AGENDA

HEALTH AND WELLBEING BOARD (SHADOW)

Wednesday, 27th March, 2013, at 6.30 pm
Darent Room, Sessions House, County Hall, Maidstone

Ask for: **Peter Sass**
Telephone: **(01622) 694002**

Tea/Coffee will be available 15 minutes before the meeting.

UNRESTRICTED ITEMS
(During these items the meeting is likely to be open to the public)

1. Welcome
2. Substitutes

Part 1 - 6.30pm to 6.50pm

3. Declaration of Interests by Members in Items on the Agenda for this meeting
4. Minutes of the Meeting held on 30 January 2013 (Pages 1 - 10)
5. Update on the Terms of Reference including impact of Secondary Legislation (Pages 11 - 22)
6. Children and Young People Multi Agency Framework for Kent (Pages 23 - 56)

Part 2 - 6.50pm to 8.30pm - Commissioning Plans for 2013/14

7. Authorisation of CCG Operating Plans for 2013-14 6.50 to 8pm (Pages 57 - 82)
8. South Kent Coast Integrated Commissioning Strategy 8.00 to 8.10pm (Pages 83 - 90)
9. Direct Commissioning Plans for Area Teams for 2013-14 8.10 to 8.20pm
10. Public Health Commissioning intentions for 2013 - 14 8.20 to 8.30pm (Pages 91 - 92)
11. Date of next meeting - 29 May 2013

Peter Sass
Head of Democratic Services

Tuesday, 19 March 2013

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

Dr John Allingham	Clinical Lead, Shepway Locality, South Kent CCG
Dr Fiona Armstrong	Joint Clinical Lead, Swale CCG
Dr Bob Bowes	Chair West Kent & Weald CCG
Cllr Andrew Bowles	represented by
Cllr Lesley Ingham	Member, Housing, Health and Wellbeing, Swale BC
Cllr Paul Carter	Leader of Kent County Council
Dr Sourja Chaudhuri	Clinical Lead, Dover Locality, South Kent CCG
Cllr John Cunningham	Tunbridge Wells Borough Council
Caroline Davis	Strategic Policy Advisor (Health & Wellbeing), KCC
Michelle Farrow	Leadership Support Manager, Dover DC
Cllr Graham Gibbens	Cabinet Member for Adult Social Care and Public Health, KCC
Cllr Roger Gough	Cabinet Member for Business Strategy, Performance & Health Reform, KCC
Andrew Ireland	Corporate Director Families and Social Care
Dr Mark Jones	Chair & Clinical Lead C4 Canterbury CCG
Roger Kendall	Kent LINk
Cllr Michael Lyons	Shepway District Council
Dr Chee Mah	Clinical Lead, Deal Locality, South Kent CCG
Dr Tony Martin	Chair & Clinical Lead, Thanet CCG
Dr John Neden	Chair & Clinical Lead, East Cliff Commissioning Practice
Meradin Peachey	Director of Public Health
Simon Perks	Accountable Officer, Ashford and Canterbury & Coastal CCGs
Dr Roger Pinnock	Chair, Ashford CCG
Dr John Ribchester	Chair & Clinical Lead, Whitstable CCG
Dr Garry Singh	Clinical Lead, Maidstone & Malling CCG
Dr Sanjay Singh	Clinical Lead, West Kent CCG
Ann Sutton	Chief Executive, Kent & Medway Cluster
Cllr Paul Watkins	Leader, Dover DC
Cllr Jenny Whittle	Cabinet Member for Specialist Children's services, KCC
David Woodhead	Clinical Lead, Gravesham & Swanley CCG

Invited Observer

Colin Tomson	Chair, Kent & Medway Cluster

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KENT COUNTY COUNCIL

HEALTH AND WELLBEING BOARD (SHADOW)

MINUTES of a meeting of the Health and Wellbeing Board (Shadow) held in the Medway Room, Sessions House, County Hall, Maidstone on Wednesday, 30 January 2013.

PRESENT: Mr R W Gough (Chairman), Dr Fiona Armstrong, Dr B Bowes, Mr A Bowles, Ms H Carpenter, Mr P B Carter, Dr S Chaudhuri, Mr D Cocker (Substitute for Dr C Mah), Ms F Cox, Cllr J Cunningham, Cllr R Davison, Mr G K Gibbens, Mr A Ireland, Mr R Kendall, Cllr M Lyons, Dr T Martin, Ms M Peachey, Mr S Perks, Dr R Pinnock, Ms V Segall Jones, Mr C Tomson and Mrs J Whittle

ALSO PRESENT: Ms V C Edwards and Ms J Ford, Department of Health

IN ATTENDANCE: Ms D Benton (Staff Officer to the Cabinet Member for Business, Strategy, Performance and Health Reform), Ms C Davis (Strategic Business Advisor), Mr A George, Mr D Godfrey (Public Policy), Mr A Scott-Clark (Director of Health Improvement (KCC), NHS Kent and Medway), Mrs A Tidmarsh (Director of Older People and Physical Disability), Ms M Varshney and Mr P D Wickenden (Democratic Services Transition Manager)

UNRESTRICTED ITEMS

78. Substitutes
(Item 2)

The following apologies and substitutes were received and noted:-

Councillor Paul Watkins, Michelle Farrow, Amber Christy and Dr M Jones. Derek Conway was substituting for Lesley Ingham.

79. Chairman's welcome
(Item 1)

The Chairman, Roger Gough, Cabinet Member for Business Strategy, Performance and Health Reform, welcomed everyone to the meeting of the Shadow Health and Wellbeing Board.

80. Declaration of Interests by Members in Items on the Agenda for this meeting
(Item 3)

There were no declarations of interest by Members on any items on the agenda for this meeting.

81. Minutes of the Meeting held on 21 November 2012
(Item 4)

RESOLVED that, subject to the deletion of Ms F Cox from the list of attendees present, the Minutes of the meeting held on 21 November 2012 are correctly recorded and that they be signed by the Chairman.

82. Kent Health and Wellbeing Board - Future shape and draft work programme 2013-14
(Item 5)

(1) The Shadow Board noted that a Health and Wellbeing Board Planning Group of Officers had met on 9 January 2013 to discuss the future shape of the Shadow Board and work programme as it moves from meeting in a "shadow form" to being fully operational from 1 April 2013.

(2) The proposal is for the Shadow Board agendas to have a four fold structure along the following lines:-

(a) "deep dive" on priorities and outcomes on a rolling basis;
(b) performance management/review of where local Health and Wellbeing Boards are at on a quarterly basis;
(c) sign off of plans and strategies; and
(d) developmental/workshop sessions four times a year.

(3) The Board will continue to meet bi-monthly on a Wednesday evening at 6.30pm at Sessions House, County Hall, Maidstone. It was agreed that it would be beneficial to have four extra workshops/development sessions outside of the formal Board meetings to devote time to specific topics such as a Clinical Commissioning Group conference, provider engagement and a workshop for commissioners.

(4) The operating principles, terms of reference and membership of the Shadow Board were also reviewed at the workshop. The Shadow Board noted that secondary regulations on the establishment of Health and Wellbeing Boards will shortly be published which will impact on the operation of the Board, and a further paper will be brought back to the Shadow Board on Wednesday 27 March 2013.

(5) Ms Felicity Cox suggested, and the Shadow Board agreed, that it would be useful at the March meeting for the Shadow Board to look at the Direct Commissioning Plans of the Area Teams.

(6) Colin Tomson questioned whether the proposed work programme reflected the provider relationships. The Chairman responded that, to some extent, this would be dealt with elsewhere on the agenda.

(7) Roger Kendall referred to the final meeting of LINks in the South East Region and asked that consideration be given to wider representation of the voluntary sector on the Shadow Board.

(8) The Chairman suggested to the Shadow Board that it may be useful at sometime in the future to have an informal session focussing on finance.

(9) RESOLVED that:-

(a) the proposed programme for the Health and Wellbeing Board 2013 – 2014 be endorsed, with an item on the addition of the Direct Commissioning of the Area Teams; and
(b) a report be submitted to the March 2013 meeting of the Shadow Board, setting out the way forward following the publication of the secondary regulations.

83. Joint Kent Health and Wellbeing Strategy
(Item 6)

(1) The Shadow Board received a further draft of the Kent Joint Health and Wellbeing Strategy, which reflected the extensive and ongoing dialogue the Shadow Board has had in the preparation of the Strategy.

(2) The Chairman informed the Shadow Board that the draft Strategy before it had been through several iterations since Christmas, to improve the structure of the document and cast it in a more logical order. The final version of the Strategy would be sent to all Shadow Board members within the week, with a note from the Chairman of what had changed and why. He added that he would very much welcome the comments of Shadow Board members and, in particular, Clinical Commissioning Group (CCG) colleagues, with examples of good practice across the County, which could be highlighted in the document.

(3) The Shadow Board noted:-

(a) a summary of the wider engagement on the draft strategy which took place in the Autumn of 2012 and the comments and amendments made to the Strategy as a consequence; and

(b) there were a number of places where some further information on targets/outcomes was awaited. In addition, the Shadow Board is asked to suggest areas of best practice that they would like to include in the 12 month Strategy.

(4) Ms Peachey suggested, and the Shadow Board agreed, that the document would be further improved with some case studies “to bring the document alive”; for example, one on Healthchecks or Telehealth.

(5) Mr Ireland said he felt that there was the opportunity to improve the document in places, with greater clarity between the input and the desired outcomes set out in the Strategy.

(6) Ms Segall-Jones said that she welcomed the Strategy, which would be useful to Healthwatch. She added that any data or examples, such as the case studies suggested by Ms Peachey, would add to patients’ understanding of the document.

(7) Mr Carter emphasised the need for a Communication Strategy. He said there needed to be a plain English version of the Strategy which would be an easy read for the public. He added that the public needed to be reassured that the services we collectively deliver are quality services and provide value for money for the residents of Kent.

(8) Dr Pinnock said that the graph on page 7 of the Strategy appeared to be wrongly labelled. “Co-Morbidity: Number of people living with Long Term Conditions in Kent 2010/11”. Mr Scott-Clark acknowledged that what was required was some explanatory dialogue to clarify the position.

(9) Mr Tomson referred to the paragraphs on “Years of life lost by people dying early, which are considered preventable” (pages 8 and 9), which he said would benefit from some graphics; in particular, some of those which Professor Bentley had presented to the Shadow Board at its last meeting. Ms Davis acknowledged that there would be a number of graphics in the final version of the Strategy.

(10) Mr Carter re-affirmed his earlier view that it was important that there is a Communication strategy for the launch of this Strategy.

(11) RESOLVED that, having taken into account the comments set out in sub-paragraphs (3) to (10) above, the final version of the Strategy be circulated to all members of the Shadow Board with the changes highlighted, and, if necessary, the reasons why.

84. Provider Relationships (verbal update)
(Item 7)

(1) The Chairman informed the Shadow Board that he saw the three “Whole Systems Delivery Boards” as a key “building block” of future relationships with commissioners and providers.

(2) He said that, as a bare minimum, he proposed that reports from the Whole Systems Delivery Boards should be noted by this Shadow Board.

(3) There is a need for larger events involving providers a couple of times a year, and this might link to the work that Felicity Cox is proposing in relation to the renewed Integrated Plan Board. It might be possible to hold meetings of this Shadow Board, ie by meeting on the same day with morning or afternoon sessions.

(4) Finally, the Chairman suggested that the providers could be involved in discrete pieces of business which the Shadow Board may wish to commission in the future through Task and Finish Groups.

(5) The Chairman said that he would set out his proposals in a letter which he would send to Shadow Board Members in the next two weeks. There would be a session later in the year to review the relationship with providers.

85. Public Health Outcomes Framework
(Item 8)

(1) The Shadow Board noted that the Public Health Outcomes Framework “Healthy Lives, Healthy People: Improving outcomes and supporting transparency”, sets out a vision for public health, desired outcomes and the outcomes and indicators which show how well public health is being improved and protected.

(2) The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four domains:-

(a) improving the wider determinants of health;
(b) health improvement;
(c) health protection; and
(d) healthcare, public health and preventing premature mortality

(3) The Shadow Board noted that baseline data for 39 of the 66 indicators at upper tier local authority level was published on 20 November 2012.

(4) The Shadow Board had before it a brief overview of how Kent ranks against other local authorities across all the indicators contained within the four domains.

(5) In the Shadow Board's discussion, Dr Pinnock said it would be helpful to have a more in-depth view on a District-by-District basis or at a Clinical Commissioning Group level. The Chairman acknowledged that this should be possible.

(6) Taking Health Checks forward to ensure comprehensive uptake, local learning from implementation across East and West is important. The learning would be useful in helping inform local Health and Wellbeing Boards. However, the overview of the countywide picture would take place at this Board.

(7) Dr Pinnock said it would be helpful for the Clinical Commissioning Groups and the local Health and Wellbeing Boards to be aware of what they should be doing and what the measurements against the indicators are.

(8) Dr Chaudhuri asked whether the money allocated for public health would be kept centrally. The Chairman responded that, initially, this would be the case, as no decisions had yet been taken to agree the most appropriate mechanism for allocating this money, and at what level. Mr Carter said that this issue needed to be addressed so the public health response in terms of service delivery is right and appropriate.

(9) RESOLVED that the report be noted.

86. Reconfiguration Proposals for East Kent Hospitals (verbal update)
(Item 9)

(1) The Board noted that the East Kent Hospitals University NHS Foundation Trust (EKHUFT) had completed a Clinical Strategy Review.

(2) Since the launch of the initial engagement and communication process for the Trusts Clinical Strategy Review, there had been a number of stakeholder engagement events.

(3) Following the CCG/GP Stakeholder Engagement Event held on 25 July 2012, which was attended by GP leaders from Ashford, C4G (Canterbury), Thanet and Swale CCGs, it was clear that they were vital to the process. Both parties agreed and said they were committed to working in partnership to jointly agree any short- and long-term strategies for a sustainable future.

(4) The Board considered what the role of the Kent Health and Wellbeing Board should be in the consultation on re-configuration proposals. The timing of the engagement and consultation for Health and Wellbeing Boards needed to be agreed. The Chairman suggested that one way forward would be if the Chairman of the Shadow Board is involved early in the discussions for any re-configuration proposals.

(5) Ms Carpenter said that it was key to define what constitutes early engagement with the Health and Wellbeing Board. She questioned how the EKHUFT would take this forward in their consultation process, together with the engagement with 4 CCGs. The Whole Systems Delivery Board for East Kent was meeting on 14 February 2013. It was suggested and agreed that the minutes of the 14 February 2013 East Kent Whole Systems Delivery Board would be made available to the March meeting of this Shadow Board.

(6) The relationship and clear and quick communication channels between the three Chairmen and supporting officers of the Whole Systems Delivery Boards was fundamental. Colin Tomson said that this linkage between the Shadow Board and the Whole Systems Delivery Board was key, as it was at these Boards that clinically-based discussions take place which are clinically led. Anne Tidmarsh suggested that social care providers should be part of the Whole Systems Delivery Boards.

(7) The Chairman said that that there should be an amalgamation of all the information available which should be brought to the Shadow Board as a report.

(8) Dr Pinnock expressed the view that the Shadow Board should not be diffident about this and he questioned the proposal about the Shadow Board only exercising a holding brief. He felt that the Health and Wellbeing Board should be reasonably active in these issues as it was countywide and would want to ensure that proposals fit in with the Joint Kent Health and Wellbeing Strategy. He concluded that the mechanism between providers who were proposing reconfiguration changes should be fairly strong.

(9) Ms Carpenter referred to a piece of work she was doing with Mark Lobban which she would let the Chairman have.

(10)The Chairman said he would write to all the major providers proposing a way forward. He said he would share the letter with Shadow Board members first, before it is sent.

87. Care in the Digital Age
(Item 10)

(1) The Health and Wellbeing Board has a duty to support and facilitate integrated care. One area where there is value in further work being done is around better use of digital technologies across public, private and voluntary sector organisations – driven by customer requirements.

(2) The Strategic Commissioning Division of Families and Social Care, Kent County Council, is proposing to commission a piece of work called “Care in the Digital

Age", supported by and engaging with member organisations of the Kent Health and Wellbeing Board.

(3) This programme could provide an opportunity to align and connect some of the currently disconnected work that is going on in various parts of our system. This includes:-

- KCC Social Media Strategy Development
- Patient-held records (health and social care)
- Developing community capacity/voluntary sector
- Social media developments
- Patient and public engagement
- Personalisation and co-production – real time conversations with the public and providers
- KCC Customer Service Strategy
- Patient/service user feedback
- "3 million Lives" Programme (for which Kent is a Department of Health pathfinder) – advanced assistive technologies
- Other advanced assistive technologies (telehealth, telecare, web-based and smartphone apps, etc)

(4) The Shadow Board noted that the next step was a meeting with the Care in the Digital Age Team and key stakeholders. A work programme would be developed which will include delivery of a Kent- wide conference and follow-up report, which will be presented back to the Health and Wellbeing Board.

(5) RESOLVED that the report be noted.

88. Tobacco Control in Kent
(Item 11)

(1) The Shadow Board noted that, as of 1 April 2013, local authorities and CCGs will be assessed on how well they are reducing health inequalities in their area. The Public Health Outcomes Framework includes a number of measures that are directly related to smoking and several that have very strong links. In time, this may also determine whether local authorities will be paid the Health Premium supplement to the public health budget.

- Smoking tobacco is the single biggest cause of health inequalities. To reduce health inequalities, we need to reduce the number of smokers in Kent.
- Smoking remains the biggest cause of premature death and is responsible for more loss of life than the next four factors (including obesity and alcohol) combined.
- 70% of smokers want to give up.

(2) With a smoking prevalence of 21.34% and an adult population of 1,153,000, Kent has an estimated smoking population of 246,071. To reduce the number of smokers in Kent, we need to help existing smokers give up and reduce the number of young people who take up smoking.

(3) The Shadow Board noted that Kent had developed a Tobacco Control Strategy ("Towards a Smokefree Generation") which addresses the use of tobacco across

the life-course and provides a coherent programme of interventions which address the local priorities for Kent. Critically, we need to reduce the number of children who start smoking.

(4) To co-ordinate the Strategy, it was proposed to establish a Tobacco Control Board for Kent, which would develop from the existing Tobacco Control Alliance in Kent. The proposed membership would include representatives from Kent County Council Public Health, the District Councils (very important in delivering on all aspects of tobacco), CCGs, Stop Smoking services, Education and Youth services, Trading Standards, Environmental Health, Police, Fire and Rescue, Revenue and Customs and other key stakeholders.

