to achieve as well as contributing to the prevention of young people becoming young parents by raising aspirations and increasing opportunity.

The work delivered through Early Help and Prevention Services including open access Children's Centres and Youth Hubs is critical to building the aspirations of children, young people and their families and supporting young parents.

Examples of work undertaken include:

- Girls Groups within Youth Hubs allow for the exploration of healthy relationships, promotion of self- esteem and positive body image, sexual health and reduced risk factors for vulnerable young people.

- Young Parent Groups delivered by by Early Help staff in Children's Centres and Youth Hubs to young parents with regards to keeping healthy, maximising employment and education opportunities and reducing the incidence of second pregnancy. Midwifery, health visiting, early years providers, adult education, youth staff and sexual health all make a contribution to these groups.

- Targeted Stay & Play groups focus on the developing child and also improve the aspirations of young parents to the opportunities available to them by linking with education providers and employers and offering volunteering opportunities.

- Integrated working with midwifery that offer teenage parent ante-natal clinics to provide ongoing education, support and development during and after pregnancy.

3.4 AMBITION 4 Children and young people playing an active role in shaping the world around them

Children and young people's participation is not only their right, but evidence also shows that it improves their self-efficacy and resilience as well as resulting in better service design and delivery.

In Kent, a systematic approach to children and young people's participation in decision making has started to develop alongside the LCPGs and as part of the review of Youth Advisory Groups (YAG). Youth Forums are developing and aligning with these structures at district level.

Young Parents are being trained as Young Inspectors and will support the evaluation and review of selected services.

3.5 AMBITION 5: Improving sexual health for young people

An integrated sexual health service has been procured and is being established. This has resulted in increased accessibility to a range of services. This is supported by the development of a new website which provides information on sexual health and services.

Young people can access dedicated young people services, most of which are offered as walk in and wait clinics, as well as all age clinics. The hours of opening have increased. Outreach activity in non-clinical settings is also a key component of all sexual health services, including those for young people.

Rotation of staff from the integrated clinic services to outreach delivery improves clinical governance and working in partnership with colleagues from other sectors maximises the training and community engagement.

The new model includes a targeted component of outreach. This seeks to engage with those who are not accessing or would not otherwise access the services, such as specific vulnerable groups. For example, targeted activity in Swale district has been delivered to enable schools/academies to provide C card, which is a programme which enables access to free condoms rather than being dependent upon specialist sexual health nurses coming into offer a service.

Specific support and programmes are being provided to Lesbian, Gay, Bisexual, Transexual and Questioning (LGBTQ) and young people vulnerable to Child Sexual Exploitation (CSE).

Pharmacies have also increased their range of services and provide emergency hormonal contraception (EHC), chlamydia screening, chlamydia treatment, alcohol screening, brief alcohol interventions and condoms. This is available in 92 pharmacies between 9 – 5pm and in at least one pharmacy in each district until 8pm, Monday to Friday with weekend openings in each district across Kent.

The C card programme has been evaluated and is being further developed. The new provider is targeting activity in a phased way and overall has increased the uptake of this service most noticeably in those aged over 17 years. Children's Centres and Youth Hubs are one of those venues that deliver C card. It is expected that online C card access will be available by the Autumn.

Engagement with young men is critical for reducing conceptions and improvements include direct engagement promoting C Card and chlamydia screening at events,in locations where young people meet and improved partnership working with wider services such as Addaction. Co- location of programmes has presented increased opportunities for work with vulnerable groups, such as young asylum seeking men.

3.6 <u>AMBITION 6: Improving emotional, physical, educational and economic wellbeing for young parents</u>

Young parents are vulnerable to poverty and poor emotional and physical health. Many young parents leave education or training to support their families and find it hard to return to education or the workplace. Young parents are a significant minority of young people who are NEET and are targeted and actively engaged within Children's Centre.

4. Conclusion

Significant progress has been made in progressing the Teenage Pregnancy Strategy and its ambitions since being agreed in 2015. With continued effort , and in particular , district and ward level actions, it is anticipated that Kent's under 18 conception and percentage of Teenage Mothers will continue to fall.

5. Recommendation(s)

Summary: This report provides an update on the progress made to implement Kent's Teenage Pregnancy Strategy which was approved in September 2015. Overall, the rate of rate of under 18 conceptions are decreasing in Kent, although there is variation across districts and wards. The number of teenage mothers is also declining but remains higher than both the South East Region and England as a whole.

Recommendation(s)

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

i to comment on the progress in delivering the Kent Teenage Pregnancy Strategy

ii. to receive a subsequent update on the progress of the Strategy in July 2017

6. Background papers

Children's Health and Social Care Cabinet Committee 'Teenage Pregnancy Strategy 2015-2020' 8th September 2015

https://democracy.kent.gov.uk/documents/g5804/Public%20reports%20pack%2008th-Sep-2015%2013.00%20Childrens%20Social%20Care%20and%20Health%20Cabinet%20Committee.pdf?T=10

7. Contacts

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

Andrew Ireland, Corporate Director Social Care Health and Wellbeing.

To: Children's Social Care & Health Cabinet Committee - 5 July 2016

Subject: **Local Government Ombudsman Finding of Maladministration**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: The Local Government Ombudsman has investigated a complaint against Kent County Council and concluded that there was fault by the Council which caused injustice to the complainant. The Ombudsman has issued a public report regarding the complaint.

Recommendation(s):

The Cabinet Committee is asked to note the contents of this report

1. Introduction

1.1 The Local Government Ombudsman has issued a public interest report following a complaint about the Council. The final report does not reveal the identities of the people involved but names Kent County Council as the organisation the complaint is about. A copy of the report is attached.

1.2 Mrs B complained that the Council refused to consider her need to work when assessing her son's care needs. In particular, Mrs B complained that the Council failed to consider awarding direct payments to provide care for her son while she is at work. Mrs B also complained that the Council delayed responding to the complaint.

2 Background to the Complaint

2.1 Mrs B is a single parent of two children. She works full time and is out of the house for about 11 to 12 hours per day. Her older son (child C), who is the subject of the complaint has disabilities and requires supervision. Child C is now an adult but at the time of the complaints he was age 16/17.

2.2 C has a diagnosis of Autistic Spectrum Disorder with associated social, behavioural and communication difficulties. He has mild cerebral palsy and has a Learning Disability.

2.3 C is currently a boarder at school returning home at school holidays and on some weekends. Assessments and carer assessments were completed by children's services. The family were provided with direct payments for support on weekends and some support during the school holidays. Mrs B, however, expressed concern that she did not have enough support in the school holidays to enable her to attend full time work.

2.4 Mrs B made a complaint to the Council. In its response, the Council said it could not award direct payments to fund the child care of a young person to allow a parent or carer to work. Mrs B contacted the Council again to say she remained dissatisfied and the complaint was logged at Stage 2 of the Children Act Complaints Procedure. An Investigating Officer and an Independent Person were appointed and met with Mrs B to confirm the complaints and complete the complaint investigation. The response to Mrs B confirmed the view that whilst the Council recognised Mrs B's right to work, and that child C has more care needs than other young people of his age, direct payments should not be used specifically to enable parents to work.

2.5 The complaint progressed to Stage 3 of the Complaints Procedure. The Stage 3 Panel decided that the Council had adhered to its Direct Payment Policy and therefore did not uphold the complaint. However, the panel considered the policy should be reviewed and agreed that £750 would be deducted from a previous overpayment of direct payments to Mrs B.

2.6 Mrs B then complained to the Local Government Ombudsman.

3. The Ombudsman's Findings

3.1 The Ombudsman was critical of the way the Council applied its policy on direct payments. She considered that the Council "fettered its discretion" and that "the wording of the Council's policy and the way in which it is applied suggests the Council operates a blanket policy of refusing to consider support to carers who work and that there is no evidence the Council considered Mrs B's circumstances before declining her request for extra support for Child C during school holidays".

3.2 The Ombudsman was also critical that there were delays in dealing with Mrs B's complaints.

4. The Ombudsman's Recommendations

4.1 To remedy the complaint the Ombudsman recommended that the Council should:

- Pay Mrs B £500 to reflect the time and trouble she had to go to in pursuing her complaint.

- Pay Mrs B an extra £500. This is to reflect the added stress she was under during the period and the uncertainty about whether the Council would have provided additional support if it had considered her case properly.

- Revise its Direct Payments Policy to reword the section referring to direct payments needed to support a child when a parent is working. That is because the wording of the current policy is likely to be interpreted by service users and Council officers as providing an absolute bar.

- When carrying out a review of its short breaks statement the Council should review the sufficiency of child care and the range of short breaks available during holidays for older disabled children.

- The Council should provide training for officers and managers carrying out social care assessments and dealing with direct payments. This is to ensure they are aware of Government guidance and legislation about carers who work or wish to return to work and ensure assessments properly consider that.

5 KCC Response to the Ombudsman's Report

5.1 In responding to the Ombudsman's provisional report, the Council explained that the Local Authority has to balance its use of resources but that the focus of social care services has to be on meeting the assessed needs of the service users rather than to provide child care to enable parents to go to work. It also explained that where parents are earning a salary they would be expected to fund some of the child care arrangements for their children. There was a concern that for the Council to pay for child care arrangements in these circumstances could be a precedent for others families to also seek direct payments for general child care.

5.2 Nevertheless, it is accepted that the following statement in the Direct Payments Policy (*It is important to note that the Direct Payment relates to the child's needs and cannot, therefore be used to fund a parent who wishes to go out to work*") does "fetter the discretion" of the Local Authority to make payments in exceptional circumstances and in practice there are occasions when direct payments are used for this purpose.

5.3 On receiving the Ombudsman's provisional findings, it was decided to seek a view from KCC Legal Services. The legal advice questioned whether the KCC policy was consistent with the relevant legislation and statutory guidance in force, including the Carers (Equal Opportunities) Act 2004, and the Carers and Disabled Children Act 2000 and the Carers (Equal Opportunities) Act 2014 Combined Policy Guidance. The legislation places a duty on local authorities, when assessing carers, to consider whether they work or wish to work, and to take this into account when deciding whether the needs of the disabled child may call for the local authority to provide services.

5.4 Taking these factors into account and having considered the case in some detail, it was decided to accept the Ombudsman's recommendations.

6 Further Actions

6.1 The Direct Payments Policy will be revised to reflect that in exceptional circumstances and where authorisation is provided by an Assistant Director, consideration will be given to providing direct payments to care for a disabled child to enable a parent to work.

6.2 The Council will pay Mrs B £500 to reflect the time and trouble she had to go to in pursuing her complaint and an extra £500 to reflect the added stress.

6.3 Two officers of the Council are meeting with the staff in the Disabled Children's Team and the Team Managers and Area Managers to provide an update on the use of Direct Payments. They will ensure staff are aware of the Government Guidance and the legislation about carers who work or wish to work and to ensure assessments give this proper consideration.

