

# **HEALTH AND WELLBEING BOARD**

**Wednesday, 29th May, 2013**

**6.30 pm**

**Darent Room, Sessions House, County Hall,  
Maidstone**









## **AGENDA**

### **HEALTH AND WELLBEING BOARD**

**Wednesday, 29 May 2013 at 6.30 pm**

Ask for: **Ann Hunter**  
**Ann.hunter@kent.gov.uk**  
Telephone: **01622 694703**

**Darent Room, Sessions House, County  
Hall, Maidstone**

*Tea/Coffee will be available 30 minutes before the meeting*

#### **Webcasting Notice**

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#### **UNRESTRICTED ITEMS**

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

#### **Item No**

- 1 Chairman's Welcome
- 2 Apologies and Substitutes
- 3 Election of Chairman
- 4 Election of Vice Chairman
- 5 Declarations of Interest by Members in Items on the Agenda for this Meeting
- 6 Minutes of the Meeting of the Health and Wellbeing Board (Shadow) held on 27 March 2013 (Pages 1 - 4)
- 7 Delay in the Statutory Assessment of Children and Young People with Special Educational Needs (SEN) (Pages 5 - 8)
- 8 Kent's Pathfinder for the Children and Families Act 2014 (Pages 9 - 12)
- 9 Joint Strategic Needs Assessment Update (Pages 13 - 16)

- 10 Establishment of Sub Committees (Pages 17 - 26)
- 11 System Performance - Early Indicators for 2013 (Verbal Report)
- 12 Health and Social Care Integration "Pioneers" (Pages 27 - 32)
- 13 Every Day Matters - Kent's Multi-agency Strategic Plan for Children and Young People 2013-2016 (Pages 33 - 68)
- 14 Disabled Children's Charter for Health and Wellbeing Boards (Pages 69 - 96)
- 15 Date of Next Meeting - Wednesday 17 July 2013 at 6.30pm

**Workshop for the Board: Working together to improve outcomes for Children and Young People**

**Members of the Health and Wellbeing Board are requested to remain after the meeting for an interactive training workshop.**

**EXEMPT ITEMS**

*(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)*

Peter Sass  
Head of Democratic Services  
(01622) 694002

**Monday, 20 May 2013**

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

## **HWB Membership**

### **CCG Reps**

*Ashford CCG  
Canterbury & Coastal CCG  
Canterbury & Coastal CCG  
Dartford/Gravesham/ Swanley  
South Kent Coast  
South Kent Coast  
Swale  
Thanet  
West Kent*

### **Clinical Lead**

*Dr Navin Kumta  
Dr Mark Jones  
Dr John Ribchester  
Dr David Woodhead  
Dr Sourja Chaudhuri  
Dr Darren Cocker  
Dr Fiona Armstrong  
Dr Tony Martin  
Dr Bob Bowes*

### **Officer**

*Simon Perks  
Simon Perks  
Simon Perks  
Patricia Davies  
Hazel Carpenter  
Hazel Carpenter  
Patricia Davies  
Hazel Carpenter  
Ian Ayres*

## **District Councillor Reps**

	Substitute	
Cllr Andrew Bowles	Cllr Lesley Ingham	Swale
Cllr John Cunningham		Tunbridge Wells
Cllr Paul Watkins		Dover

## **Healthwatch**

*Veronika Segall- Jones*

## **NHS England**

*Michael Ridgwell or  
Felicity Cox*

## **KCC**

<i>Paul Carter</i>	Caroline Davies
<i>Andrew Ireland</i>	Mark Lobban
<i>Meradin Peachey</i>	Andrew Scott-Clark
Graham Gibbens	Mark Lemon
Roger Gough	Deborah Benton
Jenny Whittle	

*Italics = statutory representatives*

**KENT COUNTY COUNCIL**

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**HEALTH AND WELLBEING BOARD (SHADOW)**

MINUTES of a meeting of the Health and Wellbeing Board (Shadow) held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 27 March 2013.

PRESENT: Mr R W Gough (Chairman), Dr Fiona Armstrong, Dr B Bowes, Mr P B Carter, Dr D Cocker, Mr A Ireland, Dr M Jones, Mr R Kendall, Dr N Kumta (Substitute for Dr R Pinnock), Cllr M Lyons, Dr T Martin, Ms M Peachey, Ms V Segall Jones, Mr C Tomson, Cllr P Watkins and Mrs J Whittle

ALSO PRESENT: Ms H Carpenter, Mr A D Crowther, Mr M Ridgewell, Mr A Scott-Clark and Ms D Stock

IN ATTENDANCE: Ms D Benton (Staff Officer to the Cabinet Member for Business, Strategy, Performance and Health Reform), Ms C Davis (Strategic Business Advisor), Ms M Farrow (Leadership Support Manager), Mr M Thomas-Sam (Head of Policy and Service Development) and Mr P D Wickenden (Democratic Services Transition Manager)

**UNRESTRICTED ITEMS**

**91. Substitutes**

*(Item 1)*

The following apologies and substitutes were received and noted:-

Mr Graham Gibbens, Councillor John Cunningham, Councillor Lesley Ingham and Dr Navin Kumta for Dr Roger Pinnock.

**92. Welcome**

*(Item 2)*

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

2. Copies of the Joint Kent Health and Wellbeing Strategy were available at the meeting. The Chairman informed the Shadow Board that the County Council would be asked to endorse and approve the Joint Kent Health and Wellbeing Strategy at its meeting on 28 March 2013.

3. Reference was also made to a recently published report of the Parliamentary Communities and Local Government Select Committee, which had commended the Kent Shadow Health and Wellbeing Board for its innovative approach and partnership working in developing the local CCG level Health and Wellbeing Boards.

**93. 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 the meetings.

**94. Minutes of the Meeting held on 30 January 2013**  
*(Item 4)*

RESOLVED that the minutes of the meeting held on 30 January 2013 are correctly recorded and that they be signed by the Chairman.

**95. Update on the Terms of Reference including impact of Secondary Legislation**  
*(Item 5)*

1. Following the publication of secondary regulations, the Shadow Health and Wellbeing Board noted the impact of these regulations on the Health and Wellbeing Board, which will be statutorily operational from 1 April 2013.

2. The legislation and recently-published secondary regulations had been drafted with the deliberate intention of allowing considerable flexibility for local authorities and their partners to establish Health and Wellbeing Boards which suit local circumstances. It is the intention behind the legislation that all members of the Health and Wellbeing Board should be seen as equals and as shared decision makers. Health and Wellbeing Boards are Boards of commissioners, they are not commissioning Boards.

3. The report set out for the Shadow Board;

- the partnerships with whom the Health and Wellbeing Board would have a key relationship;
- its relationship with the Health Overview and Scrutiny Committee; and
- its proposed membership and terms of reference.

4. RESOLVED that the report be noted.

**96. Children and Young People's Multi-Agency Framework for Kent**  
*(Item 6)*

1. The Shadow Health and Wellbeing Board received a draft report commissioned by the Kent Children and Young People's Joint Commissioning Board introducing the draft "Every Day Matters: Kent County Council's Children and Young People's Strategic Plan 2013 – 2016".

2. The Shadow Board agreed that the report should be circulated to them again and comments were invited from Shadow Board Members by not later than 15 May 2013.

3. It was noted that the focus of the Shadow Board meeting on 29 May 2013 would be on Children's Services.



**97. Authorisation of CCG Operating Plans for 2013-14**  
(Item 7)

1. Colleagues from the Clinical Commissioning Groups presented to the Shadow Health and Wellbeing Board their Operating Plans for 2013- 14.
2. The Shadow Board was very enthusiastic about the Plans, which it considered were powerful and had a number of common synergies.
3. One of the issues which the Clinical Commissioning Groups acknowledged would need to be addressed was the establishment of a scheme of Joint Performance Measures.
4. Paul Carter laid down a challenge for the Clinical Commissioning Groups to consider how they were going to procure services effectively. He said that Local Government's record of procurement was good, compared to the Primary Care Trusts'. He proposed that the Kent Health and Wellbeing Board should put together a group to look at good procurement practice.
5. The Chairman summarised the key points for the Shadow Health and Wellbeing Board arising from the presentations of the Operating Plans. They were:
  - Patient Knows Best and new technologies. Are we progressing what we need to do?
  - We need to establish measures of success and measurable outcomes. Establishment of a Performance Management System for the CCG Health and Wellbeing Boards and the Kent Health and Wellbeing Board, with a shared understanding of what will be looked at on a local basis and what will be considered countywide
  - Where can we and should we invest in new capacity? A focus on 24/7 community capacity
  - Procurement and value for money.
6. With the multitude of priorities for GPs, there was a challenge around how the intelligence would be pooled, from the extremes of something very small in scale to something which is huge.
7. The challenge in all the issues identified was how, as a Health and Wellbeing Board, can we collectively make it happen?
8. Preparation of appropriate contracting models was important moving forward.
9. The CCGs face a huge issue of change management.
10. RESOLVED that the Operation Plans for 2013- 2014, as presented to the Shadow Health and Wellbeing Board, be agreed.

**98. South Kent Coast Integrated Commissioning Strategy**  
(Item 8)

1. Hazel Carpenter presented to the Shadow Health and Wellbeing Board, on behalf of the South Kent Coast Health and Wellbeing Board, its Integrated Commissioning Strategy.
2. RESOLVED that the South Kent Cast Integrated Commissioning Strategy be noted.

**99. Direct Commissioning Plans for Area Teams for 2013-14**  
(Item 9)

Michael Ridgwell, Director of Commissioning (Kent and Medway), NHS England, informed the Shadow Health and Wellbeing Board of the terms of reference and proposed operation of the newly-established NHS England.

**100. Public Health Commissioning Intentions for 2013 - 14**  
(Item 10)

1. The Director of Public Health submitted a report setting out the 23 Public Health programmes for which the County Council would have statutory responsibility from 1 April 2013.
2. The Shadow Health and Wellbeing Board noted that, in delivering these services, existing contracts were being rolled forward.
3. Decisions had already been made for sexual health services in the north of the county, and NHS Health checks, which the Shadow Health and Wellbeing Board noted.
4. RESOLVED that the report be noted.

**101. Date of next meeting - 29 May 2013**  
(Item 11)

**By:** Roger Gough, Cabinet Member for Education and Health Reform  
Julie Ely, KCC Head of Special Educational Needs (SEN)

**To:** Kent Health and Wellbeing Board

**Date:** 29<sup>th</sup> May 2013

**Subject:** Delay in the statutory assessment of children and young people with Special Educational Needs (SEN)

**Classification:** Unrestricted

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**Summary:**

This purpose of this paper is to inform the Kent Health and Wellbeing Board of the performance against National Indicator (NI 103), which measures the time taken to produce SEN Statements.

This paper highlights performance during 2012 was below target and remains a significant cause for concern in 2013.

Analysis of the root causes of delay indicated the late receipt of professional advice from health contributors to the assessment and placement pressure.

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**Background**

The Education Act 1996, amended by the SEN & Disability Act 2001, sets out a statutory obligation to carry out an assessment of special educational needs (SEN) on children with the greatest difficulty learning. Guidance on the assessment process is set out in a Code of Practice for SEN which accompanies the Education Acts. The responsibility of the Designated Medical Officer (DMO) to co-ordinate the NHS contribution to the statutory assessment is set out in the SEN Code of Practice.

Where appropriate, the outcome of an assessment leads to a Statement of SEN, specifying the child's individual provision and most appropriate school placement.

Kent has a school population in excess of 230,000. Around 2.8% of children and young people are subject to a Statement of Special Educational Needs.

Approximately 100 new, first time assessments are initiated each month.

Regulations prescribe that the overall time scale for an assessment should not normally exceed 26 weeks. There are some mandatory, allowed exceptions to the timescale when it would be unreasonable to comply. These largely relate to the availability of the child for assessment or a request from the parents/carers for a meeting to discuss a draft Statement. NI 103 differentiates between cases, with and without mandatory exceptions.

## **Performance Analysis**

National indicator NI 103 measures performance in producing final Statements within 26 weeks. Good performance is typified by higher percentages.

In 2010/11 Kent's outturn performance was 88% compared to the national average which was 95% and statistical neighbours were achieving 98%. As at August 2012, actual performance for a 12 month rolling year fell to 70%.

Bold Steps for Education set out an ambitious target to ensure by 2015 we are completing 95% of all statutory assessments within 26 weeks. Many authorities are achieving 100%, others are just below this. This target relates to assessments that will be carried out during the financial year 2014/15. In order to achieve this target we must be securely at 90% during 2013.

Actual performance for the first quarter of 2012/13 (April-June) was 76% and although improvements were made in the final quarter, improvements were insufficient to reach target; the 2012/3 outturn was 83.6%. April 2013 actual performance was 85.5%. We remain below target.

Proposals in the Children & Families Bill will reduce the time allowed for assessments from 26 weeks to 20 weeks.

A detailed analysis of the assessment process identified that professional advice requested from a range of professionals within the NHS is generally the last piece of advice received and is a root cause of the delay.

NHS arrangements in Kent to fulfil the Designated Medical Officer (DMO) role put in place 9 Consultant Community Paediatricians across 4 Provider Trusts. Officers from KCC contacted each DMO to highlight the impact of lateness and provided case information where necessary.

## **Service user views**

Analysis of complaints from parents/carers of children with SEN has highlighted that 50% of complaints related to dissatisfaction with assessment process, gaps in provision and/or placement.

In 2010 the Government published the results of an inquiry into parental confidence in the SEN framework undertaken by Brian Lamb OBE. He reported meeting parents for battling to get the needs of their child identified and for those needs to be met. Lamb called for major reform of the SEN system and the Government responded with a Green Paper proposing transformation and in 2012 through the draft Children and Families Act due in September 2014.

## **Issues which the HWB may wish to consider**

Responses received indicated that the time taken to carry out a medical assessment and/or provide advice reflects the availability of medical staff.

The DMO for Kent Community Health Trust (KCHT) reported 'severe medical staff shortage' as the cause of their delay.

The response from the DMO for East Kent Hospital Trust (EKHT) explained that they have been reviewing child health pathways and have plans to introduce a booking system to reduce delay in arranging medical assessments.

In Dartford and Tunbridge Wells, advice from a Speech & Language perspective is particularly difficult to obtain and is not available for secondary aged pupils, regardless of the extent of the young person's speech, language and communication needs.

EKHT advised that Speech & Language Therapy advice for their area is provided by Kent Community Trust (KCT), not through the DMO. Concerns about delay subsequently raised with KCHT, identified that the speech & language therapy service was operating with 2 f.t.e vacancies.

## **Equalities implications**

Children with autism (ASD) and Behavioural, Emotional and Social Needs (BESN) are most frequently represented in assessment. The outcome of an assessment can target additional intervention; delay impacts on children with learning difficulties, almost all of whom have protected characteristics (disability) within the Equality Act. Analysis of pupils with Statements by Gender shows that 75% of Statement are issued to boys; girls may be under-represented. Similarly the analysis by ethnicity has highlighted the largest group are white English. However non-disclosure and refusal in 30% of cases may be masking under-representation by some groups.

