

KENT COUNTY COUNCIL

CHILDREN'S SOCIAL CARE AND HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Children's Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 5 July 2016.

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

ALSO PRESENT: Mr P J Oakford

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health and Wellbeing), Mr P Segurola (Director of Specialist Children's Services) and Mr A Saul (Democratic Services Officer) *Minutes completed by Miss T A Grayell (Democratic Services Officer)*

UNRESTRICTED ITEMS

142. Introduction and tribute to Jane Cribbon

(Item A1)

The Chairman gave thanks for the work of, and paid tribute to, Jane Cribbon. Ms Cribbon had been a passionate advocate for young people's wellbeing and development, both as a Kent County Councillor and a member of the Children's Social Care and Health Cabinet Committee. The committee recorded its thanks for the work Jane had done in support of young people.

143. Apologies and Substitutes

(Item A2)

1. Apologies for absence were received from Mr R H Brookbank, Mrs M Elenor and the Cabinet Member for Adult Social Care and Public Health, Mr G K Gibbens.
2. Mr L Burgess was expected to attend as a substitute for Mrs M Elenor, and Mrs Cole would represent Mr Gibbens in her role as Deputy Cabinet Member for Adult Social Care and Public Health.

144. Declarations of Interest by Members in items on the Agenda

(Item A3)

There were no declarations of interest.

145. Minutes of the meeting held on 13 May 2016

(Item A4)

The minutes were agreed as a correct record. There were no matters arising.

146. Minutes of the meeting of the Corporate Parenting Panel held on 15 March 2016
(Item A5)

The minutes of the Corporate Parenting Panel held on 15 March 2016 were noted.

147. Verbal updates
(Item A6)

1. The Cabinet Member, Mr P J Oakford, gave a verbal update on the following specialist children's services issues:

Visited Children's Centres in the Ashford and Swale areas

Visited Children's Centres in the Thanet area with a local GP to explore how specialist children's services and health could integrate and work more closely together in using children's centre facilities.

Children's Centres Working Group – this group had recently been established with officers from Property, Public Health and Early Help services to ensure that optimum use was being made of children's centres premises, both in terms of the services based there and the number of days per week on which the premises were used, to achieve best use of public money. It was planned that the health visiting service and youth service both be based there. In response to a concern raised, Mr Oakford emphasised that this was not an exercise to identify a reduction in children's centres. The work of the group was in no way to be seen as confidential and all local Members would be involved.

A recent Member briefing on child sexual exploitation had been well attended.

Opened Tunbridge Wells Youth Hub with Mike Hill, Cabinet Member for Communities – until recently, Tunbridge Wells had been the only area of Kent not to have a youth hub, so it was particularly pleasing that a suitable premises had become available for this use.

Attended Challenger Troupe Awards ceremony

Unaccompanied asylum seeking children (UASC) national dispersal scheme – two recent meetings at the Home Office had addressed the need for and the establishment of a national dispersal system for UASC. It was disappointing that the scheme was still voluntary rather than mandatory, and that, of the 12 other local authorities which had indicated a willingness to help, only West Sussex had ultimately come forward to take a maximum of 15 UASC from Kent. If the Home Office calculation of the ideal maximum percentage of UASC compared to the overall population of a local authority were applied, it would mean that Kent should have no more than 300 UASC, yet currently had three times that number. Monthly arrival rates were much lower than for the summer of 2015 but the 30 or so UASC arriving per month still had some impact on accommodation, policing, health and education services. Kent would continue to lobby for a mandatory national dispersal scheme.

In response to a question, Mr Oakford clarified that an amendment to the Immigration Act in May 2016 had given the Government reserve powers to direct local authorities to take UASC, so could impose a mandatory scheme.

2. Mr A Ireland then gave a verbal update on the following specialist children's services issues:

Ofsted visit – no Ofsted visit had yet been announced so this would not now happen until September at the earliest.

Ofsted consultation – Ofsted had very recently published a consultation on its future inspection framework. The issues set out in the consultation would be examined and reported to a future meeting of this committee.

Local Safeguarding Children's Boards (LSCBs) – a review of the role and functions of Local Safeguarding Children's Boards, commissioned by the Government and prepared by Alan Wood, had reported in May 2016 had made a clear recommendation that local authorities should not have a duty to have a LSCB, but, if they chose not to, they had to demonstrate that they had in place robust joint working arrangements with local Police and Health services to ensure that child protection issues were adequately covered. All local authorities would need to consider how they wished to proceed, and this committee would have an opportunity to discuss the possibilities for Kent.