6.4 The Strategic Commissioning Service is working with the market to develop a wider range of holiday activities which are suitable for disabled young people in the 16+ age range who are not able to access mainstream activities because of their age and disability.

6.5 The Local Authority has three months from the date of the report (7 June 2016) to consider formally the report and the recommendations and then send a formal response to the Ombudsman.

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to note this report and the Report from the Local Government Ombudsman.

7. Background Documents

None

8. Appendices

Appendix A – Report by the Local Government Ombudsman

9. Contact details

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Local Government OMBUDSMAN

Report by the Local Government Ombudsman

Investigation into a complaint against

Kent County Council

(reference number: 14 015 230)

7 June 2016

The Ombudsman's role

For 40 years the Ombudsman has independently and impartially investigated complaints. We effectively resolve disputes about councils and other bodies in our jurisdiction by recommending redress which is proportionate, appropriate and reasonable based on all the facts of the complaint. Our service is free of charge.

Each case which comes to the Ombudsman is different and we take the individual needs and circumstances of the person complaining to us into account when we make recommendations to remedy injustice caused by fault.

We have no legal power to force councils to follow our recommendations, but they almost always do. Some of the things we might ask a council to do are:

- apologise
- pay a financial remedy
- improve its procedures so similar problems don't happen again.

Investigation into complaint number 14 015 230 against Kent County Council

Contents

Section 30 of the 1974 Local Government Act says that a report should not normally name or identify any person. The people involved in this complaint are referred to by a letter or job role.

Key to names used

Mrs B - The complainant

C - The complainant's son

Report summary

Children's services

Mrs B complains the Council refused to consider her need to work when assessing her son's care needs. Mrs B complains the Council failed to consider awarding direct payments to provide for care of her son while she is at work. Mrs B also complains the Council delayed responding to her complaint.

Finding

Fault found causing injustice and recommendations made.

Recommendations

To remedy the injustice caused the Council should:

- pay Mrs B £1,000 to reflect the time and trouble she had to go to pursuing her complaint, the added stress she was under during the period and the uncertainty about whether the Council would have provided additional support if it had considered her case properly;
- revise its direct payments policy;
- review the sufficiency of childcare and range of short breaks available for older disabled children; and
- provide training for officers and managers carrying out social care assessments and dealing with direct payments.

The Council has agreed to these recommendations.

Introduction

1. Mrs B complains about how the Council assessed her and her son's needs. The areas of complaint can be summarised as:

    - refusal to consider Mrs B's need to work when assessing her son's care needs;
    - fettering the Council's discretion when considering what direct payments can be used for;
    - discrimination against a working carer;
    - failure to understand the impact on her caring relationship with her other child;
    - failure to consider Government legislation and guidance; and
    - delay considering her complaint.

Legal and administrative background

2. The 1974 Local Government Act says the Ombudsman investigates complaints about 'maladministration' and 'service failure'. In this report, we have used the word fault to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. We refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. ***(Local Government Act 1974, sections 26(1) and 26A(1))***

3. The Children Act 1989 requires councils to safeguard and promote the welfare of children who are in need and so far as possible to promote their upbringing within the family unit by providing a range of services suitable for those children's needs. A child is in need if he or she is disabled. The Council is required under the Act to undertake an assessment of the child's needs followed by a decision on whether services are called for to meet them and, if so, how they will be provided.

4. The Department of Health publication in 1990, *Community Care in the Next Decade and Beyond*, advised that community care assessments and care plans must take account of the disabled person's and the carer's own preferences and that they "must feel that the process is aimed at meeting their wishes". The guidance stresses the "preferences of carers should be considered and their willingness to continue caring should not be assumed". The guidance says the disabled person's "care plan should be the result of a constructive dialogue between service user, carer, social services staff and those of any other agency involved".

5. The Carers (Recognition and Services Act) 1995 requires social service authorities, when requested, to carry out an assessment of a carer's ability to provide and to continue to provide care for a disabled person or child at the same time as the needs of that child are assessed.

6. The Community Care (Direct Payments) Act 1996 gave local authorities the power to make cash payments directly to an individual, or another on his behalf, to purchase care services which the authority was, for whatever reason, not in a position to provide.

7. The Carers and Disabled Children Act 2000 gave carers the right to ask for an assessment of their needs. Following an assessment local authorities have the power to provide certain services to meet the carer's needs and help the carer to care. The services to be provided are not defined. Section 2 of the Act says that services are those which the council sees fit to provide and which, in the council's view, help the carer to care for the person cared for.

8. The Carers (Equal Opportunities) Act 2004 inserted some further paragraphs into the Carers (Recognition and Services) Act 1995 and Carers and Disabled Children Act 2000. The extra paragraphs introduced a requirement for a carers assessment to include consideration of whether a carer worked or wished to work.

9. In 2000 the Department of Health introduced the Practitioners Guide to Carers' Assessments under the Carers and Disabled Children Act 2000. The guidance said the intention of the carer's assessment was to:

    - determine whether the carer is eligible for support;
    - determine the support needs of the carer (ie what will help the carer in their caring role and help them to maintain their own health and wellbeing); and
    - see if those needs can be met by social or other services.

10. The guide stated it was important the assessment process does not assume the carer wants to continue to provide care, or should be expected to. The guide says there should be no assumption carers will give up work to care and that the assessment should consider what the options are.

11. The Childcare Act 2006 requires local authorities to secure sufficient childcare to meet the requirements of parents in their area to enable them to work, or to take up training and educational opportunities which could lead them to work.

12. In 2007 the Government issued a publication: *Aiming high for disabled children: better support for families*. That publication set out actions required to improve outcomes and equality of opportunity for disabled children and their families. The publication said local authorities were required to analyse the gap between demand and supply of childcare for disabled children who need special care. Local authorities were then required to publish assessment documents and keep them under review at least every three years. The publication said this was a first step towards fulfilling the local authority's duty to secure sufficient childcare to enable parents to work or to undertake educational training leading to work. The publication said in order to meet that duty local authorities must have particular regard to the provision of childcare which is suitable for disabled children.

13. In February 2007 the Welsh Ombudsman issued a report about refusal to provide direct payments for care of a disabled child while the parent was at University. The Welsh Ombudsman decided the Council was wrong to say direct payments were not available in those circumstances. The Welsh Ombudsman pointed out the Carers (Equal Opportunities) Act 2004, referred to in paragraph 7, placed an obligation on the Council to consider the complainant's circumstances so he should not be disadvantaged in pursuing education or training any more than other parents. The Welsh Ombudsman decided if the Council had dealt properly with the case direct payments could have been available to the complainant shortly after he asked for a carer's assessment in February 2004.

14. The Breaks for Carers of Disabled Children Regulations 2011 requires local authorities to provide a range of short break services. That should include:

- day-time care for disabled children;
- overnight care for disabled children;
- provision which will enable disabled children to participate in educational and recreational activities; and
- emergency care, for example, due to illness in the family.

15. The Council has produced a short breaks statement detailing its provision and support for short breaks for parents and carers of disabled children.

16. The Council's Disabled Children and Young People Direct Payments policy states that to be eligible for a direct payment a child must be disabled and meet the criteria as a child in need. The policy says a direct payment can only be made once an assessment is completed, along with a child in need plan. That plan should identify the child's assessed needs and how those needs are to be met. The Council's policy says that in considering how to meet the assessed needs the social worker should always offer a direct payment. The policy states that when a direct payment is going to be made the child in need plan should include:

- the child's identified needs;
- the level of services required to meet the assessed needs;
- the needs that will be met through direct payments; and
- those services that will be provided by some other means.

17. The policy says the direct payment relates to the child's needs and cannot, therefore, be used to fund a parent who wishes to go out to work. The policy goes on to say that where it is difficult to provide a service through a direct payment the social worker should consult further. The Council will then consider whether it is appropriate to continue to offer a direct payment or whether the child/family's needs can be met in some other way.

18. The Council amended its policy on direct payments in 2015. Although the wording of the policy remains the same, the document provides a list of the needs that can be met via the use of direct payments. The document also lists services that may not be purchased using a direct payment, which includes funding a parent who wishes to go out to work.

How we considered this complaint

19. This report has been produced following the examination of relevant files and documents.

20. The complainant and the Council were given a confidential draft of this report and invited to comment. The comments received were taken into account before the report was finalised.

Investigation

Description of the main events

21. Mrs B is a single parent of two children. Mrs B works full time and the nature of her work means she is out of the house for around 11.5 hours a day Monday to Friday. Mrs B's younger child has mild disabilities. The older child, C, who is the subject of this complaint, has more significant disabilities and needs almost constant supervision. At the time of the complaint to the Council C was 16 and then 17 years old.

22. Until 2013 Mrs B received a significant package of care for C via a direct payment. That included 19 hours per week support for 52 weeks of the year and 13 overnights for short breaks. At the time that was awarded C lived at home full time. In January 2008 C became a weekly boarder at school. C became a fortnightly boarder at school in March 2008. During that time Mrs B continued to receive the same package of care. Mrs B says she "banked" the hours accrued during the weeks C was at school. Mrs B then used the hours for extra support during school holidays because she did not have enough annual leave to cover those periods.

23. The Council began a reassessment in September 2012. As part of that the Council asked Mrs B to provide her payroll records for the direct payments made to C's personal assistant. When Mrs B provided those the Council wrote to her on 20 December 2012 to tell her it was suspending her direct payments. The Council said it had done that because the payroll records did not reflect the time C was at school. The letter told Mrs B she had potentially breached the Community Care (Direct Payments) Act 1996. The letter told Mrs B the Council would arrange to visit her to discuss the matter further.

24. Mrs B expressed concern about the content of the Council's letter. Mrs B stressed she had always paid C's personal assistants a regular amount every month and accumulated the hours to be worked when needed, including during holidays. Mrs B pointed out the Council had checked her direct payment accounts twice a year without saying there was a problem. Mrs B agreed to meet to review the care package and asked for a carers assessment.

25. Council officers met with Mrs B on 25 January 2013.

26. The Council completed its assessment of C in February 2013. The new assessment provided for:

    - 13 nights respite;
    - eight bridging hours;
    - four hours direct payments for Saturdays when C is at home;
    - four hours direct payments for the Sundays when C is at home; and
    - an extra six hours direct payments a week for holidays.

27. Following that assessment the Council reinstated Mrs B's direct payments.

28. Mrs B contacted the Council on 20 February 2013 to ask whether she could use the hours given for weekends during the school holidays instead to cover when she was at work. Mrs B also asked whether she could use the direct payments to cover an overnight stay for a course she was due to attend during the school holidays. In response the Council told Mrs B she could appeal.

29. The Council began the carer's assessment on 21 March.

30. Mrs B contacted the Council again on 2 April to ask for clarification about what she could use her direct payments for. The Council responded later that day and told Mrs B it had agreed for her to use one of the annual 13 nights respite to enable her to attend a course during the school holidays.