(5) The Board would have a specific remit to use the Brunel/NICE return- on-investment model to deliver the cost savings for Kent generated from a comprehensive tobacco control and smoking cessation programme.

(6) The Board would also be responsible for the production and implementation of a Kent Health Inequalities Action Plan ("Mind the Gap") for Tobacco Control and identifying further ways in which tobacco use in Kent can be "de-normalised" and reduced.

(7) The Shadow Board noted that the current programmes of activity require an annual budget of approximately £655,000. It was proposed that the funding continues to be provided from the Public Health ring-fenced budget for Kent at this level.

(8) RESOLVED that the Shadow Board:-

(a) recommend to the County Council that a Tobacco Control Board be established as soon as is practical; and

(b) a comprehensive Tobacco Control Strategy be funded and implemented, with a particular focus on preventing young people from starting to smoke.

89. End of Life Care - presentation
(Item 12)

(1) Anne Tidmarsh made a short presentation on the issues surrounding "End of Life Care", illustrated with statistics and graphs.

(2) At the conclusion of the presentation, the meeting was invited to address the following questions in its table discussions. The questions were:-

- Do Kent County Council and the Clinical Commissioning Groups need to do anything differently?
- If they do, what should be done differently? What does the Shadow Health and Wellbeing Board think about access to specialist palliative care services for non-cancer-related end of life care?
- Integrated Teams, Risk Stratification, Single Point of Access, Carers' support, Tele-technology and social care support would be available as part of integrated commissioned services; should this form part of the local Health and Wellbeing Boards' strategies?

- How should key outcomes be included in the Health and Wellbeing Board strategy?

(3) A summary of the table discussions is as follows:

- Need to ensure that appropriate systems are in place for patients who do not wish to be resuscitated.
- It is difficult to “pin down” what good practice is in this area – we all need to work together on this issue.
- Important to use the Patient and Public Groups in a more structured relationship with patients and their families.
- There should be appropriate advanced care planning; this should be done across the Community Services, including Health and Social Care.
- The policies surrounding “Do not Resuscitate” should be simplified.
- Early links with the patient and family “Patient Knows Best” was key, as was anticipatory care planning.
- Co-ordination of services and speed of response was crucial for end of life care.
- Services needed to be available 24 hours a day – they do not need to be in person.
- There needs to be a better flow of information across the Health and Social Care economy.
- Look at alternative ways of supporting patents and families 24 hours a day – especially palliative care.
- Sharing good practice.
- Getting the pathway right – having clear procedures between the South East Coast Ambulance Service, Police and nursing homes.
- Managing Public Views – some people feel very comfortable discussing what they would like at the end of their life, whereas others do not.
- The East Kent pilot and the West Kent Strategy need to be brought together and shared.
- Some of the data in the presentation – what do CCGs do about Active Care Planning?
- Starting a dialogue at the appropriate time with the patient and family members should be carried out in a systematic way.
- There were issues of poor communication with partner agencies, the Police, ambulance service, etc, which need to be addressed.
- It is a bureaucracy and is operating in a way which is not appropriate.
- Cancer is a linear illness, whereas others are more erratic and do not follow a predictable course. In these circumstances, Do not Resuscitate would not be appropriate.
- Potential to have a “Death Card”, similar to the kidney donor card.
- Capacity within hospices and the funding for additional hospices
- Collectively, the outcomes need to be defined for Local Health and Wellbeing Boards.
- Need to query and interrogate the data and outcomes.

(4) The Chairman and Shadow Board concluded that the following were the main issues arising from the table discussions for starting a dialogue:-

(a) the Patient and Public Groups were key groups for engagement. The involvement of these groups would be useful for the engagement with patients and their families in these very difficult conversations;
(b) re-examining and interrogating the data, including how the pilot in East Kent has worked, *vis a vis* the Strategy in West Kent;
(c) the linkage between the "Patient Knows Best" and the power to resuscitate;
(d) defining the outcomes for Local Heath and Wellbeing Boards and the relationship with this Shadow Board; and
(e) reviewing the pathways for End of Life Care including the involvement of other agencies in the pathway, e.g. Nursing Homes, Police, etc.

90. Future Meeting Dates 2013
(Item 13)

The Board noted its next meeting dates:-

Wednesday 27 March 2013

Wednesday 29 May 2013
Wednesday 17 July 2013
Wednesday 18 September 2013
Wednesday 20 November 2013

All meetings to start at 6.30 pm.

By: Roger Gough, Cabinet Member for Business Strategy, Performance & Health Reform

To: Kent Health and Wellbeing Board

Date: 27 March 2013

Subject: Update on the Terms of Reference, including impact of Secondary Legislation

Classification: Unrestricted

Summary:

This paper outlines the recent changes to the governance arrangements for the Kent Health and Wellbeing Board as a result of the publication of secondary regulations. The Kent Health and Wellbeing Board will begin to operate as a committee of Kent County Council (no longer in shadow form) from the 1st April 2013.

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1. **Background**.

1.1. Section 194 of the Health and Social Care Act 2012 specifies that an upper tier local authority must establish a Health and Wellbeing Board for its area.

1.2. The legislation requires HWBs to be operational (non shadow) from 1 April 2013.

1.3. The legislation and recently published secondary regulations have been drafted with the deliberate intention of allowing considerable flexibility for local authorities and their partners to set up and run HWBs that suit local circumstances. It is the intention behind the legislation that all members of the HWB should be seen as equals and as shared decision makers. HWBs are boards of commissioners, they are not commissioning boards.

2. **Health and Social Care Act 2012 and Secondary Regulations 2013**

2.1. The 2012 Act outlines the duties and functions of the HWB, including:

- Encouraging integrated working, including the making of arrangements under section 75 of the National Health Service Act 2006.
- Performing functions in relation to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- Exercising any functions that are otherwise exercisable by the local authority.

There are a number of other responsibilities that the HWB may take on, which are currently identified in a number of pieces of draft legislation. Once these have become law, the HWB will be briefed on its new areas of responsibility. These include:

- Children and Families Bill sections 26 – 30
- Draft Care and Support Bill, section 64 (3)(f) and Schedule 1, 3(3)
- Draft regulations concerning water fluoridation.

2.2. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, disapplies and modifies sections of the Local Government Act 1972 and the Local Government and Housing Act 1989 to enable the HWB (any sub-committee of the HWB) to be established as required under the 2012 Act.

2.3. The regulations disapply the political balance requirements; in addition they enable all members of the HWB to vote, unless otherwise directed by the local authority. They also remove the restriction on local government officers being able to be members of a local government committee.

2.4. The underlying principle of parity amongst members is strengthened by the modification of the 1972 Act, so that matters coming to the HWB are agreed by consensus or by a majority of members of the HWB, rather than by a majority of councillors present.

2.5. The 2012 Act and the regulations do not modify or disapply any previous legislation relating to codes of conduct and conflicts of interest. All non councillor members of HWBs are co-opted members for the purposes of complying with the legislation. This means that all members of the HWB will be governed by the Council's Code of Conduct for Members (including the declaration of Disclosable Pecuniary Interests).

2.6. The functions of HWBs do not fully conform to the usual model of executive or non-executive functions of local authorities, outlined in the regulations of the Local Government Act 2000.

3. Activity to date

3.1. The approach that the HWB has taken to both operating in shadow form and proactively developing a sub-committee structure, has been described by the Department of Health as a "shining example of what Health and Wellbeing Boards should be doing" and praised our desire to get on with the work of the board without waiting for detailed guidance from the centre.

3.2. This highly innovative approach has meant that Kent is the only two tier authority area to develop an approach based on localism; enabling Clinical Commissioning Groups (CCGs) and the District Councils in their areas to actively engage and deliver a bottom up approach to health and wellbeing.

3.3. By the end of March 2013, each CCG area will have a HWB set up for its area. The terms of reference and procedure rules will be based on those of the Kent HWB; Kent County Council's Code of Conduct for Members will apply to the sub-committees. As the approach that Kent has taken is so innovative, the Kent HWB will review these working arrangements after a year to share best practice and areas of development.

4. Relationship with Other Partnerships and Providers

4.1. The HWB has a clear and strategic role working across the health system in Kent as described above.

4.2. The key relationships are with the following partnerships:

- Children's Trust and Children's Commissioning arrangements
- Safeguarding Boards (Children and Adults)
- Provider engagement will be through Whole Systems Delivery Boards alongside a number of events throughout the year between the HWB and providers. Providers will also be involved in discrete pieces of HWB business which the HWB may wish to commission.
- Kent Council Leaders and Ambition Board. The work of the HWB will form part of the Ambition Board for "Tackling Disadvantage" and will report into the Kent Forum via this route.
- Locality Boards. These are in development across the county. Relationships between the HWB and the Locality Boards will be developed as the Locality Board model is developed. Links to Locality Boards remain important, reflecting the complexities of health and social care needs across Kent.
- District level public health groups. Kent has already established a network of district-level Health and Wellbeing Partnerships/Groups (HWBPs). These have focussed on delivering the Public Health/ Choosing Health agenda (including allocation of limited resources in some areas of the county). They have to date had limited GP involvement in district-level HWBPs. The role of these groups needs reviewing in the light of the development of both the HWB and the Locality Boards. However, they remain a useful mechanism for delivering the public health agenda at a local level.
- Community Safety Partnerships

5. Relationship to Health Overview and Scrutiny

5.1. There are fundamental differences in the roles of the HWB and the HOSC. The HOSC is scrutiny committee independent of the Executive, whereas the HWB is a quasi-executive body and a committee of the council, which brings together commissioners from different agencies to co-ordinate health, social care and public health strategic approaches.

5.2. A separate paper on the revised governance arrangements for the HOSC has been developed. It outlines the relationship with the HWB as follows:

- The strategic reciprocity of the HOSC and HWB is recognised in relation to the unique role each fulfils. Membership of one will exclude membership of the other.
- The HOSC seeks to add value to the work of the HWB, while maintaining a distinct identity as a 'critical friend'. The HOSC has a role in contributing to the development of the JSNA and JHWS. It provides, where appropriate and upon request, a third party perspective on perceived conflicts between the JHWS and health commissioning plans,
- The HWB has the right to request that the HOSC undertakes specific reviews and make recommendations, subject to the approval of the HOSC.

6. **Proposed Membership and Terms of Reference** (see **Appendix A**)

6.1. The Health and Social Care Act identifies the statutory membership of the HWB as:

- The Leader of Kent County Council or his nominee*
- Corporate Director for Families and Social Services*
- Director of Public Health*
- Cabinet Member for Adult Social Care & Public Health
- Cabinet Member for Business Strategy, Performance and Health Reform
- Cabinet Member for Specialist Children's Services
- Clinical Commissioning Group representation: up to a maximum of two representatives from each consortium (e.g. Chair of CCG Board and Accountable Officer) *
- A representative of the Local HealthWatch*
- A representative of the NHS Commissioning Board Local Area Team*
- Three elected Members representing the District/Borough/City Councils (nominated through the Kent Council Leaders)

* denotes statutory member.

6.2. Both the CCG and Local Healthwatch representatives must be appointed by the CCG and Local Healthwatch respectively.

7. **Recommendations**

7.1. The Committee is asked to:

a) Note the content of this report

Appendices:

Appendix 1 – Governance arrangements

Background Documents:

Health and Social Care Act 2012
The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
Report to Selection and Member Services Committee, 7th June 2011.
Report to County Council, 21st July 2011.
Report to Selection and Member Services Committee, 14th March 2013

Contact Officer: Caroline Davis. Caroline.davis@kent.gov.uk. 01622 694067

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APPENDIX A

Kent Health and Wellbeing Board

Governance Arrangements

Role

The Kent Health and Wellbeing Board (HWB) leads and advises on work to improve the health and wellbeing of the people of Kent through joined up commissioning across the NHS, social care, public health and other services (that the HWB agrees are directly related to health and wellbeing) in order to:

- secure better health and wellbeing outcomes in Kent
- reduce health inequalities and
- ensure better quality of care for all patients and care users.

The HWB has a primary responsibility to make sure that health care services paid for by public monies are provided in a cost-effective manner.

The HWB also aims to increase the role of elected representatives in health and provide a key forum for public accountability for NHS, public health, social care and other commissioned services that relate to people's health and wellbeing.

Terms of Reference:

The HWB:

1. Commissions and endorses the Kent Joint Strategic Needs Assessment (JSNA), subject to final approval by relevant partners, if required.

2. Commissions and endorses the Kent Joint Health and Wellbeing Strategy (JHWS) to meet the needs identified in the JSNA, subject to final approval by relevant partners, if required.

3. Commissions and endorses the Kent Pharmaceutical Needs Assessment, subject to final approval by relevant partners, if required.

4. Reviews the commissioning plans for healthcare, social care (adults and children's services) and public health to ensure that they have due regard to the JSNA and JHWS, and to take appropriate action if it considers that they do not.

5. Has oversight of the activity of its sub committees (referred to as Clinical Commissioning Group level Health and Wellbeing Boards), focussing on their role in developing integrated local commissioning strategies and plans.

6. Works alongside the Health Overview and Scrutiny Committee (HOSC) to ensure that substantial variations in service provision by health care providers are appropriately scrutinised. The HWB itself will be subject to scrutiny by the HOSC.

7. Considers the totality of the resources in Kent for health and wellbeing and considers how and where investment in health improvement and prevention services could improve the overall health and wellbeing of Kent's residents.

8. Discharges its duty to encourage integrated working with relevant partners within Kent, which includes:

    - endorsing and securing joint arrangements, including integrated commissioning where agreed and appropriate;
    - use of pooled budgets for joint commissioning (s75);
    - the development of appropriate partnership agreements for service integration, including the associated financial protocols and monitoring arrangements;
    - making full use of the powers identified in all relevant NHS and local government legislation.

9. Works with existing partnership arrangements, e.g. children's commissioning, safeguarding and community safety, to ensure that the most appropriate mechanism is used to deliver service improvement in health, care and health inequalities.

10. Considers and advises Care Quality Commission (CQC) and NHS Commissioning Board; monitors providers in health and social care with regard to service reconfiguration.

11. Works with the HOSC and/or provides advice (as and when requested) to the County Council on service reconfigurations that may be subject to referral to the Secretary of State on resolution by the full County Council.

12. Is the focal point for joint working in Kent on the wider determinants of health and wellbeing, such as housing, leisure facilities and accessibility, in order to enhance service integration.

13. Reports to the full County Council on an annual basis on its activity and progress against the milestones set out in the Key Deliverables Plan.

14. Develops and implements a communication and engagement strategy for the work of the HWB; outlining how the work of the HWB will:

    - reflect stakeholders' views s
    - discharge its specific consultation and engagement duties
    - work closely with Local HealthWatch.

15. Represent Kent in relation to health and wellbeing issues in local areas as well as nationally and internationally.

16. May delegate those of its functions it considers appropriate to another committee established by one or more of the principal councils in Kent to carry out specified functions on its behalf for a specified period of time (subject to prior agreement and meeting the HWB's agreed criteria).

Membership

The Chairman is elected by the HWB.

1. Kent County Council:

   - The Leader of Kent County Council and/or their nominee*
   - Executive Director for Families and Social Care*
   - Director of Public Health*
   - Cabinet Member for Adult Social Care & Public Health
   - Cabinet Member for Business Strategy, Performance and Health Reform
   - Cabinet Member for Specialist Children's Services
   - Any other County Council Member necessary for the effective discharge of HWB functions

2. Clinical Commissioning Group: up to a maximum of two representatives from each consortium (e.g. Chair of the CCG Board and Accountable Officer)*

3. A representative of the Local HealthWatch* organisation for the area of the local authority.

4. A representative of the NHS Commissioning Board Local Area Team*

5. Three elected Members representing the Kent District/Borough/City councils (nominated through the Kent Council Leaders)

   *denotes statutory member.

Procedure Rules

1. **Conduct.** Members of the HWB are expected to subscribe to and comply with the Kent County Council Code of Conduct. Non-elected representatives on the HWB (e.g. GPs and officers) will be co-opted members and, as such, covered by the Kent Code of Conduct for Members for any business they conduct as a member of the HWB.

2. **Declaration of Disclosable Pecuniary Interests.** Section 31(4) of the Localism Act 2011 (disclosable pecuniary interests in matters considered at meetings or by a single member) applies to the HWB and any sub

committee of it. A register of disclosable pecuniary interests is held by the Clerk to the HWB, but HWB members do not have to leave the meeting once a disclosable pecuniary interest is declared.

3. **Frequency of Meetings**. The HWB meets at least quarterly. The date, time and venue of meetings is fixed in advance by the HWB in order to coincide with the key decision-points and the Forthcoming Decision List.

4. **Meeting Administration.**
   - HWB meetings are advertised and held in public and administered by the County Council.
   - The HWB may consider matters submitted to it by local partners.
   - The County Council gives at least five clear working days' notice in writing to each member of every ordinary meeting of the HWB, to include any agenda of the business to be transacted at the meeting.
   - Papers for each HWB meeting are sent out at least five clear working days in advance.
   - Late papers may be sent out or tabled only in exceptional circumstances.
   - The HWB holds meetings in private session when deemed appropriate in view of the nature of business to be discussed.
   - The HWB meetings will be web cast where the facilities are in place
   - The Chairman's decision on all procedural matters is final.

5. **Meeting Administration of Sub Committees**. HWB sub-committees are administered by a principal local authority, in the case of the Clinical Commissioning Group level HWBs, by a District Council in that area. They will be subject to the provisions stated in these Procedure Rules.

6. **Special Meetings.** The Chairman may convene special meetings of the HWB at short notice to consider matters of urgency. The notice convening such meetings shall state the particular business to be transacted and no other business will be transacted at such meeting.

   The Chairman is required to convene a special meeting of the HWB if they are in receipt of a written requisition to do so signed by no less than three members of the HWB. Such requisition shall specify the business to be transacted and no other business shall be transacted at such a meeting. The meeting must be held within five clear working days of the Chairman's receipt of the requisition.

7. **Minutes.** Minutes of all of HWB meetings are prepared recording:

   - the names of all members present at a meeting and of those in attendance
   - apologies
   - details of all proceedings, decisions and resolutions of the meeting

Minutes are printed and circulated to each member before the next meeting of the HWB, when they are submitted for approval by the HWB and are signed by the Chairman.

8. **Agenda.** The agenda for each meeting normally includes:

   - Minutes of the previous meeting for approval and signing
   - Reports seeking a decision from the HWB
   - Any item which a member of the HWB wishes included on the agenda, provided it is relevant to the terms of reference of the HWB and notice has been give to the Clerk at least nine working days before the meeting.

