

SOCIAL AFFAIRS SELECT COMMITTEE  
22 January 2013 at 7.00 pm

At the above stated meeting the attached presentations were given and report tabled:

6. A Better Start for our Children (Pages 1 - 24)
  - Spring House
  
7. Local Health Structures - Verbal Update (Pages 25 - 30)  
*Lesley Bowles*
  
9. Feedback from Members' Visits (Pages 31 - 34)
  - Visit to the Sevenoaks Fire Station

This page is intentionally left blank

**Sure Start  
Children's Centres**

**Merry-Go-Round • Spring House**

Spring House Family Service  
Social Affairs Committee presentation  
Tuesday 22 January 2013

Page 1

Agenda Item 6

*'Working with families to give children the best start in life'*





# Core Purpose of Children's Centres

“The core purpose of Sure Start Children's Centres is to improve outcomes for young children and their families, with a particular focus on the most disadvantaged, so children are equipped for life and ready for school, no matter what their background or family circumstances.”

*Supported by improved:*

- *Parenting aspirations, self-esteem and parenting skills*
- *Child and family health and life chances*

*Government Vision, April 2012*

## Phase 3 Children's Centres – the basics

Serving families living in 70% least disadvantaged areas.

No requirement to provide childcare (unlike Phase 1 and Phase 2 Children's Centres)

Flexibility over opening hours to best need local need.

Flexibility over the way in which services are delivered in rural areas.

- Outreach support to parents and carers and children
- Information and advice to fathers, mothers and carers on a range of subjects
- Support to childminders
- Drop-in sessions and other activities
- Links to JobCentre Plus
- Access to community health services, including midwives and health visitors
- Health promotion

# Children's Centre Desired Outcomes

- **Being Healthy**

Children, including those from target groups and those who are identified as in most need of intervention and support in the reach area, are physically, mentally and emotionally healthy and families have healthy lifestyles.

- **Staying Safe**

Children are safe and protected, their welfare concerns are identified and appropriate steps taken to address them.

- **Enjoying and achieving**

Children and parents, including those from target groups and those who are identified as in most need of intervention and support, enjoy and achieve educationally and in their personal and social development.

- **Making a positive contribution**

Children engage in positive behaviour and develop positive relationships

Parents, including those from target groups and those who are identified as in most need of intervention and support, contribute to the decision-making and governance of the centre.

- **Economic and social well-being**


Parents, including those from target groups and those identified as in most need of intervention and support, are developing economic stability and independence, including access to training and employment.

# Children's Centre National Key Performance Indicators

- ➔ % being breastfed at six to eight weeks
- ➔ % of children in reception year who are obese
- ➔ rate of emergency hospital admissions caused by unintentional and deliberate injuries to children and young people
- ➔ % of children gaining at least 78 points across the Early Years Foundation Stage Profile scales with at least six points in each of the scales for personal, social and emotional development and communication, language and literacy
- ➔ % gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest \*
- ➔ % of children aged 0–4 living in households dependent on workless benefits
- ➔ % of eligible families benefiting from the childcare element of Working Tax Credit



## Children's Centre National Key Performance Indicators (continued)

 % of each of the following target groups in the children's centre reach area and with whom the children's centre establishes contact:

- ✓ teenage parents and pregnant teenagers
- ✓ lone parents
- ✓ children in workless households
- ✓ children in minority ethnic groups
- ✓ disabled children and children of disabled parents
- ✓ fathers
- ✓ other groups that are priority vulnerable groups in the children's centre area

# What do we provide?

**High quality, inclusive, early learning and childcare** - includes supporting families to access the offer of free early learning for 2 year olds, support for childminder networks, creche facilities, stay and play sessions appropriate to meet local need.

**Information and activities for families**, so that parents can make informed choices. includes provision of family activities to improve outcomes (for example, learning through play or healthy eating) and housing, benefit and debt advice.

**Adult learning and employment support;** this includes access to volunteering opportunities as steps toward employment and links to Jobcentre Plus.

**Integrated child and family health services;** this includes integrated work with Health Visitors delivering the Healthy Child programme, engagement with midwives and GPs.

# What do we provide?

**Parenting and family support**, including outreach work and relationship support  
Provision of integrated support in response to identified strengths and risk factors within individual families.

**Links with specialist services** for families where there are the most complex health or social care needs (eg disabled children, children with major health difficulties, or children likely to be “in need” or where there are safeguarding concerns as in the Children Act 1989)

# How well do we know our area?

- Community Audit
- Visiting pre-schools
- Our partners in Health, Social Services, Education, Libraries, Leisure centres
- Local toddler groups and churches
- Questionnaires and outreach by FSOWs
- Parent Support Advisors
- Data
- Parents' Forum
- Steering Group

# Who are the most in need?

Children's Centres target need in two ways:

1. Economic Deprivation
2. Priority, excluded or 'Hard to Reach' Groups

# Reaching the children in the most deprived LSOAs

To know whether we are being effective, we need to know:

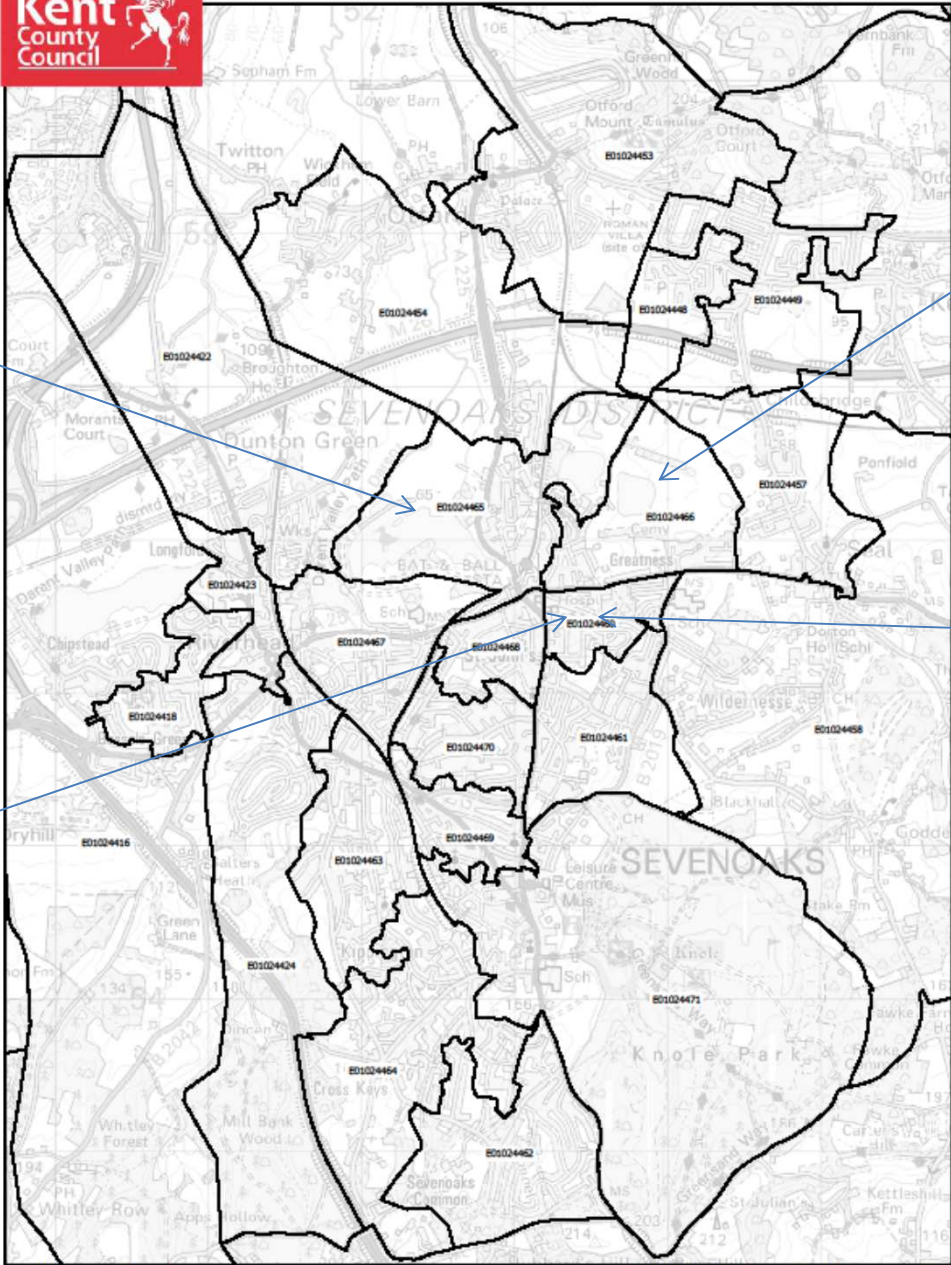
1. **Where** are our most deprived LSOAs?
2. **Who** we have reached in those areas?
3. **How** we can reach more children in these areas?

# Where in Spring House catchment?

- For Spring House we focus on any LSOA that is at or under 70 on the index of multiple deprivation (IMD).
- The most deprived LSOAs in Sevenoaks are:
  - Sevenoaks Northern E01024465 59.62
  - Sevenoaks Northern E01024466 65.37
  - Sevenoaks Eastern E01024460 70.98