31. The Council completed the carer's assessment on 17 May. The assessment recorded Mrs B gets satisfaction from her work, which gives her respite from family life. The assessment says Mrs B did not consider there was suitable support available for a working, single parent. The assessment records Mrs B asked for direct payments to cover care for C while she is at work. The assessment records direct payments legislation says direct payments cannot be used for childcare.

32. In November 2013 the Council wrote to parents and carers to explain the changes to how the Council would assess and review care packages. Mrs B responded to that on 22 November, asking whether future care packages would consider the support needed when parents are at work. Mrs B explained that because she is a single parent with two children with health issues she needs support to care for C in the school holidays. Mrs B said that was because she has to take a significant proportion of her annual leave to attend health, education and social service related appointments for both children.

33. The Council wrote to Mrs B on 7 January 2014. The Council said assessments should consider the needs of parents and carers and it would arrange for a new assessment as C was due for an updated assessment. The Council said it expected parents of all children to organise their work responsibilities around the needs of their children. The Council said it could not provide extensive support during school holidays. The letter said it was not the responsibility of the Council to provide direct payments solely to enable

parents to work. The letter said there was no reason why Mrs B could not use the respite breaks she received to enable her to work.

34. On 11 February 2014 Mrs B asked the Council for an emergency care package of 55 hours to cover the February half term holiday as she had no annual leave remaining. She also asked for an extra 15 hours support to cover to the end of March to reflect times when she was at work. Mrs B estimated she needed an extra 95 hours to cover C's support needs over the next six weeks.

35. On 14 February the Council told Mrs B it could not recommend an overall package until it had completed an assessment. The Council told Mrs B it would agree an extra 10 hours for the half term holidays as an emergency measure.

36. On 15 February Mrs B said she wanted C to move to a school or college with residential provision outside of term times because she had inadequate support. The Council said it would arrange a review of the current package of care for C.

37. The Council carried out a reassessment of C's needs, which it completed on 23 July. The new assessment recommended:

- 13 overnights with eight hours bridging;
- five hours Saturday activity for those weekends C was home to enable one to one community activity; and
- an extra 16 hours a week to enable one to one community activity during non term time, except for those weeks where C would access a play scheme.

38. The assessment recorded Mrs B expressed concern she did not have enough support in the summer holidays due to C's needs and her need to work. The assessment did not recommend a residential school.

39. The Council also completed a carer's assessment. The assessment recorded Mrs B was out at work between 7am and 6:30pm Monday to Friday and provided an on-call service. The assessment recorded Mrs B was also studying for a professional qualification relevant to her job. The assessment recorded Mrs B had not been able to attend the required six weeks residential learning for her course due to her caring role. The assessment recorded Mrs B felt she was constantly engaged in a battle for services and there was a significant impact on her health due to high stress levels. The assessment recorded there was a recent period when Mrs B did not have a full break from work and caring for six weeks, which resulted in her becoming short tempered with her son. The assessment recorded Mrs B wanted support with C's care during the hours she is at work and he is not boarding at school. The assessment also recorded Mrs B wanted accelerated transition planning for when C turned 18 and more support during the summer holidays.

40. C has now turned 18 and his case has been transferred to adult services.

Complaint process

41. Mrs B put in a complaint on 4 April 2013. In its response the Council said it could not award direct payments to fund the care of a child or young person to allow a parent or carer to work. The Council said if Mrs B chose to work during her short break that would be her personal choice and the Council would not seek to recover the direct payment used.

42. Mrs B put in a further complaint on 17 February 2014. Mrs B said the Council's decision not to provide care for C while she was at work was contrary to legislation and discriminated against her. Mrs B said it was unsatisfactory for the Council to say she could choose to work during her short break as that was at the cost of her assessed need for respite. Mrs B said the Council's assessment did not reflect C's needs and her needs as carer. When the Council acknowledged the complaint it told Mrs B it was not the Council's responsibility to fund childcare so parents can work.

43. The Council provided a complaint response on 7 April. In that response the Council said the Breaks for Carers of Disabled Children Regulations 2011 did not require the Council to provide support to enable parents to work. The Council pointed out Mrs B had a legal right to ask for flexible working arrangements to meet her caring responsibilities.

44. Mrs B contacted the Council again on 20 April to express dissatisfaction with the complaint response. Mrs B asked that the Council transfer her son to a college with a residential facility. Mrs B said if the Council refused she wanted her complaint to go to the next stage. The Council wrote to Mrs B on 22 May to say it would investigate her complaint at stage two. The Council said it would aim to complete the investigation within 65 working days of the date on which it received her signed, approved list of complaints.

45. The investigating officer and independent officer met with Mrs B in July and the Council received Mrs B's list of signed complaints on 12 August. The complaints included concerns about the Council's refusal to provide a direct payments package to allow Mrs B to purchase care for her son during times when she needs to go to work. Mrs B asked for the Council to refund the amount she had spent on care for C when her direct payment hours ran out. Mrs B also asked the Council to refund the direct payments she used for the weekends her son should have been at school but was not and a reassessment which considered C's care needs during times when Mrs B has to work.

46. The Council wrote to Mrs B on 12 August to say it was considering whether it could investigate her complaint given she had put in an appeal about the Council's refusal to provide residential provision for her son, which would be considered by a tribunal.

47. On 5 September the Council wrote to Mrs B to say it would consider her complaints, except for the one relating to a tribunal case. The Council said it would respond to the complaints within a maximum of 65 working days.

48. The investigating officer concluded his report on 5 December 2014. The investigating officer said the Council's decision about the direct payment was appropriate given its policy says direct payments cannot be used to pay for childcare.

49. The Council wrote to Mrs B on 10 December to outline the stage two findings. The Council said although it appreciated Mrs B's right to work and that C has more care needs than many other young people of his age, direct payments should not be used specifically to allow parents to go to work. The Council said the investigation had found the service provided met C's assessed needs. The Council told Mrs B she could ask for the complaint go to the next stage if she was dissatisfied and that she should do so within 20 working days. The Council also said Mrs B could put in a complaint to the Ombudsman.

Stage three complaint

50. Mrs B sent her complaint to us on 16 December 2014. Mrs B said the Council failed to consider her need to work when assessing her son's care needs. Mrs B said the Council's practice not to allow direct payments for care of a severely disabled child during working hours effectively excludes carers from the workplace and is discriminatory. We asked the Council to complete a stage three investigation before we could consider Mrs B's complaint.

51. The Council wrote to Mrs B on 19 January 2015 to ask if she wanted her complaint to move to stage three. Mrs B says she did not receive that letter. When Mrs B did not respond the Council closed the file on 24 February. Mrs B contacted the Council again on 3 March to ask what was happening with the stage three review panel. The Council arranged for a stage three review panel, which considered the complaint on 21 May.

52. At the stage three hearing Mrs B referred the panel members to the legislation she had set out. Mrs B said that showed it was maladministration for an authority not to pay direct payments for childcare. Mrs B said the legislation required support for carers to stay in work or return to work. Mrs B said the legislation showed a risk to employment equated to a critical risk. Mrs B said the Childcare Act 2006 required sufficient childcare to meet the needs of parents in order to undertake training or education or prepare for work.

53. Mrs B told the panel it was only through working that she could afford to keep C at home, afford accommodation appropriate to his needs and care for her other child. Mrs B said she was penalised for working and asked the panel whether the Council could consider residential respite if direct payments were not possible as she was feeling unable to cope. Mrs B said she needed to work for the sake of both of her children as well as her own sanity. Mrs B said that due to the position she held flexible working was not an option, which she would not have wanted to pursue anyway. Mrs B pointed out she now had to ask for 52-week residential provision which would cost the Council £250,000 rather than the £3,000 the Council had saved by reducing her direct payments package. Mrs B said C's needs did not fit easily into a policy statement because he was a healthy child but needed careful watching every moment of the day. Mrs B said what the Council expected of her was not humanly possible. Mrs B said the package set out in the assessment did not match the need identified.

54. In response, the officer representing the Council said the Council's direct payments policy was at the centre of the assessments undertaken. The Council's officer said the policy specifically stated direct payments related only to the child's needs and could not be used to fund a parent who wished to work. The Council's officer said the policy had been

considered by the Council's Legal Department and was not an illegal policy although some of the wording might need amendment. Mrs B told the panel the Council's policy did not take account of national guidance. Mrs B said it was wrong for the Council to work to a blanket policy rather than seek to address the needs of the family.

55. The stage three complaints panel decided the Council had adhered to its direct payments policy and therefore it did not uphold the complaint. However, the panel considered the policy should be reviewed to offer clarity about direct payments supporting parents who wished to work. The stage three panel also recommended a payment of £750 compensation to Mrs B.

56. The Council wrote to Mrs B on 25 June to outline the findings from the stage three panel. The Council confirmed it would pay the financial remedy of £750 and review the wording of the direct payments policy. The letter apologised for the failures identified during the complaints process.

57. The Council later deducted £750 compensation from an overpayment of direct payments. The Council said it would share the lessons learned from the complaint with managers so staff do not make assumptions, recognise when families are in crisis, are clear about policies and are more understanding of the pressures on families when seeking to arrange meetings. The letter told Mrs B if she remained dissatisfied she could complain to the Ombudsman.

Council's position

58. We asked the Council to confirm whether it had reviewed the wording of its direct payments policy, as recommended by the stage three panel. In response, the Council said it had reviewed its policy and decided to make no changes as it considered the wording clear and accurate. The Council points out the stage three panel did not uphold the complaint the Council should have given Mrs B direct payments specifically to pay for childcare when she is at work.

59. The Council says the policy takes into account the changes to the Care Act 2014. The Council says the policy is for direct payments to meet the assessed needs of the child or young person and to give the carer a break from caring. The Council says it is unlikely one of the assessed needs would be to fund a primary carer to work. The Council says it has taken legal advice which confirmed this view is reasonable, provided the Council does not fetter its discretion by applying the policy too rigidly and that it should consider each case on its merits. The Council says it did that in Mrs B's case because the Council agreed she could use her direct payments to employ personal assistants to care for her son to meet his needs while she is at work and this would provide her with her short break from caring. The Council says it has suggested Mrs B could top up her direct payments to cover the rest of the time she is working.

60. The Council says it believes the current direct payments policy states the case clearly because it provides detail of what direct payments can and cannot be used for. The Council says it has not been an issue or caused confusion for other families.

Mrs B's view

61. Mrs B says the Council has discriminated against her as a working carer and has fettered its discretion by simply referring her back to the Council's policy without considering her circumstances. Mrs B says the Council's decision not to provide support for C while Mrs B is at work has had less of a financial impact and more of an emotional impact on her. Mrs B says the Council's actions meant she had to miss out on respite. That is because she had to use her direct payments for respite to provide support for C during holidays when she was at work. Mrs B says this was exhausting and made it difficult for her to do every day activities such as going to the supermarket. Mrs B says this was particularly difficult during March to May 2014 when C was at home for seven consecutive weekends. Mrs B says she struggled to care for C without the help she needed and it also impacted on her ability to spend time with her other son.

