AGENDA

HEALTH AND WELLBEING BOARD

Wednesday, 27th January, 2016, at 6.30 pm Ask for: **Ann Hunter**

Darent Room, Sessions House, County Hall, Maidstone Telephone **03000 416287**

Refreshments will be available 15 minutes before the start of the meeting

Membership

Mr R W Gough (Chairman), Dr F Armstrong, Mr I Ayres, Dr B Bowes (Vice-Chairman), Mr A Bowles, Ms H Carpenter, Mr P B Carter, CBE, Mr A Scott-Clark, Dr D Cocker, Ms F Cox, Ms P Davies, Mr G K Gibbens, Mr S Inett, Mr A Ireland, Dr N Kumta, Dr E Lunt, Dr T Martin, Mr P J Oakford, Mr S Perks, Dr S Phillips, Dr R Stewart, Cllr P Watkins and Cllr L Weatherly

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UNRESTRICTED ITEMS

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

1 Chairman's Welcome

2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes

3 Declarations of Interest by Members in items on the agenda for this meeting

To receive any declarations of Interest by Members in items on the agenda for the meeting

4 Minutes of the Meeting held on 18 November 2015 (Pages 5 - 12)

To receive and agree the minutes of the last meeting

5 NHS preparations for and response to winter in Kent 2015/16 (Pages 13 - 16)

To receive a briefing that describes the actions taken by the Health and Social Care system to prepare for and respond to winter

6 The new planning arrangements for health and social care (Pages 17 - 32)

To receive a report setting out the implications for the Kent Health and Wellbeing Board of new planning guidance issued by NHS England requiring local areas to draft place-based five year Sustainability and Transformation Plans, changes to the Better Care Fund and the financial settlement for the NHS announced in the Chancellor's Autumn Statement

7 New Models of Care - Progress Report - Presentation

8 Draft Kent Health and Wellbeing Board Work Programme (Pages 33 - 40)

This report sets out a suggested outline Forward Work Programme along with a proposal as to how to better focus the work of the Board by defining its key areas of activity

9 Kent Safeguarding Children's Board Annual Report (Pages 41 - 94)

To note the progress and improvements made during 2014/15, as detailed in the Annual Report from the Independent Chair of Kent Safeguarding Children Board

10 Minutes of the Children's Health and Wellbeing Board (Pages 95 - 102)

To note the minutes of the Children's Health and Wellbeing Board held on 15 September 2015 and 25 November 2015

11 Minutes of the Local Health and Wellbeing Boards (Pages 103 - 130)

To note the minutes of local health and wellbeing boards as follows:

Canterbury and Coastal – 12 November 2015
Dartford, Gravesham and Swanley – 9 December 2015
Thanet – 19 November 2015
West Kent – 17 November 2015

12 Date of Next Meeting 16 March 2016

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

Tuesday, 19 January 2016

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KENT COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 18 November 2015.

PRESENT: Mr R W Gough (Chairman), Mr I Ayres, Dr B Bowes (Vice-Chairman), Mr P B Carter, CBE, Dr D Cocker, Ms F Cox, Ms P Davies, Mr G K Gibbens, Mr S Inett, Mr A Ireland, Dr M Jones, Dr N Kumta, Mr G Lymer (Substitute for Mr P J Oakford), Dr T Martin, Mr S Perks, Dr M Philpott (Substitute for Dr F Armstrong), Cllr K Pugh, Mr A Scott-Clark, Dr R Stewart and Cllr L Weatherly

IN ATTENDANCE: Mrs B Cooper (Corporate Director of Growth, Environment and Transport), Mr T Godfrey (Policy and Relationships Adviser (Health)), Mr M Lemon (Strategic Relationships Adviser (Health)), Ms K Sharp (Head of Public Health Commissioning), Ms P Southern (Director, Learning Disability & Mental Health), Mrs K Stewart (Director of Environment Planning and Enforcement), Ms M Varshney (Consultant in Public Health) and Mrs A Hunter (Principal Democratic Services Officer)

UNRESTRICTED ITEMS

177. Chairman's Welcome
(Item 1)

(1) The Chairman welcomed those who were present for item 5 – Update on the Joint Health and Social Care Self-Assessment Framework for 2014/15.

(2) He said he had received a letter from Alistair Burt, Minister of State for Community and Social Care, confirming that the Better Care Fund would continue into 2016-17 but the minimum size of the fund would not be confirmed until after the Comprehensive Spending Review on 25 November. Mr Burt had also suggested that confirmation of its continuance would enable planning to begin for 2016-17 and suggested that a comprehensive evaluation of the BCF implementation be undertaken.

(3) Mr Gough asked Ms Davies to comment on the South East Coast Ambulance Service (SECAmb) which had been in the press recently. Ms Davies said the pilot project in question had been suspended following a review by Monitor and NHS England. A robust rectification plan was now in place and the outcome of a further audit by Monitor was awaited.

(4) Ms Cox said that it had been agreed this morning that a briefing paper on the issue would be prepared for presentation to health and wellbeing boards in Kent, Medway, Surrey and Sussex.

178. Apologies and Substitutes
(Item 2)

(1) Apologies for absence were received from Dr Armstrong, Mrs Carpenter, Dr Lunt and Mr Oakford.

(2) Dr Philpott and Mr Lymer attended as substitutes for Dr Armstrong and Mr Oakford respectively.

179. Declarations of Interest by Members in items on the agenda for this meeting
(Item 3)

There were no declarations of interest.

180. Minutes of the Meeting held on 16 September 2015
(Item 4)

Resolved that the minutes of the meeting held on 16 September 205 are correctly recorded and that they be signed by the Chairman.

181. Update on the Joint Health and Social Care Self-Assessment Framework (JHSCSAF) for 2014/15
(Item 5)

(1) Penny Southern (Director of Disabled Children, Adults Learning Disability and Mental Health, KCC), Sam Holman (Joint Chair Kent Learning Disability Partnership Board), Daniel Hewitt (Shadow Joint Chair, Kent Learning Disability Partners), Tina Walker (Joint Chair of the Good Health Group), Sue Gratton (Project Manager, KCC/CCGs/Joint Chair of the Good Health Group), Malti Varshney (Consultant Public Health, KCC), Dr Gay Berman (Clinical Lead for Learning Disability, West Kent CCG) and David Holman (Head of Mental Health Commissioning, West Kent CCG) gave a presentation which was included on pages 17- 40 of the agenda.

(2) The presenters were thanked for their presentation and for their commitment and hard work behind the scenes.

(3) In response to questions and comments about the “red” ratings for finding and managing long term health conditions, health screening and for contract compliance it was confirmed that this was partly due to difficulties with data. However from the current year centrally collated comparative data would be available and significant work had been undertaken to increase the number of annual health checks, which in turn helped improve the diagnosis of conditions and the development of plans for their management.

(4) Resolved that:

(a) A short briefing on the process and timeline for the submission of the Self-Assessment Framework in 2016 be received by the HWB when the details were released by NHS England;

(b) The development of the integrated commissioning arrangements between the Clinical Commissioning Groups and KCC be supported to ensure all agencies continued to work together to improve the lives of people with learning difficulties;

(c) The future Joint Commissioning Plan for learning disability in 2016 should address the areas where Kent had scored a red rating (i.e. long term health conditions, breast cancer screening and bowel cancer screening);

(d) The development of a Transforming Care Partnership for Kent and Medway be supported to take forward the Transforming Care strategic plans for reducing the number of specialist in-patient beds and improving community support.

182. Growth and Infrastructure Framework
(Item 6)

(1) Barbara Cooper (Corporate Director - Growth, Environment and Transport) and Katie Stewart (Director - Environment, Planning and Enforcement) introduced the report which provided an overview of the Kent and Medway Growth and Infrastructure Framework (GIF) and action plan and sought the HWB's input to the development of the GIF to strengthen the health and social care infrastructure evidence base and a commitment to using it to shape health infrastructure provision to support housing growth.

(2) Mrs Cooper said that the development of approximately 160,000 new homes and a population increase of 300,000 were planned for Kent and Medway to 2031 and the GIF and its associated action plan had been developed to become a framework and platform for creating an effective approach to planning and delivering the infrastructure necessary to support growth.

(3) Mrs Stewart said the data for existing health provision had been taken from NHS Choices and future requirements and associated costs were derived from modelling the anticipated population growth to the existing provision. She also said that once developer costs had been taken into account, the NHS currently met the remaining costs of health infrastructure however it was expected that in future the NHS would not be able to meet the full costs. She said input from partners would be very welcome to build the evidence relating to health and social care so the GIF could be used to proactively manage the impact of London's growth on Kent and Medway and attract investment as well as giving partners a tool to test the impact of new delivery models.

(4) During the discussion the need to plan for future health and social care needs was recognised. It was suggested that the growth already taking place in North Kent could be an opportunity to test models of future health and social care provision and of addressing health inequalities however there were also concerns that funding for services might continue to follow population growth.

(5) The need for different models of care and extra-care facilities was mentioned, as well as the need for detailed work at local level to feed into the development of a single infrastructure delivery plan for Kent.

(6) Mrs Stewart said that KCC wished to work collaboratively with health and other partners to ensure maximum benefit from the public estate.

(7) In response to a question Mrs Cooper said that the Kent and Medway Economic Partnership had established a skills commission to identify and plan for future skills needs and she offered to share the notes of the commission relating to the health and social care sectors.

(8) The work that had been done since May was acknowledged and it was suggested that conversations with the accountable officers for each of the CCGs be initiated to ensure all relevant local health data was included in the GIF and kept updated.

(9) Resolved that:

(a) The contents and conclusions of the first GIF and its associated action plan be noted;

(b) It be agreed to help shape the future of the GIF by contributing robust and timely data and analysis to the next refresh;

(c) The GIF be used to help shape discussions about the future shape of health and social care service delivery.

183. Public Health Services Transformation and Commissioning Plans
(Item 7)

(1) Karen Sharp (Head of Public Health Commissioning) gave a presentation which is available on-line as an appendix to these minutes.

(2) In response to questions Mr Scott-Clark (Director of Public Health) and Ms Sharp gave the following information.

(3) A lower layer super output area comprised about 1600 homes. There were 88 such areas in Kent where the health outcomes were significantly worse than for the rest of the population. Such areas required disproportionate input from a range of service providers including education and Job Centre Plus to make an impact.

(4) When planning and re-shaping services return on investment was considered carefully and the intention was to take local plans into account when planning service delivery.

(5) Contracts for a range of services had been aligned so they ended in October 2016 and that procurement for new services would begin in early 2016. The end dates of current contracts had been aligned to create the opportunity to take a strategic approach to commissioning rather than “more of the same”.

(6) It was intended to work with district and borough councils to ensure their roles in licensing, planning and as leisure service providers were leveraged to drive health improvement.

(7) The approach to public health commissioning was broadly welcomed and Healthwatch in particular had been pleased with its engagement in the change process.

(8) Ms Cox said that NHS England was keen to work with Public Health and there were synergies with some of the contracts managed by NHS England. For example, community pharmacies could play a part in communicating with the public about changes to services.

(9) Resolved that:

(a) The work to date be endorsed;

(b) The public consultation on public health programmes being conducted during November and December be endorsed and promoted with stakeholders.

184. Assurance Framework
(Item 8)

(1) The Chairman introduced the report and said the format had been revised to take account of the wishes of the Board to concentrate on areas requiring further attention and in-depth analysis.

(2) Malti Varshney (Consultant in Public Health) said the report highlighted areas that the Board may wish to seek greater assurance of and that some of these issues such as mental health and dementia would be considered as part of the Board's scheduled work plan. She suggested the Board might find it useful to undertake an in-depth exploration of obesity as it did not feature in the work plan.

(3) She said one in five children aged 4-5, one-third of 10-11 year olds and 65% of adults were over-weight or obese and collaborative input was required from all partners to address this issue particularly as there was evidence that a 5-10% reduction in body weight had a positive impact on the incidence of diabetes and related conditions such as high cholesterol and blood pressure.

(4) The report was welcomed by the Board and the following further information was given in response to questions and comments.

(5) The importance of engaging with education providers to maximise the opportunity to increase activity and reduce obesity among primary and secondary school pupils was acknowledged and examples given of innovative practice, particularly in Scotland.

(6) It was anticipated that the new focus of the health visiting services had on obesity and on working with families and Early Help Services would have a positive impact on number of obese children starting school. As there was no systematic weighing and measuring of secondary school pupils it was difficult to track what happened after year 6, however, data showed that there was an increase in diabetes among young people.

(7) The relationship between education services and the role they could play in reducing obesity is to be part of a more detailed discussion planned for the meeting of the HWB on 25 May 2016.

(8) There was evidence that healthy employees were more productive and had fewer absences and some Kent employers were supporting healthy work place initiatives. The importance of links between employers and leisure centre providers was acknowledged.

(8) There was also general support for involvement with a project to consider a whole-systems approach to obesity being run by Public Health England and the Local Government Association in partnership with Leeds Beckett University.

(9) Resolved that:

(a) The report be noted;

(b) Local health and wellbeing boards undertake a review of local action plans for addressing obesity and improving population outcomes (for children and adults and report progress in delivery and outcomes to the HWB at its meeting on 25 May 2016;

(c) The roles and impact of education providers and employers in addressing obesity be considered by the HWB on 25 May 2016.

185. Kent Health and Wellbeing Board Annual Report 2014-2015
(Item 9)

(1) Mark Lemon (Strategic Relationships Adviser) introduced the report which sought agreement for the annual report of the HWB for 2014-2015 prior to its presentation to County Council and to the Health Overview and Scrutiny Committee (HOSC).

(2) Mr Lemon said the HWB was required to report annually to County Council. The report aimed to summarise how it had discharged its statutory duty and explain the major issues it had considered during the year to the County Council and to the HOSC. He said the report would be accompanied by a short presentation covering integration (Better Care Fund, Vanguard and Pioneer), the HWB's involvement in addressing strategic issues (including the Workforce Task and Finish Group) and the work on developing the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

(3) It was suggested that the presentation and annual report should set out the HWB's ambition for addressing significant structural issues over the coming years.

(4) Resolved that:

(a) The annual report for 2014-15 be agreed subject to the inclusion of paragraphs setting out the HWB's ambition for addressing significant structural issues;

(b) The report be presented to Kent County Council on 10 December and to the Kent Health and Overview Scrutiny Committee on 27 November

with an accompanying presentation highlighting the major issues considered by the Board during 2014-15 and how they were being taken forward.

186. Local Digital Road Maps
(Item 10)

(1) Tristan Godfrey (Policy and Relationships Adviser (Health)) introduced the report which provided information about the footprint and governance arrangements and asked the HWB to decide if it wished to be involved in the sign off of the roadmaps in accordance with the guidance published by the National Information Board.

(2) Resolved that:

(a) The update on the footprint and governance arrangements of the local digital roadmaps be noted;

(b) The digital roadmaps be signed-off by the HWBB at the appropriate times and be included in the work programme.

187. Minutes of the Children's Health and Wellbeing Board
(Item 11)

Resolved that the minutes of the Children's Health and Wellbeing Board held on 30 July 2015 be noted.

188. Minutes of the Local Health and Wellbeing Boards
(Item 12)

Resolved that the minutes of local health and wellbeing boards be noted as follows:

Ashford – 19 October 2015
Canterbury and Coastal – 14 September 2015
Dartford, Gravesham and Swanley – 7 October 2015
South Kent Coast – 22 September 2015
Swale – 16 September 2015
Thanet – 17 September 2015
West Kent – 15 September 2015

189. Date of Next Meeting - 27 January 2016
(Item 13)

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Matthew Drinkwater, Head of EPRR, NHS England South (South East)

NHS preparations for and response to winter in Kent 2015/16

1.0 Purpose

This report provides a briefing to the Kent Health and Wellbeing Board that describes the actions taken by the Health and Social Care system to prepare for and respond to winter.

2.0 Background

Historically, the effects of winter have been shown to place additional pressures on health and social care services across Kent. This is caused by a number of issues including an increase in respiratory illness, increased slips and falls and the impact of seasonal influenza.

The key vehicle for winter Preparedness and Response activities are the System Resilience Groups that were established in 2014. Kent has four System Resilience Groups covering the North, East, West and Medway and Swale. Kent County Council is a core member of each of these groups and is represented on them by an Executive Director.

3.0 System Resilience Group Assurance ahead of winter

NHS England set a clear expectation that all Systems Resilience Groups in Kent would have in place robust plans to deliver the urgent care standards and to ensure that plans are in place to effectively manage winter pressures. Therefore ahead of winter 2015/16 NHS England South (South East) facilitated a dual assurance process, via self-assessment and peer review, which required System Resilience Groups to provide assurance that they have put in place preparations for the winter period. This included a review of the key actions being taken to improve on last year's plan, delivery of the national eight high impact interventions, the flu programme for staff and patients and work on Delayed Transfers of Care.

4.0 Surge Management Plans and Exercises

NHS England circulated a South Region Surge Management Framework which was agreed by the South Region Tripartite of NHS England, Monitor and the NHS Trust

Development Agency. All Systems Resilience Groups have prepared Surge Management Plans that are aligned to this Framework.

NHS England South (South East) ensured that each System Resilience Group conducted a Surge Capacity exercise ahead of winter 2015-16. The System Resilience Groups' Surge Management plans were updated to ensure that these lessons were addressed.

5.0 Winter Communications

All SRGs have promoted the nationally led 'Stay Well This Winter' campaign, which is a joint initiative between NHS England and Public Health England.
http://www.nhs.uk/staywell/
This campaign drives home key messages to the public which will take the pressure off frontline services. The messages ask the public to protect themselves as the cold weather sets in by staying warm, stocking up on prescription medicines or checking in on friends and neighbours to make sure they are keeping well and taking up the offer of a seasonal flu vaccination where eligible.

6.0 Seasonal Flu Vaccination

Outbreaks of flu can occur in health and social care setting, and, because flu is so contagious, staff, patents and residents are at risk of infection. As a result front-line healthcare workers are offered a flu vaccination. System Resilience Groups have put in place measures to maximise and monitor updates by eligible Health and Social care staff.
The flu vaccination is also offered free of charge to people who are at risk, pregnant women, carers and some young children to ensure that they are protected against catching flu and developing serious complications. The continued support of KCC in promoting the uptake is recognized and welcomed.

7.0 Winter Response

NHS England South (South East) is operating a winter resilience room between 17 December 2015 and 29 January 2016. The winter resilience room provides a focal point for winter briefings, escalation discussions and communications through the winter. From here NHS England has provided oversight of the System Resilience

Groups response to winter, monitored daily situation reports prepared by hospitals and community services organisations, prepared daily situation reports and briefings and facilitated system-wide requests for support where required.

Whilst the pressures being faced by health and social care organisations are elevated, with high footfall into A&E, none of the System Resilience Groups in Kent have needed to move into black escalation. The escalation status of the Kent System Resilience Groups as of 12 January 2016 is provided below.

North Kent (Dartford Gravesham and Swanley / Swale)	Amber
East Kent	Amber
West Kent	Red
Medway / Swale	Amber

8.0 Industrial Action

The NHS put in place plans to prepare for the impact of the Industrial Action by Junior Doctors. This includes the cancelation of elective surgery and movement of other clinical staff to cover the roles filled by Junior Doctors.

The first period of industrial action by Junior Doctors ran for a day and ended on 13 January. The plans put in place were effective and none of the organisations affected in Kent had to increase their escalation levels as a result of this.

The next period of industrial action will be held on 26-27 January. The lessons of the first period of industrial action are currently being collected and will be used to inform and update the planning for this.

9.0 Summary

- Systems Resilience Groups, of which KCC is an integral part, have taken steps to prepare the health and social care system to manage winter pressures.
- Individual Health and Social Care organisations and System Resilience Groups have Surge Management plans.
- These Surge Management plans have been tested by exercise and were amended to take account of lessons identified ahead of the winter period.

- A strong national communications campaign is being supported and delivered locally. The NHS recognises and welcomes KCC's ongoing support to successfully deliver these important messages to the population of Kent.
- KCC and other partners' support in encouraging the uptake of seasonal flu vaccination is also welcomed.
- A robust system of winter reporting has been put in place to identify and respond any challenges as they arise via the Winter Resilience Room
- In addition to the Surge Management Plans, all the members of Systems Resilience Groups have robust, well-rehearsed plans in place to manage the impact of emergencies that can result from severe weather, infectious disease outbreaks or industrial action.
- These plans have been tested by the Industrial Action of 12 January. They are currently being reviewed to take account of lessons learned from 12 January ahead of the planned Industrial action of 26-27 January.

From: **Roger Gough – Cabinet Member for Education and Health Reform**

To: **Kent Health and Wellbeing Board 27th January 2016**

Subject: **The new planning arrangements for health and social care**

Summary:

NHS England has issued new planning guidance requiring local areas to draft place-based five year Sustainability and Transformation Plans that will demonstrate how new models of care will be developed and full integration of health and social care will be achieved by 2020. Associated changes to the Better Care Fund have also been announced as has the financial settlement for the NHS within the Chancellor's Autumn Statement. This paper describes these changes and explores some of the implications for the Kent Health and Wellbeing Board.

Recommendations –

The Health and Wellbeing Board is asked to:

I. Agree the most appropriate "Planning Footprints" for the population of Kent

II. Consider how the pan-Kent and wider issues that lie outside the scope of individual plans will be addressed.

III. Ensure that the Board's workplan and forward agenda setting adequately reflects the requirements to consider and agree the various plans that will be produced in coming months including the evolution of the BCF in Kent to deliver the wider integration required by 2020 in conjunction with the Sustainability and Transformation Plans.

IV. Decide how the Board wishes to review and evaluate progress towards the objectives of these plans including the nine "must-do's"

1. Introduction

1.1 In recent weeks the Chancellor's Autumn Statement and NHS England have clarified expectations regarding future funding, further development of the Better Care Fund and planning arrangements for the NHS and social care for the coming year and beyond. The main thrust of all these announcements has been to improve prospects of sustainability of providers and services, especially acute hospital trusts, and to increase the pace and scale of integration and development of the New Models of Care associated with the NHS England Five Year Forward View.

2. New funding

2.1 The Chancellor's Autumn Statement included several announcements of new funding . The NHS will receive a real-terms funding increase of £10 billion between 2014/15 and 2020/21. £6 billion will be "front-loaded" into 2016/17 thereby delivering (along with additional funding for the current year) the promised £8 billion for delivery of the Five Year Forward View.

2.2 Included within this was 4% increase for GP services and £ 600 million for mental health. A Mental Health Taskforce will report in "early 2016" setting out more detail. There is an expectation that CCGs will increase spending on mental health services by at least the level of their overall increase.

2.3 A part of the overall allocation over the next five years is to be set aside for a Sustainability and Transformation Fund (STF). This will amount to £2.14billion in 2016/17, £2.9 billion in 2017/18 and rise to £3.4 billion in 2020/21.

2.4 There is still some lack of clarity about how the funds will be distributed but according to the Planning Guidance in the first year of the STF, there will be a £1.8bn 'sustainability fund' with a focus in 2016-17 to help providers turn this year's projected national £2.5bn funding gap into a surplus and "restabilising the NHS". This sustainability element is aimed at restoring the provider sector to financial balance, with a general element aimed at supporting emergency services, and a targeted element aimed at allowing providers to go faster in providing additional efficiency gains.

2.5 £340 million is for transformation on new models of care and wider policy commitments such as 7 day services, GP access, Cancer, mental health, and prevention. As previously mentioned the ratio of money for sustainability is meant to decrease, with more money available for transformation, as providers regain financial balance.

2.6 £450 million of the STF money has already been allocated for Greater Manchester over the 5 years for transformation. The Kent allocation is currently still to be confirmed but areas that will be allocated first will be those with clear economy wide structure for decision making. These areas may also be able secure a higher proportion of funding and avoid delays in payment.

2.7 Additional factors include the ability to increase local authority council tax by a 2% social care precept and the £4.8 billion of capital funding that has been allocated every year for the next 5 years. Over the next 5 years at least £500 million will be invested in building new hospitals. £1 billion will be invested in technology to aid transformation.

2.8 Another £115 million is being allocated to the Joint Work and Health Unit (a shared DWP and DH unit), £40 million of which is for a health and work innovation fund to pilot new ways to join up health and employment. A white paper on this will be issued in 2016.

2.9 The headline figures for increases in health spending have been challenged by the Nuffield Trust, The Health Foundation and The King's Fund. Whilst NHS England's budget will increase by £ 7.6 billion in real terms between 2015/16 and 2020/21 overall total health funding in

England will rise by only £4.5 billion in real terms between this year and 2020/2021, meaning the new settlement equates to an increase of 0.9% per year which is almost identical to that during the previous parliament. This is because other health spending included in previous budget definitions will reduce by more than £ 3 billion. For example there will be a reduction in public health budgets of £600 million in real terms.

2.10 This figure is substantially less than expected and results from a change in the calculation of the increase. Previous governments have defined health spending as the whole of the Department of Health's budget (£116.4 billion in 2015/16) whereas for the Autumn Statement the definition used was that of NHS England's budget (£101.3 billion in 2015/16), a significantly lower amount. The £22 billion efficiency savings required in the Five Year Forward View will also need to be delivered with an emphasis on those identified in the Carter Review.

2.11 The measures announced in the Autumn Statement relating to local authority funding are also significant for the planning of social care services. Overall local authorities can expect an ongoing reduction in funding amounting to £46 million for Kent County Council in 2016/17. These reductions can be offset to some extent by a new power to levy a 2% precept of additional Council Tax specifically to fund social care services.

3.0 New planning arrangements

3.1 The new arrangements announced by NHS England require all NHS organisations in England to develop two "separate but connected" plans detailing the strategies for their local health and care system and within their own organisation.

3.2 The plans are:

- five-year 'Sustainability and Transformation plans' (STPs), which will be place-based and focussed on delivering the Five Year Forward View
- a one-year operational plan for 2016-17, which will be organisation-based but consistent with the developing STPs.

4.0 Sustainability and Transformation plans

4.1 Every health and care system will have to work together to create an "ambitious local blueprint" to speed up delivery of the Five Year Forward View. The plans cover the period between October 2016 and March 2021 and will be subject to formal assessment in July 2016 following their submission in June. The guidance states:

"We are asking the NHS to spend the next six months delivering core access, quality and financial standards while planning properly for the next five years."

4.2 The guidance marks a significant movement to place-based planning rather than a focus on separate organisations “that doesn’t make sense to staff or patients”. The plans must go further than “just writing a document” and cannot be outsourced or delegated. Guidance states that this will require strong system leadership that concentrates on several key elements:

- local leaders coming together as a team
- developing a shared vision with the local community
- involving local government as appropriate
- programming a coherent set of activities
- executing against plan
- learning and adapting.