Regional Adoption Arrangements – progress towards new arrangements was continuing, and the Coram Partnership Board had met recently. All local authorities would need to consider what they wished to put in place and were considering the possibilities, which included potential partnership arrangements with neighbouring authorities. It was expected that further progress would be reported to this committee shortly.

3. As Deputy Cabinet Member for Adult Social Care and Public Health, Mrs P T Cole gave a verbal update on the following children's public health issues:

Mind the Gap – the County Council's new Health Inequalities Action Plan would be reported shortly to the Adult Social Care and Health Cabinet Committee and, to avoid duplication, it would not also be reported to this committee. However, Members of this committee could attend the Adult Social Care and Health Cabinet Committee meeting on 12 July to hear the item and take part in the debate.

29 June Spoke at Perinatal Mental Health Conference at Canterbury Christ Church University

29 June Visited Turning Point substance misuse service in Canterbury - it had been encouraging to see the increased confidence that the service was able to give people and to see former users who had benefited from support returning to mentor others.

4. Mr A Scott-Clark then gave a verbal update on the following children's public health issues:

Community Pharmacies – a letter from Mr Gibbens and the Cabinet Member for Education and Health Reform, Roger Gough, had been sent to the Minister to seek to secure adequate funding for pharmacies in rural and edge-of-town locations. It had been good to receive the recent news that NHS funding would be made available to support the integration of primary care and community pharmacies. Mr Scott-Clark added that pharmacies facing hardship could bid to access this funding via pharmacy access schemes, based on location and local need. Local Pharmaceutical Committees had expressed concern about the viability of suburban and rural pharmacies.

NHS Sustainability and Transformation Plans: Prevention – prevention had previously been a key issue in the NHS 5 year plan, and the County Council's Public Health team would support enhanced intervention and seek to promote priorities such as addressing obesity, achieving parity of esteem for mental and physical health

and encouraging employers to take workplace health and lifestyle choices, such as drinking and smoking, seriously.

Work with the Town and Country Planning Association – the County Council's Public Health team would work with Public Health England, district councils, local clinical commissioning groups (CCGs) and Health and Wellbeing Boards to address the issue of planning health more systematically and effectively into the infrastructure of new developments, for example, in terms of green space and walking and cycling routes.

Healthy New Towns/Ebbsfleet – related to the above, Ebbsfleet had been awarded Healthy New Towns status, and Public Health would work with Public Health England, the district council, the local CCG and the Ebbsfleet Development Corporation to address issues such as building a healthy environment and linking health services to the local transport network.

News of the Ebbsfleet Healthy New Towns initiative was welcomed, and Mr Scott-Clark was asked to ensure that the Kent Association of Parish Councils made other parish councils fully aware of the Healthy New Towns project and the opportunities this represented;

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

148. Public Health Children's Services (16/00038a and b)
(Item B1)

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

1. Ms Sharp introduced a report on the proposed decision to extend the existing contract for Health Visiting and the Family Nurse Partnership Service (decision number 16/00038b) until 31 May 2018, and gave an update on the progress of the procurement of the School Public Health Service (decision number 16/00038a). She gave the following information:-

- a) the School Public Health Nursing Service had been reviewed and was found to have two clear challenges to overcome; its visibility as a service in schools and its current lack of focus on adolescents;
- b) it was emphasised that the services going forward would have to prioritise emotional wellbeing to a greater extent and to focus on both younger children and adolescents;
- c) the committee was also informed there would an opportunity for market engagement to ensure that the provider had a robust plan for meeting Kent County Council's targets in this area;
- d) with regard to the Health Visiting Service, it was brought to the committee's attention that, given the much more recent transfer of the service, the Directorate had had less time to undertake an in-depth review; and
- e) Ms Sharp informed the committee that it would be advisable to delay a procurement of this for the following reasons:

- i. the need to evaluate how to implement recent reductions on the public health grants,
- ii. to allow a review of the interface with Children's Centres to take place,
- iii. to ensure that safeguarding capacity was not at all reduced, and
- iv. to seek the most efficient service model possible.

2. Ms Bennett gave the following information in response to questions raised by Members of the committee:-

- a) in response to a concern raised, the committee was informed that local partnerships would be kept up to date with this information;
- b) regarding nursing in secondary schools, there would be a named professional for each school;
- c) reassurance was given that measurement of the impact of their work was considered key and that Public Health would have standard indicators in place to achieve this;
- d) it was confirmed that the School Public Health Service would cover all publicly-funded schools and that private school students could access it via referral;
- e) confirmation was given in response to feedback from Mr Vye that negative case studies could also be included in future reports, to assist frank assessment and discussion; and
- f) with regard to comparison with other Local Authorities which were providing these services, Ms Bennett explained that regular discussion would take place with neighbours in the South East Network, Essex and West Sussex.

