

## 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, 23 September 2014.

PRESENT: Mrs A D Allen, MBE (Chairman), Mrs M E Crabtree (Vice-Chairman), Mr M A C Balfour (Substitute for Mrs J Whittle), Mr H Birkby (Substitute for Mr B Neaves), Mr R E Brookbank, Mrs P T Cole, Ms C J Cribbon, Mrs V J Dagger, Mrs M Elenor, Ms A Harrison (Substitute for 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: Mr A Ireland (Corporate Director Social Care, Health & Wellbeing), Mr A Scott-Clark (Interim Director Public Health), Mr P Segurola (Interim Director of Specialist Children's Services) and Miss T A Grayell (Democratic Services Officer)

#### UNRESTRICTED ITEMS

**1. Apologies and Substitutes**  
(Item A2)

The Democratic Services Officer reported that Mr M A C Balfour was present as a substitute for Mrs J Whittle, Mr H Birkby was present as a substitute for Mr B Neaves and Ms A Harrison was present as a substitute for Mrs S Howes.

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

There were no declarations of interest.

**3. Minutes of the meeting held on 9 July 2014**  
(Item A4)

RESOLVED that the minutes of this committee's meeting held on 9 July 2014 are correctly recorded and they be signed by the Chairman. There were no matters arising.

**4. Minutes of the meeting of the Corporate Parenting Panel held on 19 June 2014**  
(Item A5)

RESOLVED that these be noted.

**5. Verbal updates**  
(Item A6)

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

***Attended Challenger Troop Award evening***

***Fostering awareness at the Tunbridge Wells Mela event***

***Visit to Essex County Council to discuss their journey to Good*** after which, Essex would then visit Kent to meet informally with Mr Oakford and Mr Segurola.

***Virtual School Kent (VSK) awards day at Canterbury Cricket Ground*** – this event had been excellent and it had been very rewarding to see young people's pride in their achievements.

***Social Worker Recruitment***

***Foster Carer Recruitment*** – Kent was not short of foster carers but struggled to find foster carers for harder-to-place children such as groups of siblings and those with disabilities or behavioural problems, so a targeted recruitment drive for these areas was needed.

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

***Staffing changes*** – Mr Segurola had been appointed as acting Director of Specialist Children's Services, following the departure of Ms MacNeil, Mr Segurola's substantive post in North Kent would be covered by Michelle Woodward and Sue Butcher would act as Interim Assistant Director of East Kent in place of Suzanne King. Mr Ireland reassured Members that he was confident that there would be no loss of stability due to these changes.

***Emotional Health and Wellbeing Strategy*** – this service was broader than the CAMHS service, with which the Committee was familiar. The contract renewal for this service would take place in 2015, with a revised specification.

***Post Sexual Abuse Support Service (PSASS)*** – the recent attempt to re-let the contract for this had been unsuccessful as no bidders had been able to meet the specification, so a temporary extension of the existing contract would be effected by a single source tender.

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

- a) concern was expressed that the service specification for the CAMHS service had been insufficient in the past and that this shortfall may be repeated in the next contract. Members would need to have adequate briefing on the new service and a role in monitoring its delivery, as it was important that Members be able to understand how the service worked. Mr Ireland replied that the contract was not a County Council one but that the County Council would be able to have input into it. The level of NHS funding available for the service would be the key factor in setting the specification; and
- b) the timeframe and process for the single source tender for PSASS was confirmed. It was important to avoid any interruption to the service so an extension of the existing contract had been negotiated, with a plan to return to the market early in 2015.

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

***Key Decision Contract Award for Kent Community Infant Feeding Service***

**10 July Attended Mental Health Engagement event for Dartford, Gravesham and Swanley, Swale & West Kent CCG Areas in Lenham**

**15 July Attended the Local Government Association Physical Activity Senior Leadership Forum in London**

**17 September Presented at the Public Health England Conference in Warwick**

**15 October 2014 seminar by Professor Chris Bentley on Health Inequalities –**  
Members were given the details of this event and encouraged to attend.

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

**Update on transfer of Health Visitor responsibilities**

**Flu campaign** – the number flu vaccinations given in Kent last year had been disappointing, so it was hoped that this year would show an improvement, particularly for at-risk groups such as pregnant women, young children, older adults and those with pre-existing conditions. National trials of vaccination via GPs' surgeries had been extended to schools.

**Kent School Nursing Conference**

**Public Health England Conference** – Mr Gibbens had spoken at this about Public Health Intelligence. Kent was performing well in this field and was a national leader.

