

## 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, 20 January 2015.

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

ALSO PRESENT: Mr R H Bird, Mr G Cowan, Mr G K Gibbens, Mr B E MacDowall, Mr P J Oakford and Mr D Smyth

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

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

No apologies or notice of any substitutes had been received.

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

There were no declarations of interest.

**32. Minutes of the meeting held on 3 December 2014**  
*(Item A4)*

1. RESOLVED that the minutes of this committee's meeting held on 3 December 2014 are correctly recorded and they be signed by the Chairman.

Matters arising:

2. Mr M J Vye reported that the Members' briefing on child sexual exploitation held on 18 December had been very useful and recommended that this issue be given top priority, with an update report made to a future meeting of this committee.
3. Other information to be supplied following the December meeting was covered by Mr Scott-Clark in the verbal updates.

**33. Minutes of the meeting of the Corporate Parenting Panel held on 24 October 2014**  
(Item A5)

RESOLVED that these be noted.

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

**Children's Social Care**

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

***Meeting with Barnardo's at Crawley – 4 December***

***Tunbridge Wells Youth Group, Swattenden – 13 December*** – this had been well attended by 30 young people. Activities had included a zip wire, wheelchair basketball and work on an allotment, followed by a Christmas lunch and presents under a tree. Some young people attending had commented that that would be the only Christmas lunch they would have.

***Member briefing on Child Sexual Exploitation on 18 December*** – this had been excellent, and very useful, and should be made a quarterly event.

***Operation Lakeland*** – the court cases for this had now started and were receiving much media attention.

***Visits with Principal Practitioners – Ashford & Canterbury*** – during regular visits it had become clear that standards of office accommodation around the county varied greatly, from very old to very modern. However, the staff everywhere was very dedicated.

***Newton Europe Implementation*** – a report on this would be considered later on the agenda.

***Meeting with Essex County Council on 22 January*** – this would be an informal meeting of officers and key Members from the two authorities, but a meeting could be arranged later with interested Members of this committee to tell them what had been discussed.

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

***Emotional health and wellbeing summit*** – at this summit, the new emotional health and wellbeing strategy had been discussed. The event had been well attended and young people had participated by showing a DVD they had made and by giving first-hand accounts of their experiences of using emotional health and wellbeing services.

***Peer review of the Kent Safeguarding Children Board (KSCB)*** – this had been undertaken by Windsor and Maidenhead Council and had been very interesting, with favourable comments being made about the new Board Chairman and the Board's subgroups. The practice of peer reviews between local authorities was very useful and should be continued.

He responded to comments and questions, as follows:-

- a) the emotional health and wellbeing summit had been attended by key agencies including GPs, NHS Trusts and youth organisations, and a full list of participants could be sent to any Member who wished to have it. The

strategy was multi-agency and the attendees of the summit would work with the County Council on developing it; and

- b) the KSCB annual report had not included reference to Ofsted's comments on focussing on child sexual exploitation as the publication dates of the two reports did not allow time for one to take account of the other. The KSCB would now look at how it would address Ofsted's comments and concerns, although some things it had suggested were already being done. Although some things could not be referred to so close to the start of the court cases, Ofsted had been very complementary about the agency work involved in Operation Lakeland.

### **Children and Young People's Public Health**

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

**20 January - Health and Wellbeing event at County Hall** – he encouraged Members to attend the event which was taking place, once the committee's meeting had finished. .

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

#### ***Answers to questions arising at the previous meeting:***

- a) **the number of family liaison officers (FLOs)** currently in Kent schools was 260, and some schools having other staff performing a similar function but without the FLO title;
- b) **case studies** which were offered to accompany the emotional health and wellbeing strategy would be included in the final version of the strategy and would be sent to Members at that point. Before being included in the strategy, they would be carefully checked to ensure that they maintained anonymity;
- c) **examples of materials used to promote breastfeeding**, and to identify premises which welcomed breastfeeding, were available in the meeting room and Members were encouraged to take them.

**Healthy Child Programme Transfer** – a key concern of this was to ensure that sufficient funding was available to cover the full length of all contracts over the whole programme.

**Media campaigns** – these were being tackled jointly by the public health and communications teams and external partners, mostly the NHS. Topics included late diagnosis of HIV, 'dry January' (giving up alcohol for January) and its impact on children, national obesity week, starting on 19 January, noro virus and work with Public Health England on research into the health impacts of incidences of flooding. Members made the following comments:-

- a) no public premises in Maidstone were currently displaying a 'breastfeeding friendly' sticker, yet some were known to welcome breastfeeding on their premises. Support was offered to spread the campaign locally and it was suggested that local radio stations, Mumsnet and local pressure groups could also help.

