

## KENT COUNTY COUNCIL

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

MINUTES of a meeting of the Children's Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 22 April 2014.

PRESENT: Mrs A D Allen, Mr R E Brookbank, Mrs P T Cole, Mrs M E Crabtree, Mr D S Daley (Substitute for Mr M J Vye), Mrs M Elenor, Ms A Harrison (Substitute for Ms C J Cribbon), Mrs S Howes, Mr G Lymer, Mr B Neaves, Mr P J Oakford, Mr C P Smith and Mrs Z Wiltshire

ALSO PRESENT: Mrs J Whittle

IN ATTENDANCE: Mr A Ireland (Corporate Director, Social Care, Health & Wellbeing), Ms S Hammond (Assistant Director of Specialist Children's Services, West Kent), Mr A Scott-Clark (Acting Director of Public Health) and Miss T A Grayell (Democratic Services Officer)

#### UNRESTRICTED ITEMS

##### 1. Membership

The Democratic Services Officer reported that, since the agenda had been published, Mr B Neaves had joined the Committee. This was because the United Kingdom Independence Party (UKIP) had decided to transfer the third seat it had previously been allocated on the former Communities Cabinet Committee to this Committee. She asked the Committee to note its Membership.

##### 2. Apologies and Substitutes

*(Item 2)*

1. Apologies had been received from Ms C J Cribbon, Mr M J Vye and Mr G Gibbens.
2. Ms A Harrison was present as a substitute for Ms C J Cribbon and Mr D S Daley was present as a substitute for Mr M J Vye.

##### 3. Election of Chairman

*(Item 3)*

Mr C P Smith proposed and Mrs Z Wiltshire seconded that Mrs A D Allen be elected Chairman of the Committee. There were no other nominations and it was AGREED that Mrs Allen be elected.

*Mrs A D Allen thereupon took the Chair*

##### 4. Election of Vice-Chairman

*(Item 4)*

Mrs A D Allen proposed and Mrs P Cole seconded that Mrs M Crabtree be elected Vice-Chairman of the Committee. There were no other nominations and it was AGREED that Mrs Crabtree be elected.

**5. Declarations of Interest by Members in items on the Agenda**  
(Item 5)

There were no declarations of interest.

**6. Minutes of the final meeting of the former Social Care and Public Health Cabinet Committee, held on 16 January 2014**  
(Item 6)

RESOLVED that these be noted.

**7. Minutes of the meetings of the Corporate Parenting Panel held on 13 December 2013 and 14 February 2014, for information**  
(Item 7)

RESOLVED that these be noted.

**8. Meeting dates for the remainder of 2014**  
(Item 8)

1. RESOLVED that the meeting dates reserved for this Committee for the remainder of 2014 be noted, as follows:-

Wednesday 9 July  
Tuesday 23 September  
Wednesday 3 December

*All meetings would commence at 10.00 am at County Hall, Maidstone.*

2. Ms Harrison asked that future meeting dates for all Cabinet Committees be arranged to fit around the quarterly Financial Monitoring timetable so Cabinet Committees could see up-to-date information and be able to monitor this effectively. The Democratic Services Officer undertook to look into this.

**9. Verbal Updates by Cabinet Members and Directors**  
(Item 9)

1. Mrs J Whittle gave an oral update on the following issues:-

**Parliamentary Education Select Committee Report** – Mrs Whittle had given evidence to the Select Committee about children placed more than 20 miles from their home. It was known that some placing authorities did not undertake the risk assessment that they were required to do before placing a child. Some sanctions would be needed to make sure that placing authorities complied with the new Government regulation that no placement over 20 miles' distance from a child's home should be made unless there was a very good reason for doing so. Mrs Whittle said she would await a response to the Select Committee's report before lobbying the Children's Minister about sanctions, and *would send Committee Members a copy of her letter to the Minister.*

**Adoption Outcomes** – placements and adoptions had both increased substantially. Siblings and children with disabilities were harder to place, and adopters were being sought who could take on these harder-to-place children. Another adoption day would be arranged shortly, at which prospective adopters could meet children awaiting adoption. The previous adoption day in July 2013 had been a great success.