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

- a) health visitors would be partly funded by Kent Community Health Trust (KCHT) and partly by the County Council, and as they would not be employed by the County Council it could not set their terms and conditions. This would mean the County Council would not have the challenge of competing with other local authorities' terms and conditions, as it did for social workers. Mr Ireland added that, at a KCHT meeting on 22 September, it had been confirmed that health visitor recruitment was on track;
- b) similarly, the County Council could seek to influence but could not direct the administration of flu vaccinations. Broadening the range of locations at which vaccinations could be offered, eg to include children's centres, older people's day centres, nursing homes and schools, could be suggested but not directed, as the national standard delivery route was via GPs' surgeries; and
- c) retaining health visitors, once recruited, and exploring possible locations at which to base them, was also a challenge, and Mr Oakford said he had some ideas about how this could be achieved. Mr Scott-Clark added that remuneration for health visitors would need to be addressed, as for social workers, to maximise retention rates. The County Council and Medway Council had agreed that accommodation costs could be included in health visitors' contracts of employment.

5. RESOLVED that the verbal updates be noted.

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

1. Mr Scott-Clark introduced the report and outlined the process of drafting the strategy and the consultation which had taken place.
2. In discussion, Members made the following comments:-
  - a) disappointment was expressed that no mention had been made in the strategy of the work undertaken in 2007 by the County Council's Select Committee on PSHE, and a view expressed that the current strategy should build on the work of the Select Committee and its recommendations, which had, at the time, influenced legislation. Mr Scott-Clark undertook to look back at the Select Committee's report and ensure that the strategy referenced it appropriately. He assured Members that good progress had been made in recent years in reducing teenage pregnancy rates but there were still pockets of higher rates which needed to be addressed;
  - b) concern was expressed that the most current data available was from 2011/12. Mr Scott-Clark agreed that it was an ongoing frustration that national data was always a couple of years behind and that there was always some discrepancy between proxy data and national reporting. He reassured Members, however, that this did not cause any hindrance to the County Council establishing its strategy;
  - c) in response to a question about any bearing that the ethnic background of a young person might have on their likelihood of having a teenage pregnancy, Mr Scott-Clark explained that, although some cultural groups had a custom of becoming parents at a younger age, the status of a young person, eg being in care, was more important than ethnic background in assessing their chances of having a teenage pregnancy. Rates of teenage pregnancy were also linked to areas of deprivation;
  - d) although a family could often cope with supporting one baby born to a teenage parent, a second baby would be a bigger problem. Childcare costs and finding other facilities, such as workplace nurseries, would make supporting two babies too much of a challenge for many families. Mr Scott-Clark explained that services focussed on providing emotional support to young parents and that a key part of sexual health support services was geared to discouraging second or subsequent births. It was this education element which had been a key part of Kent's success in reducing its teenage pregnancy rates; and
  - e) a certain amount of change would inevitably take place during the life of any strategy, and Mr Scott-Clark assured Members that there would be a process for reviewing the strategy as time passed, and that it would be adopted around the county by local Children's Health and Wellbeing Boards. Continuous monitoring would also take place, and would be reported to the Committee, as reduction of teenage pregnancy rates was a public health performance indicator.
3. The Cabinet Member, Mr Gibbens, thanked Members for their comments and undertook to take account of them when taking a decision to approve the strategy. He agreed that ongoing monitoring was critical to the success of the strategy and

offered to establish a working group of Members to monitor progress on reducing rates of teenage pregnancy.

4. RESOLVED that:-

- a) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to approve the teenage pregnancy strategy, be endorsed;
- b) the work of the County Council's Select Committee on PSHE be reviewed and its recommendations built into the new teenage pregnancy strategy; and
- c) a Member working group be established to monitor the progress of the reduction in teenage pregnancy rates.

## **7. School Public Health** *(Item B2)*

1. Mr Scott-Clark introduced the report and, in response to a question, explained that data from the service would be used to input into needs assessments, and that more detail of the work of school nurses would be included in future monitoring report to the Committee.

2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to extend the contracts with Kent Community Health Trust and Medway Foundation Trust until 30 September 2015, to allow the outcome of the Healthy Child Review to influence a future procurement of the school public health service, be endorsed.

