CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Wednesday, 11th January, 2017

10.00 am

Darent Room, Sessions House, County Hall, Maidstone

Kent County Council
kent.gov.uk

AGENDA

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

Wednesday, 11 January 2017 at 10.00 am
Darent Room, Sessions House, County Hall, Maidstone

Ask for: **Jemma West**
Telephone: **03000 419619**

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), Mrs P T Cole, Mrs V J Dagger, Mr G Lymer, Mr M J Northey, Mr C P Smith and Vacancy
UKIP (3)	Mrs M Elenor, Mr B Neaves and Mrs Z Wiltshire
Labour (2)	Mrs P Brivio and Mrs S Howes
Liberal Democrat (1):	Mr M J Vye

Webcasting Notice

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UNRESTRICTED ITEMS

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

A - Committee Business

A1 Introduction/Webcast announcement

A2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present

A3 Declarations of Interest by Members in items on the Agenda

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

A4 Minutes of the meeting held on 10 November 2016 (Pages 7 - 16)

To consider and approve the minutes as a correct record.

A5 Minutes of the meeting of the Corporate Parenting Panel held on 9 November 2016 (Pages 17 - 26)

To note the minutes.

A6 Verbal updates

To receive a verbal update from the Cabinet Members for Specialist Children's Services and Adult Social Care and Public Health, the Corporate Director of Social Care, Health and Wellbeing and the Director of Public Health.

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

B1 Young People's Substance Misuse Services – Contract Extension (16/00144) (Pages 27 - 34)

To receive a report from the Cabinet Member for Adult Social Care and Public Health, and the Director of Public Health, and to consider and endorse or make proposals to the Cabinet Member on the proposed decision to extend the contract for the Kent Young Persons' Substance Misuse Service until December 2017, and the proposed commissioning approach to procure a new contract during 2017/18.

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

C1 Lifespan Pathway update (Pages 35 - 64)

To receive a report from the Cabinet Member for Specialist Children's Services, the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care Health and Wellbeing, giving an update on the developments relating to transition arrangements for disabled young people and the progress made implementing the Lifespan Pathway, which Members are asked to note.

D - Monitoring of Performance

D1 Specialist Children's Services Performance Dashboard (Pages 65 - 78)

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

D2 Public Health Performance - Children and Young People (Pages 79 - 84)

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

D3 Update on the Child and Adolescent Mental Health Service (Pages 85 - 90)

To receive a report from the Cabinet Member for Specialist Children's Services and the Corporate Director of Social Care Health and Wellbeing which provides an update on the performance of the current Child and Adolescent Mental Health Service (CAMHS) contract, including the service for Kent Children in Care.

D4 Work Programme 2017 (Pages 91 - 98)

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

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

EXEMPT ITEMS

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

John Lynch,
Head of Democratic Services
03000 410466

Tuesday, 3 January 2017

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 Thursday, 10 November 2016.

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

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

IN ATTENDANCE: Ms A Duggal (Deputy Director of Public Health), Mr A Ireland (Corporate Director Social Care, Health and Wellbeing), Ms N Khosla (Assistant Director, Corporate Parenting), Mr A Scott-Clark (Director of Public Health), Mr P Segurola (Director of Specialist Children's Services), Miss T A Grayell (Democratic Services Officer) and Ms Jemma West (Democratic Services Officer)

UNRESTRICTED ITEMS

172. Apologies and Substitutes
(Item A2)

Apologies for absence were received from Mr Neaves and Mr Heale attended the meeting as a substitute in his place.

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

There were no declarations of interest.

174. Minutes of the meeting held on 6 September 2016
(Item A4)

RESOLVED that the minutes of the meeting of this Committee held on 6 September 2016 are correctly recorded and they be signed by the Chairman. There were no matters arising.

175. Minutes of the meeting of the Corporate Parenting Panel held on 20 July and 23 September 2016
(Item A5)

RESOLVED that the minutes of the meetings of the Corporate Parenting Panel held on 20 July and 23 September 2016 be noted.

176. Verbal Updates
(Item A6)

1. Mr P J Oakford, Cabinet Member for Specialist Children's Services, gave a verbal update on the following issues:

Virtual School Kent awards day – 11 September – several Members had attended the event, which had been a fabulous day.

Tour of Immigration Services – Port of Dover –He had attended for a tour of the facility and to find out about the work they did. He and Mr Segurola would be going back, to explore opportunities for joint working with the Immigration Service.

Children in Care Adult Council – On 6 October he and Mr Carter had attended a meeting, and spoke with the young people about the challenges they faced when leaving care. Mr Segurola and his team would follow up on the issues raised.

Unaccompanied Asylum Seeking Children (UASC) – Other authorities placing in Kent was an ongoing problem. He had been made aware that week of another authority who had received two new UASC through the dispersal programme, and had placed them back in to Kent. A letter setting out the challenges and pressures placed on Kent through local authority placements had been sent to the Children's Commissioner, signed by the Chief Constable, Police, and Crime Commissioner, Leader of the Council and himself.

However, he reported a decline in overall numbers of UASC. There were still 1326 in Kent, of which 723 were under 18 and 603 were over 18. There had been only three arrivals in the past month, with a dramatic decline in arrivals figures, compared with 2015. He gave the following statistics.

	July	August	September	October	November
2015	179	128	98	212	51
2016	47	42	42	20	1 *

* at the time of reporting

So far, 115 young people had been dispersed via the National Dispersal programme.

UASC summit – On 13 October, he, Mr Ireland, and Ms Hammond had met with the Immigration Minister to discuss pressures placed on Kent, and the impact of the Dubs amendment and the Calais jungle being dismantled. All children brought in following the Calais jungle closing had so far gone to the dispersal centre in Croydon and been dispersed around the country, not in Kent. Mr Segurola had a team in France continuing to work with the Immigration Service on assessments, prior to dispersal.

In response to a question, Mr Oakford added that although the Dubs amendment would have an impact on arrivals, the reduction in overall numbers was a result of young people getting older and leaving the service.

2. Mr A Ireland, Corporate Director of Social Care, Health and Wellbeing, then gave a verbal update on the following issues:

UASC – with regard to children leaving care, KCC took almost 1,000 young people into care in 2015, many of whom would soon turn 18, but would have been in the care system for more than 13 weeks, so were entitled to care leaving services. There were around 30 young people each month turning 18, so the balance was shifting. A significant proportion of the young people had an official birthday of 1 January, so it was likely that the balance would tip in 2017 where there were more over 18 year olds. The current agreement with the Home Office covered costs for those under 18, but did not meet costs of over 18s. At 21, many care leavers were no longer entitled to a care leavers allowance, although some remained entitled until the age of 25.

Kent was the first point for arrivals and as a reception block, played a key part in the national process. Reception centres were not able to take children under the age of 16, or girls.

Mr Ireland stated that he felt the disruption of the Calais camp might lead to clandestine arrivals, but this had not happened. Those held in Calais were now in reception centres across France. Social Workers from three local authorities, including Kent were doing best interest and age assessments to find those that met the criteria for the Dubs amendment. He was sceptical that this work would be completed within two weeks.

UASC Placements were country wide, but he had been made aware of cases where the young person had relatives living in Kent and had been placed in Kent to be reunited with their families.

In response to questions, Mr Ireland and Mr Oakford made points including the following:

- Few authorities met the 0.07% threshold, and Kent certainly had more. Authorities with airport connections or where lorries stopped tended to have a higher number. Only 11 out of 101 authorities had more than the 0.07% threshold.
- The Leader of Medway Council had recently appeared on the Politics Show, and had explained that Medway only had three UASC, but it was fair to say that Kent had placed a number in Medway, and so this number was disproportionate.

Mr Ireland then went on to give the following additional updates:

VSK awards – the day had been followed up with an awards evening for those aged 16 plus. It had been a really good event, and encouraging to see a mixture of young people receiving awards and recognition for academic success.

Children and Social Care Bill – This was presently going through Parliament but one of its clauses had been defeated in the House of Lords that week. The Government had not commented on the next steps, but the final outcome would have important implications for Kent.

National Children's Services Conference – Mr Segurola had attended the previous week. Government Ministers including the Immigration Minister had attended on the Thursday. There had been consultation and dialogue regarding the new Ofsted Inspection pilot. Kent could not volunteer as they had not yet received the Single Inspection Framework inspection.

3. Mr G K Gibbens, Cabinet Member for Adult Social Care and Public Health, gave a verbal update on the following:

Smoke free school gates – He had attended the Annual Public Health England conference on 13 September and met the Director of Public Health in Coventry who had spoken about Smoke Free school gates in Coventry. Mr Gibbens stated that following the success of smoke free play areas, he intended to promote smoke free gates too. He advised he was happy to provide further information to Members.

Community Pharmacies – The Adult Social Care and Health Cabinet Committee had written to Jeremy Hunt to express concern about proposed changes to funding.

Childrens and Adults Conference – He had been pleased to see Edward Timpson and Justine Greening in attendance at the conference, and impressed with their support of the work of social workers.

4. Mr Scott-Clark, Director of Public Health, then gave a verbal update on the following:

Dr Allison Duggal – He welcomed Dr Duggal to the meeting.

Publication of Health Profiles – Outcomes had been published at both county and district levels on 16 September 2016.

He then responded to comments and questions from Members, as follows:

- There had been lots of work on Health Needs Assessments, which would influence what the Department for Health did. This had also been shared with Croydon, to give them an idea of what they could expect, and what UASC's health needs were. This had been published on the website.
- In terms of mental health, there had not been as many referrals as anticipated. However, there could be pressure for the Adult Service, as post-traumatic stress tended to affect people some time after the event.

RESOLVED that the verbal updates be noted.

177. School Public Health Services - Contract awards (16/00038a)
(Item B1)

1. The Chairman asked Members of the Committee if, in discussing the report, they wished to make reference to the information set out in the exempt appendix to it,

which was included at the end of the agenda at item F1. Some Members confirmed that they wished to ask questions about some of the information in the appendix.

2. Accordingly, it was RESOLVED that discussion of this item take place in closed session at the end of the meeting. It is recorded below, in Minute 186.

178. Review of means testing for Special Guardianship Orders and Adoption Allowances (16/00087)
(Item B2)

Ms S Hamilton, Team Leader of the Children's Allowance Team, was in attendance for this item.

1. Mr Segurola and Ms Hamilton introduced the report and responded to comments and questions from members, including the following:

(a) SGOs awarded prior to February 2016 would not be affected by these changes.
(b) The consultation response had been low. There had only been two phone calls relating to the consultation, and these people had been easily placated. One of the respondents had been given a trial of the changes, and did not notice any difference. People would not be left with less than 125% of the Income Support levels.
(c) The volume of SGOs was increasing due to case law changes where the payments system was regularised in 2014, and there had been a drop in the numbers of children being put for adoption. However, there was still a new financial burden for KCC.
(d) Assessments were carried out three months after the order was first acquired, and annually thereafter, on the anniversary. Evidence of the person's financial situation was requested, and the person was duty bound to advise KCC of any changes, and if they did not, any overpayment could be recovered.
(e) It was anticipated that the number of SGOs would increase, but there were a number where there was no requirement on KCC to pay an allowance. If all of the proposed changes were implemented, there could be over £1 million of savings.
(f) Adoption Allowances were calculated using the same method as SGOs.
(g) A large number of people receiving SGOs were working people rather than pensioners.
(h) Options considered included deducting Child Benefit for those in receipt of an income of more than £50k, but consultation had not shown any clear leads.
(i) This was an area for challenge, but it would be benchmarked against good practice, and was designed to ensure it was robust against challenge.

2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Specialist Children's Services to review the means testing for Special Guardianship Order Allowances, Adoption Allowances and other related Allowances, and to delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer to undertake the necessary actions to implement the decision, be endorsed.

179. The Shared Accommodation Service for Children in Care and Care Leavers (16/00079)
(Item B3)

Ms K Sharp, Head of Public Health Commissioning and Ms K Mills, Commissioning Manager (Children's Centres), were in attendance for this item.

1. Ms Sharp and Ms Mills introduced the report, advising that the recommendation needed to be amended, extending the contract by 12 months to 28 February 2018, instead of 6 months, 31 August 2017. They responded to comments and questions from the Committee, as follows:

(a) Accommodation providers worked closely with KCC's 18+ service. Consultation regarding location appropriateness was carried out with the Police and Districts. The properties tended to be two or three bedroom houses, providing accommodation for a small number of young people in each location.
(b) They were working closely with the Property team, as they had a better understanding of the property available. The extension of existing contracts would allow more time to fully consider short and long term needs.
(c) All care leavers received financial support and bursaries, but did not receive support with University course fees, and would be required to use student loans the same as other young people. The issue of supporting vulnerable people's ambitions was something for the Corporate Parenting Panel to consider.
(d) This time next year, there would be over 1,000 care leavers, but the Property Team were assuring that there are enough properties available to fulfil needs. KCC had a responsibility to ensure all children were placed.
(e) Each child in care had a care plan which was reviewed regularly. A pathway plan was then devised when the child was approaching 16, taking into consideration education or employment needs and family connections. KCC had a duty to ensure care was focused on individual needs.
(f) There were a high number of care leavers across the county, which would bring issues, no matter how effective the service was.

2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Specialist Children's Services to re-award short-term interim contracts to deliver a Shared Accommodation Service for Children in Care and Care Leavers aged 16-21 from 1 March 2017 to 28 February 2018, and to delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer to implement the decision, be endorsed.

180. Working Together to Improve Outcomes: Kent Children and Young People's Framework 2016 - 2019 (16/00116)
(Item B4)

Mr T Wilson, Programme Director and Ms K Sharp, Head of Public Health Commissioning were in attendance for this item.

1. Mr Wilson introduced the report. Ms K Sharp then responded to comments and questions from the Committee, as follows:

(a) Each Local Children's Partnership Group (LCPG) had selected their priorities from a set of 17 indicators.

(b) Small pots of grant funding were available to be allocated through Local Children's Partnership Board, and the grant process had now opened, with a decision due early in 2017.
(c) It was recognised that there were wider funding disparities between areas, and the government was looking at reshaping the Free School Meals scheme.
(d) LCPGs had been set up in a way to focus partnership working in districts, preventing them from becoming 'talking shops'. The use of the dashboard and prioritisation was designed to track process, encouraging a link with and feedback from the groups. Partnership working was tricky, but the LCTPs seemed to be going in the right direction. Priorities varied between the different partners which was a fundamental issue.
(e) There were 12 LCPGs across the county, and each one was different.
(f) Members played an important role on the LCPG as they had a good understanding of the issues affecting local people.

2. Members agreed that it could be useful to have a local members' briefing where good examples of the LCPG, such as Canterbury and Tunbridge Wells, could be shared.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Specialist Children's Services to adopt "Working Together to Improve Outcomes: Kent Children and Young People's Framework 2016-2019", as Kent's partnership strategy for children and young people, be endorsed.

181. Early Help and Preventative Services
(Item C1)

Mr N Baker, Head of Service, 0-25 (East Kent) was in attendance for this item.

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

(a) It was likely that the changes to the Benefit Cap would have an impact on the number of referrals.
(b) It had taken a while for the Early Help process to imbed and gain traction. The quality of work had steadily improved.
(c) Targets set by the Government with regard to the Troubled Families Programme had vastly accelerated. Parameters had been extended, and it is anticipated that a high proportion of families supported through the Service would meet the parameters to count as a troubled family. The target was achievable, although very ambitious.

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

182. Action plans arising from Ofsted inspections
(Item C2)

Mr T Stevenson, Acting Head of Quality Assurance, was in attendance for this item.

