

## 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, 6 September 2016.

PRESENT: Mrs J Whittle (Chairman), Mrs A D Allen, MBE (Vice-Chairman), Mr R H Bird (Substitute for Mr M J Vye), Mrs P Brivio, Mrs P T Cole, Mrs M E Crabtree, Mrs V J Dagger, Mrs M Elenor, Mrs S Howes, Mr G Lymer, Mr B Neaves, Mr C P Smith 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 and Wellbeing), Mr A Scott-Clark (Director of Public Health), Mr P Segurola (Director of Specialist Children's Services), Ms N Khosla (Assistant Director, Corporate Parenting) and Miss T A Grayell (Democratic Services Officer)

#### **UNRESTRICTED ITEMS**

##### **156. Membership**

*(Item A2)*

It was noted that the Cabinet Committee currently had a vacancy, following the recent death of Robert Brookbank.

##### **157. Tribute to Robert Brookbank**

The Committee recorded its thanks for Mr Brookbank's work and great sorrow at his recent death. He had been a dedicated advocate of children and young people's welfare, in particular the provision of mental health support services for them, and he would be very much missed.

##### **158. Apologies and Substitutes**

*(Item A3)*

Apologies had been received from Mr M J Vye, and Mr R Bird was present as a substitute for him.

##### **159. Declarations of Interest by Members in items on the Agenda**

*(Item A4)*

There were no declarations of interest.

##### **160. Minutes of the meeting held on 5 July 2016**

*(Item A5)*

RESOLVED that the minutes of the meeting of this Committee held on 5 July 2016 are correctly recorded and they be signed by the Chairman. There were no matters arising.

### **161. Minutes of the meeting of the Corporate Parenting Panel held on 26 May 2016**

*(Item A6)*

RESOLVED that the minutes of the meeting of the Corporate Parenting Panel held on 26 May 2016 be noted.

### **162. Verbal updates**

*(Item A7)*

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

***Placement of children in care in Kent by other local authorities*** – Mr Oakford had written to the Children's Commissioner to highlight once again the high number of vulnerable young people placed in Kent by other local authorities and the potential impact of this upon their welfare and safety. The letter sought the Commissioner's support in reviewing and addressing the number of placements made at a distance by other local authorities.

***Children In Care Council 'Take Over' Challenge*** – for one day in November, young people from Our Children and Young People's Council would take over the running of the County Council. This would include covering the issues which a Cabinet Member would deal with in a day, and questioning officers on issues relevant to children in care and care leavers.

***Virtual School Kent Awards Day, 10 September*** – this would recognise and celebrate the achievements of young people, and all Members would be invited to attend.

***Unaccompanied Asylum Seeking Children (UASC)*** – there was plenty to report but unfortunately it was largely disappointing news. Although the rate of monthly arrivals was still much less than at last summer, there were currently 1,400 UASC in Kent and the number was still increasing. Mr Oakford would write to the new Immigration Minister, Robert Goodwill, and was seeking a meeting at the earliest opportunity to tackle the issue robustly and to press again for a mandatory programme of dispersal of UASC around the country. The Local Government Association, however, did not support such an arrangement, although Kent MPs had been supportive.

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

***Unaccompanied Asylum Seeking Children (UASC)*** – Mr Ireland added that the limited dispersal arrangements currently in place meant that UASC would remain in Kent for longer. Although new arrivals were being dealt with as they arrived, a core of longstanding cases was not being addressed, and the longer a young person stayed in the county, the more settled they became - for example, in education - and the harder they would be to move on. Once they reached 18, Kent would be obliged to take on responsibility for them as care leavers, and the costs of this were not fully covered by Home Office funding. To be effective, a dispersal scheme would need to

be activated quickly; the longer it took to establish a mandatory scheme, the more the delay would compound the UASC problem for Kent. The reasons for UASC coming to the UK could be summarised in the following categories:

- Those who had family in the UK, who would not be part of a dispersal scheme as they would be taken directly to the area where their family lived;
- Those who had come on humanitarian grounds, who would need to be placed;
- Those who had come from refugee camps in the Middle East, who would need to be placed.