3. RESOLVED that the proposed decision for the Cabinet Member for Adult Social Care and Public Health to extend the existing contract for the Health Visiting and Family Nurse Partnership Service until 31 May 2018, be endorsed.

149. Children and Young People's Mental Health Service - joint procurement (16/00052)

(Item B2)

Mrs C Infanti, Commissioning Officer, was in attendance for this item.

1. Mrs Infanti introduced the report on the commissioning and procurement of the child and young people's mental health service. She explained that this report sought the committee's endorsement to formalise the next step of the joint procurement process and enter into legal agreements with the CCGs.

2. Mrs Infanti gave the following information in response to questions raised by the committee:-

- a) that she, colleagues in Legal Services and CCG colleagues did not foresee any problems in getting the legal agreements in place by the proposed timeline;
- b) it was also confirmed a lot of work had been done on the performance framework and that any potential provider would be asked to share that performance data with the County Council;
- c) that staff employed by the successful provider would be expected to work alongside current Kent County Council staff in Early Help Units; and
- d) in response to a concern raised, Mrs Infanti explained that the contract would be held by West Kent Clinical Commissioning Group. However, Kent County Council would have an agreement in place that would ensure there were clauses in the contract in regard of performance targets for the provider. This would involve Kent Performance Indicators having to be followed closely by the provider.

3. Mr A Ireland, Corporate Director of Social Care, Health and Wellbeing, reassured the Committee that the Health Overview and Scrutiny Committee had been following the progress of the commissioning and procurement of the child and young people's mental health service in depth.

4. RESOLVED that the proposed decision to be taken by the Cabinet Member for Specialist Children's Services:-

a) that Kent County Council enter into such legal agreements that are necessary and appropriate to enable the joint operational delivery of this project between the County Council, West Kent Clinical Commissioning Group and the provider, for the purpose of jointly procuring a mental health service for children and young people, including children in care and integrated provision within the health needs pupil referral units; and

b) to delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to enter into the agreements,

be endorsed.

150. Action Plans arising from Ofsted inspection (Item C1)

Mr T Stevenson, Head of Quality Assurance, and Ms E Perkins, Executive Officer, West Kent, were in attendance for this item.

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

a) in response to a concern that Kent may not be compared on a 'like for like' basis with other local authorities, as it had a much higher number of children in care and UASC, Mr Stevenson confirmed that these factors did indeed have a substantial impact on Kent's performance, along with the

large size and diverse nature of the county, which added the challenge of service co-ordination and achieving consistency across the county. Mr Segurola added that the parameters on which inspections were based (ie were children kept safe, were families in need supported and were good outcomes being achieved for children in care) were the same for every authority, regardless of size;

- b) a comment was made that a nearby authority had progressed from an 'inadequate' to a 'good' rating, despite placing many children at a distance from their homes, many of them being placed in Kent. Surely this would compromise the quality of the supervision, monitoring and review that they could give those children. In addition, with the advent of Staying Put and Closer To Home, which aimed, respectively, to help young people to stay with their foster carers up to the age of 21 and to take up independent living accommodation near the area in which they had been in care, children and young people placed in Kent by other local authorities would remain in Kent for longer as young adults, and would need support to do so. Surely this support role would fall, at least partly, upon Kent;
- c) the tri-boroughs had attracted praise from Ofsted for the way in which their elected Members scrutinised services, and a question was raised about the extent to which Kent could demonstrate a similar level of scrutiny, for example, by the minutes of its meetings reflecting effective challenging and questioning;
- d) asked by the Chairman to highlight areas in which Kent performed less well, Mr Segurola said that Kent had some areas of outstanding practice and some areas less so, for example, achieving consistency of service across the county. The current year had seen increased demand, continuing difficulties around recruitment and retention of social workers and social work managers and a resulting increase in caseloads, which would inevitably have an impact on the quality and consistency of practice. There was always more work to do and Kent would always persevere to raise standards. Mr Ireland added that consistency of practice was a challenge for any large authority, and performance monitoring dashboards showed the ebb and flow of strengths and lesser strengths and how these were affected by staffing levels. Kent would need to demonstrate that it had a mechanism by which it could address these challenges. *The Chairman asked that an update report on social worker recruitment and retention be made to the committee's next meeting.* Mr Segurola added that regular 'health check' reports were produced, using parameters set by the Local Government Association, and briefing notes for Members, setting out the pointers for inspection and the questions they should be asking officers, *would be sent to all Members later in the summer.* Mr Ireland reminded Members that scrutiny took place in other forums, including the Children's Services Improvement Panel and the Corporate Parenting Panel, both of which received regular reports of performance data. The previous meeting of this committee had looked at areas of work currently rated red, which had led to reports on placement stability being made to the Corporate Parenting Panel in July and planned for this committee in September. Ofsted would look at this audit trail as part of an inspection;