# Sevenoaks District with LSOA



**Most Deprived  
59.62**

**2<sup>nd</sup> Most Deprived  
65.37**

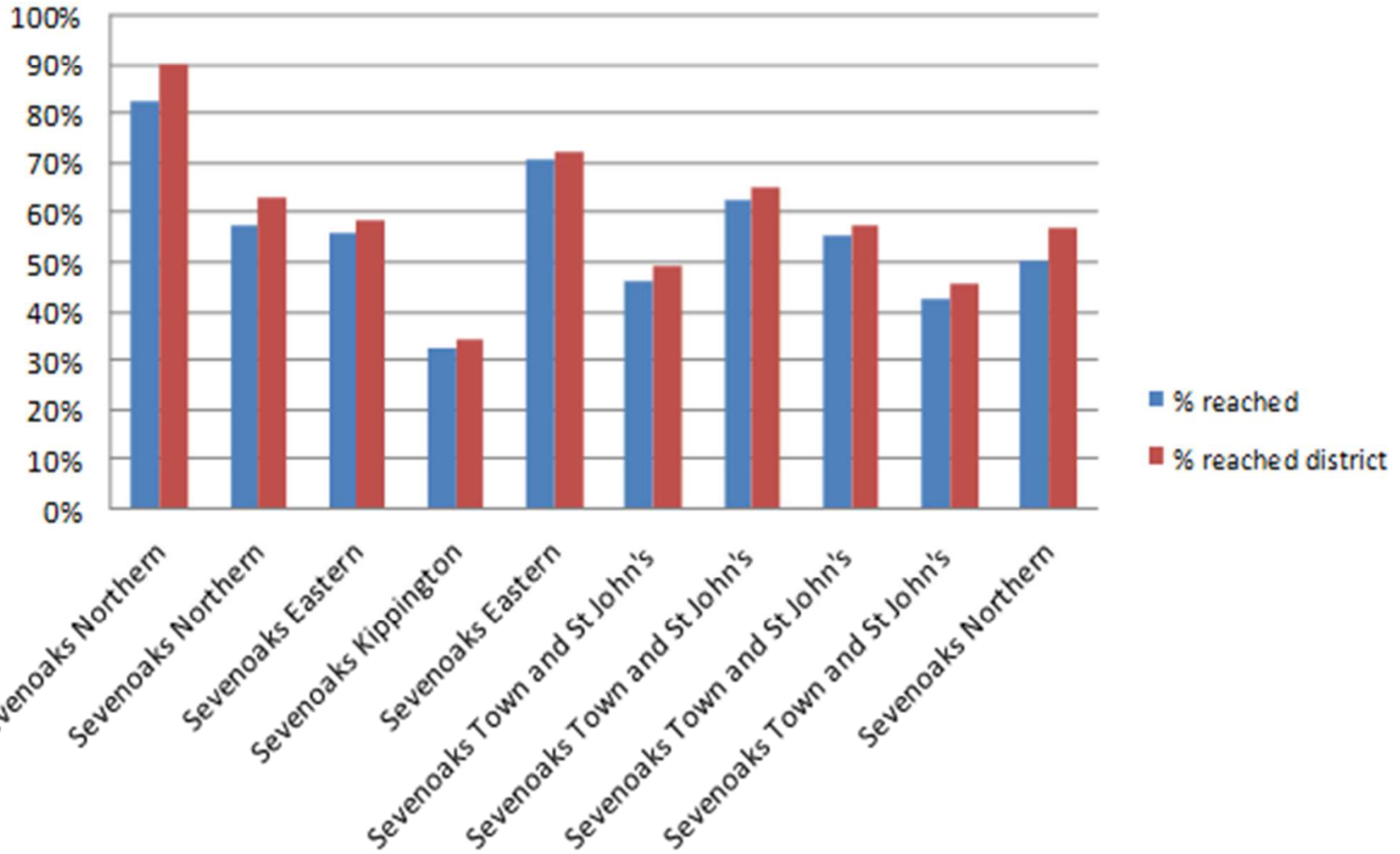
**3<sup>rd</sup> Most Deprived  
70.98**



**Spring House**



### Spring House % reached in the past year ranked in order of IMD (lowest first)



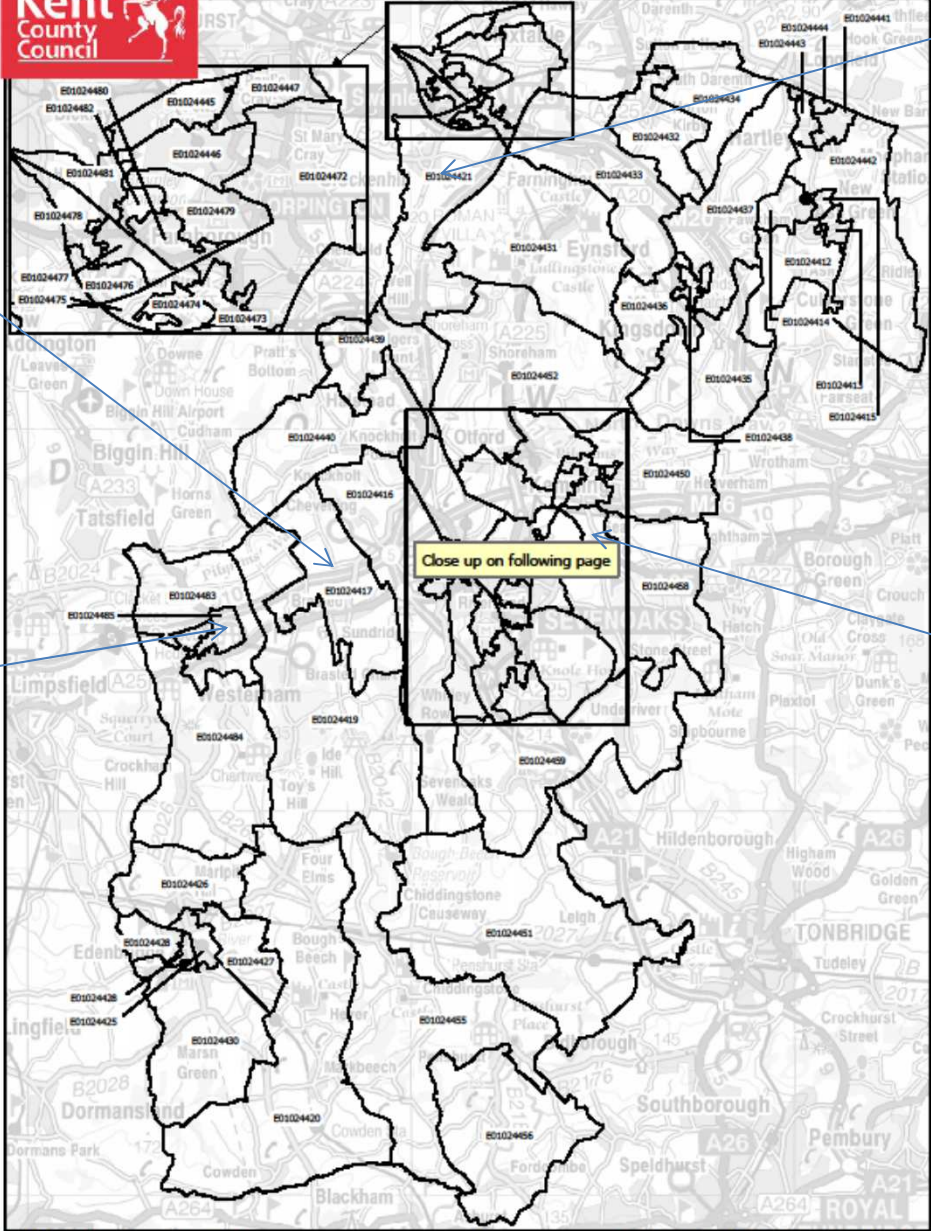
## Where in Merry Go Round catchment?