Conclusions

62. The Council's position on providing direct payments to cover care for a disabled child when a parent is at work causes concern. The way in which the Council applied that policy fettered its discretion. That is because every time Mrs B asked for extra support during school holidays while she was at work the Council simply referred her to its policy. That policy says the Council will not provide direct payments to fund a parent who wishes to go out to work. The wording of the Council's policy and the way in which it is applied suggests the Council operates a blanket policy of refusing to consider support to carers who work even if it is clear the child that needs support is left without any support while the carer is at work. The Council says its legal department has confirmed the wording of its policy is acceptable provided the Council does not fetter its discretion. However, this is the point. There is no evidence the Council considered Mrs B's circumstances before declining her request for extra support for C during school holidays.

63. The Council uses the term "childcare" when referring to Mrs B's request for extra support for C while she is at work. At the time of the complaint C was 16 and then 17. As Mrs B pointed out, most people would not need childcare for a 16 or 17 year old. Nor would it be likely regular childcare services would provide for care for a 16 or 17 year old. Nor is it likely those services would be suitable for a 16 or 17 year old with C's needs. By using the term "childcare" the Council failed to properly understand C's needs. What he needed was not the childcare any parent would expect to pay for when they are at work. That again is fault. The Council should have considered whether the availability of childcare for a 17 year old with C's needs, along with the availability of benefits to provide childcare, was sufficient to enable Mrs B to continue to work. There is no evidence the Council considered those points. Failure to do that is fault.

64. The Council says it did not fetter its discretion in this case because it allowed Mrs B to use her direct payment to employ a personal assistant when she was at work instead of taking a short break from caring. However, the Council had carried out a carer's assessment which had shown Mrs B needed a break from caring and that provision for respite was needed. So, that was an identified need. It was not enough for the Council to tell Mrs B she could use the money provided for respite to employ a personal assistant to provide

care to C while she was at work during school holidays. The Council should then have gone on to consider the impact on Mrs B of having a reduced respite care budget. That is important in this case because Mrs B also has another son. The carer's assessments completed by the Council recorded respite was an important part of the package for Mrs B. That is because it allowed her to spend time with her other son as well as having a break from caring. By encouraging Mrs B to use her respite hours to cover the time she was at work during school holidays the Council failed to recognise this meant no break from caring for Mrs B to spend time with her other son, which was also part of the assessment. Failure to assess the implications of the reduction in respite is fault.

65. There is an issue with the Council's reasoning for not awarding direct payments for carers who work. The Council's policy says it is not suitable because the purpose of direct payments is to provide for the child's needs. The Council also said in response to our enquiries that it is unlikely one of the assessed needs would be to fund a primary carer to work. The Council has failed to understand the issue here. The child's assessment and carer's assessment are supposed to take place at the same time and feed into each other. The point here is that when assessing C's needs the Council knew he needed constant supervision. The Council also knew Mrs B was in full time employment and out of the house for a significant part of the day as that is recorded in the assessment. In addition, the Council knew the nature of Mrs B's job meant she could not pursue flexible working and did not want to reduce her working hours. These were key factors for the Council to consider when assessing both C's needs and when carrying out the carer's assessment. However, neither the assessment for C nor the carer's assessment properly considered those issues. There is no evidence from the assessments the Council considered C's needs during summer holidays and at times when Mrs B was unable to be at home. Instead, the assessment appears to assume Mrs B will take time off work even though she had made clear she did not have enough leave to cover all the school holidays and could not work flexibly. The Council is at fault here given Government guidance clearly states local authorities should not assume a carer is happy to continue in their caring role.

66. In addition, councils are required to consider whether a carer wishes to work. Carer's assessments completed in 2013 and 2014 record Mrs B's wish to work and her need to work. However, there is nothing in either of those assessments to suggest the Council properly considered the impact on Mrs B if she did not receive support during school holidays. That is a serious failure. That is particularly concerning because both carer's assessments record Mrs B's concern about the impact on her if she did not receive extra support. Because of that the assessments should have gone on to assess the risk to the caring relationship and Mrs B's ability to work if the Council did not provide extra support. Failure to carry out that assessment is fault. It is also clear this led directly to a threat to Mrs B's caring relationship as she told the Council she could not manage both work and caring for C without additional support. She therefore told the Council she needed to consider residential provision for her son. That request was made as a direct result of the Council's refusal to consider additional provision for C during school holidays.

67. The Council did not deal properly with Mrs B's complaints. At each stage of the complaints process the Council simply referred Mrs B back to its policy. That is despite

the fact Mrs B provided details of Government guidance, legislation and a Welsh Ombudsman report which supported her view that the Council should consider her need to work when carrying out its assessments. The Council should have responded to the various points Mrs B put to it. Failure to do that is fault.

68. So, there is fault with how the Council assessed C and Mrs B. It is clear this led to Mrs B having to go to significant time and trouble to pursue her complaint. It is also clear Mrs B felt under great pressure to preserve the caring relationship while also continuing her full time job. That is a serious injustice. It is clear Mrs B's intent in bringing the complaint is less about financial compensation and more concerned with ensuring the Council's policy reflects Government guidance and legislation. However, part of our role is also to consider what remedy is suitable for the fault we have identified. In this case we have to decide whether it is likely, if the Council had considered Government guidance and legislation and carried out the assessment process properly, the Council would have provided extra funds to provide for C's needs while Mrs B was at work.

69. The Council says the stage three panel did not uphold the complaint that the Council should have given Mrs B direct payments specifically to pay for childcare when she was at work. Paragraph 61 recorded concerns about what the Council understood C's needs to be though. In addition, paragraph 65 recorded concern about the failure of the complaint process to address the points Mrs B raised about Government legislation and guidance on supporting carers to work. There is no evidence the stage three complaint panel properly considered whether the Council's policy was suitable and whether the Council had properly considered Mrs B's situation. The Council says this has not been an issue or caused confusion for other families. That argument does not carry significant weight because it is unlikely there are many families with the sole carer working the number of hours Mrs B works in a position where they are not able to work flexibly. It seems likely Mrs B is in a unique position here. That is an important consideration for deciding an appropriate remedy, as is the fact the refusal of extra support led Mrs B to ask for a residential placement. On the balance of probability it is likely the Council would have awarded some extra support during school holidays and times when Mrs B is at work if the Council had properly considered the case and Government guidance. That extra support would have reflected the fact C needs constant supervision and did not have any carer at home to look after him during those times.

70. What we cannot reach a safe conclusion about though is whether the Council would have asked Mrs B to contribute financially towards any extra provision. Mrs B is in full time employment in a professional role. The Government has also provided benefits to enable carers to continue to work, should they choose to do so. It is possible the Council would have decided to carry out a financial assessment to decide whether Mrs B should contribute toward the cost of the extra care. So, while it is likely the Council would have identified the need for some extra provision if it had carried out its assessments properly it does not follow it would have fully funded those extra services. So, the recommended financial remedy does not ask the Council to pay Mrs B an amount to reflect the likely cost to the Council of providing extra services.

71. There were delays dealing with the complaints Mrs B put in. In all, this meant Mrs B did not receive the outcome of her stage three complaint investigation until more than two years after her original complaint. That is not acceptable.

72. The Council was wrong to tell Mrs B she could complain to the Ombudsman when it wrote to tell her of the result of the stage two investigation. The Council knows we normally expect a complainant to complete the Council's complaints procedure before bringing a complaint to us. The Council is also at fault for writing to Mrs B to ask her to confirm whether she wanted a stage three investigation when we referred the complaint back to the Council for consideration at stage three. The Council then closed the file when she did not respond. That was not appropriate. Mrs B had presented a complaint to us and we had referred it to the Council to investigate. There was no reason to ask Mrs B whether she wanted the complaint to go to stage three. The Council's failure to move the complaint to stage three when we referred it is fault.

Injustice

73. The Council's actions have caused an injustice to Mrs B as she had to go to time and trouble pursuing her complaint. Mrs B also had a justifiable sense of outrage the Council did not properly assess her and her son. It is likely, on the balance of probability, Mrs B missed out on some additional support for her son while she was at work.

Decision

74. There was fault by the Council which caused injustice to Mrs B. The Council should take the steps below to remedy that injustice.

Recommendations

75. The Council should pay Mrs B £500 to reflect the time and trouble she had to go to pursuing her complaint.

76. The Council should pay Mrs B an extra £500. That is to reflect the added stress she was under during the period and the uncertainty about whether the Council would have provided additional support if it had considered her case properly.

77. The Council should revise its direct payments policy to reword the section referring to direct payments needed to support a child when a parent is working. That is because the wording of the current policy is likely to be interpreted by service users and Council officers as providing an absolute bar.

78. When carrying out a review of its short breaks statement the Council should review the sufficiency of childcare and the range of short breaks available during holidays for older disabled children.

79. The Council should provide training for officers and managers carrying out social care assessments and dealing with direct payments. That is to ensure they are aware of

Government guidance and legislation about carers who work or wish to return to work and ensure assessments properly consider that.

80. The Council has agreed to these recommendations.

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 – 5 July 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 **CONSIDER** and **COMMENT ON** 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 Specialist Children's Services (SCS) is attached as **Appendix A.**

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

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 Changes to the Performance Dashboard for 2016/17 include:

2.5.1 Change to the format of the report to include performance figures for the last three months. This has been inserted to provide an indication of the latest performance levels for those measures which are based on a rolling 12 months.

2.5.2 The following new performance indicators have been added:

- Percentage of Private Fostering Visits held in timescale. This was previously reported as three separate performance measures which have been combined into one measure.
- Percentage of referrals for Initial Health Assessments made to the Health Service within 5 working days of a child/young person becoming looked after.
- Percentage of Children in Care who have had their Personal Education Plan (PEP) updated within the last six months.

2.5.3 Definitions for the following measures have been amended:

- Percentage of Children in Need who have been seen in the last 28 days. This now includes complex cases within the Disabled Children's Services.
- Percentage of children becoming subject to a Child Protection Plan for a second or subsequent time. This measure has been changed from measuring second or subsequent plans in 24 months to any previous plan, regardless of the timescale between plans.
- Percentage of Children in Care in KCC Foster Care/Relatives and Friends Placements. Unaccompanied Asylum Seeking Children (UASC) have been excluded from the measure.
- Percentage of children leaving care who were adopted. UASC have been excluded from the measure.
- Care Leavers measures for: Percentage in Suitable Accommodation; and Percentage in Education, Employment or Training. Both measures have been changed to reflect those care leavers that the Authority is in contact with.

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

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

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

2.9 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. For April 2016, 21 are rated as Green, 21 as Amber and 2 indicators are rated as Red. Exception reporting against the 2 measures with a Red RAG rating is included within the Report attached as Appendix A.

3.2 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.