### **Recommendations:**

The Kent Health and Wellbeing Board is asked to

1. Note the report into delay and the causes
2. Ensure medical assessments can be undertaken by the relevant health professional
3. Ensure health professional advice can be provided within the timescales set out in the regulations

**Contact Officer:** Julie Ely, Head of SEN Assessment & Placement  
[Julie.ely@kent.gov.uk](mailto:Julie.ely@kent.gov.uk)

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**By:** Roger Gough, Cabinet Member for Education and Health Reform  
Julie Ely, KCC Head of Special Educational Needs (SEN)

**To:** Kent Health and Wellbeing Board

**Date:** 29<sup>th</sup> May 2013

**Subject:** Kent's Pathfinder for the Children & Families Act 2014

**Classification:** Unrestricted

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**Summary:**

This paper provides the Kent Health and Wellbeing Board with a briefing on the Kent Pathfinder which is testing reforms proposed in the Children and Families Bill.

It also draws attention to a Bill amendment (March 2013) which will impose a legal duty on Clinical Commissioning Groups to secure the health services that are specified in Education, Health and Care (EHC) Plans.

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**Background**

Twenty Pathfinders, involving 31 local authorities and health partners, have been invited by the Government to test the proposed reforms in the Children and Families Bill. Lessons learned from the pathfinders are informing the provisions in the draft indicative code and the development of associated regulations.

Kent is a member of the SE7 Pathfinder group which consists of East and West Sussex, Medway, Surrey, Hampshire, Brighton and Hove.

The SE7 Pathfinder was initially due to finish in March 2013 but the Department for Education has extended the timescale for testing to September 2014 to coincide with the introduction of the statutory changes.

**The Children and Families Bill**

The bill introduces a new, single system from birth to 25 for all children and young people with SEN and their families, expanding the current 0-19 age range. It demands a more streamlined assessment process for those with more severe and complex needs, integrating education, health and care services and involving children, young people and their parents.

It replaces statements and learning difficulty assessments with a new birth to 25 Education, Health and Care Plan, which co-ordinates the support for children and young people in a way that focuses on desired outcomes including, as they get older, preparation for adulthood.

It gives families and young people with an Education, Health and Care Plan, the offer of a personal budget, extending choice and control over their support.

An amendment to the draft Bill (March 2013) will place a legal duty on Clinical Commissioning Groups to secure the health services that are specified in EHC Plans.

It will introduce a new requirement for local authorities and health services to commission education, health and social care services jointly

It sets out a duty on all agencies to publish an 'interactive and web based 'local offer' setting out the support which is usually available for children and young people with SEN and their families. It specifies that this must be more than a directory.

### **Pathfinder progress**

SE7 is developing a common framework for assessment and applying agreed core principles with partners. At the heart of this, is the development of a Child and Family Centred Plan bringing services together and improving outcomes.

Kent's work has been focused on:

- Co-production and partnership with parents/carers; a strength of the Kent pathfinder is that parents are actively involved in influencing and shaping the testing. The Pathfinder Change Board is led by a parent.
- Developing an understanding of effective key working approaches to support for families
- the development of the local offer, through a range of working groups helping to author the content informed by a series of Kent wide road shows engaging parents in driving the information that they need to know
- Identifying how multi-agency assessments can be integrated
- prototyping the format of an integrated EHC plan to replace Statements and the separate Learning Disability Assessments (formerly S139a) for college
- piloting the use of personal budgets

The extension of the Pathfinder provides an exciting opportunity to accelerate and expand the reach of the Kent Pathfinder beyond the initial one district (Thanet) approach to trial approaches across Kent.

Recently the SE7 Pathfinder group was designated as a champion for this work, and we will be working with other local authorities to share our experience of developing this new integrated approach to meeting the needs of children and young people.



### Issues which the HWB may wish to consider:

- ✓ Ensuring staff have the knowledge, understanding and skills to provide the right support for children and young people who have SEN or are disabled;
- ✓ New duty - LAs and clinical commissioning groups to work together to plan and to arrange local services to meet the education, health and care needs of disabled CYP and those with SEN.
- ✓ *Amendment to Bill (March 2013): a legal duty on Clinical Commissioning Groups to secure the health services that are specified in EHC Plans.*

### Recommendations:

The Kent Health and Wellbeing Board is asked to

1. Note the briefing
2. Consider the proposed statutory duties
3. Ensure the health perspective is reflected in Pathfinder developments.

### Contact Officers:

Julie Ely, Head of SEN Assessment & Placement

[Julie.ely@kent.gov.uk](mailto:Julie.ely@kent.gov.uk)

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**By:** Roger Gough, Cabinet Member for Education and Health Reform  
Dr Abraham George, Public Health Consultant

**To:** Kent Health and Wellbeing Board

**Date:** 29<sup>th</sup> May 2013

**Subject:** Joint Strategic Needs Assessment (JSNA)

**Classification:** Unrestricted

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**Summary:**

This paper is seeking the Kent Health and Wellbeing Board's approval for the establishment of a Project Development Group to oversee the rolling programme of JSNA updates, as well as approval for the process to be used.

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**1. Background.**

- 1.1. The duty to undertake the JSNA is set out in Section 116 of the Local Government and Public Involvement in Health Act 2007.
- 1.2. Healthy lives, Healthy People: Our Strategy for Public Health in England 2010, states, GP consortia and local authorities, including Directors of Public Health, will each have an equal and explicit obligation to prepare the Joint Strategic Needs Assessment (JSNA), and to do so through the arrangements made by the Health and Wellbeing Board. Health and Wellbeing Boards will develop joint health and wellbeing strategies (JHWS), based on the assessment of need outlined in their JSNA.
- 1.3. The JSNA can be described as an umbrella under which there are a number of supporting needs assessments which help to shape the key priorities and recommendations. Combining everything into one document will make the JSNA too large to be effective as a commissioning tool.
- 1.4. It is proposed that the JSNA is supported by a number of tools and datasets which enable key priority areas for focus.
- 1.5. Expectations of the JSNA:
  - Informs the Joint Health and Wellbeing Strategy and the role of local authorities in the promotion of healthy public policy
  - Provides a comprehensive profile (current and future) of the health and social care needs of the population of Kent
  - Identifies key priorities, areas for investment/de-investment
  - Reviews service provision
  - Reflects views of local communities
  - Contribute to the health inequalities agenda, in particular the local implementation of the Marmot Review on the Social Determinants of Health
  - Needs to be accessible to all commissioners, of both health and social care services and of relevant third sector provided services
  - Needs to provide a clear policy context for all relevant provider services

- Needs to drive commissioning decisions. All commissioning decisions must be rooted in the JSNA

## 2. Proposed Governance

2.1. To take forward the development and production of the JSNA, it is proposed that a Project Development Group is established. The governance of this group would be through the:

- Health and Well Being Board (HWB) to be sponsor of JSNA Project Development Group (PDG)
- Meradin Peachey – Kent Director of Public Health – Lead Director
- Chair of JSNA PDG – Meradin Peachey – or nominated delegate

2.2. Proposed Membership of the JSNA PDG:

- Family and Social Care Services
- Public Health
- Business Intelligence, KCC
- Kent and Medway Public Health Observatory
- CCG
- NHS England
- Public Health South Region
- District councils
- Kent and Medway Commissioning Support services [Business Intelligence Team and Patient Engagement team]
- Children's Trust/Children's Services
- Communications and Engagement
- Health Watch
- Voluntary sector

2.3. Roles and responsibilities of the JSNA PDG:

- Ensure the JSNA is developed in alignment with National Guidance and best practice
- Overseeing the production of an annual core dataset and overview chapter
- Contributing to and agreeing a process for the rolling needs assessments
- Advising the health and wellbeing board on priorities for needs assessment using an agreed prioritise tool
- For each topic area agreed for a deep dive needs assessment, providing advice on appropriate sources of information and data as well as on key stakeholders from across the NHS, council and community
- Agreeing realistic project plan for both the overview chapter and each needs assessment
- Acting as an advocate for the JSNA process, encouraging its wide usage, and actively seeking to address 'lessons learned' locally and nationally
- Identifying risk and barriers to the successful production of each aspect of the JSNA and attempting to avoid and resolve these
- Inviting commissioners, JSNA authors and other key stakeholders to review the implementation of JSNA recommendations, past and present
- Contribute to and agree a communications strategy for the JSNA to ensure that communities and stakeholders are aware of the JSNA recommendations

- Ensure there are adequate communication mechanisms in place to raise the profile of the JSNA and its use in the commissioning cycle and contribution to the Health and Well Being Strategy
- Ensure there is appropriate community engagement, enabling an asset based approach
- Ongoing review of usage of JSNA and recommendations on development based on use and feedback
- Keep abreast of IT solutions available to deliver JSNA content to Commissioning stakeholder desktops, and make recommendations for technical development
- Engagement with the development of the Joint Health and Wellbeing Strategy

### **3. How should the JSNA be structured?**

3.1. The JSNA aims to provide strategic direction for Kent County Council, 12 District Councils and 7 Clinical Commissioning Groups. This presents a significant challenge within Kent to ensure that all partners are engaged and can see the relevant strategic links from KCC right through to individual practices.

3.2. The current JSNA is structured using the following chapter headings, based on the electronic summary JSNA developed in Nottingham. Existing needs assessments have been summarised and are available from the KMPHO website. The recommendations from each of the needs assessments contributed to the overview document for the 2012 JSNA 'Working together to keep Kent Healthy'.

- Who is at risk and why?
- The level of need in the population
- Current services in relation to need
- Projected service use and outcomes in 3-5 yrs and 5-10 years
- Evidence of what works
- User views
- Equality impact assessment
- Unmet need and service gap
- Recommendations for commissioners
- Further needs assessments required

### **4. Timeframe**

4.1. The JSNA will be an on-going process based on prioritisation and review of needs assessments. There will be an annual up-date of the overview chapter highlighting any significant changes.

4.2. In order to inform the commissioning cycle of partner and commissioning organisations it is proposed that the overview chapter is available by the 1<sup>st</sup> September each year.

### **5. Resources**

5.1. The production and delivery of the JSNA is considered part of the core functions for the Directors of Social Care, Director of Children's Services and the Director of Public Health and as such most of the work will be delivered through current resources.

5.2. A commitment from Public Health Consultants/Specialists and leads within Social Care is required to ensure that the right messages are contained within the JSNA

- 5.3. The KMPHO lead on the production of Health and Social Care Maps across Kent and Medway. These will form the core dataset for the JSNA and are currently produced at Borough and District Level. Where appropriate indicators will also be produce by practice and clinical commissioning group.

<http://www.kmpho.nhs.uk/health-and-social-care-maps>

- 5.4. It is proposed that the HSCM are developed to enable better navigation through the indicators, the ability to download associated datasets and to improve the quality of the data images to enable greater use and functionality of the HSCM. This may require investment in new technologies for presenting and interacting with the data.

## **6. Accessibility**

- 6.1. To ensure effective use of the JSNA it needs to be accessible by all partners in a format that encourages use. Further development of the KMPHO website may be required to make the information within the JSNA and supporting tools more accessible.
- 6.2. An effective communications and engagement strategy for the JSNA is required to ensure that the information is accessible to all audiences and provides key messages at the level they need to be received.
- 6.3. The CCG level health and wellbeing boards should provide a link through from the priorities and actions at a Kent level to those at a more local level to ensure that the priorities are met.

## **7. Recommendations:**

The Kent Health and Wellbeing Board is asked to

- a) Agree the process to update the JSNA
- b) Agree the membership of the JSNA Project Development Group.

## **Contact Officers:**

Dr Abraham George, Public Health Consultant lead for JSNA.  
[Abraham.george@kent.gov.uk](mailto:Abraham.george@kent.gov.uk).

Natasha Roberts, Head of Public Health Intelligence. [Natasha.roberts@kent.gov.uk](mailto:Natasha.roberts@kent.gov.uk)

**By:** Roger Gough, Cabinet Member for Business Strategy,  
Performance and Health Reform.

**To:** Kent Health and Wellbeing Board

**Subject:** Establishment of Sub Committees

**Classification:** Unrestricted

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**For Decision.** The Kent Health and Wellbeing Board is asked to establish CCG level Health and Wellbeing Boards as sub committees of the Kent HWB.

**Background, legislation and governance.**

1. The Kent Health and Wellbeing Board (HWB) was established as a committee of Kent County Council in April 2013. Under section 101 of the Local Government Act 1972, committees of Kent County Council, such as the Kent HWB can establish sub committees to discharge some of their functions. In addition, part 2 of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, allow for the discharge of HWB functions through sub committees.
2. This paper seeks to formally establish the CCG level Health and Wellbeing Boards as sub committees of the Kent HWB.
3. The Kent Shadow HWB agreed in September 2012 to establish a series of CCG level Health and Wellbeing Boards to focus on a number of key areas to add value. These areas are:
  - CCG level Integrated Commissioning Strategy and Plan
  - Ensure effective Local Engagement
  - Local monitoring of outcomes
  - Delivery of local projects
4. As sub committees of a Kent County Council committee, the governance arrangements (e.g. terms of reference and declaration of pecuniary interests) are the same as those applied to any other County Council committee or subcommittee.
5. At this time, no decision has been taken to delegate any decision making responsibilities to the CCG level HWBs, instead they will be asked to make recommendations to both the Kent HWB and their partner bodies. This position may change in future.

6. The CCG level HWBs have a similar membership to that of the Kent HWB. Typically the membership is as follows:
  - District/Borough/City Council Leader/Senior member
  - District/Borough/City Council Senior Officer(s)
  - Kent County Council Cabinet Member
  - Kent County Council Families and Social Care Director
  - Kent County Council Public Health Consultant
  - CCG Senior Officer
  - CCG GP(s)
  - HealthWatch Representative
  - Other representatives as identified locally e.g. voluntary sector
7. In addition to the core membership, other people can be invited to attend the meeting to present as and when required. All meetings will be held in public.
8. An example of the Governance Arrangements/Terms of Reference is attached.
9. To date, all of the CCG level Health and Wellbeing Boards have met at least once, terms of reference have been revised and are in the process of being signed off (an example version is attached). Dates for future meetings are being programmed in.
10. The committee support to the 7 CCG Health and Wellbeing Boards is being provided by a number of district councils across Kent. The Kent Health and Wellbeing Board is grateful to the support and enthusiasm shown by the district/borough councils in Kent.



## **Recommendations**

The Kent Health and Wellbeing Board is asked to agree:

1. That the Kent Health and Wellbeing Board establish a series of sub committees, to be known as CCG level Health and Wellbeing Boards.
2. That the governance arrangements will follow those set out in the Kent County Council Constitution and the Kent Health and Wellbeing Board Terms of Reference. This includes the use of the KCC Elected Members Code of Conduct for all members of the CCG level HWBs.
3. That minor changes to membership of the CCG level HWBs will not need to be notified to the Kent HWB.
4. That each CCG HWB will report at least on an annual basis to the Kent HWB, unless otherwise directed.

## **Background Documents**

- Report to the Kent Shadow HWB, May 2012 on Options for the development of the sub architecture for the Kent Health and Wellbeing Board
- Health and Social Care Act 2012.
- The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- The LGA and ADSO Health and Wellbeing Boards – A Practical Guide to Governance and Constitutional Issues.

## **Contact details**

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## **South Kent Coast CCG Health and Wellbeing Board**

### **Draft Governance Arrangements**

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. It is supported in this work by a series of sub committees referred to as CCG level Health and Wellbeing Boards.

### **Role of the CCG level Health and Wellbeing Board**

The CCG level Health and Wellbeing Board (HWB) will lead and advise on the development of CCG level Integrated Commissioning Strategy and Plan; ensure effective local engagement and monitor local outcomes. It will focus on improving the health and wellbeing of the people living in their CCG area through joined up commissioning across the NHS, social care, district councils, 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 their area and better quality of care for all patients and care users.