## **8. Developing a Public Health Strategy** *(Item B3)*

1. Mr Scott-Clark presented a series of slides which set out the context of and process for establishing a public health strategy and summarised the strategy's key components. The slides had been included in the agenda pack for the meeting. He responded to comments and questions from Members, as follows:-

- a) in setting its public health strategy, the County Council would need to involve its district council partners as many public health issues would be easier to tackle at a local level. Mr Scott-Clark agreed that local working was vital as it was locally that lifestyle changes could be delivered, eg via housing and leisure facilities;
- b) the 'health improvement' section of the strategy featured smoking rather than obesity, whereas the latter was of at least equal concern and should be addressed frankly. Smokers contributed to the treatment of smoking-related illnesses via the taxes they paid on tobacco products, whereas those with a habit of overeating did not make the same contribution to the treatment of obesity-related illnesses. Mr Scott-Clark responded that smoking was known to have the greatest impact on health, so work to minimise this would continue, with the aim of building on past successes. However, obesity was the next area to be targeted by high-profile work, with a review of the healthy weight service. An obvious issue to be

addressed would be the habit of retail outlets of displaying sweets and chocolate at checkouts, although obesity was about more than just addressing a calorie-rich diet; promoting physical activity was also important;

- c) people should take responsibility for their own health and would need to be encouraged to address their own diet and lifestyle choices. Mr Scott-Clark supported this view and said this was a key element of the Health and Wellbeing Strategy. The message needed to be about the twin priorities of good diet and increased physical activity and their importance in addressing general health and such things as the vascular element of dementia;
- d) a speaker who served as a school governor added that some children who lived very close to their school were driven there by car rather than being allowed to walk. There was a need to encourage a change of lifestyle and attitudes, and co-working between County Council Directorates to address this was welcomed. In France, all new housing developments were built with integral cycle routes, and cycling could be promoted more in the UK;
- e) to make informed decisions to address such issues as smoking and obesity, the County Council would need to have good knowledge via reliable data. Mr Scott-Clark explained that data collection had improved in recent years and data collation was now a key role of Public Health England, with a fully-staff team there dedicated to it. It was important to collate data from all partners – eg from the Kent and Medway Fire and Rescue Authority, whose boiler-check programme aimed to minimise incidence of illness caused by CO2 emissions - and there was still some work to do in this area;
- f) a view was expressed that the County Council could set an example of healthy eating by serving healthy meals to staff and Members in the County Hall restaurant; and
- g) health inequalities were a big part of the public health issues which Kent needed to address.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments, of which he undertook to take account when approving the strategy. He supported the comments made about working with district partners and the importance of addressing smoking. He assured Members that health inequalities were a top priority for him and outlined his commitment to addressing this issue in his local area.

3. RESOLVED that the presentation be noted and the outline public health strategy be welcomed and commended.

**9. Update on progress of the Transformation of Children's Services, specifically the 0 - 25 programme supported by Newton Europe**  
*(Item B4)*

*Mr T Wilson, Head of Strategic Commissioning (Children's) was in attendance for this item.*

1. Mr Wilson presented the series of slides, which had been included in the agenda pack, to set out the progress made so far on phase 1 of the transformation of Children's Services and the plans for phase 2, for which a decision would be reported to the Committee's December meeting. He and Mr Ireland responded to comments and questions from Members, as follows:-

- a) elected Members would be involved in the process via the Transformation Advisory Group. It was requested that the dates of, and arrangements for, that group be sent to Members so all could be aware of its work; and
- b) disappointment was expressed that an external consultant had been needed to identify variations in the level of spend per child across different areas of the county, and the need to have an ongoing method of identifying such patterns in future was emphasised. Mr Wilson explained that Newton Europe and County Council staff had been trained together and had shared skills. It was important that lessons learnt from Newton Europe be remembered.

2. The Cabinet Member, Mr Oakford, said that Newton Europe's approach had been honest and thorough in highlighting any issue which needed attention, and said that they had his full support. The efficiency savings they had identified were realistic and achievable and supported the County Council's work. Whilst the approach taken to identifying changes was refreshing, effective implementation of those changes would be vital. Mr Ireland agreed that changes identified were achievable and had the support of County Council staff. Newton Europe's success with transformation of adult services gave confidence that the transformation of the children's services would also be good.

3. RESOLVED that the Committee note:-

- a) the progress of the 0-25 Programme, and the way in which County Council officers were working alongside Newton Europe to re-design services; and
- b) that a further report be presented to this Committee in December 2014, at which potential key decisions in relation to delivering changes, and the way in which they would be implemented, would will be set out for discussion and comment.

## **10. Proposed Revised Policy on Financial Allowances for Children's Arrangements** *(Item B5)*

1. Mr Segurola introduced the report and explained that the current change was being proposed to regulate and bring the payment levels in line with recent case law judgements and to introduce appropriate uplifts.

2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Specialist Children's Services, to revise the policy on financial allowances, as set out in the report, be endorsed.

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

*(Item D1)*

*Ms K Sharp, Head of Public Health Commissioning, was in attendance for this item.*

1. Ms Sharp introduced the report and responded to a question about the target for the recruitment of health visitors by explaining that the County Council aimed to transfer 320 health visitors from the NHS in October 2015, with 22 more being commissioned by Public Health England, to make a total of 342. Mr Scott-Clark added that the target figure for health visitor recruitment was shaped by the population need across the county and that the number actually appointed would always lag behind the target a little as they needed to go through a period of training before being formally appointed.