- 5. The verbal updates were noted, with thanks.

**35. Briefing - Health Visiting and Family Nurse Partnership**  
*(Item B1)*

*Mr C Thompson, Consultant in Public Health, and Ms K Sharp, Head of Public Health Commissioning, were in attendance for this item.*

1. Mr Thompson introduced the paper and summarised the key points of the services. He outlined the detail of the health visitor service contained within the paper. The family nurse partnership project was relatively new in Kent and, as there was not a specific UK precedent to follow, the project had been researched from similar projects in the USA. The evidence base for improving outcomes was very strong.

2. Mr Thompson outlined that the current NHS England contract would expire in March 2015 so the intention was that an extension be made to October 2015 and a new contract between the County Council and the Kent Community Health Trust be started when the commissioning transferred. Mr Thompson, Ms Sharp and Mr Scott-Clark responded to comments and questions from Members, as follows:-

- a) the Chairman referred to the valuable role of the health visitor and family nurse partnership services in reaching young parents who, for various reasons, did not engage with or attend children's centres. The relationship that these services could establish with young parents was different from that which a social worker would have;
- b) the number of family nurse partnerships required in any area would be based on the rate of teenage pregnancies in that area. Each family nurse partnership would have a workload of 25 families, and if the need in an area exceeded this level, the aim was to increase the number of family nurse partnerships;
- c) the key aims of the family nurse partnership service were summarised: to see all young mothers under the age of 20 (or up to 25, if resources allowed) who were having their first child, and offer them the chance to have a family nurse link to act as additional support, including support to the family as a whole, for about two years, gradually reducing support so the family would manage on their own at the end of the two years. The aim was to offer a universal service but this would have implications for resources and training;
- d) a view was expressed that part of the support role for young parents would be to encourage them, if they were not in a stable relationship, to avoid having a second baby. The service should also link with the Troubled Families initiative. Mr Scott-Clark agreed and added that young mothers would also be encouraged to take up employment, as a regular work habit and income had been identified as vital in supporting families. He confirmed that the family nurse and Troubled Families initiatives did indeed work together and that, where research had taken place, the two client groups had approximately a 9% crossover;
- e) one speaker referred to her recent experience of the health visitor service and highlighted its great value in supporting exhausted new mothers to

avoid post-natal depression, particularly if they lacked the support of close family. The 'listening service' they offered was vital. It could also be extended to benefit older and more experienced mothers, who could still encounter problems and need support. Mr Scott-Clark added that this sort of support was exactly the purpose of the service and said he hoped that listening visits would continue;

- f) it was suggested that, as cases of tuberculosis (TB) were currently increasing in Kent, the family nurse service could be used to look into this. TB often related to poor housing, which the health visitor and family nurse services could identify during visits. Mr Scott-Clark added that Kent had a good TB plan;
- g) Members asked if they would have the opportunity to see the proposed contract before it was awarded, and wanted to be sure that the current provider was the only one equipped to deliver the required service. Ms Sharp explained that the health visitor service would be reviewed in the six months available before the new contract was to be awarded and that work would be undertaken in this time to identify the most vulnerable stages at which each service could become involved with a family, how services could best link up and how outcomes could be monitored as part of the contract. A report on this issue would shortly be made to the Health and Wellbeing Board, and this committee would receive update reports as work progressed;
- h) the report listed the areas currently covered by the service and concern was expressed about how the areas omitted would be covered. The service was not arranged in clinical commissioning group (CCG) areas but could be. Mr Thompson supported the need for all areas to be covered by the family nurse and health visitor services and said the suggested move to CCG areas would be considered. Ms Sharp explained that the estimated costs of covering the current gaps would be £2 – 3 million. The family nurse service required nurses who were experienced and trained in specific areas, but this same limited work force was also supplying the school nurse and health visitor services. The challenges currently facing the service were being identified and a plan put in place to address them;
- i) one speaker pointed out that Sevenoaks was not listed among the areas currently hosting a service, although there was a family nurse service there. The services would need to be realistic and respond to the issues present in any one area, and all areas had different issues; and
- j) better use could be made of the 85 existing children's centres, and these should be the default option to accommodate the family nurse and health visitor services. The costs of accommodation for the service should be looked at carefully, to eradicate any duplication or waste. Mr Scott-Clark said that NHS England was looking at property costs to ensure that they were minimised as far as possible and to ensure that money to cover them would accompany the contracting process. Another speaker referred to a time when mothers would attend the local 'clinic', at which a range of services could be accessed. They knew where the clinic was in their area and what services it offered.