### **Terms of Reference:**

The CCG level HWB will:

1. Be appointed and act as a sub committee of the Kent Health and Wellbeing Board (a committee of Kent County Council).
2. Develop and deliver a CCG level Integrated Commissioning Strategy and Plan, based on the Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and partners Commissioning Plans. This will be approved by the Kent Health and Wellbeing Board.
3. Consider the totality of the resources in the CCG area for health and wellbeing and consider how and where investment in health improvement and prevention services could (overall) improve the health and wellbeing of local residents.

4. 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.
5. Endorse and secure joint arrangements where agreed and appropriate; including the use of pooled budgets for joint commissioning (s75), the development of appropriate partnership agreements for service integration, and the associated financial protocols and monitoring arrangements, making full use of the powers identified in all relevant NHS and local government legislation.
6. Undertake monitoring of local outcomes.
7. Ensure effective local engagement on health and care issues, using existing engagement mechanisms where necessary and linking in to any county level engagement work where established.
8. Responsible for developing a local Communication and Engagement Strategy to ensure clear lines of communication/consultation with residents, County Council, Neighbourhood Forums and Patient/Public Networks.
9. Provide advice (as and when requested) to the Kent Health and Wellbeing Board on local service reconfigurations that may be subject to referral to the Kent County Council Health Overview and Scrutiny Committee or the Secretary of State on resolution by KCC HOSC.
10. Be the focal point for joint working in the CCG area to ensure facilities and accessibility, in order to enhance service integration.
11. Report to the Kent Health and Wellbeing Board on an annual basis on its activity and progress against the milestones set out in the Integrated Commissioning Strategy and any established work plan.
12. Responsible for overseeing local project resource to facilitate local pathway redesign, as appropriate
13. Provide recommendations how and where investment, resources and improvements can be made within the South Kent Coast CCG area.
14. Identify how to make the best use of the flexibilities at the Board's disposal, such as devolved/pooled budgets.

## **Membership:**

The Chairman will be elected by the CCG level HWB.

DDC:	Cllr Paul Watkins, Leader
DDC:	Cllr Pat Heath, Portfolio Holder for Health, Well-Being and Public Protection
SDC:	Cllr Pamela Carr, (SDC)
SDC:	Cllr Michael Lyons, (SDC)
SKC CCG:	Karen Benbow, Chief Operating Officer
SKC CCG:	Dr Joe Chaudhuri (Deputy Clinical Chair)
KCC:	Roger Gough, Cabinet Member
KCC:	Mark Lobban, Director of Strategic Commissioning Families and Social Care
Public Health:	Jess Mookherjee, Consultant in Public Health
Voluntary and Community Sector:	Jan Perfect (CaseKent)
Health Watch:	Roger Kendall (interim)
Local Children's Board Trust:	To be advised

The administering Local Authority is Dover District Council.

## Procedure Rules

1. **Conduct.** Members<sup>1</sup> 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, however they cannot have a vote on that matter.
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 nominated District/Borough/City Council.
  - The HWB may consider matters submitted to it by local partners.
  - The administering 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.

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<sup>1</sup> **Member's meaning membership of the HWBB**

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 given 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 person 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 should operate on a consensus basis. Where consensus cannot be achieved the subject 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.

12. **Quorum.** A third of members of the Board 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.



## THE REPORT

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**By:** Roger Gough, Cabinet Member for Education and Health Reform

**To:** Kent Health and Wellbeing Board

**Date:** 29 May 2013

**Subject:** **HEALTH AND SOCIAL CARE INTEGRATION 'PIONEERS'**

**Classification:** Unrestricted

**Summary:** The Government published the *'Integrated Care and Support: Our Shared Commitment'* on 14 May 2013. This arose from the work of National Collaboration for Integrated Care and Support, comprising of 14 national organisations.

A letter inviting expressions of interest for health and social care integration for local areas to become 'pioneers' as a means of driving forward changes was published alongside the above document.

This report (taken from a recent internal KCC report) seeks Kent Health and Wellbeing Board's endorsement to submit an expression of interest by KCC in partnership with health.

A health and social care task and finish group will be convened to develop the ideas to inform the expression of interest application, which will be co-ordinated by the Policy and Strategic Relationships Team working with the Director of Older People and Physical Disability, who leads on health and social care integration.

### For Decision

#### 1. Introduction

- (1) The purpose of this report is two-fold. The first reason is to inform the Kent Health and Wellbeing Board about the publication of the *'Integrated Care and Support: Our Shared Commitment'* document on 14 May 2013. The second reason is to seek approval to submit an application for the purposes outlined below.
- (2) The *'Integrated Care and Support: Our Shared Commitment'* defines an ambitious vision for making person-centred co-ordinated care and support the rule by 2018. To support this, there will be national sponsorship of local innovation capable of supporting better integration for the benefit of people who use health and social care services as well as local communities.
- (3) The deadline for submission of applications is 28 June 2013. It is noted that as part of the condition of application, the involvement and

support of the Health and Wellbeing Board is an essential prerequisite for any area to become a 'pioneer'.

- (4) Applications will be required to show a plan for whole system integration that cover mental and physical health, social care and public health, as well as other public services, such as education, involving the community and voluntary sectors, as appropriate.

## **2. Policy Context**

- (1) The '*Shared Commitment*' is seen as a vehicle for addressing current major barriers that adversely impact on the delivery of primarily health and social care provision. Consequently, issues such as people having to repeat information; communication difficulties between different parts of the system; people discharged from hospitals without adequate home conditions, multiple visits from a number of health and care staff at different times and inadequate co-ordination within the system are to be effectively addressed through the 'pioneer' integration projects.
- (2) Against the background of KCC's Adult Services Transformation Programme and other change initiatives, the authority is well placed to consider putting forward an application in collaboration with health. Furthermore, the development of a formalised approach to integrated commissioning through the CCG level HWBs, the vision and objectives set out in the '*Kent Health and Wellbeing Strategy*' and the discussion document '*Delivering better healthcare for Kent*' provide us with a strong foundation.
- (3) The Kent HWB will be familiar with the existing comprehensive health and social care integration programme being led by the Director of Older People and Physical Disability, in partnership with CCGs, Kent Community Health NHS Trust and Kent and Medway Partnership Trust. It is fundamental that the application that Kent submits is well grounded in operation and fully reflects the changes that the Health and Social Care Integration Programme Board is pursuing.

## **3. Essential outline of the 'Pioneer' Approach**

- (1) The programme does not offer a blueprint or prescriptive integrated models. However, it intends to inspire succession of 'pioneers' and support them for up to five years. A key objective is to encourage local innovation, address current barriers and promote learning in support of integration.
- (2) 'Pioneer' areas expected to drive forward changes at scale and pace, working across the whole local health, public health and social care systems, in addition to other local authority services as necessary.
- (3) Applications could embrace areas covered by a particular Clinical Commissioning Group (CCG) or local authority. Alternately, it could involve large scale integrated services with different health bodies and local authorities.

- (4) There will be tailored support for 'pioneer' areas. Support will be provided during the selection phase to enable 'pioneer' areas to be specific about their needs and propose models of integration. A dedicated 'account manager' will be available as the main day-to-day point of contact with each 'pioneer' area to assist in accessing specialist support that may be needed as well as constructive challenge.
- (5) Each pioneer area will be expected (required criteria) to:
  - a) Articulate a clear vision of its own innovative approaches to integrated care and support, including how it will (i) utilise the narrative developed by National Voices and Think Local Act Personal's *Making it Real*, (ii) deliver better outcomes and experiences for individuals in its locality, and (iii) realise any anticipated financial efficiencies
  - b) Present fully developed plans for *whole system* integration, encompassing health, social care and public health, other public services and the community and voluntary sector, as appropriate
  - c) Make a clear commitment to contribute energetically in sharing any lessons on integrated care and support across the system. This will involve close working with the *Integrated Care and Support Exchange (ICASE)* and other national partners, including via peer-to-peer dissemination, workshops and learning networks
  - d) Demonstrate that their vision and approach is, and will continue to be, based on robust analysis. This will include (i) evidence that plans have taken account of the latest available evidence base, (ii) a demonstrated willingness to co-produce, with national partners, new measurements of people's experience of integrated care and support and (iii) a commitment to participate actively in an evaluation of the overall impact of the approach and our work collectively with other pioneers.

#### **4. Selection Process and Timetable**

- (1) A local area interested in becoming a 'pioneer' must submit an application no later than 28 June 2013, which addresses the required criteria.
- (2) In early July, the national partnership organisation will undertake an initial review of the Expressions of Interest in drawing on additional information including the perspectives of local representatives who use services, information from the NHS and the Care Quality Commission.
- (3) In mid-July, a Selection Panel (chaired by the Chief Executive of the Nuffield Trust), made up of representatives from national partners, three UK and three international experts will consider the

Expressions of Interest. The Panel will make its recommendations by the end of August for approval.

## 5. Next Steps

- (1) A working group, with representatives from the relevant functions and organisations, to be overseen by the Health and Social Care Integration Programme Board will be convened by the end of May 2013 with the aim of producing a draft submission for consideration.
- (2) The Kent Health and Wellbeing Board will be briefed in May 2013 and the relevant Cabinet Committees informed at the earliest opportunity.
- (3) Chief Officers of Clinical Commissioning Groups involvement will be sought and the planned CCG Accountability meeting on 26 June will make final consideration.
- (4) KCC Members and CCG Boards will make the final decision to submit an Expression of Interest application, taking into account all relevant factors

## 6. Conclusion

- (1) Health and social care integration is to be the norm from 2018, which is being kick-started through the national 'pioneers' programme. It is considered that NHS organisations in Kent and KCC have a strong track record, not least the Kent Health Commission, Health and Social Care Integration Programme and the innovative approach to the development of the Kent Health and Wellbeing Board and its sub architecture.
- (2) The Cabinet Members for Social Care and Public Health and Education and Health Reform, along with the Corporate Director of Families and Social Care, have given a strong signal that KCC and partners should, with the endorsement of CMT and Cabinet Members, submit an application.
- (3) This report seeks the endorsement of the Kent Health and Wellbeing Board to the approach outlined in this report.

## 5. Recommendation

- |  |
|--|
| <ol style="list-style-type: none"><li>(1) The Kent Health and Wellbeing Board is asked to:<br/><br/><b>ENDORSE</b> the proposal for KCC and Kent CCG(s) to submit an Expression of Interest application.</li></ol> |
|--|

## Background documents

Letter Inviting Expressions of Interest For Health and Social Care Integration 'Pioneer', 14 May 2013.

## Integrated Care and Support: Our Shared Commitment, 14 May 2013

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## THE REPORT

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**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:** 29 May 2013

**Subject:** **EVERY DAY MATTERS: KENT'S MULTIAGENCY STRATEGIC PLAN FOR CHILDREN AND YOUNG PEOPLE 2013-2016**

**Classification:** Unrestricted

**Summary:** A draft *Every Day Matters: Kent's Multiagency Strategic Plan for Children and Young People 2013-2016* was considered by the then Shadow Health and Wellbeing Board on 27 March 2013.

The attached revised draft Plan follows changes made that reflect feedback received from a number of individuals and organisations.

The final draft Plan which sets out a clear vision for the future direction of children's services in Kent is consistent with central statutory guidance (*Working Together*, 2013).

The Kent Health and Wellbeing Board is asked to note that subject to the views expressed by its members the Plan will be published, with the Board as co-signatory along with the Kent Children and Young People's Joint Commissioning Board.

### For Decision

#### 1. Introduction

- (1) The purpose of this report is to present the final draft *Every Day Matters: Kent's Multiagency Strategic Plan for Children and Young People 2013-2016* (Appendix 1) for approval. Subject to the views of the Health and Wellbeing Board, the Multiagency Plan will also be presented for approval by the Kent Children and Young People's Joint Commissioning Board at its meeting on 30 May 2013.
- (2) The development of the Multiagency Plan has been informed and shaped by a number of individuals and organisations, including Head Teachers, Kent Safeguarding Children Board, Criminal Justice Board, Kent Police, Clinical Commissioning Groups, Kent Public Health other organisations and individuals). As a result the final document is that much improved. The time taken by those who provided constructive feedback is fully acknowledged and the Board's attention is drawn to this fact.

- (3) Every Day Matters has been informed by '*Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children*' which was published by Department for Education in March 2013.

## **2. Policy Context**

- (1) As it is well understood, "section 10 of the Children Act 2004 requires each local authority to make arrangements to promote cooperation between the authority, each of the authority's relevant partners and such other person or bodies working with children in the local authority's areas as the authority considers appropriate. The arrangements are to be made with a view to improving the wellbeing of all children in the authority's area, which includes protection from harm and neglect" (*Working Together, 2013.*)
- (2) The statutory guidance which sets out the broad responsibilities of the Health and Wellbeing states that "Health and wellbeing boards can encourage close working between commissioners of health related services and themselves; and commissioners of health and social care services. This could potentially involve considering the commissioning of health-related services either with or by a broad range of local partners, such as district councils, local authority housing commissioners, local community safety partnerships, Police and Crime Commissioners, local probation trusts, prisons, children's secure estates and schools. In this way health and wellbeing boards can use the priorities agreed in Joint Health Wellbeing Strategy to influence other services that also affect health to improve outcomes and also to encourage the integration of services. (*Statutory Guidance on Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies, March 2013.*)

## **3. Revision of the Plan**

- (1) Following the last presentation of the draft plan, further changes have been made to reflect the positive comments put forward by a number of key organisations and Boards. Information about the Boards, groups, organisations and individuals who have been invited to comment in the course of the revision work is shown in Appendix 2.

## **4. Conclusions**

- (1) A number of constructive comments have influenced the final draft *Every Day Matters: Kent's Multiagency Strategic Plan for Children and Young People 2013-2016* (Appendix 1). It was commissioned by the Kent Children and Young People's Joint Commissioning Board in line with *Working Together, 2013.*
- (2) The Health and Wellbeing Board is requested to endorse the Plan as co-signatory, subject to the views expressed by its members.



## 5. Recommendation

- (1) The Health and Wellbeing Board is asked to:
- a) **ENDORSE** the final draft *Every Day Matters: Kent's Multiagency Strategic Plan for Children and Young People 2013-2016*.

## Appendices

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

Appendix 2: List of organisations involved in the revision

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**Appendix 1** - Draft *Every Day Matters: Kent's Multiagency Strategic Plan for Children and Young People 2013-2016* is attached as a separate PDF document.