4. Recommendations

4.1 Recommendations: The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the SCS performance dashboard.

5. Background Documents

None

6. Appendices

Appendix A – Performance Management Scorecard

7. Contact Details

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Social Care, Health and Wellbeing

Specialist Children's Services Performance Management Scorecard

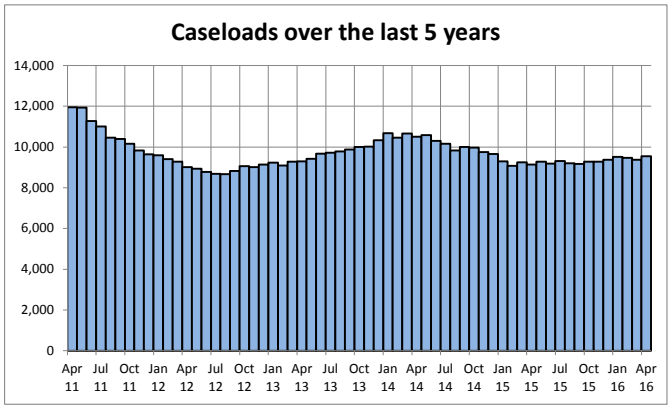
5th July 2016

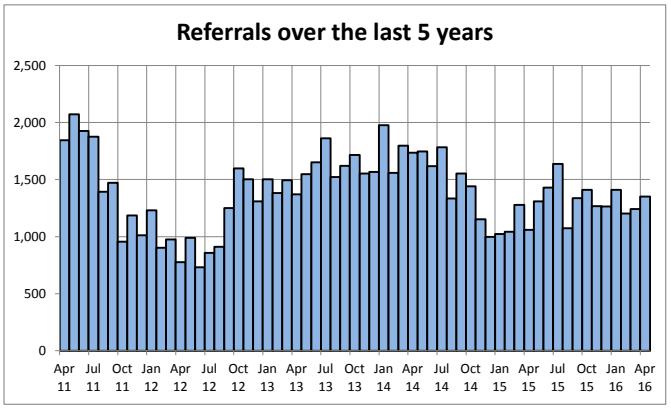
SCS Activity

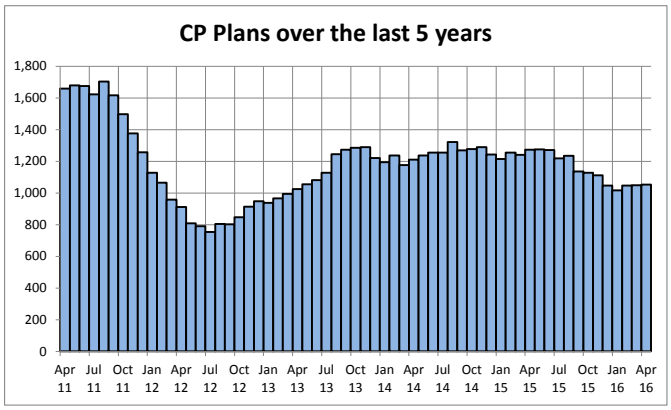
	Caseloads - This month	Caseloads - Last month	Caseloads - Change	Referrals in last month	CF Assessments in last month	CP Plans - This month	CP Plans - Last month	CP Plans - Change	CP Starts in last month	CP Ends in last month	Total LAC - This month	Total LAC - Last month	Total LAC - Change	UASC LAC - 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	9540	9377	+163	1352	1374	1052	1049	+3	90	87	2320	2320	0	870	866	+4	106	96	32	32	0
North Kent	1110	1114	-4	252	254	183	185	-2	6	9	282	293	-11	70	73	-3	7	13	3	3	0
East Kent	2446	2248	+198	510	369	372	381	-9	26	35	625	626	-1	87	92	-5	18	17	8	11	-3
South Kent	1766	1814	-48	275	385	305	305	0	31	31	379	387	-8	58	61	-3	9	17	13	12	+1
West Kent	1312	1318	-6	203	233	186	172	+14	27	12	357	365	-8	95	97	-2	12	15	5	6	-1
Disability Service	1196	1201	-5	24	72	6	6	0	0	0	102	102	0	0	0	0	2	2	0	0	0
Ashford AIT & FST	423	454	-31	78	114	106	112	-6	8	7	6	13	-7	0	0	0	4	0	1	1	0
Canterbury AIT & FST	389	337	+52	126	74	103	106	-3	4	7	8	10	-2	0	0	0	1	3	4	7	-3
Dartford AIT & FST	208	189	+19	94	74	54	54	0	1	1	2	4	-2	0	0	0	2	2	0	0	0
Dover AIT & FST	441	426	+15	100	104	95	81	+14	16	2	6	7	-1	0	0	0	1	2	12	11	+1
Gravesham AIT & FST	363	382	-19	91	91	85	90	-5	1	3	1	2	-1	0	0	0	5	0	1	1	0
Maidstone AIT & FST	414	413	+1	82	123	81	75	+6	17	11	6	4	+2	0	0	0	5	2	2	2	0
Sevenoaks AIT & FST	211	219	-8	63	81	34	31	+3	4	2	2	2	0	0	0	0	0	0	2	2	0
Shepway AIT & FST	483	516	-33	94	153	95	110	-15	4	16	2	6	-4	0	0	0	3	0	0	0	0
Swale AIT & FST	604	556	+48	161	121	119	123	-4	5	9	9	4	+5	0	0	0	8	1	4	2	+2
Thanet Margate	415	333	+82	135	81	67	69	-2	5	7	4	1	+3	0	1	-1	4	1	0	0	0
Thanet Ramsgate	337	295	+42	79	64	68	67	+1	11	9	8	2	+6	0	2	-2	8	1	3	2	+1
The Weald AIT & FST	471	458	+13	118	96	95	87	+8	10	1	1	1	0	0	0	0	5	4	3	4	-1
North Kent CIC	294	296	-2	0	2	10	10	0	0	3	275	282	-7	70	73	-3	0	10	0	0	0
East Kent (Can/Swa) CIC	342	349	-7	3	6	5	5	0	0	0	322	321	+1	57	60	-3	2	6	0	0	0
East Kent (Tha) CIC	304	317	-13	0	13	10	11	-1	1	3	271	273	-2	30	32	-2	2	4	0	0	0
South Kent CIC	390	382	+8	0	2	7	2	+5	1	6	357	354	+3	58	61	-3	0	15	0	0	0
West Kent CIC	407	419	-12	0	6	10	10	0	0	0	349	358	-9	95	97	-2	1	9	0	0	0
SUASC Service	578	574	+4	47	57	0	0	0	0	0	560	543	+17	560	543	+17	36	26	0	0	0
Disability EK	576	573	+3	10	39	4	3	+1	0	0	70	65	+5	0	0	0	2	1	0	0	0
Disability WK	620	628	-8	14	33	2	3	-1	0	0	32	37	-5	0	0	0	0	1	0	0	0
Adoption & SG	76	75	+1	8	1	0	0	0	0	0	3	4	-1	0	0	0	0	0	0	0	0
Care Leaver Service (18+)	1028	1005	+23	1	1	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0