**CAMHS** – this had been the subject of a constructive debate at a recent meeting of the Health Overview and Scrutiny Committee (HOSC), and work to reduce the waiting time between referral and treatment was continuing. Although services for Tiers 1 to 4 were provided by different agencies, the service should appear seamless to service users. Improvement to the service had been achieved but much work was still needed, as the current provider had inherited a service with major shortcomings.

**Family Justice/Family Courts** – this issue had been the subject of very recent media coverage, as care proceedings were now required to be concluded within 26 weeks. Some delays had been caused by the need to engage expert witnesses, but the involvement of these witnesses at as early a stage as possible would help proceedings. Good progress had been made in the County Council's relationship with the judiciary. A Family Rights Group had expressed a fear that a child's birth family might be excluded from legally taking on care of the child.

2. Mrs Whittle, Mr Ireland and Ms Hammond then responded to comments and questions from Members, as follows:-

- a) it was difficult to generalise about the weight that a birth mother's wishes would be given as every case was unique and would be judged on its individual circumstances. There was much which needed to be taken into account, including the relationships between parents, grandparents and other family members and the way in which conflict of emotional interests might be dealt with in the family; and
- b) robust sanctions would be needed to address the placement problems experienced in Thanet. Ofsted's inspection framework for children's homes was being tightened up, and Mrs Whittle undertook to look into a speaker's specific concerns outside the meeting.

3. Mr A Ireland gave an oral update on the following issues:-

**Appointment of Assistant Director of Safeguarding and Quality Assurance** – Patricia Denney had taken up this post.

**Implementation of Liberi** – the installation of the computer client management system was now complete and had gone well. The new system had been commissioned to address issues highlighted by the 2010 inspection. Staff had been trained to use the new system and had reported that it was a great improvement.

**The Preventative Services function** had moved to the Education and Young People's Services Directorate as part of the Transformation exercise. Staff from Specialist Children's Services had transferred.

**Staff Briefings** had shown that morale was high and staff felt positive and engaged.

4. Mr Scott-Clark gave an oral update on the following issues:-

**Local Authority commissioning of Health Visitors** – the date on which the County Council would take over the commissioning of the health visitor service had been delayed from April 2015 to October 2015 due to an ongoing programme of work.

However, the County Council would be able to influence the commissioning of the service before that time by working with NHS England. *Mr Scott-Clark undertook to keep the Cabinet Committee updated on issues relating to the transfer of the service. Update on School Nursing* – the school nursing service was working closely with and becoming integrated with the Youth Offending Service. This joint working was welcomed and its success would be monitored.

5. Mr Scott-Clark then responded to comments and questions from Members, as follows:-

- a) the close working of the school nursing and youth offending services would allow improved access to families to undertake preventative work, whether or not these services were to be co-located with the health visitor service. All school nursing services were commissioned by the Kent Community Health Trust, using a commissioning grant from the Government; and
- b) it was unclear as yet whether the County Council would take over the commissioning of the health visitor service as it was or make changes to it in the future. Recruitment of health visitors in Kent was currently on course, with a good training package being offered to help encourage new applicants. The service was currently limited to children aged between 0 and 5, however, so the service did not have as broad a scope as the County Council would wish it to have.

6. The verbal updates were noted, with thanks.

## **10. Tendering for Kent Community Infant Feeding Service** *(Item 1)*

*Mr M Gilbert, Commissioning and Performance Manager, was in attendance for this item.*

1. Mr Gilbert introduced the report and explained that the proposal to tender for a community infant feeding service had come partly from a review which had shown that the prevalence of breastfeeding in Kent was below the national average. Tendering for the service would commence shortly and a further report made to this Committee in July, at which time the Committee would be able to comment and either endorse or make a recommendations to the Cabinet Member on the award of a contract. During discussion, Members made the following comments:-

- a) it would be easier to monitor progress on breastfeeding if clear statistics were available on current patterns and target rates. Increasing breastfeeding activity would rely on sufficient staffing and resourcing to promote and support initiatives;
- b) breastfeeding was difficult for some mothers to achieve, and to persevere through the first few days often took intensive support from hospital nurses. Without this early support, many mothers would give up;

- c) advice and guidance given to mothers, eg about how and when to wean a child, was often confusing. Mothers were previously advised to breastfeed for one year;
- d) attitudes to breastfeeding in public needed to be addressed, and acceptance and even 'championing' of breastfeeding at leisure venues promoted. If premises were to display a sticker in their window, parents could be confident that they would be able to breastfeed there, and others using the premises would know they would not have grounds to complain; and
- e) mothers who found they could not breastfeed successfully, and those who did not wish to breastfeed, should not be overlooked and should be supported.