Identifying and assessing the needs of each group presented a complicated scenario to be worked through, and this was why other local authorities were reluctant to commit to taking them. It was important to be clear of the status of every UASC, and the only legislation under which the County Council could deal with them was the Children's Act 1989, which covered the arrangements for them coming into care. The County Council had responsibility only for the young people arriving, but other activity around them and their arrival had an impact on their situation and on the establishment of a dispersal scheme. Mr Oakford's letter to the Immigration Minister would include this point. It was hoped that the current disruption at Calais would soon be over and would not become a catalyst for more UASC coming into Kent.

3. In response to questions, Mr Ireland and Mr Oakford explained the following:
  - a) UASC were currently coming mainly from Afghanistan, Syria and Eritrea, and there were also currently significant numbers coming from Egypt;
  - b) as UASC were gradually placed in foster care, some capacity would be opened up at reception centres;
  - c) any young person presenting themselves as UASC could not be sent straight back to their country, even if their claim for asylum was felt not to be legitimate (ie if they were not taking refuge from war in their home country). As UASC, they automatically had the status of young people in care and the County Council was obliged to treat them as such;
  - d) reference was made to a House of Commons Home Affairs Committee report published on 3 August 2016, 'Migration Crisis', which had proved useful reading. A copy was passed to the Democratic Services Officer and it was agreed that a link to this document be sent to all Members of this Committee;
  - e) a difficulty of any dispersal scheme was the need to consider the impact upon a child of separating them from others with whom they shared cultural links and the resultant risk of them being left with no cultural support network;
  - f) dealing with the core of longer-standing cases would raise a different set of issues from those raised by dealing with monthly new arrivals;
  - g) in response to a question about the checking or vetting which would be done in respect of a family which a newly-arrived child was aiming to join, Mr Ireland explained that the duty to check and verify family details fell to the immigration authority rather than to any individual local council. If there

was any doubt about a family's ability to look after a child well, a referral would be made by the immigration authority to the local authority in which the family was resident; and

- h) as it had not been possible to record the detailed information given by Mr Oakford and Mr Ireland, a request was made for a detailed written update to be sent to all Members so they would have the information for future reference. Mr Ireland undertook to do this, but reminded Members of the speed at which the situation changed from day to day and week to week.

*(the meeting was able to be webcast from this point)*

4. Mr G K Gibbens, Cabinet Member for Adult Social Care and Public Health, gave a verbal update on the following children's public health issues:

**Community Pharmacies** – the Minister responsible for pharmacies had announced that the changes proposed to pharmacy funding would not now take place in October 2016, as planned, but would be delayed to ensure that the correct decision was made.

**Child Obesity Plan** – this had been published in August 2016 and included such measures to address childhood obesity as a levy on sugary drinks, an ambitious programme to reduce the level of sugar on food and drink by at least 20% by 2010, and measures to address school-based physical activity and healthier food.

**Parliamentary Select Committee report on Public Health post-2013** – this had been published on 1 September 2016 and had been largely positive about progress since local authorities had taken over the public health function in April 2013. It raised concerns about addressing variation and inconsistencies between authorities, for example, in data sharing, and about reduced funding.

**Children's Commissioner** – public health issues would be included in the planned meetings with the Children's Commissioner which were to take place in the near future, to discuss UASC and other issues.

**10 October World Mental Health Day** – a range of activities would be taking place, both locally and nationally, to mark this, and details of local activities could be made available to local Members, upon request.

**Local Government Association Community Wellbeing Board** - Mr Gibbens reported that he was now a member of this Board.

5. Mr A Scott-Clark, Director of Public Health, then gave a verbal update on the following children's public health issues:

**Measles** – although local authorities were not directly accountable for the measles vaccination programme (this being run by NHS England and Public Health England), the County Council did have an assurance role. There had recently been some cases in Kent and South East London, which may have been a result of the reduction in the take-up of the MMR vaccine.

6. The Chairman added that the County Council's Adoption partner, Coram, was holding a conference on issues around education and adopted children and young people on 7 October, and encouraged all Members of the Committee to attend if they were able to.

7. RESOLVED that the verbal updates be noted, with thanks.

The Chairman thanked the officers who had worked on restoring the recording and webcasting facilities.