   The Chairman may decide that there are special circumstances that justify an item of business, not included in the agenda, being considered as a matter of urgency. He must state these reasons at the meeting and the Clerk shall record them in the minutes.

9. **Chairman and Vice Chairman's Term of Office.** The Chairman and Vice Chairman's term of office terminates on 1 April each year, when they are either reappointed or replaced by another member, according to the decision of the HWB, at the first meeting of the HWB succeeding that date.

10. **Absence of Members and of the Chairman.** If a member is unable to attend a meeting, then they may provide an appropriate alternate member to attend in their place, subject to them being of sufficient seniority to agree and discharge decisions of the Board within and for their own organisation. The Clerk of the meeting should be notified of any absence and/or substitution at least five working days prior to the meeting. The Chairman presides at HWB meetings if they are present. In their absence the Vice-Chairman presides. If both are absent, the HWB appoints from amongst its members an Acting Chairman for the meeting in question.

11. **Voting.** The HWB operates on a consensus basis. Where consensus cannot be achieved the subject (or meeting) is adjourned and the matter is reconsidered at a later time. If, at that point, a consensus still cannot be reached, the matter is put to a vote. The HWB decides all such matters by a simple majority of the members present. In the case of an equality of votes, the Chairman shall have a second or casting vote. All votes shall be taken by a show of hands unless decided otherwise by the Chairman. For clarity, each Clinical Commissioning Group has one vote, irrespective of whether both the Clinical Lead and Accountable Officer for that Clinical Commissioning Group attend the HWB.

12. **Quorum.** A third of members form a quorum for HWB meetings. No business requiring a decision shall be transacted at any meeting of the HWB which is inquorate. If it arises during the course of a meeting that a quorum is no longer present, the Chairman either suspends business until a quorum is re-established or declares the meeting at an end.

13. **Adjournments.** By the decision of the Chairman, or by the decision of a majority of those members present, meetings of the HWB may be adjourned at any time to be reconvened at any other day, hour and place, as the HWB decides.

14. **Order at Meetings.** At all meetings of the HWB it is the duty of the Chairman to preserve order and to ensure that all members are treated fairly. They decide all questions of order that may arise.

15. **Suspension/disqualification of Members.** At the discretion of the Chairman, any body with a representative on the HWB will be asked to reconsider the position of their nominee if they fail to attend two or more consecutive meetings without good reason or without the prior consent of the Chairman, or if they breach the Kent Code of Conduct for Members.

THE REPORT

By:	Jenny Whittle, Cabinet Member for Specialist Children's Services Andrew Ireland, Corporate Director, Families and Social Care
To:	Kent Health and Wellbeing Board
Date:	27 March 2013
Subject:	**EVERY DAY MATTERS: KENT'S CHILDREN AND YOUNG PEOPLE MULTIAGENCY PLAN 2013-2016**
Classification:	Unrestricted

Summary: This report introduces the draft Every Day Matters: Kent's Children and Young People Multiagency Plan 2013-2016 to the Board for comment ahead of the final draft being produced.

The attached draft plan builds on Kent County Council's overarching framework document.

The draft plan which sets out a clear vision for the future direction of children's services in Kent was commissioned by the Kent Children and Young People's Joint Commissioning Board.

FOR COMMENT

1. Introduction

(1) The purpose of this report is to present the draft Every Day Matters: Kent's Children and Young People Multiagency Plan 2013-2016 (Appendix 1) for comment before a final draft is produced. Subject to the views of the Health and Wellbeing Board and changes made, the Every Day Matters Multiagency Plan will be presented for approval by the Kent Children and Young People's Joint Commissioning Board at the earliest opportunity.

(2) The development of this multiagency plan was agreed by the Kent Children and Young People's Joint Commissioning Board. They have agreed to develop a multiagency children and young people's plan for Kent based on the framework for children and young people recently produced by Kent County Council.

(3) Every Day Matters has been developed against the backdrop of the recent Ofsted inspection of the local authority's arrangements for the protection of children, the development of Kent Integrated Adolescent Support Services, the NHS reforms and the Children and Families Bill.

2. Policy Context

(1) The Children's Trust arrangements are underpinned by the 'duty to cooperate' provision of s.10 of the Children Act 2004 and were established formally under the Act. However, the prescriptive statutory guidance was withdrawn on 31 October 2010. The effect is that each area must still have a Children's Trust Board, but how it operates, what it is called and how it will work with the Health and

Wellbeing Board is a matter of local determination. As a result, the Kent Children and Young People's Joint Commissioning Board has replaced the former Kent Children's Trust.

(2) There are clear indications that the Health and Wellbeing Board will take a central role in overseeing a range of health and social care activities, such as the development of strategies, plans and commissioning and provision of services. This is underpinned by the recent Government announcement of an amendment to the Children and Families Bill, to place a new duty on the NHS in respect of the requirement for local authorities and health services to commission education, health and social care plans jointly. Therefore, the Health and Wellbeing Board is ideally placed to comment on the development of the attached multiagency plan. The Board is asked to consider whether it wishes to formally endorse the document. If it does, the final draft will be presented to the Board at its meeting in May.

3. Overview of Every Day Matters Multiagency Plan

(1) The draft document describes a clear vision for children's services, underpinned by four broad outcomes and five priorities.

The one vision is that:

Every child and young person in Kent achieves their full potential in life, whatever their background.

The four overall outcomes at the heart of children's services are:

- Keep all children and young people safe
- Promote the health and wellbeing of all children and young people
- Raise the educational achievement of all children and young people
- Equip all young people to take positive role in their community.

(2) The five priorities are as follows:

- Priority 1 - Safeguarding and protection
- Priority 2 - Early help, prevention and intervention
- Priority 3 - Learning and achievement
- Priority 4 - Community ambition, health and wellbeing
- Priority 5 - Better use of resources

(3) The document is then set out in three sections. Section one describes where are now and provides a high level description of the multiagency governance arrangements, the breadth of partnerships in place and the range of underpinning strategies and plans.

(4) Section two deals with where we need to be in the years ahead. The multiagency plan explains the need to strike the right balance between four critical factors of (a) achieving outcomes, (b) skilled and stable workforce, (c) integrated services and (d) evidence of impact.

(5) The third section describes the steps that need to be taken in order to deliver the vision and make reality of what 'good looks like'. To deliver better integration and new models of joined up services requires service transformation,

and plans are being developed based on the defined priorities set out in the document.

4. Conclusions

(1) This report has presented the draft Every Day Matters: Kent's Children and Young People Multiagency Plan 2013-2016 (Appendix 1). It has been commissioned by the Kent Children and Young People's Joint Commissioning Board.

(2) The Health and Wellbeing Board is invited to use the opportunity to inform the draft document before a final draft is produced.

5. Recommendations

(1) The Health and Wellbeing Board is asked to:

a) **COMMENT** on the draft Every Day Matters: Kent's Children and Young People Multiagency Plan 2013 -2016.

b) **DECIDE** whether it wishes to formally endorse the document.

Appendix

Appendix: 1: Draft Every Day Matters: Kent's Children and Young People Multiagency Plan 2013-2016.

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Kent's Children and Young People Multiagency Plan 2013-2016

EVERY DAY MATTERS

CONTENTS

(Complete at the end)

INTRODUCTION BY THE CHILDREN AND YOUNG PEOPLE'S JOINT COMMISSIONING BOARD

Every Day Matters: Kent's *Children and Young People's Multiagency Plan 2013 -2016*, is the overarching strategic plan that informs partner organisations that operate in the children's services arena. It aims to bring partner organisations together to deliver seamlessly integrated services and the best possible outcomes for all children and young people in Kent. The idea of "Every Day Matters" has been agreed upon because organisations in Kent understand that focusing on the child's journey is paramount and that for children even a day of delay in making decisions about their future can seem like a lifetime.

We have the highest aspirations for all children and young people in Kent and want them to grow up safe and healthy. Everyone in Kent has a role to play in protecting all children and young people from harm. We want them to enjoy and benefit from the best educational and social opportunities. Above all, we want them to make best use of their skills and abilities so that they can reach their full potential as citizens and parents of the future.

We welcome the fact that the outcomes and priorities in this document are consistent with that found in strategic plans of respective partner organisations. Together, these shape 'what' and 'how' we take a measured approach to improve services children and young people, their families and carers in Kent.

The diagrams in Appendix 1 give an outline of the Children and Young People's Joint Commissioning Board's governance arrangements alongside that of wider partnership and governance architecture.

Whilst partner organisations will face considerable challenges in delivering the outcomes and priorities set out in this Multiagency Plan, we hope that the vision and direction of travel that are described in this document will enable all those involved in supporting children, young people, their families and carers to embrace transformation of current services leading to the creation of future services that we can all be proud and that enable all children and young people to thrive and succeed.

Andrew Ireland,
Corporate Director Families and Social Care and
Chair of the Children and Young People's Joint Commissioning Board

April 2013

OUR VISION, OUTCOMES AND PRIORITIES

Kent's Children and Young People Multiagency Plan 2013-2016 EVERY DAY MATTERS

One Vision Our vision is that: **Every child and young person in Kent achieves their full potential in life, whatever their background.**

Four Outcomes The overall outcomes at the heart of our integrated children's services are:			
1. Keep all children and young people safe	**2. Promote the health and wellbeing of all children and young people**	**3. Raise the educational achievement of all children and young people**	**4. Equip all young people to take positive role in their community**

Five Priorities We will achieve the vision and outcomes by focusing on the following priorities:			
1. Safeguarding and protection	**2. Early help, prevention and intervention**	**3. Learning and achievement**	**4. Community ambition, health and wellbeing**
5. Better use of resources			

Our aspiration is to be a county where all children and young people flourish. Our partnership work is informed by the guiding principle of 'continuum of need' and the determination to provide appropriate and responsive support services. We recognise the need for more integrated provision and we are joining up and transforming services to ensure that no child or young person falls through the gap. This also recognises the part played by the wider partnership, as exemplified by the contribution of the voluntary sector and other community groups.

In working together to achieve our vision and the four outcomes for Kent's children, young people their families and carers, we will focus on five priorities. More information on the priorities is given below:

Priority 1 - Safeguarding and protection

- Making sure that children and young people are safe and stay safe in every setting
- Increasing the awareness and understanding that keeping all children and young people safe is the responsibility of everyone in the community

Priority 2- Early help, prevention and intervention

- Enhancing the responsiveness and inclusivity of universal services that give families the right help early enough to resolve difficulties and reduce the need for further intervention
- Improving the ability to be proactive in identifying needs of all children and young people
- Timely intervention which requires responses from a number of agencies when children become vulnerable

Priority 3 - Learning and achievement

- Improving the expectations and aspirations for the achievement of all children and young people in all areas of their lives
- Ensuring all children are ready to succeed at school whatever their background.
- Ensuring that every child or young person has access to a good or outstanding school, to good quality vocational education opportunities and preparation for work

Priority 4 - Community ambition, health and wellbeing

- Improving the consistency and cohesive universal service offer for young people to help support them to make a positive contribution to society
- Ensuring that children and their families have access to timely, effective and responsive health care that gives them the best start in life and resolves health needs as they arise.

Priority 5 - Better use of resources

- Remodelling services and practice to deliver and demonstrate better outcomes for all children, young people and the wider community within available resources.
- Improving the commissioning of effective integrated services that enable families to manage and support them in finding additional help when necessary
- Being open to ways of doing things differently to drive effectiveness and service improvement, and ensure resources are used to maximum effect

SECTION ONE - WHERE WE ARE NOW

Partnership governance

The evolving landscape across heath, social care and education, creates the ideal opportunity for setting out how organisations in Kent must cooperate with each other to shape commissioning and provision of services for children and young people. The Children and Young People's Joint Commissioning Board believes that stronger partnership working and integrated service response will ensure better outcomes, value for money and seamless services for children, young people, their families and carers.

The Children and Young People's Joint Commissioning Board which replaced the Kent Children's Trust Board is the strategic partnership body whose main purpose is to improve outcomes for children and young people, pre birth to 19 years (24 for Children in Care and disabled young people), through the effective commissioning of services amongst partner organisations. As a result it will continue to make the case for ensuring that resources are prioritised according to need and where they will have the greatest impact. The Children and Young People's Joint Commissioning Board strongly endorse the view that services should be commissioned to support the achievement of outcomes set out in this and a number of other key strategies. Some of these strategies and programmes are already in place or are in development. Particular strategies mentioned here include: the Early Intervention and Prevention Strategy, the Healthy Child Programme, Kent's Multi-agency Strategy for Children and Young People with Special Education Needs and Disabilities, Kent Integrated Adolescent Support Service and Kent Troubled Families Programme.

Working together in partnership to achieve shared priorities

The five priorities cannot be achieved in isolation, and require responsive, effective partnership relationships that are focused on delivery. Partner organisations are continually evolving and responding to a rapidly changing policy and governance landscape due to the significant national changes in education, health and public service reform and the associated impact on community and voluntary services, which play an important cross-cutting role in supporting children and families and have close relationships with them. In times of change it is essential that partners have clear governance arrangements at both the strategic and local delivery level to help ensure we maintain a consistent focus on achieving the vision, and as a result raise performance to the level of the best performing areas in the country.

The emphasis is on working better together, and as we all transform our services, it will be important that we identify further opportunities to reflect on the appropriateness of our strategic governance and local delivery arrangements to ensure they are fully aligned and fit for purpose.

The diagram in Appendix 1 is not an exhaustive list, but shows the major multi-agency strategic and local governance architecture that support children's services, with the Children and Young People's Joint Commissioning Board as the glue that binds these specific partnership bodies together. The relationships between these bodies are complex and evolving and will be kept under review so that the district-level and county-wide relationships are fit for purpose. We are committed to rationalising the number of partnerships to ensure that there is clarity about priorities, shared outcomes and targets at Kent-wide and local area level, and a focus on the child's journey.

We can be proud of many examples of partnership working that demonstrate best practice. Three significant current examples of partnership working are:

Commissioning of Child Health
During the restructuring of the NHS, we have drawn up transition plans with Kent and Medway Commissioning Support (KMCS) which is the commissioning lead for children's health, supporting Clinical Commissioning Groups. We need to develop stronger strategic partnerships with the seven Clinical Commissioning Groups alongside robust engagement in the Kent Health and Wellbeing Board and the Local Area Team of the National Health Service Commissioning Board in order to deliver the Child Health Outcomes Framework. Alignment of the health and commissioning processes of partner organisations still needs further work.

Kent Safeguarding Children Board (KSCB)
Improved partnership has led to a reduction in Kent's previously high number of children with a child protection plan to a level below the average of our statistical neighbours. The KSCB plans to establish a Young Persons Forum to sit under the Safeguarding Board, as a way to involve young people in the safeguarding agenda. There has also been significant progress in consolidating the safeguarding partnership We are now much better placed to know what works well in protecting children in Kent and the areas that still need improving, including a more consistent approach by all agencies in applying thresholds for further intervention.

School Improvement
The efforts of many schools to close the attainment gap through the provision of high-quality education is helping to level the playing field so that all children get a fair start in life and shows that the quality of schooling can make a big difference to the life chances of children. This work shows that whilst a general focus on school improvement is important to raise overall standards, schools also need to consider how interventions targeted at the individual pupil level can be used to narrow the achievement gap and help reduce the variation in performance within the school. Some schools have undergone wholesale organisational and cultural change, reflected in a commitment by all the staff to change the direction of the school in terms of pupil performance, high expectations, a cultural shift in behaviour and mutual respect.

Key strategies

Work around supporting children and young people in Kent is shaped by the Joint Strategic Needs Assessment and a number of strategies, policies and plans. Many of these are multiagency and are developed and owned in partnership. They set out a range of priorities, objectives and measures for improving outcomes for children and young people. All of the strategies play an important role in delivering our five priorities.

However, the strategies, policies and plans in place tend to focus on specific areas. For example, *Bold Steps for Education* focuses primarily on improving educational outcomes, while *Kent's Health and Wellbeing Strategy* includes outcomes focused on improving health from an early age to give children the best start in life. Appendix 2 sets out the main strategies, policies and plans (such as Early Intervention and Prevention, Kent Safeguarding and Children in Care Improvement Plan, Strategy for Children and Young People with Special Educational Needs and Disabilities, Youth Justice Plan, Mind the Gap, A Play Strategy for Kent and 14 to 24 Learning Employment and Skills Strategy, etc) that underpin work with children and young people in Kent, and shows how they contribute to our five priorities.

Although the individual strategies are extremely important, what has been missing is an overarching vision for children and young people, which centres around the child's journey

and which all partners agree on. This vision of the child's journey needs to be the 'golden thread' running through all the work we do to support children and young people. *Every Day Matters* – Kent's *Children and Young People's Multi-agency Plan 2013 -2016* provides that golden thread through the overarching vision, four outcomes and five priorities for children and young people in Kent. As a result, each of the main partner organisations will be able to understand how their work contributes to achieving the shared vision.

Context

- Kent's population (currently 1.4 million) is growing faster than the national average and the rest of the south east.
- The number of 0-18 year olds has increased over the last 10 years but is forecast to decline 5% across Kent by 2016, although there will be more children in growth areas including Ashford and Dartford
- 96% of Kent's population is predominantly white
- 17% of its 350,000 children are living in poverty, with rates higher than the SE average and a contrast between child poverty rates in some districts in the east (over 20%) of the county compared to the west (only 11%)
- 13% of children in Kent receive free school meals
- 20% of Kent's children live in a lone parent family, slightly lower than the national average. In 49% of these lone parent families, the parent is not working
- Over 3000 children in Kent provide some amount of unpaid care
- 4.2% of all children in Kent have limiting long-term illness
- 25% of children in Kent have some kind of special educational need, and 2.8% have a Statement of Special Educational Needs
- Approximately 20,000 children in Kent aged between 5 and 15 are diagnosed with a mental health disorder

(To be displayed as building blocks / boxes)

Strengths and challenges

Safeguarding and protection – priority 1

Strengths:

- Considerable improvements have been made in the management of referrals and timeliness of assessments to children's social services
- There has been a reduction in the number of children in need and children subject to child protection plans
- Children in Kent are safer as a result of this intensive activity.
- The Ofsted inspection of arrangements for protection of children in December 2012 judged the service to be adequate.

Challenges:

- We need to improve the quality of practice and make it responsive to service user need.
- We are improving the quality of assessment and planning to ensure that decision making is responsive, timely and child-centred.