## **Appendix 2 - Groups and individuals who have been invited to comment on the draft *Every Day Matters***

### **Groups and Boards**

- Children and Young People's Joint Commissioning Board - comments received at March meeting
- Kent Health and Wellbeing Board (Shadow) - comments received at March meeting
- Kent Safeguarding Children Board and Executive Group - comments received
- Kent Children's Fund Network - no comments received, Stephen Bell has contributed to the development of the draft
- Kent Voluntary Sector Forum - no comments received
- Kent's 7 Clinical Commissioning Groups - comments received from Canterbury and Thanet. South Kent Coast and West Kent agreed with the draft with no comments. No comments received from the other CCGs
- Kent County Council Social Care and Public Health Cabinet Committee - comments received
- Troubled Families Multiagency Steering Group - no comments received
- Kent's Locality Boards - comments received from Dover Locality Board
- Learning Disability Partnership Board - comments received
- Canterbury Local Children's Trust Board - comments received
- Kent County Council VCS Engagement Forum - agreed with no comments
- Kent Criminal Justice Board - comments to follow

### **Organisations and individuals**

- Kent Police - comments received
- Kent Probation - agreed with the draft with no comments
- Kent and Medway Commissioning Support (hosted by NHS Commissioning Board) - comments and contribution to the development of the draft by Kallie Hayburn
- Kent Head Teachers - presented at all 4 regional Head Teacher Briefings in April. Comments received from various Head Teachers.
- Kent County Council Managing Directors, Directors and Heads of Service - Education, Learning and Skills, Families and Social Care, Customer and Communities
- Public Health consultants and specialists - comments received from Ivan Rudd
- Kent County Council Education, Learning and Skills Heads of Service and Directors - comments received from Head of Educational Psychology, Head of SEN, Head of Children's Commissioning and Area Education Officer
- Kent County Council Strategic Business Advisor for Education, Learning and Skills - comments received
- Kent County Council Heads of Service and Directors for Social Care - comments received from Director of Learning Disability and Mental Health
- Kent County Council Heads of Service and Directors for Customer and Communities - no comments received
- Kent County Council Equality and Diversity team - comments received

Kent's children and young people

# Every Day Matters



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Children and Young People's Joint Commissioning Board  
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## Introduction by the Kent Health and Wellbeing Board and Children and Young People's Joint Commissioning Board

*Every Day Matters: Kent's Multiagency Strategic Plan for Children and Young People 2013 -2016*, is the overarching plan that informs partner organisations that operate in the children's services arena. It aims to bring 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 be safe and healthy as they grow up. 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. In a challenging financial climate, with increasing and more complex needs to meet and in the context of significant national reforms, we can only achieve our vision by working together as partners - maximising our joint resources.

*Every Day Matters* provides the overarching vision for Kent's children and young people. We welcome the fact that the outcomes and priorities in this document are consistent with those found in the strategic plans of respective partner organisations. Together, these shape the next layer of direction around *what* we need to do to improve services for children, young people, their families and carers, and *how* we will do it.

*Every Day Matters* is endorsed by the Kent Health and Wellbeing Board, which provides system-wide leadership for improving the health and wellbeing of everyone in Kent. *Every Day Matters* was developed and is owned by the Kent Children and Young People's Joint Commissioning Board, which brings together partners to improve the outcomes for Kent's children and young people, guided by the principles of *Working Together to Safeguard Children* (2013<sup>1</sup>). Members of the Joint Commissioning Board include representatives from Kent County Council, Kent schools, Kent Safeguarding Children Board, the NHS in Kent, Joint Kent Chiefs, Police and Local Children's Trust Boards. The Joint Commissioning Board is responsible for ensuring that the priorities set out in *Every Day Matters* are implemented across partner agencies. The diagrams in Appendix 1 give an outline of the Children and Young People's Joint Commissioning Board's governance arrangements alongside the wider partnership and governance architecture.

Whilst partner organisations will face considerable challenges in delivering the outcomes and priorities set out in *Every Day Matters*, we hope that the vision and direction of travel that are described in this document will enable all those involved in supporting children and young people to embrace transformation of current services, creating future services that we can be proud of and that enable all children and young people to thrive and succeed.

Roger Gough  
Chairman of the Kent Health and Wellbeing Board

Andrew Ireland,  
Chairman of the Kent Children and Young People's Joint Commissioning Board

June 2013

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<sup>1</sup> Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, Department for Education, March 2013, <https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00030-2013>

# Our vision, outcomes and priorities

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

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 a 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

*We will focus on delivering five priorities during the lifetime of this strategic plan.*

Our vision is for every child and young person in Kent to achieve their full potential in life, whatever their background<sup>2</sup>.

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 gaps. We also recognise the part played in this 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 delivering five priorities during the lifetime of this strategic plan. Each organisation in Kent that works to support children and young people makes a contribution to the priorities, and therefore is part of achieving the overall vision. The priorities are:



### **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
- Addressing risk-taking behaviour in children and young people that is potentially damaging

### **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 the needs of children and young people and delivering timely intervention which requires responses from a number of agencies when children become vulnerable
- Providing support in early years so that children have the best possible start in life, pre-empting future issues before they arise

### **Priority 3 - Learning and achievement**

- Improving the expectations and aspirations for 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, good quality vocational education opportunities and preparation for work

### **Priority 4 - Community ambition, health and wellbeing**

- Improving the consistency and cohesiveness of the universal service offer for young people to help support them to achieve their potential and make a positive contribution to society
- Ensuring that children and their families have access to timely, effective and responsive healthcare that gives them the best start in life and resolves health needs as they arise
- Providing support for parents, including through children's centres, so that the aspirations of children and young people are raised and achievement is valued
- Improving support for young people moving from adolescence to adulthood

### **Priority 5 - Better use of resources**

- Remodelling services and practices to deliver 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 supporting them in getting 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

The rest of this document looks at where we are now, where we need to be in the future, and what we need to do to get there, coming back to the five priorities. It aims to describe our collective view of the challenges and opportunities that face us in achieving our vision for children and young people, to articulate what we think 'good' looks like, and to provide a starting point for planning how we will achieve this. *Every Day Matters* provides the high-level, overarching vision. The achievement of the vision is supported by the individual action plans and strategies of all the partners that are signed up to the vision.



In order to oversee the implementation of *Every Day Matters*, the Joint Commissioning Board's four thematic subgroups are taking forward action plans aligned with it. The four subgroups are:

- 1) Early intervention and prevention
- 2) Children and young people with complex needs
- 3) Children and young people living away from home
- 4) Emotional health and wellbeing

The subgroups will carry out partnership Equality Impact Assessments on the action plans, in accordance with Kent's Equality Impact Assessment Partnership Protocol where appropriate, and address any equality and diversity issues raised, ensuring wherever possible that actions are having the desired effect for everyone, including children and young people, families and carers with protected diversity characteristics.

A small number of key performance indicators have been identified to help the Joint Commissioning Board measure progress, as set out in Section 3.





*The five priorities cannot be achieved in isolation, and require responsive, effective partnership relationships that are focused on delivery.*

## Section one - Where we are now

### Working together in partnership to achieve shared priorities

The evolving landscape across health, social care and education, creates the ideal opportunity for setting out how organisations in Kent must cooperate with each other to shape the 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 endorses the view that services should be commissioned to support the achievement of outcomes set out in this, and a number of other key strategies and programmes. Some of these strategies and programmes are already in place or are in development, including the Early Intervention and Prevention Strategy, the Healthy Child Programme, Kent's Multiagency Strategy for Children and Young People with Special Education Needs and Disabilities, Kent Integrated Adolescent Support Service and the Kent Troubled Families Programme.

### Partnership governance

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. This is largely 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. There is a drive to deliver services at a local level, as close to the children, young people, families and carers who need them as possible. 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 improve outcomes to the level of the best performing areas in the country.

The diagram in Appendix 1 is not an exhaustive list, but shows the major multiagency strategic and local partnerships 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 emphasis is on working better together, and as we all transform our services, it will be important that we reflect on the appropriateness of our strategic governance and local delivery arrangements to ensure they are fully aligned and fit for purpose. We also need to ensure that there is good communication between planning and prioritising at strategic level and delivery at operational level. 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.

The statutory responsibilities of the key partners who work in the children's services arena are defined in Working Together to Safeguard Children (2013) (referenced previously on page 3.) Working together to deliver the vision set out in *Every Day Matters* is one of the means that can help partners to fulfill their statutory obligations.



*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.*

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 have recognised the 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 tap into existing young persons forums 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 are helping to level the playing field so that all children get a fair start in life. The schools' collaborative approach 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 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.

The strategies, policies and plans in place tend to focus on specific areas of a child's life. For example, Bold Steps for Education focuses primarily on improving educational outcomes, while the Kent Joint 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, Strategy for Children and Young People with Special Educational Needs and Disabilities, A Play Strategy for Kent and 14 to 24 Learning Employment and Skills Strategy,) that underpin work with children and young people in Kent, and shows how they contribute to our five priorities.



*Shared assessment, joint commissioning and integration of service delivery, reducing duplication between agencies, making the best use of resources and achieving better outcomes.*

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* 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.

### **Moving forward - integration of services**

To support the transformation of services for children, young people, their families and carers, we will need to take our partnership working to the next level to achieve true integration of services between agencies. Integrated services will provide seamless support, meeting the various needs of the child or young person and their family in a holistic way. Integration will also help us work more efficiently, with shared assessment, joint commissioning and integration of service delivery, reducing duplication between agencies, making the best use of resources and achieving better outcomes.

In Kent we are already well established on the journey towards integration. The Kent Integrated Adolescent Support Service (KIASS) integrates the work of professionals who support young people aged 11-19 across health, education, social care, Connexions, the youth service and youth offending service, police and schools. KIASS is aligning professionals and integrating activity through a Framework of Integrated Adolescent Support along an adolescent pathway, delivering early intervention and prevention services. Working through District Integrated Adolescent Support Units, agencies will ensure that young people access the right services, at the right time, in the right place. Following on from this successful model, our next step will be to look at integrating services for children aged 0 to 11 years, bringing together all the relevant services.

Another example of the integration of services for children and young people is our pathfinder work on children with Special Educational Needs and Disabilities (SEND). Kent is part of the SE7 Pathfinder group who are testing out the proposals in the Children and Families Bill (2013) to improve support for children with SEND, including the development of combined Education, Health and Care Plans to replace SEN Statements and Learning Difficulty Assessments for 0-25 year olds. Kent's work has been focused on the development of the 'local offer' describing the services available for children and young people with SEND, their families and carers and what they can expect of them, the use of personal budgets and the development of integrated plans, working with a small number of families within a district to participate in an initial trial.

## Context

The information presented here is a snapshot in time of Kent's children and young people. Kent is a county of differences, and we recognise the diversity in the needs of different geographical areas, including between urban and rural areas. This plan is being written at a time of significant change, meaning that the context we are working in is dynamic, and we must be prepared for change.

At the time of the 2011 census, there were 360,605 people aged between 0 and 19 years living in Kent	Approximately 20,000 children in Kent aged between 5 and 15 are diagnosed with a mental health disorder
The number of 0-18 year olds has increased over the last 10 years but is forecast to decline by 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 children in Kent are living in poverty, with rates higher than the South East average and a significant contrast between child poverty rates in some districts in the east of the county (over 20%) 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 a 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

The landscape of education is changing as academies and free schools are developed, and the role of the Local Education Authority is shifting. The Children and Families Bill will bring significant change including in support to children and young people with SEND, adoption and looked after children, childcare, and family justice. The extensive NHS reforms have created Clinical Commissioning Groups to put commissioning power in the hands of local GPs, established Heath and Wellbeing Boards to bring together key partners with responsibility for health and social care and transferred responsibility for public health to local authorities. In order to support the much needed shift to early intervention and prevention, we will need to see a change in the allocation of funding for services for children and young people.

There are many more areas of change including in policing, housing, welfare reform and employment that will have a significant affect on Kent's children, young people, families and carers. *Every Day Matters* aims to provide Kent's overarching vision for responding to the challenges and opportunities we are facing, in order to continue to achieve the best possible outcomes for Kent's children and young people.



*Universal services play a critical role in early intervention.*

## 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
- We need to better address risk taking behaviour in children and young people in Kent that is potentially damaging and could limit their ability to achieve their potential

### 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 those 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:

- We 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
- Kent's Children's Centres must provide effective and targeted support for the families that are most in need from the earliest days of a child's life, bringing together local agencies. Work to improve the Children's Centre offer is underway
- 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 improvement is needed on participation and engagement with young people. There needs to be 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
- We need to do more to up-skill schools staff so they can be at the heart of support for children and their families, particularly as resources are stretched
- We must shift the allocation of spending on services for children and young people away from expensive crisis intervention towards early intervention and prevention





*The number of permanent exclusions in Kent is too high, and we need a particular focus on tackling exclusions for children in care.*

### Learning and achievement – priority 3

#### Strengths:

- Our early years provision is generally good compared to the national average
- Kent's 66 outstanding primary schools (as at end March 2013,) are leading the drive to move Kent from the bottom quartile of Key Stage 2 performance to the top
- 72% of secondary schools in Kent are good or better as at end March 2013, in line with the national average
- Kent has been a national leader in the delivery of an innovative 14-19 year olds vocational programme. 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 Disabilities to integrate assessment and the delivery of services and to offer the option of personal budgets, providing greater choice and control

#### Challenges:

- Only 62.5% of our primary schools are judged to be good or outstanding (as at end March 2013)
- 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
- There are gaps in the provision of support for children and young people with autism, behavioural difficulties and speech and language difficulties - Kent's new Strategy for Special Educational Needs and Disabilities will start to address this
- 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 employment 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



*We will need to consider radical new ways of meeting needs, and have the confidence to stop doing what does not work.*

### Challenges:

- We need to raise the aspirations of children and young people in Kent, in all areas of life
- Health and wellbeing challenges remain. The proportion of children with particularly complex and profound disabilities is rising. We must also work harder to ensure that transition between services and from adolescence to adulthood is much smoother and provides a positive experience
- 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 do more to support the families of prisoners and maintain family ties to reduce reoffending, and to support Looked After Children who are in prison
- We need to better address the accommodation needs of young people
- We need to improve our collaborative work to reduce the risk of children and young people being involved in antisocial behaviour and entering the youth justice system.

### 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.

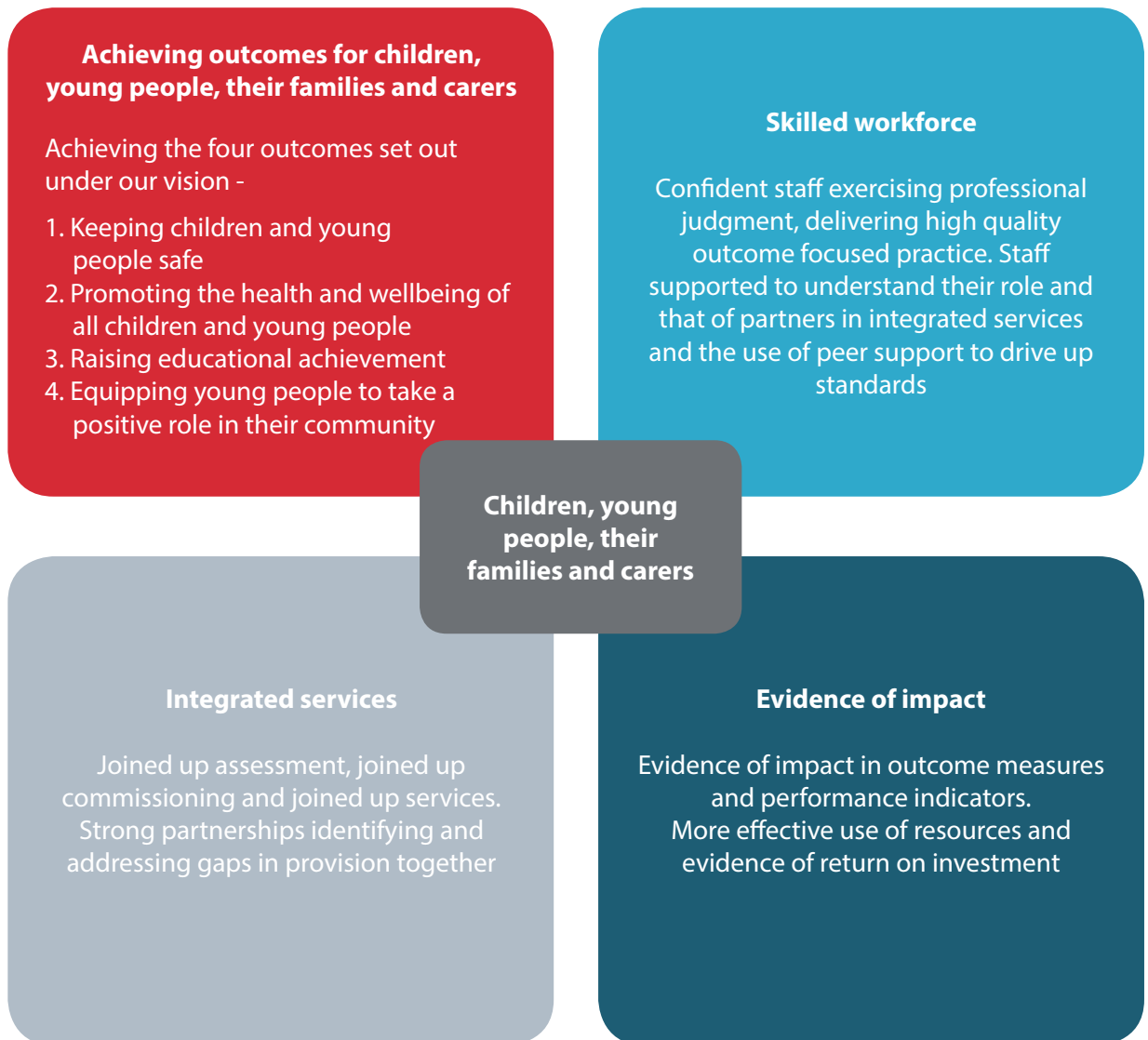
However, it will be a challenge to shift the balance of overall resources more in favour of prevention and early intervention. At the moment a disproportionately high percentage of the budget is spent on a relatively small number of children with complex and acute needs. The challenge is to shift investment into early intervention and prevention which will reduce needs and improve outcomes in the future, whilst still providing support for children and young people who are in need now. This will need to be achieved at a time when funding is being reduced and resources stretched for every agency. We will need to consider radical new ways of meeting needs, and have the confidence to stop doing what does not work. 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.