1. Mr Stevenson introduced the report and responded to comments and questions from Committee Members, as follows:

(a) Newly qualified Social Workers were perhaps more likely to know how to set out a chronology. Some were still locked into doing the chronology in the way that they always had done. It was understood that if any case file did not have a chronology, it would not achieve a rating of good or above. There was a programme of work, which was regularly picked up by an auditor and subject to regular review.
(b) In terms of the Domestic Abuse tender, the breadth of the new Strategy would provide a comprehensive service. If the Single Inspection Framework inspection were to take place in November, an OFTED inspector was likely to be reassured by recognition of improvements needed, and the swift response to highlighted issues.
(c) There had been cases where authorities felt they had not been treated fairly in that OFSTED hadn't taken into account the pressures on them. OFSTED were aware of the issues affecting Kent, such as the number of UASC but it was difficult in that it was down to the individual Inspector's perception.

2. RESOLVED that the progress against action plans arising from OFSTED inspections be noted.

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

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

In response to a question from a Member, Mr Segurola advised that it could be beneficial for placement stability to include those children moving from home into a care environment while assessments were undertaken, and placed permanently within a 12 month period. However, there was some churn around adolescents, particularly around UASC, and it was a concern that resilience to hold placements was not being managed. Underlying factors were being looked at, to see what measures could be taken to improve this indicator.

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

184. Work Programme 2016/17
(Item D2)

RESOLVED that the Committee's work programme for 2016/17 be noted.

Motion to exclude the press and public

The Committee resolved that, under Section 100A of the Local Government Act 1972, the press and public be excluded from the meeting for the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act.

EXEMPT ITEM (Open Access to Minutes)

185. School Public Health Services - Contract awards - (16/00038a) exempt appendix to Item B1
(Item E1)

Ms K Sharp, Head of Public Health Commissioning, and Ms S Bennett, Consultant in Public Health, was in attendance for this item.

Ms Sharp introduced the item and invited comments from Members.

In debate, Members expressed concern at the recent track record of one of the bidders listed. Ms Sharp advised the committee that the procurement process included robust checks of bidders' financial stability and past performance, including case studies, and there was nothing at the time of submitting bids which would have precluded that company from taking part. As they had submitted a bid, the Council was legally obliged to consider their bid as part of the procurement process.

RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health to award contracts to the successful bidder(s) from those listed in the exempt appendix to the report, be endorsed.

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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 Wednesday, 9 November 2016.

PRESENT: Mrs A D Allen, MBE (Chairman), Mrs Z Wiltshire (Vice-Chairman), Ms H Carpenter, Mrs T Carpenter, Mrs P T Cole, Mr T Doran, Ms M Emptage (Substitute for Ms S Dunn), Mr M Heale (Substitute for Mr B Neaves), Mr A Heather, Mrs S Howes, Ms N Khosla, Mr G Lymer, Ms D Marsh, Ms C Mutton (Substitute for Ms S Dunstan), Mr P Segurola, Ms S Titchner (Substitute for Ms B Taylor), Mr M J Vye and Mrs J Whittle

IN ATTENDANCE: Mrs S Hammond (Assistant Director of Specialist Children's Services, West Kent), Mrs S Skinner (Head of Adoption Service), Ms Y Shah (Coram/Kent Partnership Project Manager) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

176. Motion to exclude the press and public for exempt business

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

EXEMPT ITEMS (OPEN ACCESS TO MINUTES)

177. The views of Young People in Care on post-Adoption support

(Item 1)

1. A party of five young people attended the meeting to tell the Panel about their experiences of being adopted and, with two of their adoptive parents – Debbie and David – and three members of staff – Rebecca, Clare and Lindsay, the services available to support children and families following adoption.

2. The young people gave an introduction about the range and type of work undertaken by Coram's 'Adoptables' team, including a drama group which had filmed productions to help with training in the issues facing young people going through adoption and the support they would like to have.

3. They then presented 'interviews' in which they asked each other about the benefits they had each gained from being part of the Adoptables group, how they wished to see it develop in the future and how they would promote the group to new members. BENEFITS included being able to talk to and network with other young people of the same age, who had experienced the same process, and being in an environment in which they felt safe and able to express their opinions about those experiences. FUTURE WISHES included expansion of the project to reach more young people.

4. They also spoke about their achievements as members of the group, including learning presentation skills as part of being in a theatre group, and the boost in confidence and self-esteem that this had brought. *A video clip of the theatre group was then shown to the Panel.*

5. Clare added that feedback from adoptive parents had emphasised the increase in confidence and self-esteem their adopted children had gained from being part of the Adoptables, as well as help to overcome their feeling of being 'different' from friends and classmates. Rebecca added that the group's drama productions had been a great success and had been very well received, and the young people involved said they had gained a sense of belonging by being in a group.

6. Debbie said the services Coram were now delivering were ones which she had been seeking since becoming an adoptive parent 15 years ago. She thanked Rebecca, Clare and Lindsay for their work and for the great support they gave to adoptive parents. Young people felt safe at Adoptables activities.

7. David added that being part of the Adoptables had been a positive experience for his daughter. As an adopted child, she had felt different from friends and classmates, and being part of the group and being able to share her experiences had helped her to build confidence, feel 'normal' and fit in. He added that having friendly and accessible staff working with adoptive parents made a big difference to parents' experiences. However, adoptive parents had to work with many different agencies, and finding their way through this could be difficult and confusing. He also placed on record his thanks to the adoption team for all their work and support.

8. Lindsay explained that the Adoptables were part of a national network of similar groups, in which the Kent group stood out as an example of best practice. She commended their work and said that good practice developed in one area would be shared with and spread to other areas of the country. The groups were started to address issues being faced by adopted children at school and to increase understanding among teachers and pupils of adopted status, increase awareness of 'non-standard' family set-ups and deal with how to broach questions about adoption. To achieve this, educational materials developed by the Adoptables had been included in PHSE lessons.

9. *A video clip of interviews with Adoptables 'Ambassadors' was then shown to the Panel.* This featured young people speaking about their experiences of being adopted and what they had gained from it, how they viewed their adopted status and what support they had received, and wished to receive. They also spoke about their experiences at school, how they presented their adoptive status among friends and classmates, and how many of their problems they had as young people were the same as those experienced by any young person. Managing adoptive status could become more complicated as young people grew older, but once friends knew and understood their status, the situation tended to become easier. They spoke about their status and how they felt about it, and what they would like other young people to understand about it. To be asked questions about being adopted was generally OK, but to have jokes made about it was not OK.

10. Lindsay added that the Adoptables had interviewed all young people who wished to take part and speak about their experiences, even if they did not want their

faces to be shown in the video, which some had not. She advised the Panel that the video was available to view on the Coram website, and offered to send a link to it to Panel members, via the Democratic Services Officer.

11. Clare and Rebecca spoke about their vision for the future of the Adoptables, to continue to benefit young people and help them to express their ideas and develop confidence. It had taken time to build up the Adoptables project and for it to bed in, working with Coram and the County Council's new Head of Adoption, Sarah Skinner, to increase engagement, make young people's voices part of the process and establish links to other young people's groups.

12. Lindsay added that the schools toolkit had been developed nationally, and included an element by which young people could develop learning programmes for adoptive parents. Young people's knowledge of social media and input into clear and engaging literature would help in raising awareness, and they would be directly involved in developing workshops and training materials. Other work included a social group, run with the Young Lives Foundation, which had added advocacy to the engagement role, increasing levels of participation by young people aged 7 – 12 and the development of an apprenticeship scheme.

13. Clare, Rebecca and Lindsay thanked the Panel for allowing them to attend with the party of young people to tell the Panel about their work.

14. The visitors then responded to comments and questions from the Panel, as follows:-

a) some children were more used to having school friends who were adopted and so accepted the idea more readily. Children would naturally compare and express curiosity about friends' families, and efforts to 'normalise' adoptive families and other set-ups, such as same-sex couples, could help children to accept them. However, many children had not come across adoption, so the toolkit for teachers would help to address questions asked by children at school;

b) Youth Advisory Groups (YAGs), which existed in each district of Kent, were suggested as another forum with which the Adoptables group could make useful connections to engage young people in care. It would also be useful to try to get some adopted children on to Youth Councils as ambassadors;

c) Mr Segurola asked the young people how good the County Council was at listening to them and was told that listening was 'pretty good' but that the process for providing a response was slow;

d) Rebecca explained that the schools toolkit had grown from young people's enthusiasm to tackle issues around approaching adoption status at school, and they had developed it themselves. David added that he would like to see greater awareness in the education system of the issues faced by adopted young people. The conference held by Coram at County Hall on 7 October, about adopted children and education, had been good, but still it was difficult to get many schools to engage with the subject, and there were some areas of the county in which the education system was simply not set up to support adoptive parents. The Chairman suggested that a

module on adoption could be included in teacher training courses, in the same way that it was in social work courses;

e) Debbie advised that all children in care, not just adopted ones, could experience challenges around attachment and trauma, with which they would need support, both at home and at school. She added that the Adoptables group was fantastic at helping adopted children to find a voice. It would be good to extend involvement to the NHS, to tackle issues around CAMHS;

f) a Panel member who served as a school governor commented that she had not previously known much about adoption. The schools toolkit would be excellent for raising awareness among governors and teaching staff and she requested that a link to it be sent to all local authority schools;

g) the young people who had attended today's Panel meeting were able to speak out and express their feelings, but many young people were not so able to express themselves in this way. It was suggested that more confident young people could mentor and encourage others to find their voice. Rebecca advised that a mentoring scheme among adopter parents was being developed but there was not yet one for young people. It was important to bear in mind that young people were at different stages in their journeys through the adoption process, and some may simply be more ready than others to engage and start to tackle issues;

h) Debbie advised that, as a result of the support received from being part of the Adoptables, her adopted son had built up sufficient confidence to take up an apprenticeship, for which he commuted to London every day. Two years ago this simply would not have been possible for him; and

i) concern was expressed that the videos shown to the Panel, being accessible on the Coram website, might place participants at risk of potential exploitation. Lindsay assured the Panel that anyone seeking to access the videos on the website would be required to register and state their purpose in wishing to view the films, and that access was carefully monitored. In that way, the site operators would know who had access to it and for what purpose, and had contact details for all those who had requested access. Every young person involved in making the films had consented to share them.

15. The Chairman thanked the visitors for attending and said it would be helpful to see them again in perhaps a few months' or a year's time to see how they were getting on.

UNRESTRICTED ITEMS

178. Membership

The Panel noted that Louise Fisher had taken over the role of Strategic Lead for Youth Justice from Stuart Collins and had replaced him as a member of the Panel.

179. Apologies and substitutes
(Item A1)

Apologies for absence had been received from Sue Dunn, Sophia Dunstan, Louise Fisher, Stuart Griffiths, Bethan Haskins, Carolyn Moody, Peter Oakford, Bob Neaves, Gemma O'Grady and Bella Taylor.

Martyn Heale was present as a substitute for Bob Neaves.

180. Minutes
(Item A2)

RESOLVED that the minutes of the Panel's meeting held on 23 September 2016 are correctly recorded and they be signed by the Chairman. There were no matters arising.

181. Chairman's Announcements
(Item A3)

1. The Chairman commented that the preceding session with young people had been both enjoyable and very useful. She suggested that it be repeated regularly with the same or a similar group of adopted young people and adopters so the Panel could see how those involved were getting on and how the issues they had raised were being dealt with. Participation in such meetings was a useful thing for a young person to be able to include on their CV, and the Chairman undertook to write to them for this purpose.

2. The Chairman also announced that one of the foster carers on the Panel, Carolyn Moody and her husband Derek had won a national award for their work as permanency carers. The Panel congratulated them and the Chairman undertook to write to them on behalf of the Panel. *A letter was subsequently sent by the Chairman of the County Council.*

182. Verbal Update from Our Children and Young People's Council (OCYPC)
(Item A4)

1. Ms Titchner and Ms Mutton gave a verbal update on recent work undertaken by the participation team on behalf of the Children in Care Councils (CICCs), the Super Council and Young Adult Council (YAC). *The text of the update is appended to these minutes.*

2. In response to a question about the suggestion that young people in care be given a free provisional driving licence when they reached 17, Ms Titchner explained that this had not been the subject of a challenge card but was something that young people felt would be useful to have as proof of identity and address. This would be easier than carrying a passport around with them, which would be more difficult and more expensive to replace if lost.

183. Verbal Update by Cabinet Member
(Item A5)

In the absence of the Cabinet Member, Mr Segurola reported that the Leader of the County Council, Paul Carter, had attended a very good meeting of the Young Adult Council (YAC) in October, at which young people had been very vocal in expressing their opinions to him. The issue of unaccompanied asylum seeking children (UASC) had also been discussed.

184. Kent/Coram Partnership Report - Post-Adoption Support Team
(Item B1)

1. Ms Shah introduced the report, which covered the partnership's first year's work, and highlighted key events and plans for future work. Ms Shah, Mrs Skinner and Ms Khosla responded to comments and questions from the Panel, as follows:-

a) the children and young people's participation group was seeking to increase its membership and range of activities and the plan was for a group for young adopted children to be established in the new year.

b) the progress made in a very few years was warmly welcomed. Mr Segurola added that Kent's adoption service had benefitted greatly from Coram's involvement;

c) the number of adopter-mentors was currently 14. Their role was to give short-term support to new adopters and act as a sounding board for any problems or concerns that adopters did not feel able to, or wish to, share with their social worker. This scheme had much support from social workers;

d) demand for new post-adoption therapeutic and social work services had grown rapidly. However, as the adoption support fund was recently limited to £5,000 per child, its use in purchasing such services for a child was very limited. It was hoped that the £5,000 cap would not be reduced in the 2017-18 financial year. Ms Shah advised that charges for therapeutic assessments and interventions varied greatly. Ms H Carpenter advised that the health service did not pay the highest rates and offered to provide any Panel member who wished it with details of the rates paid; and

e) it was clarified that the Cabinet Member for Specialist Children's Services, Peter Oakford, was a member of the Adoption Improvement Partnership Group, which looked at the strategic development of adoption services. The Adoption Advisory Board was composed of adopters only. A view was expressed that elected County Councillors should have first-hand involvement, wherever possible, in the development of the County Council's adoption services.

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

185. Kent Clinical Commissioning Groups update report on the Health of Looked After Children
(Item B2)

1. Ms H Carpenter introduced the report and responded to comments and questions from the Panel, as follows:-

a) completion of health assessments for children coming into care, and the health services they received whilst in care, were both subjects about which the Panel had been concerned in the past and wished to see reviewed, and the information set out in the report about the improved delivery of these services was welcomed;

b) it was confirmed that the information about health services was publicly available and it was suggested that links to it could be shared on social media;

c) there was a good working relationship between the NHS and the Police, in the context of young people experiencing mental health problems and possibly displaying anti-social behaviour as a result, but a view was expressed that this could be given a higher profile in the report. The new Police and Crime Commissioner had highlighted young people's mental health issues as one of his main concerns; and

d) the Corporate Parenting Panel had long championed the provision of good mental health services for children and young people via CAMHS, and had received regular reports in the past, particularly about waiting times across the county. Ms Carpenter assured the Panel that the service was closely monitored to see that target times were being met. She confirmed that waiting time targets were being met in most CCG areas and that a new specification for the service would be applied from September 2017. She undertook to respond outside the meeting to a specific query about waiting lists in Thanet. Mr Segurola added that the County Council intended to further strengthen CAMHS for children in care in its future commissioning. It would be possible to give more detail on latest work in future reports to the Panel, *and an item would be added to the Panel's work programme for a future meeting.*

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

186. Unaccompanied Asylum Seeking Children (UASC) - update report
(Item B3)

1. Mrs Hammond introduced the report and updated the Panel on activity since the issue had last been reported to the Panel in September:

- social workers from Kent were currently in France, assisting French authorities to place the children from the Calais 'jungle'.
- since the start of the National Transfer Scheme (NTS) in July 2016, 117 of the 152 UASC who had arrived in Kent since July had been moved on to other local authorities in the UK.
- the County Council would continue to lobby the Home Office about the challenges of coping with large numbers of UASC and the inadequacy of government funding to cover the demands of caring for them, particularly

those over 18, for which funding did not cover the costs of providing leaving care services.