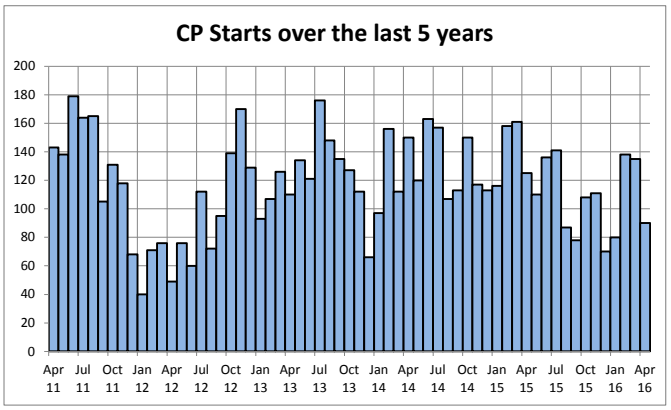
SCS Activity

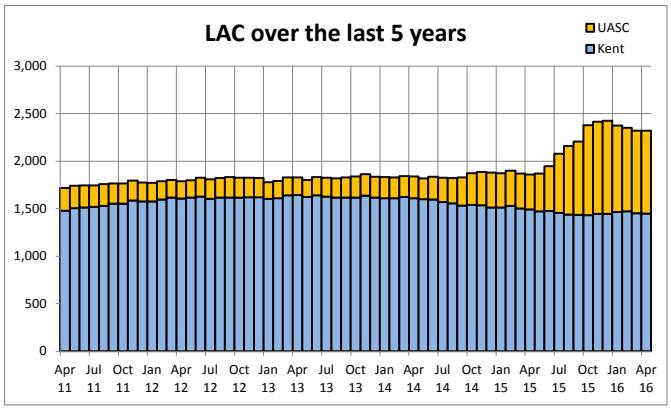
County Level

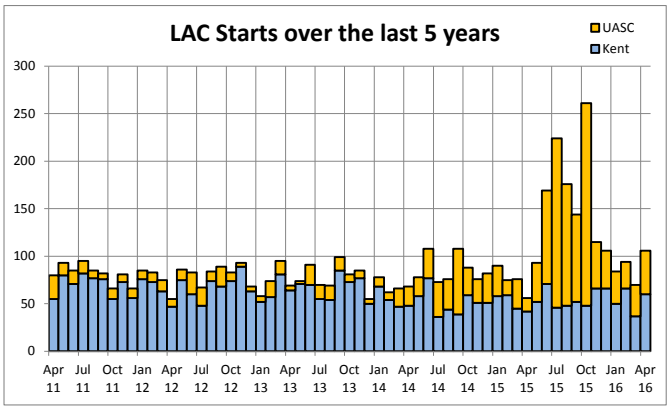


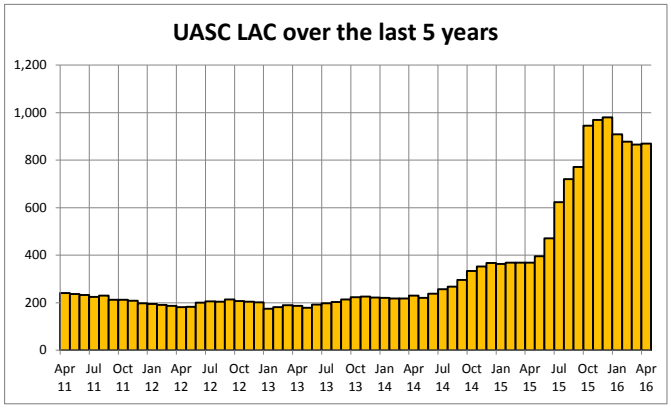


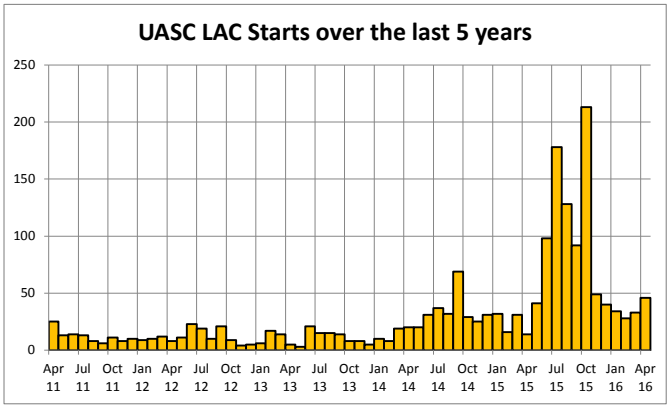












Scorecard - Kent

Apr 2016

ID	Indicators	Polarity	Data Period	Latest Result: Latest Result and RAG Status		Latest Result: Num	Latest Result: Denom	Latest Result: Target for 16/17	1 month ago: Result	1 month ago: DoT	1 year ago: Result	1 year ago: DoT	Short Term Performance: Rolling 3 months and RAG Status	
	REFERRAL AND ASSESSMENTS													
1	% of referrals with a previous referral within 12 months	L	R12M	21.7%	G	3460	15934	25.0%	21.3%	↓	28.0%	↑	23.6%	G
2	% of C&F Assessments that were carried out within 45 working days	H	R12M	89.2%	A	14790	16586	90.0%	89.5%	↓	86.0%	↑	88.8%	A
3	Number of C&F Assessments in progress outside of timescale	L	SS	32	G	-	-	75	38	↑	23	↓	-	-
4	% of Children seen at C&F Assessment	H	R12M	98.0%	G	15562	15876	98.0%	97.8%	↑	97.2%	↑	98.6%	G
	CHILDREN IN NEED													
5	% of CIN with a CIN Plan in place	H	SS	87.0%	A	2170	2493	90.0%	85.9%	↑	87.4%	↓	-	-
6	% of CIN who have been seen in the last 28 days	H	SS	83.4%	G	1648	1975	80.0%	82.3%	↑	77.3%	↑	-	-
7	Numbers of Unallocated Cases	L	SS	0	G	-	-	0	3	↑	0	→	-	-
	PRIVATE FOSTERING													
8	% of PF visits held in timescale (Current PF Arrangements only)	H	SS	87.3%	A	172	197	90.0%	86.6%	↑			-	-
	CHILD PROTECTION													
9	% of Current CP Plans lasting 18 months or more	L	SS	8.0%	G	84	1052	10.0%	7.0%	↓	4.2%	↓	-	-
10	% of CP Visits held within timescale (Current CP only)	H	SS	90.8%	G	17629	19419	90.0%	90.7%	↑	93.5%	↓	-	-
11	% of CP cases which were reviewed within required timescales	H	SS	99.9%	G	702	703	98.0%	100.0%	↓	100.0%	↓	-	-
12	% of Children becoming CP for a second or subsequent time	T	R12M	19.7%	G	253	1284	17.5%	20.0%	↑	18.4%	↓	20.4%	A
13	% of CP Plans lasting 2 years or more at the point of de-registration	L	R12M	2.3%	G	35	1504	5.0%	2.9%	↑	2.7%	↑	2.4%	G
14	% of Children seen at Section 47 enquiry	H	R12M	98.1%	G	4432	4517	98.0%	98.1%	↓	98.8%	↓	98.8%	G
15	% of ICPC's held within 15 working days of the S47 enquiry starting	H	R12M	84.2%	G	1134	1346	80.0%	84.0%	↑	81.7%	↑	81.2%	G
	CHILDREN IN CARE													
16	CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	12.8%	A	296	2320	10.0%	12.5%	↓	9.7%	↓	-	-
17	CIC Placement Stability: % in same placement for last 2 years	H	SS	69.3%	A	398	574	70.0%	69.9%	↓	72.6%	↓	-	-
18	% of CIC Foster Care in KCC Foster Care/Rel & Friends placements (exc UASC)	H	SS	87.4%	G	1043	1194	85.0%	87.2%	↑	84.8%	↑	-	-
19	% of CIC placed within 20 miles from home (exc UASC)	H	SS	81.5%	G	1143	1403	80.0%	81.3%	↑	82.4%	↓	-	-
20	% of Children who participated at CIC Reviews	H	R12M	94.8%	A	5559	5865	95.0%	95.1%	↓	95.6%	↓	94.8%	A
21	% of CIC cases which were reviewed within required timescales	H	SS	96.4%	A	2146	2226	98.0%	79.7%	↑	99.4%	↓	-	-
22	% of CIC cases where all Dental Checks were held within required timescale	H	SS	95.6%	G	2128	2226	90.0%	90.4%	↑	94.3%	↑	-	-
23	% of CIC cases where all Health Assessments were held within required timescale	H	SS	79.8%	R	1776	2226	90.0%	86.7%	↓	87.2%	↓	-	-
24	% of IHA referrals within 5 working days of becoming Looked After	H	R12M	37.3%	R	544	1458	90.0%	34.6%	↑	13.7%	↑	81.3%	A
25	% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	80.8%	G	1212	1500	80.0%	84.3%	↓	74.7%	↑	-	-
26	% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	60.2%	G	630	1047	60.0%	59.5%	↑	48.0%	↑	-	-
	ADOPTION													
27	% of cases adoption agreed as plan within 4mths, for those with an agency decision	H	R12M	67.6%	A	71	105	75.0%	70.7%	↓	64.6%	↑	54.5%	R
28	Ave. no of days between bla and moving in with adoptive family (for children adopted)	L	R12M	491.1	A	48616	99	426.0	489.3	↓	513.5	↑	279.2	G
29	Ave. no of days between court authority to place a child and the decision on a match	L	R12M	222.2	A	21332	96	121.0	218.3	↓	189.3	↓	108.4	G
30	% of Children leaving care who were adopted (exc UASC)	H	R12M	14.6%	G	99	679	13.0%	15.8%	↓	25.9%	↓	16.2%	G
	CARE LEAVERS													
31	% of Care Leavers that Kent is in touch with	H	R12M	71.1%	A	1071	1506	75.0%	71.0%	↑			70.2%	A
32	% of Care Leavers in Suitable Accommodation (of those we are in touch with)	H	R12M	92.5%	G	995	1076	90.0%	92.6%	↓			90.8%	G
33	% of Care Leavers in Education, Employment or Training (of those we are in touch with)	H	R12M	58.6%	A	631	1076	65.0%	58.9%	↓			60.2%	A
34	% of Care Leavers with a Pathway Plan updated in the last 6 months	H	SS	94.4%	G	954	1011	90.0%	90.9%	↑			-	-
	QUALITY ASSURANCE													
35	% of Case File Audits completed	H	R12M	96.1%	G	672	699	95.0%	98.8%	↓	96.1%	↑	88.6%	A
36	% of Case File Audits rated Good or outstanding	H	R12M	55.5%	A	373	672	60.0%	53.5%	↑	37.9%	↑	64.2%	G
37	% of Case File Audits rated inadequate	L	R12M	3.9%	A	26	672	0.0%	3.8%	↓	10.0%	↑	4.3%	A
38	% of CP Social Work Reports rated good or outstanding	H	R12M	66.6%	A	1552	2332	75.0%	68.1%	↓	71.4%	↓	56.8%	R
39	% of CIC Care Plans rated good or outstanding	H	R12M	62.3%	A	3813	6119	75.0%	61.9%	↑	49.5%	↑	65.5%	A
	STAFFING													
40	% of caseholding posts filled by KCC Permanent QSW	H	SS	74.6%	A	327.0	438.2	83.0%	75.6%	↓	78.8%	↓	-	-
41	% of caseholding posts filled by agency staff	L	SS	21.2%	A	92.8	438.2	17.0%	20.0%	↓	18.6%	↓	-	-
42	Average Caseloads of social workers in CIC Teams	L	SS	16.1	A	1737	108.1	15.0	16.0	↓	16.3	↑	-	-
43	Average Caseloads of social workers in CSWTs	L	SS	21.1	A	4759	225.8	18.0	20.2	↓	20.2	↓	-	-
44	Average Caseloads of fostering social workers	L	SS	18.3	A	847	46.4	18.0	18.3	↑	18.2	↓	-	-

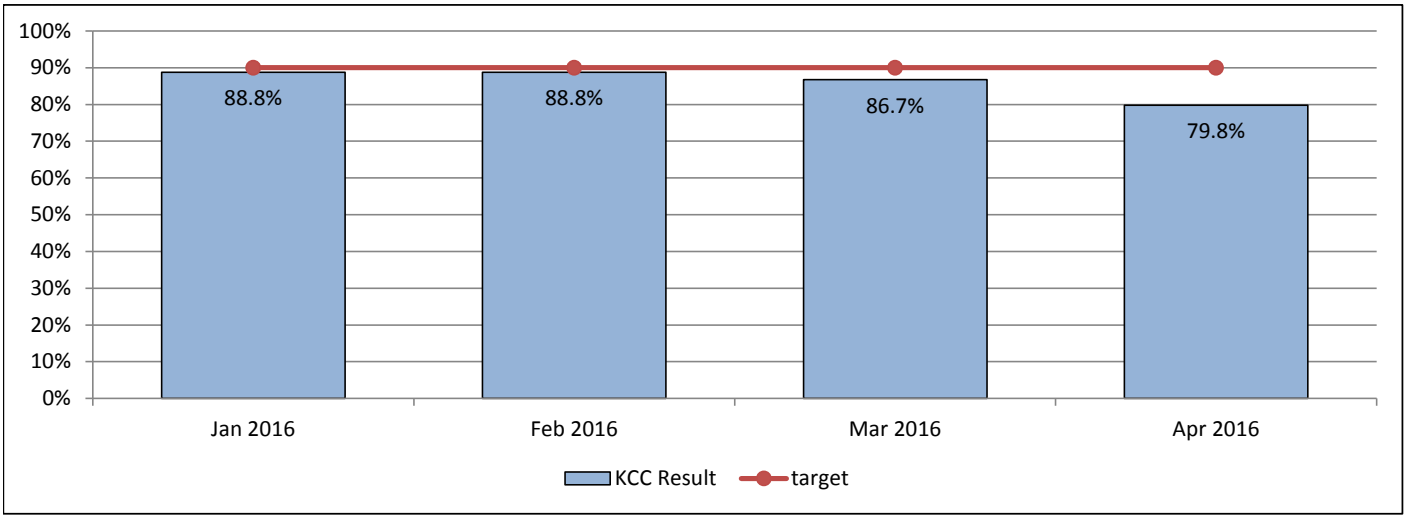
	GREEN	AMBER	RED
LATEST PERFORMANCE RAG RATING	21	21	2