## Section two - Where we need to be

### What does good look like?

This essentially depends on striking the right balance between the following four elements. Achieving any lasting change calls for ambitious transformation programmes to guide 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.





*A more confident and skilled workforce, which has the capacity to respond early.*

### **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 to do 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**

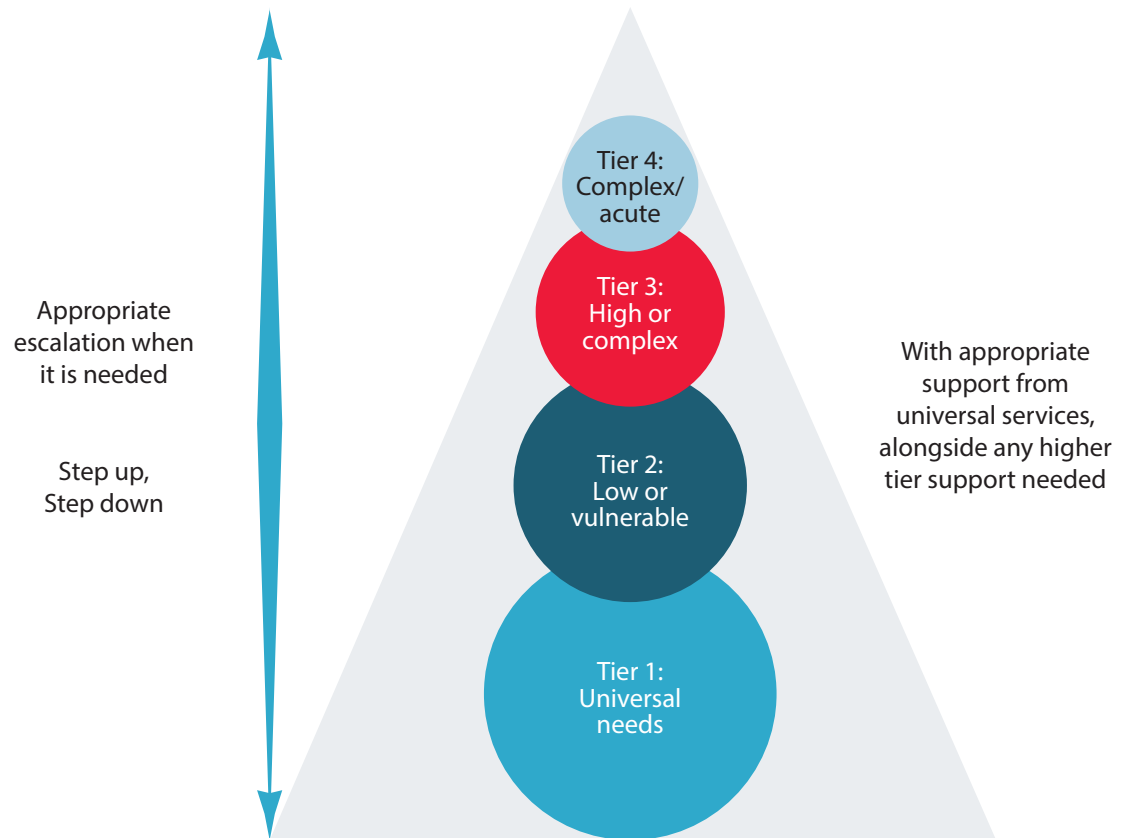
One of the important elements in achieving our vision for children and young people is to ensure that we are providing the right support, in the right place, at the right time. This will allow us to meet the needs of children and young people effectively, while making the most of valuable resources.

The vast majority of children and young people flourish with the support provided by universal services, including universal health provision, Children's Centres, 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 for 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. 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.

Good universal services and making the best of valuable resources  
Right support , right place, right time, when needed



*Receiving the right support at each stage of the journey is important for every child and young person.*

*"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<sup>3</sup>**

### **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 all 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 for hearing their voices and minimises the need for repetitive processes and interactions.

Receiving the right support at each stage of the journey is important for every child and young person, but we recognise that some children and young people will have additional and specific needs, such as those who have special educational needs and disabilities. Our commitment to supporting these children and young people is set out in Kent's Strategy for Special Educational Needs and Disabilities. We also recognise that support must be appropriate to the individual's needs, identity, values and beliefs. Cultural competency guidance sets out how agencies can ensure that the services and support that a child, young person, their family and carers receive is appropriate to their culture.

<sup>3</sup> 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>



*We also recognise that support must be appropriate to the individual's needs, identity, values and beliefs*

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 includes 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 professionals and practitioners, co-locating wherever possible and supporting schools through local district teams that better understand the needs of local schools and communities
- Recognising and building on the close relationship and expert knowledge that schools have with their children, including bringing more interventions to schools
- 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 to 19 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, at the right time, in the right place.

### Transition

- 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
- Delivering an integrated, multiagency approach enabling young people to be as independent as possible in adulthood
- Providing support that covers education, training, employment, living arrangements, financial independence, health and social care support and social and leisure opportunities

### Care leavers

- Working together 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 three - What we need to do

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 together to define alternative and effective models of intervention, but always coming back to a focus on the child's journey.

3

1	<b>Safeguarding and protection</b> <ul style="list-style-type: none"> <li>Improving early warning systems</li> <li>Providing timely multiagency response</li> <li>Challenging where evidence shows that systems need to be improved</li> <li>Empowering the community to be better informed and responsible for safeguarding - making it everyone's business</li> </ul>
2	<b>Early help, prevention and intervention</b> <ul style="list-style-type: none"> <li>Building on the responsiveness of universal and targeted services</li> <li>Understanding how family resilience and resourcefulness can be enhanced to help families be more independent</li> <li>Transforming Children's Centres so that services are integrated and focus support on those with greatest need</li> <li>Giving children the healthiest possible start in life, improving rates of breastfeeding, immunisation and other public health priorities</li> </ul>
3	<b>Learning and achievement</b> <ul style="list-style-type: none"> <li>Making a big difference in narrowing the achievement gaps for vulnerable children</li> <li>Expanding the types of school-to-school collaborations, resulting in better outcomes, achievement of aspirations and school improvement</li> <li>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)</li> <li>Implementing an innovative vocational programme to prepare young people for the world of work</li> </ul>
4	<b>Community ambition, health and wellbeing</b> <ul style="list-style-type: none"> <li>Re-profiling public health resources to address areas of greatest need</li> <li>Increasing collaborative working through integration, joint commissioning and provision between health and social care</li> <li>Improving parenting and increasing parental engagement in their child's achievement and aspirations</li> <li>Developing mechanisms to facilitate lifelong learning</li> <li>Ensuring that there is a range of appropriate accommodation available to meet the needs of young people</li> <li>Collaborating to deliver targetted interventions to reduce the risk of children and young people being involved in antisocial behaviour and entering the youth justice system</li> </ul>
5	<b>Better use of resources</b> <ul style="list-style-type: none"> <li>Key to better use of resources is integrating teams, systems and services</li> <li>Joining up and integrated commissioning - including education, health and social care</li> <li>Using evidence and outcome-based commissioning - spending valuable resources wisely</li> <li>Having the confidence to disinvest in services or initiatives that do not work effectively</li> <li>Facilitating cultural transformation and valuing staff, including through workforce transformation</li> <li>Increasing the scale and effectiveness of interventions with children, young people, their families and carers so that they do not have to be repeated</li> <li>Addressing all the needs of the child or young person and their family and carers holistically</li> <li>Considering radical models of delivery</li> <li>Recognising that the voice and experience of the child and young person are a valuable resource and committing to taking the views of children and young people into account in planning the delivery of our services to them</li> </ul>



*We must be sure that we are delivering the five priorities, and that these are helping to achieve the four outcomes for children and young people*

### Measuring progress

To ensure that we are making good progress towards the overarching vision, we must be sure that we are delivering the five priorities, and that these are helping to achieve the four outcomes for children and young people. A review of this multiagency strategic plan will be carried out each year by the Joint Commissioning Board. In doing so, we will get 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. The Joint Commissioning Board and its constituent partner agencies are developing action plans for delivery which are aligned to *Every Day Matters* through its four thematic working groups, as set out earlier in this document.

In order to measure progress, the Joint Commissioning Board has identified a small number of key performance indicators which will help the Board understand the progress being made to achieve each of the five priorities. Each individual agency involved in supporting children and young people already undertakes robust performance management against their own performance indicators. It is not the intention to add another layer of performance management, but simply to make use of existing performance information that can be provided by partners for a small number of chosen indicators with targets, in order to give the Joint Commissioning Board an overall picture of progress.

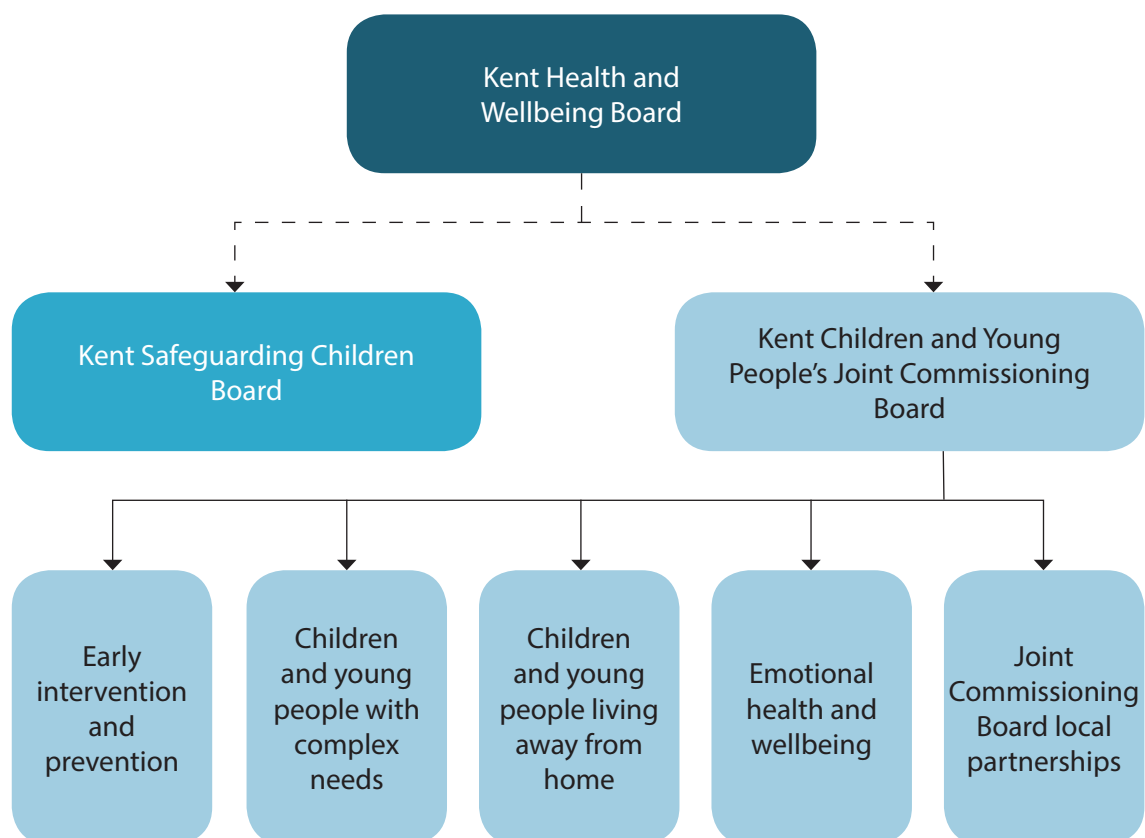
The key performance indicators that the Joint Commissioning Board will use to assess the progress towards the *Every Day Matters* priorities are set out over the page:

Vision: That every child and young person in Kent achieves their full potential in life, whatever their background

Priorities	Key performance indicators	Outcomes			
		1. Keep children and young people safe	2. Promote health and wellbeing	3. Education achievement	4. Positive role in community
<b>1. Safeguarding and protection</b>	i. Number of Children in Need	✓	✓		
	ii. Referrals to Specialist Children's Services by different agencies (%)	✓	✓		
	iii. Number of Child Protection Plans	✓	✓		
<b>2. Early help, prevention and intervention</b>	i. Number of CAFs completed per 10,000 population under 18	✓	✓	✓	✓
	ii. Specialist Children's Services cases closed that have been stepped down to CAF / preventative services (%)	✓	✓		✓
	iii. Team Around the Family (TAFs) open for 12 months or less when outcomes were achieved (%)	✓	✓		✓
<b>3. Learning and achievement</b>	i. Children at Key Stage 2 achieving Level 4+ in English and mathematics (%)			✓	✓
	ii. Children at Key Stage 4 achieving 5 A*-C including GCSE English and mathematics (%)			✓	✓
	iii. Free school meals achievement gap - children at KS4 achieving 5 A*-C including GCSE English and mathematics (%)			✓	✓
	iv. Number of permanent exclusions from school (all children)			✓	✓
<b>4. Community ambition, health and wellbeing</b>	i. First time entrants to the Criminal Justice System per 100,000 10-17 year olds	✓			✓
	ii. Total number of cases waiting for CAMHS Needs Assessment		✓		✓
	iii. Obese children in Year 6 (%)		✓		✓
	iv. Number of young people at risk who have been helped with housing		✓		✓
<b>5. Better use of resources</b>	Cross-cutting priority, defined and measured by relevant partnership boards				

Joint Commissioning Board will review progress against the chosen key performance indicators and related targets through regular monitoring. Partners will work together to understand and address any performance issues as they arise.