Early help, prevention and intervention – priority 2

Strengths:

- We have re-commissioned a wide range of early intervention and prevention services and created dedicated early intervention teams to better manage care pathways between universal, specialist and preventative services, such as that provided by community and voluntary services.

- Local youth offending work is reducing the overall number of young offenders and first time entrants to the youth justice system.

Challenges:

- Will work together to identify clear, effective pathways from universal services to more complex preventative interventions and vice versa. Universal services play a critical role in early intervention.
- We need to gain pace and momentum in delivering the Troubled Families programme, embedding the Family Common Assessment Framework process and putting customised support plans and effective delivery in place at a local level.
- Continued improvements are needed to improve participation and engagement with young people, with a particular focus on improving accommodation, employment, education and training outcomes for young offenders.
- With a high proportion of single homeless people in Kent under 21 years old, the Supporting People Programme will expand early support to vulnerable young people, including those leaving care. It aims to help young people to maintain their housing situation, manage their finances, acquire independent living skills and stay safe, which is also complemented by the specific housing actions for young people in the Kent & Medway Housing Strategy delivery plan.

Learning and achievement – priority 3

Strengths:

- Our early years provision is generally good compared to the national average.
- Kent's 62 outstanding primary schools are leading the drive to move Kent from the bottom quartile of Key Stage 2 performance to the top.
- 69% of secondary schools in Kent are good or better, in line with the national average.
- Kent has been a national leader in the delivery of an innovative 14-19 vocational programme. We have been successful in engaging young people (16-18) in education and training, and have actively developed and promoted apprenticeships across the county. This has resulted in Kent bucking regional trends by increasing the number of 16 to 24 year olds taking up apprenticeships, and has included supporting a significant number of vulnerable young people, such as teenage parents, disabled young people, young offenders and care leavers into apprenticeships through our Vulnerable Learners Project. Our proportion of those not in employment, education or training (NEET) is at a relatively low level nationally.
- We are using learning from the pathfinder project on Special Educational Needs and Disability to integrate assessment and the delivery of services and to offer the option of personal budgets, providing greater choice and control

Challenges:

- Only 55% of our primary schools are judged to be good or outstanding.
- We have wide gaps in performance at Key Stage 4, with the worst gaps amongst those young people who face the greatest disadvantage. Only 28% of pupils on free school meals attained five good GCSEs in 2011, which is well below average, and the achievement of children in care is well below what it should be at Key Stage 2 and Key Stage 4.
- The number of permanent exclusions in Kent is too high, and we need a particular focus on tackling exclusions for children in care, children with special educational needs, and those from Kent's Gypsy Roma and Traveller communities.
- We will continue to redesign the vocational education offer to respond to government changes and raising the participation age.

- Further action is needed with 18 to 24 year olds to prevent and reduce them becoming NEET, particularly given high youth unemployment in the challenging economic climate. In addition, many young people with learning difficulties and disabilities at age 19 have poor opportunities for unemployment and independent living.

Community ambition, health & wellbeing – priority 4

Strengths:

- We have a wide range of universal services to enable children and young people to achieve their full potential.
- Our Integrated Youth Service has transformed to create a consistent universal offer and locally tailored solutions, built on evidence of local need.
- We have a strong tradition of promoting young people's participation in sport and positive activities across the county, including the Kent School Games, the Duke of Edinburgh Award scheme and Cultural Olympiad events. We are building on the positive legacy of youth volunteering and Olympic Games Makers and Games Greeters.
- One of our strengths is supporting children and young people with issues of substance misuse with preventative outcomes-based commissioning models in place in the Kent Drug and Alcohol Action Team.

Challenges:

- Further health and wellbeing challenges remain. The proportion of children with particularly complex and profound disabilities is rising.
- We have a greater proportion of young people aged 5-19 whose health is varied.
- We also significantly underperform compared to the England average for smoking cessation in pregnancy and breastfeeding initiation.
- We need to address risk taking behaviour in children and young people in Kent that are potentially damaging to their health and wellbeing

Better use of resources – priority 5

Addressing the challenges set out above can only be achieved through working with children, young people, their families and carers, and in partnership between organisations. As resources are squeezed across the board, it becomes even more important to work seamlessly, communicate effectively, and ensure valuable resources are targeted at those individuals and families where they will have most impact and meet the greatest needs. However, it will be a challenge to shift the balance of overall resources more in favour of prevention and early intervention.

Spending on children's services

A disproportionately high percentage of the budget is spent on a relatively small number of children with complex and acute needs. As a result, partner organisations, including community and voluntary services will need to invest more resources in preventative services to the extent that we need to if we are to succeed in shifting the balance between high level need and preventative services.

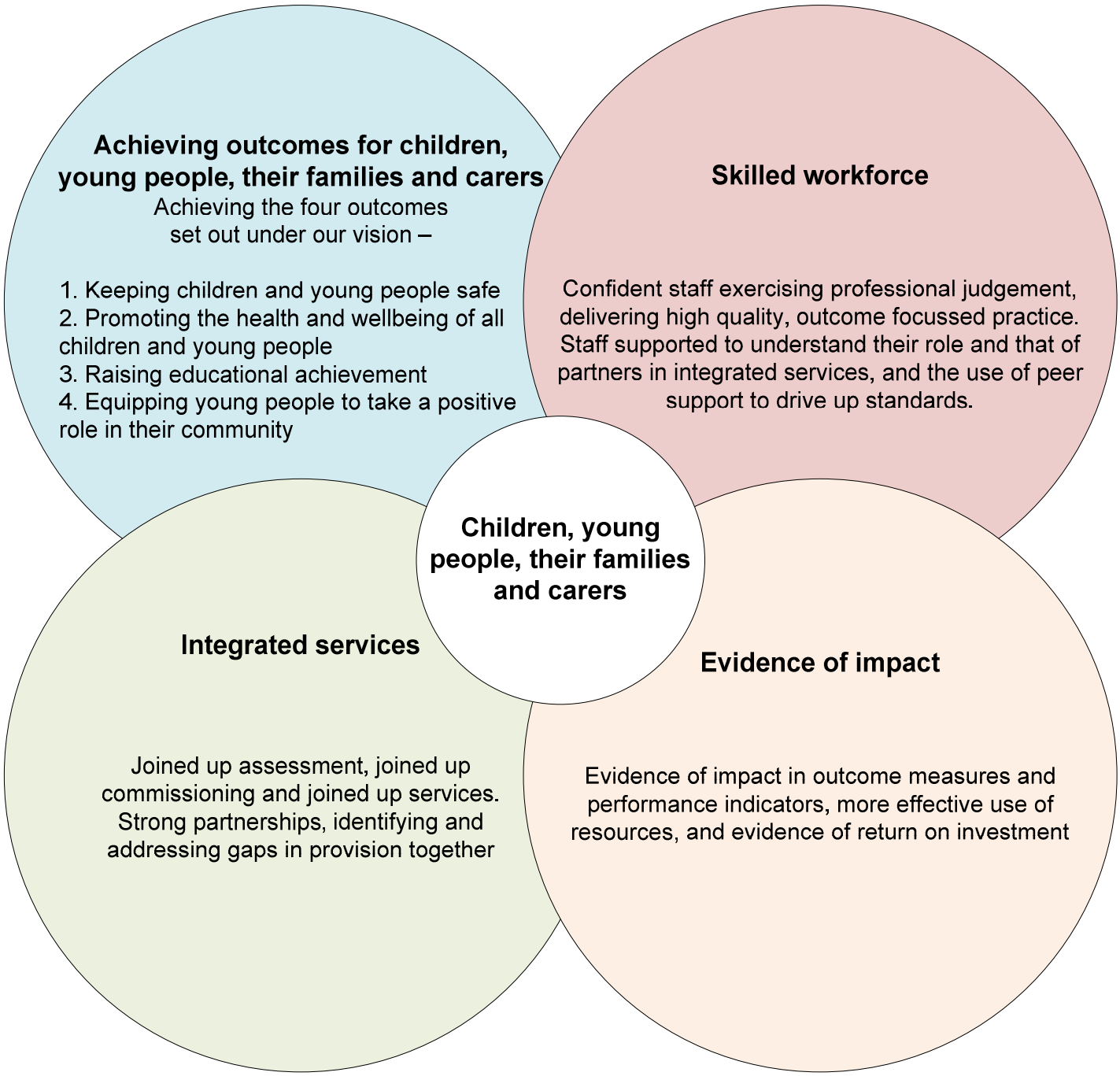
We recognise the challenges being addressed in all areas of public life in making sure that the shift of resources towards preventative services is based on sound evidence. We fully understand the need for us to ensure that resources are being used in ways that will achieve the best outcomes, including through new and innovative models of delivery.

SECTION 2 - WHERE WE NEED TO BE

What does good look like?

This essentially depends on striking the right balance between the following four elements. To achieve any lasting change calls for ambitious programme as a guide for how we will do things differently in order for us to have a positive impact on outcomes.

We believe that the assessment of what good looks like requires that the four essential factors below are adequately demonstrated. Success, therefore relies on getting the balance right:



It is the responsibility of each partner organisation and partnership board to manage their progress towards these four elements and provide peer challenge to ensure everyone is playing their role effectively. The strategies and plans that underpin 'Every Day Matters' as set out in Appendix 2, describe the specific outcomes that we are working towards and the way in which progress will be measured. The governance structure overseeing this work is set out in Appendix 1.

Skilled workforce

One of the essential factors in achieving our vision of what good looks like is to develop and support a skilled workforce for children, young people, their families and carers. There will be effective deployment of a more confident and skilled workforce, which has the capacity to respond early and provide appropriate interventions according to different levels of presenting need, and does so without compromising the safety of children. Consequently, we will have strong assessment and risk management expertise. As recommended by the Munro Report, the performance of the workforce will be measured by outcomes instead of by compliance to process measures. An essential component of this is to establish a social work academy.

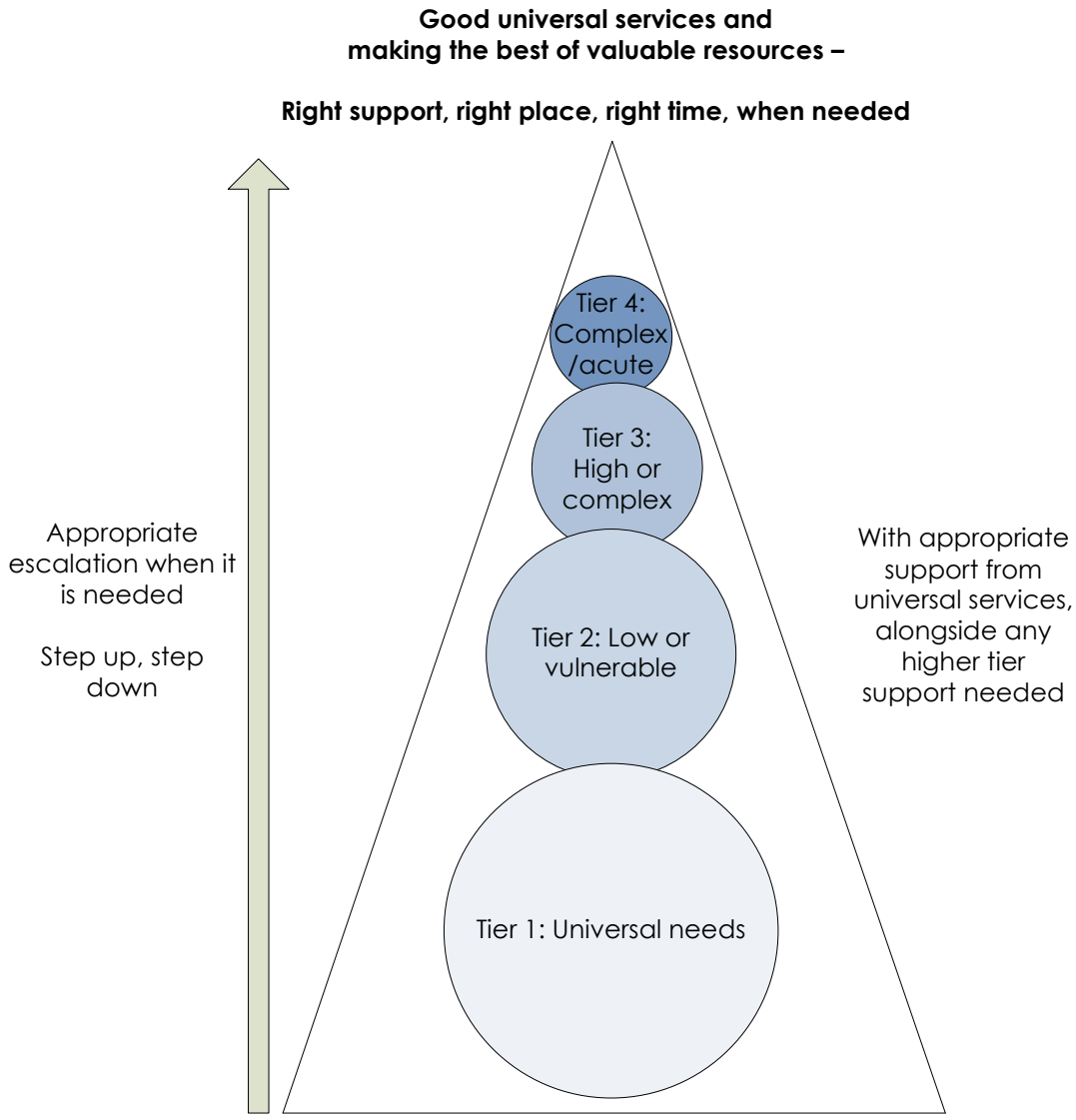
Working along the continuum of need

One of the important elements in achieving our vision for children and young people is to ensure that we are providing the right support, in the right place, at the right time. This will allow us to meet the needs of children and young people effectively, while making the most of valuable resources.

The vast majority of children and young people flourish with the support provided by universal service, including universal health provision, children's centre, early learning settings and schools.

From time to time some children may require targeted help from within their schools to support their achievement or from other universal or targeted services to improve their wellbeing. Where such help is given, the objective must always be to enable the child to do well and achieve without long term support or the need from more intensive intervention.

A much smaller number of children may have multiple and complex needs that require dedicated support through specific interventions from a range of agencies depending upon their specific need. This may include social care, education, health and youth justice. Where this happens it will be critical to ensure that children, young people, their families and carers are able to access the specialist help that they need whilst continuing to receive appropriate support from universal services.



"The reactive child protection services deal with only a small percentage of the problems that children and young people experience; most formal help is provided by universal services or targeted services. That help, besides improving their well-being in general, also significantly reduces the incidence and severity of abuse and neglect"

Munro Review of Child Protection Progress Report, 2012[1]

The child's journey

Another key element in achieving our vision will be to focus on the child's journey in everything we do for children, young people, their families and carers.

We will focus on ensuring that the children and their families who come into contact with our services are supported in a way that makes sense to them, maximises the opportunity

[1] The Munro Review of Child Protection - Progress report: Moving towards a child centred system, Professor Eileen Munro, May 2012, https://www.education.gov.uk/publications/standard/Childrenandfamilies/Page1/DFE-00063-2012

for hearing their voices and listening to their story and minimises the need for repetitive processes and interactions.

To support children and young people through their journey, we need to develop new ways of working that provide local, responsive and seamless service delivery. We are working towards this through the implementation of new models of district working. Running through this work are two cross-cutting themes - prevention and early help for children, young people, their families and carers, and supporting family resilience and resourcefulness. Ways in which we are delivering prevention and early help include identifying named contacts in each area to coordinate service response and commissioning support to provide packages of services around children and families. Increasing and improving our early intervention services will also help to promote family resilience and resourcefulness by identifying needs and providing support earlier. This will build more trust in services and reduce reliance on more complex and expensive forms of care and support.

Always keeping a focus on these cross-cutting themes, we will support children and families through all stages in a child's life as follows:

Pre-birth

- Ensuring women, and their partners, have access to timely pre-pregnancy advice and support to enable early adoption of healthier lifestyle choices.
- Providing a free NHS Information Service for parents which include emails and texts containing NHS-approved advice sent every week from five weeks of pregnancy through to four weeks after the baby's birth. Fathers-to-be can sign up for advice specifically aimed at them.

Early Years

- Delivering targeted support to the most disadvantaged children and their families to narrow the achievement gap for disadvantaged children at the end of the Foundation Stage and prevent escalation of problems.
- Children's Centres working closely with early years settings and their local Primary Schools to ensure that all children are eager and able to learn well when they start school.
- Delivering the Healthy Child Programme (0-5 years) which sees a lead role for the Health Visitor working across Children's Centres and General Practices in pregnancy to the first five years of life offering every family a programme of screening, immunisations, developmental reviews, information and guidance to support parenting and healthy choices
- Expansion of the Family Nurse Partnership programme ensuring intensive support, advice and information to first time young mothers with the aim of increasing family resilience by providing continuous care with the same Nurse during pregnancy up until the child is two years old.

School

- Aligning resources to districts – bring together professional and practitioners – co-locating wherever possible and supporting schools through local district teams that better understand the needs of local schools and communities.
- Virtual School Kent is working at district level with relevant professionals to ensure all Personal Education Plans (PEP) for children in care are of a high quality, subject to a rigorous monitoring and evaluation process, with impacts and outcomes that are followed up.

- Delivering the Healthy Child Programme (5-19 years) led by School Nurses and involving a range of practitioners across agencies with the aim of ensuring all children, young people, their families and carers achieve optimum health and wellbeing

Adolescence

- Introducing a new model of multiagency early intervention and prevention for young people aged 11 to19 through the Kent Integrated Adolescent Support Service
- Providing children and young people with a tailored personalised programme that will support their learning, progress and their personal and social development
- Aligning support and activity through a Framework of Integrated Adolescent Support, along an adolescent pathway so that children and young people access the right services, in the right time, in the right place

Transition

- Delivering an integrated multiagency approach enabling young people to be as independent as possible in adulthood.
- Supporting transition due to a move from children's to adults' health and social care services and general support required by young people from adolescence to adulthood which enables them to be as independent as possible
- Providing support that covers education, training, employment, living arrangements, financial independence, health and social care support and social and leisure opportunities.

Care leavers

- Working with partners to pay particular attention to the needs of care leavers so that they are equipped with a good start in life to make a positive contribution to society.
- Preventing escalation of problems in adulthood and associated costs for other agencies.

SECTION 3 - What we need to do

Better integration and new models of services

We are transforming our services based on the five 'Every Day Matters' priorities. We recognise that implementing effective change depends on our ability to work with together to define alternative and effective models of intervention, but always coming back to a focus on the child's journey.