2. RESOLVED that the current performance and action taken by public health, and the fact that the breastfeeding statistics for Kent had not been published as they had not met validation criteria, be noted.

## **12. Specialist Children's Services Performance Dashboard**

*(Item D2)*

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

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

a) in response to a question about the apparent lack of budget monitoring as part of the dashboard process, Mr Ireland explained that budget spend was monitored but that the primary role of the dashboard was to monitor activity against performance indicators. He reminded Members that Cabinet Committees had not wished to receive budget monitoring papers at their meetings as the information contained in them was not sufficiently current to allow them to make useful comment on it;

b) the speaker expressed a view that financial implications must surely be identified through the year as performance was monitored and trends noted, and asked about the possibility of adding a financial element to future dashboards. Ms Robinson explained that key activity data was included in budget reports;

c) it was good to see fewer indicators than previously rated as red on the dashboard but achieving this level of performance must have had cost implications; and

d) it was helpful to see the number of children in care placed within 10 miles of their home. The County Council had a good record in relation to placing children in care within the Kent boundaries.

2. RESOLVED that the Specialist Children's Services dashboard be noted.

### **13. Equality and Diversity Annual Report**

*(Item D3)*

*Ms A Agyepong, Corporate Lead, Equality and Diversity, was in attendance for this item.*

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

- a) the current report was concerned mostly with processes, and an interim report was requested, before the next annual report, about other parts of the County Council's equality and diversity work. The chart in appendix 1 to the report listed the ways in which data was profiled, ie by age, gender, disability and ethnicity, and it would be useful to be able to see the service impact on these various groups of clients. Ms Agyepong explained that analysis was undertaken of various groups where such work had an identifiable service application, eg health checks for children in care; and
- b) another speaker who had also served on the Strategic Equalities Group had been advised at that group that some cinemas offered screenings of films just for autistic children and that leisure facilities opened swimming pools for sessions just for disabled children. It would be interesting to find out if there were more scope for such arrangements.

2. RESOLVED that:-

- a) current performance and the proposed changes to equality objectives be noted, and revised objectives be reported to future meetings;
- b) equality governance continue to be observed in relation to decision making;
- c) the Committee continue to receive annual reports in order to comply with the Public Sector Equality Duty; and
- d) a report on the service impact on client groups, broken down by age, gender, disability and ethnicity, be made to a future meeting of the Committee.

### **14. Recruitment and Retention of Children's Social Workers**

*(Item D4)*

*Ms K Ray, Human Resources Business Partner, was in attendance for this item.*

1. Ms Ray introduced the report and highlighted key aspects of recruitment and retention, including ensuring that Kent had a presence in the market place, addressing key career points at which a social worker was more likely to leave their post, provision of care allowances and the number of first-line manager and supervisor posts filled by agency staff. Ms Ray, Mr Ireland and Mr Segurola responded to comments and questions from Members, as follows:-

- a) the proposed improvements to the recruitment and retention strategy were supported as a sensible way in which to address the challenge, and the Cabinet Member, Mr Oakford, said he was seeking the Committee's comment before taking a key decision to commit to the cost of the proposed improvements;
- b) in response to a question about the levels of seniority which accompanied the comparisons of salary across other local authorities, Ms Ray undertook to supply the required information to the questioner outside the meeting;
- c) in response to a question about the feasibility of recruiting team managers from within existing internal staff rather than from an agency, Mr Segurola said that in-house recruitment would always provide a stronger staff base;
- d) the Liberi IT system, introduced in December 2013, was more user-friendly than the previous system and had proved more successful so far in reducing the time social workers needed to spend on administrative tasks. It was fulfilling the vital role of providing management information from which supervisors and team leaders could monitor workloads;
- e) although some social workers may wish to work flexibly – eg part-time – it was vital to balance this desire for flexible working against the needs of children being cared for, which were paramount; and
- f) an update on the recruitment figures was sought for the Committee's December meeting.

2. RESOLVED that the proposed improvements to the recruitment and retention strategy for children's social workers, outlined in the report, be endorsed.

## **15. Work Programme**

*(Item D5)*

1. The Democratic Services Officer referred to the discussion about the work programme at the July meeting and asked if Members wished to trial the option of having executive summaries to help reduce the bulk of the agenda papers. Members said they wished to have an executive summary for those who did not wish, or did not have time, to read a full report but also have the full report in the papers for those who wished to read more detail. Members needed to have access to all available detail in order to be fully informed about an issue on which they were being asked to comment. What would be welcomed was a move to more concise reports.

2. RESOLVED that the work programme for 2014/15 be agreed.