4.3 If there are problems where “collaborative and capable leadership” cannot be established, NHS England and NHS Improvement will “help secure remedies” through joined-up and effective system oversight.

4.4 These linked Sustainability and Transformation Plans will need to be produced for each local system for the five year period and signed off by July 2016, with a one year plan for each organisation for 2016/17, reflecting the strategy. These plans will be the sole route of access to transformational funding for 2017-18 onwards. Areas with the “most compelling and credible” plans can secure the extra funding from April 2017.

4.5 Additionally plans must demonstrate how the 9 “must do” priorities identified by NHS England for 2016/17 will be delivered:

1. Develop a high quality and agreed ‘sustainability and transformation plan’ that will identify the most locally critical milestone that has to be achieved in 2016-17.
2. Providers must return to aggregate financial balance, including secondary care providers delivering efficiency savings through the Carter review’s £5bn productivity savings programme. They must also comply with the maximum total agency spend and hourly rates determined by NHS Improvement.
3. All organisations will be expected to develop and implement a local plan that addresses the sustainability and quality of general practice, including existing workforce and workload issues.
4. A&E access standards and ambulance waiting times must “get back on track” to ensure at least 95% are seen within four hours, and that all ambulance trusts respond to at least 75% ‘Category A’ calls within eight minutes. This will require progress towards implementing the urgent and emergency care review and associated ambulance standard pilots.
5. There must be improvement against standards that require more than 92% of patients on non-emergency pathways to wait no longer than 18 weeks from referral to treatment, whilst continuing to offer patient choice.

6. The 62-day cancer waiting standard must be met, including the safeguarding of better diagnostic capacity, and improvement to the two-week and 31-day cancer standards must continue. Providers should also make progress towards ensuring one-year survival rates are kept through a year-on-year improvement in the proportion of cancers diagnosed at an earlier stage.
7. Two new mental health access standards must be achieved and maintained: more than 50% of people experiencing a first episode of psychosis will start treatment with a NICE-approved care package within two weeks of referral, and 75% of those with "common mental health conditions" will be referred to the Improved Access to Psychological Therapies (IAPT) programme, treated within six weeks of referral (with 95% treated within 18 weeks).
   At least two-thirds of the estimated number of people with dementia must be diagnosed.

8. Local plans must seek to transform care for those with learning disabilities, including the implementation of better community provision, reduction of inpatient capacity and extending treatment reviews.

9. All NHS organisations must develop and introduce an affordable plan to improve quality, particularly for those currently in special measures. Avoidable mortality rates will also be published annually.

4.6 Provider access to Sustainability and Transformation Funding will be dependent on them agreeing local plans. Funding for the sustainability elements will be released on a quarterly basis and will be based on individual providers' performance against financial, access and transformation eligibility criteria. Funding does currently go directly to providers to support them and the STF will include this funding, consolidate it and provide a single process for funding to go to providers. The Investment Committee of NHS England will, in partnership with NHS Improvement, have delegated authority to allocate money to specific organisations. The full planning guidance will be required to tease out the details of exactly how this will work and this is due shortly. Providers will have access to the sustainability part of the fund directly, but the intention seems to be that commissioners can access the transformation element of the funding to develop new care models. The intention is that as system sustainability is achieved the relative sizes of the two elements of funding will change and transformation will grow as a proportion of the money pot.

4.7 STPs must cover all areas of CCG and NHS England-commissioned activity, including specialised services, plans for which will be led from the 10 collaborative commissioning hubs, and primary medical care. Plans must also ensure better integration with local authority services, especially prevention and social care. The "units of planning" may vary and are yet to be decided but indicative "footprints" need to be submitted to NHS England by the 29th of January.

5.0 The Planning Footprint

5.1 The planning area selected will be of great importance to how the plans develop over the next five years as it will define the populations that the plans refer to. The guidance states that the plans must be "placed based" and produced for a defined 'Planning Footprint'. This is a significant departure from the normal organisation based plans that have been produced in previous years and develops further the approach taken in 'Success Regimes' and some 'Vanguards'. The plans have to be developed by June 2016 and agreed by all parties in the system (providers and commissioners) including Local Authorities. The 'Planning Footprints' must be agreed by local systems and NHS England and proposals for the shape of local 'Planning Footprints' need to be submitted to NHS England by 29th January. In Kent, Surrey, and Sussex plans need to be submitted to the NHS England team by 25th January 2016, before being submitted to NHS England nationally.

5.2 Determination of the planning footprint should include a number of considerations.

- CCGs, NHS Trusts, FTs and local Authorities remain the statutory bodies and all have a series of financial duties that they will continue to be required to meet.
- Individually organisations must return to financial balance in 2016/17 and achieve this sustainably by 2020.
- There is an option for all organisations in a Planning Footprint to pilot arrangements whereby they pool budgets. However, the intention for the majority of Planning Footprints is that all statutory bodies must meet their financial duties as individual organisations as well as across the whole system in the 'Planning Footprint'
- Planning Footprints must cover all services provided for their populations. There is no option to create different planning footprints for different services.
- Planning Footprints cannot be smaller than a CCG footprint.
- NHS England, and NHS Improvement (The Trust Development Agency (TDA) and Monitor) have a preference for larger footprints with sub-systems within them rather than smaller footprints that work within other larger planning arrangements

5.3 Other issues that are pan-Kent or wider also need to be considered including:

- There are some services that need to be planned at a Kent wide level in partnership. Such as Learning Disability Services and Children's services, including Children and Adolescent Mental Health Services.
- Emergency and Urgent Care Services that are planned across Kent and Medway.
- Specialist services that are planned across a range of national footprints. If commissioning of these services is devolved from NHS England to CCGs these services will continue to need to be planned across these national footprints.

5.4 Within Kent there would be a number of options for planning footprints. Those include footprints at a Kent level, at CCG level, at joint CCG level such as "East Kent", or on a "Health Economy" level of North, East and West Kent.

5.5 Other options that have been mooted include those designed to concentrate on ensuring the viability of acute providers such as an "A21 Corridor" that would be based around the acute trusts in Medway, Maidstone & Tunbridge Wells, and the Conquest hospital in East Sussex, although it is unclear how these reflect the requirement in the planning guidance to move away from organisationally based plans to a "place based" approach.

6.0 Operational plans

6.1 Operational plans should be regarded as 'year one' of the five-year STP, and therefore should deliver "significant progress on transformation". Local system leaders will undertake a "shared and open-book" process for 2016-17 to cover activity, capacity, finance and deliverables based on the emerging STP, for the next financial year. All operational plans must demonstrate how providers "intend to reconcile finance with activity", and how any deficits will be addressed and outline their plans to deliver the 'key must-dos' (see below) as well as their contribution to efficiency savings.

6.2 Risks embedded in the local health economy plans must be jointly identified and mitigated through an agreed contingency plan, and organisations will be asked to show how they link with, and support, the local emerging STPs. Commissioner and provider plans must be agreed by NHS England and NHS Improvement , by April 2017, based on local contracts that must be signed by March 2016.

6.3 The timetable

A more detailed timetable and milestones will be in the technical guidance published in January.

	Date
Publish planning guidance	22 December 2015
Publish 2016/17 indicative prices	By 22 December 2015
Issue commissioner allocations, and technical annexes to planning guidance	Early January 2016
Launch consultation on standard contract, announce CQUIN and Quality Premium	January 2016
Issue further process guidance on STPs	January 2016
Localities to submit proposals for STP footprints and volunteers for mental health and small DGHs trials	By 29 January 2016
First submission of full draft 16/17 Operational Plans	8 February 2016
National Tariff S118 consultation	January/February 2016
Publish National Tariff	29 March 2016
Boards of providers and commissioners approve budgets and final plans	By 31 March 2016
National deadline for signing of contracts	31 March 2016
Submission of final 16/17 Operational Plans, aligned with contracts	11 April 2016
Submission of full STPs	End June 2016
Assessment and Review of STPs	End July 2016

7.0 The Better Care Fund

7.1 The Better Care Fund has now been fully in place since April 2015. Kent's BCF plan was cited as an example of good practice and is now operational. The s75 agreement has been signed (some other areas have still not completed theirs). However the evaluation of the success of

the BCF has proved problematic as it has been difficult to establish base line data for non-elective admissions across the Kent health economy to enable comparisons over time to be made. A change of the data set used to establish the baseline and calculate activity has been positive and there is some confidence that we will attain the 1% reduction target for non-elective admissions. Comparisons with other areas are difficult as some are continuing to use the original data sets to establish their performance.

7.2 In addition changes to the BCF during its initial development may have compromised its ability to drive transformation in the way originally hoped. For example although initially designed to introduce pooled budget arrangements to achieve a range of locally designed outcomes the BCF was modified primarily to target reductions in the number of non-elective admissions to acute hospitals and funding streams within the "pooled" arrangements retained designated focus.

7.3 A position statement on the current state of the BCF in Kent is appended to this report for information.

8.0 Future Better Care Fund

8.1 The government has announced it intends to continue with an expanded BCF. Going forward the BCF requires an agreed plan for better integrating health and social care by March 2017. It is intended that the BCF will be an integral part of the progress towards the requirement of full integration of health and social care by 2020. Together with the Sustainability and Transformation Plans the BCF going forward must be able to demonstrate how this will be achieved.

8.2 The mandated minimum spend to be deployed locally on health and social care through pooled budget arrangements between local authorities and CCGs will be increased to £3.9 billion nationally. Local flexibility to pool more than the minimum remains. Extra government funding will be provided to local authorities through the BCF from 2017/18 which will amount to £1.5 billion by 2019/20. The BCF should be aligned to other work programmes including the development of the new models of care set out in the Five Year Forward View and delivering 7-day services.

8.3 The £1 billion Payment for Performance element of the BCF will be removed to be replaced by two national conditions that will require local areas to fund NHS commissioned out-of-hospital services and to develop a clear, focussed action plan for managing delayed transfers of care (DTOCs).

8.4 Nationally £3.519bn of NHS England budget needs to be ring-fenced via the CCGs for the BCF. The Disabled Facilities Grant will amount to £394 million in 2016/17 rising to over £500 million in 2019-20. £ 2.519 billion will be available to Health and Wellbeing Boards for funding the BCF plans. The other £1 billion will be paid as national conditions are met as described above.

8.5 As before the BCF will include elements to support implementation of the Care Act (£135 million in 15/16, funding for reablement (£300 + million) and provision of breaks for carers (£130+ million)

8.6 From 2017, funding will be made available to local government as part of the BCF worth £1.5 billion in 2019-20. As before, there will need to be consultation with the Department of Health and DCLG over BCF spending plans and what will happen in the event of failure to meet BCF conditions.

8.7 At the time of writing the actual allocations for the BCF have yet to be announced.

8.8 The metrics applied to the BCF remain the same as for this year.

8.9 BCF plans will be subject to regional moderation and assurance with brief narrative plans developed locally and submitted to regional teams through a short, high level, template, setting out the overall aims of the plan and how it will meet the national conditions. A reduced amount of finance and activity information relating to BCF plans will be collected alongside CCG operational planning returns and submitted to NHS England. However it will be important to ensure that local oversight of the BCF maintains a rigorous focus on the contribution the BCF is making towards integration and transformation in Kent.

8.10 An additional change to current practice that has the potential to change the scope of the BCF is the recent announcement from NHSE that their budgets relating to the commissioning of primary care services can now be included in pooled arrangements alongside those of CCGs and local authorities.

8.11 Local areas are meant to be able to 'graduate' from the BCF if they demonstrate they have moved beyond its requirements and meet the government's key criteria for devolution in health and care. Examples given of approaches approved by the Government are ACOs (Northumberland), Lead Commissioners (NE Lincolnshire) and devolution (GM). Simon Stevens has recently said that Greater Manchester, London and the North-East are the only clear examples of devolution deals in health and social care. This gives scope to develop the BCF and increase its contribution towards greater integration and more devolved arrangements. The Planning Guidance states that 20% of the country will be designated as transformation areas pursuing accelerated integration although clarification on how this will be decided is still awaited. Further guidance on how areas can graduate beyond the BCF will be issued shortly.

8.12 Significant amendments have been made to the BCF but increasingly it is being regarded as an element supporting wider integration whilst acknowledging that of itself it will not generate the momentum required for the scale of transformation that is necessary. The BCF now needs to be considered within the overall planning processes that have been announced, in particular the 5 year Sustainability and Transformation Plans that are now required to be produced by the Summer, and also the operational plans for 2016/17.

9.0 Better Care Fund Policy Framework 2016-17

9.1 In November the Comprehensive Spending Review confirmed the continuation of the Better Care for 2016-17. A total of £3.9 billion has been identified from its different elements to fund health and social care through pooled budget arrangements between local authorities and CCGs. The framework intends that planning and approval process for the BCF in 2016-

17 will be more streamlined and integrated into the usual planning processes for Health and Wellbeing Boards, Clinical Commissioning Groups and local authorities. BCF planning guidance is expected to be issued in early January 2016 with the following deadlines:

- Initial draft – 8 February 2016
- Refresh – mid-March 2016
- Final submission (signed off by Health and Wellbeing Boards) - mid-to-late April 2016

9.2 Because of the short timescales involved, the first draft submission of BCF plans on 8 February will be expected to be high-level with a focus on finances and core principles but with sufficient detail to inform the budget setting processes of local authorities. Details for submissions and timings for the March and April resubmissions will be confirmed in January.

9.3 It remains to be clarified exactly how the BCF fits with the STP but logically it should form a part of the overall picture rather than a stand-alone component.

10.0 Changes to resource allocation

10.1 NHS England confirmed significant changes to resource allocation for providers and the commissioning sector for 2106-17 until the end of the decade to ensure greater equity across CCGs, faster progress towards NHS strategic goals and stronger long-term collaboration. NHS England has stated that no CCG will be more than 5% under target for their commissioned services in the next financial year. All CCGs (except those 10% or more above target) will receive a minimum cash growth equal to real-terms growth, plus specific non-routine policy pressures, predominantly linked to pensions and provision of seven-day services.

10.2 A new 'inequalities adjustments' for specialised care and "more sensitive adjustments" for CCGs and primary care will be introduced, along with a new 'sparsity adjustment' to ensure closer alignment with population need in remote areas.

10.3 Commissioners and providers will be asked to integrate strategic planning to stimulate and strengthen long-term collaboration between them. There will also be opportunities to pilot shared financial control totals. NHS England's chief financial officer, Paul Baumann, has said they will move to multi-year allocations in the form of three-year firm allocations and two-year indicative allocations to help providers plan ahead.

10.4 Changes in contractual arrangements including the "GP plus" options and MCP (Multi Specialty Community Providers) contracts that cover a number of services may also be significant.

10.5 The emphasis on integration and transformation inevitably overlaps with the Kent Health and Social Care Integration Pioneer Programme and the contribution that the Pioneer programme can make to supporting the aspirations of the Sustainability and Transformation Plans is under consideration.

11.0 CCG "OFSTED"

11.1 In another development within NHS England's new mandate for 2016-17, the results of the CCG assessment framework for 2015-16 will be published by June. This will provide CCGs with an "aggregated Ofsted-style assessment" of their performance and allow them to benchmark their performance against other commissioning bodies and thereby determine whether national intervention is needed. The new Ofsted-style CCG framework for next year will include metrics to measure progress on NHS planning guidance priorities, including overall assessments for each cancer, dementia, maternity, mental health, learning disabilities and diabetes – as well as for efficiency, core performance, technology and prevention. By the end of the first quarter in 2016-17, NHS England will publish the first overall assessment for each of the six clinical areas.

12.0 Implications for the Kent Health and Wellbeing Board

12.1 The Health and Wellbeing Board needs to be appraised of the timetables for the submission of the various plans – Operational, STP, and BCF, how they inter-relate and the Board's role in considering them. This needs to be reflected in the annual workplan for the Board which is also being discussed at this meeting.

12.2 As the plans are implemented the Kent Health and Wellbeing Board will need to consider its role in ensuring that integration and the development of new models of care across the area is progressed at the pace and scale necessary to deliver a coherent and sustainable health and social care economy across the County.

12.3 The business of the Board will also be shaped by the new planning footprints that will be adopted for the STPs. These should be agreed and submitted to NHS England regionally by 25th January, and to NHS England nationally by 29th January 2016. It is important for the Board to understand how the planning footprints adopted can demonstrate the greatest benefit for Kent residents and promote the integration we need to achieve.

13.0 Recommendations:

13.1 The Health and Wellbeing Board is asked to:

I. Agree the most appropriate "Planning Footprints" for the population of Kent

II. Consider how the pan-Kent and wider issues that lie outside the scope of individual plans will be addressed.

III. Ensure that the Board's workplan and forward agenda setting adequately reflects the requirements to consider and agree the various plans that will be produced in coming months including the evolution of the BCF in Kent to deliver the wider integration required by 2020 in conjunction with the Sustainability and Transformation Plans.

IV. Decide how the Board wishes to review and evaluate progress towards the objectives of these plans including the nine "must-do's"

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Background documents:

NHS Shared Planning Guidance
https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf

2016/17 Better Care Fund Policy Framework
https://www.gov.uk/government/publications/better-care-fund-how-it-will-work-in-2016-to-2017

The spending review what does it mean for health and social care ?
http://www.nuffieldtrust.org.uk/publications/spending-review-what-does-it-mean-health-and-social-care

APPENDIX 1

Subject: **Better Care Fund Position Statement**

1. Introduction

1.1 Kent's Better Care Fund (BCF) plan was agreed by the Health & Wellbeing Board in January 2015 and had previously been approved through the national assurance process.

1.2 At the same meeting of the Health and Wellbeing Board, it was agreed that the NHS Area team would lead a group with CCG CFOs and other senior KCC finance leads ("CFO Group") to discuss and recommend options for pooled fund arrangements with the ultimate aim of producing a s75 pooled budget agreement(s) to support and deliver the Kent BCF plan.

1.3 The purpose of position statement is to provide an update on progress to date. The draft agreement was presented at the March 2015 Health & Wellbeing Board, and funds released in line with the terms of the signed s75 agreement.

2. Flow of funds

2.1 Although the BCF in theory operated as a pooled budget as required by the technical guidance, there were conditions attached to several of the funding streams which will had to be met e.g. part of the money was earmarked as disabled facilities grant and could only be used for that purpose. Hence the funding did not entirely lose its identity as more often is the case in pooled budgets.

2.2 Where there were specific conditions, the agreement was drafted to reflect these requirements. The guidance confirmed that the accountable body was the organisation from where the money originated.

3. The flow of funds within the agreement was as follows:

Source of Funds	**Pooled Fund**	**Application of funds**
KCC £10.640m	£101.404m	KCC Protection of social care £28.254m
CCGs £90.764m		KCC Care Act implementation £3.566 m
Total £101.404m		KCC Social Care Capital grant £3.432 m
		Districts Disabled facilities grant £7.208m
		BCF schemes (Ringfenced CCG out of hospital commissioned services) £24.049m
		BCF Payment for performance £2.183m
		CCG carers' break schemes £3.443m
		BCF schemes £29.269m
		Total £101.404 m

4. Risk share

4.1 In line with the series of meetings hosted by Roger Gough, Chairman of Kent HWB, with the CCGs as well as discussion at the HWB in September 2014 it was agreed not to share risks across CCG's at this time. The agreement was therefore drafted in light of this as follows:

4.2 ***Performance element*** - The £2.183m performance payment linked to achievement of the 1% target reduction in emergency admissions was calculated quarterly with no cross subsidy across CCG's for under-performance. Amounts reflecting under-performance have been retained by CCG's to address the resulting pressures (in consultation with the Health & Wellbeing Board).

4.3 ***Over and Underspends*** - the s75 agreement ensured that there was no cross subsidy across locality for under or overspends. Overspends remain the responsibility of the relevant body to which the funds had been applied and the agreement ensures mitigation of this risk to the host and fund as a whole. Proper forecasting of underspends was required by relevant bodies to ensure that they comply with the necessary regulatory requirements.

5. Commissioning arrangements

5.1 The nature of the schemes within the Better Care Fund plan has meant that the current s75 arrangements are tailored around joint commissioning principles (i.e. two or more commissioning bodies acting together to coordinate their commissioning, taking joint responsibility for how the care is commissioned to meet the agreed list of agreed objectives within the Better Care Fund plan). In the initial year of this agreement physical contracting arrangements did not change from the previous arrangements, however in time, as commissioning plans are reviewed and consulted upon, this approach could still change to reflect a more integrated way of commissioning services to achieve the BCF outcomes.

6. S75 Governance arrangements

6.1 Although the pooled budget is created from allocations to CCGs and local authorities, the arrangements do not constitute a delegation of statutory responsibilities. These are retained by the CCG Governing Body and the local authority Cabinet/executive.

6.2 In practice this means CCG Governing Bodies and KCC Cabinet or executive operating through Executive delivery groups reporting to County & Local Health and Wellbeing Boards (or equivalent local groups) for oversight.

7. Monitoring of the performance metrics

7.1 The BCF identifies six key performance indicators from which to monitor that the primary objectives of the fund are being met. These are;

i. Total non-elective admissions into hospital (general and acute), all ages, per 100,000 population

ii. Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population

iii. Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

iv. Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)

v. Patient user survey: percentage of people feeling supported to manage their long term condition

vi. Injuries due to falls in people aged 65 and over

7.2 Of the above, non-elective admissions data is the most high profile as it drives the release of the payment for performance element funding to the CCGs.

7.3 Data on non-elective admissions is still being collected and the results validated by the CCGs. Due to a change in the agreed data sets the indication is that the 1% target for reducing non-elective admissions is largely being met based on the first three quarters of 2016.

7.4 The Performance Element of the fund has been adjusted to reflect this and the final adjustment will be made in final quarter payment.

7.5 A "Finance and Performance Dashboard" has been developed from which these six indicators can be monitored in conjunction with contributions into and out of the fund across the primary categories of revenue.

7.6 Quarterly returns are submitted to the NHS England BCF Fund Team. Quarter four 2014/15 was submitted in May and quarter one 2015/16 was submitted in August. Quarter two 2015/16 was submitted on 27th November 2015.

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

To: Health and Wellbeing Board, 27 January 2016

Subject: **Draft Kent Health and Wellbeing Board Work Programme**

Classification: Unrestricted

Summary:

The Board agreed in September 2015 that a Forward Work Programme should be developed. This would then be shared with the local boards. The Board has developed a wider strategic role, and the Agendas need to reflect this. This report sets out a suggested outline Forward Work Programme along with a proposal as to how to better focus the work of the Board by defining its key areas of activity. A suggestion is also made about how to improve coordination in the production of future Agendas.

Recommendation(s):

Members of the Kent Health and Wellbeing Board are asked to:

(a) Agree to the production of an annual board work programme in line with the approach set out in this report:

(b) Suggest amendments to the Forward Work Programme prior to the final agreement at the meeting of 16 March 2016 and to have this then communicated to the Local Health and Wellbeing Boards;

(c) Agree to the Forward Work Programme being a standing item on future Agendas;

(d) Nominate, where appropriate, a lead officer to assist in the coordination of future Agendas.

1. Introduction

(a) At its meeting of 16 September 2015, the Board agreed that 'An outline work programme for the Health and Wellbeing Board be produced for the start of each year to enable local boards to plan their activity accordingly.'

(b) The format and content of this outline work programme has been discussed in a number of meetings since September and this report suggests a way forward.

2. Key Areas

(a) Health and Wellbeing Boards have a limited number of statutory duties but most have taken on a wider strategic role. Health and Wellbeing Boards are also increasingly seen as part of the internal governance and accountability arrangements for local health and care systems with an expectation that they will be involved in the development and sign-off of policies and strategies across a wide range of areas and of different scale and scope.

(b) To accommodate this, it may be useful to identify 5 key areas into which the agenda items could be categorised. These areas would form the basis of the Forward Work

Programme and would assist the agenda planning process in that should an item be suggested for inclusion on an agenda which did not come under one of the defined areas, there would have to be a stronger case made for its inclusion. The aim would be to keep the work of the Board more focused and will help make it clear why a particular item is on the agenda and what is expected of the Board.

(c) There would be no change to the format of the Agenda, and the agenda planning process would help determine the most appropriate ordering for items for any given meeting.

(d) What follows is a set of suggested divisions, with examples of what sorts of items will be included under the different headings.

(e) Area 1 – Assuring Outcomes for Kent

- The practice of devoting part of a meeting to reviewing progress against one of the 5 outcomes of the Joint Health and Wellbeing Strategy has been viewed as one worth continuing. This will be supported by the assurance framework report to being focused on producing data to help the Board understand progress against the outcome.
- Review of commissioning plans.
- Winter planning and resilience.
- Quality.

(f) Area 2 – Core Documents

- JSNA refresh (underway).
- JHWS revision (from late 2016 onwards)
- PNA (next revision due 2018)

(g) Area 3 – Promotion of Integration

- Strategic barriers and enablers – workforce, sustainability, technology and so on.
- Integration Pioneer reports and Better Care Fund.
- Progress of the Five Year Forward View (including NHS England request for Sustainability and Transformation Plans, July 2016) – Vanguards, New Care Models etc.
- Relationship with providers and VCS.

(h) Area 4 – Notifications

- Other important issues or policy documents which the HWB will wish to become informed about and respond to. More for short and medium term planning. Recent examples, Local Digital Roadmaps, One Public Estate Initiative.

(i) Area 5 – Reports to the Board

- Health Watch Annual Report.
- HWB Annual Report.
- Mental Health Concordat.

- Local commissioning/policy developments, e.g. Emotional Wellbeing Strategy for Children, Young People and Young Adults, Accommodation Strategy, Growth and Infrastructure Framework.
- Local Board Minutes.
- Children's Health and Wellbeing Board minutes
- Annual report of the KSCB

3. NHS Planning Guidance

(a) In late December, the NHS Planning Guidance was produced, as was an update on Better Care Fund Planning Guidance. Key dates are included here to assist forward planning and to ensure the best fit with the Board's Work Programme is achieved. Further information on these is contained in the papers for an earlier agenda item for today's meeting.

(b) Sustainability and Transformation Plans:

- 29 January 2016 – Localities to submit proposals for the STP 'footprints', i.e. what their geographical coverage will be.
- End of June 2016 – Submission of STPs.
- July 2016 – Formal assessment of STPs.

(c) Better Care Fund local plans:

- 8 February 2016 – First Draft.
- Mid-March 2016 – Refresh.
- Mid-late April 2016 – Final submission, including sign-off by the Health and Wellbeing Board.