1

Safeguarding and protection

- Improving early warning systems
- Providing timely multiagency response
- Challenging where evidence shows that systems need to be improved
- Empowering the community to be better informed and responsible for safeguarding - making it everyone's business

2

Early help, prevention and intervention

- Building on the responsiveness of universal and targeted services
- Understand how family resilience and resourcefulness can be enhanced to help families be more independent
- Transforming Children's Centres so that services are integrated and focus support on those with greatest need

3

Learning and achievement

- Making a big difference in narrowing the achievement gaps for vulnerable children
- Expanding the types of school-to-school collaborations, resulting in better outcomes, achievement of aspirations and school improvement
- Developing mechanisms to facilitate lifelong learning

4

Community ambition, health and wellbeing

- Offering a range of education and training opportunities that young people can choose from (higher and further education and a combination of work and study)
- Implementing an innovative vocational programme to prepare young people for the world of work
- Re-profiling public health resources to address areas of greatest need
- Increasing collaborative working through integration, joint commissioning and provision between health and social care

5

Better use of resources

- Key to better use of resources is integrating teams, systems and services
- Joining up commissioning
- Using evidence and outcome-based commissioning - spending valuable resources wisely
- Facilitating cultural transformation and valuing staff, including through workforce transformation
- Increasing the scale and effectiveness of interventions with children, young people, their families and carers so that they do not have to be repeated
- Addressing all the needs of the child or young person and their family and carers holistically

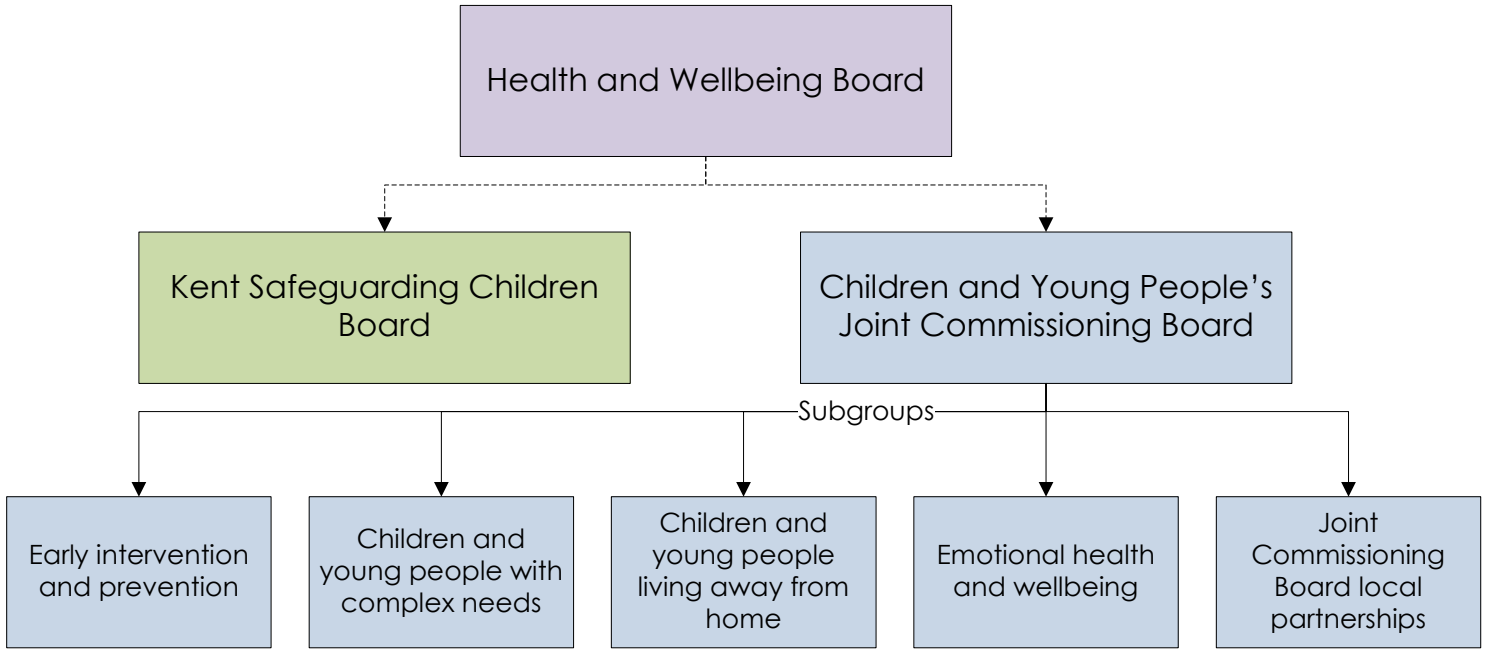
Reaching for ambitious outcomes

To ensure that we are making good progress towards the overarching vision, we must work towards clear and ambitious action plans. We must monitor progress towards outcomes that provide a holistic view of how our work is supporting children, young people, their families and carers in all the main areas of their lives, and where we need to improve. Shared priorities and outcomes will support us to work more effectively together to reach our vision.

Measuring progress

We are confident that by working together we have a better chance to exceed expectations and ensure that achievements are sustained. The Joint Commissioning Board and its constituent partner agencies are working to agreed detailed action plans which contain information about key performance indicators, targets and thresholds. The review of progress will be carried out through the established cycle of regular reporting processes.

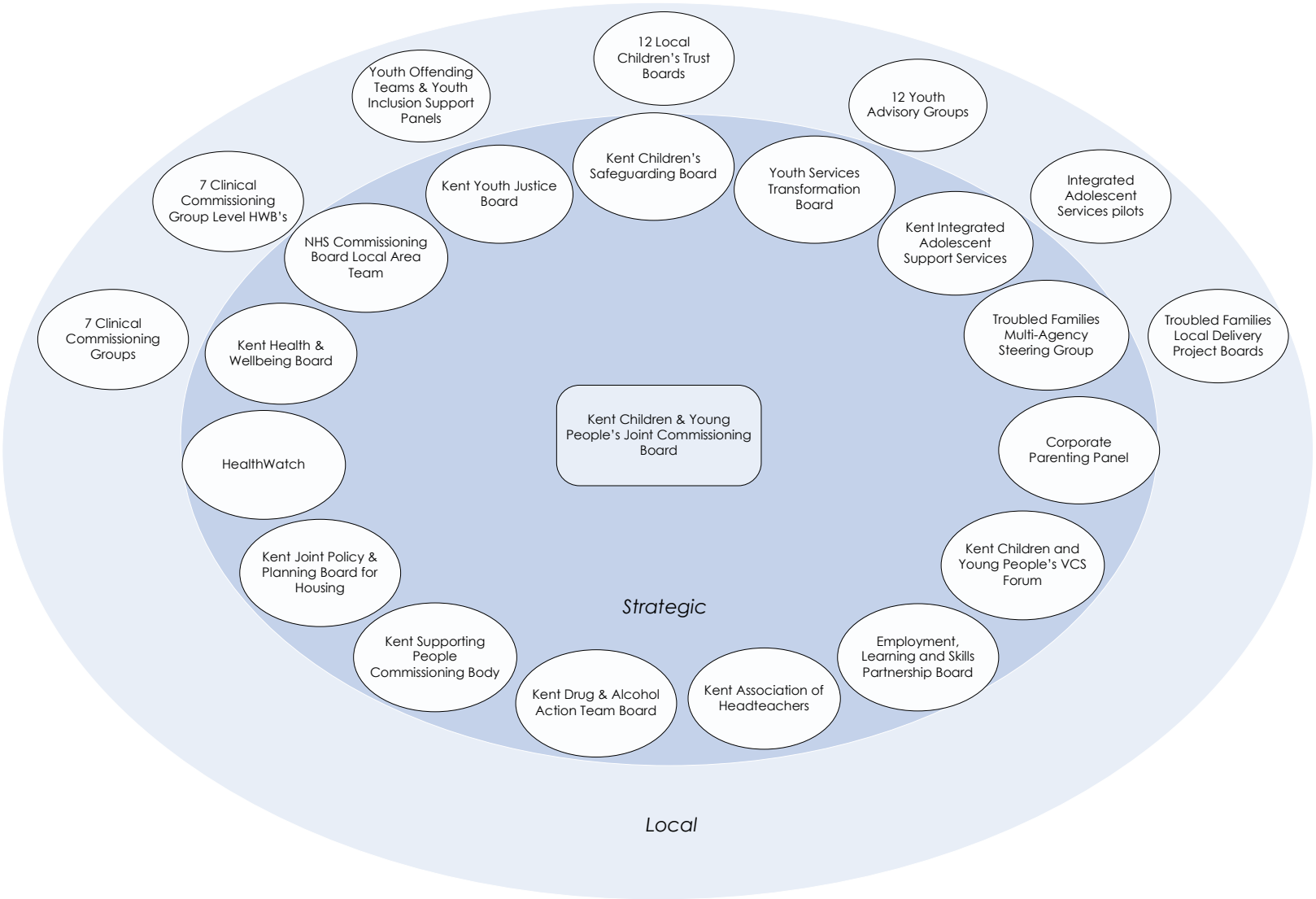
Appendix 1



Legend

Indicates working partnerships

Indicates reporting lines


12 Local Children's Trust Boards
Youth Offending Teams & Youth Inclusion Support Panels
12 Youth Advisory Groups
Kent Children's Safeguarding Board
Kent Youth Justice Board
Youth Services Transformation Board
Integrated Adolescent Services pilots
7 Clinical Commissioning Group Level HWB's
NHS Commissioning Board Local Area Team
Kent Integrated Adolescent Support Services
7 Clinical Commissioning Groups
Kent Health & Wellbeing Board
Troubled Families Multi-Agency Steering Group
Troubled Families Local Delivery Project Boards
Kent Children & Young People's Joint Commissioning Board
HealthWatch
Corporate Parenting Panel
Kent Joint Policy & Planning Board for Housing
Kent Children and Young People's VCS Forum
Strategic
Kent Supporting People Commissioning Body
Employment, Learning and Skills Partnership Board
Kent Drug & Alcohol Action Team Board
Kent Association of Headteachers
Local

Appendix 2: Strategies that underpin our vision

Our vision: links and contributions to key strategies and plans		Our vision: shared priorities				
Strategy/Policy/Plan	What is it?	**Priority 1:** Safeguarding and Protection	**Priority:2:** Early Help, Prevention & Early Intervention	**Priority 3:** Learning and Achievement	**Priority 4:** Community Ambition, Health & Wellbeing	**Priority 5:** Better Use of Resources
	Cross-Cutting					
Vision for Kent	This is the Kent Forum's countywide Sustainable Community Strategy which sets out three ambitions that will guide the direction of public services in Kent from 2012 to 2022.	✓	✓	✓	✓	✓
Bold Steps for Kent	This is Kent County Council's Medium Term Plan (2010-2013), which sets out our strategic vision for how we will achieve our three ambitions; to grow the Kent economy, to tackle disadvantage and to put the citizen in control. It outlines how we will make Kent a county of opportunity where aspiration rather than dependency is supported, particularly for those who are disadvantaged or vulnerable.	✓	✓	✓	✓	✓
Early Intervention & Prevention Strategy	This is a Kent County Council strategy, which draws upon and informs prevention and early intervention priorities in other key strategies and plans. It provides a vision for early intervention and prevention for vulnerable children, young people and families living in Kent. It details our model of early intervention and prevention, identifies priority areas and provides an overview of the action we will take over the next 3 years to deliver improved outcomes, and is delivered through a series of annual implementation plans.	✓	✓		✓	✓

Strategy/Policy/Plan	What is it?	**Priority 1:** Safeguarding and Protection	**Priority 2:** Early Help, Prevention & Early Intervention	**Priority 3:** Learning and Achievement	**Priority 4:** Community Ambition, Health & Wellbeing	**Priority 5:** Better Use of Resources
Child Poverty Strategy	It has been agreed by the Kent Integrated Children's Services Board that a robust strategy will be developed which will set out how Kent County Council and its partners can continue to work together to tackle the causes and effects of Child Poverty. This will form the basis of a statutory requirement placed on all Local Authorities under the provisions set out in the Child Poverty Act 2010 and is a key part of discharging our accountability protocol for the Lead Member for Children's Services and the Director of Children's Services.	✓	✓	✓	✓	✓
Child Poverty Needs Assessment	This is a statutory needs analysis of child poverty in Kent and review of national evidence which provides an evidence base shared by partners in order that we can detail what work has been done to respond to local need, and what outcomes have been achieved to date. This summary of effective practice enables us to understand the actions already taken to improve the circumstances of children and families facing poverty.	✓	✓	✓	✓	✓
Kent Troubled Families Programme Business Case	The Business Case outlines the proposed approach for Kent's three year (2012-2015) Troubled Families (Community Budget) Programme, endorsed by the Multi-Agency Steering Group. It sets out a vision to create a long-term approach that achieves better value for money and more effective interventions to transform the lives of Kent's most troubled families, through joint commissioning, service re-design and transformation.	✓	✓	✓	✓	✓
Kent Partners' Compact	The Kent Partners' Compact is a partnership agreement between the Voluntary & Community Sector (VCS) and the public sector in Kent. It is a jointly agreed framework for a mutual working relationship with positive benefit to the Kent community. It includes Codes of Practice on funding and resources, communication and engagement and volunteering, with commitments from the VCS, public sector and joint commitments.	✓	✓	✓	✓	✓

Strategy/Policy/Plan	What is it?	**Priority 1:** Safeguarding and Protection	**Priority 2:** Early Help, Prevention & Early Intervention	**Priority 3:** Learning and Achievement	**Priority 4:** Community Ambition, Health & Wellbeing	**Priority 5:** Better Use of Resources
Right to Play - A Play Strategy for Kent	The Play Strategy sets out the county's vision for play and aims to be a catalyst for individuals, communities and organisations to review and improve play provision for children and young people. The purpose of this strategy is to encourage those in influential roles to develop co-ordinated services to support play for all children and young people in Kent.		✓	✓	✓	
The Mandate to the National Commissioning Board (2013)	The Mandate to the NHS Commissioning Board sets out the objectives for the NHS and highlights the areas of health and care where the Government expects to see improvements. The NHS Mandate is structured around five key areas where the Government expects the NHS Commissioning Board to make improvements: preventing people from dying prematurely, enhancing quality of life for people with long-term conditions, helping people to recover from episodes of ill health or following injury, ensuring that people have a positive experience of care, and treating and caring for people in a safe environment and protecting them from avoidable harm.	✓			✓	
Outcome 1: Keep all children and young people safe						
Kent Safeguarding and Children in Care Improvement Plan: Phase 3	This is the third phase of Kent County Council's improvement plan to deliver a whole system approach to managing family pathways from early help to statutory intervention. The Plan continues to focus on quality and sustainability - building on the improvements already achieved - whilst evidencing Value for Money on the investments made. It also functions as a transition document, integrating and embedding Improvement Programme actions into 'Business as Usual' practice.	✓	✓			✓
Kent Safeguarding Children Board Strategic Plan and Business Plan 2013-14	This sets out the Kent Safeguarding Children Board's vision and three strategic priorities that the Board will work in partnership to achieve. These are 1) positive outcomes for children and young people in Kent, including Children in Need and those in care, 2) holding partner agencies to account for their part in collectively improving safeguarding and 3) demonstrating a robust	✓				

	safeguarding partnership that can effectively undertake the work of Kent's Improvement Board.					
Strategy/Policy/Plan	What is it?	**Priority 1:** Safeguarding and Protection	Priority 2: Early Help, Prevention & Early Intervention	Priority 3: Learning and Achievement	**Priority 4:** Community Ambition, Health & Wellbeing	**Priority 5:** Better Use of Resources
Kent's Looked After Children Strategy	This strategy was developed by Kent County Council and partners and aims to improve services and outcomes for looked after children and care leavers through good corporate parenting from 2011-2014. It commits to a series of strategic objectives.	✓	✓	✓	✓	✓
Youth Justice Plan	This is KCC's Integrated Youth Services plan for 2012/13 - the plan is produced on an annual basis to meet statutory requirements. It sets out a series of key actions, projects and milestones for the service including supporting vulnerable children and young people, preventing offending and reducing reoffending.	✓	✓	✓	✓	✓
Community Safety Framework	The Framework describes the contribution by the wide range of services delivered by KCC that makes a tangible difference in preventing and deterring crime and that provide support to particularly vulnerable households in Kent. It sets out Kent's community safety priorities over the medium term (2012-2015).	✓	✓	✓	✓	✓
The Kent Police & Crime Plan April 2013 - March 2017	This is the Kent Police and Crime Commissioner's strategic vision and priorities for policing and community safety over a four-year period. It also sets out the objectives and targets against which the performance of Kent Police will be scrutinised, and priorities for working with partners.	✓		✓	✓	
Outcome 2: Promote the health & wellbeing of all children and young people						
Children's Joint Strategic Needs Assessment	The children's JSNA (2011) is a joint needs assessment between NHS Kent and Medway and KCC. It identifies issues within the local population which will require future investment and creates a policy context of why specific issues matter. It also identifies other issues necessary to advance improvements in the health and welfare of children and young people. It should inform strategies,	✓	✓	✓	✓	✓

	plans and the commissioning of both the NHS and KCC. It should help Clinical Commissioning Groups in determining their priorities for local service development that supports children's health.					
Strategy/Policy/Plan	What is it?	**Priority 1:** Safeguarding and Protection	**Priority 2:** Early Help, Prevention & Early Intervention	**Priority 3:** Learning and Achievement	**Priority 4:** Community Ambition, Health & Wellbeing	**Priority 5:** Better Use of Resources
Health & Wellbeing Strategy	The Kent Joint Health and Wellbeing Strategy sets out the overarching direction for the NHS, social care and public health services in Kent. It also describes our aspirations for health and what we can do together to improve health and reduce health inequalities for people in Kent. It is being developed by the Kent Shadow Joint Health and Wellbeing Board on behalf of all local authorities and NHS Clinical Commissioning Groups in Kent. The draft strategy is currently out for consultation.	✓	✓		✓	✓
NHS Outcomes Framework 2013-14	The NHS Outcomes Framework 2013 to 2014 was published alongside the NHS Commissioning Board Mandate on 12 November 2012. Along the same five domains, it sets out the outcomes and corresponding indicators that will be used to hold the NHS Commissioning Board to account for improvements in health outcomes, building on the previous two versions of the framework. The NHS Outcomes Framework sits alongside similar frameworks for public health and adult social care.	✓	✓		✓	
Everyone Counts: Planning for Patients 2013/14, NHS Commissioning Board	This planning guidance aims to help local clinicians deliver more responsive health services, focused on improving outcomes for patients, addressing local priorities and meeting the rights people have under the NHS Constitution. The guidance covers a clear set of outcomes against which to measure improvements and outlines five offers: moves toward seven-day a week working for routine NHS services; greater transparency and choice for patients; more patient participation; better data to support the drive to improve services: and higher standards and safer care.	✓	✓		✓	✓