- The most deprived LSOAs in MRG catchment are:

– Westerham and Crockham Hill	<b>E01024485</b>	<b>55.30</b>
– Seal and Weald	<b>E01024457</b>	<b>58.25</b>
– Brasted, Chevening and Sundridge	<b>E01024417</b>	<b>63.69</b>
– Crockenhill and Well Hill	<b>E01024421</b>	<b>65.85</b>



Sevenoaks District with LSOA



3rd Most deprived  
Sundridge  
63.69

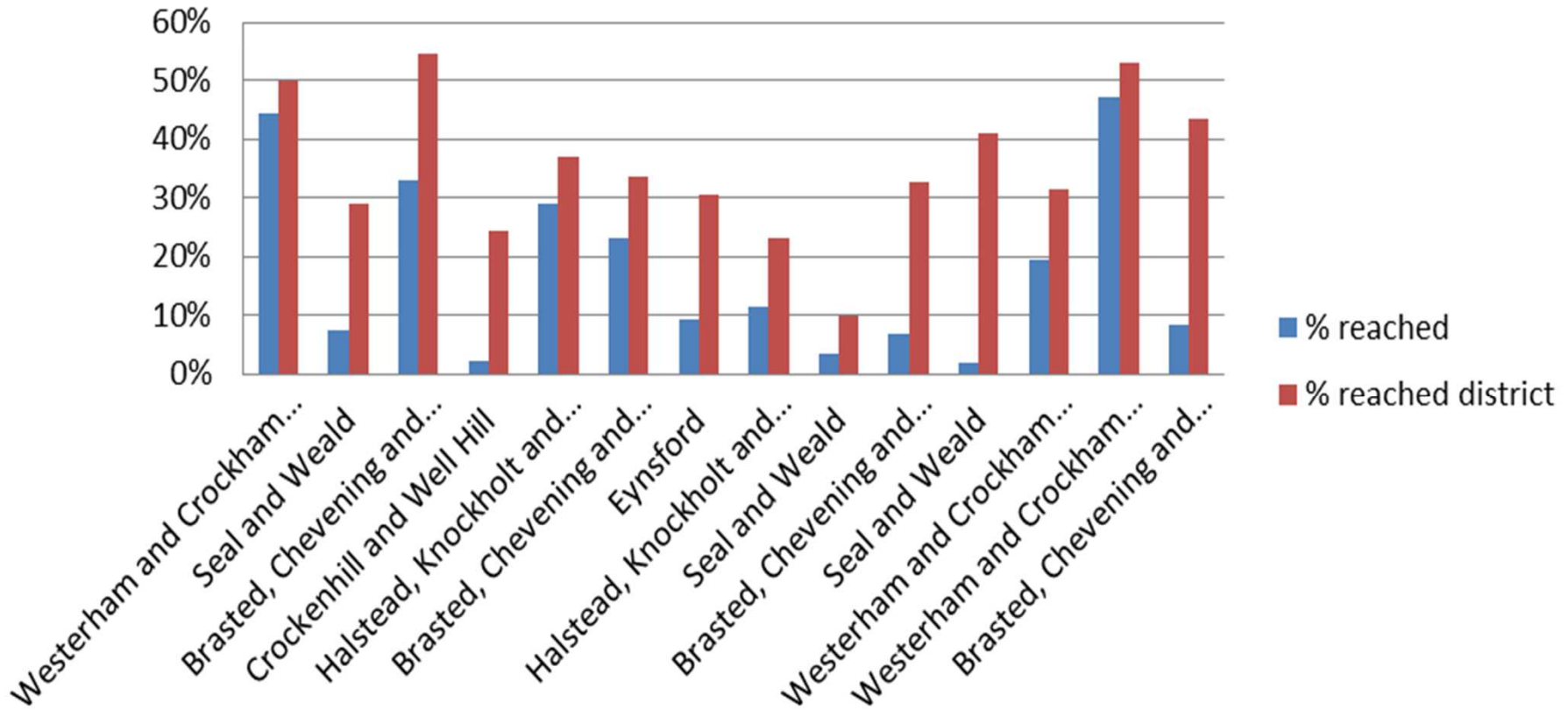
4th Most deprived  
Crockenhill  
65.85

Most deprived  
Westerham  
55.30

2nd Most deprived  
Seal  
58.25

WorMap 6.3.1 - KM Ad Hoc 181365 - Sevenoaks District with LSOA  
Date: 16/01/2012  
Management Information Unit, KCC  
This map is based upon Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of Her Majesty's Stationery Office © Crown Copyright. Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings. 100019238 2012

## Merry Go Round % reached in the past year ranked in order of IMD (lowest first)



# **What we do to reach these families**

**We have a number of strategies including:**

- Setting up outreach groups in these areas.**