- an ongoing challenge for UASC in Kent was access to suitable school and college courses, including English as a Second Language (ESOL).

2. Mrs Hammond and Mr Segurola responded to comments and questions from the Panel, as follows:-

a) Kent would have the costs of placing four social workers and two team managers in France refunded by the Home Office. This work had been progressing well and was helping the County Council's relationship with the Home Office, which now seemed to be understanding the challenge facing Kent and the legacy of long-standing UASC cases upon which the NTS would have no impact;

b) it was confirmed that the staff in France were from the central UASC service which has been set up in 2015. Their absence from their usual posts in Kent would not impact on the support and services available to Kent's own children in care and those facing the challenges of leaving care, which continue to be a struggle for young people and the foster carers supporting them;

a) the central UASC team had been set up to support and look after the high numbers of unaccompanied children who entered Kent's care last year, who would otherwise have been supported by the mainstream children in care services (already looking after 1,400 children in care from across the county). As the majority of UASC who entered Kent's care in 2015 were older teenagers, and were now passing their 18th birthdays and becoming eligible for leaving care services, the County Council was seeing the impact on the 18plus service. The number of UASC care leavers was gradually increasing from a baseline of 300 to the present 600, and would reach 1,000 by the end of 2017. The structure and capacity of the 18plus service was being reviewed to meet this increased demand, to avoid detriment to Kent's citizen care leavers;

c) if all local authorities in England, except London Boroughs, were to take a share of UASC so that no one local authority had more than the Home Office's calculated minimum of 0.07% of the population, there should be places for 11,000 UASC. However, currently only 4,000 UASC had been placed out of Kent;

d) concern was expressed about the County Council's scope to support care leavers wishing to continue their education at university, in terms of helping them to pay fees or find accommodation; and

e) more detail was requested of the number of UASC over 16 in education or training, and Mrs Hammond undertook to provide this information to the Panel via the Democratic Services Officer.

3. The Chairman thanked Mrs Hammond and her team for their work in the pressured and trying field they worked in and acknowledged the much extra work they undertook to help and support UASC arriving in Kent.

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

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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
Date:	11th January 2017
Subject:	Young People's Substance Misuse Services – Contract Extension
Classification:	Unrestricted
Past Pathway of Paper:	This is the first committee to consider this paper.
Future Pathway of Paper:	Cabinet Member Decision – 16/00144
Electoral Division:	All

Summary

The contract for the Kent Young Persons' Substance Misuse Service is due for renewal in March 2017. The service is performing well and, under the terms of the contract, can be extended to run until December 2017. A recently completed needs assessment highlights that there is an on-going need for specialist support for young people and their families, especially for the most vulnerable.

During 2017/18, Public Health will develop a new service specification and start a competitive procurement process in order to have a new service in place from January 2018. The funding needed for the contract extension is already identified and included within the 2017/18 Public Health budget. The longer-term risks associated with budget and service capability will be managed through effective commissioning of the service throughout the period of the contract extension and development of the new service.

Recommendations

NOTE the summary of the Kent Children and Young People's Needs Assessment and performance of the current substance misuse service; and

Either **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member for Adult Social Care and Public Health on:

i) The proposed decision to extend the contract for the Kent Young Persons' Substance Misuse Service until December 2017

ii) The proposed commissioning approach to procure a new contract during 2017/18

1. Introduction

1.1. This paper presents an overview of the Kent Young Person's Substance Misuse Service and seeks the Committee's endorsement of a proposed decision to invoke the extension clause within the current contract which allows it to be extended for nine months, and to run a competitive procurement process in 2017/18.

2. Background

2.1. As part of its responsibilities for public health, KCC commissions a specialist Young Person's Substance Misuse Service to reduce the harm caused by drugs and alcohol and to improve the health and wellbeing of children and young people in Kent.

2.2. The service was competitively tendered in 2012 and is currently delivered by the health and substance misuse charity, Addaction (previously known as KCA). The current term of the contract comes to an end in March 2017 but includes provision for the contract to be extended to 31st December 2017, subject to satisfactory performance.

3. Performance

3.1. The Service provides a wide range of support including:

- targeted early intervention for vulnerable young people most at risk of substance misuse
- a specialist programme, known as RisKit, designed to help young people address a range of risk-taking behaviours
- specialist substance misuse interventions / treatment for young people with more problematic substance misuse problems. This includes close links with Youth Offending Teams and Specialist Children's Services.

3.2. The service has performed well since the contract was awarded in 2012/13:

- The number of young people accessing specialist services in the community increased from 333 in 2012/13 to 357 in 2015/16
- Waiting times are shorter than the national average with all young people being seen within 3 weeks of referral
- 92% of young people leaving treatment in 2015/16 completed in a care-planned way. This is consistently higher than the national average (87% in 2014/15) even though treatment episodes are, on average, shorter in Kent.

4. Current and Future Needs

4.1. KCC Public Health recently completed a young people's substance misuse needs assessment (summarised below) which can now be used to inform the future commissioning plans for the service

Needs Assessment Summary:

Levels of drug–taking and alcohol consumption among 11-15 year olds have been declining in recent years. This reflects the downward trend in the alcohol–related hospital admissions for young people under 18.

Whilst these are welcome trends, it is clear that substance misuse still presents a significant health risk for children and young people in Kent. For example:

- One-in-four deaths amongst 16-24 year olds are related to alcohol

- Children who drink are at a greater risk of brain damage and at greater risk of developing problems with alcohol in later life including dependency

- More than 9,000 children in Kent are estimated to be 'at risk' and particularly vulnerable to drug or alcohol misuse

- Young people who live in the most deprived areas are more likely to drink alcohol, drink at an earlier age, and to drink to excess.

4.2. The needs assessment concludes that further work is needed to improve the health and wellbeing of young people and ensure that they have the right level of support.

5. Commissioning Approach

5.1. The needs assessment includes a number of recommendations and highlights areas for further development to ensure that the service is even more responsive to the changing needs of young people and families in Kent and more effectively targeted at the most vulnerable.

5.2. It will be critical to ensure that the service is closely aligned with wider developments across children's services in Kent. In particular, the specialist substance misuse service will need to complement and support KCC's Early Help service offer, Youth Offending Teams and Specialist Children's Services.

5.3. During the remaining nine months of the contract, KCC Public Health will:

- **develop and consult on a new service specification by May 2017** – the specification will take account of the recommendations of the needs assessment and any wider changes across the system

- **start the procurement process by June 2017** – this will enable the new contract to be awarded by September and a service in place from 1st January 2018.

6. Financial Implications

6.1. The Kent Young People's Substance Misuse Service is funded from the Public Health grant and a contribution from the Kent Police and Crime Commissioner. The contract value for 2016/17 is £854,000, although commissioners will be seeking to secure an efficiency saving as part of the contract extension. The maximum value of the nine-month extension is therefore £640,500.

6.2. The budget for the new contract from January 2018 onwards will need to be determined through the Public Health business planning and budgeting process and will help to shape the service specification and design.

6.3. The exact value of a new contract will be determined through the tendering process. There is a competitive market for substance misuse service contracts which will help to ensure that KCC secures best value for money.

7. Risks

7.1. The risks associated with extending the current contracts are low. The service is performing well against national benchmarks and provides good value for money. The contract includes provision to extend up to December 2017.

7.2. In the longer term, there is a risk that there will not be sufficient funding or provider capability to meet the changing needs of young people and families in Kent. These risks will be managed by carefully shaping and costing the specification for the new service and feeding this in to the Public Health business planning and budgeting process.

7.3. The risk of lack of market interest or capability will be managed by engaging with and consulting potential service providers to stimulate the market and seek views on how the service should be specified and designed to reduce substance misuse and deliver better outcomes for young people in the most cost-effective way.

8. Conclusion

8.1. KCC Public Health commission the Kent Young Persons' Substance Misuse Service to reduce the harm caused by drugs and alcohol and to improve outcomes for children and young people. The service is currently delivered by the charity, Addaction through a contract that was tendered in 2012/13. The contract is performing well and includes a provision to extend up to December 2017, subject to satisfactory performance.

8.2. Public Health has recently completed a needs assessment. This highlights that drug and alcohol misuse among people has been declining in recent years but that substance misuse remains an important health concern. There is an on-going need for specialist support for young people and their families, especially for those who are more vulnerable and at risk of more problematic substance misuse problems.

8.3. The nine-month contract extension will provide time to develop a new service specification by April 2017 and start a competitive procurement process in the summer. This will allow contracts to be awarded by September and a new service in place from January 2018.

8.4. The funding needed for the contract extension is already identified and included within the 2017/18 Public Health budget. The longer-term risks associated with budget and service capability will be managed through effective commissioning of the service throughout the period of the contract extension and development of the new service.

9. Recommendations

Recommendation: Members of the Committee are asked to:

NOTE the summary of the Kent Children and Young People's Needs Assessment and performance of the current substance misuse service; and

Either **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member for Adult Social Care and Public Health on:

i) The proposed decision to extend the contract for the Kent Young Persons' Substance Misuse Service until December 2017

ii) The proposed commissioning approach to procure a new contract during 2017/18.

Background Documents:

Drug and Alcohol Needs Assessment for Children and Young People in Kent, June 2016. Available at: http://www.kpho.org.uk/health-intelligence/lifestyle/drugs-and-substance-misuse#tab1

Report Authors:

Karen Sharp, Head of Public Health Commissioning
03000 416668
Karen.Sharp@kent.gov.uk

Jess Mookherjee, Consultant in Public Health
03000 416493
jessica.mookherjee@kent.gov.uk

Relevant Director

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

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care & Public Health	16/00144

For publication

Subject: Young People's Substance Misuse Services – Contract Extension

Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to agree to invoke the nine month contract extension option within the Young People's Substance Misuse Service contract (provided by Addaction), to enable it to run until 31st December 2017.

Reason(s) for decision:
Financial

Cabinet Committee recommendations and other consultation:

The Children's Social Care and Health Cabinet Committee will discuss the matter at its meeting of 11th January 2017

Any alternatives considered:

An earlier competitive tendering process was considered, but, for the reasons outlined in the accompanying recommendation report, this was not followed.

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

.....
signed

.....
date

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From:	Peter Oakford, Cabinet Member for Specialist Children's Services Graham Gibbens, Cabinet Member for Adult Social Care and Public Health Andrew Ireland, Corporate Director of Social Care Health and Wellbeing
To:	Children's Social Care and Health Cabinet Committee – 11 January 2017
Subject:	**LIFESPAN PATHWAY UPDATE**
Classification:	Unrestricted
Past Pathway of Paper:	Social Care Health and Wellbeing Directorate Management Team
Future Pathway of Paper:	None
Electoral Division:	All

Summary: This paper provides Members of the Children's Social Care and Health Cabinet Committee with an update on the developments relating to transition arrangements for disabled young people and the progress made implementing the Lifespan Pathway for young people with disabilities.

Recommendation(s): The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the content of the report and **SUPPORT** the on-going Lifespan Pathway work.

1. Introduction

1.1 Previous reports have been presented to the Children's Social Care and Health Cabinet Committee (21 April 2015 and 16 January 2014) relating to the developments for transition arrangements for disabled young people. This paper provides an update to the Committee on the progress of the work undertaken since it was previously reported and is intended to build on these reports rather than repeating the background information contained in them.

1.2 The Disabled Children's Service became part of the new Disabled Children, Adults Learning Disability and Mental Health Division (DCALDMH) within the Social Care, and Health and Wellbeing Directorate on 1 April 2015.

1.3 A programme was established in April 2015 to look at the pathway for children, young people and adults with a disability to improve the transition points for all individuals:

- 0-25 Disabled Children and Young People Service
- 26+ Adults Community Learning Disability Teams

2. Financial Implications

2.1 This programme is being delivered within current resources and is ensuring that a service is developed that is value for money whilst delivering the outcomes and improvements required from the DCALDMH Transformation Programme.

3. Policy Framework and Policy Context Increasing Opportunities, Improving Outcomes

3.1 The Lifespan Pathway supports:

3.1.1 Strategic Outcome 1: We want children and young people in Kent to get the best start in life. It further supports the supporting outcomes:

- We keep vulnerable families out of crisis and more children and young people out of KCC care
- Children and young people have better physical and mental health
- All children and young people are engaged, thrive and achieve their potential through academic and vocational education
- Kent young people are confident and ambitious with choices and access to work, education and training opportunities; and

3.1.2 Strategic Outcome 3: Older and vulnerable residents are safe and supported with choices to live independently. It further supports the supporting outcomes:

- Families and cares of vulnerable people have access to the advice, information and support they need
- Vulnerable residents feel socially included
- Residents have greater control over the health and social care services that they receive

3.2 **The Children and Families Act 2014** requires Local Authorities and Health Services to plan services for children and young people 0-25. The Care Act 2014 has a focus on improving transition for young people prior to becoming an adult.

3.3 **The Strategy for Children and Young People with Special Educational Needs and Disabilities (2013 -2016)** focuses on the need to improve outcomes for young people with a disability including transition to adulthood. Deliver greater local integration and co-ordination of education, health and care services and plans for children and families in Kent ensuring this is extended to young people aged 25 and promote positive and seamless transitions at all stages between the ages of 0-25.

3.4 **Transition** should also be seen in the context of the transformation agenda to ensure a streamlined commissioning framework across children and adult services and enable a consistent practice that is person centred and encourages independence. For some young people a successful transition and the support to develop independence skills can reduce longer term dependency on long term services.

4. Developing the Lifespan Pathway

4.1 Assessment Phase

4.1.1 Current team structures create a transfer point at age 18, with a range of destinations into adult teams but an inconsistent offer of support during this time.

4.1.2 From April 2015, an assessment process started to look at how to integrate services to deliver a seamless continuity of support for children, young people and adults with a disability, providing more joint service delivery and commissioning opportunities.

4.1.3 Other Local Authority models of transition were researched and lessons learnt. The purpose of the assessment phase was to understand the strengths and challenges for young people moving through transition and future proposals to improve the process.

4.2 Design Phase

4.2.1 Local teams and parent consortiums were visited and workshops were held to understand the current pathway and the transition to adult services.

4.2.2 Parents wanted more appropriate information earlier; understanding services earlier to support the planning process before the young person reached the age of 18. Parents and carers were in favour of the proposed 0-25 service and wanted positive transitions at all key stages, especially a more successful transition to adult life. Parents agreed that the proposed 16-25 transition teams would help young people achieve their ambitions and would improve outcomes.

4.2.3 Design workshops used detailed customer journeys to define a radically different pathway and from April 2017 we are recommissioning with our partners to make the new pathway a reality.

4.2.4 The following design principles were agreed:

Principles	Outcome
Lifespan Pathway to have the same boundaries across all teams in the pathway	0-15, 16-25 & 26+ teams have been designed with the same boundaries OT boundaries different – see proposal
Boundaries to be CCG aligned where possible	1. WK 3. Ashford & Canterbury& Coastal 2. DGS&S 4. South Kent Coast & Thanet
Equitable caseloads across the pathway; dependant on active : less active cases	0-15 teams; 30 caseload (20:10) 16-25 teams: 40 caseload (30:10) 26+ teams: 40 caseload (30:10)
Entry Point to transition service 16 with a flexible exit point	Entry point 16 Exit point 26+ birthday (difficult to plan budget; resources with a flexible exit point)
Co-location of 0-15, 16-25, 26+ where possible	See accommodation strategy
Ensure least disruption to partnership working	Proposed structures have been shared with health partners to discuss having same boundaries
Continue to provide a SG function work 18+	SG function to be hosted in 26+ teams and in reach to 18-25 SG alerts in 16-25 team
New service to be delivered within current cash limit	staffing costs for new structure are within cash limit (see costing)

4.3 What will be different in the new Lifespan Pathway?

4.3.1 **A new Lifespan Pathway Service**: there will be a new 0-25 Service, with four Disabled Children's Teams across the county working with children aged between 0-15. In addition there will be four Young People's teams working with young people aged between 16-25. Young people with complex physical disabilities will also be included within new teams. The new pathway will remove artificial transition points and ensure a smooth pathway through services from young people services into adulthood (26+). A specialist team will mean young people will become more settled before entering adult services.