3. The Cabinet Member for Adult Social Care and Public Health, Mr Gibbens, thanked Members for their comments and reassured speakers that the six month period leading up to the new contract award would be used to review the service and address the issues identified above.

4. RESOLVED that:-

- a) the information set out in the report and given in response to comments and questions be noted; and
- b) option 2, the preferred option recommended in the report, be endorsed as the best way forward, given the time limitations and the need for the County Council's Public Health Department to have an increased understanding of the health visitor and family nurse partnership services provided by Kent Community Health Trust.

**36. Public Health Services for Children and Young People**  
(Item B2)

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

1. Ms Sharp introduced the report and explained that the aim was to continue the existing programme of work. However, upon going to the market, it had become clear that there was a very limited number of providers able to deliver such services, so some market development work would be undertaken. Ms Sharp and Mr Scott-Clark responded to comments and questions from Members, as follows:-

- a) as mentioned in the previous agenda item, there was a shortage of suitably-trained nurses and the health visitor and school nurse services both relied on the same limited pool. Moving this service to local authority control would make it easier to have an overview of resources and use a wider range of resources more effectively to support the services;
- b) while there was a good retention rate among nursing staff, it was recognised that there was a high proportion of health visitors approaching retirement. Work had gone on with universities to attract more recent graduates into the service and promote this area of work, but still there was a shortage of suitably-trained nurses. Recruitment to public health nursing services had not been well supported in the past so the profession would need to be built up; and
- c) tracking of children and young people going through the system, and recording the interventions undertaken with them, would help to check that suitable linkages were being made between services. Work with the Education and Young People's Services directorate was ongoing, to find the best way of achieving this overview.

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 with Medway Foundation Trust, be endorsed.

**37. Transformation of Children's Services and the 0-25 Unified Programme implementation decision**  
*(Item B3)*

*Mr T Wilson, Head of Strategic Commissioning, was in attendance for this and the following two items.*

1. Mr Wilson presented a series of slides which set out the design phase and implementation of the 0 – 25 unified programme, and he, Mr Ireland and Mr Segurola responded to comments and questions from Members, as follows:-

- a) several speakers welcomed the progress reported and said they were encouraged by it;
- b) sustainability was a critical issue and was part of the design of the 0 – 25 unified programme, as it had been for the transformation of adult social care. Good leadership and management of the system were essential, to continue to drive the programme forward and make the best use of the model;
- c) for step-down services to work well, there needed to be good joined-up thinking. The transformation process had provided useful evidence of what could be achieved;
- d) good early help services were vital to address issues early and stop them escalating to greater needs with a higher cost. Integration of services was a challenge as there would be much interdependency. To be successful, the transformation programme had necessarily to be a whole-system approach;
- e) the extent to which the County Council would need to resort to using Independent Fostering Agencies (IFAs) would depend on the number of children needing foster care placements at any one time. There would need to be a balance between the use of IFAs and of the Council's own in-house foster carers. It had proved possible in the past year to place more children with the latter than had previously been possible. Being able to reduce the number of children coming into care would support this aim. However, although Kent's own children in care population was currently falling, the number of unaccompanied asylum seeking children (UASC) had increased;
- f) the staff was congratulated, along with the present and previous Cabinet Members for Specialist Children's Services, on the progress which had been achieved in transforming Specialist Children's Services in the past two years. Indicators of the success of the programme would be an improvement of life chances for children in care, which could not yet be measured, and good staff morale, which was already evident; and
- g) the report set out the projected savings which could be achieved between 2015/16 and 2018/19, although it would be unwise to try to stretch to greater savings too early.

2. The Cabinet Member for Specialised Children's Services, Mr Oakford, commented that he fully supported the programme and was happy to own it. He said the work undertaken so far had been outstanding. Its twin aims were to work towards better outcomes and better services for children and young people in care and leaving care, while making the most efficient use of resources and achieving best value for money. He reported that the County Council staff worked well with, and was enjoying working alongside, Newton Europe.