Strategy/Policy/Plan	What is it?	**Priority 1:** Safeguarding and Protection	**Priority 2:** Early Help, Prevention & Early Intervention	**Priority 3:** Learning and Achievement	**Priority 4:** Community Ambition, Health & Wellbeing	**Priority 5:** Better Use of Resources
Mind the Gap: Building Bridges to better health for all - Kent's Health Inequalities Action Plan	This sets out a three year plan (2012-2015) for how KCC, health, Districts, the third Sector and other partners across Kent will work to reduce the gap in health status between our richest and poorest communities. It sets out a series of objectives across all areas of life, taking a holistic approach to tackling health inequalities.	✓	✓	✓	✓	✓
Live It Well	Live It Well is the strategy that looks to improve the mental health and wellbeing of people in Kent and Medway from 2010 to 2015. The strategy makes ten commitments, including reducing the number of people with common mental health problems and giving people more choice and more say over their care.		✓		✓	✓
Kent Alcohol Strategy	This is a three year partnership strategy (2010-2013) that is supported by local delivery plans and is overseen by the Kent Action on Alcohol Steering Group. It focuses on tackling the harms from alcohol misuse within our communities as a key priority for the health, social care and criminal justice agencies across Kent. It highlights the need to inform the public of the risks to health and society and change attitudes in a positive way k. It sets out specific priorities for action for children and young people.		✓		✓	
Kent Hidden Harm Strategy	The three year partnership strategy (2010-2013) aims to address the harms caused by substance misusing parenting. The strategy has been developed and driven through a multi agency Hidden Harm Working Group which feeds into the Kent Safeguarding Board. The delivery plan is overseen by KDAAT. Hidden Harm refers to children and young people whose particular needs are often overlooked; where their parental substance misuse has serious negative effects on their childhood. These children and young people are often in need of protection and support to help them	✓	✓		✓	✓

	achieve their potential. The strategy promotes cooperation between relevant partners, to improve the well being of children in the area, to ensure they are protected from harm.					
Strategy/Policy/Plan	What is it?	**Priority 1:** Safeguarding and Protection	**Priority 2:** Early Help, Prevention & Early Intervention	**Priority 3:** Learning and Achievement	**Priority 4:** Community Ambition, Health & Wellbeing	**Priority 5:** Better Use of Resources
Kent Housing Strategy	The Kent and Medway Housing Strategy is a county-wide document that takes a new radical look at housing and how it is delivered. It is owned by the Kent Forum and is part of KCC's Regeneration Framework. It has been developed collaboratively between KCC, Kent Districts, Medway Council, Kent Partnership, Kent Economic Board, Kent Housing Group and other public and private sector organisations. It focuses on principle of Encouraging and supporting joint working to solve common problems to deliver the ambition to support people with a greater diversity of housing need to fulfil their potential and live a high quality life through the provision of excellent housing and support services.				✓	✓
Kent Supporting People Strategy	The five year strategy (2010-2015) sets out a framework to enable vulnerable people to maintain their housing situation, manage their finances, co-exist successfully in their community, acquire independent living skills, stay safe, liaise with other agencies, and access training, education, and employment. It focuses on prevention and supporting vulnerable young people affected by issues such as homelessness, substance misuse, offending and domestic violence to remain independent through housing related and floating support.		✓		✓	✓

Strategy/Policy/Plan	What is it?	**Priority 1:** Safeguarding and Protection	**Priority 2:** Early Help, Prevention & Early Intervention	**Priority 3:** Learning and Achievement	**Priority 4:** Community Ambition, Health & Wellbeing	**Priority 5:** Better Use of Resources
Outcome 3: Raise the educational achievement of all children and young people						
Bold Steps for Education	This is Kent County Council's vision for the future of education in the county to help improve the lives of thousands of children and young people from 2012-2015. It sets out aspirations for Kent to be the best place for children and young people to grow up, learn, develop and achieve. It contains a host of specific targets designed to improve the educational outcomes for Kent's young people.		✓	✓	✓	
14 to 24 Learning Employment and Skills Strategy 2013-2016	This is a county-wide partnership strategy jointly owned by the Employment, Learning and Skills Partnership Board. The strategy is designed to link the world of learning to the world of work more successfully, and to bring about more rapid transformation in young people's skills, qualifications and employability. It aims to achieve lower youth unemployment, put in place better systems for local employers and learning providers to work in partnership so that we secure the higher levels of skilled young people we need in the key growth sectors relevant to the Kent economy, and have every young person participating in high quality learning or training that is relevant to their needs, until the age of 18, with a good outcome.			✓	✓	✓
Strategy for Children and Young People with Special Educational Needs and Disabilities (Draft)	Sets out KCC's vision to provide a well planned continuum of provision from birth to age 25 that meets the needs of children and young people with special educational needs (SEN) and disabilities, and their families. The over-arching aim is to improve educational, health and other outcomes for all of Kent's children and young people with SEN and disabilities. The strategy also sets out aims to integrate education, health and social care support, address gaps in provision and improve the quality of provision.	✓	✓	✓	✓	✓
Involving the whole community: The Kent Approach to Literacy and	This is Kent County Council's ten year strategy (2011-2021) to achieve its aspiration of 100% literacy in Kent. It identifies15 priority groups including Looked after Children, Young people not in education, employment or training (NEET) and children and		✓	✓	✓	

Reading	young people excluded from school and sets out the barriers to reading.					
Strategy/Policy/Plan	What is it?	**Priority 1:** Safeguarding and Protection	**Priority 2:** Early Help, Prevention & Early Intervention	**Priority 3:** Learning and Achievement	**Priority 4:** Community Ambition, Health & Wellbeing	**Priority 5:** Better Use of Resources
Outcome 4: Equip all young people to take a positive role in the their community						
Unlocking Kent's Cultural Potential – A Cultural Strategy for Kent	The Cultural Strategy for Kent 2010 – 2015 is owned by Kent and Medway partners to promote a shared understanding of how the county's cultural offer can enhance the lives of people who live in Kent; to demonstrate how culture can be used to strengthen the individual, collective and economic wellbeing of the county. One of the core aims is to improve participation for all.			✓	✓	
Strategic Framework for Sport	The Strategic Framework for Sport 2009-2013 is produced by Kent County Council on behalf of the Kent and Medway Sports Board. It outlines the strategic priorities for sport and presents a common voice and vision for sport in Kent. It sets out how sport should play a positive and active role in enhancing community safety, health, community cohesion and positive community relations for young people, by bringing together the diverse communities of Kent.		✓		✓	✓

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Ashford Clinical Commissioning Group

NHS Ashford Clinical Commissioning Group

Health and Wellbeing Board

27th March 2013

Our Clinical Priorities

Ashford Clinical Commissioning Group

1. Maintain health status of population	2. Reduce health inequalities across wards	3. Maintain clinical effectiveness

• Improve prevention and education
• Integrate services
• Manage growth particularly for older people's services e.g. community geriatrician
	• Prevention
	• Health promotion:
	  • Breast feeding
	  • Obesity
	  • Teenage pregnancy
	• Local HWBB
		• Work with member practices
		• Integrate services
		• Maintain referral rates and prescribing spend

Integrated Commissioning

Ashford Clinical Commissioning Group

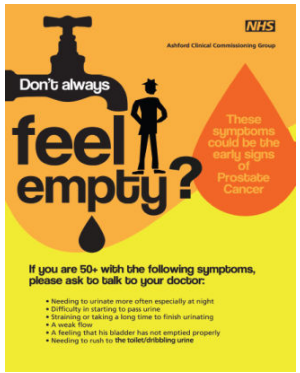
- ✓ Integrated commissioning in place for learning disabilities – section 75 in place
- ✓ Integrated Health and Social Care Teams
- ✓ CQUINs focused on prevention and education
- ✓ CCG in discussion with KCC about a collaborative approach to realising the benefits of 13/14 re-ablement funding across the social and health care components of the wider system
- ✓ Possible opportunity for integrated commissioning as part of strategic programmes:

- LTC/Urgent Care, includes Dementia
- Mental Health (Live it Well)
- Children's and Young People's Services

Patient and Public engagement

Ashford Clinical Commissioning Group

- ✓ Patient Participation Groups
- ✓ Prostate Cancer Campaign
- ✓ Lay Member
- ✓ Stakeholder Events
- ✓ National Voices



'Ashford CCG: A healthcare partnership to be proud of'

Investment Plans

Ashford Clinical Commissioning Group

Tactical Projects in 2013/14	Strategic Programmes:
LTC including integrated health and social care teams, risk stratification and assistive technologies	Urgent Care/LTC
Community Geriatrician (ongoing)	Mental Health
Dementia Challenge Fund – dementia friendly communities, improving care in acute hospital, care homes and intermediate care	Children's and Young People's
Mental health professional practitioners into primary care/GP practices	

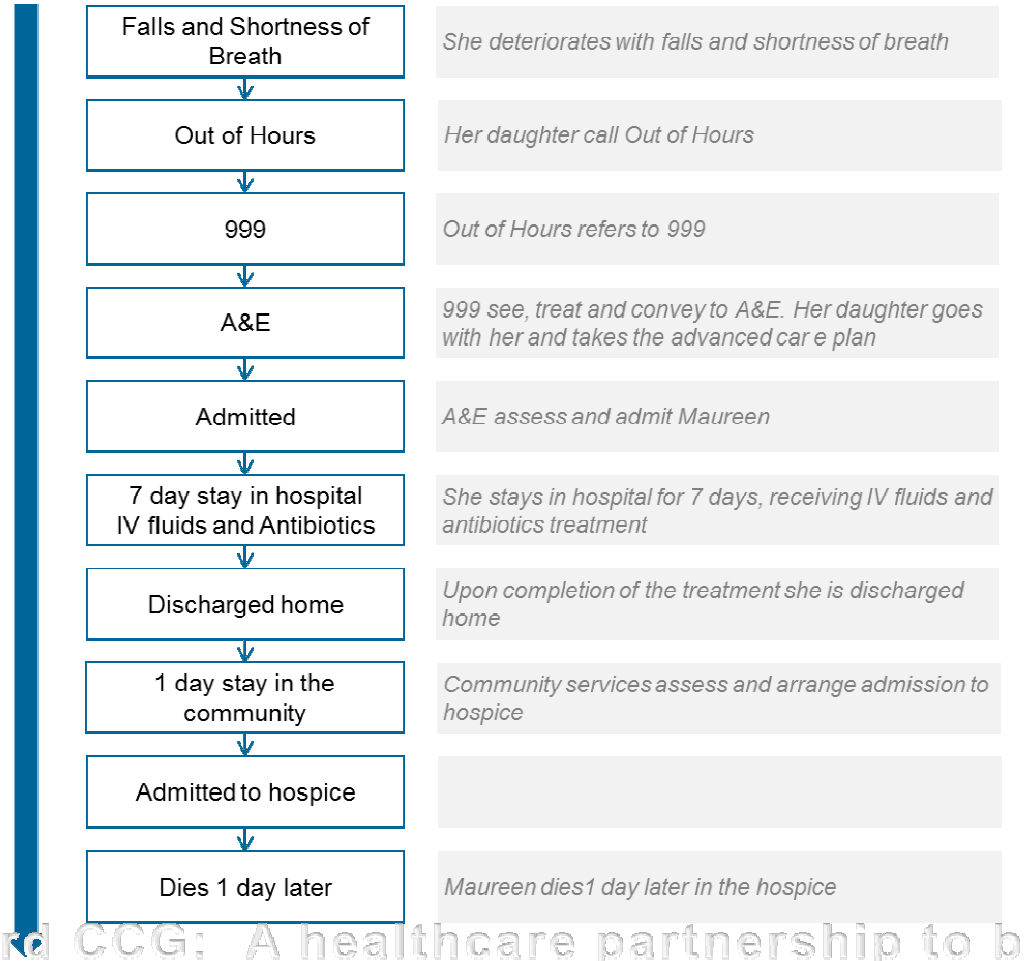
Maureen's Journey

Ashford Clinical Commissioning Group

Maureen

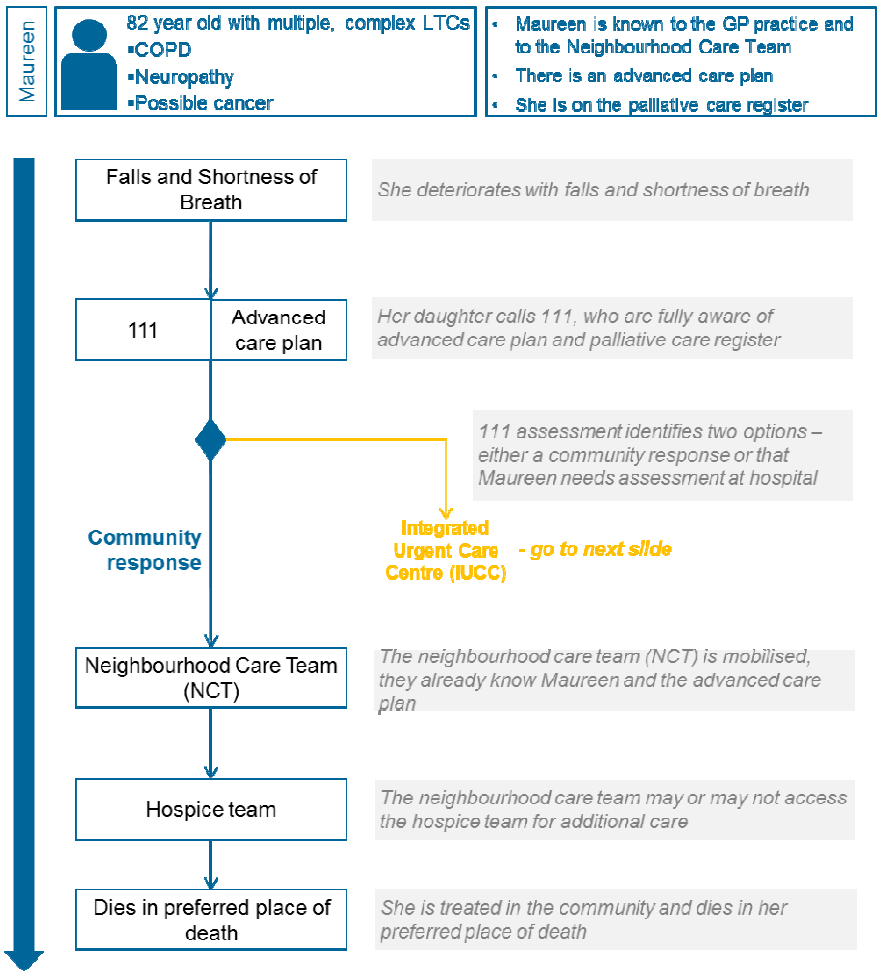
82 year old with multiple, complex LTCs
- COPD
- Neuropathy
- Possible cancer

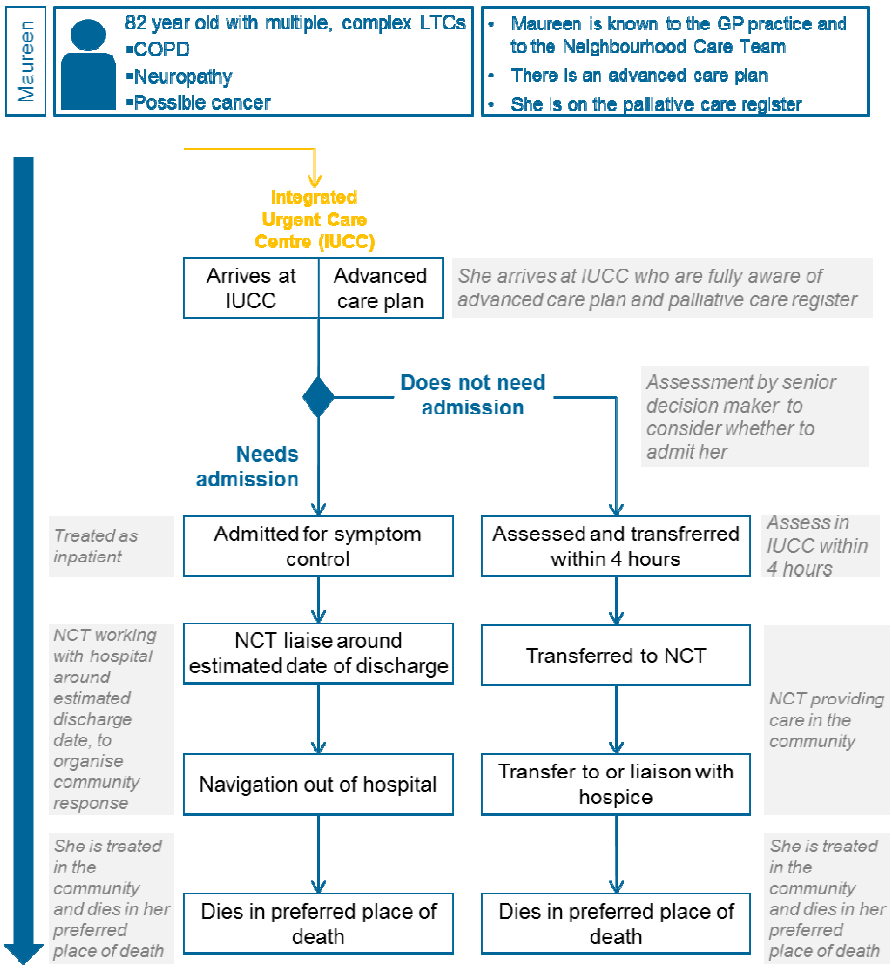
- Maureen is known to the GP practice and to the district nurse team
- There is an advanced care plan – no wish for life prolonging treatment



Maureen's Journey

Ashford Clinical Commissioning Group





Priority Mapping

Ashford Clinical Commissioning Group

Kent Health and Wellbeing Strategy Priority	Mapping to ACCG Priorities
Every child has the best start in life	Prevention and Education Health Promotion
People are taking greater responsibility for their health and wellbeing	Prevention and Education Health Promotion
The quality of life for people with long term conditions is enhanced and they have access to good quality care and support	Integrate Services Manage Growth
People with mental health are supported well	Integrate Services
People with dementia are assessed and treated earlier	Manage Growth Integrate Services