4.3.2 The Adult Community Learning Disability Service will meet the needs for adults with a learning disability and / or physical disability aged 26+. There will be four teams across the county that will work with adults to ensure they achieve positive outcomes and lead to improved independence. These teams will be integrated with Health and in-reach to the 16-25 Young People's teams.

4.3.3 **In-House Provision**: We previously had a separate children and adults in-house service which we have developed into all age in-house provision units that provides a range of support to children, young people and adults; including Short breaks, Day Services, Kent Enablement and Recovery Service, Kent Pathways Service, Independent Living Service and Shared Lives. The service is currently undergoing an assessment to determine future requirements to meet the needs of the Lifespan Pathway and gaps within the market.

4.3.4 **Short Breaks**: There has been significant improvement in the support available for parents of disabled children through the short breaks programme and the

development of the Multi-Agency Specialist Hubs and the Early Support Programme which has improved the coordination of services for many families and provided them with more effective support. Parents had remarked about the difference in the services provided for Short Breaks between children's and adults – on their 18th birthday they receive a totally different offer. As a result of this the short break offer has been re-designed so that the pathway and the commissioning of more flexible services for young people promotes access to services to ensure young people's needs are met.

4.3.5 There will now be a countywide accommodation short breaks service for those aged 16 and above with disabilities and additional complex needs. The countywide service will be for 6 adult short break units – 4 KCC and 2 external providers. These will be invested in to give modern facilities like our 5 children's short break units. The children's and adults short break service will work closely together, meaning a smooth transition between services.

4.3.6 **Systems**: The programme will have the potential of having one system for the 0-25 pathway services. Initial scoping has taken place to understand the business processes required for the 16-25 pathway and a business case for using Liberi (the Specialist Children's Services Management Information System) for the 0-25 pathway has been taken to Project Advisory Group (PAG). Building and testing the extended system will take place during spring 2017.

4.3.7 **Commissioning:** as part of the development of the new Lifespan Pathway a commissioning strategy is being developed that will meet the needs of people with a disability throughout their lifespan with a particular focus on the 0-25 pathway and linking in with the Learning Disability Integrated Commissioning Project which will result in services being commissioned beyond a person's 18th birthday.

4.3.8 **Partners**: Kent Community Hospital Foundation Trust (KCHFT), Kent and Medway Partnership Trust and the Council already operate as integrated teams for people with a learning disability (Community Learning Disability Teams) aged 18+. As part of the Lifespan Pathway development, KCHFT are reviewing their operational boundaries so as to align with the Clinical Commissioning Group (CCG) boundaries. KCHFT is formally consulting with their staff about these changes; it is anticipated the changes will take place in April 2017 to align with the implementation of the new structures within the Council. Further work will need to be explored about how the NHS delivers a service to children and young adults and the impact on transition.

5. Legal Implications

5.1 The Children and Families Act 2014 and The Care Act 2014 both have a focus on improving transition to young people becoming an adult. The establishment of the new 0-25 Pathway and in particular the 16-25 teams will ensure this happens.

6. Equality Implications

6.1 The Equalities Impact Assessment undertaken, and attached as Appendix 1, identified positive impacts for young people and their families preparing to transition to adulthood by providing the clarity required for young people with the most complex disabilities as they transition through the proposed 16-25 pathway and through to the adult teams.

6.2 There is service user engagement planned to ensure appropriate communication to mitigate against the potential for disabled service users and their families being confused about any changes to their workers and teams, particularly for those aged 16-25 if there is a transfer into a new team. This engagement will ensure they are aware of how any changes will affect them. Information for service users and their families is supported by documents available in EasyRead. An example of this is included as Appendix 2.

6.3 As part of the change to team structures there may be some changes to the occupation of offices across the county. This is being planned with property colleagues to ensure a smooth transition at the commencement of the new service in April 2017.

7. Conclusions

7.1 The Lifespan Pathway will bring about the following benefits:

- The outcomes for children, young people and adults will improve
- Improved transition for young people moving into adult services, removing some of the duplication of assessment as a young person moves through each phase
- Families will have a better experience of transition due to a smoother pathway with fewer changes at significant points in a young person's life
- Young people and their carers remain with the same team
- There will be additional support to families to avoid crisis
- The Lifespan pathway will support transformation and families in crisis which will result in appropriate long term care
- Information, advice and guidance about services available will be provided earlier in a young person's life
- Working with families and individuals to develop the right services at the right time
- Commissioning appropriate integrated services at the earlier age of 16
- More young people will be supported into work and apprenticeships through improved education advice and support at key stages
- Young Person's team (16-25) will have expertise and knowledge of adult services

7.2 The Lifespan Pathway will start from the 1 April 2017.

8. Recommendation(s)

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

9. Background Documents

None

10. Contact details

Report Author
Laura Robinson
Lifespan Pathway Project Manager
03000 415473
Laura.robinson@kent.gov.uk

Relevant Director
Penny Southern
Director Disabled Children, Adults Learning Disability and Mental Health
03000 415505
Penny.southern@kent.gov.uk

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KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)

This document is available in other formats, Please contact ……@Kent.gov.uk or telephone on ……

You need to start your Equality Analysis and data collection when you start to create or change any policy, procedure project or service

When developing high-level strategies under which other policies will sit, if those policies are jointly owned by KCC and partner organisations, they will need to take the partnership approach to EqIAs,

Please read the EqIA GUIDANCE and the EqIA flow chart available on KNet.

Directorate: Social Care, Health and Wellbeing

Name of policy, procedure, project or service

Lifespan Pathway Programme

Creating a lifespan pathway for children and adults with complex Learning Disability and Physical Disability needs and changing teams to work with clients aged 0-15, 16-25, 26+.

Responsible Owner/ Senior Officer

Penny Southern

Date of Initial Screening
April 2016

Version	*Author*	*Date*	*Comment*
1	*Rosemary Henn-Macrae*	*26.4.16*	

Screening Grid

haracteristic	Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age	NO	High	Low		Earlier engagement of disabled young people and their families to prepare for transition to adulthood
Disability	NO	High	Low	a) Ensure service users and their families are aware if there are changes to their worker/team and how to contact them.	Improved transition support for young people with complex physical disabilities
Gender	NO				N/A
Gender identity	NO				N/A
Race	NO				N/A
Religion or belief	NO				N/A
Sexual orientation	NO				N/A
Pregnancy and maternity	NO				N/A
Marriage and Civil Partnerships	NO				N/A
Carer's responsibilities	NO	Medium	Low		Work with parent carers to prepare for their son or daughter's transition to adulthood and also to meet their needs under the Care Act.

Part 1: INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid what weighting would you ascribe to this function – see Risk Matrix

Low	Medium	High
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a Judgement.	High relevance to equality, /likely to have adverse impact on protected groups

State rating & reasons
The overall impact is Low, as the changes to the service should have a positive impact for disabled young people and their families.

Context

The Children and Families Act 2014 requires Local Authorities and Health Services to plan services for children and young people 0-25. The Care Act 2014 has a focus on improving transition for young people prior to becoming an adult.

The Multi-Agency SEND Strategy in Kent focuses on the need to improve outcomes for young disabled people including transition to adulthood. Current team structures create a transfer point at age 18, with a range of destinations into adult teams but an inconsistent offer of support during this time and outcomes for the young people.

Aims and Objectives

- By creating teams that focus on the transition stage of 16-25 for young people with complex Learning or Physical disabilities, the plan is to smooth the transition from childhood to adulthood, working with young people and their families to achieve the best possible outcomes for them, including access to education, training or work and no major change of worker or team at age 18.

- The planned transfer of cases from the Disabled Children teams 0-15 to the transition teams 16-25 and the transfer to the Adult teams at 26 will be a transfer of worker and responsibility and will not require major changes in re-assessment or provision of services.

- It is hoped that a creative approach to planning for young people aged 16-25 will give time to work with them and their families and enable them to become as independent as possible, reducing the demand for residential care and high-end cost services.

- Enabling young people with complex physical disabilities to transfer to the 16-25 teams will provide a more equitable service with young people with a Learning Disability.

Beneficiaries

- Young disabled people and their families.

Information and Data

Demographic information on current and projected population. Detailed caseload and case weighting analysis in Disabled Children teams,Community LD and Adult PD.Alignment to CCGs and Special Schools

Involvement and Engagement

Engagement with parents and multi-agency colleagues, through face to face meetings and telephone consultations. All staff affected have been engaged in the consultation process through workshops, team meetings, published information and have shaped the proposals. The trade unions have also been consulted.

Potential Impact

Positive impact expected for young people and their families preparing to transition to adulthood. Clarity on the transition teams working with young people with the most complex disabilities and continuing on that pathway to the Adult teams.

Adverse Impact:

Full consultation with staff and trade unions will be carried out and opportunity to modify/improve the proposals before final implementation.

Positive Impact:

As above, for young people and their families.

For staff an opportunity to create a more seamless service for young people aged 16-25.

JUDGEMENT

Option 2 – Internal Action Required YES

There is potential for disabled service users and their families to be confused about the changes to their workers and teams, particularly for those aged 16-25 if there is a transfer, so a process of engagement to ensure they are aware of how any change will affect them will be carried out in the time immediately

before any change is made. This will include any new contact details for their worker/team.

Action Plan
A plan of service user engagement will be drawn up, with times included once the timeline of any change is clear and agreed. This will be shared with multi-agency partners who also need to know about changes to the service delivery to disabled people.

Monitoring and Review
Fortnightly update meetings are held for the Lifespan Pathway programme and the action plan will be monitored through these meetings and any changes made as required before the service changes are implemented.

Equality and Diversity Team Comments
The Equality and Diversity Team to make any comments following their review.

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer

Signed: Name: Rosemary Henn-MacRae

Job Title: Date: 1ST June 2016

DMT Member

Signed: Name: Penny Southern

Job Title: Date: 1st June 2016

Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Disability	**Ensure service users and their families are aware of any changes to their worker/team.**	**Provide clear information about any changes, both in writing and in person, through face to face engagement or telephone contact. Engage the support of the EasyRead expert in KCC.**	**Service users and their families are clear about who their worker is, where they are based and how to contact them.**	**Mark Walker & Chris Beaney – Business Change Managers**	**In the month leading up to the changes**	**Minimal – written communications.**

KCC Lifespan Pathway

Changing the way we work to improve Transition from Children's Services to Adult Services

2016

Penny Southern, Director, Kent County Council
Social Care Health and Wellbeing

What is the Lifespan Pathway?

The ‘lifespan pathway’ is a way to describe how people move from one service to another as they grow up and get older.

Some people might need to carry on with a service, while other people will be able to be independent.

Current Pathway

Disabled Children Service 0 - 18

Learning and physical disabilities

Transition

Physical disabilities

Older People and Physical Disabilities **18+**

Learning disabilities

Community Learning Disability Team **18+**

Future Pathway

Disabled Children Service 0 - 15

Learning and physical disabilities

NEW TEAM

Young People's Team 16-25 Years

Learning and physical disabilities

NEW TEAM

Adults Complex Disability Team 26+ Years

Learning and physical disabilities

- Become an adult
- Leave school/college
- Move home
- Get a job
- Become settled

0-25 Service

The Care Act and the Children and Families Act want us to plan 0-25 and especially smooth the transition at age 18.

So we will have a new 0-25 Service with:

- 4 Disabled Children teams across the county, 0-15
- 4 Young People's teams, 16-25

Adults Complex Disability Team 26+ Years

Learning and physical disabilities

- And a continuing Adult Service
- 4 Adults with complex disabilities teams
- Young people with complex physical disabilities will be included in the new teams
- An all age In House provision Unit

Overnight Short Breaks

- We are also changing our overnight short breaks
- The children's short break buildings have been updated. They are more modern than our adult short break buildings.
- We want to make our adult short break buildings as good as the children's short break buildings.
- We have been working hard to give more choices for a short break.

Choices Available

- **Shared Lives Scheme**
- **Direct Payments**
- **Carer's short break service**
- **Local Care Homes**
- **Moving from children's to adult's overnight short breaks –** Young people can stay in the Children's short break service longer if this meets their needs
- **Moving to adults** short breaks earlier

Why are we doing it?

- To improve transition for young people moving into adult services

- Family have a better experience of transition

- Better outcomes for people

- Reduce residential placements

- Better placements for young people

- Help young people into work and apprenticeships.

When are we doing it?

Planning to make sure it is just right

October 2015 to March 2016

Putting it all in place

April to October 2016

When we would like it to start

1 April 2017

Shared Lives

The Shared Lives Service is about people sharing family life with a Shared Lives Host in the family's home.

This could be for:

- A few hours
- Overnight
- A weekend
- Longer-term placements

You may have heard of Shared Lives under its previous name - 'The Adult Placement Scheme'.

A Shared Lives success story

Suzy is a lady with a learning disability .

She has moved in with Shared Lives Host Maria, Kevin, their 2 dogs and a cat.

Suzy used to have trips and falls. But now walks with Maria and her 2 dogs daily.

This has given her more confidence and is able to walk much further and no longer trips.

Suzy enjoys cooking with Maria and helps prepare dinner. This has given her a sense of achievement

Kent Pathways Service

https://www.youtube.com/watch?v=G-qmo4LMSJU

More information

The Local Offer is on Kent's website. It has information about children and adult services:

- Local activities
- Supported housing
- Work and apprenticeships
- Advocacy
- How to get support

More information

- Go on the internet to the Kent Learning Disability Partnership Board website: www.kentldpb.org.uk

The partnership board has meetings to talk about issues affecting people with learning disabilities.

They check that things are being done to make lives better for people with learning disabilities.

Why not come along to one of their meetings?

- Other information is on the Kent County Council Website at: www.kent.gov.uk/learningdisability

Any questions?

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 & Health Cabinet Committee - 11 January 2017
Subject:	**SPECIALIST CHILDREN'S SERVICES PERFORMANCE SCORECARD**
Classification:	Unrestricted
Previous Pathway of paper:	None
Future pathway of paper:	None
Electoral Divisions:	All

Summary: The Specialist Children's Service performance scorecards 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 performance scorecard attached as Appendix 1.

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 scorecards.

2. Children's Social Care Performance Report

2.1 The scorecard for Specialist Children's Services (SCS) is attached as Appendix 1.

2.2 The SCS performance scorecard includes latest available results which are for October 2016.

2.3 The indicators included are based on key priorities for SCS as outlined in the Strategic Priority Statement, and also includes operational data that is regularly used within the Directorate. Cabinet Committees have a role to review the

selection of indicators included in scorecards, improving the focus on strategic issues and qualitative outcomes.

2.4 The results in the scorecard are shown as snapshot figures (taken on the last working day of the reporting period), year-to-date (April-March) or a rolling 12 months.

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

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

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

2.8 Performance results are assigned an alert on the following basis:

Green: Current target achieved or exceeded
Red: Performance is below a pre-defined minimum standard
Amber: Performance is below current target but above minimum standard.

3. Summary of Performance

3.1 There are 45 measures within the SCS Performance Scorecard which have a RAG (Red, Amber, Green) rating applied.

3.2 For the October 2016 Scorecard 26 performance measures are rated as Green, 16 as Amber and three are rated as Red.

3.3 Exception reporting against the three measures with a Red RAG rating is included within the report and is attached as Appendix 2.