3. RESOLVED that:-

a) the outcomes of the service design phase of the 0-25 Unified Programme be noted, and the plans set out in the Business Case for Implementation be endorsed; and

b) the decision proposed to be taken by the Cabinet Member for Specialist Children's Services:

1 to appoint Newton Europe to support the County Council in delivering the Implementation Phase,

2 to delegate authority to the Corporate Director of Social Care, Health and Wellbeing and the Corporate Director of Education and Young People's Services to enter into the necessary contracts, following initial confirmation of funding details and the satisfactory negotiation of detailed terms and conditions, and

3 that those Directors, or other suitable delegated officers, undertake the necessary actions to implement this decision,

be endorsed, taking into account comments made by this committee.

### **38. Establishment of a Voluntary Adoption Agency** (Item B4)

1. Mr Wilson introduced the report and he and Mr Ireland responded to comments and questions from Members, highlighting the following points:-

a) the work going on was warmly welcomed by Members who served on the Corporate Parenting Panel. The improvements to the adoption service that Coram had made while working with the County Council over the last two-to-three years had made a huge difference;

b) while the adoption service would remain County Council-led, in that the County Council would retain the statutory responsibility for it, the voluntary adoption agency would be a new, independent organisation. However, in contracting with the County Council to run the new agency, Coram would be moving the service away from the direct control of the Council. A similar arrangement was working well in Cambridgeshire, but the detail of the contractual model which would apply in Kent had yet to be finalised;



- c) with its independent status, the voluntary adoption agency would be able to bid for funding streams which were not available to local authorities. A grant for funding which had already been successful was to cover set-up costs only, although it was anticipated that there would be an opportunity later to bid for ongoing funding; and
- d) the committee was reminded of how far Kent's adoption service had progressed, and the number of adoptions increased, in recent years. The new agency would build on the excellent work already undertaken by Coram, and put the future of the service on a secure footing.

2. RESOLVED that:-

- a) the decision proposed to be taken by the Cabinet Member for Specialist Children's Services, to establish Coram Kent Adoption, a voluntary adoption agency, to ensure the sustainability and continued improvements in the Adoption Service for Kent, be endorsed, taking into account comments made by this committee; and
- b) responsibility to implement this decision be delegated to the Corporate Director for Social Care, Health and Wellbeing, or other suitable officer.

**39. Representation Rights and Advocacy service - contract award and pilot of social value**  
*(Item B5)*

1. Mr Wilson introduced the report and set out the process which had been followed in awarding the contract, using the principles of social value. He explained that the Social Value Act was currently being reviewed, which may lead to a requirement to include social value considerations during procurement processes, and that, in awarding the contract in this way, the County Council stood out as an early adopter.

2. In discussion, it was suggested that the Commissioning Advisory Board of Members be sent the report to illustrate the five ways in which social value had been demonstrated, and this was generally agreed.

3. RESOLVED that:-

- a) the decision to award the Contract to the successful bidder, and the way in which social value criteria had been used in the procurement process to arrive at this decision, be noted; and
- b) the report be also submitted to the Commissioning Advisory Board of Members.

**40. Care Leavers Support Policy**  
*(Item B6)*

*Ms S Hammond, Assistant Area Director, West Kent, was in attendance for this item.*

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

- a) young people aged over 16 were not compelled to leave their foster carers if they did not wish to, but for those who did wish to live independently, there was a variety of accommodation options available. In response to concerns about young people resorting to living in hostels, Ms Hammond explained that young people leaving care would be given support and advice on securing and maintaining a tenancy. However, there would always be a chance that a care leaver, as with any other young person starting out, might have problems with maintaining a tenancy, and for the arrangement to break down;
- b) the support policy set out in the report, which the Cabinet Member for Specialist Children's Services would shortly be asked to adopt formally on behalf of the County Council, was concerned primarily with young people aged over 18. Mr Segurola added that the new policy aimed to take account of the expectations that young care leavers were known to have and to be transparent about the support that they could expect from the County Council;
- c) in response to a concern about care leavers being housed by district councils a long way from their home areas, Ms Hammond explained that the County Council was able to support care leavers independently of district councils' housing departments, using a combination of privately-rented and local authority accommodation, as different options would suit different individuals;
- d) one speaker read from a report by the Centre for Social Justice entitled 'Finding their feet: equipping care leavers to reach their potential', which reported that many care leavers did not have access to a personal advisor. Although some felt that they did not want an advisor, some would suffer as a result of not having one. It was suggested that a line be added to the Specialist Children's Services scorecard to report the number of care leavers who did not have an advisor. Ms Hammond explained that, even if a young person did not feel that they wanted to have a personal advisor, they would retain the right to access the advisor service at any time until they were 21. Any young person needing additional or specialised help would be allocated a senior personal advisor, who would carry a smaller caseload than other advisors and so would be able to offer more individual, direct support. She reassured Members that no care leaver who needed an advisor would be left without one;
- e) in response to a question about how the views of care leavers could be recorded, in the same way that 'the voice of the child' represented the view of children in care, Ms Hammond explained that work was ongoing to assess how best to engage and seek the views of care leavers; and
- f) asked if care leavers tended to keep in touch with their foster families, Ms Hammond explained that this was not known as the arrangement would be a personal one, but she estimated that many did keep in touch *and undertook to see if any such information could be collated and given to*