#### Legend

- - - -> Indicates working partnerships
- > Indicates reporting lines





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						
<b>Vision for Kent</b>	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.	✓	✓	✓	✓	✓
<b>Bold Steps for Kent</b>	This is Kent County Council's Medium Term Plan (2010-2013), which sets out the strategic vision for how KCC will achieve three ambitions for Kent; to grow the Kent economy, to tackle disadvantage and to put the citizen in control. It outlines how KCC will make Kent a county of opportunity where aspiration rather than dependency is supported, particularly for those who are disadvantaged or vulnerable.	✓	✓	✓	✓	✓
<i>Every Day Matters - Kent County Council's Children and Young People's Strategic Plan 2013-2016</i>	This is the overarching framework within which Kent County Council's children's services will work seamlessly to deliver integrated services and the best possible outcomes for all children, young people, their families and carers in Kent. It sits below the multiagency strategic plan 'Every Day Matters' as Kent County Council's internal vision for integrated children's services and sets the context for transformation of KCC Children's Services.	✓	✓	✓	✓	✓
<b>Early Intervention &amp; Prevention Strategy</b>	This Kent County Council strategy draws upon and informs prevention and early intervention priorities in other key strategies. It provides a vision for early intervention and prevention for vulnerable children, young people and families living in Kent. It details the model of early intervention and prevention, identifies priority areas and provides an overview of the action KCC will take over the next 3 years to deliver improved outcomes, delivered through a series of annual implementation plans.	✓	✓		✓	✓
<b>Child Poverty Strategy (in development)</b>	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.	✓	✓	✓	✓	✓
<b>Child Poverty Needs Assessment</b>	This is a statutory needs analysis of child poverty in Kent and review of national evidence which provides an evidence base shared by partners so 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.	✓	✓	✓	✓	✓
<b>Kent Troubled Families Programme Business Case</b>	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.	✓	✓	✓	✓	✓

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
<b>Kent Partners' Compact</b>	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.	✓	✓	✓	✓	✓
<b>Partnership Strategy for Learning Disability in Kent 2012-2015</b>	This is the main plan for people with learning disabilities in Kent, endorsed by the Kent Learning Disability Partnership Board. It aims to help Kent County Council and partners work together for a better future and more choice for people with learning disabilities in Kent. The strategy focuses on five key areas of life for a person with learning disabilities: citizenship, what you do, where you live, health and bold steps (partnership working and influence.) It also sets out how outcomes will be measured.	✓	✓	✓	✓	✓
<b>Strategy for Children and Young People with Special Educational Needs and Disabilities (Draft)</b>	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 and disabilities (SEND,) and their families. The overarching aim is to improve educational, health and other outcomes for all of Kent's children and young people with SEND. The strategy also sets out aims to integrate education, health and social care support, address gaps in provision and improve the quality of provision.	✓	✓	✓	✓	✓
<b>Kent Integrated Adolescent Support Service (KIASS) vision leaflet</b>	Sets out the KIASS vision for people aged 11-19 in Kent, which is that we want all young people to be valued, engaged and to realise their full potential. It explains the Integrated Adolescent Services Framework, how the KIASS model works in practice including the District Based Units. It articulates what success looks like from a young person's perspective.	✓	✓	✓	✓	✓
<b>The Mandate to the National Commissioning Board (2013)</b>	Sets out the objectives for the NHS and highlights the areas of health and care where the Government expects to see improvements. The Mandate is structured around five key areas: 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, treating and caring for people in a safe environment and protecting them from avoidable harm.	✓			✓	
<b>Cultural Competence in Kent - Policy and Guidance (draft)</b>	Guidance for anyone at Kent County Council who works with children in care. Gives quick tips to help staff and their partners understand the beliefs and cultural backgrounds of the people they serve, and treat them with dignity and respect, and how to gain a deeper understanding of some of the cultures, religions and beliefs represented within Kent's population.					
<b>Right to Play - A Play Strategy for Kent</b>	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.		✓	✓	✓	

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
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### Outcome 1: Keep all children and young people safe

<b>Kent Safeguarding and Children in Care Improvement Plan</b>	This is 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 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. This will be subject to review.	✓	✓			✓
<b>Kent Safeguarding Children Board Strategic Plan and Business Plan 2013-14</b>	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.	✓				
<b>Kent's Looked After Children Strategy</b>	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.	✓	✓	✓	✓	✓
<b>Youth Justice Plan</b>	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.	✓	✓	✓	✓	✓
<b>Community Safety Framework</b>	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 provides support to particularly vulnerable households in Kent. It sets out Kent's community safety priorities over the medium term (2012-2015).	✓	✓	✓	✓	✓
<b>The Kent Police &amp; Crime Plan April 2013 - March 2017</b>	This sets out 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

<b>Children's Joint Strategic Needs Assessment</b>	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.	✓	✓	✓	✓	✓
<b>Kent Joint Health and Wellbeing Strategy</b>	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 was developed by the Shadow Kent Health and Wellbeing Board on behalf of all local authorities and NHS Clinical Commissioning Groups in Kent.	✓	✓		✓	✓

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
<b>NHS Outcomes Framework 2013-14</b>	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.	✓	✓		✓	
<b>Everyone Counts: Planning for Patients 2013/14, NHS Commissioning Board</b>	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, higher standards and safer care.	✓	✓		✓	✓
<b>Mind the Gap: Building Bridges to Better Health for All - Kent's Health Inequalities Action Plan</b>	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.	✓	✓	✓	✓	✓
<b>Live It Well</b>	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.		✓		✓	✓
<b>Kent Alcohol Strategy</b>	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. It sets out specific priorities for action for children and young people.		✓		✓	
<b>Kent Hidden Harm Strategy</b>	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 multi-agency Hidden Harm Working Group which feeds into the Kent Safeguarding Children Board. 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 wellbeing 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
<b>Kent Housing Strategy</b>	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 the 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.				✓	✓
<b>Kent Supporting People Strategy</b>	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.		✓		✓	✓
<b>Outcome 3: Raise the educational achievement of all children and young people</b>						
<b>Bold Steps for Education</b>	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.		✓	✓	✓	
<b>14 to 24 Learning Employment and Skills Strategy 2013-2016</b>	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.			✓	✓	✓
<b>Kent School Improvement Strategy 2012-2013</b>	This is Kent County Council's strategy for providing support and challenge to schools and educational settings to build on success of recent results and to ensure that 2013 sees fewer schools below the floor standard and that attainment and progress at all key stages continues to improve. It sets out the support that will be available for schools, including those expecting Ofsted inspections this year, support at district level, professional development and collaboration opportunities.			✓		✓

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
<b>Commissioning Plan for Education Provision - Kent 2012-2017</b>	Sets out Kent County Council's future plans as strategic commissioner of education provision across all types and phases of education, in the context of the changing role of local authorities within the education sector. It describes what KCC is doing and will do to fulfil its statutory duties for education provision, sets out KCC's overarching principles for commissioning of education provision and discusses capital funding. It presents an analysis of needs and forward plan for education commissioning for each of the Kent districts and overall.			✓		✓
<b>Involving the whole community: The Kent Approach to Literacy and Reading</b>	This is Kent County Council's ten year strategy (2011-2021) to achieve its aspiration of 100% literacy in Kent. It identifies 15 priority groups including Looked after Children, young people not in education, employment or training (NEET) and children and young people excluded from school, and sets out the barriers to reading.		✓	✓	✓	
<b>Outcome 4: Equip all young people to take a positive role in their community</b>						
<b>Unlocking Kent's Cultural Potential – A Cultural Strategy for Kent</b>	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.			✓	✓	
<b>Strategic Framework for Sport</b>	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.		✓		✓	✓











Every Disabled Child Matters,  
c/o Council for Disabled Children,  
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+44 (0)20 7843 6082  
[www.edcm.org.uk](http://www.edcm.org.uk) / [info@edcm.org.uk](mailto:info@edcm.org.uk)

Dear Cllr Roger Gough,

Every Disabled Child Matters and The Children's Trust, Tadworth have created a Disabled Children's Charter for Health and Wellbeing Boards. We write to invite Kent Health and Wellbeing Board to sign up to this Charter, and to ask you, as Chair, to act as signatory.

Every Disabled Child Matters (EDCM) and The Children's Trust, Tadworth have developed this Charter to support Health and Wellbeing Boards to meet their responsibilities towards disabled children, young people and their families, including children and young people with special educational needs (SEN) and health conditions. As a previous signatory to EDCM's Local Authority Disabled Children's Charter, we know that Kent County Council is committed to disabled children, young people and their families, and we hope you take this opportunity to renew this commitment during a time of considerable change.

### **The importance of disabled children and young people**

The Government recently responded to the report of the Children and Young People's Health Outcomes Forum by releasing Better Health Outcomes for Children and Young People: Our Pledge. This set out the shared ambitions for all actors in the new health system to improve the health outcomes of children and young people in England. This Charter provides a tool for Health and Wellbeing Boards to deliver on these ambitions for a key group of its local population.

Disabled children, young people and their families access services across multiple agencies, and therefore are disproportionately affected by poor integration between health, social care and education services and a lack of coordinated commissioning. This results in additional financial costs, poor outcomes, significant health inequalities and considerable distress for children and families. The transition to a new health system risks disrupting the support they receive still further, and we are concerned that this could mean that some children and families fall through gaps in provision. Health and Wellbeing Boards will play a crucial role in tackling these challenges by providing the strategic direction and leadership for local commissioners and services.

Disabled children and young people will provide a crucial test of the effectiveness of the new health system. If a Health and Wellbeing Board can improve integration for local disabled children and young people, who frequently test the interface between multiple services and agencies, it can deliver for all children and make a positive impact throughout their lives.

### **How the Charter can support Health and Wellbeing Boards**

Signing the Charter will help your Health and Wellbeing Board to articulate a vision for improving the outcomes experienced by disabled children and young people to the public, commissioners, service providers and local partners including Parent Carer Forums. It will reassure parent carers that their Health and Wellbeing Board will use its influence to ensure the new health system delivers for disabled children, young people and their families in their area. Health and Wellbeing Boards can be confident they are taking the necessary steps to meet these aspirations.

- The Charter is accompanied by the following document: *Why sign the Charter?* This guidance demonstrates the value of the Charter commitments with reference to statutory duties and powers, and signposts Health and Wellbeing Boards to resources that will help them fulfil each commitment. Health and Wellbeing Boards will be asked to provide evidence of how they have met their commitments a year after signing the Charter. This guidance sets out evidence that Health and Wellbeing Boards may provide to demonstrate how they have met the Charter commitments.

If you agree to sign the Charter, EDCM will help you publicise this commitment by:

- Providing you with a template media release, including a statement from Christine Lenehan, EDCM board member. We will happily liaise with your media team to provide any further assistance required to promote to local press.
- Recording all of the Health and Wellbeing Boards who sign the Charter on the EDCM website so that parent carers can find out if their Health and Wellbeing Board is a signatory.
- Publishing information provided by Health and Wellbeing Boards on the EDCM website so that parent carers know the steps their Health and Wellbeing Board has taken to meet its Charter commitments.

### **About us**

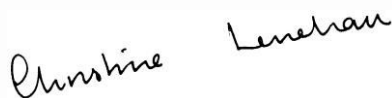
As you may know, EDCM is the campaign for rights and justice for disabled children and their families. EDCM is a consortium campaign run by four of the leading organisations working with disabled children and their families: Contact a Family, the Council for Disabled Children, Mencap and the Special Educational Consortium. The campaign partners represent over 770,000 disabled children and young people in the UK. The Children's Trust, Tadworth is the leading UK charity for children with acquired brain injury, multiple disabilities and complex health needs.

Please don't hesitate to contact [peter@edcm.org.uk](mailto:peter@edcm.org.uk) with any questions you have about the Disabled Children's Charter for Health and Wellbeing Boards. Please send a copy of the signed Charter to EDCM at the above address or email a scanned copy to [info@edcm.org.uk](mailto:info@edcm.org.uk).

Yours sincerely,



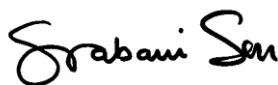
**Dalton Leong**  
Chief Executive  
*The Children's Trust, Tadworth*



**Christine Lenehan**  
Director  
*Council for Disabled Children*



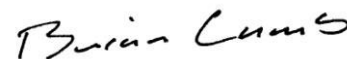
**Julie Jennings**  
Chair  
*Special Educational Consortium*



**Srabani Sen**  
Chief Executive  
*Contact a Family*



**Emma Harrison**  
Assistant Director for External  
Relations  
*Mencap*



**Brian Lamb OBE**  
EDCM Special Advisor



EDCM was set up by four leading organisations working with disabled children and their families – Contact a Family, the Council for Disabled Children, Mencap and the Special Educational Consortium. EDCM is hosted by the National Children's Bureau, Charity registration number: 258925

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# Disabled Children's Charter for Health and Wellbeing Boards

The ..... **Health and Wellbeing Board** is committed to improving the quality of life and outcomes for disabled children, young people and their families, including children and young people with special educational needs and interests. The Board will support the children, young people and their families to fulfil their potential and achieve their aspirations and the needs of the family will be met to the best of its ability.

**By [date within 1 year of signing this Charter] our Health and Wellbeing Board agrees that:**

1. We have **written down our vision** for the children, young people and their families in the Board's vision statement.
2. We **work with disabled children, young people and their families** to ensure they are involved in decisions about their care and support.
3. We **work with our partners** to ensure they are involved in decisions about their care and support.
4. We **work with our partners** to ensure they are involved in decisions about their care and support.
5. We **work with our partners** to ensure they are involved in decisions about their care and support.
6. We **work with our partners** to ensure they are involved in decisions about their care and support.
7. We **work with our partners** to ensure they are involved in decisions about their care and support.

Signed by ..... Date .....  
**Chair of Health and Wellbeing Board.**

For guidance on meeting the commitments please see the accompanying document: [The Charter?](#)

**every disabled  
child matters**

**Every Disabled Child Matters (EDCM)** is the campaign to protect and promote the rights of every disabled child. It has been set up by four leading organisations: the Department of Health, the Department of Education, the Department of Communities and Local Government, and the Department of Work and Pensions. EDCM is hosted by the National Children's Bureau, Charity registration number: 258825.

**The Children's Trust, Tadworth** is a national charity providing specialist services to disabled children and young people across the UK. These services include rehabilitation and support for children with acquired brain injury, expert nursing care for children with complex health needs, and residential education for pupils with profound and multiple learning difficulties at The School for Profound Education. Charity registration number: 288018. Find out more about the work of The Children's Trust, Tadworth at: [www.thechildrenstrust.org.uk](http://www.thechildrenstrust.org.uk)

**The Children's Trust  
Tadworth**  
 For children with multiple disabilities

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## Why sign the Disabled Children's Charter for Health and Wellbeing Boards?

### **Benefits to Health and Wellbeing Boards of signing the Charter and meeting its commitments:**

- Publicly articulate a vision for improving the quality of life and outcomes for disabled children, young people and their families
- Understand the true needs of disabled children, young people and their families in your local area and how to meet them
- Have greater confidence in targeting integrated commissioning on the needs of disabled children, young people and their families
- Support a local focus on cost-effective and child-centred interventions to deliver long-term impacts
- Build on local partnerships to deliver improvements to the quality of life and outcomes for disabled children, young people and their families
- Develop a shared local focus on measuring and improving the outcomes experienced by disabled children, young people and their families
- Demonstrate how your area will deliver the shared ambitions of the health system set out by the Government in 'Better Health Outcomes For Children and Young People: Our Pledge' for a key group of children and young people<sup>1</sup>

### **Who are we talking about?**

The Disabled Children's Charter for Health and Wellbeing Boards and this accompanying document have been developed to support Health and Wellbeing Boards (HWBs) meet the needs of all children and young people who have disabilities, special educational needs (SEN), health conditions, and their families. In this document, when we talk about disabled children and young people we are referring to all the children and young people in this group.