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

*(Item C1)*

*Ms K Ray, Business Partner, Social Care, Health and Wellbeing, and Ms K Watson, Business Partner, Education and Young People's Services, were in attendance for this item.*

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

- a) to address the issue of social workers leaving Kent to work elsewhere, or taking up a job elsewhere instead of in Kent, work was ongoing to compare Kent's top social work salary to that of neighbouring authorities. This had found that only Essex County Council had a higher top salary than Kent. A report on this issue would shortly be considered by the departmental management team. Mr Segurola added that most social workers leaving the County Council did so to join agencies. The County Council could simply not match agencies' incentives but hoped to attract and keep its social work staff by enhancing other parts of the employment package;
- b) in response to a question about the relatively low proportion of applicants selected for interview, Ms Ray explained that some applicants simply did not have the required qualifications and were not suitable to progress to the interview stage. To compare the number interviewed with the number appointed would give a better indication of the quality of the candidates coming forward;
- c) the report listed the number of job offers made, but it would be useful to know also how many vacancies there were to be filled. Ms Ray undertook to include this information in the next report to the Committee;
- d) a question was raised about the extent of Members' involvement in the decision to discontinue exit interviews. Ms Ray undertook to look into how and where the decision had been taken but added that interviews were now undertaken with newly-arrived social workers, to identify why they had chosen to work for the County Council. She added that managers were encouraged to talk to staff handing in their notice but that it was left up to the individuals concerned to take up this opportunity;

2. The Chairman proposed, and Mrs A D Allen seconded, that the Committee recommend the resumption of exit interviews, so the service and Members had a source of information about why social workers left the County Council.

*Carried without a vote.*

- e) it was important that, in undertaking interviews to seek honest feedback, at any stage of employment, these should not necessarily be conducted by

the individual's manager but should offer the employee the chance to nominate someone else to undertake the interview;

- f) the Memorandum of Co-operation was welcomed, but this would need to be monitored carefully. Ms Ray explained that this was in its early days but would indeed be monitored. Mr Segurola added that, under the Memorandum of Co-operation, any social worker leaving the County Council would not be employed by any other local authority in the south-east region;
- g) staff citing 'lifestyle changes' as their reason for leaving social work gave a variety of reasons, including travelling and moving to an area in which it was easier to buy property;
- h) where the reason cited was 'work-life balance', it was important to identify the problems behind this and explore what the County Council could do to alleviate them, for example, by encouraging flexible working or job-sharing;
- i) it was known that the first three years of a social work career was the period during which social workers were most likely to seek to change career, so if they could be encouraged to stay beyond this period they were more likely to stay for good;
- j) in response to a question about the age structure of social work recruits, and the value placed upon older recruits with life experience, Ms Ray explained that a candidate's age was not included on their application form, and recruiters were not permitted to ask about or consider a candidate's age as part of their consideration. However, the age range of social work applicants was broad – from new graduates to mature applicants. What was more important was to recruit competent, experienced people. Kent was involved in the national 'Return to Social Work' campaign being run by the Local Government Association to encourage past social workers to return to the profession, for example, after raising a family;
- k) in response to a question about what measures the County Council took to retain those intending to leave, for example in an economical, temporary arrangement, Ms Ray explained that even a temporary arrangement would incur costs, such as pension contributions; and
- l) there was a 'toolkit' for managers which set out steps to seek to retain staff, including 'career breaks' and encouragement of those leaving to go travelling to return to employment afterwards. This would allow the County Council to benefit once again from the training investment it had made in those staff.

### 3. RESOLVED that:-

- a) the activity in relation to recruitment and retention of children's social workers, set out in the report and given in response to comments and questions, be noted; and

- b) a recommendation be made that the practice of undertaking exit interviews be resumed, so the service and Members had a source of information about why social workers left the County Council.