- Working alongside existing groups and professionals so that they can refer vulnerable families.**
- Leafleting these areas.**
- Sending our newsletter to families who have registered with us but do not access our services.**

# Hard to Reach Groups

- Hard to Reach groups are defined as:
  - Teenage parents
  - Black and Minority Ethnic groups
  - Disabled carers
  - Disabled children
  - Lone parents
  - Children in workless households
  - Fathers (although this is lower priority)

# How do we collect information?

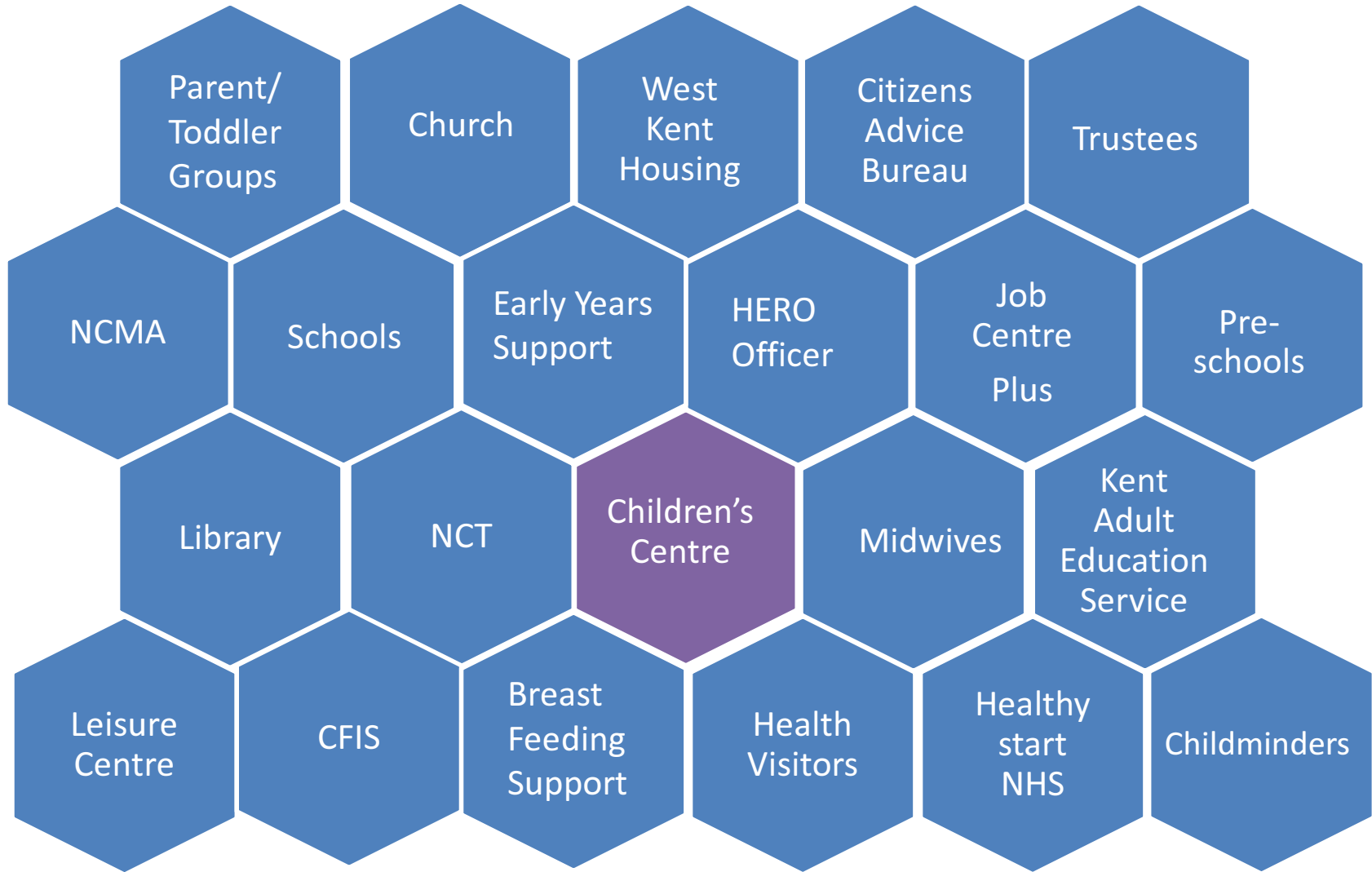
- Information on hard to reach families is collected through:
  - Registration at the new birth visits (see form)
  - Referrals by our partners in health, social services, community groups
  - Our own outreach
- This information is inputted onto e-start so that we can monitor reach for these groups.