## Commitment 1: We have detailed and accurate information on the disabled children, young people and their families living in our area, and provide public information on how we plan to meet their needs

Statutory drivers

### ***Health and Social Care Act 2012***

Duty to prepare assessment of needs (JSNA) in relation to local authority area and have regard to guidance from Secretary of State

### ***Information***

The quality of data and information used to underpin the planning, commissioning and delivery of services for children and young people with very complex needs is often poor. The difficulty of developing accurate, robust data in a standard format about disabled children and young people is an enduring issue for local areas and for national agencies. Reliable performance information about the use and value of services is critical to commissioning decisions. The Children and Young People's Health Outcomes Forum identified the lack of accurate data as the single biggest challenge in relation to the development of outcomes for children with long-term health conditions, disabilities and life limiting conditions<sup>2</sup>.

In March 2012, the CQC released a report entitled 'Healthcare for disabled children and young people'<sup>3</sup>. This report gave details of primary care trust (PCT) replies to a self assessment questionnaire on services for disabled children.

PCTs demonstrated an extremely worrying lack of awareness of the needs of local disabled children:

- **Five PCTs** claimed that **no disabled children and young people lived in their area**
- **Fifty five PCTs did not monitor whether services allocated as a result of Common Assessment Framework were delivered**
- **Sixty three PCTs didn't know how many children were referred for manual wheelchairs** and **nine said children were waiting over 51 weeks for wheelchairs**
- **Fifteen PCTs** said they **didn't provide short breaks services**

Due to the lack of reliable data on disabled children and young people, their strategic involvement and that of their parents is essential to gain a good understanding of the profile of this group

2 Children and Young People's Health Outcomes Forum (2012), Report of the long term conditions, disability and palliative care subgroup p.2

3 Care Quality Commission (2012), Healthcare for Disabled Children and Young People

and the particular challenges and experiences they face. Their views remain underrepresented in surveys and public and patient involvement in the health service.

## **Meeting Needs**

One of the primary tools Health and Wellbeing Boards have to drive strategic commissioning in their areas is the Joint Strategic Needs Assessment (JSNA). The JSNA will assess the current and future health and care needs and assets of a local population and will underpin a Joint Health and Wellbeing Strategy (JHWS). It will interpret available data to develop an understanding of the causes of health inequalities and a narrative of the evidence.

The JSNA can only be an effective tool for evidence-based decision making if it is based on accurate and meaningful data. The bodies Health and Wellbeing Boards delegate collecting data to as part of the JSNA process, must focus on improving the quality and scope of information on disabled children and young people which they use, including: available national data sets; local information sources such as data from Common Assessment Frameworks; qualitative information from direct engagement with service users.

The JSNA process must develop an understanding of the local population which is sufficiently differentiated to understand the needs of all groups of children, particularly those who face the greatest inequalities or experience multiple disadvantages.

### **How to meet your Charter commitments**

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- The full range of sources of information collected on disabled children, young people and their families which will be used to inform the JSNA process
- The quality assurance process used to ensure that information and data on disabled children, young people and their families used to inform commissioning is sufficiently detailed and accurate
- The way in which the JSNA will be used to assess the needs of local disabled children, young people and their families
- The way in which information on any hard to reach groups is sourced, and action taken to address any gaps of information with regard to local disabled children, young people and their families
- The way in which disabled children, young people and their families are strategically involved in identifying need, and evidence and feedback on their experiences is used to inform the JSNA process
- Public information on how the HWB will support partners to commission appropriately to meet the needs of local disabled children, young people and their families

## Key resources for meeting this Charter commitment

### Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

Statutory guidance to support Health and Wellbeing Boards and their partners in understanding the duties and powers in relation to Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

### NHS Confederation, Operating principles for Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

Paper designed to support areas to develop successful Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

### Child and Maternity Health Observatory: support for commissioners

Help to find the right tools, data and evidence to review, plan and improve services in your local area.

### Child and Maternity Health Observatory: tools and data

ChiMat provides easy access to a wealth of data, information and intelligence through a range of online tools designed to support decision-making.

### Rightcare (2012), NHS Atlas of Variation in Healthcare for Children and Young Adults

Variations across the breadth of child health services provided by NHS England are presented together to allow clinicians, commissioners and service users to identify priority areas for improving outcome, quality and productivity.

### LGA (2011), Joint Strategic Needs Assessment: Data Inventory

Offers practical help to councils, clinical commissioning groups and other members of health and wellbeing boards.

### Children and Young People's Health Outcomes Forum (2012), Making data and information work for children and young people

Factsheet on making data and information work for children and young people, including resources.

### Contact A Family (2012), Health and Wellbeing Boards: making the case to target disabled children services

Briefing for Parent Carer Forums on the reasons why the Health and Wellbeing board in their area should target disabled children in their Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing strategy (JHWS).

## Commitment 2: We engage directly with disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board

Statutory drivers

### ***Health and Social Care Act 2012***

Duty to involve third parties in preparation of the JSNA:

- Local Healthwatch
- people living or working in the area
- for County Councils – each relevant DC

Duty to involve third parties in preparation of the JHWS:

- Local Healthwatch
- people living or working in the area

### **Article 12 of the United Nations Convention on the Rights of the Child (UNCRC)**

- The child has the right to express his or her opinion freely and to have that opinion taken into account in any matter or procedure affecting the child.

### **Article 7 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD)**

- Children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realise that right.

Health and Wellbeing Boards should ensure that the voice of disabled children and young people is always heard when decisions are being made that affect them. Health and Wellbeing Board members should use their influence to embed engagement with disabled children and young people throughout the health and care system and in the context of a continuous and current partnership.

The benefits of embedding participation of disabled children and young people are huge: better services will be developed driven by feedback from the people who know and use them; resources are not wasted on services that are not taken up or valued; services will be more child and young person friendly and accessible; disabled children and young people will have insight into the diverse needs and barriers faced by marginalised and vulnerable groups; improved accountability to children and young people as stakeholders; and direct benefits to disabled children and young people themselves such as increased knowledge of services,

confidence, and skills<sup>4</sup>.

It should be recognised that many disabled children and young people may face significant barriers to their involvement, particularly in mainstream settings. Recent research from the VIPER project found that young disabled people's participation is still not embedded at a strategic, service level or individual decision-making. It found barriers to participation including a lack of understanding of what participation is and how you make it happen, lack of funding, inclusive practice, resources, time and training, and lack of consistent systems and structures<sup>5</sup>.

All disabled children and young people communicate and have a right to have their views heard and this may require targeted approaches and the involvement of Voluntary Sector Organisations (VSOs).

## **How to meet your Charter commitments**

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Evidence of the way in which the HWB or its sub groups have worked with disabled children and young people in the JSNA process, and next steps for JSNA engagement
- Evidence of the way in which the HWB or its sub groups have worked with disabled children and young people in the preparation and delivery of the Joint Health and Wellbeing Strategy (JHWS), and next steps for JHWS engagement
- Evidence of partnership working with any local groups of disabled children and young people

## **Key resources for meeting this Charter commitment**

[The NHS Confederation, Royal College of Paediatrics and Child Health and Office for Public Management \(2011\), Involving children and young people in health services](#)

This report highlights the key findings and recommendations from an event held in September 2011 to discuss the key priorities for child health.

[VIPER \(Voice.Inclusion.Participation.Empowerment.Research\)](#)

VIPER is a three-year project funded by the Big Lottery Fund, to research young disabled people's participation in decisions about services. It began in Summer 2010.

[VIPER \(2012\), The Viper project: what we found](#)

Findings and key messages arising from the research activities of the VIPER project.

[VIPER \(2012\), The Viper project: what we found from the survey](#)

Summary of the findings and key messages from the research activities. The research summarised in this report was carried out between 2010 and 2012.

## Participation Works

Enables organisations to effectively involve children and young people in the development, delivery and evaluation of services that affect their lives.

### Participation Works (2008), How to involve children and young people in commissioning

An introduction to commissioning from a variety of perspectives. It describes the different parts of the process and ways to support children and young people to participate in all aspects of commissioning.

### Participation Works (2008), How to build a culture of participation

Information and practical ideas about how to embed participation throughout your organisation in a way that brings about change.

### Participation Works (2010), Listen and Change - a guide to children and young people's participation rights

Aims to increase understanding of children and young people's participation rights and how they can be realised in local authority and third sector settings.

### Making Ourselves Heard (MOH)

MOH is a national project to ensure disabled children's right to be heard becomes a reality.

### Council for Disabled Children (2009), Making Ourselves Heard

Based on a series of eight seminars with local authorities this book sets out the current policy context for disabled children and young people's participation, outlines the barriers and challenges to effective participation and highlights what is working well.

### Franklin, A. and Sloper, P. (2009) Supporting the participation of disabled children and young people in decision-making

Presents research exploring factors to support good practice in participation and discusses policy and practice implications.

### DfEs (2003), Building a culture of participation: research report

Many of the case studies in this research are attempting to make participation more integral to their organisation.

## Commitment 3: We engage directly with parent carers and their participation is embedded in the work of our Health and Wellbeing Board

Statutory drivers

### ***Health and Social Care Act 2012***

Duty to involve third parties in preparation of the JSNA:

- Local Healthwatch
- people living or working in the area
- for County Councils – each relevant DC

Duty to involve third parties in preparation of the JHWS:

- Local Healthwatch
- people living or working in the area

The purpose of parent participation is to ensure that parents can influence service planning and decision making so that services meet the needs of families with disabled children. Effective parent participation happens when parents have conversations with and work alongside professionals, in order to design, develop and improve services<sup>6</sup>.

The benefits of effective parent participation are well established: resources are not wasted on services that are not taken up or valued; parent carers' insight can help develop cost-effective solutions to local problems; a shared view can be developed between parents and professionals of how to support families within funding limitations; more costly interventions can be avoided in the future; and complaints can be reduced by Parent Carer Forums monitoring services and alerting commissioners and managers if problems occur. The Contact A Family resources below contain a wealth of evidence and case studies into how effective parent participation has benefited the local areas where it has been implemented.

Health and Wellbeing Boards should ensure that parent carers are involved in decisions that affect them at a strategic and service level. Health and Wellbeing Board members should use their influence to embed engagement with parent carers throughout the health and care system and in the context of a continuous and current partnership.

It should be recognised that parent carers may face significant barriers to their participation in mainstream settings but that this should not prevent their involvement in decision-making.

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6 Definition from Together for Disabled Children (2010), How to guide to parent carer participation: Section 1 – parent participation as a process



## How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Evidence of the way in which the HWB or its sub groups have worked with parent carers of disabled children in the JSNA process, and next steps for JSNA engagement
- Evidence of the way in which the HWB or its sub groups have worked with parent carers of disabled children in the preparation and delivery of the JHWS, and next steps for JHWS engagement
- Evidence of partnership working with local parent groups, including the local Parent Carer Forum(s)

## Key resources for meeting this Charter commitment

Together for Disabled Children (v2.0 2010), Parent carer participation: How to guide.

A guide to support parent carer forums, commissioners and managers to develop parent carer participation. It can be downloaded in the following separate sections:

[Section 1 - The Process](#)

[Section 2 - producing information](#)

[Section 3 - consultation](#)

[Section 5a - successful meetings Together for Disabled Children](#)

[Section 5b - how to reach and engage parents](#)

[Section 5c - supporting parent representatives](#)

[Section 6b- for strategic leaders](#)

[How parent participation and parent carer forums leads to better outcomes for disabled children, young people and their families 2011](#)

[Contact A Family \(2012\), Parent Carer Participation: An overview](#)

This short guide provides examples of successful parent carer participation

[Contact A Family, Improving Health Services](#)

Resources to support the commissioning and management of health services.

[Contact A Family, Resources](#)

Resources, case studies and information for professionals to help them improve how services are delivered, so they better meet families' needs.

[Contact A Family \(2013\), Parent carer forum involvement in shaping health services - second report](#)

Report into Parent Carer Forum involvement with the health service in the lead up to the new health system coming into effect.

## Commitment 4: We set clear strategic outcomes for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account

### Statutory drivers

#### ***Health and Social Care Act 2012***

Duty to prepare a JHWS for meeting needs included in JSNA in relation to LA area and to have regard to guidance from Secretary of State

Power of the HWB to give its opinion to the local authority which established it on whether the authority is discharging its duty to have regard to relevant JSNA and JHWS

CCG is under a duty to involve HWB in preparing or significantly revising the commissioning plan – including consulting it on whether the plan has taken proper account of the relevant JHWS

Duty to provide opinion on whether the CCG commissioning plan has taken proper account of the JHWS. Power to also write to NHS England (formerly the NHS Commissioning Board) with that opinion on the commissioning plan (copy must also be supplied to the relevant CCG). Duty to review how far the CCG has contributed to the delivery of any JHWS to which it was required to have regard and to consult HWB on this

Duty in conducting the performance assessment, to assess how well CCG has discharged duty to have regard to JSNA and JHWS and to consult HWB on its view on CCGs' contribution to delivery of any JHWS to which it was required to have regard (when conducting its annual performance assessment of the CCG)

In response to the report of the Children and Young People's Health Outcomes Forum, the Government set out its ambitions for improving health outcomes for children and young people by launching 'Better Health Outcomes For Children And Young People: Our Pledge'<sup>7</sup>. Health and Wellbeing Boards will play a key role in delivering on these ambitions.

Disabled children and young people will provide a crucial test of the effectiveness of the new health system and improving the outcomes they experience, including those in the NHS and Public Health Outcomes frameworks, will require concerted strategic leadership. However, if a Health and Wellbeing Board can improve integration for local disabled children and young people, who frequently test the interface between multiple services and agencies, it can deliver for all children and young people.

For the JSNA and JHWS process to make a positive impact on the outcomes faced by disabled children, young people and their families, it is essential that the evidence collected through the JSNA process reflects the outcomes that are most meaningful to them. Health and Wellbeing Boards should use the JSNA process to develop a shared understanding of the needs of disabled children, young people and their families, and the causes of the poor outcomes and inequalities

they experience. They should set clear strategic outcomes for partners to meet and ensure that mechanisms are in place to measure and monitor progress towards achieving them.

The JHWS should address how the needs of disabled children, young people and their families should be met and make recommendations on cost-effective approaches to reducing the health inequalities they experience. However, if this group is not identified as a priority in the JHWS, the Health and Wellbeing Board should demonstrate how it is providing strategic direction for partners to meet the needs of disabled children and young people.

## **How to meet your Charter commitments**

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Public information on the status of outcomes for local disabled children and young people based on indicators such as the NHS Outcomes Framework, the Public Health Outcomes Framework, etc.
- Public information on the strategic direction the HWB has set to support key partners to improve outcomes for disabled children and young people. This may be encompassed by the JHWS, but would need to be sufficiently delineated to demonstrate specific objectives and action for disabled children and young people.

## **Key resources for meeting this Charter commitment**

[NHS Confederation \(2012\), Children and young people's health and wellbeing in changing times](#)

The purpose of this report is to support implementation of the health reforms to improve children and young people's health and wellbeing.