2. Mr Scott-Clark explained that data would be gathered from GPs and would measure two phases; firstly, how many mothers started to breastfeed, and secondly, how many were still doing so 6 to 8 weeks later. He agreed that support for new nursing mothers needed to be consistent, and the right people needed to be targeted at the right time. He confirmed that a budget to support the initiative had been identified.

3. The Cabinet Member, Mrs Whittle, supported the comment made about the need for sufficient support and clear targets to allow progress to be measured. Most new mothers now stayed in hospital for a very short period of time, if at all, so were not able to have the 7 to 10 days of nursing support that had helped previous generations of mothers. She said that health visitors were geared up to supporting mothers at home, and suggested that a scheme of peer mentors could also support new mothers to breastfeed successfully. A campaign to raise public awareness and acceptance could make use of social media, and premises could be encouraged to advertise themselves as being 'breastfeeding friendly'. She undertook to take forward this initiative. Mr Scott-Clark added that some premises had won an award for their facilities for young parents, and the media publicity that such an award would attract would boost custom and increase takings.

4. RESOLVED that:-

- a) the proposed new service model and commissioning arrangements for infant feeding services in Kent be endorsed;
- b) a further report be made to the Committee's July meeting, at which time the Committee would be able to comment and either endorse or make a recommendation to the Cabinet Member on the award of contract; and
- c) figures for breastfeeding, in two phases – initiation and at 6 – 8 weeks - as set out by Mr Scott-Clark in paragraph 2 above, be reported to future meetings of the Committee as part of the regular public health performance dashboard report.

## **11. Financial Monitoring 2013/14** *(Item 1)*

*Miss M Goldsmith, Finance Business Partner, was in attendance for this item.*

1. Miss Goldsmith introduced the report and responded to comments and questions from Members.

2. The Chairman referred to the comment made by Ms Harrison earlier in the meeting about the unsatisfactory delay in Cabinet Committees receiving financial monitoring information, eg being asked to comment on the third quarter's figures after the end of the financial year. Ms Harrison had asked that future meeting dates for all Cabinet Committees be arranged to fit around the quarterly Financial Monitoring timetable so Committees could see up-to-date information and be able to monitor this effectively. The Democratic Services Officer undertook to look into this and Miss Goldsmith undertook to report this view back to the Corporate Director for Finance and Procurement.

3. In addition, Members made the following comments:-

- a) the current timing of monitoring and reporting to Committee meant that Members were asked to comment on the outturn retrospectively, which they felt was irrelevant and a waste of their time;
- b) one Member had been unable to open the link to the report to Cabinet, which contained the detailed figures, and had been included in the report to this Committee; and
- c) Members asked that their dissatisfaction at the mismatched timing of monitoring reports and Committee meeting dates and at being asked to comment on outturn figures retrospectively be noted, and the meeting dates be brought into line with the financial monitoring timetable as soon as possible.

4. RESOLVED that:-

- a) the revenue and capital forecast variances from budget for 2013 – 14, within the remit of this Cabinet Committee, based on the third quarter's full monitoring to Cabinet, be noted; and
- b) the Committee's request that due notice be taken of its comments, and that the meeting dates be brought into line with the financial monitoring timetable as soon as possible, be noted.

**12. Draft 2014-15 Social Care, Health and Wellbeing Directorate Business Plan (Strategic Priority Statement)**  
*(Item 2)*

*Mr M Thomas-Sam, Strategic Business Advisor, Policy and Strategic Relationships, was in attendance for this item.*

1. Mr Thomas-Sam introduced the report and explained that the business plans of the four new Directorates had a changed status and were no longer the vehicle for the key decision process. Each Cabinet Committee was being asked to comment on

the business plans for the Directorates to which it related, and the final version of each would then be approved by the relevant Cabinet Member and Director/s.

2. In discussion, Members made the following comments:-

- a) the proposed A5 format of the final plan would mean the type would be very small and could be difficult for some users to read comfortably; and
- b) similarly, the lighter coloured type in which some of the text was presented could be difficult for some users to see clearly.