(d) In addition to incorporating the development of the above plans into the Forward Work Programme of the Board, the Board will need to consider whether any additional formal Board events (rather than formal meetings) are required. For example, in the development stage of the original Better Care Fund plans, a stakeholder event was held to engage providers and others. However, since this time, there have been other fora established (such as the Executive Programme Board in North Kent) that bring providers and commissioners together.

4. Supporting the Board's Work Programme

(a) Further down this report, there is a suggested Forward Work Programme for the Board. This is intended to be indicative only. Items are categorised under the relevant 'Area' as set out above, but this would not necessarily be the order in which the items were taken at the meeting.

(b) The timetable for some items is set externally in response to the requirements of national or local bodies. Other items will be able to be moved and other items will arise and need to be included. Agenda planning meetings will continue, although consideration will be given as to how to make them as effective as possible.

(c) To enable the production of the Agendas to be as efficient as possible, it is proposed that a 'virtual secretariat' be established. There will be a named officer(s) beneath AO/Corporate Director level who can be empowered within each statutory organisation to

ensure that papers for the Agendas are produced in a timely fashion and in a way that will best enable the Board to conduct its business. Organisations may wish to nominate the same person for more than one CCG. Along with the CCGs and Health Watch Kent, Social Care and Public Health within KCC will each name an officer to take on this role. This will be coordinated by KCC Policy Team.

5. Suggested Forward Work Programme

(a) Following discussion at this meeting, and amendments incorporated into the Forward Work Programme, it is anticipated that the proposed changes will begin in the new municipal year, beginning with the meeting of 25 May 2016.

(b) The Forward Work Programme will remain as a standing item, to note, on each Board Agenda, incorporating any amendments made since the previous meeting. An example of the format to be included in the Agenda, containing the suggested work programme, is attached as an appendix.

(c) The attached work programme incorporates suggestions made at previous Board meetings as well as those made at Agenda setting meetings alongside items mentioned above. Not all of these are time-critical and are included for reference. The attempt has been made to group these together with the Agenda when the most relevant outcome of the Joint Health and Wellbeing Strategy is being reviewed.

(d) The Board has a duty to review commissioning plans and determine if they are aligned with the Joint Health and Wellbeing Strategy. This is an annual event, usually focussing on the March meeting. To make this a more productive aspect of the Board's work, there have been discussions about starting this process of reviewing the plans earlier in the year. One possible way forward would be to incorporate the review of commissioning plans into the review of the JHWS outcomes with commissioners being asked how their plans (in whatever stage of development) do, or will aim at, improving said outcome.

5. Recommendation(s)

Members of the Kent Health and Wellbeing Board are asked to:

(a) Agree to the production of an annual Board Work Programme in line with the approach set out in this report:

(b) Suggest amendments to the Forward Work Programme prior to the final agreement at the meeting of 16 March 2016 and to have this then communicated to the Local Health and Wellbeing Boards;

(c) Agree to the Forward Work Programme being a standing item on future Agendas;

(d) Nominate, where appropriate, a lead officer to assist in the coordination of future Agendas.

Background Documents

None.

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WORK PROGRAMME –2016/17
Health and Wellbeing Board

Agenda Section	Items
25 May	
Area 1 - Assuring Outcomes for Kent	• Review of Outcome 2 – Prevention of ill-health • Review of "Mind the Gap" • Obesity Review
Area 2 - Core Documents	• JSNA Overview Report
Area 3 Promotion of Integration	• Draft Sustainability and Transformation Plans (to be submitted by the end of June) • Better Care Fund Refresh (submission date mid-late April
Area 4 Notifications	
Area 5 Reports to the Board	• HWB Work Programme • Local board minutes • Minutes of the Childrens Health and Wellbeing Board
20 July 2016	
Area 1 - Assuring Outcomes for Kent	
Area 2 - Core Documents	
Area 3 Promotion of Integration	• Final Sustainability and Transformation Plans
Area 4 Notifications	
Area 5 Reports to the Board	• Crisis Care Concordat – Annual Report • Kent Environment Strategy • HWB Work Programme • Local board minutes • Minutes of the Childrens Health and Wellbeing Board
21 September 2016	
Area 1 - Assuring Outcomes for Kent	• Review of outcome 3- Quality of Life for people with long term conditions • Relationship between the Kent Board and Local Boards Update
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Area 3 Promotion of Integration	• The Kent Board and Voluntary Sector Update
Area 4 Notifications	• One Public Estate/Local Estates Strategies Update
Area 5 Reports to the Board	• HWB Annual Report • HWB Work Programme • Local board minutes • Minutes of the Childrens Health and Wellbeing Board
23 November 2016	
Area 1 - Assuring Outcomes for Kent	• Review of Outcome 5 - Dementia
Area 2 - Core Documents	• JHWS Development Process
Area 3 Promotion of Integration	• Sustainability and Transformation Plans Update
Area 4 Notifications	

Area 5 Reports to the Board	• **HWB Work Programme** • **Local board minutes** • **Minutes of the Childrens Health and Wellbeing Board**
25 January 2017	
Area 1 - Assuring Outcomes for Kent	• **Review of Outcome 1 – Every Child has the Best Start in Life**
Area 2 - Core Documents	•
Area 3 Promotion of Integration	• **Better Care Fund Plans for 2017/18**
Area 4 Notifications	•
Area 5 Reports to the Board	• **Update on the Joint Health and Social Care Self-Assessment Framework** • **Progress report on the Kent Emotional Health and Wellbeing Strategy for Children, Young People and Young Adults (CAMHS)** • **HWB Work Programme** • **Local board minutes** • **Minutes of the Childrens Health and Wellbeing Board**
22 March 2017	
Area 1 - Assuring Outcomes for Kent	
Area 2 - Core Documents	•
Area 3 Promotion of Integration	• **Review of Commissioning Plans**
Area 4 Notifications	•
Area 5 Reports to the Board	• **HWB Work Programme** • **Local board minutes** **Minutes of the Childrens Health and Wellbeing Board**
Other items not allocated to a particular meeting	

Kent Safeguarding Children Board

By:	Gill Rigg, Independent Chair of Kent Safeguarding Children Board
To:	Kent Health and Wellbeing Board
Date:	18th January 2016
Subject:	Kent Safeguarding Children Board – 2014/15 Annual Report

Summary: This attached Annual Report from Kent Safeguarding Children Board describes the progress made in improving the safeguarding services provided to Kent's children and young people over 2014/15, and outlines the challenges ahead over the next year.

Classification: Unrestricted

Recommendation: Health and Wellbeing Board members are asked to NOTE the progress and improvements made during 2014/15, as detailed in the Annual Report from the Independent Chair of Kent Safeguarding Children Board.

1. Introduction

(1) This report presents the 2014/15 Annual Report produced by Gill Rigg, the Independent Chair of Kent Safeguarding Children Board (KSCB) and endorsed by members of that Board. Current Government guidance captured in Working Together to Safeguard Children (2015) issued by the Department for Education, sets out the requirement introduced through The Apprenticeship, Skills, Children and Learning Act 2006 for Local Safeguarding Children Boards to produce and publish an annual report. This report provides a rigorous and transparent assessment of the effectiveness of local child protection arrangements and has been designed for circulation to all front line staff working with children across Kent.

(2) This report identifies, through its review of last year's key priorities, progress across Kent in the improvement of child protection practice. It also identifies areas of vulnerabilities and what action is being taken to address challenges where they remain.

(3) The Annual Report includes lessons from management reviews, serious case reviews (SCRs), multi-agency audits and child deaths within the reporting period.

(4) In Working Together 2015, it is recommended that once the report is published it should be submitted to the Chief Executive (where one is in situ) and Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

2. The 2014/15 Annual Report

(1) The report outlines the activities undertaken by agencies to ensure that children in Kent are safe.

(2) In her first year as Independent Chair of KSCB, Gill Rigg has undertaken a significant reorganisation of the Board's structure. The main changes have been to the lines of accountability between the Board's Groups and the Board itself through the new created Business Group. This Group is made up of the Chair]s of all of the Board's Groups and is responsible for driving forward the Board's business and reporting activity, progress and outcomes to the Board. It has been recognised by both Business Group and Board members that this is already having a significant impact on how the Board conducts its business.

(3) KSCB had two external challenges during the year. Kent was one of eight authorities chosen to take part in the Ofsted thematic review of Child Sexual Exploitation (CSE) in October 2014. Whilst there was no Kent specific report, the Inspectors did feedback that they thought that there was a growing and informed understanding and commitment to the work on CSE, but that the CSE strategy and action plan was under developed. There were examples of positive work, but also inconsistencies. As a result, a further action plan was developed, and the efforts of the Board have been redoubled in this area. We have also ensured that our response to children and young people who go missing was given a much higher priority.

(4) Our second external challenge was inviting a team of peers to undertake a Peer Review of the work of the Board, and this took place in December. They felt that the Board restructuring was positive and gave agencies confidence that it was truly multi-agency, that processes were in place to hold partners to account, and there was a sense of purpose and stability. They concluded that there was good support from the Safeguarding Business Unit. However, they felt that the Board needed to connect more at a more local operational level, and that the voice of children and young people was not evident in the work on quality assurance.

(5) With regard to the question 'how safe are children in Kent?' the report indicates, the number of children with a Child Protection Plan (CPP) has risen from 1117 in March 2014 to 1240 in March 2015. KSCB will continue to monitor this to see if this continues to be in line with those of our statistical neighbours. KSCB will make sure that the focus remains on ensuring that all agencies have a common understanding of thresholds for child protection intervention.

(6) The year on year figures for Children In Care, show a reduction of 122, from 1624 to 1502. On the 31st March 2015, excluding Unaccompanied Asylum Seeking Children, there were 148 Kent Children in Care placed outside of Kent. This compares to 143 at the same time last year.

(7) The issue of asylum seekers continues to receive high profile media and political attention. At the 31st March 2015, there were 368 Unaccompanied Asylum Seeking Children (UASC) Children in Care in Kent. This is an increase of 150 from 218 at 31st March 2014.

(8) Early Help and Preventative Services (EHPS) launched the new Kent Family Support Framework (KFSF) in September 2014, replacing the Common Assessment Framework (CAF), to ensure the highest quality service delivery and improved outcomes for children, young people and families who need Early Help. The full impact of this change is yet to be realised.

(9) KSCB is committed to publishing the findings from all Case Reviews. One Serious Case Reviews (SCR) was commissioned during the last year and this is due to be published in September 2015. Other reviews have been undertaken and the lessons from all of these and from other National SCRs have influenced the focus of KSCB's multi-agency learning and development strategy and training programme.

(10) During this reporting period KSCB has undertaken a number of multi-agency audits to understand what is happening across different front line settings in protecting children. The follow up to the Section 11 audit was undertaken with statutory agencies across Kent providing evidence to the Board on how they are meeting the many aspects of their action plans following their original submissions. Where specific action has been required by certain agencies to improve their contributions, KSCB is closely monitoring this to ensure all agencies are discharging their safeguarding duties.

3. Conclusions

(1) During 2014-15, KSCB and our partner agencies have built on the good work from the previous year which saw Ofsted lift the Improvement Notice on the Council (December 2013). The Board has continued with its scrutiny and challenge role through the development of the Business Group and the stricter governance and lines of accountability. The Board's Groups have established a more consistent and stable membership which has allowed them to be more focussed on the key issues, for example, Early Help, 'children who go missing', 'On-Line safety' and FGM. All of these continue to feature in the Board's Strategic Priorities for 2015-18, alongside, Child Sexual Exploitation, Radicalisation, Domestic Abuse and working with parents with mental health and/or substance misuse issues.

4. Recommendations

(1) Health and Wellbeing Board Members are asked to:

(a) NOTE the progress and improvements made during 2014/15, as detailed in the Annual Report from the Independent Chair of Kent Safeguarding Children Board.

5. Background Documents

None.

6. Contact details

Gill Rigg
Independent Chair
Kent Safeguarding Children Board
03000 421752

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Kent Safeguarding Children Board

Annual Report 2014/15

Contents:

Foreword from the Independent Chair, Gill Rigg

Welcome to the annual report of Kent Safeguarding Children Board (KSCB). The report is produced in accordance with the statutory guidance in Working Together 2015, and describes the key areas of work which the Board and its Groups undertook during the year 2014-15, some of the successes and also some of our ongoing challenges.

I took over as the Independent Chair of the Board in March 2014 and have been the Chair throughout the year, a role which I feel very privileged to have. I have been very much welcomed in Kent by all of the agencies and I have been very impressed by the strong commitment and hard work by staff at all levels of organisations, who continue to work to make Kent a safer place for our children and young people.

During the year, we restructured the way that the Board works, to make it more focused and business like. We established a Business Group, which brings together the Groups chairs, who undertake so much of the work, to ensure there was a strong connection with all of the key themes. We re-established the Board's priorities, and continue to adapt and change these as necessary.

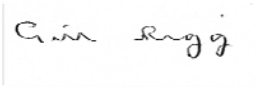
We held a very successful conference in November with over 300 delegates, and I was very pleased to be able to co-chair it with a young person, Sophie. Hearing the voice of young people was the key theme of the conference and was one of the challenges in the year and this continues. The feedback from the conference delegates was that the input of young people into the conference was much valued, and we will ensure that this is built into the 2015 conference.

We had two external challenges during the year. Kent was one of eight authorities chosen to take part in the Ofsted thematic review of Child Sexual Exploitation (CSE) in October 2014. Whilst there was no Kent specific report, the Inspectors did feedback that they thought there was a growing and informed understanding and commitment to the work on CSE, but that the CSE strategy and action plan was under-developed. There were examples of positive work, but also inconsistencies. As a result, a further action plan was developed and the efforts of the Board have been redoubled in this area. We have also ensured that our response to children and young people who go missing was given a much higher priority.

Our second external challenge was inviting a team of peers to undertake a Peer Review of the work of the Board and this took place in December. They felt that the Board restructuring was positive, and gave agencies confidence that it was truly multi-agency, that processes were in place to hold partners to account and there was a sense of purpose and stability. They concluded that there was good support from the Safeguarding Business Unit. However, they felt that the Board needed to connect at a more local operational level, and that the voice of children and young people was not evident in the work on quality assurance.

All areas of development have been built into the 2015-18 business plan and we continue to drive forward improvements in all our areas of activity. The Board has particularly welcomed the focused activity on developing the Early Help offer.

I hope you find the report interesting and informative and we would be pleased to hear from you if you have any thoughts, comments or questions on the report.



Gill Rigg

Independent Chair, KSCB

Kent Safeguarding Children Board (KSCB)

Role of the Board:

What is KSCB and what does it do?

KSCB is the partnership body responsible for coordinating and ensuring the effectiveness of Kent Services in protecting and promoting the welfare of children and young people.

The Board is made up of senior representatives from all the main agencies and organisations in Kent concerned with protecting children.

KSCB provides a vital link in the chain between various organisational activities, both statutory and voluntary, to protect children and young people in Kent. Our aim is to ensure that these activities work effectively in the provision of a joined up service.

KSCB is responsible for scrutinising and challenging the work of its partners to ensure that services provided to children and young people are effective and make a difference.

We are also responsible for raising awareness of child protection issues in Kent so that everybody in the community can play a role in making Kent a safer place for children and young people.

Our message is **– Protecting Children From Harm is Everyone's Business**

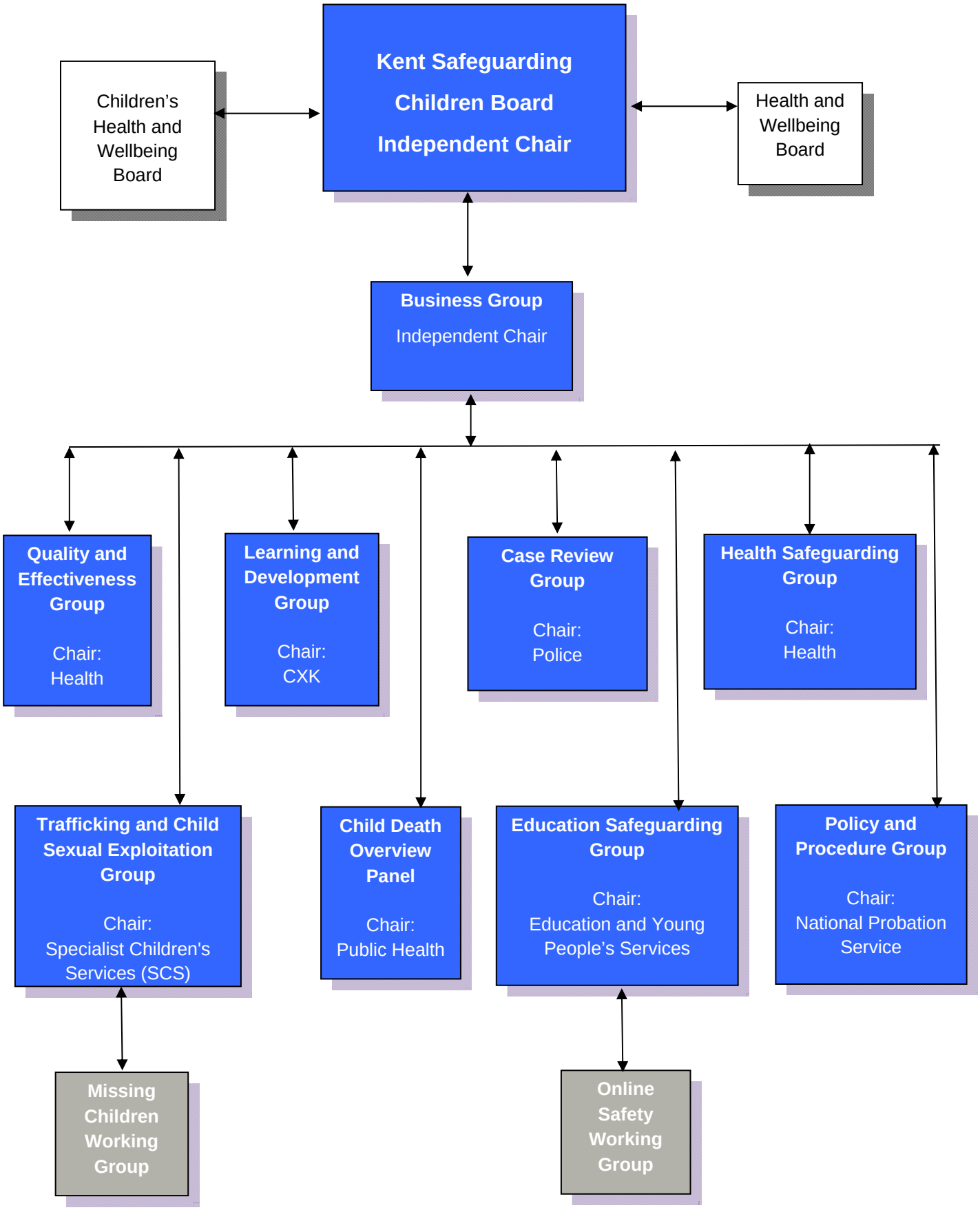
Board members and structure of KSCB

Board Member Agencies 2014-15

Children and Family Court Advisory and Support Service (CAFCASS)
CXK
District Council representative
Health providers (nominated representatives from the Health Safeguarding Group)
Kent Specialist Children's Services
Kent Education and Young People Services
Kent Police
Kent Probation
Kent, Surrey and Sussex Community Rehabilitation Company
Nominated representatives of Kent Clinical Commissioning Groups
NHS England (Kent and Medway)
Public Health
Youth Offending Service
Adult Safeguarding Board
Adult Services representative

In addition, KSCB is supported by two Lay Members and the Lead Member for Specialist Children's Services as a participant observer.

Structure of Kent Safeguarding Children Board



KSCB links to other Strategic Boards

A protocol has been formally agreed that sets out the working arrangements between the Kent Health and Wellbeing Board (HWB), Kent Children's Health and Wellbeing Board (CHWB) and KSCB. This protocol can be found on the KSCB website.

The aim of this protocol is to support all three partnerships to operate effectively, being clear about their respective functions; inter-relationships; and the roles and responsibilities of all those involved in promoting and maintaining the health and wellbeing of children and in keeping children safe. This is essential in order to maximise the safeguarding of children and young people, to avoid the duplication of work and to ensure there are no preventable strategic or operational gaps in safeguarding policies, services or practice.

The HWB, CHWB and KSCB have a shared commitment to ensuring that safeguarding and promoting the welfare of children is a priority in Kent, being mindful of the importance of the child's voice in this process.

The Boards will have an ongoing and direct relationship, communicating regularly through identified channels/ lead individuals, and will be open to constructive challenge in order to promote continuous improvement in safeguarding practice and outcomes.

The Boards commit to work together to ensure effective local partnership arrangements with the appropriate governance focused on contributing to the protection of children from harm and promoting their health and wellbeing.

It was recognised that more work was needed to be undertaken to make stronger links with other key strategic Boards in Kent, such as the Safeguarding Adult Board and the Kent and Medway Domestic Abuse Strategy Group. This is now being addressed (2015-16) by the formal reporting of these Groups' (and the HWB and CHWB) business to KSCB meetings.

"The KSCB feels to be much better supported by a number of sub-groups whose chairs meet regularly in order to co-ordinate and move the integrated work and developments forward. The big challenges for children's safeguarding are discussed and joined up plans are being worked on together."

Andrew Scott-Clark
Director of Public Health

What did we do?

Key KSCB Performance Indicators 2014-15

Priority 1

Co-ordinate, monitor and challenge the effectiveness of local arrangements for the quality and appropriateness of early help and preventative services.

Early Help and Preventative Services (EHPS) launched the new Kent Family Support Framework (KFSF) in September 2014, replacing the Common Assessment Framework (CAF), to ensure the highest quality service delivery and improved outcomes for children, young people and families who need Early Help.

The KFSF incorporates three interacting service delivery areas and processes: Identification, Notification and Decision Making, Assessment, Plan, Delivery and Review. A key element to providing effective Early Help and Prevention is the consistent use across the children's workforce of procedures and processes to identify and address the risks and needs of vulnerable children, young people and their families, to reduce the demand for social care services.

The Early Help Triage team is the 'front-door' to targeted Early Help Services, and handles KFSF notifications from a range of partners. The team was established in September 2014 by seconding in staff from other areas of EHPS. It has evolved both in terms of staffing and working practices and is now fully staffed with permanent staff as part of the restructure of Early Help services. Triage now forms part of the Information and Intelligence Service and the team has clear business processes in place for all types of notifications in order to work seamlessly with partners, Districts and Specialist Children's Services (SCS).

Performance figures for Early Help, initially, were inconsistently presented throughout the year, as the processes were embedded, but mechanisms have now been put in place to ensure timely and accurate reporting of performance data and progress. As you will see in the Board's future priorities, this continues to be a feature.

Priority 2

Ensure multi-agency and joined up working which protects and supports children with specific vulnerabilities, including the provision of timely and appropriate services.

Audits, case reviews and external inspection/review (Ofsted Thematic Inspection on CSE and the Peer Review) undertaken throughout the year show that strong, positive multi-agency working at operational level is taking place. At the same time, these activities also highlighted a sometimes inconsistent approach across the County.

The Board's Quality and Effectiveness (QE) Group examine quarterly performance indicators supplied by a range of partners in order to satisfy the Board that the arrangements in place to safeguard and promote the welfare of children are good. (This is expanded in the QE section later in this Report)

A wealth of information is available to the QE and the focus this year has been on partners contributing to the analysis of these statistical measures, commenting on whether outcomes have improved. We are in an improved position but the group still has more work to do to ensure valuable contributions are available at these meetings. In order to help with these improvements there has been a review of the data presented and a new outcomes performance report is under development, this is in place from April 2015.

Priority 3

Develop a family focused approach in relation to substance misuse, mental health problems and domestic abuse.

Throughout the year, a greater emphasis on the 'whole family' has been adopted. This is clear through the family assessment processes used for the identification of the need for Early Help through to those families who require specialist services to support their needs. Learning from Case Reviews and multi-agency audits has identified some inconsistent practice in this area. Examples of very good practice have been experienced, but also areas where the provider of adult services has lost sight of or has not recognised the impact of the adult's issues on the children within the family. Greater working between the County's Strategic Boards will assist to breakdown such issues in the future. Greater scrutiny and challenge in this area is required and this features in the Board's future priorities.

Priority 4

Provide evidenced assurance to the KSCB through robust monitoring, scrutiny and challenge, that multi-agency safeguarding practices are improving and there is ongoing learning and development for staff.

During the year, KSCB produced its Learning and Improvement Framework. This document outlined how the Board and its Groups were to work more closely and how their work was to be coordinated in a joined up way that ensured Groups were not working in isolation. Throughout the year, the principles of the Framework were used to support the work of the Business Group. An example of this is the development of the Learning and Development Strategy and Training Programme following child death reports, case reviews and multi-agency audits.

As you will see in the Quality and Effectiveness Group section later in this Report, the Board needs to further develop timely and accurate information through which it can be reassured that multi-agency safeguarding practices are improving. The reporting of data with analysis from partners into the Quality and Effectiveness Group is essential for the Board to receive meaningful evidence of improving practice.

In order to have a record of how the Board scrutinises and challenges itself, the Independent Chair has introduced a 'Challenge Log'. This is a record of challenges made by Board members around any safeguarding matter that they feel requires greater scrutiny, and where appropriate, action. This 'Challenge Log' is reviewed at Board meetings and activity against each challenge reported back to members. Here are some examples of 'challenges' and agencies' responses:

Following the presentation of low qualified Social Worker staffing numbers and high caseloads to the Board in 2014, the Board required reassurance around SCS policy on the recruiting and retention of Social Workers and case allocation and management. SCS were asked to present their policy to the Board followed by quarterly reporting of their staffing figures to demonstrate the activity that was being undertaken to address the low staffing numbers and high case loads. Within three quarters, the Board had received the required reassurance that the vacancy levels had drastically reduced and that caseloads were being appropriately managed.

As part of the introduction of the Business Group, all agencies were challenged as to the appropriateness of their representation at the KSCB Groups. It was felt that staff members attending meetings did not carry the authority required to allow the Groups to carry out their roles. All agencies conducted a review as to their representation, resulting in new Group members being appointed and Group activity reported in to the Business Group becoming more meaningful.

The 'Challenge Log' continues to be reported to the Board.

KSCB Self-Assessment 2014:

During 2014, the Board undertook a Self-Assessment against the Ofsted Descriptors for Local Safeguarding Children Boards (LSCBs) as taken from the Ofsted Inspection Framework. All Board members took part in the process, providing their views and evidence on the Board's standing against each standard. The collective feedback provided an honest assessment of what Board members felt were its strengths, and equally, those areas that it needed to focus on to ensure that it was undertaking its role. The details of the Self-Assessment can be found at Appendix A.