- e) the recent Corporate Parenting Select Committee had undertaken some in-depth scrutiny of issues, including child sexual exploitation, and had gained much understanding from this work. This represented more scrutiny than had been undertaken of these issues by many other local authorities, and should surely be acknowledged and praised in an Ofsted inspection; and
 - f) in response to a question about the role Members would play in an Ofsted inspection, Mr Ireland explained that recent changes to the inspection framework had shifted emphasis away from interviews with Members to inspection of case files and interviews with social workers and social work managers. Only the Cabinet Member for Specialist Children's Services and the Leader of the Council were likely to be interviewed. The Lead Inspector would advise the County Council at the start of an inspection of how the inspection would proceed, within the inspection framework.
2. RESOLVED that the information set out in the report, and given in response to comments and questions, be noted, and an update report on social worker recruitment and retention be made to the committee's next meeting.

151. Kent's Teenage Pregnancy Strategy 2015- 2020 - One Year On
(Item C2)

Ms S Bennett, Consultant in Public Health, was in attendance for this item.

1. Ms Bennett introduced the report, which gave an update on the strategy which was approved in September 2015. She explained that Kent's rate of conceptions among 15 – 17 year olds had halved in the last 13 years, was lower than the national rate but higher than the rate in the south east overall. The UK still had one of the highest rates of teenage pregnancy in Europe. Kent's Teenage Pregnancy Strategy had two main themes:- to prevent conceptions, and to support teen parents to mitigate the ongoing effects of becoming parents very young. Ms Bennett outlined the six ambitions in the strategy and explained how services and initiatives would contribute to them. She then responded to comments and questions from Members, as follows:-

- a) contraceptive services and sexual health services in schools were open to all young people but could also be targeted specifically to vulnerable groups such as children in care;
- b) many young people in care felt that they had not experienced parental love and felt that a way to repair this was to have a child of their own. The way in which sexual health services could possibly work with foster carers or children's homes to address this was not clear, but Members were assured that vulnerable groups would always be covered;
- c) no data on the percentage of teenage parents who were in care was collected nationally, so if Kent wanted to identify this cohort it would need to undertake its own data gathering. Mr Ireland confirmed that it was possible to identify from data which children in care had become parents in their teens;

- d) although all 15 – 17 year olds should still be in full-time education, not all would be actively engaged and attending school or college. It was known that those most likely to conceive in their teens were also the least likely to be attending school;
- e) in response to a question about the contribution of immigrant groups to the higher rates of teenage pregnancy in the Dover area, Ms Bennett explained that ethnicity was not recorded in data, but she assured Members that local service providers would always be sensitive to the ethnic and cultural make-up of their local population and the best ways to reach different groups. It was more likely that teenage pregnancy rates were linked to levels of deprivation than to the ethnic and cultural profile of an area, as other areas with higher teenage pregnancy rates also had higher levels of deprivation;
- f) provision of youth services in an area would include information about avoiding teenage pregnancy, so a reduction on the former could be a contributing factor in rises in the latter;
- g) PSHE lessons were considered a good way to tackle the issue of teenage pregnancy, as not all young people engaged with youth services but all should be attending full-time education. However, provision of PSHE classes was not consistent across the county, and some young people found it limited, not covering emotional development and relationships. It was important that the County Council use this method of engaging young people and seek to influence the content and quality of lessons to address the issue of teenage pregnancy. Ms Bennett advised that sex education in schools was part of the school public health service, which had recently been re-commissioned. Mr Scott-Clark added that work to support emotional resilience would be covered by the new Headstart service, which was soon to start;
- h) it was suggested that Facebook could be used as another method of engaging young people about teenage pregnancy, but another speaker advised that young people did not look to Facebook to read about and discuss this sort of issue. Also, many parents would prefer their children to receive information and guidance on relationships from a trusted teacher or other professional. On social media, self respect was not generally seen as a key priority. Another speaker took the view that engagement with young people needed to use the methods which young people themselves used, to be proactive in countering negative messages, and that social media had a role to play in this;
- i) the County Council had previously had a select committee looking at PSHE, and it might be time now to review the recommendations which were made by the select committee in 2007 to help inform current debate;
- j) one school in Kent, Canterbury Academy, had community youth tutors available on site, but this arrangement was unusual in Kent schools. Youth tutors were sometimes more trusted by young people and could be more effective than teachers in leading PSHE classes, and this model would be a good one to copy elsewhere; and