# Targeting

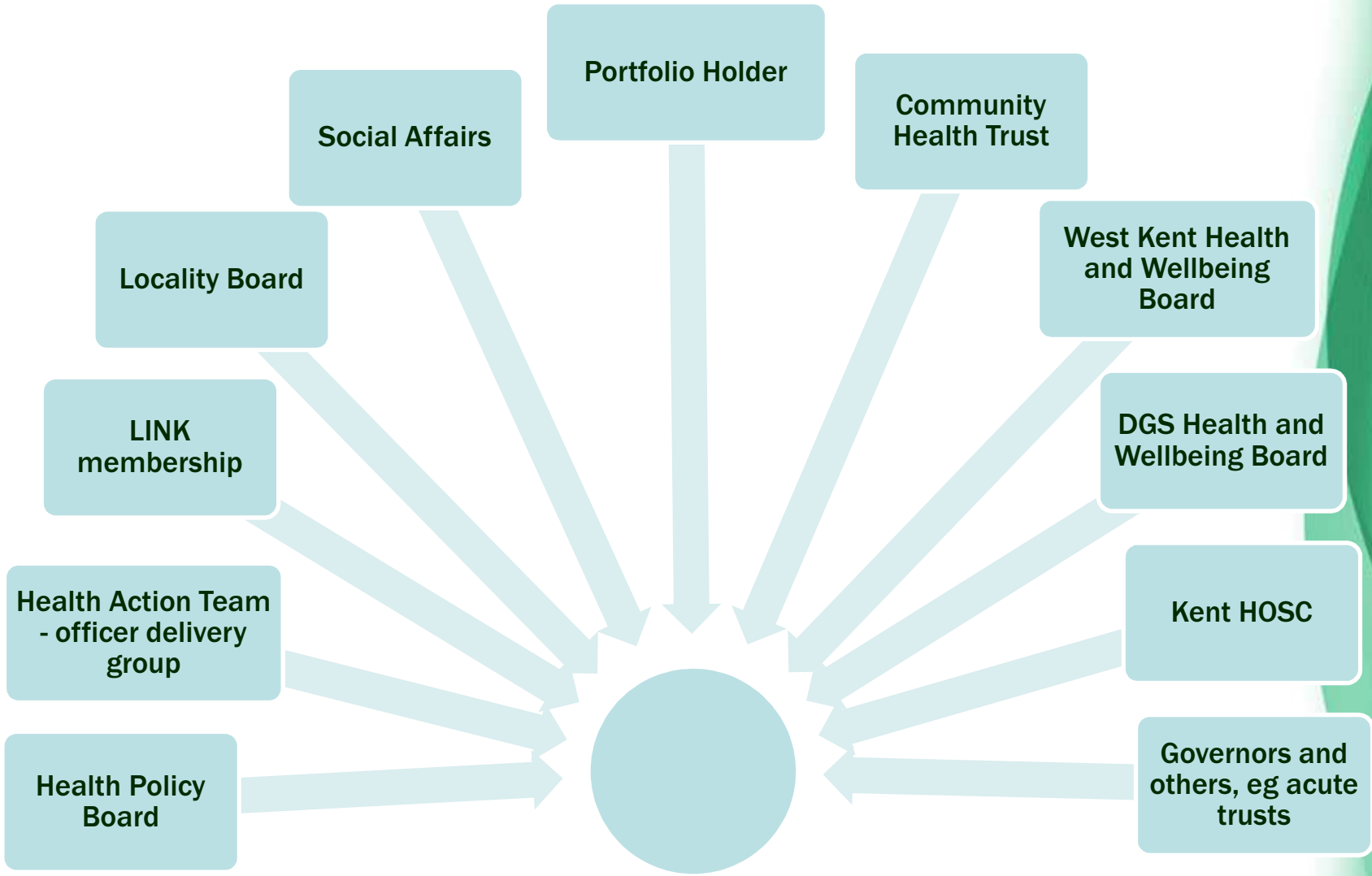
- We target our support to these families in the following ways:
  - Through developing groups such as Mini Bilinguals and the Portage group
  - Providing support through the HERO officer provision
  - Leading and working with other professionals on CAFs
  - Providing targeted courses such as ‘Parents Towards Employment’ and ‘Incredible Years’
  - Offering support through initiatives such as ‘Free for 2’ nursery provision.