3.4 Also included is a page which shows the impact of the cohort of Unaccompanied Asylum Seeking Children (UASC).

4. Recommendations

4.1 Recommendation: The Children's Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on Specialist Children's Services performance scorecard.

5. Background Documents

5.1 None

6. Contact Details

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

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

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Kent Specialist Children's Services

Performance Management Report

October 2016

Produced By: SC SCS Management Information
Publication Date: 16 November 2016

Guidance Notes

POLARITY

H	The aim of this indicator is to achieve the highest number/percentage possible.
L	The aim of this indicator is to achieve the lowest number/percentage possible.
T	The aim of this indicator is to stay close to the target that has been set.

RAG RATINGS

R	A red rating indicates that the current performance is signficantly away from the target set.
A	An amber rating indicates that the current performance is close to the target set.
G	A green rating indicates that the current performance has met the target that has been set.
No RAG Rating	RAG ratings are not applied to indicators that have a denominator less than 5.

DIRECTION OF TRAVEL (DOT)

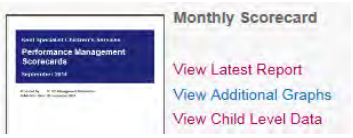
↑	A green arrow indicates that performance has improved this month when compared to last month. Depending on the polarity of the indicator, an improvement in performance could either be a reduction or increase in numbers/percentage.
→	An amber arrow indicates that performance has remained the same as last month.
↓	A red arrow indicates that performance has worsened this month when compared to last month. Depending on the polarity of the indicator, a worsening in performance could either be a reduction or increase in numbers/percentage.

KEY TO ABBREVIATIONS

Num	Numerator	CP	Child Protection
Denom	Denominator	CIC	Children in Care
R12M	Rolling 12 Months	BLA	Becoming Looked After
SS	Snapshot	SGO	Special Guardianship Order
C&F Assessments	Child and Family Assessments	UASC	Unaccompanied Asylum Seeking Children
CIN	Child in Need	QSW	Qualified Social Worker
PF	Private Fostering	CSWT	Childrens Social Work Teams
IHA	Initial Health Assessment	PEP	Personal Education Plan

PERFORMANCE INDICATOR GRAPHS AND CHILD LEVEL DATA

The latest graphs and Child level data are published on the SCS Performance Management website (see screenshot below)



KEY CHANGES MADE TO THE REPORT THIS MONTH

SMALL DENOMINATORS

Caution should be applied in the overinterpretation of the results for those performance measures which are calculated against low numbers. In order to highlight this, any denominators with a value between 1 and 9 have been highlighted in light blue. Any indicators that have a denominator that is less than 5 have no RAG rating applied to them.

ROLLING 12 MONTHS

The rolling 12 month period that is being used in this report is: 01/11/2015 to 31/10/2016

ADOPTION & SG TEAM, ADOLESCENT TEAMS AND CRU

Please note that these teams do not have an indivdual scorecard as their caseholding numbers are very small, however, the performance of the children associated with these teams is counted within the county and relevant area level pages

MANAGEMENT INFORMATION CONTACT DETAILS

Maureen Robinson - 03000 417164
Celene Benjamin - 03000 417022
Chris Nunn - 03000 417145
Ian Valentine - 03000 417189
Paul Godden - 03000 417078
Vikky Best - 03000 415846

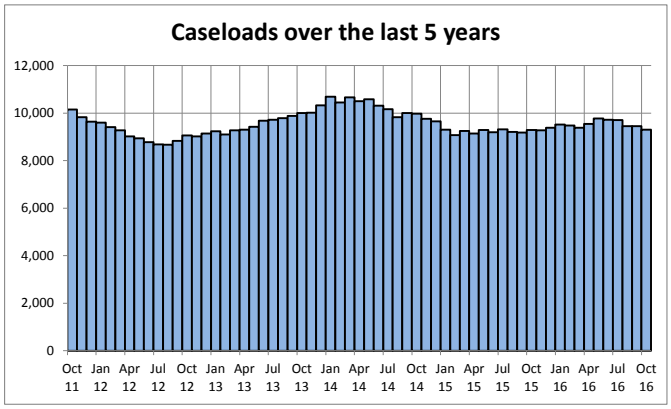
Produced by: Management Information Unit, KCC. 16/11/2016

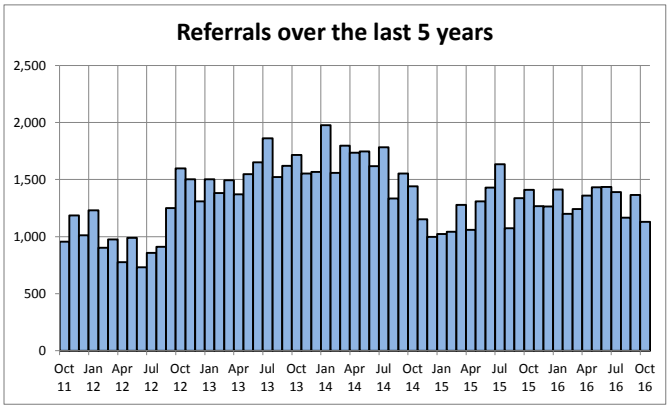
SCS Activity

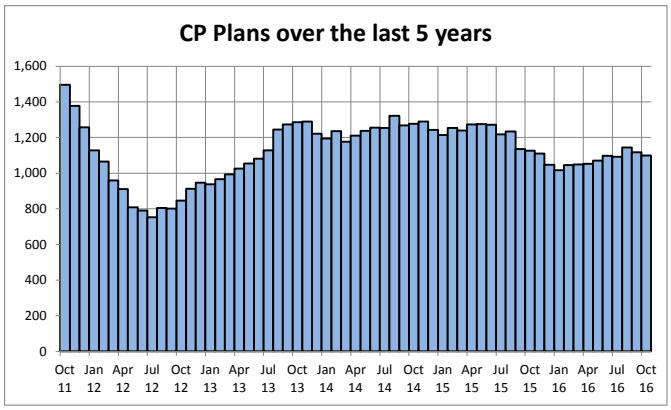
	Caseloads - This month	Caseloads - Last month	Caseloads - Change	Referrals in last month	CF Assessments in last month	CP Plans - This month	CP Plans - Last month	CP Plans - Change	CP Starts in last month	CP Ends in last month	Total LAC - This month	Total LAC - Last month	Total LAC - Change	UASC LAC - 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	9304	9447	-143	1130	1285	1099	1118	-19	85	103	2169	2214	-45	718	766	-48	66	102	56	48	+8
North Kent	1204	1173	+31	232	249	180	184	-4	15	17	274	284	-10	71	74	-3	6	18	2	4	-2
East Kent	2256	2276	-20	368	384	361	369	-8	22	34	657	649	+8	85	87	-2	22	11	12	10	+2
South Kent	1780	1868	-88	231	342	338	337	+1	37	34	379	380	-1	68	67	+1	8	13	20	18	+2
West Kent	1186	1203	-17	230	240	206	212	-6	11	16	354	353	+1	90	92	-2	11	7	16	11	+5
Disability Service	1195	1202	-7	23	61	14	16	-2	0	2	99	99	0	0	0	0	2	2	0	0	0
Ashford CSWT	401	465	-64	68	110	95	116	-21	2	21	4	6	-2	0	0	0	0	0	6	5	+1
Canterbury CSWT	345	326	+19	113	70	65	75	-10	0	8	7	2	+5	0	0	0	9	0	9	8	+1
Dartford CSWT	224	204	+20	84	64	42	48	-6	3	3	0	2	-2	0	0	0	1	2	0	0	0
Dover CSWT	429	456	-27	82	115	117	120	-3	5	7	7	7	0	0	0	0	2	0	14	13	+1
Gravesham CSWT	418	397	+21	93	98	88	88	0	8	8	2	1	+1	0	0	0	1	0	0	0	0
Maidstone CSWT	354	348	+6	81	97	93	88	+5	0	2	7	1	+6	0	0	0	6	0	11	6	+5
Sevenoaks CSWT	222	232	-10	52	73	37	36	+1	3	2	4	8	-4	0	0	0	2	1	1	2	-1
Shepway CSWT	519	519	0	76	105	119	100	+19	29	5	2	5	-3	0	0	0	4	2	0	0	0
Swale CSWT	540	546	-6	117	123	98	101	-3	9	12	10	10	0	0	0	0	3	1	3	2	+1
Thanet Margate CSWT	369	363	+6	74	82	117	108	+9	11	3	11	10	+1	0	0	0	2	0	2	1	+1
Thanet Ramsgate CSWT	270	312	-42	60	93	56	61	-5	1	6	5	1	+4	0	0	0	5	1	4	4	0
The Weald CSWT	403	410	-7	145	131	96	94	+2	9	6	4	3	+1	0	0	0	4	1	5	5	0
North Kent CIC	307	307	0	0	5	13	12	+1	1	4	265	272	-7	71	74	-3	0	15	0	0	0
East Kent (Can/Swa) CIC	378	378	0	0	8	16	15	+1	0	5	349	347	+2	62	64	-2	0	4	0	0	0
East Kent (Tha) CIC	299	302	-3	1	4	9	9	0	1	0	266	268	-2	23	23	0	0	3	0	0	0
South Kent CIC	397	390	+7	0	6	7	1	+6	1	1	362	357	+5	68	67	+1	0	9	0	0	0
West Kent CIC	406	425	-19	0	6	17	30	-13	1	8	342	348	-6	90	92	-2	0	5	0	0	0
SUASC Service	433	477	-44	18	9	0	0	0	0	0	404	446	-42	404	446	-42	12	48	0	0	0
Disability EK	616	623	-7	11	36	10	11	-1	0	1	67	66	+1	0	0	0	2	1	0	0	0
Disability WK	579	579	0	12	25	4	5	-1	0	1	32	33	-1	0	0	0	0	1	0	0	0
Adoption & SG	108	108	0	10	0	0	0	0	0	0	2	3	-1	0	0	0	0	1	0	0	0
Care Leaver Service (18+)	1131	1130	+1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0

