

## 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 Wednesday, 11 January 2017.

PRESENT: Mrs J Whittle (Chairman), Mrs A D Allen, MBE (Vice-Chairman), Mrs P Brivio, Mrs P T Cole, Mrs V J Dagger, Mrs M Elenor, Mrs S Howes, Mr G Lymer, Mr M J Northey, Mr C P Smith, Mr A Terry (Substitute for Mr B Neaves), Mr M J Vye and Mrs Z Wiltshire

ALSO PRESENT: Mr G K Gibbens and Mr P J Oakford

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health and Wellbeing), Mr A Scott-Clark (Director of Public Health), Ms Jemma West (Democratic Services Officer) and Mr P Segurola (Director of Specialist Children's Services)

#### **UNRESTRICTED ITEMS**

##### **186. Apologies and Substitutes**

*(Item A2)*

Apologies for absence were received from Mr Neaves, and Mr Terry attended the meeting as a substitute in his place.

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

*(Item A3)*

During consideration of item C1 relating to the Lifespan Update, Mrs Wiltshire asked it to be noted as a potential interest, in that her grandson had recently gone into adult education, but she received no remuneration for this.

##### **188. Minutes of the meeting held on 10 November 2016**

*(Item A4)*

RESOLVED that the minutes of the meeting of this Committee held on 10 November 2016 are correctly recorded and they be signed by the Chairman. There were no matters arising.

##### **189. Minutes of the meeting of the Corporate Parenting Panel held on 9 November 2016**

*(Item A5)*

RESOLVED that the minutes of the meeting of the Corporate Parenting Panel held on 9 November 2016 be noted.

## 190. Verbal updates

(Item A6)

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

**The Children's Commission Takeover Challenge** had taken place on 25 November, and 8 young people had attended, which included a mixture of care leavers and young people from schools. There had been a good agenda, and the participants had been sent papers in advance. They were given an opportunity to quiz officers on accommodation, fostering, and performance reports. It had been a useful day, and it had been agreed it should be repeated on an informal basis.

**Tunbridge Wells Social Workers** – On 13 December, he had spent the day with Social Workers for the Tunbridge Wells district. He would be visiting Social Workers in each district over a period of time.

**Children's Commissioner** – Following the letter sent to the Children's Commissioner focussing on other local authorities placing their children in care within Kent, a meeting had been held with the Children's Commissioners deputy, and Kent Police. A lot of material had been discussed, and a follow up note had since been received stating that the concerns raised would be built into the Children's Commissioners business plan.

2. In response to questions from members, Mr Oakford made comments including the following:

- Over 250 young people arriving in Kent had been dispersed. Since July, all young people arriving had been dispersed. There had been fewer arrivals, resulting in the closure of one of the reception centres. The implementation of the dispersal programme was evidence that Kent had lobbied, and the Government had listened to the concerns raised.

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

**UASC** – there was a diminishing number of UASC, and this was partly due to there being fewer new arrivals, due to the activity in Calais, but those who had arrived had been dealt with by the dispersal programme in a timely fashion. January saw the balance switch towards more care leavers over the age of 18. Funding discussions with the Home Office were ongoing, both for those aged over 18, and for Millbank Place, which was an integral part of the scheme.

Following the dispersal in France, assessments were being carried out. There had been a group of young people arriving before Christmas under the Dublin III legislation, who had been placed at Millbank. Only six of that group remained. Where family could not be located, the young people would become part of the national dispersal programme. At present, there were 13 young people at Millbank Holding Centre, which was far less than in 2015 when there had been around 120 young people.

**OFSTED Inspection Position** – The new Inspection Framework would be introduced in 2018. There were still 35 local authorities waiting for an inspection prior to this, and Kent was one of those. The Joint Targeted Inspection Programme continued, with themes around Domestic Violence and neglect. It was likely that there would be more notice of that inspection. The themes and focus were likely to change in March, and Kent may or may not be a recipient of this. The new Inspection Framework following the SIF looked quite different and could include potentially critical changes. The Committee would continue to be appraised of the situation.

**Children’s and Social Work Bill** – This had completed its transit through the House of Lords in November. Various amendments had been made to the bill, including a new social work regulator. It would be moving back through the House of Commons, and was due to conclude next week.

**Peer review** – Under the Regional Scheme, a peer review had taken place of the Adolescent support group. The scheme involved carrying out peer reviews across other authorities. Verbal feedback had been positive, and officers felt it was a worthwhile exercise.