**Working together  
to give children the best  
start in life**



# COMMISSIONING

- CCGs to be established by 2013, but will take on their new responsibilities only when they are '*ready and willing*'
- Focus on health outcomes and a duty to show progress in reducing inequalities in health

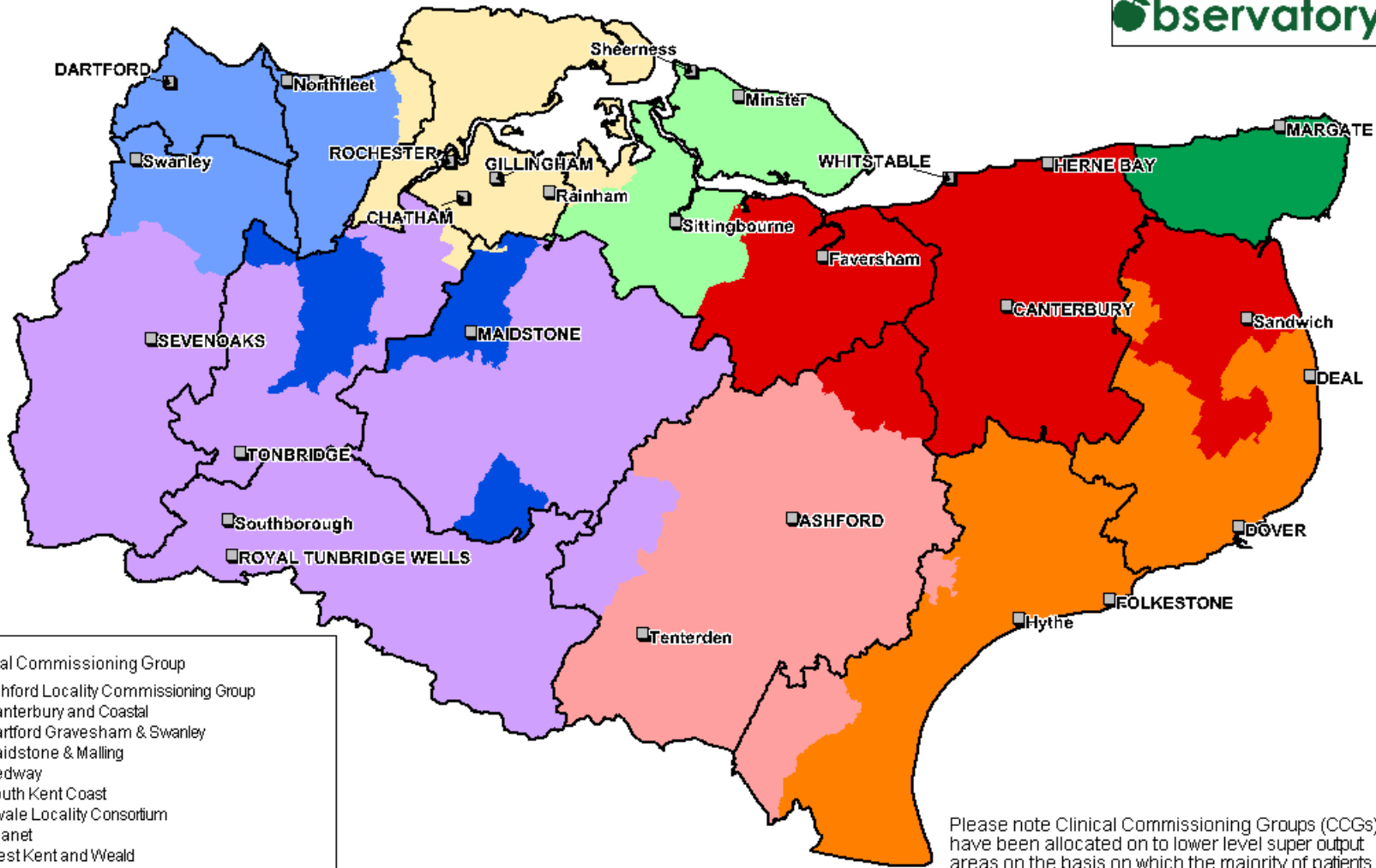
## Clinical Commissioning Groups

- There are **212 Clinical commissioning groups (CCGs)** across England
- The CCG's purpose is to bring a clinical focus to commissioning
- They are responsible for:
- **All acute hospital services, mental health, community services (75% of NHS spending)**
- **£550m budget**

### **They are not responsible for:**

**GP services, Health Visiting, Specialised commissioning  
Prison health services**

**Approximate catchment areas of clinical commissioning groups in Kent and Medway [October 2011]**



**Clinical Commissioning Group**

- Ashford Locality Commissioning Group
- Canterbury and Coastal
- Dartford Gravesham & Swanley
- Maidstone & Malling
- Medway
- South Kent Coast
- Swale Locality Consortium
- Thanet
- West Kent and Weald
- all others

District boundary

Please note Clinical Commissioning Groups (CCGs) have been allocated on to lower level super output areas on the basis on which the majority of patients are resident in that area. True catchment areas overlap and CCGs are subject to further change.