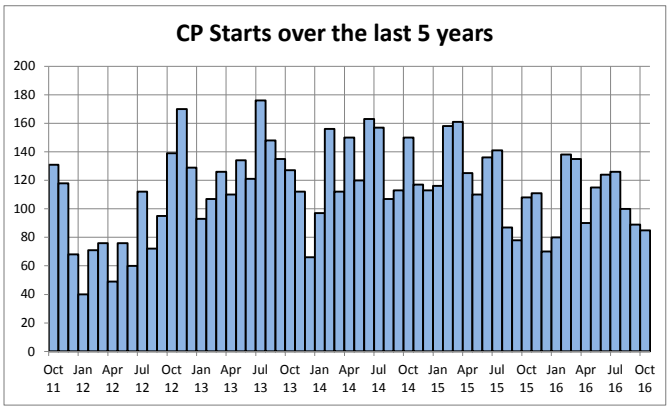
SCS Activity

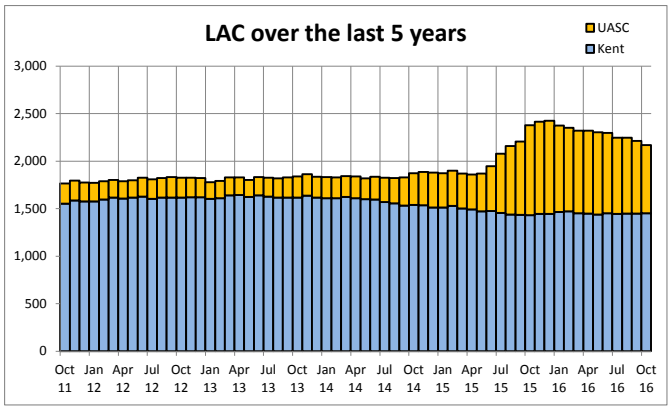
County Level

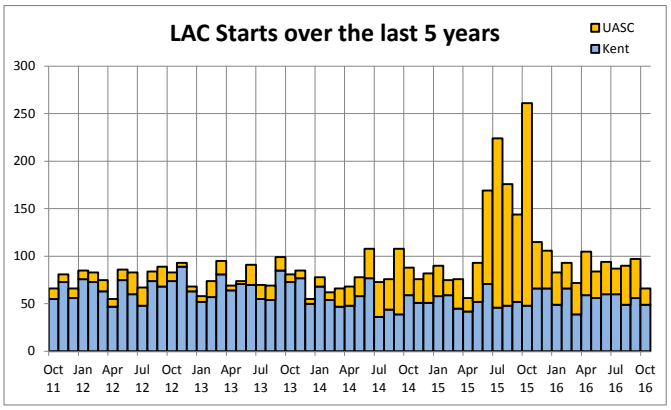


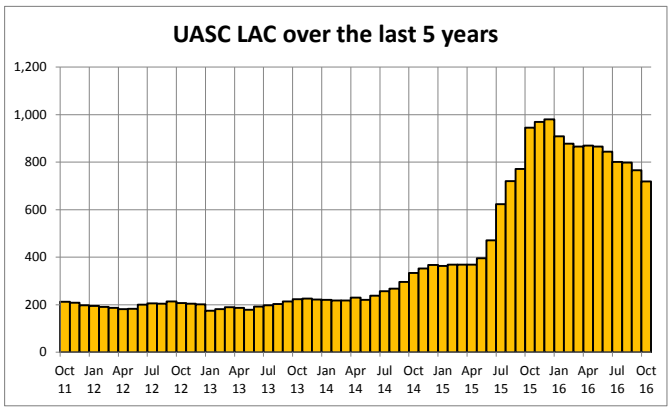


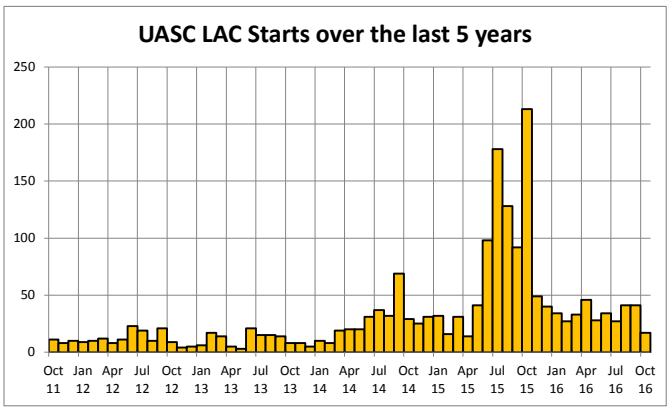












Scorecard - Kent

Oct 2016

ID	Indicators	Polarity	Data Period	Latest Result				Target for 16/17	1 month ago		1 year ago		Short Term Performance: Rolling 3 months and RAG Status	
				Latest Result and RAG Status		Num	Denom		Result	DoT	Result	DoT		
	REFERRAL AND ASSESSMENTS													
1	% of referrals with a previous referral within 12 months	L	R12M	22.9%	G	3592	15670	25.0%	22.5%	↓	23.0%	↑	24.1%	G
2	% of C&F Assessments that were carried out within 45 working days	H	R12M	90.3%	G	15025	16641	90.0%	90.2%	↑	90.0%	↑	90.9%	G
3	Number of C&F Assessments in progress outside of timescale	L	SS	40	G	-	-	75	14	↓	44	↑	-	-
4	% of Children seen at C&F Assessment	H	R12M	98.3%	G	15565	15833	98.0%	98.4%	↓	97.8%	↑	98.3%	G
	CHILDREN IN NEED													
5	% of CIN with a CIN Plan in place	H	SS	91.2%	G	2158	2367	90.0%	90.9%	↑	89.9%	↑	-	-
6	% of CIN who have been seen in the last 28 days	H	SS	86.0%	G	1600	1860	80.0%	87.7%	↓	82.9%	↑	-	-
7	Numbers of Unallocated Cases	L	SS	4	A	-	-	0	3	↓	86	↑	-	-
	PRIVATE FOSTERING													
8	% of PF visits held in timescale (Current PF Arrangements only)	H	SS	79.8%	A	166	208	90.0%	79.9%	↓			-	-
	MISSING CHILDREN													
9	% of Returner Interviews completed within 3 working days	H	R12M	71.7%	R	1393	1943	90.0%	70.9%	↑			68.9%	R
	CHILD PROTECTION													
10	% of Current CP Plans lasting 18 months or more	L	SS	5.8%	G	64	1099	10.0%	5.6%	↓	4.0%	↓	-	-
11	% of CP Visits held within timescale (Current CP only)	H	SS	90.3%	G	19580	21688	90.0%	90.6%	↓	92.1%	↓	-	-
12	% of CP cases which were reviewed within required timescales	H	SS	99.9%	G	826	827	98.0%	99.9%	↑	100.0%	↓	-	-
13	% of Children becoming CP for a second or subsequent time	T	R12M	21.5%	A	271	1263	17.5%	21.8%	↑	19.8%	↓	19.0%	G
14	% of CP Plans lasting 2 years or more at the point of de-registration	L	R12M	2.4%	G	31	1291	5.0%	2.4%	↓	2.7%	↑	3.4%	G
15	% of Children seen at Section 47 enquiry	H	R12M	98.6%	G	4594	4661	98.0%	98.6%	↓	98.0%	↑	98.2%	G
16	% of ICPC's held within 15 working days of the S47 enquiry starting	H	R12M	84.9%	G	1140	1342	80.0%	85.6%	↓	84.5%	↑	87.7%	G
	CHILDREN IN CARE													
17	CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	13.8%	R	299	2169	10.0%	13.4%	↓	10.4%	↓	-	-
18	CIC Placement Stability: % in same placement for last 2 years	H	SS	70.9%	G	402	567	70.0%	71.3%	↓	72.3%	↓	-	-
19	% of CIC Foster Care in KCC Foster Care/Rel & Friends placements (exc UASC)	H	SS	86.3%	G	1013	1174	85.0%	86.4%	↓	87.0%	↓	-	-
20	% of CIC placed within 20 miles from home (exc UASC)	H	SS	81.1%	G	1131	1395	80.0%	80.5%	↑	81.1%	↓	-	-
21	% of Children who participated at CIC Reviews	H	R12M	95.7%	G	5776	6033	95.0%	95.7%	↓	95.3%	↑	95.6%	G
22	% of CIC cases which were reviewed within required timescales	H	SS	98.0%	G	2073	2115	98.0%	97.7%	↑	87.0%	↑	-	-
23	% of CIC cases where all Dental Checks were held within required timescale	H	SS	92.1%	G	1647	1789	90.0%	93.7%	↓	88.5%	↑	-	-
24	% of CIC cases where all Health Assessments were held within required timescale	H	SS	88.9%	A	1591	1789	90.0%	89.5%	↓	91.2%	↓	-	-
25	% of IHA referrals within 5 working days of becoming Looked After	H	R12M	73.5%	R	585	796	90.0%	54.5%	↑	23.6%	↑	88.8%	A
26	% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	69.9%	A	974	1393	80.0%	69.3%	↑	49.9%	↑	-	-
27	% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	54.9%	A	583	1062	60.0%	54.4%	↑	54.9%	↓	-	-
	ADOPTION													
28	% of cases adoption agreed as plan within 4mths, for those with an agency decision	H	R12M	70.2%	A	73	104	75.0%	71.8%	↓	61.0%	↑	81.8%	G
29	Ave. no of days between bla and moving in with adoptive family (for children adopted)	L	R12M	361.6	G	30735	85	426.0	385.0	↑	515.1	↑	292.7	G
30	Ave. no of days between court authority to place a child and the decision on a match	L	R12M	144.2	A	11389	79	121.0	157.6	↑	204.3	↑	122.0	A
31	% of Children leaving care who were adopted (exc UASC)	H	R12M	13.5%	G	85	628	13.0%	12.6%	↑	17.8%	↓	11.7%	A
	CARE LEAVERS													
32	% of Care Leavers that Kent is in touch with	H	R12M	66.1%	A	1095	1657	75.0%	65.8%	↑	59.5%	↑	68.8%	A
33	% of Care Leavers in Suitable Accommodation (of those we are in touch with)	H	R12M	92.2%	G	1016	1102	90.0%	92.4%	↓	91.5%	↑	90.3%	G
34	% of Care Leavers in Education, Employment or Training (of those we are in touch with	H	R12M	58.8%	A	648	1102	65.0%	58.5%	↑	56.5%	↑	58.8%	A
35	% of Care Leavers with a Pathway Plan updated in the last 6 months	H	SS	90.8%	G	976	1075	90.0%	87.1%	↑			-	-
	QUALITY ASSURANCE													
36	% of Case File Audits completed	H	R12M	97.5%	G	712	730	95.0%	98.6%	↓	97.8%	↓	92.9%	A
37	% of Case File Audits rated Good or outstanding	H	R12M	66.9%	G	476	712	60.0%	65.4%	↑	55.2%	↑	75.0%	G
38	% of Case File Audits rated inadequate	L	R12M	2.1%	A	15	712	0.0%	2.3%	↑	3.2%	↑	2.8%	A
39	% of CP Social Work Reports rated good or outstanding	H	R12M	63.4%	A	1441	2272	75.0%	63.1%	↑	71.4%	↓	69.8%	A
40	% of CIC Care Plans rated good or outstanding	H	R12M	65.8%	A	3857	5862	75.0%	64.9%	↑	60.1%	↑	69.9%	A
	STAFFING													
41	% of caseholding posts filled by KCC Permanent QSW	H	SS	81.4%	A	425.8	523.1	83.0%	80.7%	↑	75.7%	↑	-	-
42	% of caseholding posts filled by agency staff	L	SS	15.5%	G	81.2	523.1	17.0%	15.9%	↑	19.6%	↑	-	-
43	Average Caseloads of social workers in CIC Teams	L	SS	15.6	A	1787	114.6	15.0	15.6	↑	16.0	↑	-	-
44	Average Caseloads of social workers in CSWTs	L	SS	18.8	A	4494	238.4	18.0	19.6	↑	19.4	↑	-	-
45	Average Caseloads of fostering social workers	L	SS	17.1	G	816	47.6	18.0	17.6	↑	19.6	↑	-	-

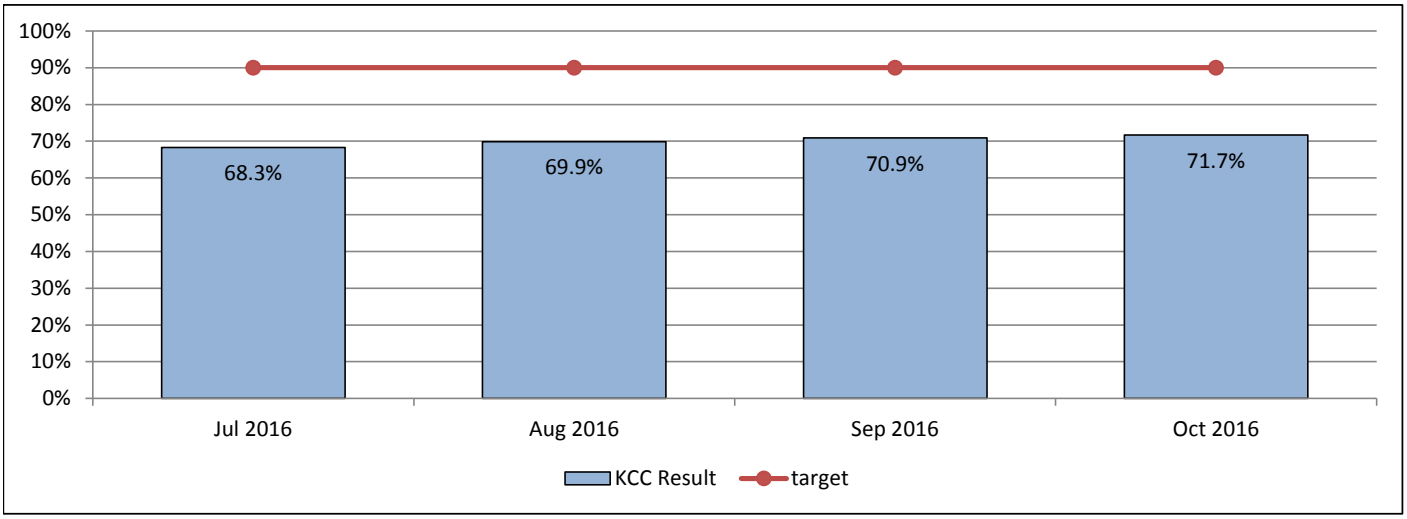
LATEST PERFORMANCE RAG RATING	GREEN	AMBER	RED
	26	16	3

Produced by: Management Information Unit, KCC. 17/11/2016

Scorecard - Impact of UASC

Indicators	Polarity	Data Period	INCLUDING UASC: Latest Result and RAG Status		INCLUDING UASC: Num	INCLUDING UASC: Denom	Target for 16/17	EXCLUDING UASC: Latest Result and RAG Status		EXCLUDING UASC: Num	EXCLUDING UASC: Denom	Variance with UASC excluded
CHILDREN IN CARE - KENT												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	13.8%	R	299	2169	10.0%	13.2%	R	192	1451	-0.6%
CIC Placement Stability: % in same placement for last 2 years	H	SS	70.9%	G	402	567	70.0%	71.0%	G	400	563	+0.1%
% of Children who participated at CIC Reviews	H	R12M	95.7%	G	5776	6033	95.0%	97.8%	G	3478	3555	+2.1%
% of CIC cases which were reviewed within required timescales	H	SS	98.0%	G	2073	2115	98.0%	99.2%	G	1399	1410	+1.2%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	92.1%	G	1647	1789	90.0%	93.2%	G	1102	1183	+1.1%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	88.9%	A	1591	1789	90.0%	93.3%	G	1104	1183	+4.4%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	73.5%	R	585	796	90.0%	72.9%	R	384	527	-0.6%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	69.9%	A	974	1393	80.0%	76.0%	A	815	1072	+6.1%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	54.9%	A	583	1062	60.0%	55.3%	A	523	945	+0.4%
CHILDREN IN CARE - NORTH KENT AREA												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	15.3%	R	42	274	10.0%	15.8%	R	32	203	+0.4%
CIC Placement Stability: % in same placement for last 2 years	H	SS	64.9%	R	50	77	70.0%	64.9%	R	50	77	0.0%
% of Children who participated at CIC Reviews	H	R12M	97.2%	G	694	714	95.0%	98.6%	G	509	516	+1.4%
% of CIC cases which were reviewed within required timescales	H	SS	99.6%	G	269	270	98.0%	99.5%	G	198	199	-0.1%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	97.5%	G	230	236	90.0%	97.1%	G	165	170	-0.4%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	89.4%	A	211	236	90.0%	94.7%	G	161	170	+5.3%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	74.4%	R	58	78	90.0%	75.3%	R	58	77	+1.0%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	78.2%	A	136	174	80.0%	78.7%	A	118	150	+0.5%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	45.1%	A	73	162	60.0%	47.4%	A	63	133	+2.3%
CHILDREN IN CARE - EAST KENT AREA												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	13.7%	R	90	657	10.0%	13.1%	R	75	572	-0.6%
CIC Placement Stability: % in same placement for last 2 years	H	SS	73.5%	G	166	226	70.0%	74.0%	G	165	223	+0.5%
% of Children who participated at CIC Reviews	H	R12M	96.3%	G	1527	1585	95.0%	98.7%	G	1330	1347	+2.4%
% of CIC cases which were reviewed within required timescales	H	SS	98.9%	G	630	637	98.0%	99.1%	G	547	552	+0.2%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	87.5%	A	461	527	90.0%	89.5%	A	402	449	+2.1%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	88.4%	A	466	527	90.0%	91.3%	G	410	449	+2.9%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	70.1%	R	138	197	90.0%	70.1%	R	138	197	0.0%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	63.7%	R	284	446	80.0%	66.0%	A	272	412	+2.3%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	57.8%	A	237	410	60.0%	56.9%	A	209	367	-0.9%
CHILDREN IN CARE - SOUTH KENT AREA												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	16.4%	R	62	379	10.0%	16.7%	R	52	311	+0.4%
CIC Placement Stability: % in same placement for last 2 years	H	SS	69.2%	A	72	104	70.0%	68.9%	A	71	103	-0.3%
% of Children who participated at CIC Reviews	H	R12M	96.7%	G	942	974	95.0%	96.6%	G	777	804	-0.1%
% of CIC cases which were reviewed within required timescales	H	SS	99.2%	G	371	374	98.0%	99.3%	G	304	306	+0.1%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	96.8%	G	303	313	90.0%	96.6%	G	254	263	-0.2%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	94.9%	G	297	313	90.0%	95.1%	G	250	263	+0.2%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	78.2%	R	115	147	90.0%	78.2%	R	115	147	0.0%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	80.6%	G	212	263	80.0%	81.3%	G	187	230	+0.7%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	62.6%	G	144	230	60.0%	63.6%	G	126	198	+1.0%
CHILDREN IN CARE - WEST KENT AREA												
CIC Placement Stability: % with 3 or more placements in the last 12 months	L	SS	11.9%	A	42	354	10.0%	11.0%	A	29	264	-0.9%
CIC Placement Stability: % in same placement for last 2 years	H	SS	67.6%	A	73	108	70.0%	67.6%	A	73	108	0.0%
% of Children who participated at CIC Reviews	H	R12M	97.4%	G	859	882	95.0%	97.8%	G	623	637	+0.4%
% of CIC cases which were reviewed within required timescales	H	SS	99.1%	G	341	344	98.0%	99.2%	G	252	254	+0.1%
% of CIC cases where all Dental Checks were held within required timescale	H	SS	88.5%	A	253	286	90.0%	92.3%	G	193	209	+3.9%
% of CIC cases where all Health Assessments were held within required timescale	H	SS	88.5%	A	253	286	90.0%	93.8%	G	196	209	+5.3%
% of IHA referrals within 5 working days of becoming Looked After	H	R12M	73.6%	R	67	91	90.0%	73.6%	R	67	91	0.0%
% of CIC who have had a PEP updated in the last 6 months (ages 5-16)	H	SS	87.4%	G	209	239	80.0%	89.5%	G	179	200	+2.1%
% of CIC for 18 mths and allocated to the same worker for the last 12 mths	H	SS	40.3%	R	75	186	60.0%	41.0%	R	71	173	+0.7%
OTHER INDICATORS - KENT												
% of Care Leavers that Kent is in touch with	H	R12M	66.1%	A	1095	1657	75.0%	74.0%	A	623	842	+7.9%
% of Care Leavers in Suitable Accommodation (of those we are in touch with)	H	R12M	92.2%	G	1016	1102	90.0%	90.7%	G	564	622	-1.5%
% of Care Leavers in Education, Employment or Training (of those we are in touch with)	H	R12M	58.8%	A	648	1102	65.0%	50.8%	R	316	622	-8.0%
% of Care Leavers with a Pathway Plan updated in the last 6 months	H	SS	90.8%	G	976	1075	90.0%	91.6%	G	469	512	+0.8%
% of C&F Assessments that were carried out within 45 working days	H	R12M	90.3%	G	15025	16641	90.0%	90.9%	G	14519	15981	+0.6%
Numbers of Unallocated Cases	L	SS	4	A	-	-	0	4	A	-	-	0

% of Returner Interviews completed within 3 working days			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Jul 2016	Aug 2016	Sep 2016	Oct 2016
KCC Result	68.3%	69.9%	70.9%	71.7%
Target	90.0%	90.0%	90.0%	90.0%
RAG Rating	Red	Red	Red	Red

Commentary

This is a new performance indicator added from the August 2016 Scorecard to reflect the priority of SCS to undertake timely Returner Interviews for children and young people that have gone missing. The target of 90% has been set to drive up performance on the completion rates within 3 working days following a missing episode and performance shows month on month improvement.