The findings from both the Peer Review and the Self-Assessment were used by the Independent Chair, Board members and Group members in a Board Priority setting workshop held in January 2015. This was the first time the Board had run such a workshop and the outcome from the session provided the skeleton of the Board's priorities and Business Plan for 2015-18, (see Future Priorities at the end of this Report). It also

"The voice of the child has been amplified through the new style of Board meetings. The governance system has improved with much greater accountability of the Groups to the Business Meeting through to the Board."

Sally Allum
Director of Nursing
NHS England: South (South East)

KSCB Peer Review December 2014:

In December 2014, KSCB welcomed a Local Government Association Peer Review. The review was conducted from senior Local Authority and LSCB staff from Windsor and Maidenhead, Southampton and West Berkshire. The review was undertaken over three days with Board members and Designated and Operational Staff being interviewed.

The process was positive and constructive with a detailed presentation provided by the Reviewers which was presented to the Board at the end of the review week. The findings focused on 'Strengths' and 'Areas for Consideration' on the Board and its Groups, Quality and Effectiveness and Learning and Development. The details of these areas can be found at Appendix B.

"Progress has been maintained this year but partner agencies need to do more to ensure and demonstrate that the voices of children are at the forefront of their policies and processes."

Roger Sykes
Lay Member

Local Authority Designated Officer (LADO):

The LADO is responsible for the oversight and scrutiny of individual cases where an allegation is made against a member of the children's workforce. They also provide advice and guidance to employers and liaise with other involved agencies to ensure that the allegation is dealt with in an effective manner through a fair and due process.

In Kent, the LADO function is managed via four full time officer posts, supported by a manager and administrative support. The Interim Manager (part-time) has overseen the team for the duration of this report, but will be replaced by a new full time manager at the end of July 2015. LADO officers are senior social work qualified staff who have a background in child protection practice and management.

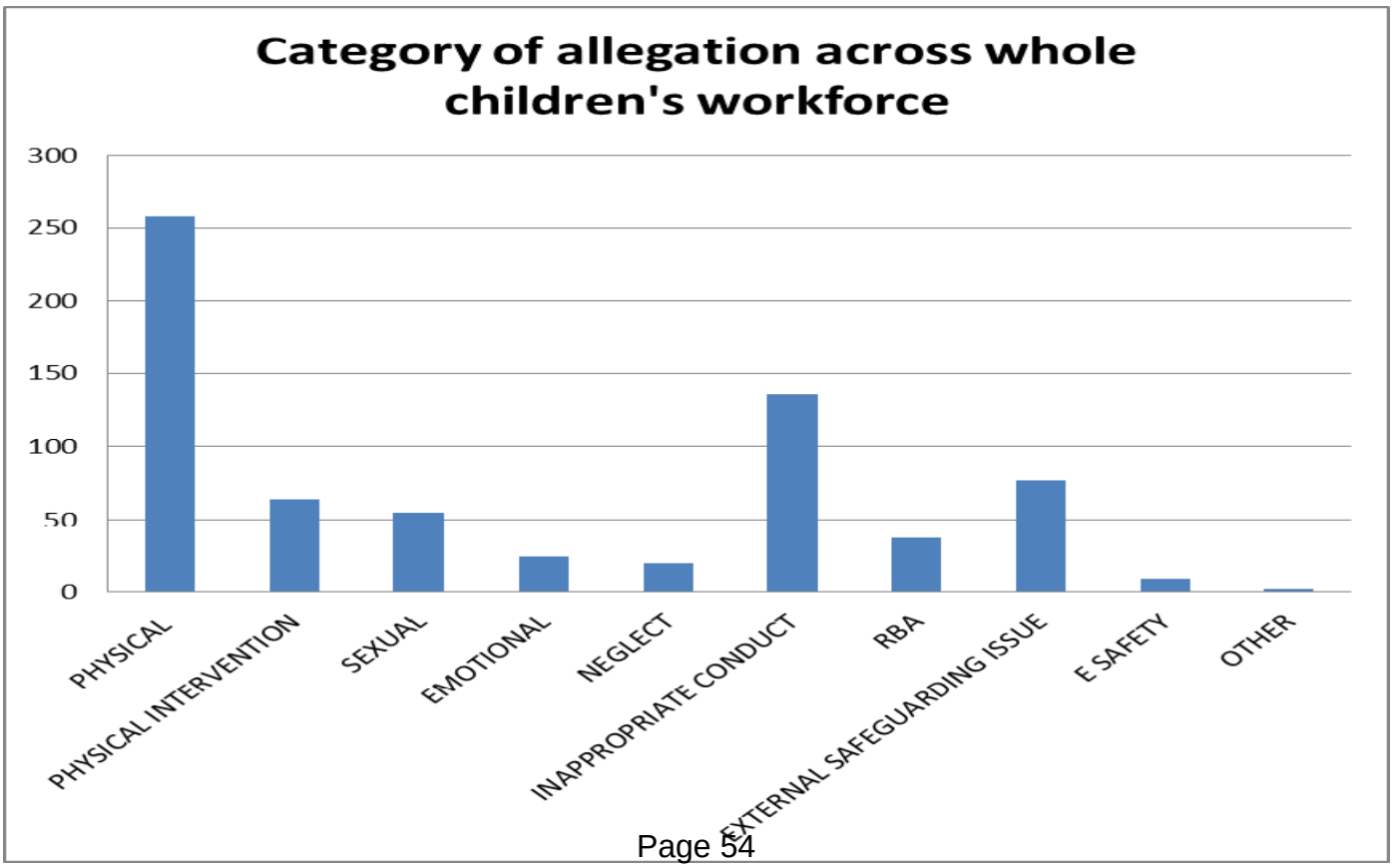
The LADO service maintains a detailed database which provides statistics on:

- categories of allegation
- employing organisation
- reporting organisation
- individuals involved in allegation - both adults and child
- resulting action/outcome

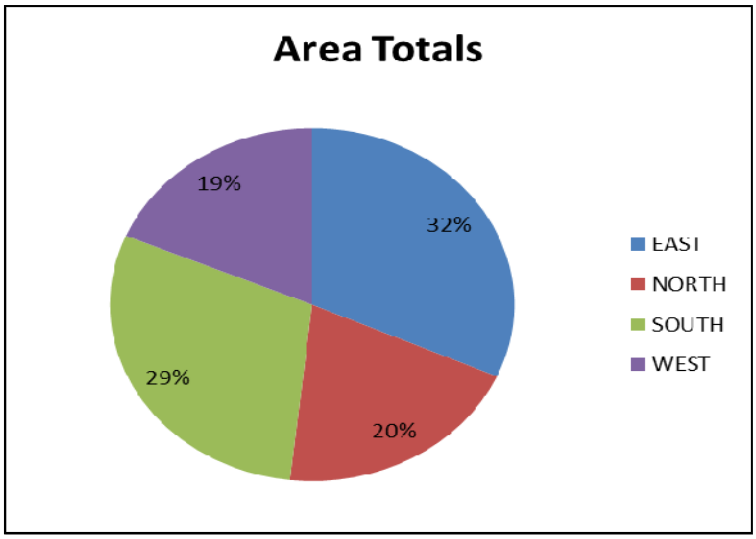
The team has additionally managed a very high number of LADO-related consultations, some 859 in total. These mainly relate to staff conduct issues which on consultation are designated as below the allegation threshold and passed back to employers to manage as practice or competence issues, rather than formal allegations. They may also constitute specific historical matters where staff are no longer working within the children's workforce, or could relate to matters of policy guidance.

The number of calls to the LADO service for consultation and allegation management support is considerable. Between April 2014 and the end of March 2015, the team recorded 682 formal allegations against the children's workforce in Kent. This represents a 10% increase on the previous year.

Categories of alleged abuse 2014-15:

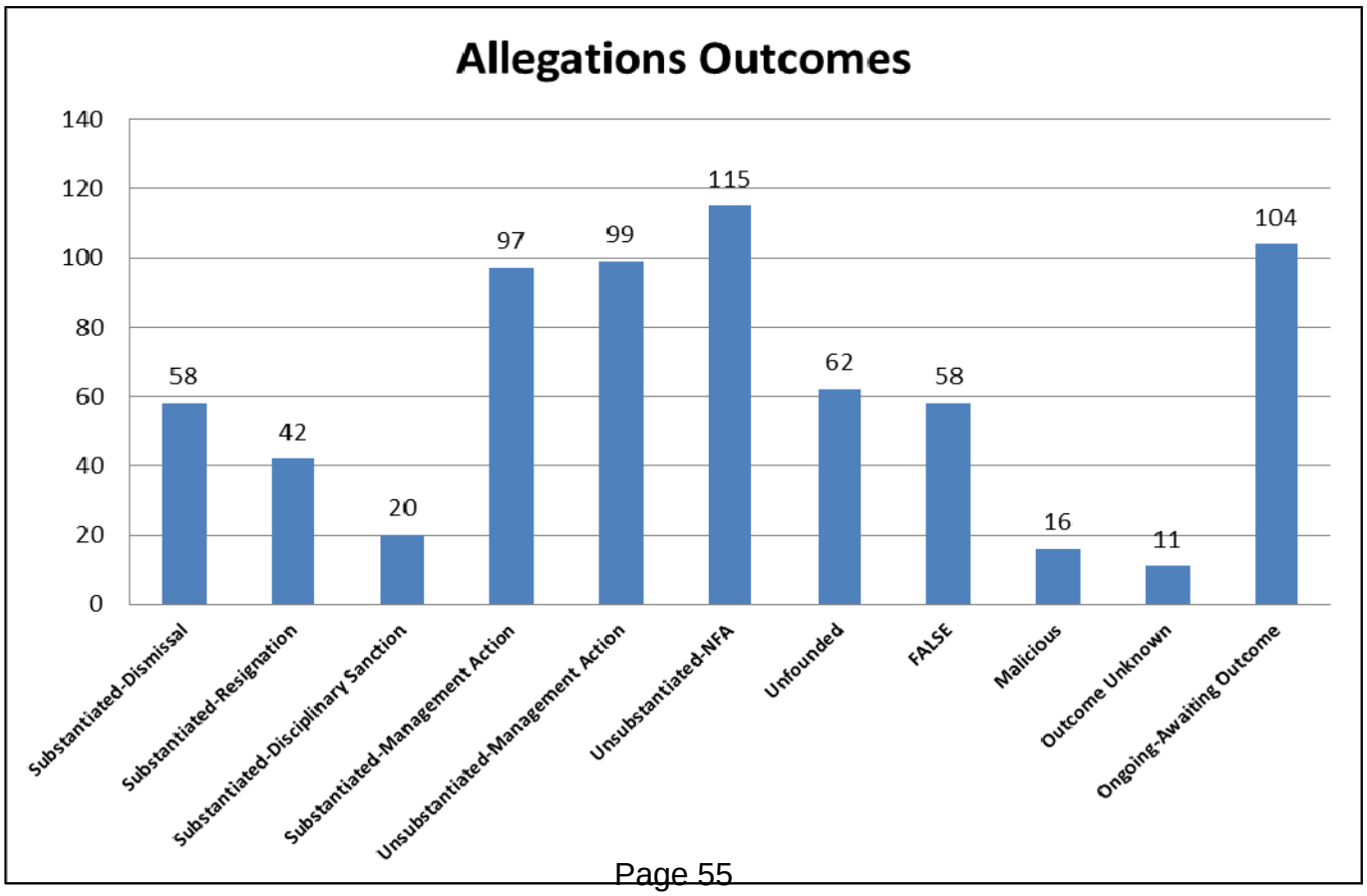


Breakdown of allegations by Area:



Of the known outcomes, in the reporting period 2014-2015, 217 allegations were concluded to be substantiated (38%). This represents an 8% increase on the previous year.

Of these, 58 (10% of the total allegations for which outcomes are known) were so serious as to result in dismissal of the staff member, 20 of the 217 substantiated allegations (9%) resulted in another disciplinary sanction (formal written warnings), and 97 (45%) concluded with the employer providing other management action, such as advice, training, mentoring, etc. In 42 cases (19%), but with a clear decision that the allegation was substantiated at some level, the subject staff member resigned from their post. This resignation figure is also increased on 2013-14 (up from 9% to 19%). 100 staff were either removed from or resigned their roles working with children as a result of substantiated/part-substantiated allegations made against them.



Privately Fostered Children (2014-15):

At the time of writing this Report, the Private Fostering Annual Report had not been formally signed off, however, the following highlights can be reported:

- On the 31st March 2015, there were a total of 25 private fostering cases open across the County. This figure is an increase of four on last year.
- Notifications have risen by 57% from last year from 56 (13/14) to 88 (14/15) – 77 new arrangements made.
- Of the 77 Private Fostering arrangements made in 2014/15, 34 involved children/young people born in the UK, which is a drop on last year's figure of 32 to 58. This follows the National trend.
- In Kent, 87% of children were aged 10 and above at the time the Private Fostering Arrangement Assessment Record was completed. This is in line with the National figures which suggest that the majority (68%) of children in new private fostering arrangements are aged 10 to 15.
- There has been an increase in 7 day and 6 week visiting rates – this year 90.7% of children were visited within 7 days of notification (compared to only 76.5% last year) and 84.4% were visited at six weekly intervals for the first year (compared to 63% last year).
- Private fostering arrangements that began before 1 April 2014 and were continuing on 1 April 2014 where scheduled visits in the survey year were completed in the required timescale, decreased slightly to 50% a slight decrease.
- A programme of awareness raising has taken place which has seen an increase in notifications from schools and education provisions especially.

The plan for next year includes more awareness raising and support within SCS to continue to improve the quality of Private Fostering assessments.

"The KSCB has continued to develop its scrutiny of safeguarding practice across Kent. The Peer Review has assisted in highlighting additional lines of enquiry in pursuit of observed practice vs reported data to improve learning and development, not just for our front line practitioners but equally of our Senior Management, to improve safeguarding outcomes in Kent."

Sean Kearns
CEO, CXK

The Picture of Safeguarding Children in Kent:

There are just over 326,000 children and young people living in Kent, making up 22% of the population. Whilst much is known about the risks to Kent's children and young people, it is not possible to offer a complete picture of the children whose safety is at risk in Kent because some abuse or neglect may be hidden, despite the best efforts of local services to identify and step in to support children who are being harmed.

Whilst we can never ensure that no child is hurt; all our efforts are to try to minimise any risk to children. The following shows some of the figures for children helped and supported in Kent.

The figures included are snapshot figures taken at the end of each performance monitoring year (March 31st).

Children on Child Protection (CP) Plans:

At year end, 2014/15, the number of children on CP Plans was **1240**. This compares to **1117** at the last year end, a**n increase of 123**. KSCB is provided with regular analysis of this information to ensure that the figures reflect statistical neighbours. We are as satisfied as we can be, that currently, cases are effectively reviewed and children are being provided with a range of appropriate multi-agency interventions in support of their needs.

Children In Care (CIC):

CIC are those looked after by the Local Authority. A decision to take a child away from his or her home, without parent's agreement is an extremely difficult one and can only be taken following a court decision, or in an emergency by the police or a magistrate. Even then, it is only taken after every possibility of protecting the child at home has been explored and where the decision really is the best option of ensuring the child's safety and wellbeing. The year on year figures show **a reduction of 122**, from 1624 to 1502. On the 31st March 2015, there were 148 Kent CIC placed outside of Kent (excluding Unaccompanied Asylum Seeking Children). This compares to 143 at the same time last year.

Unaccompanied Asylum Seeking Children (UASC):

Some of the most vulnerable children in Kent arrive through the Port of Dover or through the Channel Tunnel each year seeking entry into the UK. Most young people arrive seeking asylum whilst others have been trafficked for exploitation. Where the UK Border Agency identifies unaccompanied children, they pass responsibility for these children to Kent County Council. There are significant implications for all KSCB partners. The issue of asylum seekers continues to receive high profile media and political attention. At 31st March 2015, there were 368 UASC Children in Care in Kent. This is **an increase of 150** from 218 at 31st March 2014.

This continues to be a serious concern as these children are especially vulnerable to exploitation. The KSCB's Child Trafficking and Sexual Exploitation Group will continue to closely monitor progress across agencies in tackling this problem. This key priority will continue into the Board's three year Business Plan (2015-2018).

CIC placed in Kent by Other Local Authorities:

As of the end of March 2015, there were **1303** children placed in Kent by other Local Authorities, an increase of 108 on the previous year. This high number of other local authority looked after children placed in Kent has been consistent for many years. This places significant pressure on public agencies responsible for supporting vulnerable children in Kent, including SCS, schools, police, and health services.

Following a recent high profile report of a sexual exploitation network across the country, all councils must continue to make sure they can properly safeguard teenagers placed in residential children's homes, particularly those placed many miles from home, which increases their sense of vulnerability. These are young people at heightened risk of being sexually exploited by criminal networks and gangs and careful consideration needs to be given to the location of the placement of these children.

KSCB and our partners are working very closely to explore the links and patterns of children placed in Kent, and by Kent, and reports of these children going missing from their placement. Understanding what happens when these children go missing will assist in safeguarding the children and help the placing authority in considering the appropriateness of some placements.

This will continue as an ongoing priority for the Board and our partners.

Children In Need (CIN):

At year end, 2014/15, there were 1129 CIN cases that had been open for 12 months or more, this compares to 3162 the previous year, **a reduction of 2033 cases**. Both the system for recording SCS records and the methodology for calculating CIN cases changed between the dates of the snapshot figures.

With regard to the CIN figure, the methodology has changed to make it more accurate for operational teams within the 0-17 age category. The Care Leaver figures would however be included in Nationally reported figures. Figures also taken out are other non-CIN e.g. adoption support, Finance only etc. This provides a more accurate picture of "active" CIN cases and is clearer in any measures where outcomes are expected (e.g. average durations).

For CIN cases open for 6 months or more the figures were 1791 for 2014/15 against 4110 for 2013/14, **a decrease of 2319**. The methodology for calculating these CIN cases changed between the dates of the snapshot figures. The figures include cases open for 6 months or more – not those open between 6 and 12 months.

It must be emphasised that the change in recording and methodologies for calculating CIN cases has not resulted in children being 'missed' or not receiving appropriate support. In future years we will be able to compare like with like figures.

Number of re-referrals to SCS:

Re-referrals to SCS within 12 months, **has increased from 26.6% at year-end 2013/14 to 28.5% at year-end 2014/15.** This increase is reported as a result of the change to the recording of referrals by the Central Duty Team during the year.

Children being supported by Early Help and Preventative Services (EHPS):

At the 31st March 2015:

- There were **5380 open case**s of children and families being supported by EHPS.
- The percentage of cases stepped up, from Early Help to SCS, was **9.4%** (these are cases that originally did not meet the Threshold Criteria for CIN or CP, but following support from, and further assessment, by EHPS staff, the needs of the child has been deemed to have met the criteria and has been 'stepped up' to SCS).
- The number of CIN and CP cases closed by SCS and stepped down to EHPS was **22%**
- Re-referrals to SCS as at **28.5%.**

Between January 2015 and 31st March 2015 the percentage of cases closed with a positive outcome had **increased from 49% to 69%.**

It is acknowledged that all of the above figures are a snap shot taken at the year-end 2014-15. They do not reflect performance after 31st March 2015.

So, how safe are the children and young people of Kent?:

The performance figures provided an overview of what is reported. However, to answer the question of 'how safe are the children of Kent?' the Board considers the evidence from a range of quality assurance activity. This is done through case reviews, multi and single agency audits, reports from routine management oversight and supervision by all agencies' managers.

In response to the challenges identified last year, KSCB partner agencies have worked hard to implement policies and practices around the recognition and response to children vulnerable to CSE and Children who go missing. Staff across all agencies are now better sighted on CSE and missing children although it will take more time before evidence of the impact of this awareness is realised. This has been demonstrated in a multi-agency CSE investigation carried out during 2014-15. Learning from this investigation has been and will continue to be shared across Kent.

The impact on the placing of Other Local Authority Children in Care remains a concern for all agencies. There are evidenced links here with gangs, criminal activity and sexual exploitation. These continue to be a challenge, but stronger multi-agency working partnerships are being developed, for example the Thanet Task Force.

The ongoing demands being made on all agencies in Kent from the number of UASC and Trafficked Children coming in to the county will continue to have an impact on agencies' resources. The KSCB Trafficking and CSE Group is working to ensure that agencies share information, and where appropriate, resources to deal with the issues around these vulnerable children.

Overall, all agencies in Kent work hard to ensure that children in Kent are as safe as possible and that all agencies are committed to supporting those who are in need of additional services. KSCB will continue to scrutinise and challenge partners to ensure that we all work together collectively to safeguard children, working as far as possible to prevent safeguarding issues, but where they do arise, respond quickly and positively to deal with them. It is essential that every child's welfare is paramount and this message is in the forefront of each agency's organisational culture.

Voice of Children and Young People:

KSCB recognises the importance of hearing the voice of children and young people in Kent and has been seeking different ways of ensuring that their voice is heard, influences the Board priorities and work that is undertaken.

A young person from the CXK Youth Board, jointly opened our 2014-15 Annual Conference with our Independent Chair, speaking to the conference on issues that were relevant and important to all young people in Kent.

The Board continues to actively support Kent Youth County Council (KYCC) through their identified campaigns. Members of the KYCC presented an update on their anti-bullying campaign and introduced their 'Healthy Relationships' video at our Annual Conference in November 2014.

In addition KYCC run a safeguarding interest group, which is working on a project to reduce the stigma attached to mental health issues. This project is currently underway with the results expected over the next few months.

The Board starts every Board meeting with a presentation from, or about, Young People. Topics this year include: Domestic Abuse, Healthy Relationships, and Mental Health. These sessions have been extremely informative and have given the young people the opportunity to raise their current issues with Board members.

KSCB, through our Partnership Development Officers, have been working very closely with KCC in the development of a Participation and Engagement Strategy. This has included the undertaking of a LILAC assessment. The LILAC Assessment has been developed by National VOICE as a way of involving young people with experience of the care system to carry out an assessment of how well services delivered by the Local Authority are enabling CIC and care leavers to participate; both at an individual level, and in the development of policies and services that support them.

The assessment in Kent took place over a three day period between 29th September and the 1st October 2014. The assessment focused on shared values, style of leadership, structures, staff, recruitment and selection, care planning and review, complaints and advocacy. Two trained Care Leaver assessors took part in this assessment alongside a LILAC Coordinator.

The assessors said:

- *"It was evident that some really good participation work was going on".*
- *"I really enjoyed meeting with the Children In Care Council (CICC), thought they were fantastic and well supported".*
- *"There is definitely good work and I believe Kent are heading in the right direction, there are improvements to be made but it is a good starting point to have an independent body come and assess to be able to assist Kent in making improvements".*

The young people said:

- *"We do get consulted a lot and I think it is a good thing because we can make a difference*"
- "*The CICC is great, I enjoy attending the groups and it's fun and also our voices are taken seriously".*

The assessment graded Kent as having achieved 4 of the 7 LILAC standards. The feedback from the young people and the assessors is currently being used to develop an action plan which will be reviewed as part of the LILAC assessment later in 2015.

Next steps:

In 2014-15, feedback from young people attending CP Conferences was low. KSCB is working with CP Conference Chairs to encourage greater use of the voice of young people in providing feedback, which will then be used to support the development of the service.

KSCB will be undertaking a Countywide Young People's Survey in the summer term of 2015. Topics covered in the questions will relate to relevant and topical issues for young people, including cyber-bullying, healthy relationships and drug and alcohol misuse. The results from the survey will be reported to the Board in 2015-16.

The challenge for the Board going forward is 'So What?' The Board needs to demonstrate how listening to young people is impacting on their agency's business. This is reflected in the Board's Strategic Priorities for 2015-18.

"The Board continues to develop its reach and influence on safeguarding practice across the county through its invigorated membership and structures. We need to further consolidate the Board's oversight of frontline practice going forward as we collectively respond to the key strategic challenges outlined in the 2015 -18 Business Plan."

Philip Segurola
Director, Specialist Children's Services

Views of Staff Working with Children:

Staff Survey 2015

The KSCB Staff Survey was introduced by the KSCB Business Unit in 2014 and repeated again in 2015. The aim is to gain an understanding of the issues that practitioners face whilst working with children and their families in Kent. The survey also gave staff the opportunity to feedback to the Board regarding training gaps and their knowledge of designated safeguarding roles within their organisations.

The 2014-15 Survey was distributed across Kent to a wide range of agencies across all sectors, including the voluntary sector. A total of 1049 respondents completed the survey. The data was evaluated and grouped into district data so that the findings from the survey could be shared with Team Managers on District levels to inform practice and ensure local training needs could be met.

The four organisation categories that have produced the largest number of responses are Local Authority, Early Years Providers/Pre-Schools, Schools and Health, collectively making up 86% of the responses.

Awareness of the KSCB

Staff were asked to what extent they agreed with the statement that "they were aware of the role of the KSCB."

- 89% of staff responded either 'agree' or 'strongly agree'.

Awareness of which individual from their organisation is their KSCB representative

- When the respondents were asked if they knew the individual from their organisation that represented them on the KSCB, 30% disagreed or strongly disagreed.
- In particular it should be noted that 60% of staff within KCC's Social Care, Health & Wellbeing directorate are unaware of their KSCB representative.
- The implications of these results are that KSCB and agencies' representatives on KSCB Groups need to be more proactive in marketing the role of KSCB and their role as Group members.

Awareness of the Kent Thresholds and Tiers of Intervention

- Staff were asked if they were aware of the Kent Thresholds and Tiers of Interventions for CIN. 78% of practitioners either agreed or strongly agreed with the statement leaving 12% unaware and 10% taking middle ground.

Awareness of who the designated child protection coordinator/safeguarding lead is for their organisation

- 97% of staff within schools, and 99% of staff within health knows who the child protection coordinator/safeguarding lead is for their organisation.
- 16% of Local Authority staff do not know their designated officer.

Awareness of their organisations safeguarding procedures

- Staff were asked is they were aware of their organisation's safeguarding and child protection procedures, 97% of staff responded either 'agree' or 'strongly agree'.

Knowledge of the role of the LADO

Staff were then asked if they knew what the role is of a LADO.

- 80% of staff either agreed or strongly agreed with the statement with 11% disagreeing or strongly disagreeing. This is a significant increase from the 2014 survey where 64% of staff felt they understood the role of the LADO.
- Only 14 (5%) of 241 Early Years Provider/Pre-school staff do not know what the role is of the LADO whereas, 65 (49%) of 133 Health staff responded in the same way, although it is acknowledged that within Health, it would be the Designated Safeguarding lead who would be the lead contact for LADO matters.