Registered patient list correct as at 26th September 2011

# **HEALTH & WELLBEING BOARDS**

- **Health and Social Care Act 2012**
- **Health & Wellbeing Boards are expected to promote greater democracy and accountability**
- **They will have a defined role in promoting joint commissioning and will lead on local public involvement**
- **Terms of reference and membership being considered – will include a Member and Officer from each District Council**

Kent County Council



Kent Health and Wellbeing Board



Local Health and Wellbeing Board



**VISIT REPORT**

**SOCIAL AFFAIRS SELECT COMMITTEE – 22 JANUARY 2013**

<p><b>Name of Organisation:</b> Kent Fire &amp; Rescue Service</p>
<p><b>Name of contact at the Organisation:</b> Stuart Albon, Risk Reduction Manager</p>
<p><b>Address of the Organisation:</b> Sevenoaks Fire Station, London Road, Sevenoaks, TN13 2HY</p>
<p><b>Please summarise the work of the organisation:</b></p> <ol style="list-style-type: none"> <li>1. To tackle fires and raise awareness of the risk and prevention of fires through information with businesses, vulnerable people, housing associations, school visits, attendance at public events, etc.</li> <li>2. To attend road traffic accidents to assist other emergency services to preserve life and to help to promote road safety.</li> <li>3. Promoting awareness and preparedness re flooding</li> <li>4. Key partner in preparing for emergencies</li> </ol>
<p><b>What are the main challenges faced by the organisation?</b></p> <ul style="list-style-type: none"> <li>• Funding – resources</li> <li>• Terrorist attacks/major incidents</li> </ul>
<p><b>Do their clients come from the Sevenoaks District or a wider area?</b></p> <p>Predominantly yes, but can be called to incidents anywhere in Kent or further afield in major emergencies or as back up to other counties involved in an emergency</p>
<p><b>Who mainly refers clients to them? How do people know about their services?</b></p> <p>999 call outs</p>
<p><b>Who are their primary funders?</b></p> <p>Two principal sources: a central government grant and a small levy on the local council tax. The service is free to the end user in the case of an emergency, although there are some special services that can be charged for and some additional services that can be paid for.</p>
<p><b>Do they benefit from any contact with the District Council?</b></p> <p>Not specifically discussed</p>
<p><b>If so, can this be improved (within existing resources)?</b></p>

## Agenda Item 9

### Visit to Sevenoaks Fire Station on Monday 6<sup>th</sup> November 2012 by Cllrs. Mrs Cook & Miss Thornton

#### Purpose of the visit – Safer and Stronger Communities

As a follow up to the presentation given at the Social Affairs Committee on 30<sup>th</sup> October 2012, by Stuart Albon, the Risk Reduction Manager, Kent Fire & Rescue Service.

#### Visit Details

Mr Albon explained how the station was run, the structure and complement of officers and the 'on call' rota. Sevenoaks is unusual in that it still retains its own housing stock which means that officers can remain at home but can still react to a call within three minutes – their uniform always left ready for an instant response.

It may not necessarily be the local crew who attend an emergency but the most available one, but all fire engines are equipped with sophisticated sat. nav. systems which are updated constantly, however old fashioned maps and local knowledge remain a valuable resource. Mr Albon assured Cllr. Thornton that the matter she raised at the recent Social Affairs Committee, regarding inaccurate navigation information which significantly delayed the arrival of an engine to a car fire in Underriver at the beginning of June, had been rectified.

In a major incident there will be cross border co-operation including back up cover from neighbouring forces.

Whilst they may still be called upon to rescue cats from up trees (for which they have the RSPCA to call upon for advice) they are increasingly being called to road traffic accidents which is not surprising considering the major trunk routes that pass through our district. At least two members of the crew will have been trained to paramedic standards and it is anticipated that, in future, this will be a requirement for all officers.

During the visit we met various crew members who talked us through their protective uniform and equipment before showing us around one of the fire engines. We also spoke to one crew who had just returned from putting out a car fire. Each engine is built to a specific brief to meet local needs and carry a phenomenal amount of fire and rescue equipment to cover all eventualities. Everything has its place on the vehicle and the equipment is regularly checked for wear and tear and for their need of replacement/repair. Specialist vehicles, such as specific platform lifts, are also available within the wider Kent district and neighbouring districts to call upon when required.

All incidents have to be assessed to take account of the safety, not only of the crew, but also other individuals involved. So, for instance, in the case of a house fire a judgement has to be made about whether there are people still inside the building, the structural state of the building and whether anyone trapped inside is likely to still be alive.

Some individual members of the crews based at Sevenoaks have also been trained in specialist fire and rescue techniques, such as search and rescue after natural disasters.

## Agenda Item 9

They are sometimes called upon to make up a national emergency response team and sent abroad to help where their assistance is required and requested.

Whilst we were there, Cllr. Thornton met one of the two Fire & Rescue Officers who had been relocated to Sevenoaks when the Seal Fire Station closed earlier in the year. She was reassured by her conversation with him that their transition had been a relatively smooth one and that they had settled in well at their new base and with their new crews.

We were made to feel incredibly welcome during our visit and all the personnel we met were extremely courteous, professional and helpful. It was a shame that more committee members were not able to attend this most informative visit.

### Still to consider:

- More about the equipment on board, for instance inflatables in the case of flooding
- The different call up numbers
- The number of permanent officers
- Training and counselling if required

This page is intentionally left blank