During the 12 month period to October 2016 there were 1943 missing episodes, and of these 1393 (71.7%) had a Returner Interview that was completed within 3 working days. The number of Returner interviews out of timescale by 1 day is significant, combined with the high number of forms not completed or where no date has been added. This suggests that the target can be achieved through awareness raising and more robust management oversight. It is also of note that for a significant number of Children in Care missing episodes last no longer than 0-3 hrs and are often connected to contact with friends and family. These episodes can also form part of a repeat pattern of behaviour where for a small but significant minority the value of repeatedly completing a Returner interview can be compromised. As such further work is required around the management of these episodes through placement plan reviews.

Data Notes

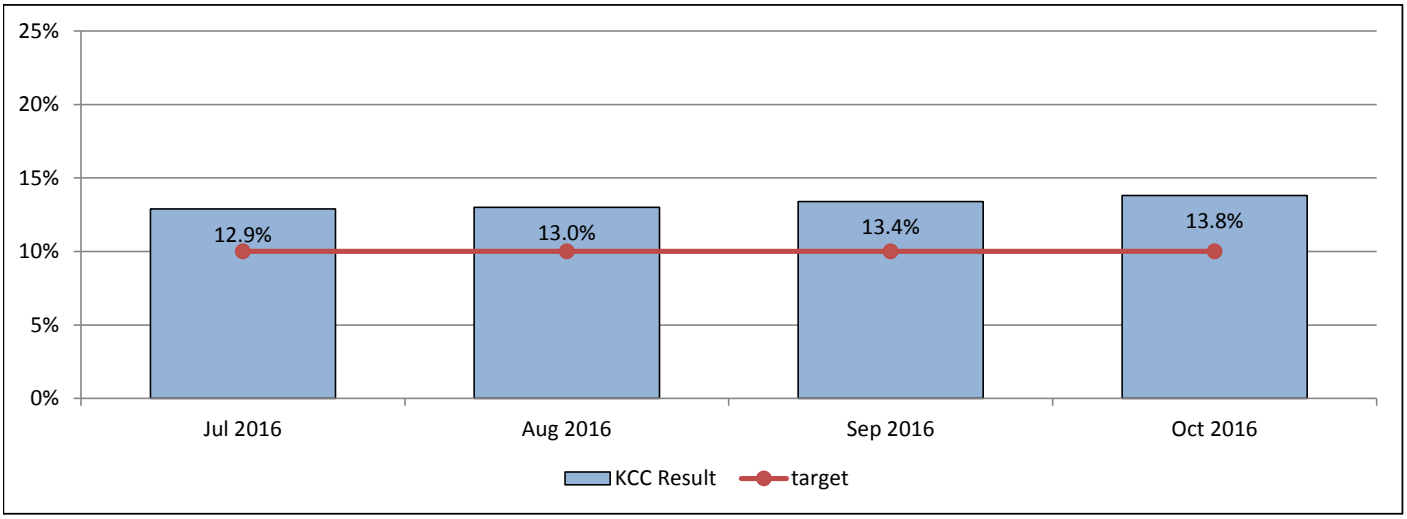
Target: 90% (RAG Bandings: Below 80% = Red, 80% to 90% = Amber, 90% and above = Green)

Tolerance: Higher values are better

Data: Figures shown are based on a rolling 12 month period. The result for Oct 2016 for example shows performance for Nov 2015 to Oct 2016.

Data Source: Liberi

CIC Placement Stability - 3+ Placements in the last 12 months			Red
Cabinet Member	Peter Oakford	Director	Philip Segurola
Portfolio	Specialist Children's Services	Division	Specialist Children's Services



Trend Data – Month End	Jul 2016	Aug 2016	Sep 2016	Oct 2016
KCC Result	12.9%	13.0%	13.4%	13.8%
Target	10.0%	10.0%	10.0%	10.0%
RAG Rating	Amber	Red	Red	Red

Commentary

Placement stability remains a continued focus for Corporate Parenting and an analysis of the placements and factors affecting stability has been undertaken.

One of the key factors to placement stability is the matching of the child/young person to their placement. A re-launch of the responsibilities under the care planning regulations in the form of mandatory e-learning training will be in place for the early part of 2017. This will include highlighting good social work practice with the need to prepare children and young people for placements when they first enter care, and ensure that placement planning meetings are in place with delegated authority.

A review of the permanency planning procedures has also been undertaken to ensure that these are clear. There will be a re-launch of the procedures at County Managers in December 2016 to ensure all staff are informed about the requirement for early permanency planning meetings, and that these should take place prior to a child entering care.

Data Notes

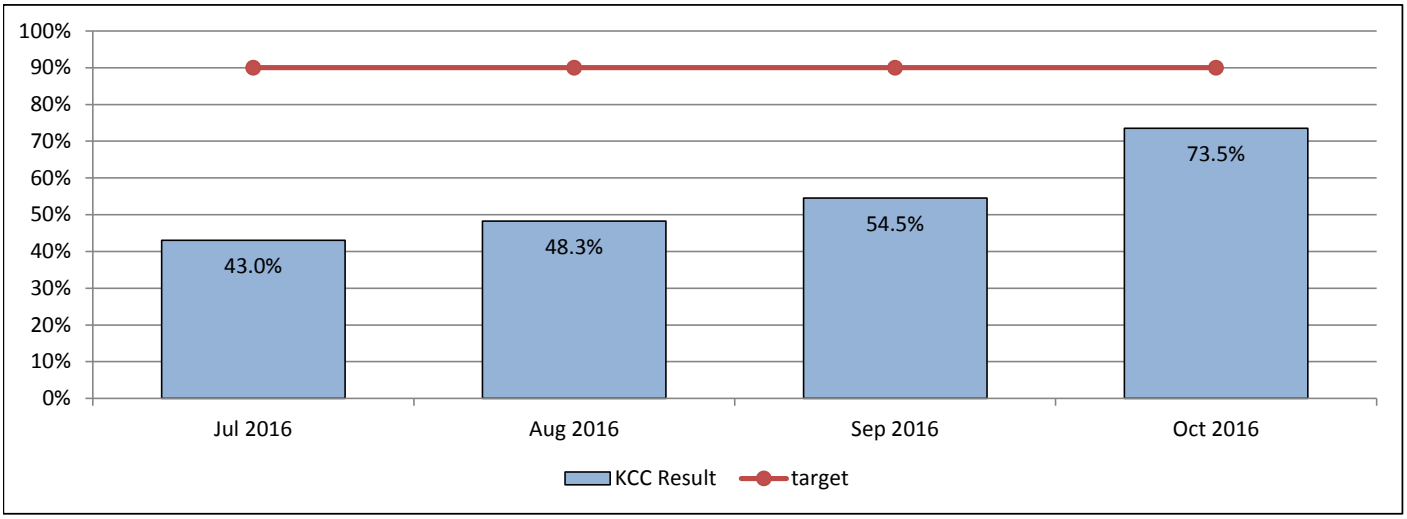
Target: 10% (RAG Bandings: 13% and above = Red, 10% to 13% = Amber, 10% and below= Green)

Tolerance: Lower values are better

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

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	Jul 2016	Aug 2016	Sep 2016	Oct 2016
KCC Result	43.0%	48.3%	54.5%	73.5%
Target	90.0%	90.0%	90.0%	90.0%
RAG Rating	Red	Red	Red	Red

Commentary

Performance against this measure has shown consistent increases throughout the year with performance to the 12 months to October 2016 at 73.5%. For the 3 months up to the end of October performance was at 88.8% and close to the 90% Target.

Performance for IHA referrals remains reflective of the challenges faced during the Autumn of 2015 which saw a increase in the number of Unaccompanied Asylum Seeking Children. This impacted upon the Service's capacity to manage timely referrals. There has been a significant improvement in the timeliness since April 2016 and Specialist Children's Services have robust systems in place to ensure there is an ongoing focus on the initial health assessment requests being passed to health so they can plan for attendance at clinic within timescales.

The completion of IHAs continues to be a focus for the Corporate Parenting Assistant Director who is working with health colleagues to ensure there is sufficient capacity within the NHS to complete health assessments for Children in Care within timescales.

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 Oct 2016 for example shows performance for Nov 2015 to Oct 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

11th January 2017

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 on key performance indicators of Public Health commissioned services for children and young people.

Since taking on the commissioning of the Health visiting service, overall there have been increases in the delivery of the mandated developmental checks with prominent increases in those receiving an ante-natal check and the 1 year check by 12 months. The provider continues to investigate and account for the effect of parents who do not attend and/or decline the visits.

Recently released figures on the National Child Measurement Programme for 2015/16 show increases in participation rates for both year cohorts and proportions of excess weight have remained stable on the previous year.

The proportion of mothers with a smoking status at time of delivery has remained consistent for Kent at around 13%; Kent remains above national levels and the national aspiration.

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 key performance indicators for Kent Public Health which directly relate to commissioned services for children and young people.

2. Performance

Health Visiting Service

2.1. KCC has a statutory obligation to ensure the delivery of five mandated developmental checks for children under the age of 5; this is accomplished via the Health Visiting Service, currently provided by Kent Community Health NHS Foundation Trust (KCHFT). The contract has included incentivisation and financial measures to drive improvements.

2.2. From commencement with KCC, delivery of the checks has improved with substantial increases in delivery of the two checks that had previously struggled - the number of mothers receiving an antenatal visit and the proportion receiving a 1 year review by 12 months.

Table 1: Health visiting mandated interventions delivered in 15/16 and 16/17. Kent figures

Health Visiting Service	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	DoT
No. of mothers receiving an Antenatal Visit	866	1,083	1,370	1,466	⇧
% of New Birth Visits within 14 days	68%	75%	78%	88%	⇧
% of New Birth Visits in total (0-30 days)	98%	95%	92%	99%	⇧
% of infants due a 6-8 week check who received one	65%	76%	79%	84%	⇧
% of infants receiving their 1 year review at 12 months	35%	56%	67%	77%	⇧
% of infants receiving their 1 year review at 15 months	72%	93%	78%	81%	⇧
% of children receiving their 2-2½ year review	71%	91%	76%	78%	⇧

Source: KCHFT Health Visiting Service

2.3. Improved rates of breastfeeding remain an important public health priority. The proportion of women reported to be totally or partially breastfeeding at 6-8 weeks is around 45%. This is very similar to the national average of 43%.

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	Q1 16/17	Q2 16/17
Number of infants due a 6-8 week check by the end of the quarter*	4,196	4,058	4,181	4,177
Number* and percentage with an infant feeding status (needs to be 95% to be robust)	3,411 (81%)	3,853 (95%)	3,691 (88%)	3,849 (92%)
Number* recorded as totally breastfed	1,124	1,192	1,228	1,259
Number* recorded as partially breastfed	460	536	507	489
Number* recorded as not at all breastfed	1,827	2,125	1,956	2,101
% total or partially breastfed of the statuses recorded	46%	45%	47%	45%

Source: KCHFT Health Visiting Service *the absolute number varies quarter on quarter due to the total number of births varying by quarter

National Child Measurement Programme (NCMP)

2.4. Figures for 2015/16 have now been published; the participation rates in Kent continue to exceed the target needed for robustness (85%) and participation rates for both school years have increased to 97% for Year R and 96% for Year 6.

2.5. Initial figures show the proportion measured as having excess weight has remained stable in both Kent cohorts whereas national has experienced slight increases.

Table 3: Excess weight in Kent, published RAG against national.

NCMP measured excess weight	2012/13	2013/14	2014/15	2015/16**
Proportion excess weight for Year R (4-5 year olds)	22% (a)	21% (g)	23% (a)	23% (22% national)
Proportion excess weight for Year 6 (10-11 year olds)	33% (a)	33% (g)	33% (a)	33% (34% national)

Source: NHS Digital **awaiting published RAG

2.6. Changes in the levels of excess weight have varied across the districts. All Local Health and Wellbeing Boards have childhood obesity as a priority with mapping exercises feeding into action plans. The majority of Local Children's Partnership Groups (LCPGs) have also prioritised childhood obesity and are conducting outcome-based accountability processes to action plan in their areas. Through the Annual Conversations, Early Help are setting targets for childhood obesity where it is identified as a priority.

2.7. An audit undertaken of NCMP Locality groups led to a paper being taken to the LCPG Chairs group in December to agree governance of local groups.

2.8. Public health are extending the reach of the national Change 4 Life campaign; the campaign has 3 elements – traditional promotion to the public through various methods and key locations, support for frontline workers through amending resources and developing tools to aid good conversations, and support for the wider system to ensure consistent messaging, for example in campaign guides and tweets.

Table 4: Excess Weight by district of residence and direction of travel.

Measured excess weight	Year R			Year 6		
	2014/15	2015/16	DoT	2014/15	2015/16	DoT
Ashford	24%	26%	⇩	34%	35%	⇩
Canterbury	20%	15%	⇧	33%	28%	⇧
Dartford	26%	25%	⇧	36%	36%	⇔
Dover	24%	25%	⇩	34%	37%	⇩
Gravesham	22%	26%	⇩	39%	36%	⇧
Maidstone	21%	23%	⇩	32%	32%	⇔
Sevenoaks	21%	21%	⇔	28%	27%	⇧
Shepway	24%	24%	⇔	35%	36%	⇩
Swale	23%	22%	⇧	33%	35%	⇩
Thanet	25%	23%	⇧	35%	36%	⇩
Tonbridge & Malling	21%	21%	⇔	29%	29%	⇔

Measured excess weight	Year R			Year 6		
	2014/15	2015/16	DoT	2014/15	2015/16	DoT
Tunbridge Wells	21%	25%	⇩	29%	27%	⇧

Source: NHS Digital

Young People's Substance Misuse Services

2.9. It has been agreed between Public Health and Strategic Business Development and Intelligence for the target of those with a planned exit to be amended to 85%, reflecting national performance in 2015/16. This target has not been reviewed in a number of years and not since commissioning moved to Public Health. With a high-risk and more complex client group than experienced nationally it was agreed that a more realistic target would be needed to account for the challenging delivery of structured treatment necessary for a planned exit.

Table 5: Proportion of planned exits from specialist services in Kent

	Target	14/15		15/16				16/17		DoT
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
% with a planned exit	85%***	94% (a)	97% (a)	94% (a)	94% (a)	96% (a)	94% (a)	91% (a)	93% (g)	⇧

Source: Addaction, provider of young people's substance misuse services
*** Target amended as of Q2 2016/17; online business plan updated by SBDI with authorisation

2.10. Substance misuse providers deliver public health interventions alongside their work on substance misuse; young people accessing early intervention services and specialist treatment receive stop smoking information, are given sexual health information and for whom it is appropriate, are screened for chlamydia.

Smoking during pregnancy

2.11. From Q3 2014/15 to Q1 2016/17 the number and proportion of women smoking at time of delivery has remained consistent at around 520 smokers and 13%; Kent remains above national levels of 10% and the national ambition of 11%.

2.12. Public Health have been working with Children's Centres in Sheppey to develop a pilot campaign called "What the bump?" aimed at encouraging and supporting pregnant smokers to quit. This will be running from January 2017 to August 2017 to test the effectiveness.