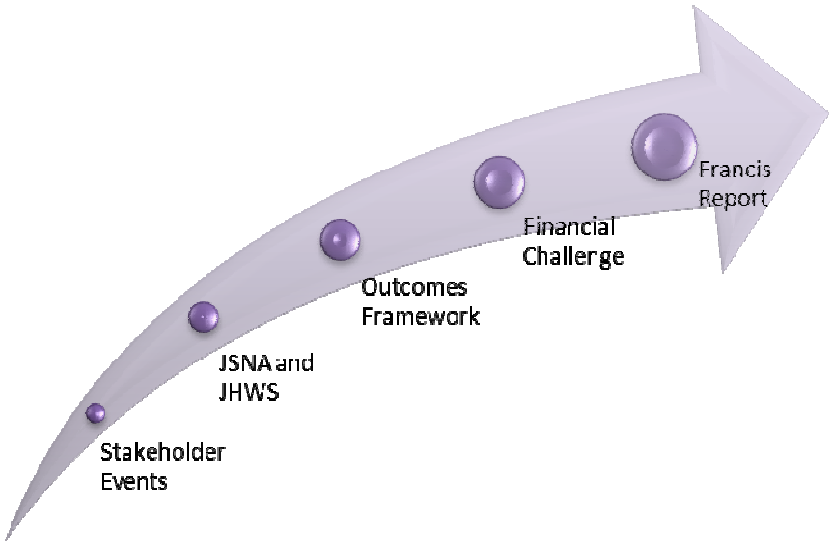
Canterbury and Coastal Clinical Commissioning Group

NHS Canterbury and Coastal CCG: Health and Wellbeing Board

27th March 2013

Our Clinical Priorities

NHS
Canterbury and Coastal Clinical Commissioning Group



Quality and Safety

1. Long Term Conditions including Dementia
2. Unscheduled Care
3. Mental Health
4. Children and Young People
5. Maternity

Reducing Inequalities

Integrated Commissioning

NHS
Canterbury and Coastal Clinical Commissioning Group

- ✓ Integrated commissioning in place for learning disabilities – section 75 in place
- ✓ Neighbourhood Care Teams
- ✓ CQUINs focused on prevention and education
- ✓ CCG in discussion with KCC about a collaborative approach to realising the benefits of 13/14 re-ablement funding across the social and health care components of the wider system
- ✓ Possible opportunity for integrated commissioning as part of strategic programmes:

  - LTC/Urgent Care, includes Dementia
  - Mental Health (Live it Well)
  - Children's and Young People's Services

Patient and Public engagement

Canterbury and Coastal Clinical Commissioning Group

- ✓ Friends of Canterbury and Coastal
- ✓ Public Reference Groups
- ✓ Lay Member
- ✓ Stakeholder Events
- ✓ National Voices

Investment Plans

Canterbury and Coastal Clinical Commissioning Group

Tactical Projects in 2013/14	Strategic Programmes:
Assistive Technologies – KCC Assistive Care Services	Urgent Care/LTC
Care Homes – joint consultant and GP visiting service	Mental Health
Carers – Kent Carers Plan	Children's and Young People's
CYP - Increase common assessment framework initiations from health	
CYP – Central Referral Unit	
Older People's Mental Health - extended Home Treatment Service, Admiral Nurse and Dementia Crisis Service	
Urgent Care - SOS Night Bus	

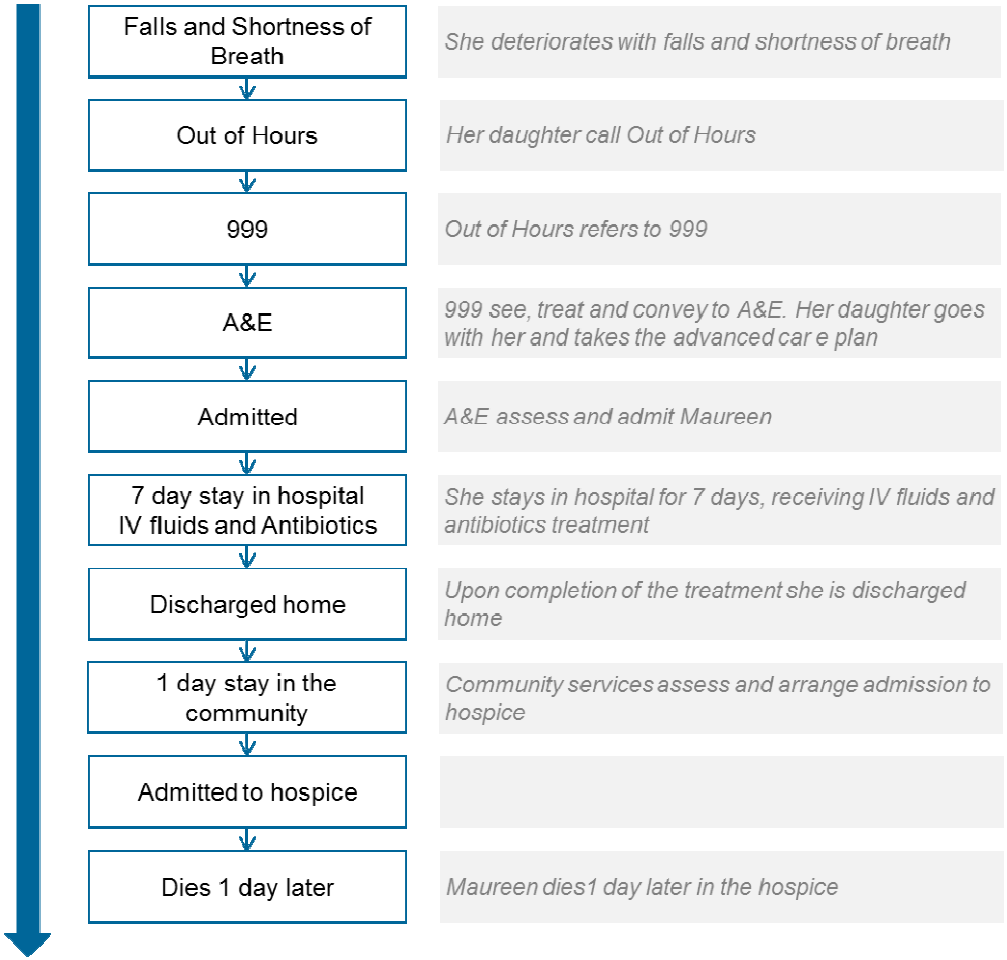
Maureen's Journey

Canterbury and Coastal Clinical Commissioning Group

Maureen

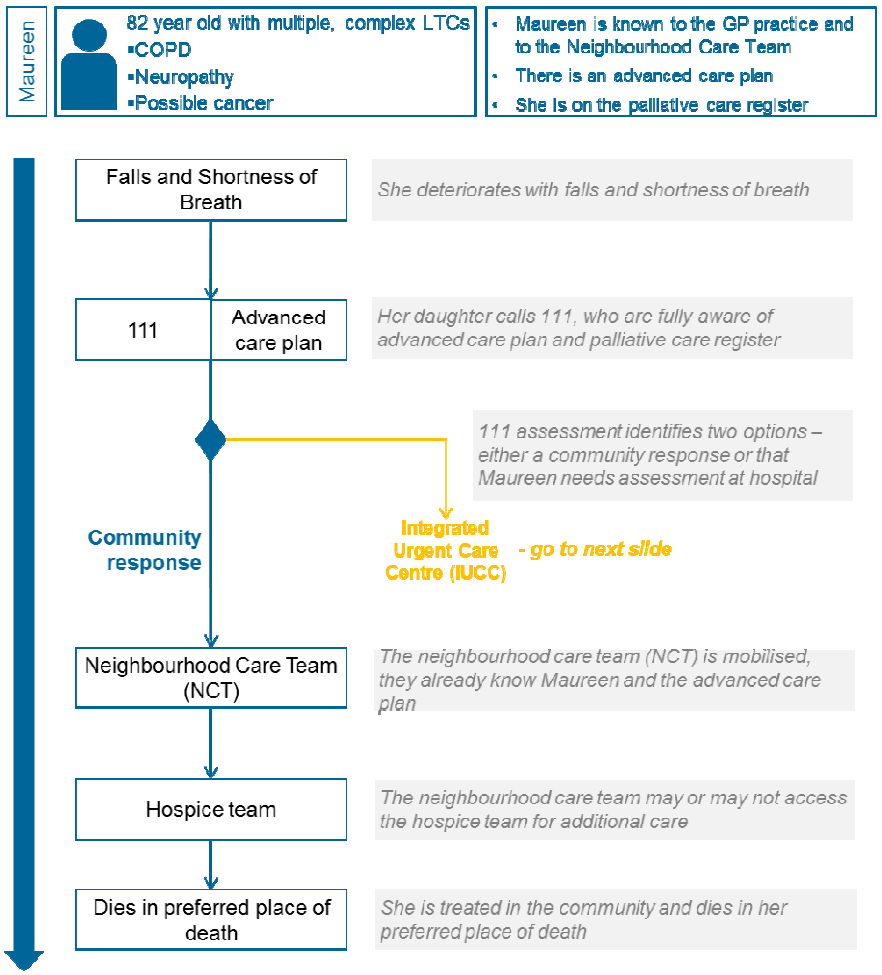
82 year old with multiple, complex LTCs
- COPD
- Neuropathy
- Possible cancer

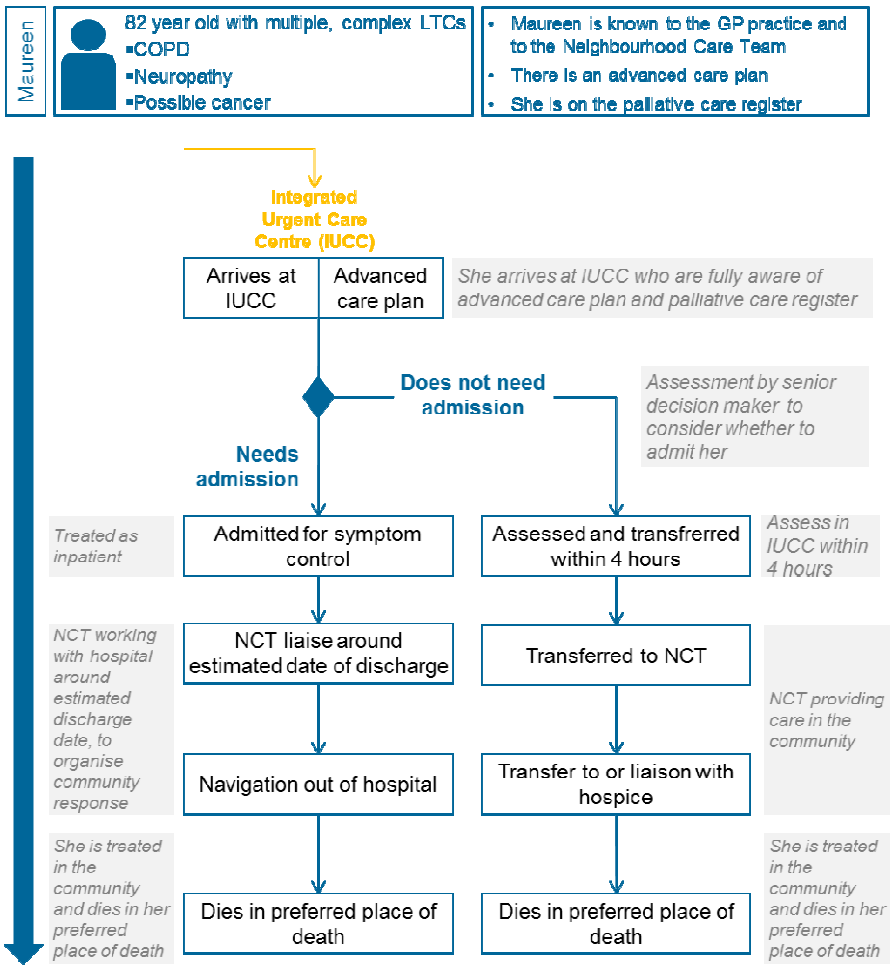
- Maureen is known to the GP practice and to the district nurse team
- There is an advanced care plan – no wish for life prolonging treatment



Maureen's Journey

Canterbury and Coastal Clinical Commissioning Group

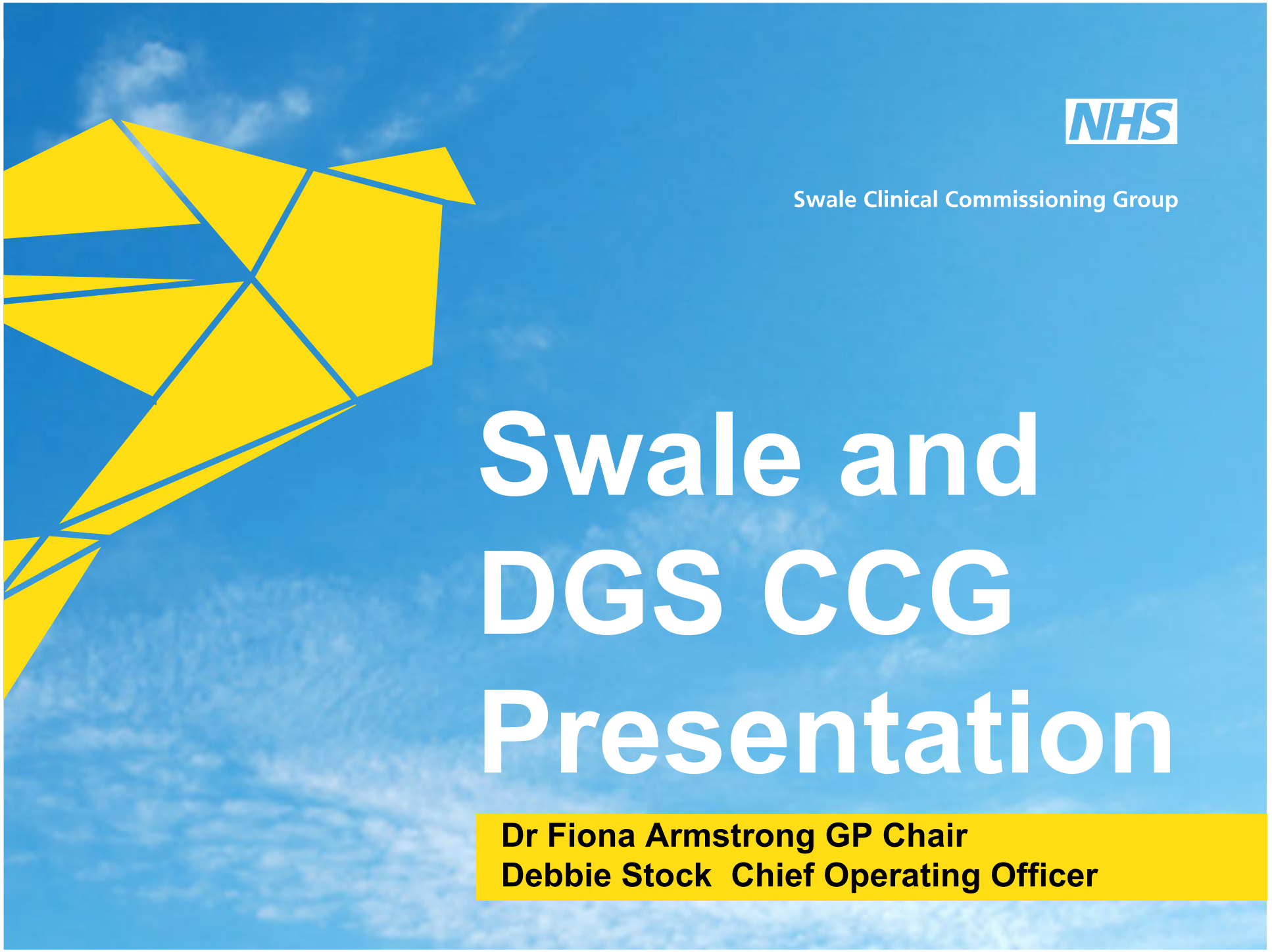




Priority Mapping

Canterbury and Coastal Clinical Commissioning Group

Kent Health and Wellbeing Strategy Priority	Mapping to CCCCG Priorities
Every child has the best start in life	Children and Maternity Reducing Inequalities
People are taking greater responsibility for their health and wellbeing	Long Term Conditions Young People's Services
The quality of life for people with long term conditions is enhanced and they have access to good quality care and support	Long Term Conditions Reducing Inequalities
People with mental health are supported well	Dementia and Mental Health
People with dementia are assessed and treated earlier	Dementia and Mental Health


NHS
Swale Clinical Commissioning Group
Swale and
DGS CCG
Presentation
Dr Fiona Armstrong GP Chair
Debbie Stock Chief Operating Officer

- 1. What are your CCG's priorities?
- 2. What are your plans re integrated commissioning?
- 3. Patient centredness - where is the patient in all this and how are you reaching out to them?
- 4. If money is being saved in the system, what are your reinvestment plans?