3. Mr Thomas-Sam undertook to look into what could be done to improve the readability of the document.

4. RESOLVED that the draft Directorate business plan (Strategic Priority Statement) for the Social Care, Health and Wellbeing Directorate be noted, prior to the final version being approved by the relevant Cabinet Members and Corporate Director.

### **13. Specialist Children's Services Performance Dashboard** *(Item 3)*

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

1. Mrs Robinson introduced the report and tabled the quarter 4 information referred to in the report. Mr Ireland explained that it had not been possible to produce the data earlier due to delays in extracting data from the new Liberi system, and added that he had thought it helpful to table the information to show Members that it was now available.

2. Members were asked to review and comment on the quarter 3 (December) figures, which had been included in the published report. Mr Ireland was asked where the ultimate responsibility rested if areas of performance with a low rating were not to improve, and he confirmed that this responsibility rested with him and the Cabinet Member. He said that areas in which performance was currently low-rated were ones which he and senior managers were already aware of as long-standing challenges, eg the percentage of posts filled by agency staff. Recruitment of qualified, permanent social work staff was a national problem.

3. Mrs Whittle added that social worker recruitment was something for which there was no easy solution. Many local authorities would take on agency staff as the quickest way of reacting to a crisis situation, a poor inspection or the issue of an improvement notice. She said she would like to see a national cap placed on the percentage of agency workers any local authority could employ at any one time, and possibly also on rates of pay for agency staff. *She undertook to report back to this Committee on this issue.*

4. Mr Ireland pointed out that the relevant indicator was focussed on the number of qualified social workers holding caseloads. Although the County Council had recruited some 90 new qualified social workers in the last year, some of these may not yet have shown up in December's statistics if the newer of them were not yet

holding caseloads. Ms Hammond added that each of the four areas of the county held a monthly recruitment board to address recruitment issues. The pool of qualified social workers was limited, and Kent had to compete with neighbouring authorities for them. It was also important to achieve appropriate and realistic caseloads, especially for newly-qualified social workers.

5. RESOLVED that the Specialist Children's Services performance dashboard be noted and a further report be made to a future meeting of this Committee on the recruitment and retention of qualified, permanent social workers.

#### **14. Public Health Performance - Children and Young People**

*(Item 4)*

*Mr M Gilbert, Commissioning and Performance Manager, was in attendance for this item.*

1. Mr Gilbert introduced the report and explained that, although the indicators which it was proposed to add were measured annually, he would be able to provide the Committee with local detail more frequently. In response to a question about why Kent's rate of breastfeeding was lower than the national average, Mr Scott-Clark explained that an audit of data supplied by GPs' surgeries would aim to verify the accuracy of that data. When looking at breastfeeding rates, it was important to bear in mind the number of women who needed to return to work and hence could not breastfeed, and differing attitudes to breastfeeding prevalent amongst a culturally-diverse county.

2. RESOLVED that:-

- a) the information set out in the report be noted;
- b) the addition to future reporting of the public health indicators, for the percentage of pregnant women smoking at the time of delivery and conceptions per 1,000 of under 18s (both to be reported annually), be agreed;
- c) the National Child Measurement Programme (NCMP) section of the dashboard be amended to include both overweight and obese children, to bring Kent's reporting into line with national guidelines; and
- d) an indicator of performance of the school nursing service be added to future reporting, once the re-commissioning of this service had been completed.

#### **15. Post-Improvement Member Involvement**

*(Item 5)*

1. Mrs Whittle introduced the report and directed Members to the three options for keeping them informed and assured of future progress in Specialist Children's Services which were set out in the report, namely:

- to continue with current arrangements;
- to continue with the Children's Services Improvement Panel (CSIP), maintaining an informal discussion forum, but aligning the meeting to the



children's transformation agenda, potentially re-naming it the Children's Services Transformation Panel (CSTP); or

- to dissolve the Children's Services Improvement Panel (CSIP).

She emphasised that much work had been put into addressing the issues highlighted by the 2010 improvement notice.

2. RESOLVED that the first option, to continue with the current arrangements, be selected as the preferred option.

**16. Revision of Rates Payable and Charges Levied for Children's Services in 2014 to 2015**  
*(Item 1)*

Details of a decision taken since the final meeting of the former Social Care and Public Health Cabinet Committee, on 16 January 2014, were noted.