**164. Report on the Regional Adoption Agency**  
(Item C2)

1. Mr Segurola and Ms Khosla introduced the report and set out the rationale for seeking to establish a regional adoption agency with neighbouring authorities, including the national drive to increase adoption rates and the limited ability of small authorities to achieve this increase individually. A larger organisation would be able to achieve better economies of scale in terms of contract commissioning. Kent County Council already had informal working relationships with Medway and Bexley Councils and a good relationship with Coram. Mr Segurola and Ms Khosla responded to comments and questions from Members, as follows:-

- a) the London Borough of Bromley had previously been amongst those being considered for the consortium but had chosen not to proceed when their adoption service had been placed in special measures. It was possible, however, that they may join in at some time in the future;
  - b) although the value of adoption panels was being considered by central government, there was currently no government advice to discontinue them, but in the future these may no longer be required;
  - c) although a statistical comparison between the three partner authorities was included in the report, there were some historic anomalies between the three in the way in which various data had been recorded;
  - d) among the Judiciary, nationally, there was a movement towards seeking extended-family placements wherever possible, by using special guardianship orders. However, such placements were not always successful. Mr Segurola said he would be addressing this problem shortly in meetings with representatives of the Judiciary. Mr Ireland added that many such cases dated back to 2014 when Kent had had a large backlog;
  - e) concern was expressed that the three authorities in the partnership were of different types - a county, a unitary and a London borough – and this may cause problems in the way in which they were able to work together. In addition, the County Council risked being burdened with the cost and responsibility of taking on the administrative arrangements for the regional adoption agency; and
  - f) in response to a question about whether or not consideration had been given to forming a stand-alone trading company which would commission services, Mr Ireland explained that previous very recent tendering exercises to run a company had been unsuccessful, and that was why the current proposal had been put together.
2. RESOLVED that the content of the report be noted and the proposal to enter into formal dialogue with Medway Council and the London Borough of

Bexley, with a view to establishing a Regional Adoption Agency, be endorsed in principle.

### **165. Placement Stability Report**

*(Item D1)*

1. Ms Khosla introduced the item and responded to comments and questions from Members, as follows:-
  - a) as children on part-time school timetables were known to be at particular risk of placement breakdown, it would be helpful to know how many children were in this position across the county;
  - b) previous discussions at the Corporate Parenting Panel had identified the pressure that part-time schooling placed on foster carers and their families, and highlighted the need for the whole foster family to be supported in dealing with the pressure and in preventing placement breakdown; and
  - c) the percentage of children who had moved in and out of care as a result of court decisions (for example, those who had been returned home to their birth family only to re-enter care when that placement broke down), was small, but made an impact on the pattern of breakdown;
2. RESOLVED that the actions taken to improve placement stability, and Members' comments, set out above, be noted.

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

*(Item D2)*

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

RESOLVED that the information set out in the report be noted, with thanks.

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

*(Item D3)*

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

1. Ms Sharp and Mr Scott-Clark introduced the report and responded to comments and questions from Members, as follows:-
  - a) in clinical terms, smoking was classed separately from drug use, and the health effects of smoking upon unborn children was an issue for the NHS. Although the County Council worked in partnership with the NHS in tackling the public health message around smoking in pregnancy, the latter had no commissioning responsibility for maternity services;
  - b) it was the role of Health Visitors to contact families and offer a visit. Some families declined this offer, for example, if they were more experienced parents and did not feel they needed Health Visitor support. A Health Visitor would offer support to all families twice, to allow parents a chance to



change their mind. Health Visitors would note which families did not take up the offer of a visit and would seek feedback about why a visit had been declined, and would share this information with the County Council as part of a safeguarding procedure aimed at identifying those who were perhaps actively avoiding contact with Health Visitors; and

- c) children's centres were currently displaying charts illustrating the sugar content of various popular drinks, as part of a pilot scheme to raise awareness among parents. Kent had been chosen by Public Health England as one of only five local authorities in the UK to pilot this scheme as part of the 'Change4Life' campaign, to test which messages worked best in addressing childhood obesity. Schools, GPs' surgeries and other County Council premises had also been approached to carry similar displays. As part of the childhood obesity plan, the county and district councils had adopted the Government's catering standards, which meant that any service provided by a children's centre would adhere to these standards.

2. The Cabinet Member for Adult Social Care and Public Health Mr Gibbens, added that the number of women smoking during pregnancy still needed to be addressed, and this was being tackled by the BabyClear project. The number of mothers in Kent smoking at the time of delivery was also above the national average, and was rising. This could be tackled by promoting smoke-free school gates.