*Members after the meeting.* However, what was known was that 70% of care leavers returned to their birth families, particularly if they had come into care late in their childhood. This arrangement would not preclude them from also keeping in touch with their foster families.

2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Specialist Children's Services, to agree and adopt, on behalf of Kent County Council, the Care Leavers Support model set out in appendix A to the report, be endorsed, taking into account comments made by this committee.

#### **41. Children's Emotional Wellbeing and Mental Health Services** *(Item B7)*

*Mr T Wilson, Head of Strategic Commissioning, and Ms C Infanti, Commissioning Officer, were in attendance for this item.*

1. Mr Wilson introduced the report and explained that it was proposed that the Children in Care element of the Children and Young People's Mental Health contract and the current contract for the Emotional Health and Wellbeing service be extended for one year to align with the current mainstream Children and Young People's Mental Health service contract. Both contracts would then come to an end at the same time. The clinical commissioning groups had taken this decision as the commissioners of the Children and Young People's Mental Health service. The two services could then be remodelled jointly and re-commissioned. In discussion, Members made the following comments:-

- a) the chance to review and remodel services was welcomed and, to start this, the County Council should first identify what was needed as part of the service. Responsibility for the service should move from NHS England to the County Council;
- b) Kent's Children in Care currently received a good Mental Health service, whereas it was seen that other young people did not, as there had been delays in accessing timely assessment and treatment from the mainstream service, so the recommendation to support and endorse the extension of contract did not have the universal support of the committee;
- c) the issue should remain on the committee's agenda for regular monitoring until the service was judged to be right. The issue should also be referred to the Health and Wellbeing Board for its attention;
- d) the County Council needed to take a robust stance with the Secretary of State about the difficulties of commissioning suitable services. The four tiers of service were delivered by four different providers. There should be a single, coherent, unified commissioning service for local authorities to work with. The Cabinet Member for Specialist Children's Services, Mr Oakford, undertook to write to the Secretary of State on behalf of the committee, and this offer was generally accepted. The Health Overview and Scrutiny had written to the Secretary of State in the past about the Children and Young People's Mental Health service, as part of the in-depth review of the service that it had been asked by this committee and the Corporate Parenting Panel to undertake; and

e) although two speakers had expressed their lack of support for the recommendation in the report, it was pointed out that the proposed extension to the existing contract would allow more time for the challenges of the service to be worked through and for the service to be improved. The shortcomings of the service were well known and had been the subject of much past discussion at committee, and there was still much work to be done to address the historic lack of investment in the service. The consequences of not extending the contract were set out in the report, so there was no real alternative to supporting the extension and moving ahead with improvement work. Mr Wilson reminded Members that much work had been done to improve the performance of the service and waiting lists had been reduced, in line with the targets set out in the existing contract.

2. The recommendation set out in the report was then put to a vote.

*Carried 11 votes to 2*

3. RESOLVED that:-

a) the extension to the contract for the mainstream Children and Young People Mental Health Service, already agreed by the Clinical Commissioning Groups, be noted;

b) the proposed decision to be taken by the Cabinet Member for Specialist Children's Services, to extend the Children in Care element of the mainstream Children and Young People Mental Health Service contract, and the Emotional Wellbeing Service contract, be endorsed, taking into account comments made by this committee;

c) officers engage with service providers to update the contract specifications to reflect feedback from practitioners and young people;

d) the Cabinet Member for Specialist Children's Services write to the Secretary of State, on behalf of the committee, to express the concerns set out in paragraph d) above; and

e) the report made to this committee be also referred to the Health and Wellbeing Board.