CSE:

The survey then asked 3 questions on CSE.

- Do you have a clear understanding of CSE?
- Are you comfortable recognising and responding to CSE?
- Are you aware of the KSCB CSE Toolkit?
  - 93% of staff have a clear understanding of CSE although the proportion of staff that are comfortable recognising the signs and responding to them drops slightly to 80%.The proportion of staff aware of the Kent CSE toolkit drops further to 60%.
  - Certain organisation categories stand out more than others. Staff from Early Years Providers/Pre-School settings appear to be more likely than those from other organisations to have a clear understanding of CSE and also comfortable recognising/responding to it.

Early Help Notification Process

The survey asked staff about the Early Help Notification Process. Of the 1049 survey responses, 1040 members of staff responded to the statement 'I am aware of the Early Help Notification Process' and 20 of these stated it was not applicable to them.

- 834 (82%) of these 1020 members of staff stated that they were aware of the Early Help Notification Process. Of these 834, 56% stated they were confident in the Early Help Notification Process. This means that of the entire survey cohort, only 45% are aware of and confident in the Early Help Notification Process.
- 56% of staff stating that they are confident in the Early Help Notification Process is comparable to last year's survey where 60% were confident in the Common Assessment Framework (CAF) process.

Multi-agency working

The survey then went on to ask about working relationships with other agencies in their areas.

- 1027 members of staff answered this question and 75% felt that they have good working relationships in their area. Only 3% of staff disagreed or strongly disagreed and 22% neither agreed nor disagreed. These figures are very similar to the 2014 survey where 73% of staff felt they had good working relationships with agencies in their area.

Training

The survey then moves on to training, starting with whether training received allowed staff to effectively fulfil their role.

- 82% of staff agreed or strongly agreed with the statement and only 48 of 1049 (5%) disagreed or strongly disagreed
- 71% of staff agreed or strongly agreed that it was easy for them to access training which suggests a large number of staff are experiencing barriers to training. This is a reduction from 77% perceiving training as accessible in the 2014 survey.
- 42% of respondents from the charitable sector and 38% from the Police service could not agree that it was easy for them to access training. 50% of staff that fall into the 'other' category are also finding it difficult to access training.
- Nearly half of staff responding to this question stated that time capacity was a barrier for them. Limited courses and places appear to be the other major issues that staff perceive as their barriers to training.
- There is a big shift in the perceived barriers to training from the 2014 survey where cost and a lack of awareness of training or how to access it featured very highly.

The survey then asked staff to what extent they agree with the statement *'I am encouraged to regularly attend training'*.

- 75% of staff agree or strongly agree that they are encouraged to regularly attend training.

KSCB Group Reports

As the Independent Chair outlined in her Foreword, the Board has taken on a more formal accountability and reporting structure. Board members, Group Chairs and members of each of the Groups have all reported a greater confidence in the joining up and coordination of cross Group activity. Here are brief summaries of the activity and achievements of the Board's Groups:

Business Group

Group Chair: **Gill Rigg, Independent Chair, KSCB**

On her appointment as Independent Chair of KSCB, Gill Rigg undertook a review of the governance and accountability structure of the Board and its Groups. Following consultation with Board and Executive Group members, a new structure was introduced with the Business Group replacing the Executive. The Board is now made up mainly of the Chief Executives of all Partner agencies and has the decision making role for the partnership. The Business Group is made up of the Chairs of all the Board's Groups, and chaired by the Independent Chair.

At the Business Group, each Chair presents an update from their Group, raising issues that impact on the working of the other Groups. Where there are decisions or recommendations for the full Board, these are taken to the Board with the views and comments of the Business Group members. This process has made the purpose of the Business Group more meaningful and has provided greater structure and clarity of governance to the Board's business.

The Business Group also oversees the Board's Business Plan and is responsible for providing the Board with not only what is being done across the groups, but also the evidence of the impact that the Board's activity is having on operational practice and improving safeguarding for children.

During the Peer Review in December 2014, it was recognised that although it had not been in place for very long, the members of both the Board and the Business Group had already noticed the positive difference in how the Board conducted its business.

The Business Group's challenges for the future are to ensure that it builds on the positive start and delivers on the Business Plan priorities. More evidence of impact is required and it is the role of this Group to ensure that it is provided.

Quality and Effectiveness

Group Chair: Karen Proctor, Director of Nursing and Quality, Kent Community Health Trust

The Quality and Effectiveness (QE) Group's main function is to co-ordinate quality assurance and evaluate the effectiveness of what is carried out by KSCB partner agencies, individually and collectively, to safeguard and promote the welfare of children. It has oversight of multi-agency and single-agency audits, Section 11 audits and analysis of performance data about safeguarding from the key statutory agencies in Kent.

The QE examine quarterly performance indicators supplied by a range of partners in order to satisfy the KSCB that the arrangements in place to safeguard and promote the welfare of children are good.

A wealth of information is available to the QE and the focus this year has been on partners contributing to the analysis of these statistical measures, commenting on whether outcomes have improved. We are in an improved position but the group still has more work to do to ensure valuable contributions are available at these meetings. In order to help with these improvements there has been a review of the data presented and a new outcomes performance report is under development, this will be in place from April 2015.

Key activity undertaken by the Group 2014-15

KSCB Audits:

The QE carry out an annual programme of multi-agency audits; in 2014-15 these were:

Quality of CP Planning:

Following up on previous audits undertaken in CP, and findings from previous Ofsted inspections, the audit focussed on planning and interventions in selected CP cases. This audit highlighted the importance of good quality information needing to be contained within reports at Conference; this was identified to be imperative for effective planning to take place. It was found to be critical that records are accurate and up to date to ensure reasons for decisions/actions are maintained.

Section 11 Self Assessments:

A full round of assessments were collected with a new peer review process piloted to quality assure responses; this proved beneficial for all involved and will become a standard part of the Section 11 (S11) programme in Kent. District Councils have requested the S11 template they complete be tailored to better meet their needs and this is being progressed in 2015-16.

Domestic Abuse Deep Dive Review:

This process of auditing, involving practitioners and their managers in an in-depth discussion regarding one of their own cases, continued in 2014-15 following a successful pilot last year. Two cases were reviewed where there were repeat incidents of high level Domestic Abuse recorded. The findings have been shared and will form the basis of a follow up audit in 2015-16.

Repeat Missing Children and exploring links to CSE:

Six cases were reviewed by multi-agency partners and managers where all the young people had been reported missing more than three times in a 90 day period. The review focussed on whether professionals involved had explored links to CSE, and if evident, had addressed issues appropriately.

2014-15 Performance Outcomes:

The process for requesting Early Help Services changed mid 2014-15 so no direct comparisons are available at this time. The number of Kent Family Support Framework notifications received stood at 1,220 as at the end of March 2015, with the number of cases open to Early Help and Preventative Services at 5,380. The number of cases closed with a positive outcome stands at 68.8% and 9.4% of cases were stepped up to SCS in March 2015.

In March 2015 there were: 581 first time entrants to the Youth Justice System in Kent; 12.3% of the Youth Justice cohort were CIC; 5.7% of 16-18 year olds were Not in Education Employment or Training (NEET). The rate of referrals in to SCS was 512.9 per 10,000 population in March 2015, compared to 605.7 at the same point in 2014. Re-referrals within 12 months remain above target at the end of the year but are reducing month on month. Further figures from partners are included in the table below relating to CIN, CP and CIC:

Performance Measure	March 2014	March 2015	Target / Benchmark March 2015
Number of Children in Need per 10,000 population under 18 (snapshot)	330.1	283.7	315.0
Number of Section 47 enquiries per 10,000 population under 18 (rolling 12 months)	161.8	141.3	100.9
Number of children with a Child Protection Plan per 10,000 population under 18 (snapshot)	36.5	38.0	35.7
Percentage of Child Protection plans lasting 2 years or more at the point of de-registration (year to date)	4.9%	2.2%	5.0%
Percentage of children becoming subject to a Child Protection Plan for a 2nd or subsequent time within 24 months (year to date)	8.0%	7.8%	7.5%
Number of Children in Care under 18 per 10,000 population (snapshot)	50.3	46.1	48.0
Child in Care Stability of Placement: 3 or more placements in the last 12 months (snapshot)	8.9%	9.6%	9.0%
Number of cases referred to Multi-Agency Risk Assessment Conference (MARAC) where there are children in the household	210	220	n/a
Number of Domestic Violence incidents resulting in a Domestic Abuse Notification	746	807	n/a
Number of Domestic Violence incidents resulting in a referral to SCS	348	213	n/a
Number of children frequently reported Missing (3 or more incidents in 90 days)	118	237	n/a

The number of cases referred to a Multi-Agency Risk Assessment Conference (MARAC) where children are resident in the household remains high and continues to provide challenges for Kent Police and partner agencies, with nearly 1,000 cases referred over the year. Children missing from home or placement could be at risk of: sexual exploitation; missing education; engagement in criminal behaviour and be more vulnerable to other risk-taking behaviours. KSCB have been developing policies and procedures that safeguard and promote the welfare of this at risk cohort. Work is ongoing, collecting and cross referencing data from partners on these missing children, to ensure the extent of need is known and appropriate interventions can be implemented.

Upcoming Challenges:

- QE aims to continue to improve methods of gathering safeguarding evidence from partners, scrutinising their performance, sharing any best practice and learning via other groups of the Board.
- More work remains for all partners with regard to the analysis of the data that is presented to QE in order that a more detailed multi-agency analysis can be undertaken.
- The work of QE will ensure the Board receives relevant and timely information that will enable children in Kent to get the right help at the right time.

Case Review (CR)

Group Chair: Superintendent Andy Pritchard, Kent Police

The CR Group supports the KSCB Independent Chair in establishing the initial scope for any Serious Case Review (SCR) (where the criteria as set out in Working Together to Safeguard Children 2015 are met), or other type of review, and to develop procedures and protocols for undertaking those reviews in Kent.

Key activity undertaken by the Group 2014-15

The CR Group has developed and implemented a Case Review Notification Process that ensures partners can refer in cases that they feel warrant the CR Group to consider for a formal case review. This has resulted in 16 formal notifications to the KSCB CR Group in 2014 - 2015.

These have resulted in:

- Two Serious Case Reviews (one to be published in autumn 2015, the second in late 2015 or early 2016)
- Two Other Local Authority SCRs
- Seven formal management reviews
- Five cases are pending management reviews in 2015-16

Those Kent reviews undertaken have taken the form of:

- Practitioner events,
- Manager and practitioner learning events, and
- Independent manager reviews.

The purpose of all case reviews undertaken is to identify key learning lessons with the intention of using these lessons to improve working practice. All reviews have been chaired by members of the CR Group and findings and recommendations reported back to the CR Group.

Learning from these reviews has been identified and integrated into the existing KSCB Multi-Agency Training programme, or where new topics have been identified, new training has been commissioned and delivered.

Agency representatives on the CR Group have been tasked with cascading the learning from reviews undertaken to their own agencies following their presentation to the CR Group.

Key learning topics from the 2014-15 case reviews:

Sexual Abuse
Record Keeping
CP Conferences/Review Conferences
Strategy discussions
Self-Harm
Voice of the child
Supervision
Toxic Trio
Working with families

A more detailed breakdown of the areas below these headlines can be found at Appendix C.

Key challenges:

The embedding of learning from all case reviews is an area that still requires greater evidence of effectiveness. In 2015-16, the CR Group, QE Group and the Learning and Development Group will be working in a more joined up way to ensure that not only is learning disseminated, but there is evidence of its impact on operational practice. The QE Group will include the impact of learning on operational practice as part of its audit programme.

Learning and Development

Group Chair: Sean Kearns, CXK

Training

There were significant developments in respect of KSCB's core training offer during 2014-15. These include:

- Core multi-agency training offer:
  - A total of 145 individual courses relating to 36 different topics were delivered to 3281 multi-agency delegates across all 12 districts of Kent.
- Bespoke Training:
  - Similarly, 93 bespoke courses relating to 11 different topics were also delivered to organisations within 13 different sectors across all 12 districts of Kent.

Trainers

Two 5-day 'Train the Trainer' courses were held in this period and 25 new trainers have joined KSCB's College of Trainers. The position of Associate Trainer has also been created to enable existing trainers from within partner organisations to be trained to deliver KSCB courses, thereby cascading learning within their teams and agencies and extending its reach throughout Kent.

The first two 'Train the Trainer' courses for CSE were held in February and March 2015 respectively and a total of 36 multi-agency trainers trained to deliver this subject to both multi-agency groups and their own organisations.

KSCB also uses Specialist and External Trainers who are expert practitioners and subject matter experts, who deliver multi-agency training that requires an enhanced level of expertise and knowledge.

A Trainer Quality Assurance Programme has also been introduced within which KSCB trainers are formally and independently observed and their delivery evaluated. To date, all observations have been graded either good or outstanding. The 2014 Trainer Development Day was attended by 38 delegates and a new quarterly electronic Trainer Bulletin has been introduced to ensure KSCB trainers are kept up to date with local and National developments.

Evaluation

It is recognised that evaluating the impact of training on operational practice is difficult. However, in addition to the existing post-course delegate evaluation, a new three month post-training 'impact evaluation' process has been implemented to confirm the extent to which new learning has informed and improved delegates' practice. The results of this process are yet to be presented but this will continue through 2015-16 and outcomes will be presented to the Board.

A delegate feedback form is also regularly used by all trainers to record any issues which delegates share during training so that these can be fed back to the appropriate team.

Child Death Overview Panel (CDOP)

Group Chair: Andrew Scott-Clark, Public Health

This panel has the responsibility for reviewing all deaths of children in Kent. The panel is chaired by Kent's Director of Public Health and its work is supported by two Designated Doctors for Unexpected Death; a Child Death Coordinator, partner representatives (including the Police and SCS) and KSCB Officers. This mandatory panel works in close partnership in order to monitor trends in child death Nationally and locally, analyse data relating to specific child deaths, identify modifiable factors and to promote any learning from them. Whilst there are a host of other factors that are also considered as part of this work, environmental effects and parenting issues are key and these are subject to careful deliberation in each case, as is the quality of multi-agency working.

The primary aim of the CDOP is to reduce the number of preventable child deaths through systematic multi-disciplinary review, education of professionals and the general public and to make recommendations for legislation and public policy changes. These recommendations are based on panel reviews and circumstances surrounding individual causes of child death. The data is used to identify trends that require systematic solutions. In order to improve the way in which partners collect and respond to the necessary information KSCB and Health colleagues are progressing the development of a bespoke CDOP database that will provide an enhanced level of efficiency and reporting to this important process.

Age	Number
0-28 days	23
29 days - 1 year	19
1 - 4 years	7
4 - 11 years	8
11-18 years	13

Key activity undertaken by the Group 2014-15

The Panel reviewed a total of 93 cases in the year. Some of these cases were rolled over from last year as the Panel only formally reviews cases after all other proceedings, such as the Coroner's inquest, have been concluded.

Key achievements

Full information relating to child deaths in Kent is regularly considered by the CDOP panel and is used to bring about improvements in local working processes and practice whenever appropriate and to inform KSCB's learning and development.

Key challenges for 2015-16

There continues to be a number of sudden unexpected deaths in infancy (SUDI) across Kent and these continue to happen in circumstances where there is greater risk, for example, due to parental smoking, and/or co-sleeping. A new safe sleeping campaign is currently being developed to ensure parents and families are given the best advice to reduce the risks of infant deaths happening like this in the future.

The CDOP team have developed a joint information system which will ensure the collection, sharing and reporting of information is much more efficient, over the next six or so months this system will go live. Nationally there is much interest in the Kent system as all CDOPs are recognising the need to manage information more robustly using a secure, web-based system that is accessible to all partners.

Trafficking and CSE

Group Chair: Superintendent Tim Smith, Kent Police

The Group is working towards an integrated strategy to identify, address and reduce the incidence of Child Trafficking and CSE in Kent and Medway. Closely allied to this work is reducing the number of children and young people who go missing or runaway, including those arriving at the County's ports and International railway stations or within the community.

It aims to provide training to professionals, families and community groups to understand the profile of trafficked children and victims of sexual exploitation and help to understand their needs. The remit also includes a joined up data set to ensure intelligence is collated, analysed, understood and shared across all agencies.

Key activity undertaken by the Group 2014-15

- With the Learning and Development Group, (and supported by Barnados), designed and delivered multi-agency awareness raising of issues relating to Missing Children from home and care, CSE and Human Trafficking of children through training courses, both face to face and e-learning.
- Improved the CSE Toolkit to support frontline professionals identify and support children and young people who may be victims of CSE, based on feedback from professionals who used the toolkit as part of a major Kent CSE investigation.
- Improved multi-agency practices relating to Missing Children from home and care, CSE and Human Trafficking of children through sharing data and intelligence, and encouraging best practice from learning from active cases, both local and National.
- Learned lessons from the Ofsted Thematic Inspection and carrying out required actions from the Inspection.
- Developed an Action Plan for Trafficking and CSE, drawing from the Ofsted Thematic Inspection Report (attached at Appendix D), National Reports and the evolving Kent profile.
- Developed a comprehensive CSE and Missing Children Strategy to ensure that partner agencies work cooperatively to identify and deal with children and young people who are identified as, or at risk of becoming, victims and perpetrators of CSE and going missing.
- Promoted the need for every child who goes missing from home or care to have a "Return Interview" undertaken and the findings to be passed to the KSCB for analysis.

Key achievements

- Kent has taken part in the Home Office trial of special advocates for children and young people identified as having been trafficked. This means that if a child is identified as having been internally or externally trafficked into Kent s/he will be allocated an advocate on an alternate basis in order to compare outcomes for YP with those without. This is a Government funded project in conjunction with Barnardos. The interim report will be available shortly, and the year-long project comes to an end in September 2015.
- Development of a key strategic Action Plan incorporating recommendations from 14 national reports on CSE to ensure Kent's response to this issue is based on best practice and lessons learnt from other local authorities, Ofsted and key National research.
- Training of all Social Workers in CSE is now mandatory, and a major training programme was started to ensure that staff from all agencies can access awareness training. This programme is ongoing.
- Central point of access has been established to receive all reports of Missing Children and to ensure that data and intelligence from each episode of missing is recorded and responded to. Procedures are now in place to ensure that every child or young person who goes missing is offered a Return Interview.

Key challenges for 2015-16

- Continue to focus on the issues in the CSE Action Plan.
- Implementation of the Multi-Agency CSE Team and Multi-Agency Sexual Exploitation Group.
- Develop systems to understand the patterns themes, trends of risks of children placed in Kent by Other Local Authorities.
- Address the impact of the increasing numbers of UASC who enter Kent to ensure they are safeguarded and supported.

Missing Children Working Group

Chair: Nick Wilkinson, Head of Youth Justice and Safer Young Kent

This Working Group reports to the Trafficking and CSE Group. Its purpose is:

- Ensure there is a robust system for sharing information and ensuring multi-agency planning in respect of all children who go missing from home, care or education in Kent.
- Develop mechanisms to collate intelligence around children who go missing from EHPS, SCS, Kent Police and other relevant partner agencies.
- Reduce the number of incidents and number of children who go missing in KCC.
- Reduce the risk of harm to those who go missing and to minimise the risk of child sexual exploitation.

Key activity undertaken by the Group between 1st April 2014 and 31st March 2015

- Multi-agency awareness raising of issues relating to Missing Children from home, care and education through training courses, both face to face and e-learning.
- Improving multi-agency practices relating to Missing Children from home, care and education through sharing data and intelligence, and encouraging best practice from learning from active cases.
- Promoting the need for every child who goes missing from home or care to have a "Return Interview" undertaken and the findings to be passed to the KSCB for analysis.

Key achievements

- Significant activity by this group has enabled Kent to be in a much improved position to understand and respond to missing children in the county.
- Central point of access has been established to receive all reports of missing children and to ensure that data and intelligence from each episode of missing is recorded and responded to. Procedures are now in place to ensure that every child or young person who goes missing is offered a Return Interview.
- From 5 May 2015 all missing children reports will be received by Central Referral Unit (CRU), who will then allocate as necessary to SCS or EHPS for offer of return interview.

Key challenges for 2015-16

- Embed new ways of working in accordance with KSCB Missing Children Procedures
- Ensure Return Rnterviews are undertaken and intelligence is gathered to understand risks
- Escalate as necessary the responsibility of other Local Authorities in relation to their missing children

Education Safeguarding Group

Group Chair: Patrick Leeson, Education and Young People Services

The KSCB Education Group provides a forum for Schools, Early Help and Educational services, including Early Years to raise awareness of critical issues on the safeguarding agenda. Head Teacher representation is strong and both Independent School and Further Education (FE) College representatives provide a crucial link with these sectors.

The Terms of Reference for the group are reviewed annually and group membership is regularly scrutinised to ensure that the right people are involved. During the last year there have been a number of priority issues on the agenda including Prevent, CSE, Female Genital Mutilation (FGM) and e-safety, with additional actions arising as a consequence of a range of new guidance published by the Department for Education (DfE) during the early part of 2015. These include revised editions of *Working Together to Safeguard Children* and *Keeping Children Safe in Education.* Additional good practice guidance was developed for Kent schools following the revised publication of the *Disqualification Regulations* under the Child Care Act 2006, which focuses on staff suitability and risk management when safeguarding issues in their personal life have an impact on their professional role when working with children under 8 years of age.

The Education Group provides a termly report to the QE Group that outlines the level of activity in terms of safeguarding consultations, including those involving on-line protection and the training provided for schools and settings. This academic year has seen in excess of 4,000 recorded consultations being undertaken by the Lead Professional and these can range from general policy and procedural advice to specific child welfare concerns or strategic safeguarding queries. The termly Education Safeguarding Newsletter that is circulated to Group members and to schools and settings via the e-bulletin remains the key medium that is used to cascade information and raise awareness about new developments.

Safeguarding training is a requirement for schools and settings. Ofsted monitors this during inspections and School Designated Safeguarding Leads must receive updated training every two years to ensure schools are meeting their obligations. During the current academic year the Education Safeguarding Team will have delivered training to more than 2,000 designated staff in schools, in addition to inset or twilight sessions for whole staff groups. In total more than 5,000 education staff will have received safeguarding training this year and this will include numerous bespoke sessions regarding on-line protection.

Education Safeguarding Advisers also commit a number of dedicated days to supporting the KSCB multi-agency training, particularly regarding issues of e-safety and CSE, which are standing items of the group agenda. Work has also been undertaken in drafting multi-agency good practice guidance on e-safety that will reflect the work of all agencies represented in the KSCB.

The safeguarding support, guidance and training provided to schools leads to a better informed workforce who work within policy and procedures. Consequently children are better protected and this can be evidenced in Ofsted inspection judgements (as reported to QE group). No school in Kent has been found to have inadequate safeguarding arrangements. Further evidence of the voice of the child is provided in the survey carried out with young people by Project Salus whose findings were fed back to the group in 2014.

CSE is another area for particular attention following the Ofsted Thematic inspection of the local authority. Although awareness raising and reference to procedures' tool kit is part of Designated Safeguarding Lead (DSL) training for schools and settings, more attention in the year ahead needs to be given to this initiative.

Training has been taking place to support the four Kent area rollouts of the 0-25 transformation programme. This is designed to develop and improve working practices across the integrated model of Early Help and Specialist Children's Services. A key aim is to ensure that staff are effective in implementing new working practices and expectations, and use effectively the new KFSF forms and tools. This roll-out training is being complemented by a detailed workforce development plan designed to ensure the professional development for EHPS staff, plus focused training on key areas to ensure a skilled and confident integrated Early Help workforce capable of operating a whole family approach.

Health Safeguarding

Group Chair: Sally Allum, Director of Nursing, NHS England: South (South East)

Key activity for 2014-15

- Review and agreement of the HSG Terms of Reference
- Established a Kent and Medway FGM Steering Group, with links to the National FGM Group through NHS England
- Reporting the outcomes of the CQC Inspections that been undertaken in 2014-15, including updates on progress against the Action Plans
- Regularly providing the Board with updates from the various Health providers, including Children and Adolescent 's Mental Health Services (CAMHS)
- Keeping the Board apprised with the re-structuring of 'Health' across Kent and the South East of England

Key achievements

- Strategic leadership for CSE
- Strategic whole system health leadership for FGM
- Strategic whole system health approach for CAMHs
- Robust governance systems for health as a whole system
- Completion and implementation of the CQC recommendations post 2014/15 into looked after children

Key challenges for 2015-16

- Developing robust governance system to monitor outcomes for unaccompanied asylum seeking children
- Further development of multiagency systems to safeguard vulnerable children across Kent

Policy and Procedures

Group Chair: **Tina Hughes, National Probation Service**

Key activity for 2014-15

The Group met more frequently in 2014-15, mainly due to the requirement to review and update all of the Board's Policies and Procedures for publication on the new On-Line Procedures Manual through TriX.

With the introduction of the Business Group, there has been more detailed reporting of this Group's activity to the other Groups and a greater understanding of the areas in which to prioritise the updating of existing policies and the development of new policies and procedures.

The Terms of Reference for the Group have been updated and new representation has been included in the membership.

Key achievements

- Review of all KSCB policies and procedures
- Publication of the On-Line Procedures
- Ongoing development of new policies (e.g. working with young people who exhibit harmful behaviour)

Key challenges for 2015-16

In order to ensure that the views and comments of all partner agencies are considered when creating and/or updating policies, it is essential that partners continue to be appropriately represented on this Group.

Due to the increasing overlap of services provided to families, there needs to be a greater linkage between the policies on the safeguarding of children and young people with those on the safeguarding of vulnerable adults.

The Group will continue to review existing policies and procedures, including the Threshold Criteria, and develop new policies in line with changing legislation and guidance.

KSCB Finance Report

In line with the requirements of Working Together 2015, this report outlines the KSCB financial contributions from partners and its expenditure. Working Together states:

"All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective. Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies."

The 2014-15 finances and the projected expenditure for 2015-16 is outlined below.

During 2014-15, contributions from partners reduced to £238k from £250k in 2013-14. This is projected to reduce again in 2016-17. With a total income of £1,090,000 (including the carry forward, base funding and training income) and expenditure of £531k, this ensures that the overall costs of running KSCB were met as they could not have been covered solely by contributing partners. We have recently commissioned three SCRs and this has been factored in to expenditure projections for this financial year.

With regard to the reserve, this has been raised with Board members and a programme was agreed on how this reserve is to be reduced. It is projected that, through an anticipation of a gradual reduction in Partner contributions and reduction in grants, the Board should have a break even working budget, with a small reserve to cover the costs of any future SCRs within three years.