3. RESOLVED that the current performance of public health-commissioned services be noted.

## **168. Annual Equality and Diversity Report - Specialist Children's Services** *(Item D4)*

*Mr M Haji-Kella, Practice Development Officer, and Ms A Agyepong, Corporate Lead – Equalities and Diversity, were in attendance for this item.*

1. Mr Haji-Kella introduce the report and explained that it was broader than the one submitted last year, and that future work was needed to identify gaps in information and to record complaints and identify the reasons for them. Mr Haji-Kella and Ms Agyepong responded to comments and questions from Members, as follows:-

- a) in response to a question about the use of, and cost of, interpreters, for example, when interviewing unaccompanied asylum seeking children (UASC), Ms Agyepong explained that the costs of providing an interpreter, from a pool of regular providers, were paid by the County Council. She undertook to look into the specific arrangements made in respect of UASC interviews and advise the speaker of these outside the meeting. She added that pupils recorded with the heading 'EAL' (English as an additional language) did not necessarily speak no English and require an interpreter service; for many it simply denoted that English was not their first language and that they were bi-lingual; and
- b) in response to a question about the use of apps such as MOMO (Mind of My Own), used to engage young people in care, Mr Haji-Kella explained

that this had been in use in Kent as part of a pilot for the last 6 months, and a further app, MOTO (Mind Of Their Own) was due to be launched soon, aimed at younger and disabled children.

2. RESOLVED that:-

- a) current performance and proposed priorities be noted;
- b) equality governance continue to be observed in relation to decision making;
- c) the proposed changes to equality objectives be agreed, and revised objectives be received in 2017; and
- d) the report continue to be presented annually in order to comply with the Public Sector Equality Duty (PSED) and to ensure progress against the Council's objectives.

**169. Complaints and Representations 2015/16**

*(Item D5)*

*Mr A Mort, Customer Care and Operations Manager, was in attendance for this item.*

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

- a) in response to a question about an increase in complaints received by advocacy organisations such as the Young Lives Foundation, and how well equipped these organisations were to deal with complaints, Mr Mort explained that advocacy organisations were encouraged to try to resolve any issues with the operational staff before accessing the statutory complaints process. This system was known to work well and could lead to quicker resolutions; and
- b) the adults' and children's customer care and operations teams were now in one team, to increase consistency of practice in dealing with complaints, albeit working to different statutory processes. Current work was aimed at resolving complaints faster at stage 2 and increasing complainants' awareness of stage 3 of the statutory complaints process.

2. Members placed on record their thanks to the staff about whom complimentary feedback had been received from service users, particularly in the field of respite and transition services, and commented that their high standards of customer care should be celebrated and supported.

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

**170. Children and Young People's Mental Health Services**

*(Item D7)*

*Ms K Sharp, Head of Public Health Commissioning, and Ms C Maynard, Care Procurement Category Manager, were in attendance for this item.*

1. Ms Maynard introduced the report and explained that much work was going on to establish an integrated children and young people's emotional health and wellbeing service. She set out the governance arrangements between the seven CCGs and the County Council and how the service would be delivered between them. Ms Maynard and Ms Sharp responded to comments and questions from Members, as follows:-

- a) Members commended the work which had been done to draw together the threads of this complex piece of work and hoped that the long and complex journey to improve the service would finally come to fruition in a good-quality service. Ms Maynard assured Members that key performance indicators would be included in the final contract that the provider would sign. Mr Ireland added that he had much confidence in the new service and commented that the co-operation between the County Council and the NHS provided a good template for future joint working;
- b) Ms Sharp confirmed that the County Council was to contribute the smallest share of the cost of providing the service, £1million - for the children in care, early help and public health elements of the service - compared to the NHS contribution of £15million; and
- c) monitoring of the new service would be an important role for the County Council, and it was important to decide how this would be managed between the Health Overview and Scrutiny Committee, the Scrutiny Committee and this Cabinet Committee, without duplication, and to prevent 'drift'. Ms Sharp undertook to discuss the issue with Democratic Services colleagues.

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

**171. Work Programme 2016/17**  
*(Item D8)*

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