4. Mr Ireland then responded to a question by a Committee Member, and stated that there was always a risk of UASC disappearing, but generally, the young people were unlikely to choose to be in Kent. If any of the young people were picked up by the Home Office, they would more likely be brought to Croydon.
5. Mr Gibbens, Cabinet Member for Adult Social Care and Public Health, then gave a verbal update on the following:

**Children’s Commissioner Takeover Challenge** – This had taken place on 22 November, and a group of young people from the Canterbury Academy who were taking part in Youth Health Champion Training came to County Hall to take part in the takeover day in the Public Health Team. The young people had shown an interest in the Children and Adolescent Mental Health Service (CAMHS), and what KCC were doing with regard to the provision of Mental Health Services, including ‘Six Ways to Wellbeing’. The young people had a good understanding of mental health issues, which indicated good coverage of the topic in schools.

As an outcome of discussions during the day, the young people would be meeting with Canterbury CCG to discuss improving care for people of their age in Primary Care services.

**Peer review** – He had taken part in a Peer review in November, and invited Members to volunteer to take part in one. He stated that he would be happy to point Members to the relevant contact officers within the LGA.

A Committee Member then commented on the work of the Youth Advisory Group in Thanet, and stated they had received an award for their work towards drugs and alcohol abuse. The Member added that young people were best placed to deliver the message, rather than local authorities.

6. Mr Scott-Clark, Director of Public Health, then gave a verbal update on the following:

**Drug and Alcohol Strategy** – The Strategy would be developed with partners, led by the Kent Drugs and Alcohol Partnership. The Strategy covered resilience, identification, early help, recovery and supply.

**Mental Health** – The Prime Minister had covered a range of issues in announcements. The detail was unclear at this stage, but it was good that the parity of physical and mental health had been recognised.

7. Mr Scott-Clark, then responded to a question of a Committee Member and stated that in terms of providing adequate services for mental health, it was a case of making the best of the funding received. There were improvements that could be made such as getting providers to communicate with each other, and getting the system to work right from beginning to end. It was good that the focus was on the parity between physical health and mental health.

8. Mrs P Southern, Director Disabled Children Adult LD/MH, then responded to questions of the Committee Members and made points including the following:

- She could not give a figure for how much it would cost to provide adequate mental health services, but discussions were taking place around this.
- There was important developments in mental health, and the focus in Kent had moved away from totally focusing on crisis management to looking at prevention and recovery.
- Those aged 14-24 were the group to focus on as it's the age when people will experience their first episode of mental health so it was crucial to have the right preventative services in place to support young people.
- KCC needed to work in conjunction with the health service, and more preventative work was needed.

The Chairman then suggested that a Members Briefing on mental health would be useful.

Mr Ireland then added that there was a need to recognise that KCC played a minor role in comparison to the NHS and had limited influence.

9. RESOLVED that the verbal updates be noted.

**191. Young People's Substance Misuse Services – Contract Extension (16/00144)**  
(Item B1)

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

1. Ms Sharp introduced the report which explained that the contract for the contract for the Kent Young Persons' Substance Misuse Service was due for renewal in March 2017, and the existing provider was performing well. Under the terms of the contract, an extension could be granted until December 2017. Public Health would develop a new service specification and start a procurement process in order to have a new service in place from January

2018. Funding had already been identified and included within the 17/18 public health budget.

2. Ms Sharp then responded to questions raised by the Committee Members and made points including the following:
  - The £640,500 set aside in the budget for the nine-month extension was the maximum amount that could be paid, but potential efficiencies were being discussed with the provider.
  - There were 350 presently accessing the service, and the waiting period was less than 3 weeks. There were 110 on the waiting list.
  - The service did go out to schools. They were also promoting the use of the RiskKit programme, which was a tool focussed on risk taking among young people, and how this behaviour could be managed.
3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health to endorse the proposed decision to extend the contract for the Kent Young Persons' Substance Misuse Service until December 2017, and the proposed commissioning approach to procure a new contract during 2017/18, be endorsed.

## **192. Lifespan Pathway update** *(Item C1)*

*Mrs P Southern, Director Disabled Children Adult LD/MH, and Ms L Robinson, Strategic Commissioning Support Manager, were in attendance for this item.*

1. Mrs Southern introduced her report which provided an update on developments relating to transition arrangements for young people and the progress made in implementing the Lifespan Pathway for young people with disabilities.
2. Mrs Southern then responded to questions raised by the Committee Members, and made points including the following:
  - The restructure of the service would be live from April but changes would continue beyond this.
  - Alongside this work was the National Programme Transforming Care Programme, which included complex needs work. Funding received via Transforming Care was used to ensure a complex needs pathway. It had proved useful and successful in retaining people within their local communities, without having to travel to acute placements outside of Kent.
3. The Cabinet Member for Adult Social Care and Public Health then stated that he wanted to give recognition to the Chairman of the Cabinet Committee for her work in pursuing the transition process. He also extended his thanks to the officers involved for their hard work.
4. The Chairman noted that there was an error at 4.3.8 of the report, and the partner should be "Kent Community Health Foundation Trust", rather than "Kent Community Hospital Foundation Trust".