KSCB Annual Finance Report 2014-15

Expenditure	2013-14	2014-15	Projected 2015-16
Staff			
Salaries	294,233.22	362,493.43	347,441.97
Staff expenses	4,479.83	4,940.14	5,765.00
Staff training and development	1,479.24	4,438.64	4,500.00
Equipment	6,491.38	8,460.09	6,050.00
Total Staff expenditure	**306,683.67**	**380,332.30**	**363,756.97**
Business Unit support			
Printing, publications and promotions	1,995.54	7,768.24	7,885.00
Room hire and refreshments – Board and Groups	10,039.66	12,637.48	13,000.00
Stationery	404.85	1,779.74	1,980.00
KSCB website and on line procedures	5,283.50	3,000.00	10,900.00
Total Business Support expenditure	**17,723.55**	**25,185.46**	**33,765.00**

Board expenditure	2013-14	2014-15	Projected 2015-16
Independent Chair	24,325.85	17,016.66	17,800.00
External consultants	8,701.70	5,000.00	5,000.00
Lay members	200.00	200.00	200.00
Case Reviews	6,800.00	9,799.05	60,500.00
Audits	4,518.75	0.00	0.00
Total Board expenditure	**44,546.30**	**32,015.71**	**83,500.00**
Training			
Room hire, refreshments and training resources	5,913.22	24,760.06	35,580.00
Training resources and equipment		2,176.38	2,100.00
External trainers	16,000.00	30,583.38	20,000.00
Annual conference	10,000.00	11,000.00	12,000.00
E-Learning subscriptions	10,000.00	7,294.52	13,705.00
Specialist IT Support	4,269.98	4,056.00	4,537.00
CPD subscription	9,994.00	14,044.50	7,000.00
Total Training expenditure	**56,177.20**	**93,914.84**	**94,922.00**
Total expenditure	**425,130.72**	**531,448.31**	**575,943.97**

Income	2013-14	2014-15	Projected 2015-16
Residual funds	-600,679.08	**-686,241.97**	**-558,502.45**
Partner contributions	-250,524.00	**-238,124.00**	**-246,458.00**
Total Partner Contributions/Residual Funds	**-851,203.08**	**-924,365.97**	**-804,960.45**
Training Income	-46,158.55	-87,135.00	-85,000.00
Total training income	**-46,158.55**	**-87,135.00**	**-85,000.00**
KCC base funding	-199,000.00	-78,433.62	-98,524.15
Receipts in advance	-15,000.00	0.00	0.00
Total grant income	**-214,000.00**	**-78,433.62**	**-98,524.15**
Total Income	-1,111,361.63	-1,089,934.59	-988,484.60

Total Income	**-1,111,361.63**	**-1,089,934.59**	**-988,484.60**
Total expenditure	**425,130.72**	**531,448.31**	**575,943.97**
Residual funds to carry forward to next financial year	**-686,230.91**	**-558,486.28**	**-412,540.63**

Partner Contributions 2014-15 and 2015-16

Agency	Contribution	Contribution*
Education Safeguarding	40,167.00	40,167.00
YOS	8,000.00	8,000.00
SCS	40,157.00	40,157.00
Kent Probation Service	*6,276.00*	*6,276.00*
Kent Police Authority	*47,600*	*45,934*
CAFCASS	*550.00*	*550.00*
Connexions (CXK)	*0*	*1,000*
Kent CCG and Health partners	*90,374.00*	*90,374.00*
Kent Fire and Rescue Service	*5,000.00*	*5,000.00*
Total	***£238,124***	***£235,458***

* Estimates

What next - KSCB Strategic Priorities 2015-18

In developing our priorities for the next three years, the Board, Business Group and Groups, held a number of focus sessions to discuss activity and achievements of last year's Plan, current topics, feedback and recommendations from the Peer Review, the Board's Self-Assessment and findings from previous Ofsted Inspections.

The outcomes of the focus sessions were then discussed at the Business Group and presented to the Board. The following overarching themes were agreed:

- Leadership and Governance
- Voice of the Child
- Quality Assurance and Evidence of impact
- Learning from Case Reviews and Child Deaths
- Staff Development

It was also recognised and agreed, that areas of particular interest would also be included. They were agreed as:

- Child Sexual Exploitation
  - Missing children
- Early Help
- Children in Need
- Toxic Trio (Domestic Abuse, Parental Mental Health and Parental Substance Abuse)
- Emotional wellbeing of young people
- Sexual abuse
- Gangs
- Prevent
- Female Genital Mutilation

A full breakdown of the activity sitting below these headlines can be found at Appendix E.

Conclusion

During 2014-15, KSCB and our partner agencies have built on the good work from the previous year which saw Ofsted lift the Improvement Notice on the Council (December 2013). The Board has continued with its scrutiny and challenge role through the development of the Business Group and the stricter governance and lines of accountability. The Groups have established a more consistent and stable membership which has allowed them to be more focussed on the key issues, for example, Early Help, 'children who go missing', 'On-Line safety' and FGM. All of these continue to feature in the Board's Strategic Priorities for 2015-18, alongside, CSE, Radicalisation, Domestic Abuse and working with parents with mental health and/or substance misuse issues.

The other key area of focus for the Board is not only listening to the voice of the child, but acting on it and evidencing how it is being used to inform policies and procedures and improving operational service delivery.

In 2015-16, there will be a greater emphasis of joined up working with the County's other strategic Boards. We have started to work more closely but the evidence of how this is making a difference is yet to be fully realised.

As has been referred to throughout this report, all agencies are committed to working together to safeguard children and young people of Kent. There will be challenges throughout the year, both financial and operational, but all agencies remain solidly signed up to improving the services that we collectively deliver.

Appendices

Appendix A	KSCB Self-Assessment 2014
Appendix B	KSCB Peer Review Feedback
Appendix C	Key learning topics from the 2014-15 case reviews
Appendix D	'The sexual exploitation of children: It couldn't happen here, could it? Key findings
Appendix E	KSCB Strategic Priorities 2015-18 - Business Plan

Appendix A

KSCB Self-Assessment 2014

Ofsted General Descriptors

Standard:

The LSCB is able to provide evidence that it coordinates the work of statutory partners in helping, protecting and caring for children in its local area and there are mechanisms in place to monitor the effectiveness of those local arrangements.

Strengths and Achievements

- QE Group has an agreed data set and regular reporting on single and multi-agency audits.
- QE meets every other month and reports to the Business Group and full Board.
- QE is the group that monitors the effectiveness of local arrangements.
- Partners are represented on the QE Group.
- KSCB is aware of single-agency training provided by the Education Safeguarding Team and Training lead sits on KSCB L&D group.
- Improvements in Ofsted findings and judgement
- Deep Dives into local practice.
- Audits of effectiveness of current arrangements.
- SCR analysis.
- KSCB undertakes a series of audits both multi-agency and single-agency reporting to provide evidence that it co-ordinates the work of partners in safeguarding children and families across Kent.
- The KSCB Business Group is the 'engine room' of the Board; takes responsibility for the business plan and drives forward performance.

Challenges and area for improvement/consideration

- Greater challenge between partner agencies required at both QE and Board level.
- QE does not receive sufficient analysis of intelligence from partners; data rich but information poor; partner capacity issues to supply what is required.
- Take up of KSCB training by schools is generally poor. Schools are less inclined to access KSCB multi-agency training as Ofsted only monitor centralised requirements within prescribed timescales.
- Some monitoring still focuses on quantitative, although there is a movement towards qualitative. Further qualitative measures need to be developed.
- Concerns about lower take up of sexual abuse medicals.
- Pathways for children's emotional health remain complex.
- Training impact measured by post course evaluation, although introduced, needs developing.
- Sharing the learning from KSCB Rroups needs to improve.
- Need to evidence of how learning is being implemented.
- There is a gap between the KSCB Groups and the operational localities.
- Holding agencies to account for contributions is a challenge.

Standard:

Multi-agency training in the protection and care of children is effective and evaluated regularly for impact on management and practice.

Strengths and Achievements

- KSCB has a significant multi-agency training programme.
- An impact evaluation programme is being implemented.
- NHS Providers recently produced evidence as part of KSCB assurance exercise on the implementation of SCR recommendations. Providers were required to produce evidence of how they monitor that training changes practice.
- Recent changes by KSCB to promote experiential learning have been met positively by those involved.
- Training programme is comprehensive and responsive to local needs i.e. SCR findings.
- Full calendar of various pertinent topics at different levels.
- College of trainers monitored and supported by the L and D Group.

Challenges and Areas for Improvement/Consideration

- Embedding of post course practice impact evaluation across all agencies.
- Partners may not be able to access training.
- The work of the L and D Group may benefit from wider coverage at practice level.
- There remains a challenge in making training more accessible.
- Evaluation quality and review of the training content needs to be kept under constant review and reflect organisational changes.

Standard:

Policies and procedures in respect of thresholds for intervention are understood and operate effectively.

Strengths and Achievements

- Threshold document is published on KSCB website.
- KSCB deliver stand-alone multi-agency Threshold training.
- Thresholds are also included in all KSCB multi-agency training.
- KSCB audit Thresholds regularly and staff understanding of them are a common thread in all KSCB audits.
- Eligibility Criteria and its' relevance for referral forms core of DCPC training.
- CRU multi-agency approach to consistent application of Thresholds.
- Deep Dives into use of CRU and CIN Referrals.
- All procedures/policies available on Tri-X and on KSCB website.

Challenges and Areas for Improvement/Consideration

- Needs more explicit inclusion in each training session aims and objectives.
- Capacity to audit topic regularly and cover other areas requiring audit as well.
- Increased number of escalations via professional disagreement procedures, although data not captured. by CRU.
- Training is popular and may be full before staff can book on.
- More than one level of training more tailored to the needs of different sectors.
- Capacity to audit topic regularly and cover other areas requiring audit as well.

Standard:

Challenge of practice between partners and casework auditing are rigorous and used to identify where improvements can be made in front-line performance and management oversight.

Strengths and Achievements

- QE holds multi-agency case audits.
- Findings are published on the KSCB Website.
- Agencies are required to report against the recommendations.
- KSCB audit on an ongoing programme, subject areas driven by priorities/emerging concerns.
- The Chair of the QE is a member of the KSCB, attends meetings and represents the directorate – challenge between partners happens here.
- There are positive examples of case audit led by the LSCB.
- In addition to this, the recent KSCB / Health assurance exercise on SCR implementation identified a significant number of internal audits within health providers which included aspects of multi-agency case working.
- SCR findings shared via multi-agency training, briefings and website.
- Website.
- Clear and transparent processes.
- QE Group receives single-agency reports.
- There have been "Deep Dive" audits in the past driven by the KSCB.

Challenges and Areas for Improvement/Consideration

- Greater evidence is required to demonstrate that all agencies take the findings from audits seriously.
- Partner capacity to undertake audits as required.
- Challenges may not be made formally / followed through fully / updated regularly.
- Although increase in escalation regarding challenge of Threshold decisions evidence of some cases not being followed through fully.
- Ensuring the findings of the audits are published and lessons learnt disseminated to all agencies.

Standard:

Serious case reviews, management reviews and reviews of child deaths provide learning and feedback opportunities to the local authority that drive local improvement.

Strengths and Achievements

- Case reviews are undertaken in line with guidance.
- CDOP have monthly meetings to look at all child deaths and report on patterns/themes.
- Findings are published on the KSCB website
- Learning from both CR Group and CDOP are included in the KSCB training programme.
- Information is disseminated via safeguarding leads.
- Revised process for reviewing cases is more streamlined and effective.
- The role of the CR Group has been developed to include more authority to ensure that learning is implemented.
- The interactive training provided by KSCB provides greater insight and understanding in relation to complexities faced by practitioners and information sharing.
- The KSCB is willing to consider other methodology for learning alongside more formal SCR processes. This continues to be developed.
- SCR findings published on website in prominent place and advertised.
- Briefings and agency responsibilities clear and transparent.
- Themes from SCR's picked up for wider training offer, such as CSE.
- Information is disseminated via safeguarding leads

Challenges and Areas for Improvement/Consideration

- Re-occurring themes are still prevalent.
- Many lessons from SCRs have been consistent over the years. The KSCB must ensure that repetitive lessons are covered in regular ongoing audits programmes.
- Further development of innovative training may assist in communicating key messages.
- As many health providers become larger, all health providers must ensure that repetitive lessons are included in regular audit and Board assurance.
- Response time from SCR and dissemination of associated training can take a long time.
- Need to review KSCB Group membership so as to ensure appropriate dissemination and learning can take place.
- There is no formal process by which to assess the learning from SCR – feedback from the practitioners.
- The challenges faced by the Group are to decide upon the 'type' of review to undertake in order to maximise learning and provide optimum feedback opportunities for front line practitioners.

Standard:

The LSCB provides robust and rigorous evaluation and analysis of local performance that influence and inform the planning and delivery of high-quality services.

Strengths and Achievements

- Role of the QE Group
- QE meets every other month and feeds information out, from and up, to the Board; QE is the group that monitors the effectiveness of local arrangements; Partners are represented on the QE group
- Safeguarding in Education Safeguarding Group supplies a quarterly report to the Board, via the QE informing the Board on matters such as:
    - Elective Home Education – including analysis why numbers have increased, ages of children, the vulnerabilities posed, district implications and actions taken to improve outcomes.
    - Academic attainment of CIC.
    - CIC known to Youth Offending Service.
    - Persistent Absence data for all children and CIC.
    - Permanent Exclusions data for all children and CIC.
    - Fixed Term Exclusions data.
    - Complaints received via Ofsted regarding staff/children and what is being done, if they are found-ed/unfounded, trends and measures in place.
    - Early Years Ofsted judgements – a safeguarding inadequate rating generally leads to an inadequate rating overall.
    - Key Ofsted accountabilities.
    - Priorities of the Safeguarding in Education Safeguarding Group, actions planned, underway, progress and outcomes.
- The overall culture of KSCB has changed considerably over the past couple of years to one where constructive challenge is expected and indeed accepted.
- Systems to evaluate local performance are in place.
- The KCSB QE Group provides an agreed populated dataset for evaluation at each meeting.
- The QE Group requires single-agency reporting on a rolling programme.
- The QE Group has agreed for a Peer Review of single-agency reporting to provide rigorous evaluation and analysis of local performance.
- Section 11 audit cycle in place with direct challenge from KSCB.

Challenges and Areas for Improvement/Consideration

- More evidence of a robust approach required.
- Reports/meetings lack an analysis of risk, actions underway and planned, and outcomes.
- KSCB needs to consider focussing on the quality of safeguarding arrangements in fewer areas of scrutiny.
- The current demand for information from such a wide perspective can be overwhelming for agencies.
- As a result, reports can sometimes lack effective analysis of risk, clear action plans and outcomes for children.
- The reporting frequency (quarterly) and pressure to meet deadlines does not allow for reports to be approved by Education Group before presentation at QE Group as dates of meetings are not co-ordinated to allow for this.
- The loss of KSCB District or Area Forums for multi-agency engagement in the work of the Board has left many professionals feeling detached and isolated.
- Analysis of information can be unclear and focus heavily on SCS performance.
- Types of data, whilst plentiful, can be difficult to compare because of emphasis.
- Difficult to see how information obtained by KSCB impacts on delivery across a range of services.
- The QE group has local reps but their communication outwards is not strong.
- Not all lessons learnt are shared to relevant agencies.
- The voices and experiences of children and young people do not sufficiently influence and inform.

Appendix B

KSCB Peer Review Feedback

December 2014

Board and Group structure

Strengths:

- Restructuring of KSCB at a strategic level has given confidence across partner agencies that it is a multi-agency partnership.
- Belief that the processes are now in place to hold individual agencies to account.
- Positive feedback about the impact of the new Independent Chair and the changes that she has put in place: cooperative nature, facilitative and engaging – universally reported.
- A sense of purpose.
- Stability in place as some core long standing members of the Board.
- Good support from Business Unit on key issues, e.g. missing children and young people processes.
- Positive feedback about the Groups and the work they are doing.
- Business Group viewed positively by Group members and chairs.
- Challenge log in place to evidence KSCB's challenge to partner agencies.
- Groups chaired by different agencies.
- Significant financial investment in the Board by partners.

Areas for Consideration:

- Disconnect between strategic level and local/operational districts – concern about the way in which the old district partnerships were disbanded: need to ensure that there is consistency in terms of new arrangements, better communication and feedback up and down.
- Limited evidence of impact of the Board on children and young people's outcomes and practitioners.
- Voice of the child is not evident through the Board's assurance work.
- Lack of understanding of the impact of one area's work on another, e.g. S11 audits and case reviews.

Quality and Effectiveness

Strengths:

- Performance scorecard in place – being monitored through the QE Group with exception reporting to the main Board.
- Multi-agency audit programme in place.
- Some examples of impact at an operational level, e.g. CAMHS, CSE and missing persons.

Areas for consideration:

- Disconnect between the Business Plan strategic priorities, the performance scorecard and the KSCB structure.
- Lack of buy-in to the scorecard – possibly because it is focused almost exclusively on SCS.
- Lack of capacity to do multi-agency audits leading to a 'backlog' within the audit programme.
- Voice of the child and the voice of the practitioner is not reflected in the current performance scorecard.

Learning and development

Strengths:

- Strong focus on learning and development.
- Understanding of the importance of learning and development in driving improvement.
- Service level agreement in place to ensure that learning and development follows in a timely way from SCRs.
- Training sessions for Members being organised by the Cabinet Member for SCS.

Areas for Consideration:

- Learning and development not being seen as driving systemic change – focus currently on upskilling practitioners.
- Lack of medium and long term evaluation of training – limited understanding of the longer term impact of training on practice.

Things to drive forward

- Maximising the Board's positional power to affect large scale change.
- Multi-agency partnership – engagement.
- Increase the level of challenge to partners from Chair; between the partners and from practitioners' level.
- All partners commit to grow the data set further to reflect the Child's journey through universal, targeted and specialist services.
- Increase the profile of the data at a Board level; understanding of the data, what it tells you and how it is used for evidence based practice at Board or organisational level.
- Develop a portfolio of evidence of impact.
- Strike a balance of the core safeguarding matter and a focus on a geographic area of policy into practice.

Appendix C

Key learning topics from the 2014-15 case reviews:

Sexual Abuse

- Understanding of the Sexual Abuse Medical Pathway.
- Dispelling the myth that sexual abuse medicals are 'intrusive' processes. Sexual abuse medicals are holistic, supportive, therapeutic and can be reassuring. They are not intrusive, or harmful'.
- Insufficient evidence required for Police prosecution does not discount that sexual abuse may be happening and the requirement of ongoing multi-agency safeguarding activity.
- Agencies' responses to sexual abuse.
- Children cannot make 'lifestyle choices' that result in sexual activity with older men.
- Use of social media as a meeting place/contact forum for older men.

Record Keeping

- Requirement for accurate and timely record keeping, including updating of case management IT systems.

CP Conferences/Review Conferences

- Staff attending CP Conferences must understand their role at the Conference.
- Staff must submit their report in advance of the Conference.
- Invitations must be sent to all agencies relevant to the case and a record of who has been invited; and responses must be retained.
- Where an agency cannot attend, a report MUST be submitted .
- Minutes and Actions MUST be circulated to all on the invitation list (not just to those in attendance) in a timely manner.

Strategy discussions

- Requirement for the appropriate professionals to attend Strategy Discussions, (especially Health where sexual abuse is suspected).
- Appropriate challenges if professionals are not present .

Self-Harm

- The need for early responses to self-harming in children.
- Referrals to EHPS and SCS of cases of self-harm.

Voice of the child

- Where continuing disclosures are being made, this must be recorded and acted upon.
- Evidence as to how the voice of the child is listened to and how this has influenced decisions must be recorded.

Supervision

- Need for more intensive supervision in complex cases.

Toxic Trio

- Working with adults who have Domestic Abuse/Substance Misuse/Mental Health issues, full consideration must be given to the impact on the children/young people in the family.
- Working with parents with learning difficulties - how does this impact on the parenting capacity and how is this considered in the overall assessment.

Working with families

- Respectful uncertainty.
- Familial abuse and how this may be covered up within a family setting.
- Dealing with hostile and resistant families.
- Ongoing concerns where the father has left the family home and is in a new relationship where there are children.
- Reassurance is required as to what is currently happening with siblings.
- All agencies ensure that faith, belief and culture systems are an integral part of any assessment and service planning.
- It is recognised that stability and consistency of professionals provides a better opportunity to assess and understand changing family dynamics and their impact.
- Where ongoing concerns remain, these should be escalated.
- Requirement for pre-birth assessments where there are ongoing issues for older children and mother is pregnant.

Appendix D

The sexual exploitation of children: It couldn't happen here, could it?

Key findings

Strategic leadership

- Local Authorities and their partners are still not meeting their full responsibilities to prevent child sexual exploitation in their area, to protect its victims and to pursue and prosecute the perpetrators.
- They have been too slow to meet their statutory duties, despite being issued with guidance to do so over five years ago. Two of the local authorities inspected do not yet have a child sexual exploitation strategy in place. Half have no action plan.
- Local arrangements, where they do exist, are poorly informed by local issues and self-assessment. They do not link up with other local strategic plans
- Specific training, where it exists, is of good quality and gives staff confidence in their ability to identify and respond to child sexual exploitation. However, it is not always reaching those that need it most.

Performance management

- Local authorities are not collecting or sharing with their partners the information they need in order to have an accurate picture of the full extent of child sexual exploitation in their area. As a result, they cannot know whether they are making a positive difference in the prevention, protection and prosecution of child sexual exploitation.
- Not all local authorities and LSCBs evaluate how effectively they are managing child sexual exploitation cases. This means that findings are not used to improve future practice.

Raising awareness

- Local authorities and partners are successfully using a range of innovative and creative campaigns to raise awareness and safeguard some young people at risk of child sexual exploitation.

Findings from practice

- Local authorities and police do not always follow formal child protection procedures with children and young people at risk of child sexual exploitation.
- Screening and assessment tools, where they exist, are not well or consistently used in some local authorities to identify or protect children and young people from sexual exploitation.
- Plans of how local authorities and their partners are going to support individual children and young people at risk of or who have been sexually exploited are not robust. Plans specifically for children in need are poor. Child protection and looked-after children plans vary in quality. In most of the case files reviewed, there was no contingency plan in place for if the initial plan was not successful.
- Local authorities are not keeping plans for children in need under robust review. This leaves some children in a very vulnerable position without an independent review of their changing circumstances and needs.
- Management oversight of cases is inconsistent and is not strong enough to ensure that cases are always being properly progressed or monitored in line with the plan.
- A dedicated child sexual exploitation team that is solely responsible for the case does not always ensure that children receive an improved service. Where specialist child sexual exploitation support is provided in addition to the allocated social worker, there is more evidence that children are being better supported.

Disrupting and prosecuting perpetrators

- Not all police and local authorities are using their full range of powers to disrupt and prosecute perpetrators. Where they are using their powers well, they are effective in disrupting criminal activity. However, low numbers of prosecutions are achieved in comparison to the number of allegations made.

Missing children

- Too many children do not have a return interview following a missing episode. This means that local authorities and police are missing opportunities to effectively protect these children and young people and to gather intelligence to inform future work.
- Local authorities are not cross-referencing information and soft intelligence relating to children who are frequently absent from school with their work with children at risk of child sexual exploitation.
- Even when the correct protocols are used, too many children still go missing.

Recommendations

All local authorities should:

- Ensure that managers oversee all individual child sexual exploitation cases;
- Managers should sign off all assessments, plans and case review arrangements to assess the level of risk and ensure that plans are progressing appropriately
- Ensure that every child returning from a missing episode is given a return interview.
- Local authorities should establish a set of practice standards for these interviews and ensure that these are consistently met. Information obtained from the interviews should be centrally collated and used to inform and improve future operational and strategic activity
- Ensure that schools and the local authority cross-reference absence information with risk assessments for individual children and young people
- Establish a targeted preventative and self-protection programme on child sexual exploitation for looked after children.

Local authorities and partners should:

- Develop and publish a child sexual exploitation action plan that fully reflects the 2009 supplementary guidance;
- Progress against the action plan should be shared regularly with the local authority Chief Executive, the LSCB, the Community Safety Partnership and the Police and Crime Commissioner
- Ensure that information and intelligence is shared proactively across the partnership to improve the protection of children in their area and increase the rate of prosecutions
- Consider using the available child sexual exploitation assessment tools to improve risk assessments of children and young people in their area;
- Where these are in place, they should be used consistently by all agencies
- Ensure that sufficient appropriate therapeutic support is available to meet the needs of local young people at risk of or who have suffered from child sexual exploitation, including care leavers
- Make sure that local strategies and plans are informed by the opinions and experiences of those who have been at risk of or have suffered from child sexual exploitation
- Enable professionals to build stable, trusting and lasting relationships with children and young people at risk of or suffering from child sexual exploitation
- Consider how effective local schools are in raising awareness and protecting children at risk of or who have suffered from sexual exploitation.

Ofsted should:

- Ensure that child sexual exploitation is considered within the safeguarding sections of all future inspection frameworks and across all remits
- Continue to sharpen the focus given to child sexual exploitation in all children's services inspection frameworks, including the review of Local Safeguarding Children Boards.

LSCBs should:

- Ensure that the local authority and its partners have a comprehensive action plan in place to tackle child sexual exploitation
- Hold partners to account for the urgency and priority they give to their collective and individual contribution to the child sexual exploitation action
- Critically evaluate how effective the activity and progress of each of the LSCB members is against the action plan and publish these findings in the LSCB annual
- Ensure that all partners routinely follow child protection procedures for all children and young people at risk of or who have suffered from child sexual exploitation
- Ensure that partners meet their statutory duties in relation to children returning from missing episodes where child sexual exploitation is a potential or known risk factor -
- Ensure that all partners carry out their responsibilities as defined in the locally agreed threshold document, which sets out the different levels of provision offered to individual children and young people at risk of or who have suffered from child sexual exploitation in the area, based on their individual needs
- Ensure that an appropriate level of child sexual exploitation training is available to all professionals in the local area who require it; specialist training should be targeted on those working with children and young people at risk of or suffering from child sexual exploitation; attendance for both should be monitored with follow-up action taken where professionals fail to attend
- Evaluate the impact of training with a focus on how it makes a positive difference to keeping children and young people safer
- Include information relating to child sexual exploitation activity in their performance framework - this should enable a clear understanding of how prevalent child sexual exploitation is in their area and how effectively agencies are responding

The government should:

- Review and update the 2009 Safeguarding children and young people from sexual exploitation; supplementary guidance to Working Together to Safeguard Children so that it reflects recent research, good practice and findings from child sexual exploitation reviews and criminal investigations
- Develop a national data set that requires local authorities, the police and their partners to report on all prevention, protection and prosecution activity relating to child sexual exploitation in their area to a standard format - this should include information on both missing children and looked-after children moving into and out of the area
- Require every police force to collate information specifically on child sexual exploitation, including the number of crimes reported, the level of disruption activity undertaken and outcomes, including cautions and prosecutions.