[Report of the Children and Young People's Health Outcomes Forum \(2012\)](#)

The Children and Young People's Health Outcomes Forum was established by the Secretary of State for Health and tasked with responding to the challenges set out in Sir Ian Kennedy's report published in 2010 'Getting it right for children and young people'.

[Report of the Children and Young People's Health Outcomes Forum - report of the long-term conditions, disability and palliative care sub-group \(2012\)](#)

Report discussing the challenges around improving outcomes for this group of children.

[Report of the Children and Young People's Health Outcomes Forum - inequalities in health outcomes and how they might be addressed \(2012\)](#)

Report commissioned by the co-chairs of the Children and Young People's Health Outcomes Forum from Maggie Atkinson, Children's Commissioner for England.

[Children and Young People's Health Outcomes Forum \(2012\), Health and wellbeing boards and children, young people and families](#)

Poster produced in June 2012 by the health and wellbeing board learning set for children and young people.

### Children and Young People's Health Outcomes Forum (2012), Commissioning in the new NHS for children, young people and their families

Poster setting out the Children and Young People's Health Outcomes Forum's vision for successful commissioning for children, young people and their families in the new NHS.

### Department of Health (2013), Improving Children and Young People's Health Outcomes: a system wide response

The Children and Young People's Health Outcomes Forum report made recommendations, aimed at DH, DfE and a wide range of health system organisations, to improve health outcomes for children and young people. This document contains the system-wide response setting out the action already undertaken, in progress and planned in response to the recommendations.

### Department of Health (2013), Better health outcomes for children and young people: Our Pledge

Government response to the report of the Children and Young People's Health Outcomes Forum, setting out shared ambitions across the NHS to improve outcomes and services for children and young people.

### Contact A family and Strategic Network for Child Health and Wellbeing in the East of England (2012), Principles for commissioning and delivering better health outcomes and experiences for children and young people so that they are comparable with the best in the world

Poster showing 6 principles for commissioning and delivering better health outcomes and experiences for children and young people, developed by the Strategic Network for Child Health and Wellbeing in the East of England.

### Department of Health (2010), The NHS Outcomes Framework 2011/12

The outcomes and indicators which make up the first NHS Outcomes Framework, following the consultation Transparency in outcomes – a framework for the NHS.

## **Commitment 5: We promote early intervention and support smooth transitions between children and adult services for disabled children and young people**

The report of the Children and Young People's Health Outcomes Forum emphasised the importance of early intervention and transitions within a life-course approach to reducing health inequalities<sup>8</sup>. This is particularly significant for disabled children and young people and their families, who often struggle to obtain a diagnosis and access appropriate support at an early age and when transitioning to adult services, which affects their outcomes throughout their lives.

It should be emphasised that disabled children and young people may transition to adult services up to the age of 25. Health and Wellbeing Boards should consider the needs of disabled children and young people from 0-25 as well as ensuring smooth transitions to adult services.

### **How to meet your Charter commitments**

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- The way in which the activities of the HWB help local partners to understand the value of early intervention
- The way in which the activities of the HWB ensure integration between children and adult services, and prioritise ensuring a positive experience of transition for disabled young people

### **Key resources for meeting this Charter commitment**

[Graham Allen MP \(2011\), Early Intervention: The Next Steps](#)

An independent report to Government, which argues that many of the costly and damaging social problems for individuals can be eliminated or reduced by giving children and parents the right type of evidence based programmes between 0-18 and especially in their earliest years.

[Graham Allen MP \(2011\), Early Intervention: Smart Investment, Massive Savings](#)

Graham Allen MP's second independent report to the Government sets out how early intervention programmes can be paid for within existing resources and by attracting new non-government money.

[Child and Maternity Health Observatory, Knowledge Hub: Transitions](#)

The transitions to adulthood hub brings together a range of resources and evidence relating to young people's transition process into the adult world. It is constantly updated with new resources.

## Early Support

A way of working, underpinned by 10 principles that aim to improve the delivery of services for disabled children, young people and their families. It enables services to coordinate their activity better and provide families with a single point of contact and continuity through key working.

### Early Support (2012), Key working: improving outcomes for all - Evidence, provision, systems and structures

A summary of the key evidence and consistent elements of a key working approach. It presents an analysis of the implications of key working that cuts across health, social care and education.

### Ofsted (2013), Good practice resource - Early intervention through a multi-agency approach: Sheffield City Council

Sheffield City Council has developed a creative and innovative approach across the children's workforce by introducing a multi-agency perspective in providing preventative services to children and families.

### C4EO, Improving the wellbeing of disabled children through early years interventions (age 0–8)

This section contains the following resources in support of improving the wellbeing of disabled children through early years interventions (age 0–8) priority: links to online tools; key online publications from C4EO partners and other organisations.

### Institute of Public Care (2012), Early Intervention and Prevention with Children and Families: Getting the Most from Team around the Family Systems

Briefing paper arguing that effective local systems to identify families who would benefit from additional support and to coordinate support from a range of agencies is as important as delivering effective services.

## Transition Information Network (TIN)

An alliance of organisations and individuals who come together to improve the experience of disabled young people's transition to adulthood. TIN is a source of information and good practice standards for disabled young people, families and professionals.

## TIN Resource Library

You can use the search form to find a range of resources that can help you to improve your provision for disabled young people in transition to adulthood.

## Preparing for Adulthood (PfA)

A 2 year programme funded by the Department for Education as part of the delivery support for 'Support and aspiration: A new approach to special educational needs and disability' green paper. It provides knowledge and support to all local authorities and their partners, including families and young people, so they can ensure young people with SEN and disabilities achieve paid work, independent living, good health and community inclusion as they move into adulthood.

## Preparing for Adulthood (2012), PfA resource list

Created for the PfA 'How are you doing?' events which took place in June and July, 2012. Resources are listed under: Paid employment; Independent living; Good health; Community inclusion.

Sloper, P., Beecham, J., Clarke, S., Franklin, A., Moran, N. and Cusworth, L. (2011) Transition to adult services for disabled young people and those with complex health needs, Research Works, 2011-02, Social Policy Research Unit, University of York, York

This research aimed to provide evidence of what works well in developing and implementing multi-agency coordinated transition services for disabled children and those with complex health needs and their families. It also assessed the costs of the services.

## **Commitment 6: We work with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners**

Statutory drivers

### ***Health and Social Care Act 2012***

Duty to encourage integrated working:

- between commissioners of health services and commissioners of social care services
- in particular to provide advice, assistance or other support for the purpose of encouraging use of flexibilities under NHS Act 2006

Power to include in the JHWS a statement of views on how the commissioning of health and social care services, and wider health-related services, could be more closely integrated – i.e. the ability for the JHWS to look more broadly than health and social care in relation to closer integration of commissioning

Disabled children and young people access services across multiple agencies, and therefore are disproportionately affected by poor integration between health and social care services and a lack of coordinated commissioning. Health and Wellbeing Boards must work with key partners to meet the needs of disabled children and young people, including: education providers and schools; safeguarding boards, local children's trust arrangements; learning disability partnership boards; and others. Health and Wellbeing Boards should make recommendations to ensure that disabled children and young people experience seamless integration between the services they access.

In particular, Health and Wellbeing Boards should consider how they engage with education services, including schools and colleges, because of the significance of joined up-working between health, education and social care to disabled children and young people's outcomes.

To promote integrated commissioning Health and Wellbeing Boards will also need to consider how specialised health services commissioned by NHS England are joined up with locally commissioned services and ensure they are taken into account by their JSNA and JHWS.



## How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Details of the way in which the HWB is informed by those with expertise in education, and children's health and social care
- Details of the way the HWB engages with wider partners such as housing, transport, safeguarding and the youth justice system
- Details of steps taken to encourage integrated working between health, social care, education and wider partners in order to improve the services accessed by disabled children, young people and their families

## Key resources for meeting this Charter commitment

[Together for disabled children \(2009\), Facilitating integrated practice between children's services and health](#)

This report contains examples of innovative working practice where services are integrated with health.

[Council for Disabled Children \(2006\), Pathways to success: Good practice guide for children's services in the development of services for disabled children - evidence from the pathfinder children's trusts](#)

This project ran from April 2004 to March 2006 and set out to work alongside the pathfinder children's trusts in developing new ways of working and to capture the learning from their work. The work covered: strategic planning; commissioning services, pooling budgets; joint working and co-location; assessment process and information sharing.

[East Midlands, Everybody's learning \(2012\), Assured safeguarding: GP and Health Leader edition](#)

Resource to help commissioners and health providers reassure themselves they are doing everything possible to ensure that children within the services for which they are responsible are as safe as possible.

[Ofsted \(2012\), Improving outcomes for disabled children by integrating early support and prevention services: Luton Borough Council](#)

Luton's services for disabled children and their families bring together practice across health, social care and education services, alongside innovative short break and early support provision. The development of an extensive range of integrated early support and prevention services is improving outcomes for disabled children and preventing situations deteriorating so that child protection or looked after services become necessary.

## **Commitment 7: We provide cohesive governance and leadership across the disabled children and young people's agenda by linking effectively with key partners**

Statutory drivers

### ***Health and Social Care Act 2012***

Power to encourage close working (in relation to wider determinants of health):

- between itself and commissioners of health-related services
- between commissioners of health services or social care services and commissioners of health-related services

Power to appoint additional members to the board as deemed appropriate

Power for HWB to request information for the purposes of enabling or assisting its performance of functions from:

- the local authority
- certain members or those they represent with a duty to provide

### ***Children Act 2004***

Requirement for each local authority to have a children's trust board which must include representatives of the local authority and each of the children's trust 'relevant partners'

Local safeguarding children's boards put on statutory footing

### ***Children and Families Bill 2012-13 (currently in Parliament)***

(Clause 25) Local authorities must promote the integration of special education, health and care provision.

(Clause 26) Local authorities and their partner CCGs must make arrangements for the joint commissioning of education, health and care provision for children and young people with SEN.

(Clause 27) Local authorities must keep under review special education provision and social care provision for children and young people with SEN and consider the extent that it is sufficient to meet their needs.

(Clause 30) Local authorities must publish a Local Offer containing information about services available for children and young people with SEN, including education, health and care provision.

The role of the Health and Wellbeing Board must be understood in relation to new and existing partnerships, including: local children's trust arrangements; local safeguarding children's boards; learning disability partnership boards; and others. A clear local framework on how these partnerships interact needs to be established to avoid the duplication of effort or even

competing for resources.

The JSNAs and JHWS need to be aligned with other arrangements, such as: reviewing and commissioning of SEN services via the High Needs Block<sup>9</sup>; safeguarding arrangements; child poverty strategies; and children and young people's plans if they are still used.

Additionally, the Children and Families Bill currently in Parliament contains clauses for promoting integration between special educational provision, health and social care provision (25), making joint-commissioning arrangements (26), keeping education and care provision under review (27), and producing a local offer (30), for children and young people with SEN. These new duties on local authorities all have a clear relevance to the functions of the Health and Wellbeing Board to encourage integrated working, promote close working and undertake a JSNA and JHWS. This is particularly important as CCGs will be under a new duty to secure specific services in education, health and care plans for children and young people with SEN<sup>10</sup>. Indicative regulations also make clear that local authorities must consult Health and Wellbeing Boards when preparing and reviewing its Local Offer<sup>11</sup>.

## How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Information on links to other local integration forums which set strategic direction for disabled children's services, e.g. the local children's trust arrangements, the local safeguarding board, the learning disability partnership board, the school forum, etc.
- Evidence of how the JSNA and JHWS is aligned with other arrangements, such as: reviewing and commissioning of SEN services via the High Needs Block; safeguarding arrangements; child poverty strategies, etc.

## Key resources for meeting this Charter commitment

NHS Confederation (2012), [Children and young people and health and wellbeing boards: putting policies into practice](#)

Developed by the health and wellbeing board learning set for children and young people, part of the National Learning Network for health and wellbeing boards, to give HWB members some ideas of how other boards are organising themselves to deliver coordinated services for children and young people.

9 See Department for Education (2012), [School funding reform 2013-14](#), pp. 16-20

10 See Department for Education website (2013), [Children and young people with special educational needs to benefit from new legal health duty](#)

11 The Special Educational Needs (Local Offer) (England) Regulations 2014: <http://media.education.gov.uk/assets/files/pdf/c/clause%2030%20draft%20regulations%20sen%20local%20offer.pdf>

Children and Young People's Health Outcomes Forum (2012), Health and wellbeing boards and children, young people and families

Poster produced in June 2012 by the health and wellbeing board learning set for children and young people.

Easton, C.; Hetherington, M., Smith, R., Wade, P., Aston, H. and Gee, G. (2012). Local Authorities' Approaches to Children's Trust Arrangements (LGA Research Report)

The Local Government Association commissioned the National Foundation for Educational Research (NFER) to investigate local authorities' approaches to their children's trust arrangements and how they are fulfilling their duty to promote cooperation with partners to improve children and young people's health and wellbeing.

## General resources

### The Marmot Review (February 2010), Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010

Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England.

### Kennedy, Prof Sir Ian (September 2010) Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs

An independent review of services provided by the NHS to children and young people, concentrating on understanding the role of culture in the NHS. It focuses on areas where there are cultural barriers to change and improvement and makes recommendations.

### NHS Confederation - Resources for Health and Wellbeing Boards

The NHS Confederation has been working with each health and wellbeing board learning set in collaboration with the NHS Institute for Innovation and Improvement, Department of Health and Local Government Association to produce publications which summarise their key points of learning and which will be shared with other shadow health and wellbeing boards.

### NHS Confederation (2012), Children and young people's health and wellbeing review of documents

Briefing summarising the key policy documents on children and young people's health and wellbeing that have been published over the last two years."

### NHS Confederation (2012), Support and resources for health and wellbeing boards

Summary of the support available to spread networking and learning opportunities for Health and Wellbeing Boards

### NHS Confederation (2012), National learning network for health and wellbeing board publications 2012

A list of publications produced by The National Learning Network for health and wellbeing boards to share learning and support the establishment of well functioning boards.

### Local Government Association - Resources for Health and Wellbeing Boards focusing on children, young people and family issues

The Health and Wellbeing Board learning set for children and young people looked at the issues important to the development of Health and Wellbeing Boards. The learning sets are a part of the Department of Health's development and support programme for Health and Wellbeing Boards which is supported by the LGA, NHS Confederation and NHS Institute. Nine learning sets focused on a number of themes including governance, resources and public engagement.

### Getting the Best Out of Your Health and Wellbeing Board Leadership Development Offer - Health and Wellbeing Board Information Resource

This document brings together information about publications and websites which should be of value to Health and Wellbeing Boards.

## Child and Maternity Health Observatory

ChiMat was established in 2008 as a national public health observatory to provide wide-ranging, authoritative data, evidence and practice related to children's, young people's and maternal health.

## National Voices

The national coalition of health and social care charities in England. They work together to strengthen the voice of patients, service users, carers, their families and the voluntary organisations that work for them.

## Regional Voices

Supports the voluntary sector to successfully influence local strategic decision making in health and social care. This group of pages links to a variety of resources to support you develop strategies to influence in your local area.

## About Us



Every Disabled Child Matters is the national campaign to get rights and justice for every disabled child. It is run by four leading organisations working with disabled children and their families: Contact a Family, Council for Disabled Children, Mencap and the Special Educational Consortium.



The Children's Trust, Tadworth is the leading UK charity for children with acquired brain injury, multiple disabilities and complex health needs. The Trust's services include the UK's largest rehabilitation centre for children and young people with acquired brain injury, nursing care for technology-dependent children, and education for children and young people with profound and multiple learning difficulties and complex health needs.