5. The Corporate Director of Social Care, Health and Wellbeing then drew attention to the achievement in getting regulators to recognise a need for people to remain in their localities.
6. RESOLVED that the Cabinet Committee note the content of the report and support the on-going Lifespan Pathway work.

### **193. 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 report which provided members with progress against targets set for key performance and activity indicators.
2. Mr Segurola then added that the figures shown were from October 2016. He stated that there had been a reduction in the numbers of young people in care, and it was the lowest figure in a number of years. Analysis was being carried out on this, but it was hoped to be partly due to the impact of early help. He then added that placement stability was still a concern, but a range of activities were being brought in in April to support foster carers, such as use of outdoor resources, education, and linking carers together to allow for respite.
3. Mr Segurola and Mrs Robinson then responded to questions raised by the Committee Members and made points including the following:
  - Analysis was being carried out around placement and stability. Lack of education was a key component. 'Firming up' of monitoring was needed to be able to see what the issues were.
  - There was a need to improve on the numbers of those not in education or employment or training (NEETs), but outcomes were improving. Part-time curriculums continued to be an issue. It had been two years since the remit of virtual schools had increased to allow 16 to 18 year olds, so it was anticipated that there would be an improvement. There was also scope to extend virtual schools to over 18 year old's, which would have an impact.
  - There was a need to be more pro-active in spotting disruptions before they occurred. Some carers had stated that they felt they received insufficient information about the child they were caring for, which was being addressed by KCC. There was also a need to ensure matches were correct, and the first step in the process was vital.
  - The geographical areas for Kent were as follows:
    - i. North Kent: Dartford, Gravesham, Sevenoaks, Swanley.
    - ii. East Kent: Swale, Canterbury, Thanet
    - iii. South Kent: Ashford, Dover, Folkestone.
    - iv. West Kent: Tunbridge Wells, Maidstone, Tonbridge and Malling.
4. The Chairman suggested that the issue around part-time timetables be referred to the Corporate Parenting Panel.

5. RESOLVED that the performance scorecard be noted.

#### **194. 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 which provided an overview on key performance indicators of Public Health commissioned services for children and young people.
2. Mr Scott-Clark then added that with regard to smoking during pregnancy, Thanet and Swale had received funding from NHS England to assist in tackling this issue, and KCC would be joining with the trusts to ensure the money was used appropriately.
3. RESOLVED that the current performance and actions of Public Health commissioned services be noted.

#### **195. Update on the Child and Adolescent Mental Health Service** *(Item D3)*

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

1. Ms Sharp introduced the report which provided an update on the performance of the current Child and Adolescent Mental Health Service (CAMHS) contract, including the service for Kent Children in Care. She added that Kent were one of six authorities receiving Headstart Big lottery funding to pilot resilience teaching in schools.
2. Ms Maynard then added the following points, relating to the procurement process:
  - KCC had opted for a competitive dialogue process, which had led to significant changes, including one service for the whole of Kent, with one point of access and one crisis pathway.
  - The Procurement Team were in the final stages of evaluating the bid for Public Health Services, with a view to award the contract at the end of January, to start on 1 February 2017.
3. Ms Maynard and Ms Sharp then responded to questions by the Committee Members and made points including the following:
  - A number of measures were being taken to ensure the robustness of the procurement process, including making a data room available for bidders to scrutinise the patterns of demand, and other data. The final solution would be required to submit a transformation plan to cover the period from May to 1 September, including every single step of implementation. The CCG would also be involved in scrutinising this plan. The provider would then continue to be held to account. Site visits were being carried out to

ensure providers could do what they were promising. ICT were currently testing scenarios around current data.

- The contract management schedule was clear, and had been designed with the CCG, listing key performance indicator requirements. It was possible to have three providers, but there was a requirement that all providers worked together.
  - The balance between resilience, versus identifying issues was difficult. Analysis showed a number of the referrals to CAMHS had not been required, and it was important to route people to the right part of the system in order to not de-value the system.
4. Mr Scott-Clark added that the whole system approach would provide a core data set across all the services, thus enabling better greater data analysis in future.
  5. RESOLVED that the content of the report be noted.

#### **196. Work Programme 2017**

*(Item D4)*

1. The Chairman introduced the report which gave details of the proposed work programme for the Cabinet Committee.
2. RESOLVED that the Committee note and agree the work programme for 2017-18.