Appendix E

KSCB Strategic Priorities 2015-18 - Business Plan

Theme	Ref	Action
1. Leadership and Governance	**1.1**	Governance arrangements to be agreed between boards with clearly defined reporting structures (Health and Wellbeing Board and Adult Safeguarding Board, Domestic Abuse Strategy Group) in order to scrutinise local arrangements to safeguard and promote the welfare of children and to ensure strategies are effectively coordinated.
	1.2	Ensure appropriate agency membership of Board Groups and required commitment to activity undertaken in that role to demonstrate effective membership
	1.3	Recruit a Board representative from the Voluntary and Community Sector
	1.4	Board members to have a greater understanding of partner agencies' role and responsibilities through a programme of Board members' walkabouts and observations
	1.5	Develop the role of Lay Members to include a remit for bringing the voice of children and young people to the Board
	1.6	Develop the role of the KSCB Business Group to enhance joined up working across all KSCB Group
	1.7	Build and develop a culture and confidence of self-challenge through: Cross Agency Peer reviews Maintaining a 'Challenge Log'
	1.8	Independent Chair to continue the programme of annual one to one meetings with all Board members
	1.9	Develop closer links between front line staff and the Board through wider communication of the role of the Board and publicising its activities and impact
	1.10	Review and refresh the Threshold Framework document in line with the Early Help Strategy with the various levels of intervention clearly described and the types of services available outlined, and assess the outcome of early help services
2. Voice of the Child	**2.1**	Demonstrate what the Board is doing obtain the voice of the child, including children from Hard to Reach Groups and how it is using their voice to inform the setting of priorities and developing practice
	2.2	Each Agency provides timely reporting that: Evidences what is being done to obtain the voice of the child, including children from Hard to Reach Groups Evidences how Children and Young People's voices are being used in the development of practice and setting of priorities Evidences impact of how this is making a difference and how agencies know
3. Quality Assurance and Evidence of impact	**3.1**	Agree a KSCB Scorecard that reflects a focus on the 'journey of the child' – (Pre-birth to adulthood) including: Universal, Early Help and Specialist targeted service provision Data and evidence that demonstrates how safe children are becoming
	3.2	Each Agency provides timely reporting to populate the scorecard that: Reflects their key safeguarding issues Includes analysis of data, not just numbers Evidences impact of how this is making a difference and how agencies know
	3.3	Agree and deliver a themed audit programme (including Section 11) focussing on the Board key priority areas and implement audit tools that measures practice and impact, not just process
	3.4	Ensure that the lessons from all audits are published on the KSCB website and communicated to front-line managers and practitioners through effective dissemination and on-going re-enforcement

4. Learning from Case Reviews and Child Deaths	**4.1**	Review the framework to which reviews are notified to the Case Review Group to ensure that cases submitted contain sufficient information for a review decision to be made
	4.2	Review the review framework to ensure that cases are reviewed in a proportionate manner in line with Working Together 2015
	4.3	SMART action plans to be produced from practice reviews, case reviews and SCRs and the implementation of these plans to be monitored by the Case Review Group and Business Group
	4.4	Ensure that the lessons from all case reviews are published on the KSCB website and communicated to front-line managers and practitioners through effective dissemination and on-going re-enforcement
	4.5	Ensure that reporting and analysis of child deaths identifies themes, patterns and lessons to be learnt and that these are published on the KSCB website and communicated to front-line managers and practitioners through effective dissemination and on-going re-enforcement
5. Staff Development	**5.1**	Review and implement a multi-agency KSCB Training Strategy that: • Embeds learning from Case Reviews, Child Deaths and audits • Focuses on the Board's key priority areas
	5.2	Develop and implement a shared training evaluation process that assesses the impact of training on practice and quality assures KSCB training delivery
AREAS OF PARTICULAR INTEREST		
6. Child Sexual Exploitation and Missing children	**6.1**	Implement the CSE Strategy and Action Plan (that takes in to account all the National Reports and Ofsted Inspection/Review findings) with reporting of progress to the KSCB
	6.2	Establish a Multi-Agency Sexual Exploitation (MASE) group
	6.3	Develop a missing children data base and profile that provides a greater understanding of the links between children who missing and CSE/gangs and other vulnerabilities
	6.4	Develop and implement an E-Safety Strategy that outlines recognition and responses to cases of on -line grooming and the links to CSE
7. Early Help	**7.1**	Implement the Early Help Strategy with success measures reported to assure Board of its impact
	7.2	Improve partner confidence at lower levels of intervention
8. Children in Need	**8.1**	Implementation of the 'step up and step down' protocol is being effectively used
9. Toxic Trio (Domestic Abuse, Parental Mental Health and Parental Substance Abuse)	**9.1**	To develop a joined up strategic approach to working across adult and children service provision
	9.2	Implement a multi-agency training programme that raises staff awareness and understanding of the impact on children and young people in families where the following exists: • Domestic Abuse, • Parental Mental Health and • Parental Substance abuse
10. Emotional wellbeing of young people	**10.1**	Work closely with the County Health and Wellbeing Board and the Children's Health and Well-being Board in the implementation of the Emotional Health and Wellbeing Strategy
11. Sexual abuse	**11.1**	Implement a multi-agency training programme that raises staff awareness and understanding of: • the signs and symptoms of sexual abuse • how to respond to allegations of sexual abuse, and • the sexual abuse medical pathway
12. Gangs	**12.1**	To develop a county wide strategic multi-agency response to the increase in gang and youth violence in Kent (using feedback from the recent Ending Gang and Youth Violence Peer Review)
13. Prevent	**13.1**	Implement the Prevent Strategy in Kent that all agencies sign up to and adhere to their statutory obligations
	13.2	Coordinate and oversee agencies' responses to the strategy
	13.3	Implement a multi-agency training programme that raises staff awareness and understanding of radicalisation on children and young people
14. FGM	**14.1**	To develop and implement a county FGM strategy that includes: • a multi-agency awareness campaign • a multi-agency training programme for staff

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Children's Health and Wellbeing Board

24th September 2015
Medway Room, Sessions House, Sessions House

MINUTES

In attendance:

Andrew Ireland (AI)	KCC – Corporate Director – Social Care, Health & Wellbeing
Colin Thompson (CT)	Consultant in Public Health (Children)
Hazel Carpenter (HC)	NHS - South Kent Coast CCG & NHS Thanet CCG, Accountable Officer
Thom Wilson (TW)	KCC - Head of Strategic Commissioning (Children's)
Gill Rigg (GR)	Kent Safeguarding Children Board Independent Chair
Michael Thomas-Sam (MTS)	KCC - Strategic Business Adviser
Philip Segurola (PS)	KCC - Acting Director Specialist Children's Services
Peter Oakford (PO)	KCC - Cabinet Member SCS
Matt Stone	On behalf of Ruth Hillman
Roger Gough (RG)	KCC - Cabinet Member Education and Health Reform
Sue Mullin (SM)	Commissioning Support Manager - Inequalities NHS Thanet Clinical Commissioning Group, Thanet District Council

Apologies:

Abdool Kara (AK)	Kent District Councils Chief Executives
Lee Russell (LR)	T/Supt Kent Police
Karen Sharp (KS)	KCC - Head of Public Health Commissioning
Ally Hiscox (AH)	Deputy Chief Operating Officer NHS Swale and NHS Dartford, Gravesham and Swanley CCGs
Mark Lobban (ML)	KCC - Director of Strategic Commissioning
Debbie Stock (DS)	NHS – Dartford, Gravesham, Swanley and Swale CCG Chief Operating Officer

		ACTION
1.	**Welcome and introductions/apologies**	
2.	**Minutes of the last meeting and Matters Arising:** Accuracy of minutes agreed. JSNA Update – New national data on deprivation will be available in early October. These are to be included in the JSNA. JSNA will be brought to next meeting. CYPP and LCPGs – (See Item 9) 8 out of 12 districts have been visited, discussion undertaken with KSCB. Emotional Wellbeing Strategy - Health Overview & Scrutiny Committee have asked to see Draft specifications. Following initial versions in October, final versions are expected to be completed November/mid-December. Disabled Children's Distant Placements – It was agreed that this would be led by Penny Southern, with information from Dave Holman **UASC: Verbal Update (Andrew Ireland)** There have been further significant arrivals this week, numbers of UASC are now over 740. All cases are allocated. 69 UASC are currently missing. A national discussion is taking place today in relation to a dispersal scheme.	CT present in next meeting Action: Update in next meeting

	Conflation of issues with refugee crisis is likely to slow down national response to UASC. Largest numbers of UASC are from Eritrea, followed by Afghanistan. Very few are from Syria. Support has come from a number of other local authorities, including Brighton and Hove, Surrey, and three authorities in Yorkshire. However the substantial majority of local authorities have offered no assistance. There appears to be a change in public opinion with the council receiving offers of support from members of the public.	
3.	**NHS Transformation plans for Emotional & Mental Health (Sue Mullin)** Transformation Plans were submitted to NHS England for review yesterday (23/09). If NHS England is sufficiently assured about the plans they will release funding of £1.9m. If NHS England is not fully assured by Kent's plans, a proportion of the funding will be awarded. CCGs each submitted transformation plans forming seven appendices to Kent plan. One of the main areas of focus in East Kent is on ASD diagnosis and treatment (8-11 yr olds) and in West Kent focus is on perinatal mental health. A response will be received from NHS England on 18th October. A public-facing version of the document will be published in mid-December. There will be considerable scope for amendments to document before it is published.	
4.	**Riskit programme and presentation (Steve Butler)** Presentation from Steve Butler from Young Addaction. Interim report contains outcomes from 168 young people from across 12 schools in Kent over a year. Programme worked with young people vulnerable to risk-taking behaviour, including substance misuse, sexual behaviour and self-harm. Final report will be produced in Nov/Dec with results from 18 schools. Screening tool around behaviours used to identify risk (2000 young people in total) – identified many young people who had not previously received any support. Programme includes group work, 1:1 support and element of peer support. Evidence of impact – reduction in self-harm thoughts and behaviours, reduction in drug and alcohol use (detailed evidence included in report and accompanying slides). Transformation plans submitted to NHS E, including commitment to funding at least one RiskIt worker per CCG. More work is needed to look at difference in demand in each CCG (e.g. 2/3 in West Kent). So far schools have been prioritised based on need. RiskIt comes with strong recommendation from Public Health. SM – would be interesting to think about local links with other services, discussion at LCPG. TW asked about timing for extending programme assuming funding from NHS England agreed – SM: detail not known yet.	
5.	**Online Sexual Health Services (Colin Thompson)**	

	CT presented brief paper regarding establishment of online sexual health services for: • HIV testing • Chlamydia screening • Condom provision These online services would be available only to young people over 16 years old (consistent with current age restrictions). CT asking for comment from CHWB. SM asked if new online service is replacing face-to-face services, CT clarified that this is an additional service which is not replacing face-to-face provision. The CHWB gave its approval to the establishment of online sexual health services proposed.	
6.	**0-25 Transformation Animation** New animation which has been produced to explain the 0-25 Transformation programme was shown to the group. PS explained the audience would be primarily internal KCC teams and has been produced in response to potential anxiety from staff about savings needed through programme - want to make clear it is about improving practice: “Practice to be proud of”. HC – Health services will be asking – so what for is the impact for us? How might this impact GPs etc PS - explained that for external audience the animation would need to be contextualised, articulating changes to wider partners would be a further step. HC offered to test the animation with people and feedback responses. MT-S asked if version available for public. PS explained not at the moment – focus here was on staff.	
7.	**Update on LCPG Implementation** Presentation from TW updating on implementation of Local Children’s Partnership Groups across the county. Eight districts have been visited by TW and team and visits are planned to remaining four. Feedback has been gathered leading to proposed amendments to Blueprint in relation to membership, safeguarding leads and chairs. HC raised concern in relation to role of chair and clarity around role description. TW – will develop role description for chair to accompany Blueprint by end of next week. With agreed actions in relation to chair, amendments to Blueprint were agreed by the CHWB.	TW

	GR fed back that the KSCB are very pleased to see these developments and hope to see the implementation as soon as possible. CT – will any changes be made to the membership of the CHWB as a result? Proposal is that two LCPG chairs should attend each CHWB meeting. TW explained that this was not the intention, but that a chairs group would feedback to CHWB in each meeting. There will be further discussion around development of Children and Young People's Plan and selection of outcomes and indicators. Further update to be brought to the next meeting of the CHWB.	TW at next meeting
8.	**AOB:** **Date of next meeting:** 25th November 2015	

Children's Health and Wellbeing Board

25th November 2015
Darent Room, Sessions House, County Hall

MINUTES

In attendance:

Andrew Ireland (AI)	KCC – Corporate Director – Social Care, Health & Wellbeing
Colin Thompson (CT)	Consultant in Public Health (Children)
Karen Sharp (KS)	KCC - Head of Public Health Commissioning
Thom Wilson (TW)	KCC - Head of Strategic Commissioning (Children's)
Gill Rigg (GR)	Kent Safeguarding Children Board Independent Chair
Michael Thomas-Sam (MT-S)	KCC - Strategic Business Adviser
Philip Segurola (PS)	KCC - Acting Director Specialist Children's Services
Peter Oakford (PO)	KCC - Cabinet Member SCS
Abdool Kara (AK)	Kent District Councils Chief Executives
Roger Gough (RG)	KCC - Cabinet Member Education and Health Reform
Florence Kroll	KCC – Director of Early Help
Supt Simon Thompson	Kent Police
Samantha Bennett	KCC – Public Health
Patrick Leeson	KCC – Corporate Director – Education & Young People's Service
Jane O'Rourke	Head of East Kent Children's Commissioning Support Team

Apologies:

Lee Russell (LR)	T/Supt Kent Police
Ally Hiscox (AH)	Deputy Chief Operating Officer NHS Swale and NHS Dartford, Gravesham and Swanley CCGs
Mark Lobban (ML)	KCC - Director of Strategic Commissioning
Debbie Stock (DS)	NHS – Dartford, Gravesham, Swanley and Swale CCG Chief Operating Officer
Penny Southern	KCC – Director of Disabled Children, Adults Learning Disability and Mental Health

		ACTION
1.	**Welcome and introductions/apologies**	
2.	**Minutes of the last meeting and Matters Arising:** Accuracy of minutes agreed. Proposed name change: In order to make the title of this Board compatible with the 0-25 Portfolio Board in Kent County Council, and a number of strategies, the Chair proposed that the name changes to the "0-25 Health and Wellbeing Board". This proposal was agreed by the Board. The Chair proposed that Penny Southern (Director Disabled Children Adult LD/MH) become a member of the Board. This proposal was agreed by the Board.	
3.	**UASC Update (Andrew Ireland)** There are currently 980 Unaccompanied Asylum Seeking Children, plus an additional 401 UASC Care Leavers. Arrivals have reduced over the last 4-5 weeks, with only 18 last week. This is a significant reduction for Kent, but still significantly more than any other LA. There is now greater stability in terms of placements – all three reception centres functioning and currently have capacity. The reduction in arrivals appears to be due to changes in police activity in and	

	around Calais. Central government have agreed a significantly improved financial settlement for KCC which goes a considerable way to closing the financial gap and largely meets costs of increased activity. A letter has been sent today to all LAs signed by the Home Secretary and Secretaries of State for Education and Communities Local Government asking other LAs to take children from Kent, stating that current numbers taken by other LAs are "not good enough". The letter also addresses the financial situation in relation to care leavers. The letter is a significant milestone, but operational responsibility remains with KCC. There is still a need to continue to pursue a permanent dispersal scheme. AK – asked for clarification on which tier LA would receive letter – AI: upper tier only. PO added that the letter contains a weak financial statement, no commitment beyond April and this may temper the response of other LAs. FK – has had discussions with Nick Wilkinson around potential risks to community safety, CSE, Prevent agenda – and best way to co-ordinate and make links, e.g. with education around NEETs. There was a suggestion that a Strategic Partnership Group to be developed. PS agreed collective dialogue needs to be considered as more UASC young people move into community. PS will consider this. PL – stated that 6-8 hubs have been developed around the county to support UASC with English language, independence and employability skills.	
4.	**Children & Young People's Plan and Local Children's Partnership Groups (TW)** TW presented on development of CYPP using Outcomes Based Accountability including looking at contributions so far from 12 LCPGs, consideration of population groups and development of outcomes and indicators. Missing from areas raised by LCPGs is school achievement/educational attainment, achievement gap (in addition to FSM), indications of distress – e.g. school exclusions/behavioural issues. AI & RG reminded the group that looking at universal indicators for all children and young people is part of the remit of the Board. FK – sought clarification around how CYPP in relates to other strategies (e.g. HWB Strategy) as well as its link to LCPGs. AI – CYPP is replacement for Every Day Matters. Development of this plan will be a more inclusive process and final product will be more recognisable and greater ownership. Discussion around process of challenge, in particular in relation to indicators and ensuring selections are evidence-based and informed by data. Suggestion from AI that this group need mechanism to challenge the process during each phase. **Action: Before next meeting, insert opportunity for challenge to outcome and indicator selection and process through a meeting of a sub-group of this Board. (TW)** Discussion around 'guiding principles' and ensuring process considers why things haven't progressed; what the barriers and obstacles are; what a whole system response looks like. Important to consider relationships between indicators - 'co-morbidity'. Discussion around public consultation and final sign-off of CYPP. Sign off will be	**TW**

	from LCPG Chairs Group, KSCB, CHWB and HWB. TW suggested following completion of CYPP in March, a 6-8 week period of public consultation. AI asked what form public consultation would take. **Action: Next meeting, bring plan for public consultation for decision from Board.** FK – decision has been taken to use Early Help funding to form local grant pots to spend based on local priorities, sub-groups of each LCPG to evaluate use of grant. **Action: Next meeting, bring plans around local grants and involvement of LCPGs.**	**ALL** **ALL**
5.	**JSNA (Colin Thompson)** CT introduced a JSNA Summary for Children and Young People. The document has already received feedback and input from a number of people and is leaner as a result. It is an amalgamation of chapters from the Public Health Observatory of issues with recommendations for each chapter. It starts with cross cutting themes, then age groups in turn. CT asked the Board for views on how to take it forward and to consider its usefulness in the commissioning cycle. FK – clarification on page 6, number of CiC listed as 'OLA' is 13. Important to ensure demand from CiC from other local authorities is accurately captured. PS – clarification on page 8, percentage of children living in households where there is parental mental ill-health 17.8%. There was discussion around the status of recommendations and how they will be implemented. PL – The document doesn't sufficiently identify gaps and priorities. The priorities and urgent issues don't 'jump out', the document needs further development. We know what they are – and they need to be clear. RG – need to think about where it should sit within a suite of documents that is directly useful to commissioners (JSNA, HWB Strategy, and Commissioning Plans). **Action – comments on JSNA back to CT by 14 December and future iteration back to CHWB**	**ALL**
6.	**Emotional Wellbeing Strategy progress and next steps. (Thom Wilson)** TW presented update from Dave Holman. A new Collaborative Commissioning and Procurement Board have met for the first time to progress work. Intensive work is needed to finalise a number of aspects. Work needs to be co-ordinated with Future in Mind 5 year transformation. Leads have been decided for various areas of work. The Collaborative Board is recommending an outcome based specification will support the development of a strategic relationship with provider. Next meeting on 7 Dec and HOSC want to look at progress again in January. Brief discussion around tight timescales, key to get out to market as soon as possible. AI reminded that it is an NHS procurement process. There may be a small number of potential bidders.	

7.	**NEET Strategy (Sue Dunn)** SD introduced the NEET Strategy. Aim is for no more than 1% NEET by Jan 2017. Strategy has a focus on targeting work to vulnerable groups based on characteristics of NEETs e.g. one third have had an SCS referral, one quarter known to YOT. Looking at profiles at district level with focus on partnership in districts and key building blocks such as schools and colleges. Work around 14-19 pathway ensuring appropriate support at transition points. E.g. importance of getting English and maths at GCSE and pathway into employment - transferring from school into work and apprentices PL – important to emphasise that it is everybody's business and be clear about expectations across services and partners. PL is chairing strategy group which is tracking data and young people so no one gets lost. AI – important relationship with LCPGs – district focus on issues. Also consider relationship with JSNA, SEND, EHWB. AK – welcomes district focus. Wants to emphasise that is important not to underestimate practical issues in certain areas – e.g. transport, local FE provision. Opportunity to use local knowledge of opportunities arising e.g. regen projects that may provide employment opportunities.	
8.	**Head Start (Florence Kroll)** FK presented paper on Phase 3 Development of Head Start. Opportunity for further Big Lottery investment for 5 year programme starting in June. Big Lottery are pleased with progress in Kent, have observed need for tighter governance and strategic oversight. Recommendation that HeadStart programme reports to CHWB. Also recommended that CHWB agree mission, goals and activities of programme. Target populations – Big Lottery want us to start with small areas for programme and also influence system of change. Beginning with four clusters of schools and expand across whole county by end of 5 years. The Board agreed the recommendations. **Action – FK to bring Case for Investment to next meeting for consideration.**	**FK**
9.	**AOB:** AK sends apologies for next meeting. **Date of next meeting:** 22nd March 2016	

CANTERBURY CITY COUNCIL

CANTERBURY AND COASTAL HEALTH AND WELLBEING BOARD

Minutes of a meeting held on Thursday, 12th November, 2015 at 6.30 pm in the The Guildhall, Westgate, Canterbury

Present: Dr Mark Jones (Chairman)
Councillor S Chandler
Velia Coffey
Amber Christou
Neil Fisher Mr
Gibbens
Councillor Howes
Mark Lemon
Simon Perks
Councillor Pugh
Jonathan Sexton
Sari Sirkia-Weaver
Jayne Faulkner
Sam Bennett
Jo Pannell

1 **APOLOGIES FOR ABSENCE**
Faiza Khan – Sam Bennett attending
Steve Inett – Jo Pannell attending

2 **MINUTES OF THE LAST MEETING AND ACTIONS**
The minutes were approved as an accurate record.

The following action arising from the September 2015 meeting is ongoing:
Action: Faiza Khan and Velia Coffey to meet with Amber Cristou and Cllr Sue Chandler to discuss who should be responsible for Health and Wellbeing Strategy priorities in Dover and Swale.

3 **EAST KENT STRATEGY - SIMON PERKS**
Simon Perks presented the report setting out the purpose of the East Kent Health and Social Care Strategy Board. He advised that this is seen as an opportunity to bring about change in the way these services are integrated and organised. He asked how this Health and Wellbeing Board wanted to engage with this work.

The following was highlighted:

- The makeup of Board is mainly clinicians and representatives from the acute hospitals how are connections with Local Authorities and other agencies made?
- There is a need to build a concordat between the Clinical Commissioning Groups (CCG) and to define the decision making powers of the Board as all decisions must be led by commissioners ie the CCG. The Health and Overview Scrutiny Committee will drive the direction of the Board and further discussion needed as to where it will report.
- It was agreed that the Board must have a relationship with local Health and Wellbeing Boards. CCGs and local Health and Wellbeing Boards have a detailed knowledge of priorities, in both acute and social care settings, in their

communities. Kent Health and Wellbeing Board are trying to provide a framework for this type of relationship and explore the options.

- It was agreed that this Health and Wellbeing Board did not need a presence on the Board as long as a good reporting line and relationship was established.

Action: A report from the East Kent Health and Social Care Strategy Board should come to this Health and Wellbeing Board as a standing agenda item.

Action: The Agenda for the Board to be circulated to Health and Wellbeing Board members in advance of the meetings so they can give input. Simon Perks to find out if these agendas can be shared.

4 **2016/17 NHS PLANNING ROUND - NEIL FISHER**

Neil Fisher advised that the East Kent Clinical Strategy for 2016/17 would align with the CCG planning. Guidance on the next planning round has been received from NHS England and two plans are required to be submitted.

1. April 2016 – annual plan – focus on meeting NHS Constitution standards. A draft will be shared in January 2016.
2. Summer – three - five year plan for East Kent.

Action: To be added to the Agenda for January 2016.

5 **BRIEFING ON VANGUARD SITE DEVELOPMENT - SIMON PERKS**

Simon Perks gave an update on the Vanguard programme and advised that three to four year plan is being developed that should bring about sustainable change. It is one of 14 Vanguard programmes in the country and is attracting national attention. They will be designing and testing new models of care and if successful, these models will be rolled out across the country.

The majority of practices in Canterbury (including Ash and Sandwich) and Whitstable have now joined covering 170 thousand people. The Bid that Vanguard put forward has been approved and is supported by the CCG and has secured transitional funding. It has caused some tensions between Vanguard and some CCGs but this is a result of change.

Design is still a work in progress but now includes all practices in Faversham and is integrated with Whitstable. It is hoped that Herne Bay will also engage even if they don't join.

Amber Cristou voiced strong support for this and offered support with engagement and communications.

It was agreed that Vanguard needs to involve the Local Authorities in their plans. Simon Perks advised that conversations are being held with Vanguard over accountability as the CCG remain the commissioning body. Vanguard funding is short term therefore any service redesign must be sustainable by the CCG with their funds.

It was agreed that having representation from housing is very important with respect to social care.

6 **IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES PILOT IN CANTERBURY JOB CENTRE - JAYNE FAULKNER**

Jayne Faulkner tabled a report and advised that a new Improving Access to Psychological Therapies (IAPT) service is running in Canterbury Job Centre. It opened on 28 September 2015 and runs two days a week. They are taking direct referrals from GP surgeries and there are currently no waiting times. The NHS and

Department for Work and Pensions are bidding for a second IAPT service on line and by telephone which will cover all of EK.

7 **LOCAL CHILDRENS PARTNERSHIP GROUP REPORT - SARI SIRKIA-WEAVER**

Sari Sirkia Weaver presented the report and the following was highlighted:

- The group's name has been changed name from Children's Operational Group (COG) to Local Children's Partnership Group (LCPG).
- The new KCC blueprint mirrors what the COG has been doing so there is little operational change.
- Attendance by representatives from the education sector and Local Authorities is intermittent and this needs to be strengthened.
- Self harm. District commissioners and Alison Small from Canterbury City Council are putting together a consortia to bid for funding.
- The high number of hospital admissions for mental health conditions is concerning and will be further explored.

Sue Chandler advised that as part of the KCC blueprint these groups have returned to being run on a district basis however South Kent Coast have advised that they would prefer to work within the CCG boundary and this may leave some gaps not covered by a LCPG.