#### **42. Budget 2015/16 and Medium Term Financial Plan 2015/18** *(Item C1)*

*Mr D Shipton, Head of Financial Strategy, was in attendance for this item.*

1. Mr Shipton introduced the report and explained that the draft budget proposals for each of the Cabinet Committees had been published in time for those committees to consider them. However, the Government's provisional settlement and information on the tax base had been published very late before Christmas, so it would be necessary to make some small changes to the draft budget before it was considered by the Cabinet on 28 January. The Government's provisional settlement had been largely as expected. The increase to tax base had been estimated at 0.5%, but

provisional notification from districts showed a higher increase (1.7%), giving the Council more available funding. As a result, the savings proposals in the final draft budget would be reduced and some additional spending could also be funded. Members made the following comments:-

- a) concern was expressed that savings planned for one year were sometimes ultimately unachievable, yet would be followed by more planned savings in the next year's budget. It was difficult to be confident that a balance budget for any one year could be achieved; and
- b) the planned savings in the Specialist Children's Services base budget for the current year were not as high as they could have been, but it was important to ensure that sufficient spend and investment was possible to prevent children coming into care unnecessarily.

2. Mr Segurola explained that some pressures in the budget had been identified, eg the enhanced recruitment package for children's social workers and ongoing agency staff costs. The full-year impact of these would not be seen in the budget until next year.

3. The Chairman commented that any Member who wished to ask questions of detail or increase their understanding of the budget could seek a meeting with Mr Shipton.

4. RESOLVED that:-

- a) the draft budget and medium term financial plan, including responses to consultation and Government announcements, be noted; and
- b) Members' comments on the draft budget and medium term financial plan, set out above, be noted by the Cabinet Members for Finance and Procurement, Specialist Children's Services and Adult Social Care and Public Health when they are considered by the Cabinet on 28<sup>th</sup> January 2015 and County Council on 12<sup>th</sup> February 2015.

#### **43. 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 highlighted trends in performance across the various health improvement plan targets. Although the number of women breastfeeding at 6-8 weeks had fallen in most areas in the last year, it was hoped that recent work on the community infant feeding service would soon start to show an impact. Ms Sharp, Mr Scott-Clark and Mr Ireland responded to comments from Members, as follows:-

- a) concern was expressed that performance on reducing childhood obesity had not improved, despite targeted investment and work. The percentage of children who were overweight increased between the Reception year and Year 6, when the target was for this percentage to decrease over this

time. Building better links to the school nursing service and giving families information and guidance on how to address the issue would all help;

- b) the increase in childhood obesity between the ages stated was caused partly due to the fact that children became less active as they grew older. Parents looked to professionals to address the issue, whereas they should be addressing the issue at home, by controlling meals and encouraging their children to be active rather than sitting in front of a television or computer screen;
- c) it was suggested that the County Council could look into a scheme to offer discounts on scooters. Children needed to have an incentive to be active. The Chairman added that a school in her division had extended its scooter parking area and encouraged children to travel to school on scooters;
- d) the 'walk on Wednesday' initiative, in which parents were encouraged to walk their children to school one day a week, could be extended to every day of the week. However, this would present a challenge to parents who could not take the time to walk due to their working hours. Some parents were reluctant to allow their children to cycle to school, and to address the safety of cycling on Kent's roads would help to reassure them, and encourage cycling;
- e) although the rate of childhood obesity was not as low as desired, it would be useful to imagine how high it might have been without the initiatives and projects which had been put in place in recent years. The level of childhood obesity had plateaued, which was preferable to it increasing, but what was needed now was for it to reduce. A combination of diet and physical activity was important to address this, and could also benefit mental health, heart health and have general long-term health effects;
- f) the County Council could seek to influence food manufacturers to reduce the level of sugar and salt, preservatives and E numbers in prepared foods;
- g) dance classes could be offered in school. Children who did not enjoy traditional PE lessons may enjoy dancing instead;
- h) young people volunteering for community projects could be rewarded with discount vouchers for sports and activities such as swimming at their local leisure centre; and
- i) some local councils installed outdoor gym equipment in public areas, for the free use of the community. Such facilities, once installed, had no ongoing costs.

2. The Cabinet Member for Adult Social Care and Public Health, Mr G K Gibbens, commented that the breastfeeding figures were disappointing, in the light of the emphasis placed upon the importance of the first three years of a child's life in addressing health inequalities.

3. RESOLVED that the current performance and the actions taken by public health be noted.

**44. Work Programme**  
*(Item D2)*

RESOLVED that the committee's work programme for 2015/16 be agreed.