2.13. Public Health have developed a partnership programme with East Kent Hospitals University Foundation Trust maternity teams to support the BabyClear programme. This includes the recruitment of a Midwife lead in Smoking in Pregnancy to provide appropriate resources and training to midwives, ensure that women who smoke in pregnancy are clearly identified and effectively referred to stop smoking services. Further work is being undertaken to reduce the number of women who are lost to the service once referred and/or decline service support

2.14. From when the post commenced in September 2016 there has been a 10% increase in the number of pregnant women who have received a Carbon Monoxide monitor test (which helps determine smoking status) and a 67% increase in the number of pregnant women who smoke being referred to the Stop Smoking Services. Public Health are offering similar support to other Acute Trusts.

Table 6: Published smoking status at time of delivery Kent and England

Smoking status at time of delivery[1]	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17
% of women with a smoking status at time of delivery Kent	13%	12%	12%	12%	14%	14%	13%
No. of women with a smoking status at time of delivery Kent	531	473	500	514	561	549	534
% of women with a smoking status at time of delivery England	11%	11%	11%	10%	11%	11%	10%

Source: NHS Digital

3. Quality Exception Report

3.1. The Head of Quality and Safeguarding for Public Health reports that there are no quality exception items for Q2.

4. Conclusion

4.1. Current performance of the commissioned services has shown increases in coverage and delivery of the Health Visiting Service and National Child Measurement Programme. Excess weight has remained stable for Kent, as has the number and proportion of women with a smoking status at time of delivery with an increase in the proportion of young people with a planned exit from structured substance misuse services. Services continue to be monitored closely by Public Health at a time of increasing pressures.

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

[1] Number or proportion of pregnant women who reported that they were smokers at the time of giving birth.

8. Contact Details

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

Quality Section Author:
Penny Spence
Head of Quality & Safeguarding, Public Health
03000 419555
penny.spence@kent.gov.uk

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

Appendix 1

Key to KPI Ratings used:

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

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

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 – 11 January 2017
Subject:	**UPDATE ON THE CHILD AND ADOLESCENT MENTAL HEALTH SERVICE**
Classification:	Unrestricted
Previous Pathway of Paper:	None
Future Pathway of Paper:	None
Electoral Division:	All

Summary: This report provides an update on the performance of the current Child and Adolescent Mental Health Service (CAMHS) contract, including the service for Kent Children in Care.

In line with national trends the service is continuing to receive high numbers of referrals. The number of referrals received out of hours is higher than anticipated at the tender stage. This high demand is impacting on the ability to meet the waiting times set out in the contract. Officers from the Councils commissioning unit continue to monitor performance and work with the provider to address these.

Since January 2014 the Council and the Clinical Commissioning Groups have been working together to improve the current position, but also to develop the Emotional Wellbeing and Mental Health Strategy, The Way Ahead. This has resulted in the development of the new whole system integrated model which has been designed to address the gaps in the current services and pathways.

The procurement of the new mental health service for children and young people is ongoing. The new service is due to start 1 September 2017.

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

1. Introduction

1.1 The current child and adolescent mental health service is provided by Sussex Partnership Foundation Trust (SPFT). The service is commissioned by West Kent Clinical Commissioning Group (WKCCG) on behalf of all the CCGs and the County Council.

1.2 The current contract is due to end on 31 August 2017. A new children and young people mental health service is currently being procured.

2. Background

2.1 In January 2014 Kent Health Overview and Scrutiny Committee (HOSC) raised concerns regarding the performance of the child and adolescent mental health service across Kent. This prompted a review of the service which found disparity between how schools support children and young people, how staff approach building resilience, numerous contact points in the system and disjointed services with too much focus on 'tiers' of service rather than on the needs of children and young people, plus lengthy waiting times for assessment and treatment.

2.2 This lead to the development of the Emotional Wellbeing and Mental Health Strategy; The Way Ahead. The Strategy and procurement process have been the subject of papers to the Children's Social Care and Health Cabinet Committee and HOSC.

3. Contract performance

3.1 Mainstream service

3.1.1 Demand remains high for the service. In September 2016 there were 81 emergency referrals of which 44 presented out of hours. The tender documentation estimated that there would be ten out of hours referrals per month.

3.1.2 All of the children and young people who presented out of hours were seen within the required 24 hours and received appropriate intervention.

3.1.3 The high number of emergency referrals increases the pressure on the mainstream service, where referrals also remain high, averaging 910 referrals a month. During the last year the lowest number of referrals was 671 in August and the highest number of referrals was 1,032 in May. This is a typical pattern around the school year. There are currently (September 2016) 7,859 children and young people open to the service.

3.1.4 Currently (September 2016) there are 624 children and young people on the waiting list; this is a decrease from 980 in September 2015. 53% of children and young people are seen within the target time of six weeks. The average waiting time for routine assessment is 8.6 weeks. The longer waiting times are for specialist assessments. This continues to be a challenge.

3.2 Children in Care (CiC) service

3.2.1 In September 2016 there were 315 CiC being supported by the specialist CiC mental health team and a further 339 CiC who are supported within the mainstream service where their needs can be more appropriately met.

3.2.2 73% of children and young people have an assessment within six weeks. The average waiting for an assessment is currently five weeks.

4. Contract management

4.1 The contract for the provision of the CAMHS is between WKCCG and the provider, SPFT. There are monthly performance monitoring meetings, chaired by WKCCG which representatives from the other CCGs and the Council attend.

4.2 In addition, the Council chairs regular performance monitoring meetings with a specific focus on the CiC element of the service. During these meetings it has been possible to highlight challenges and successes. The function of the CAMHS CiC service is to help maintain placement stability, particularly where a child's emotional wellbeing or mental health needs are having an impact. Recognising and responding to the complex care needs of CiC and the need for specific case discussion, SPFT staff run drop-in sessions at the social work teams in order to offer immediate case consultation with a view to promoting placement stability.

5. Commissioning update

5.1 Whole system integrated model

5.1.1 The Children's Social Care and Health Cabinet Committee has previously welcomed and endorsed the proposal to commission new emotional wellbeing and mental health services as part of a whole system model.

5.1.2 The whole system comprises:

- Specialist and targeted mental health services for children and young people
- Primary School Public Health Service
- Adolescent Health and Emotional Wellbeing Service
- HeadStart
- KCC Early Help and Preventative Service

5.1.3 The new system has been designed to address the challenges within the current services and respond to the consultation carried out at the start of the procurement process. In the new integrated whole system there will be a greater focus on early intervention. This is being addressed in a number of different ways; through the commissioning of the two new services; Primary School Public Health Service and the Adolescent Health and Emotional Wellbeing Service which was the subject of a paper to the Children's Social Care and Health Cabinet Committee in November 2016.

5.2 Early Help and Preventative Services

5.2.1 In recognition of the growing demand for emotional wellbeing services and the impact that it has on children and families, the Council's Early Help and Preventative Services (EHPS) have re aligned some of their funding for commissioned services to ensure that there is specialist mental health support in the Early Help Units. The specialist mental health workers will be part of the Early Help Units, based in the Units and working as part of the Early Help team, they will undertake case work and provide consultation to the staff. This development is being put in place now; a team of staff are currently being recruited. This is also included in the new mental health contract going forward.

5.2.2 As part of the revised and enhanced service model there will be specialist mental health staff working closely with the Health Needs Education Service, for children with mental health needs. Staff will be aligned with the mental health needs schools and will undertake case work and provide consultation to the staff. As above staff are currently being recruited.

5.3 Children in Care (CiC)

5.3.1 The model of supporting CiC is changing; currently children can be supported by either the specialist CiC mental health team or by the mainstream team. Furthermore some children and young people are referred out to other providers for specialist services e.g. for children who have been sexually abused or who exhibit harmful sexual behaviour. These services will now all fall within the scope of the new contract for specialist mental health services.

5.4 HeadStart

5.4.1 The HeadStart Kent project is part of the whole system. The project provides early intervention and promotes resilience to help young people cope better when faced with difficult circumstances in their lives, preventing them from experiencing common mental health problems.

5.4.2 The Council is one of just six Local Authorities to receive additional Big Lottery funding, following the successful work in Kent over the past two years. Phase three will focus on:

- promoting the importance of resilience in young people, and providing early support to prevent problems getting worse
- developing approaches that ensure timely and accessible support, including direct access in appropriate settings
- transforming the skills and understanding of the wider workforce, so they better engage and respond to young people's emotional and health needs
- championing approaches that recognise and strengthen wider family relationships
- preparing children and young people so they have a positive transition between services including should they need them, adult services
- enabling young people to have the skills and confidence to better manage adversity and be able to access and negotiate support should they need it.

5.5 Commissioning for outcomes

5.5.1 The specification for the new children and young people mental health service has been developed and written with a focus on outcomes. The provider will be expected to use a range of tools, including recognised clinical tools and user feedback to evidence improvement in a child or young person's mental health and achievement of their goals.

5.5.2 This will be under pinned by routine performance monitoring data.

5.5.3 A major benefit of the whole system approach and procuring the children and young people mental health service in parallel with the Primary School Public Health Service and the Adolescent Health and Emotional Wellbeing Service is that there will be a core data set across all the services, thus enabling better intelligence gathering and data analysis in future.

6. Procurement timeline

6.1 The procurement process for the specialist mental health service and the Primary School Public Health School Service and Adolescent Emotional Wellbeing Service is being led by the Council's Strategic Procurement team. This has been a well manged process. Both procurement streams are on track with the contract for the Public Health services due to be awarded at the end of January 2017 and the specialist mental health contract being awarded in May 2017.

7. Financial Implications

7.1 Specialist Childrens Services (SCS) currently contribute £1m per year to the mental health contract for the children in care element of the service. SCS also separately commission services for children who have been sexually abused and who exhibit harmful sexual behaviour. This funding will go into the new contract.

7.2 EHPS will be contributing £1.4m per year to the new contract for the specialist mental health workers in the Early Help Units and aligned to the Mental Health Needs Schools.

8. Legal Implications

8.1 A range of legal Agreements will be needed between the Council and the lead CCG to underpin the new contract for children and young people mental health service. These agreements will set out the contract management, monitoring, governance and financial arrangements between the Council and the CCGs. These are currently in development.

8.2 At its meeting on 5 July 2016 the Children's Social Care and Health Cabinet Committee endorsed the decision to be taken by the Cabinet Member for Specialist Children's Services:

a) That Kent County Council enter into such legal agreements that are necessary and appropriate to enable the joint operational delivery of the project between the County Council and 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 health 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

9. Conclusion

9.1 There are ongoing challenges with the current service with the waiting times and high demand. Officers from the Council's commissioning unit continue to monitor performance and work with the provider to address these.

9.2 The services described above are part of a whole system pathway designed to meet the emotional wellbeing and mental health needs of children and young people, to prevent escalation and enable fast access to the right part of the system.

10. Recommendation

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

11. Background Documents

Reports to Childrens Social Care and Health Cabinet Committee on:
22 March 2016 https://democracy.kent.gov.uk/documents/s63942/C1%20-%20Procurement%20of%20Children%20and%20Young%20Peoples%20Mental%20Health%20Service.pdf

8 September 2015 https://democracy.kent.gov.uk/documents/s59415/B2%20-%20Emotional%20Health%20and%20Wellbeing%20Strategy%20Cover%20Report%20-%20Final.pdf

12. Contact details

Report Author
Carol Infanti
Commissioning Officer, Children's Commissioning
03000 416294
carol.infanti@kent.gov.uk

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

From: John Lynch, Head of Democratic Services

To: Children's Social Care and Health Cabinet Committee – 11 January 2017

Subject: **Work Programme 2017-18**

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 2017/18.

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, Vice-Chairman and Group Spokesmen.

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 2017/18

3.1 An agenda setting meeting was held on 11 November 2016, at which items for this meeting's agenda were agreed and future agenda items discussed. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion in the agenda of future meetings.

3.2 The schedule of commissioning activity 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 2017/18.

6. Background Documents

None.

7. Contact details

Report Author:
Jemma West
Democratic Services Officer
03000 419619
Jemma.west@kent.gov.uk

Lead Officer:
John Lynch,
Head of Democratic Services
03000 410466
John.lynch@kent.gov.uk

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Last updated: 16 December 2016

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE – WORK PROGRAMME 2017/18

Agenda Section	Items
23 MARCH 2017	
B – Key or Significant Cabinet/Cabinet Member Decisions	• **Rates and charges** • **Future Commissioning Arrangements for External Fostering Placements** •
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Draft Directorate Business Plan** • **Strategic Risk Report** • **Action Plans arising from Ofsted inspection** (replaces former CSIP update) to alternate meetings • **Update on teenage pregnancy strategy–** seek data for more local (ward) level. (*Requested at 8 Sept 2015 mtg)*
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Children in Care Stats** • **Public Health Performance Dashboard** • **Contract Management** • **Work Programme**
E – for Information - Decisions taken between meetings	
30 JUNE 2017	
B – Key or Significant Cabinet/Cabinet Member Decisions	•
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Action Plans arising from Ofsted inspection** (replaces former CSIP update) to alternate meetings
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Children in Care Stats** • **Public Health Performance Dashboard** • **Contract Management** • **Work Programme**
E – for Information - Decisions taken between meetings	
22 SEPTEMBER 2017	
B – Key or Significant Cabinet/Cabinet Member Decisions	•
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Equality and Diversity Annual report** • **Annual Complaints report**

D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Children in Care Stats** • **Public Health Performance Dashboard** • **Contract Management** • **Work Programme**
E – for Information - Decisions taken between meetings	
1 DECEMBER 2017	
B – Key or Significant Cabinet/Cabinet Member Decisions	•
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Action Plans arising from Ofsted inspection** (replaces former CSIP update) to alternate meetings
D – Performance Monitoring	• **Specialist Children's Services Performance Dashboards** • **Children in Care Stats** • **Public Health Performance Dashboard** • **Contract Management** • **Work Programme**
E – for Information - Decisions taken between meetings	
24 JANUARY 2018	
B – Key or Significant Cabinet/Cabinet Member Decisions	•
C – Other items for Comment/Rec to Leader/Cabinet Member	• **Budget Consultation and Draft Revenue and Capital Budgets**
D – Performance Monitoring	• **CAMHS monitoring** (relative roles of CSCH and HOSC around governance and service monitoring will need to be clarified) • **Specialist Children's Services Performance Dashboards** • **Public Health Performance Dashboard** • **Work Programme**
E – for Information - Decisions taken between meetings	
13 MARCH 2018	
B – Key or Significant Cabinet/Cabinet Member Decisions	• **Rates and charges**
C – Other items for	• **Draft Directorate Business Plan**

Comment/Rec to Leader/Cabinet Member		• **Strategic Risk Report** • **Action Plans arising from Ofsted inspection** (replaces former CSIP update) to alternate meetings
D – Performance Monitoring		• **Specialist Children's Services Performance Dashboards** • **Children in Care Stats** • **Public Health Performance Dashboard** • **Contract Management** • **Work Programme**
E – for Information - Decisions taken between meetings		
month	**section B/C/D/E**	**item**
JUNE	**C** **D** **D** **D** **D**	• **Action Plans arising from Ofsted inspection** (replaces former CSIP update) to alternate meetings • **Specialist Children's Services Performance Dashboards** • **Children in Care Stats** • **Public Health Performance Dashboard** • **Contract Management** • **Work Programme**
SEPTEMBER	**C** **C** **D** **D** **D** **D** **D**	• **Equality and Diversity Annual report** • **Annual Complaints report** • **Specialist Children's Services Performance Dashboards** • **Children in Care Stats** • **Public Health Performance Dashboard** • **Contract Management** • **Work Programme**
DECEMBER	**C** **D** **D** **D** **D**	• **Action Plans arising from Ofsted inspection** (replaces former CSIP update) to alternate meetings • **Specialist Children's Services Performance Dashboards** • **Children in Care Stats** • **Public Health Performance Dashboard** • **Contract Management** • **Work Programme**

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