1. What are your CCG's priorities?

NHS Swale– Summary of our Priorities

1. **Reduce health inequalities** through tackling cancer, vascular and respiratory – To include: Reduction in numbers of people smoking; reduction in acute COPD admissions; earlier diagnosis and improving healthy lifestyles of hard to reach traveller community
2. **Improve the quality of life of people with LTC and complex health conditions** and their carers by improving access to supportive services, integrating care planning and giving them better information to manage their own care. – To include: Integrated health and social care teams (including Mental Health Primary Care Practitioners) working with GP practices on targeting patients to implement care plans and utilising PKB and AAT technologies; increasing diagnosis of patients with dementia.
3. **Improve care through integration of services especially for the frail elderly.** To include: Implementing a community geriatrician service providing rapid access support to GPs, Community Hospitals and integrated teams; Increasing the number of patients on end of life care registers and supporting care homes and GPs to enable patients to die in their place of choice; Development of GPs working in the SECAMB call centre; Development of a commissioner led integrated community service model for 2014/15; NHS 111 implementation
4. **Promoting wellbeing and mental health.** To include; -Providing Primary Care Mental Health workers / Dementia workers out with GP practices supporting integrated care planning and shared care protocols for adults with stable mental health conditions. Providing out-reach drug and alcohol workers to work with specific GP practices with concerns about patients addicted to benzo-related drugs; Improving access to CAHMS services; reducing waiting times for IAPT
5. **Transforming life chances for disadvantaged children**. To include: - Implement a new multi-agency intensive support team for disabled children with challenging behaviours; Provide multi-agency overnight short breaks for disabled children and their families; Develop a shared care model for patients with stable ADHD
6. **Improving access, choice, quality and value of services, in appropriate settings and where possible closer to Home.** To include: - Planned Care – Out Patient project with MFT and Medway CCG; Implementing Community Ophthalmology Service; MSK clinical pathway review; Implementing prescribing initiatives with GP practices

NHS Swale Plan on a Page

Strategic Priorities	Outcomes / Outputs	QIPP Programme Initiatives
Reduce health inequalities through tackling cancer, vascular and respiratory disease	1,% Patients annual review: *(i.e. QoF blood & cholesterol)* - 95% 2. Unplanned admissions reduced by 20% from 2011 level 3.% people on the hypertension disease register who have had a face to face cardiovascular risk assessment - 50%	**Beats and Breathes programme raising awareness of healthy lifestyles and smoking prevention, including for hard to reach groups e.g. the gypsy and travellers community**
Improve the quality of life of people living with long term and complex health conditions and their carers by improving the quality, range and choice of services and giving them information to better manage their own health	1.Reduction in non-elective long stay admissions by 335 by year end 2. 300 care plans developed for complex, high risk patients identified through risk stratification 3. Dementia diagnosis rate of 50%	**Integrated teams/risk stratification/ PKB / ATT** **Dementia nurse support to practices** **Review of diabetes/ HF/COPD clinical pathways to reduce GP referral variation** **Patients Know Best** **Community Stroke beds**
Improve care through integration of services especially for the frail elderly	1.Reduction of 405 patients in non elective long stay admissions 2. Reduction of 125 short stay non elective admissions 3. Increase in the number of patients on the End of Life Register and with care plans by 25% 4. Transformational system wide change delivering increased and responsive integrated community services reducing emergency activity in Acute Hosp	**SECAMB – GP in Call Centre / Contract negotiations re CQUINs** **NHS 111 implementation** **Review of hospital at home service at MFT** **Implement Community rapid access Geriatrician clinic and increased crisis support** **Develop an service specification for implementing an integrated community service for 2014**
Promoting wellbeing and mental health	1.Reduction in A&E attendances where there is a Mental Health diagnosis X% 2. Reduction of number of adults with a long but stable mental health condition (cluster 1,2,3) treated by KMPT secondary care	**Mental Health** **CAMHs** **Primary care mental health workers** **Substance misuse – benzo prescribing**
Transforming life chances for disadvantaged children	Number of initial Health assessments completed within 28 days of Child becoming looked after (Statutory Requirement) – 95%	**Implementation of shared care arrangements (ADHD)** **New Multi-agency intensive support services for disabled children**
Improve access, quality, value for money and choice of services in appropriate settings, and where possible closer to home	1.5% reduction in Urology and Gynaecology new OP appointments 2.Reduction of 2374 Ophthalmology OP 3.100% of practice participation in prescribing incentive scheme	**Planned Care including Medicines Management** Urology clinical pathway review Gynae clinical pathway review Ophthalmology COT implementation MSK clinical pathway review Meds Mgt schemes - **Primary care prescribing incentives & HCD review acute hospital**

Cross Cutting Themes

- Ensuring that Quality and Safety drive service improvement
- Engagement of Public , Patients, Partners and Providers to deliver together
- Utilising Information Technology to enable improved health outcomes
- Ensuring Quality and the right skill mix of the Workforce

1. What are your CCG's priorities?

NHS Dartford Gravesham and Swanley – Summary of our Priorities

1. **Reduce health inequalities** – promoting prevention, improved identification and appropriate management of patients with CHD
2. **Improve the quality of life of people with LTC and complex health conditions and their carers** by improving access to supportive services, integrating care planning and giving them better information to manage their own care, including Increased numbers of patients identified through risk stratification by GP practices, receiving interventions and reducing A&E attendances and admissions for the over 65 years population
3. **Reduction in NEL and EL LOS at specialty level** to best practice levels
4. **Revised A&E admission criteria,** including agreement regarding threshold for admissions based on HRG review; and agreement for the model of care for patients requiring care for between 4 and 72 hours
5. **Revised model of intermediate care** including Integrated Community Health and Social Care Teams with a single point of access; and revised community hospital admission criteria to facilitate appropriate and swift step up / down;
6. **Clear model of community care in place** based on the service specification being developed in 2013.
7. **Reduced hospital admissions and attendances from Care Homes** – continuation of focus to ensure sustainable, and standardised EOL care within care homes
8. **Prescribing – reduced variation** and spend in key areas
9. **Plans of care based on intelligent, and appropriate, clinically agreed trajectory** centered on patient health profile and demography rather than just a reduction in activity and cost.
10. **Promoting wellbeing and mental health** including enabling patients to be supported and managed in primary care and community settings
11. **Transforming life chances for disadvantaged children.** To include – Implementation of a new multi-agency intensive support team for disabled children with challenging behaviours; Provide multi-agency overnight short breaks for disabled children and their families; Develop a shared care model for patients with stable ADHD

NHS DGS Plan on a Page

Vision

- Ensure the healthcare system works better for patients, with a focus on right care, right time, right place.
- Safeguard vital services, prioritising patients' with the greatest health needs and ensuring that there is clinical evidence behind every decision.
- Improve or maintain quality whilst making efficient use of available resources

CCG Goals	Kent Health and Wellbeing Strategy and Outcomes	Strategic Context	Transformational Change 2013/14		Links to National Outcome Measures	Underpinning themes
A focus on right care, right time, right place and right outcome Prioritising patients with greatest health needs &ensuring clinical evidence behind every decision Maintain and Improve Quality Provide strong clinical and multiprofessional leadership across Health and Social Care Deliver a Sustainable Health and Social Care System	**Priority 1:** Tackle key health issues where Kent is performing worse than the England average **Priority 2:** Tackle health inequalities **Priority 3:** Tackle the gaps in provision **Priority 4:** Transform services to improve outcomes, patient experience and value for money **Outcome 1:** Every Child has the best start in life **Outcome 2:** People are taking greater responsibility for their health and wellbeing **Outcome 3:** The quality of life for people with long term conditions is enhanced and they have access to good quality care and support **Outcome 4:** People with mental ill health issues are supported to live well **Outcome 5:** People with dementia are assessed and treated earlier	Second largest CCG in Kent Over 50 languages spoken locally Increasing – and aging - local population: increase in both 0-4 and over 75 age groups; plus longer term impacts of local housing developments e.g. Thames Gateway A number of local wards are within the 20% most deprived areas in England Higher prevalence of hypertension, hyperthyroidism, chronic kidney disease and obesity than England. Higher emergency admission rate for diabetes, dementia and CHD than Kent and Medway Key causes of death within DGS: Circulatory disease, cancer, respiratory disease	Urgent Care / Long Term Conditions (LTCs)	➢ Implementation of Integrated health and social care teams o *Supporting self management* ➢ Joint review of intermediate care services with social care, linking into Community Services Review o *Implementation of new community model during 2014/15* ➢ Pulmonary rehab ➢ Redesign of dementia pathway o *Increase diagnosis rates from 41% to 50%* ➢ Implementation of IBIS and implementation of alternative pathways to A&E o *Increased use of alternative pathways to avoid unnecessary conveyance to A&E* ➢ Review of A&E model of care o *Reduction in NEL admissions for key conditions* ➢ Whole system discharge planning review	**1. Preventing people from dying prematurely** Increase in health checks Reduced level of antipsychotic prescribing **2. Enhancing quality of life for people with long-term conditions** Increase in recorded prevalence of LTCs, increasing early diagnosis and improved case management – *local priorities: CHD registers / supporting people with LTCs* Meeting expected level of dementia diagnosis Effective whole system redesign in mental health resulting in patients being managed and supported in primary and community care **3.Helping people to recover from episodes of ill health or following injury** Improved pathways to reduce admissions and outpatient attendances in secondary care via review of acute model of care and pathway development Improved access to urgent care, and a reduction in A&E admissions for key conditions Helping older people recover their independence **4.Ensuring people have a positive experience of care** Improved efficiency and overall experience of outpatient pathways and services (streamline access) 60 % of patients to die in their usual place of residence (national target by 2015) – *local priority EoLC registers* **5.Treating and caring for people in a safe environment; and protecting them from avoidable harm** Reduction in variation for primary care prescribing and referrals to secondary care	**Quality:** Ongoing commitment to embedding quality into commissioning via robust monitoring and review; and using CQUINs,to support sustainable transformational change **Whole system engagement:** Patient Participation Groups, Clinical Working / Delivery Groups North Kent Whole System Board, CCG / KCC North Kent Strategic Commissioning Group North Kent Boards for Childrens Commissioning, Mental Health and Quality **Workforce:** Implementation / continuation of deployment of specialised staff e.g. dementia buddy scheme / primary care mental health workers Identification of workforce needs to be included in community services review **Information Technology:** Development of clinically appropriate dashboards to enable performance and peer review, and to underpin commissioning decisions - including integration of public health, community, social services and other data. Implementation of systems to support sharing of clinical information, including patient held records, via Patient Knows Best, EPacCCs, IBIS
			Planned Care	➢ Ongoing joint development of best practice pathways in elective care (e.g. paediatric T&O referrals / urology) o *Reduction in inappropriate referrals and variation* ➢ Review of ophthalmology services ➢ Repatriation of elective activity from London providers where clinically appropriate		
			Mental health	➢ Mental Health ➢ Continued focus on CAMHs ➢ Primary care mental health workers – continuation of pilot scheme		
			Childrens	➢ Implementation of shared care arrangements (ADHD) ➢ New Multi-agency intensive support services for disabled children ➢ Provide care closer to home by extending the West Kent Community Childrens nursing service to DGS		
			Primary care & Meds Management	➢ COPD case finding ➢ Use of risk stratification tools ➢ Working with Public Health to increase uptake of screening programmes e.g. health checks ➢ Reduction in prescribing of antipsychotics ➢ Review of specialised formula prescribing ➢ Implementation of shared care guidelines for melatonin		

2. What are your plans re integrated commissioning?

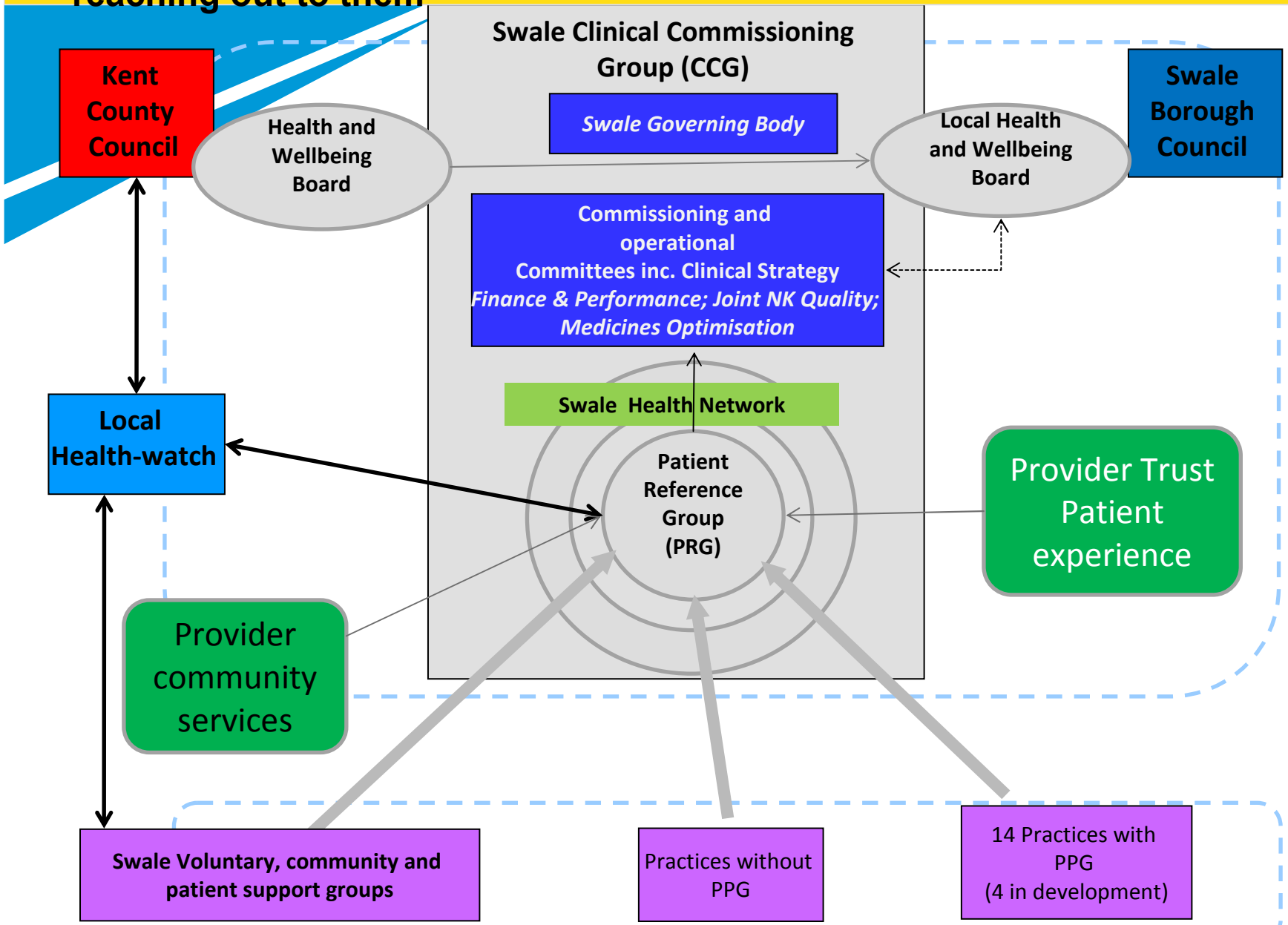
Integrated Community Services Model.

NHS Swale and NHS DGS are engaging with patients, public and providers to scope the requirements of an integrated community services model across North Kent for implementation in 2014/15. The objective is to fully identify the required integrated services specifications that will support patients to be managed at a higher level in the community and reduce the non elective ambulatory care activity in the acute hospitals. The programme will also review the contract arrangements that will include identifying options for a Lead provider / Alliance NHS Contract that will support the delivery of the acute activity reduction that will be assessed as part of the business case development. All providers have been put on notice that we are implementing this consultation with a view to tendering out for the service if we cannot deliver a local provider solution.

Work in partnership to review current Integrated commissioned services and identify future opportunities including:

- Mental Health
- Learning Disabilities
- Children services
- Carers
- Review of S.75 and S.256 agreements to agree continuation

3. Patient centredness - where is the patient in all this and how are you reaching out to them



4. If money is being saved in the system, what are your reinvestment plans?

Investments will be made in the following areas for DGS and Swale in the following areas:

- **Children** – community nursing models
- **Maternity Services** – best practice tariffs
- **Dementia model of care** and increase in identification of dementia patients and prescribing
- **Mental Health** – Primary Care Mental health Workers
- **Integrated community services** – single points of access, community geriatrician service (Swale) AAT
- **Planned Care pathways** including ophthalmology, diabetes, respiratory.
- **Prevention** – Beats and Breathes and general health inequalities working with Public Health
- **Demographic growth** of our population
- **Acute Hospital merger** support

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South Kent Coast Integrated Commissioning Strategy

Achievements of South Kent Coast Health and Wellbeing Board

- Joint Integrated Commissioning Strategy (Health, Social Care, County and District services)
- Strong, open and honest relationship and development of a common language
- Open dialogue and respectful challenge in an informal environment
- Delivering local tangible outcomes, such as Healthy Living Pharmacies and Rogue café projects
- Localised JSNA and developing local Health Inequalities Action Plan, compatible with Corporate Plans and CCG Commissioning Plan
- Influence national and wider Kent approach – the format of SKC HWBB and integrated commissioning pilot being rolled out across Kent

Achievements continued…

- Agreed work programme
- Strong voluntary and community sector involvement, approach highly commended in Compact Awards
- Joint working to further develop the community setting to enable system changes and local flexibility
- Local integration between health and social care teams, CCG and local government (including physical co-location)
- Building on other initiatives, such as the Troubled Families Programme reporting into the HWBB

Taking forward Local Integrated Commissioning

- Create a virtual joint commissioning team for Dover & Shepway
- Identify overlaps and synergies from existing strategies
- Produce a joint commissioning strategy to be signed off by SKC HWB
- Language and expenditure
- Appraise options for delivering joint strategy
- Produce a joint commissioning plan
- What, When, Who, IMPACT!
- Template for other areas within Kent

Joint Strategy and Plan

- **4 shared aims:**

1. To improve the health and wellbeing of people in Dover and Shepway living with long term conditions, enabling as many people as possible to manage their own condition better.
2. People with disabilities and older people will be supported to actively participate in the lives of their local communities, enabled by environments that are inclusive, accessible and safe for all.
3. To support families and carers in their caring roles and enable them to actively contribute to their local communities.
4. To ensure that the best possible care is provided at the end of people's lives.

- **4 joint commissioning themes:**

1. Prevention and self care
2. Short term care and support – goal orientated
3. Long term care and support – sustained and ongoing
4. End of life care

Benefits of An Integrated Strategy:

- Obtain partner sign up;
- Create a sustainable system of care;
- Prevents working in silo's;
- Shared vision;
- Mechanism for breaking down boundaries around finance;
- Establishment of joint performance measures

Going forward:

- SKC HWBB has developed a work programme and action plan
- Terms of Reference to be agreed at the first ‘live’ meeting in April
- Proposed structure agreed
- Integrated Commissioning to focus on key areas of:
  - Intermediate care/enablement/telecare
  - Falls (environment, housing, prevention,rapid response)
  - Lifestyle/leisure
- Localised JHWBS and Health Inequalities Plan being developed
- Forward Plan for SKC HWBB being developed to tie into County HWBB and partners key dates.

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By: Meradin Peachey, Kent Director of Public Health

To: Health and Wellbeing Board – 27 March 2013

Subject: Kent Public Health Commissioning Intentions 2013 to 2014

Summary: The Health and Wellbeing Board is asked to note the report.

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1. Introduction

The attached paper sets out:

- The background for Kent County Council and the commissioning of Public Health programmes.
- The programmes that Kent County Council are responsible for from 1st April 2013.
- The principle that has been adopted is rolling forward existing contracts.
- The decisions that have already been made in terms of taking forward Sexual Health services in the north of the county, and NHS Health Checks.
- Highlights the public health programme areas which we have identified as priorities for early review.

2. Recommendation

The Health and Wellbeing board is asked to note the report.

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