Produced by: Management Information Unit, KCC. 06/06/2016

Scorecard - Impact of UASC

Indicators	Polarity	Data Period	INCLUDING UASC					Target for 16/17	EXCLUDING UASC					Variance with UASC excluded
			Latest Result and RAG Status		Num	Denom			Latest Result and RAG Status		Num	Denom		
CHILDREN IN CARE - KENT														
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	12.8%	A	296	2320		10.0%	11.7%	A	170	1450		-1.0%
CIC Placement Stability: % in same placement for last 2 years	H	SS	69.3%	A	398	574		70.0%	69.5%	A	395	568		+0.2%
% of Children who participated at CIC Reviews	H	R12M	94.8%	A	5559	5865		95.0%	96.8%	G	3450	3564		+2.0%
% of CIC cases which were reviewed within required timescales	H	SS	96.4%	A	2146	2226		98.0%	100.0%	G	1399	1399		+3.6%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	95.6%	G	2128	2226		90.0%	95.0%	G	1329	1399		-0.6%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	79.8%	R	1776	2226		90.0%	92.6%	G	1295	1399		+12.8%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	37.3%	R	544	1458		90.0%	55.7%	R	288	517		+18.4%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	80.8%	G	1212	1500		80.0%	89.0%	G	956	1074		+8.2%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	60.2%	G	630	1047		60.0%	60.9%	G	567	931		+0.7%
CHILDREN IN CARE - NORTH KENT AREA														
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	15.2%	R	43	282		10.0%	12.7%	A	27	212		-2.5%
CIC Placement Stability: % in same placement for last 2 years	H	SS	66.7%	A	46	69		70.0%	66.7%	A	46	69		0.0%
% of Children who participated at CIC Reviews	H	R12M	94.8%	A	694	732		95.0%	96.6%	G	477	494		+1.7%
% of CIC cases which were reviewed within required timescales	H	SS	99.6%	G	275	276		98.0%	100.0%	G	206	206		+0.4%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	93.8%	G	259	276		90.0%	95.6%	G	197	206		+1.8%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	88.0%	A	243	276		90.0%	95.1%	G	196	206		+7.1%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	76.7%	R	66	86		90.0%	77.6%	R	66	85		+0.9%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	92.7%	G	164	177		80.0%	92.9%	G	145	156		+0.3%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	52.3%	A	80	153		60.0%	52.4%	A	65	124		+0.1%
CHILDREN IN CARE - EAST KENT AREA														
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	13.0%	A	81	625		10.0%	12.6%	A	68	538		-0.3%
CIC Placement Stability: % in same placement for last 2 years	H	SS	74.1%	G	166	224		70.0%	74.7%	G	165	221		+0.6%
% of Children who participated at CIC Reviews	H	R12M	95.2%	G	1600	1681		95.0%	98.3%	G	1349	1373		+3.1%
% of CIC cases which were reviewed within required timescales	H	SS	100.0%	G	609	609		98.0%	100.0%	G	522	522		0.0%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	91.3%	G	556	609		90.0%	92.0%	G	480	522		+0.7%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	84.9%	R	517	609		90.0%	89.5%	A	467	522		+4.6%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	37.0%	R	60	162		90.0%	37.0%	R	60	162		0.0%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	88.7%	G	393	443		80.0%	90.2%	G	359	398		+1.5%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	67.0%	G	270	403		60.0%	68.5%	G	248	362		+1.5%
CHILDREN IN CARE - SOUTH KENT AREA														
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	11.3%	A	43	379		10.0%	11.8%	A	38	321		+0.5%
CIC Placement Stability: % in same placement for last 2 years	H	SS	68.5%	A	74	108		70.0%	68.6%	A	72	105		+0.1%
% of Children who participated at CIC Reviews	H	R12M	96.1%	G	949	987		95.0%	96.2%	G	756	786		+0.0%
% of CIC cases which were reviewed within required timescales	H	SS	100.0%	G	370	370		98.0%	100.0%	G	312	312		0.0%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	97.6%	G	361	370		90.0%	97.8%	G	305	312		+0.2%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	93.2%	G	345	370		90.0%	94.2%	G	294	312		+1.0%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	74.2%	R	112	151		90.0%	74.7%	R	112	150		+0.5%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	89.8%	G	239	266		80.0%	89.6%	G	216	241		-0.2%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	70.5%	G	153	217		60.0%	69.8%	G	132	189		-0.7%
CHILDREN IN CARE - WEST KENT AREA														
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	16.2%	R	58	357		10.0%	12.6%	A	33	262		-3.7%
CIC Placement Stability: % in same placement for last 2 years	H	SS	59.7%	R	74	124		70.0%	59.7%	R	74	124		0.0%
% of Children who participated at CIC Reviews	H	R12M	95.4%	G	849	890		95.0%	96.1%	G	623	648		+0.7%
% of CIC cases which were reviewed within required timescales	H	SS	100.0%	G	349	349		98.0%	100.0%	G	254	254		0.0%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	95.1%	G	332	349		90.0%	96.1%	G	244	254		+0.9%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	82.8%	R	289	349		90.0%	92.9%	G	236	254		+10.1%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	42.2%	R	35	83		90.0%	42.7%	R	35	82		+0.5%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	81.5%	G	203	249		80.0%	86.2%	G	168	195		+4.6%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	35.7%	R	70	196		60.0%	36.5%	R	65	178		+0.8%
OTHER INDICATORS - KENT														
% of Care Leavers that Kent is in touch with	H	R12M	71.1%	A	1071	1506		75.0%	76.0%	G	657	864		+4.9%
% of Care Leavers in Suitable Accommodation (of those we are in touch with)	H	R12M	92.5%	G	995	1076		90.0%	91.3%	G	599	656		-1.2%
% of Care Leavers in Education, Employment or Training (of those we are in touch with)	H	R12M	58.6%	A	631	1076		65.0%	53.2%	R	349	656		-5.4%
% of Care Leavers with a Pathway Plan updated in the last 6 months	H	SS	94.4%	G	954	1011		90.0%	95.5%	G	528	553		+1.1%
% of C&F Assessments that were carried out within 45 working days	H	R12M	89.2%	A	14790	16586		90.0%	90.0%	A	14298	15893		+0.8%
Numbers of Unallocated Cases	L	SS	0	G	-	-		0	0	G	-	-		0

% of CIC Cases where all Health Assessments were held 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	Jan 2016	Feb 2016	Mar 2016	Apr 2016
KCC Result	88.8%	88.8%	86.7%	79.8%
Target	90.0%	90.0%	90.0%	90.0%
RAG Rating	Amber	Amber	Amber	Red

Commentary

If Unaccompanied Asylum Seeking Children (UASC) are excluded from this performance measure performance for April is 92.6% and above the Target set.

A weekly clinic is now in place at one of the reception centres to provide Initial Health Assessments for new arrivals, and for UASC living in the community additional clinics have been set up by the Health Service to respond to the levels of demand.

Data Notes

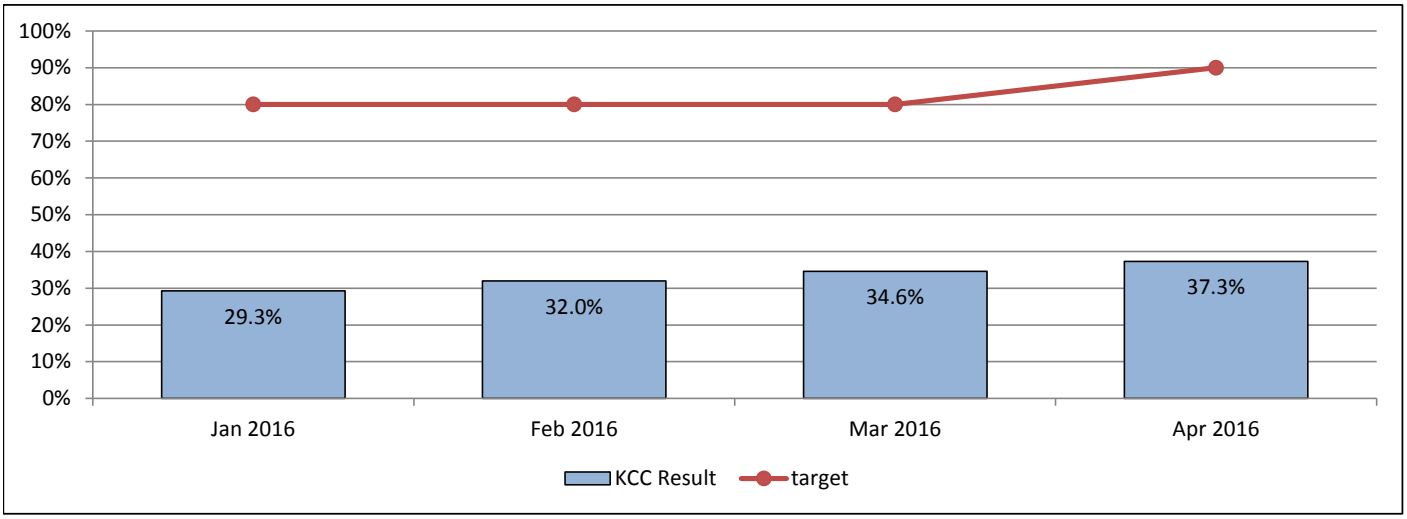
Target: 90% (RAG Bandings: Below 85% = Red, 85% to 90% = Amber, 90% and above = Green)

Tolerance: Higher values are better

Data: Figures shown are a snapshot as at 30/04/2016

Data Source: Liberi

% of IHA referrals within 5 working days of becoming looked after			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Jan 2016	Feb 2016	Mar 2016	Apr 2016
KCC Result	29.3%	32.0%	34.6%	37.3%
Target	80.0%	80.0%	80.0%	90.0%
RAG Rating	Red	Red	Red	Red

Commentary

This performance measure relates to the notification to the Health Service for an Initial Health Assessment within 5 working days for children and young people who have become looked after.

Performance against this measure had been poor during 2015/16, due to a combination of process and incomplete recording of data. This measure has therefore been included as a new performance measure into the SCS Monthly Scorecard to ensure that referrals to Health are made in a timely and consistent manner.

The performance rate of 37.3% relates to a rolling 12 months average. The implementation of new business processes, and the monitoring of compliance across operational teams, has significantly improved more recent performance. The rolling 3 months average (February-April 2016) shows performance as being 81.3%.

Data Notes

Target: 90% (RAG Bandings: Below 80% = Red, 80% to 90% = Amber, 90% and above = Green)

Tolerance: Higher values are better

Data: Figures shown are based on a rolling 12 month period. The result for April 2016 for example shows performance for May 2015 to April 2016.
Data Source: Liberi

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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

5 July 2016

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 of Public Health commissioned services for children and young people.

Performance on each of the mandated health visiting checks improved in Q4; Health Visitors have also increased substantially the recording of breastfeeding status at 6-8 weeks leading to the ability to report breastfeeding prevalence in Kent for the first time since 2012/13.

Levels of concerns remain around the level of women who have a smoking status at time of delivery and Public Health are targeting and working with the provider and midwifery service to improve the work of the BabyClear programme.

This report includes an exception reporting section on quality assurance as agreed at the Adult Social Care and Health Cabinet Committee in May 2016 where a quality paper was presented.

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

1. Introduction

1.1. This report provides an overview of the Public Health key performance indicators for Kent which directly relate to services for children and young people.