- k) now that Members were able to see the areas of the county in which rates of teenage pregnancy were high, work to address them could be targeted.
2. RESOLVED that the progress in delivering the Kent Teenage Pregnancy Strategy be noted, and a further update report on the progress of the strategy be submitted to this committee in July 2017

152. Local Government Ombudsman Finding of Maladministration
(Item C3)

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

1. Mr Mort outlined the complaint, by a parent seeking financial support for her disabled teenage son in the school holidays, and summarised the Ombudsman's report and findings. The Ombudsman had found the County Council's Direct Payments policy to be too restrictive, with insufficient scope for flexibility and officer discretion in individual cases, and found that the Council had not taken sufficient consideration under Carers' legislation of the mother's need to work and hence need for child care support. The County Council had feared that to provide childcare in the school holidays may set a precedent for other cases, at great cost. However, the Council had accepted the Ombudsman's findings and would be taking the following action: to change its Direct Payments policy to allow more scope for officer discretion, to train staff so they understood the scope they had to apply discretion, to pay the complainant £1,000 in compensation, for time and trouble and stress caused, and to review the sufficiency of its provision of care for older children during the school holidays. Mr Mort responded to comments and questions from Members, as follows:-

- a) asked what lessons the County Council had taken on board from the process, Mr Mort explained that it was clear that the complaint took longer than it should have done to resolve, partly because the involvement of independent people at stages 2 and 3, although an important part of the process, required time to arrange. In addition, because the complainant's son had special educational needs, there had been a question over whether the complaint should be considered under the SEN appeals process or the statutory complaints process. At stage 3, the independent Complaints Review Panel, Kent would offer a complainant the opportunity to go to an independent Complaints Review Panel or direct to the Ombudsman, and it would in future make clear to a complainant their entitlement to have their complaint heard by an independent Complaints Review Panel. In the case in question, the Ombudsman had been approached directly and had referred the case back to the County Council for consideration by a panel at stage 3;
- b) asked what legal advice the County Council had taken, and when, in response to the complainant's early assertion of the legal framework and precedent for her claim, Mr Mort explained that Legal Services had been consulted and been advised that the Council's Direct Payments policy was sound but had identified the possibility that it fettered the Council's discretion. However, this had been some time later in the process. Legal Services had been approached once more when the case was referred to the Ombudsman;

- c) the complaint had taken one year in total to resolve, and although the complainant would now receive a compensation payment, she had experienced stress as a result of pursuing the complaint; and
- d) a view was expressed that, although the natural first instinct when receiving a complaint was to become defensive, it was important to give as much help as possible as soon as possible, and to explain the policy and its impact carefully. Although it would inevitably take time and effort, a personal visit would be a good way to approach a complainant and could be more helpful than sending an official letter. Mr Ireland advised that there had necessarily to be some level of bureaucracy in a statutory complaints process and it was important that a complainant be sent a written response which they could then submit to the Ombudsman as evidence. He added that the independent people considering the case had not identified any problem with the County Council's approach up to that stage, including the level of legal advice sought. Because the regulations and policy around Direct Payments did not address the issue of care for disabled young people in school holidays directly, and Carers' legislation also did not cover this issue fully, to have discretion in applying policy was even more important. The Council needed to ensure that staff were fully aware of the scope to apply discretion over and above the policy framework and of the process for applying this discretion. The fact that the complainant's son was a young person in the transition stage between children's and adult services had made the case more complicated.

2. RESOLVED that the information set out in the report about the findings of the Ombudsman's investigation, and the additional information given in response to comments and questions, be noted, with thanks.

153. Specialist Children's Services Performance Dashboard

(Item D1)

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

1. Mrs Robinson introduced the performance dashboard for Specialist Children's Services. She explained to the committee that 21 RAG indicators were green, 21 were amber and only two were red. Further to this, confirmation was given that the two red RAG indicators would both be amber if UASC were excluded.

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

154. Public Health Performance - Children and Young People

(Item D2)

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

1. Ms Sharp introduced the report on Public Health performance and informed the committee that, overall, the direction of travel had been positive and encouraging.

The committee's attention was also drawn to the number of pregnant women smoking at their date of delivery, which was raised as an area of concern.

2. RESOLVED that the Public Health performance report be noted, with thanks.

155. Work Programme 2016/17

(Item D3)

RESOLVED that the committee's work programme, with the inclusion of statistics on children in care coming to a future meeting, and a further update on youth pregnancy coming to a meeting in 2017, be agreed.