2. Performance

Health Visiting Service

2.1. Commissioning of the Health Visiting service transferred from NHS England to the local authority on 1st October 2015. As well as the wider requirements of the

specification, KCC is now statutorily required to ensure the delivery of five mandated developmental checks. Kent Community Health NHS Foundation Trust (KCHFT) provides the service across Kent.

2.2. The table below sets out performance of the service in relation to these checks. The KCC contract with KCHFT includes an incremental quarter on quarter increase in targets and a performance payment component to incentivise improvement and drive up coverage of these key developmental checks.

2.3. It is important to note that the direction of travel in all five mandated elements of the service has improved in quarter 4.

2.4. The performance does remain below target on four of the five checks. The targets are stretching but have been set in collaboration with the provider to deliver the necessary improvement in coverage of delivery of the checks. The targets increase each quarter and the rag rating is set against the quarterly target. Hence for the 6-8 week check, KCHFT had a green status in Quarter 3 due to delivery of 65%, but are rated as amber in Quarter4 as the agreed target was 80%. The provider has an action plan to further improve performance, which Public Health are regularly monitoring.

2.5. This action plan will be further enhanced as part of the transformation programme of work planned with this service. This programme is reported to the committee in the paper of section B1, and will involve a huge programme of work with the provider to completely reshape the service in an integrated model with other 0-5 provision.

2.6. The Committee will be aware of concerns on the accuracy of some of the Health Visiting data which has been highlighted in previous reports. The provider has reported that a new data collection system was implemented in late 2015 and will enable better data capture and more accurate targeting of the checks. KCC is planning to undertake an audit later this year to verify the improvements that have been reported.

Table 1: Health visiting mandated interventions delivered in 15/16. Kent figures

Health Visiting Service	15/16 to 16/17 target increase	Q3 15/16	Q4 15/16	DoT
No. of mothers receiving an Antenatal Visit	-	866	1,083	⇧
% of New Birth Visit's within 14 days	75% - 90%	68% (a)	75% (a)	⇧
% of New Birth Visit's in total (0-30 days)	-	98%	95%	⇩
% of infants due a 6-8 week check who received one	65% - 95%	65% (g)	76% (a)	⇧
% of infants receiving their 1 year review at 12 months	75% - 90%	35% (r)	56% (r)	⇧
% of infants receiving their 1 year review at 15 months	-	78%	93%	⇧
% of children receiving their 2-2½ year review	75% - 95%	71% (a)	91% (g)	⇧

2.7. The Committee will also be aware of historic problems relating to incomplete data on breastfeeding which has made it difficult to gain an accurate picture of performance. Since commissioning responsibility for health visiting transferred to KCC, Health Visitors have collected breastfeeding status as part of the 6-8 week check. This has led to significant improvements in data completeness and figures on the prevalence of breastfeeding can be reported and utilised in Q4 2015/16 for the first time since 2012/13.

2.8. The table below provides a breakdown of the breastfeeding data that has been collected through this process. This data shows an increase in coverage from 81% in Q3 to 95% in Q4. The data for Q4 show that 45% of mothers reported partial or total breastfeeding at the 6-8 week check. Most recently available figures put the national average at 44% for 2014/15.

Table 2: Health visiting 6-8 week check infant feeding continuance figures. Kent figures

Health Visiting Service – Infant Feeding Status	Q3 15/16	Q4 15/16
Number of infants due a 6-8 week check by the end of the quarter	4,196	4,058
Number and percentage with an infant feeding status – needs to be at least 85%, preferably over 95% to be robust	3,411 (81%)	3,853 (95%)
Number recorded as totally breastfed	1,124	1,192
Number recorded as partially breastfed	460	536
Number recorded as not at all breastfed	1,827	2,125
% total or partially breastfed of the statuses recorded	46%	45%

National Child Measurement Programme (NCMP)

2.9. There has been no update for NCMP since the previous Cabinet Committee; figures on the 15/16 cohort will be released in December 2016. Key points from the 14/15 cohort are:

- Participation rates remained stable for 4-5 year olds (Year R) and increased by 1% for 10-11 year olds (Year 6).
- The proportion of those with healthy weight for 4-5 year olds decreased from 79% to 77% and excess weight increased from 21% to 22%.
- The proportion of those with healthy weight remained stable at 66% as did the proportion with excess weight at 33% for 10-11 year olds. Within the excess weight category there was an increase in those measured as overweight, with a decrease in those measured as obese.

2.10. Actions being taken by Public Health and partners are:

- The Public Health Nursing team is making pro-active contact with offers of advice and support to parents and carers in schools within the wards that have the highest prevalence based on 2013/14 published data. Kent Public Health Observatory is reviewing the highest prevalence wards from the 2014/15 data.
- District multi-agency NCMP groups plan and oversee the supportive work that is undertaken in schools, including working with schools to develop whole school plans for promoting healthy eating, physical activity and emotional well-being. A range of organisations support this approach by

offering cookery, sports premium activities, Inspire Kent and Family Weight Management Programmes for example. An audit of the effectiveness of the activity of these groups is planned.

- The Kent Health and Well-being Board has requested that all the local Health and Wellbeing Boards develop action plans for tackling adult and child obesity.
- An evaluation of the outcomes following the recent Sugar Smart campaign is being undertaken including the analysis of Kent uptake from the PHE website.

Substance Misuse Services

2.11. The proportion of planned exits for young people leaving specialist substance misuse services was 94% for Q4 2015/16. This is slightly below the target of 98% although it should be noted that the performance relates to very low numbers of young people leaving the service in an unplanned way.

Table 3: Proportion of planned exits from specialist services in Kent

Specialist Treatment Service	Target	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	DoT
% exiting specialist services with a planned exit	98%	97% (a)	94% (a)	94% (a)	96% (a)	94% (a)	⇩

Source: Provider

2.12. Substance misuse providers deliver additional Public Health interventions alongside their work on substance misuse; For Q4, 96% of the young people accessing any service received stop smoking information, and 100% newly accessing the specialist service was given sexual health information. 100% of the young people accessing specialist services, for whom it was appropriate, were screened for chlamydia.

Smoking during pregnancy (SATOD)

2.13. The number of women with a smoking status at time of delivery has fluctuated slightly over the last year from Q3 2014/15 to Q3 2015/16; the increase in both number and proportion smoking into Q3 is of concern but will be monitored into Q4 to see whether this is a sustained increase or an exception. Conversely, Kent has a higher than national average report of the number of women who do not smoke at the time of delivery. Nationally, 86.8% of women who are pregnant are reported as non-smokers and the Kent CCGs report between 86.8% to 90% with a non-smoking status. Swale and Thanet are exceptions at 76.3 and 78.4% respectively. Collectively, the comparisons between Smoking status and Non-smoking status at time of delivery are a reflection that Kent has submitted complete and robust data (100%) where data reporting in some comparative areas are less compliant.

2.14. Although the national BabyClear programme has been implemented in Kent for a year, Public Health has identified a number of systematic issues within the operational process and are now working to localise effective training for midwives adopting the support of a 'smoking in pregnancy midwifery' champion and improve reporting systems with Trusts across Kent. Public Health are in

discussions with the CCG Commissioner in East Kent responsible for maternity services to improve performance of BabyClear.

Table 4: Published smoking status at time of delivery Kent and England

SATOD	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	DoT
% of women with a smoking status at time of delivery Kent	12.9%	11.8%	12.1%	12.3%	13.9%	⇩
No. of women with a smoking status at time of delivery Kent	531	473	500	514	561	⇩
% of women with a smoking status at time of delivery England	11.4%	11.1%	10.7%	10.5%	10.6%	⇧

Source: HSCIC

2.15. Work continues to be targeted at areas of high prevalence and there is evidence that Kent is performing better than the national average among routine and manual groups and many mums smoking in pregnancy will be included in this demographic group; DGS CCG was the only area to see a decrease in the number and proportion of women smoking into Q3 15/16. Thanet and Swale CCGs continue to have the higher proportions and a pilot campaign known as *What the Bump?* is currently in development in Swale. Kent is also part of a national pilot to develop new quit smoking in pregnancy models - Baby Be Smokefree in Thanet and Shepway.

2.16. Partnership working continues with CCGs who are members of the local Health and Well-being Boards, areas with high prevalence of smoking have identified tackling smoking as one of their priorities for the next 3 years. The BabyClear programme is delivered by midwives who are commissioned by CCGs as part of the maternity services, demonstrating further their commitment to reduce the prevalence of smoking amongst pregnant women. CCGs have been reviewing disease pathways and Public Health are working with them to incorporate primary prevention in the COPD pathway.

Table 5: Published smoking status at time of delivery Kent CCGs

SATOD CCG	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	DoT
Ashford CCG	8%	8%	11%	9%	13%	⇩
Canterbury & Coastal CCG	9%	9%	11%	10%	13%	⇩
DGS CCG	12%	11%	12%	11%	10%	⇧
South Kent Coast CCG	15%	17%	14%	15%	18%	⇩
Swale CCG	20%	22%	22%	17%	24%	⇩
Thanet CCG	18%	14%	14%	20%	22%	⇩
West Kent CCG	12%	9%	9%	10%	10%	⇧

3. Quality Issues

3.1. A detailed Quality report on Public Health Services was presented to the Adult Social Care and Health Cabinet Committee in May. It was agreed that quality assurances issues would be reported by exception as part of the performance

reports to either the Adults or the Children's Social Care and Health Cabinet Committees as appropriate. The Head of Quality reports that there are no quality exception items to report for Q4.

4. Conclusion

4.1. Performance across the Public Health commissioned services is varied but has improved in a number of key areas, notably in the delivery of the Health Visiting mandated developmental checks and the recording of breastfeeding which has led to the ability to report breastfeeding prevalence in Kent for the first time since 2012/13.

4.2. Concerns remain around the proportion of women smoking through pregnancy. Public Health are targeting campaigns in Swale, Thanet and Shepway in addition to working with the provider and midwifery service to improve the work of the BabyClear programme.

5. Recommendations

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to **COMMENT** on and **NOTE** current performance and actions taken by Public Health commissioned services.

6. Background Documents

None

7. Appendices

Appendix 1 – Key to KPI Ratings used

8. Contact Details

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Appendix 1

Key to KPI Ratings used:

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

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

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From: Peter Sass, Head of Democratic Services

To: Children's Social Care and Health Cabinet Committee – 5 July 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. Appendices

Appendix A – Work Programme

7. Contact details

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Last updated: 27 June 2016

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

Agenda Section	Items
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 • ***16+ accommodation strategy (provisional)***
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)* • **Placement Stability update – following report to CPP** • **Children and Young Person's Plan (on route to HWB)** • **Report on all services due to be recommissioned services**
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 • **Business Plan update** • **Early Help services update** • **Report on how Kent County Council performs as a commissioner and its perception amongst voluntary organisations** *(requested by Mr Sweetland, 13 May)*
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

Last updated: 27 June 2016

23 MARCH 2017