This will also create a problem for the Canterbury LCPG as the Health and Wellbeing Board covers parts of Swale but the LCPG will only cover the Canterbury District. Amber Cristou advised that Swale has a LCPG but will not be reporting to the Canterbury Health and Wellbeing Board as the Council are representatives on the group and do not manage it.

Action: It was agreed to include South Kent Coast in the regular report from Sari Sirkia-Weaver.

There is a meeting of Chairs of LCPG at end of December and the issue of operational boundaries will be discussed then.

Action: Mark Lemon and Sam Bennett to take this back to KCC.

KCC will be setting the priorities for the LCPG through the Children and Young People Plan and although these should be broadly the same as those set by this Health and Wellbeing Board there is no guarantee that they will align.

It was agreed to bring this back to the next meeting.

8 **MENTAL HEALTH ACTION GROUP REPORT - NEIL FISHER**

Neil Fisher invited questions on his report.

9 **KENT HEALTH AND WELLBEING BOARD AND LOCAL HEALTH AND WELLBEING BOARDS RELATIONSHIPS AND FUTURE OPTIONS - REPORT TO THE KENT HEALTH AND WELLBEING BOARD - MARK LEMON**

Mark Lemon presented the report and reported that Health and Wellbeing Boards are asked to define their direction and explore which relationships they need to nurture to achieve their aspirations.

There are 17 recommendations and Health and Wellbeing Boards should consider the implications of each one for them. The Local Government Association (LGA)

have offered support, some free of charge and some at cost of KCC. South Kent Coast and Swale have already taken up this offer and Amber Cristou offered to give feedback following their next workshop.
Action: Amber Cristou to give feedback on the next LGA workshop for Swale

It was reported that Chairs of local Health and Wellbeing Boards are meeting on 18 November and the LGA offer will be discussed further.

Action: It was agreed that Canterbury and Coastal should accept the LGA offer of support.

Action: Core Group to consider possible dates for development days with LGA.

10 **DEVELOPING THE RELATIONSHIP BETWEEN KENT'S HEALTH AND WELLBEING BOARD AND THE VOLUNTARY SECTOR - REPORT TO THE KENT HEALTH AND WELLBEING BOARD - MARK LEMON**

Mark Lemon advised that the report was presented to the Kent Health and Wellbeing Board to stimulate discussion. There are a number of assumptions made in the report and an important one is that local Health and Wellbeing Boards need a relationship with the voluntary sector. This discussion is seen as a chance for local Health and Wellbeing Boards to look at how engagement with the voluntary sector could improve outcomes for patients.

It was reported that Kent County Council award grants to voluntary organisations to provide services, however it was noted that the voluntary sector is not a single coherent organisation, but lots of individual organisations with different aims and structures therefore engaging with them can be complex and is a long term aim requiring careful consideration.

This Board needs to define what it wants from the voluntary sector and what outcomes it needs.

Action: Discussion around engaging with the voluntary sector should be included in the Development Days.

11 **ANY OTHER BUSINESS**

None.

12 **DATE OF NEXT MEETING**

19 January 2016, 18.00, Guildhall Canterbury

DARTFORD BOROUGH COUNCIL

DARTFORD GRAVESHAM AND SWANLEY HEALTH AND WELLBEING BOARD

MINUTES of the meeting of the Dartford Gravesham and Swanley Health and Wellbeing Board held on Wednesday 9 December 2015.

PRESENT: Councillor Roger Gough (Chairman)
Councillor Mrs Ann D Allen MBE
Councillor Tony Searles
Councillor David Turner
Debbie Stock
Dr Elizabeth Lunt
Sheri Green
Graham Harris
Andrew Scott- Clark
Stuart Collins
Sarah Kilkie
Lesley Bowles
Cecilia Yardley

ALSO PRESENT Tristan Godfrey - Kent County Council, Val Miller - Kent County Council, Public Health, Dr Su Xavier - DGS Clinical Commissioning Group.

39. APOLOGIES FOR ABSENCE

Apologies for absence were received from Melanie Norris.

The Chairman being absent at the start of the meeting, Mrs Ann Allen took the chair until he arrived.

40. DECLARATIONS OF INTEREST

There were no declarations of interest received from Members.

41. MINUTES

The Minutes of the Dartford Gravesham and Swanley Health and Wellbeing Board held on 7 October 2015 were confirmed as a correct record of that meeting.

42. URGENT ITEMS

It was confirmed that there were no urgent item for the Board to discuss.

43. ITEMS OUTSTANDING FROM PREVIOUS MEETINGS

The Board received a report on work issues which were outstanding from previous meetings and noted that the only uncompleted issue related to work on engagement with schools being undertaken by the Chairman.

44. KENT COUNTY COUNCIL HEALTH AND WELLBEING BOARD.

Councillor Roger Gough, having arrived during the discussion of the last item, took the Chair from this point onwards in the meeting.

Councillor Gough reviewed the meeting of the Kent Health and Wellbeing Board held on 18 November 2015 and drew Members' attention to the following items which were discussed.

- Learning disability / self-assessment framework
- Growth and Infrastructure Framework – where the DGS Board is in the forefront of discussion
- Public Health Service Commissioning Plans – as discussed at the 7 October meeting
- The Assurance Framework – a more focussed approach is being adopted and individual topics are to be discussed. A report on obesity will be presented to the May 2016 meeting.

Councillor Gough also confirmed that the Annual Report of the Kent HWB had been confirmed and approved for publication.

In addition Councillor Gough reported that in January the Kent HWB intended to consider

- The Impact of the government autumn financial statement on health provision
- The future of the Better Care Fund in individual Health regions
- The impact of the increased demand over the winter months on Hospital and other healthcare services.

45. REVIEW OF FALLS DATA AND THE EFFICACY OF THE FALLS PATHWAY

The Board received a report which provided an update the group on the work undertaken in DGS with regards to falls in the Dartford, Gravesham and Swanley area.

The report informed Members that the Clinical Commissioning Group (CCG) and Public Health have been collaboratively reviewing the falls pathway within and had summarised the work undertaken which will continue into 2016 / 2017 in the following topics

- Established Community Falls service

- Review of Acute frailty pathway
- Creation of Falls 'hub' via Access 2 Resources
- Postural stability classes across Kent
- Falls intervention with extra care housing
- Continuation of Kent wide Falls group
- Integrated falls pilot with Kent Fire & Rescue Service
- Polypharmacy review in DGS
- Re-established care home provider forum to focus on falls

The Board noted that it appeared that work on avoiding hospital admissions as a result of a fall was succeeding within DGS area, as there has been a reduction in both short stay and long stay admissions so far in 2015/16.

It was noted however that there had been an increase in Accident and Emergency attendances so there is more work to do to try and address why and how people are falling in the first place in order to reduce A&E attendance, as well as maintain a downward trend in admissions.

In the absence of the report authors Dr Su Xavier had agreed to note any issues and pass these on to for resolution.

Concern was expressed that there appeared to be some discontinuity in the commissioning process for falls prevention work. District Councils were also concerned that the commissioning process had led to a reduction in the number of venues where treatment could be received and a loss in opportunities to integrate with other services..

Cecilia Yardley of Healthwatch enquired if a more detailed picture of individual injuries was available, and Dr Xavier agreed that this ought to be possible.

In addition to these points Board Members asked for additional information on the following issues

- Kent Fire and Rescue Involvement in falls prevention;
- Any feedback from residential and nursing homes on work being undertaken;
- Work being undertaken by member District Councils in falls prevention, including joint working with local housing associations; and,
- The integrated Falls pilot

Councillor Gough thanked Officers for the report, and the Board agreed to receive a further update in six months.

46. REPORT FROM CHILDREN'S OPERATIONAL GROUPS

The Board received a report from Stuart Collins, Head of Early Help & Preventative Services (North Kent), on the work of the three Children's Operational Groups (COGs) in the board area, and also detailed

information from each COG area in relation to the objectives and targets identified in the Kent Health and Wellbeing Strategy.

The report updated the board on the key priorities of the COGs and local issues that had been identified as follows; and provided comparisons between the three district areas and where available, the national and county figures in order to provide some context for comparison.

Priorities

- Tackle Key Health Issues where Kent's performance is worse than England Average
- Tackle Health Inequalities
- Tackle Gaps in Service Provision
- Transform services to improve outcomes, service user experience and value for money
- Work across all services to improve education outcomes

Local issues

- Raising awareness of Sexual Exploitation and developing services to reduce prevalence.
- Increasing levels of childhood obesity
- Young Carers

It was noted that although the report was compiled on behalf of the three district level COG's, these are soon to be relaunched and renamed Local Children's Partnerships Groups (LCPG). These will continue to monitor progress against indicators and use the available data, along with local knowledge, to determine priorities for work relating to children's issues.

Arising from consideration of the report a number of issues of concern were identified and the following points were made:

Given that the statistics for Gravesham show that the levels of improvement in the area are not as rapid as in adjoining areas, what can the Borough Council do to aid the work of the COG / LCPG in Gravesham?

Will the new LCPG be developing a blueprint for using the "Voice of the Family / Voice of the Child" in its work in the future? If this is so Healthwatch would be keen to contribute to the development process.

What changes were proposed in the work and work practices of the new LCPG compared to the extensive tasks undertaken by the COGs?

It is understood that funding will be available direct to schools to facilitate Mental Health care, do we yet know what schools are to be asked to do for this funding?

The Board agreed to note the report.

47. PROGRESS REPORT FROM THE TASK AND FINISH WORKING GROUP ON OBESITY

The Board was reminded that at their meeting held on 19 August 2015 they had established a task limited work group to co - ordinate action planning surrounding efforts to reduce obesity amongst both children and Adults in the Board area, which had been identified as a priority issue by the Board.

The Board further noted that Val Miller and Dr Su Xavier had agreed to lead this work.

Arising from this the Board received a report which,

a. presented data from the most recent National Childhood Measurement Programme;

b. explained work which had been undertaken so far and identified possible partner groups;

c. outlined initiatives which were being undertaken by Kent County Council and Public Health England;

d. presented a draft action plan template which required completion by contributing bodies; and,

e. Identified the following four themes which formed the basis of the template.

- Environmental and social causes of unhealthy weight
- Give every child the best start in life and into adulthood
- Develop a confident workforce skilled in promoting healthy weight
- Provide support to people who want to lose weight

Arising from the discussion of the report the Board agreed that

1. The proposed approach to action planning outlined in the report was a suitable way forward and was appropriate.

2. Details of any additional organisations for inclusion in the consultation on the Action Plan be passed to Dr Xavier and Val Miller

3. The draft framework for the Action Plan be considered by member bodies, completed, and returned to Dr Xavier and Val Miller in time to enable a further report to be presented to the February meeting of the Board.

48. SWANLEY REGENERATION

The Board received a short presentation from Lesley Bowles on the history, process, and opportunities that were projected from the plans to redevelop Swanley Town centre.

It was reported that a number of the Board's Member organisations were involved in the planned redevelopment and that important aspects of green space were included within the plans.

It was agreed that further reports be submitted to the HWB in due course.

49. UPDATE ON THE IMPLICATIONS OF NEW DEVELOPMENTS FOR THE HEALTH SECTOR AND THE SHAPE OF SERVICE PROVISION.

It was noted that there was not a substantive report to be considered at this Agenda item, but the Board was informed that the bid submitted under the Healthy New Towns initiative had advanced to the second stage of the selection process and that a short presentation was to be made at 10 Downing Street on the bid.

50. MEETING DATES FOR 2016 / 2017

The Board received a list of proposed meeting dates for the 2016 / 2017 year and agreed that it should be considered for confirmation at the meeting of the Board scheduled for February 2016.

51. INFORMATION EXCHANGE

There was no information for dissemination to other Board Members.

52. BOARD WORK PROGRAMME

The Board received and noted a report on its work plan and noted the following additions to the plan for our February meeting which arose from this meeting.

Developments in Swanley

Obesity Framework: Completed Forms

National Obesity Strategy: Communications Strategy

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THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 19 November 2015 at 10.00 am in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

Present: Dr Tony Martin (Chairman); Councillor L Fairbrass (Thanet District Council), Councillor Gibbens (Kent County Council), Madeline Homer (Thanet District Council), Colin Thompson (Kent County Council), Clive Hart (Thanet Clinical Commissioning Group) and Councillor Wells (Thanet District Council)

1. APOLOGIES FOR ABSENCE

Apologies were received from Hazel Carpenter, Esme Chilton and Mark Lobban.

2. DECLARATION OF INTERESTS

There were no declarations of interest.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 17 September 2015 were agreed.

4. THANET CANCER STRATEGY

Colin Thompson, Consultant in Public Heath, KCC presented the item noting that Thanet was statistically worse than the England average for a number of cancer indicators. These indicators included; incidence and mortality in under 75's, prevalence, percentage of urgent GP referrals with cancer, stage at diagnosis and one year survival rate. Mr Thompson also noted that survival rates were generally much lower in more deprived areas of the district.

In response to comments and questions it was noted that:

- The Thanet Cancer Strategy 2015-2020 had been drafted as a first step in addressing these challenges.
- There was a need to encourage uptake of screening to improve early diagnosis, particularly in more deprived areas of the district.
- There would be a meeting towards the end on November to discuss delivery of the action plan.
- The Thanet Health Inequalities Group would report back to the Board in four to six months to advise how the more deprived areas of the district were being targeted.

5. OBESITY - FOLLOWING A COUNTYWIDE HEALTH NEEDS ASSESSMENT

Colin Thompson, Consultant in Public Heath, KCC presented the item noting that it has been agreed at a recent Kent Health and Wellbeing Board meeting, to review local action plans to tackle obesity. Mr Thompson recommended to members that a Thanet Obesity Action Plan be drafted and tabled at the next Thanet Board meeting.

In response to comments and questions it was noted that:

- This was a good opportunity to develop an effective strategy/action plan.

- There was a Thanet wide need for a sustained public health campaign to educate people.
- Thanet could be a pilot for the national campaign to make physical health and social education (PHSE) statutory in schools.
- The Local Children's Partnership Board for Thanet, and KCC's education lead officer for the Thanet area could be key in delivering change in Thanet's primary schools.
- Mr Thompson would arrange an initial meeting with Peter Oakford (KCC Cabinet Member for Specialist Children's Services), the KCC education lead for Thanet, Tony Martin, and a representative from TDC, to look at an example of a school in Scotland that had demonstrated health and educational benefits from the introduction of regular physical exercise in school. Any suggestions arising from this meeting would be tabled at the next meeting of the Thanet Local Partnership Group for Children.
- The Thanet Health Inequalities Group would look at how obesity could be tackled across all age groups.

6. LEADING INTEGRATED COMMISSIONING - UPDATE

Ailsa Ogilvie, Chief Operating Officer, Thanet CCG, presented the update and introduced the terms of reference for each of the sub-groups.

In response to questions and comments it was noted that:

- The terms of reference were a good starting point and may develop once the subgroups meet. Any significant changes would be bought back to the Board for agreement.
- It was agreed that the integrated commissioning group is established to offer commissioning support to the Board during the transition. It will be a staff group representing senior commissioning staff from partner organisations.
- It was agreed that the integrated commissioning group would collate and issue the Board with regular updates on the work of the subgroups unless particular representation from a sub-group was required.

Sue Martin, Head of Governance, Thanet CCG presented an initial governance roadmap which sought the views of the Board.

In response to comments and questions it was noted that:

- Sue Martin would like to be put in contact with the relevant governance officers from each organisation to allow her to continue governance mapping. She would report her progress to the Board.
- The Board agreed to accept the LGA's offer to assist in the development of the Board. However this assistance should keep within the existing time table for development.
- The LGA had offered assistance to all Kent Boards, and it was thought that Swale and Canterbury had also expressed an interest in the LGA's offer.

7. BETTER CARE FUND UPDATE

Ailsa Ogilvie, Chief Operating Officer, Thanet CCG introduced the item, and Members noted the report.

8. ANY OTHER BUSINESS

Colin Thompson advised that the consultation documents for Transformation Health Improvement, referred to at the last Board meeting by Karen Sharp, were now available and a copy would be circulated to members.

Colin Thompson clarified that the agreement of the Kent Health and Wellbeing Board for 'Local Boards' to seek assurance from the local system resilience groups regarding winter preparedness plans, referred to East Kent Boards not the Thanet Health and Wellbeing Board.

Tony Martin advised that members should look at the County Growth and Infrastructure Framework as it had received a number of questions at the Kent Health and Wellbeing Board meeting.

Tony Martin added that he would circulate a document called 'Placed Based Systems of Care' for information as it had particular relevance to unified budgets.

Meeting concluded: 11.10 am

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WEST KENT HEALTH AND WELLBEING BOARD
DRAFT MINUTES OF THE MEETING HELD ON 17 NOVEMBER 2015

Present:

Gail Arnold	Chief Operating Officer, NHS West Kent Clinical Commissioning Group (NHS WK CCG)
Dr Bob Bowes - Chair	Chair, NHS WK CCG
Cllr Annabelle Blackmore	Maidstone Borough Council (MBC)
Cllr Pat Bosley	Sevenoaks District Council (SDC)
Lesley Bowles	Chief Officer for Communities and Business, SDC
Cllr Roger Gough - Vice Chair	Kent County Council (KCC), Chair, Kent Health & Wellbeing Board
Steve Innet	Chief Executive Officer, Healthwatch Kent
Dr Tony Jones	GP Representative, NHS WK CCG
Mark Lemon	Strategic Business Adviser, KCC
Reg Middleton	Chief Finance Officer, NHS WK CCG
Dr Andrew Roxburgh	GP representative, NHS WK CCG
Dr Sanjay Singh	GP representative, NHS WK CCG
Penny Southern	Director of Disabled Children, Adults Learning Disability & Mental Health, KCC
Gary Stevenson	Head of Environment & Street Scene, TWBC
Malti Varshney	Public Health Consultant KCC, NHS WK CCG
Cllr Lynne Weatherly	Portfolio Holder, Tunbridge Wells Borough Council (TWBC)

In Attendance:

Mark Atkinson	NHS WK CCG
Kathryn Braggins	TWBC
Hayley Brooks	SDC
Olivia Crill	KCC
Andy Fairhurst	KCC Public Health
Karen Hardy	KCC Public Health
Jane Heeley	
Dave Holman	NHS WK CCG
Sophie Lyon	South East Commissioning Support Unit (Senior Associate, Communications)
Yvonne Wilson	NHS WK CCG (Minutes)
Sarah Richards	TWBC
Heidi Ward	T&MBC

1. WELCOME, APOLOGIES FOR ABSENCE AND SUBSTITUTES:

The Chair welcomed everyone to the meeting. Apologies had been received from the following Board members:

Julie Beilby	Chief Executive, Tonbridge & Malling Borough Council (T&MBC) – Substitute, Jane Heeley
Alison Broom	Chief Executive, Maidstone Borough Council – Substitute, Sarah Robson
Cllr Maria Heslop	T&MBC
Dr Caroline Jessel	Clinical Transformation and Outcomes Lead, NHS England

2. DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS

There were none.

3. MINUTES OF THE PREVIOUS MEETING HELD 15 SEPTEMBER 2015

3.1 The minutes of the previous meeting were agreed.

4. MATTERS ARISING

4.1 Action Points – See Actions Schedule attached.

5/15: Malti Varshney reported that it was too early to be able to draw conclusions.

4/15: On agenda, Item 4.2 – Update Obesity Strategy (Campaigns)

5/15: Considered under agenda Item 6 – Total Place

9/15: The CCG were now taking steps to formally recruit a GP to the role of Clinical Lead for Children's Services.

11/15: On agenda, Item 9 – Active Travel Strategies and Plans

4/15: On agenda, Item 4.3 – Update Alcohol Summit

6/15: On agenda, Item 8 – Consideration of West Kent Health and Wellbeing Profile – Partner Responses

9/15: On agenda, Item 10 – Winter Preparedness

4.2 Update on Obesity Strategy (Campaigns) – Oral Report

4.2.1 Jane Heeley reported on the following developments:

- Detailed literature search was completed which showed that high profile media campaigns were most likely to raise public awareness, but as yet there was no conclusive evidence to state that people changed their behaviour as a direct result
- Public Health England were launching a 3 month national Change4Life campaign focusing on 'sugar swaps'
- Links had been made with KCC Public Health Campaigns Team who were investing approximately £50,000 in a localised campaign to boost the Change4Life messages by targeting additional resources and direct interventions using a range of measures, including intelligence from the National Child Measurement Programme partnership and working with local schools between January – March 2016.

- Mark Lemon was considering engaging two social marketing organisations to undertake work with people in 'priority wards' in partnership with providers eg Housing bodies

4.2.2 Ms Heeley recommended to the Board that it endorse the following proposal:

- To support the PH England Change4Life campaign
- To endorse the KCC Public Health 'booster' media campaign to include the focus on specific schools in each of the 4 District/Boroughs in partnership with the locality National Child Measurement Programme groups. Information on outcomes to be provided as an integral aspect of the campaign
- That each WK HWB partner agency commit to utilising their own communications, media and marketing resources to promote co-ordinated local messages during the lifetime of the spring 2016 Change 4Life project (January – March 2016)

4.2.3 Discussion and Questions:

- What conclusive evidence exists on anticipated outcomes of campaigns and on 'what works at a population level
- The Public Health Consultant confirmed that bodies of evidence including population level campaigns / information leaflets reinforced with 1:1 interactions including those with GPs identified as 'trusted advisers' promoting 'Exercise Prescriptions' delivers some successful outcomes. Although more robust evidence is always needed. However, population level campaigns established awareness and appreciation of 'brands', such as Change4Life
- Potential to utilise WKCCG GP Protected Learning Time event in February to raise awareness about local programmes, referral routes and build GP engagement
- GP reports that broad campaigns addressing antibiotic use appear to impact on a positive shift in patient attitudes

4.2.4 **RESOLVED**: That the Board accept the recommendations outlined at 4.2.2 and explore opportunities to strengthen GP engagement and appreciation of the 'Social Prescribing' approach.

ACTION: TJ/BB. **JH/YW** to co-ordinate the dissemination of shared messages for use by Board Member partner agencies.

4.3 Update on Alcohol Summit – Oral Report

4.3.1 Karen Hardy reported on progress. The summit took place on the 20th October, Dr Tony Jones, representing the WK HWB chaired the event. 35 delegates representing 19 separate organisations were in attendance.

Facilitated table discussions allowed delegates to reflect on the six pledges in the Kent Alcohol Strategy using case studies to stimulate discussion.

4.3.2 There was a clear emphasis on strengthening and improving the existing structures and partnerships to enable effective action in tackling alcohol related harm with more focused and streamlined partnership working. Training and support for a much wider range of people to be able to deliver brief interventions was raised by delegates as well as raising awareness of local services.

4.3.3 The Task & Finish Group meets early December to develop a robust Action Plan to address the 25 actions identified in the Summit and will submit a report to the next meeting of the WKHWB.

4.3.4 **RESOLVED:**
Board members noted progress and agreed to receive a Report and Action Plan from the Task & Finish Group at the next meeting in February 2016.
Cllr Annabelle Blackmore (Maidstone Borough Council) identified as the Board's Champion on Alcohol Related Harm
ACTION: KH/DP/YW, TASK & FINISH GROUP

. **KENT HEALTH & WELLBEING BOARD**

Local Health and Wellbeing Boards, Relationships and Future Options

5.1 Cllr Roger Gough provided a brief oral update to the Board on the topics considered and main outcome of the previous Kent Health & Wellbeing Board Meeting held on 16 September 2015. Agenda items considered included Winter Pressures; Emotional Wellbeing Strategy for Children & Young People and a review of the Healthwatch Annual Report. Cllr Gough explained the most significant issues were:

- addressing the need to assess agency Commissioning Plans and ensure these were developed in synergy across partner organisations in a timely fashion
- getting relationships between the Kent Board and the Voluntary, Community Sector right (this issue was also pertinent for the local HWBs)
- ensuring clarity and consistency to support systematic work and structured relationships with Boards and the Chairs
- ensuring effective arrangements were in place to deliver health and wellbeing ambitions, making sure relationships between the statutory Board at the Kent wide level and local HWBs were fit for purpose, provided the right mechanism to implement strategic objectives and also deliver changes in the health and social care systems.

5.2 Cllr Gough referred specifically to the actions set out in section 7 of the report, acknowledging that there were a number of areas where the Kent Board

itself has had to reflect carefully on its own responsibilities in providing clear direction and enabling good communication with Local Boards and the wider provider landscape. Additional development support was also being made available from the Local Government Association to assist local Boards in establishing their roles.

5.3 Bob Bowes WK HWB Chair, reflected on the need for the Kent HWB to strike the right balance between requiring local HWBs to address 'Kent-wide' agendas/issues, and a need for local HWBs to ensure their own agendas are properly focused on local population needs which requires a collective focus at very local, discrete neighbourhood level.

5.4 The following points were raised by Board Members in discussion:

- Healthwatch welcomed the proposal for the annual meetings cycle to focus on assessing progress against each of the five themes reflected in the Kent Health & Wellbeing Strategy and considering further action or intervention required where barriers hampered delivery
- Kent HWB might consider agreeing a focus on a single topic for health promotion campaigning for the year which might enable a stronger, consistent set of actions by partner agencies involved in the HWBs
- Could be a timely opportunity for the Board to define its aspirations and outcomes and consider whether the substructures and governance arrangements supports delivery
- WK HWB might benefit from support that helps it become more effective in delivering outcomes

5.5 **RESOLVED:** Set up a Task& Finish Group to consider the report and respond to all the specific recommendations for Local Health & Wellbeing Boards and report to the 16 February WK HWB.
Sevenoaks District Council representatives agreed to join the Agenda Setting Core Group
ACTION: ML/LB/YW; Cllr Bosley/LB

6. <u>TOTAL PLACE</u>

6.1 <u>Swale Total Resource Pilot: Findings</u>

6.1.1 Olivia Crill, from Contracting and Transformation Unit, KCC outlined the main findings of the Swale Total Resource Pilot established with the Dartford Gravesham and Swanley Health and Wellbeing Board. The Pilot was undertaken to test an approach (focusing on two specific outcomes – frail elderly and reducing obesity) to quantify the 'whole system' resources picture to inform future joint commissioning activity.

6.1.2 Ms Crill reported on what worked well, highlighted areas identified for improving the methodology and explained caveats on the data captured including:

- Need to be clearer about the definitions
- Reduce subjectivity about what is relevant
- Be clearer about information requested
- Consider standardisation to aid analysis
- Seek access a broader range of organisations
- Capture information on contract end dates to identify opportunities for change

  Caveats
- 25% of project/service returns were missing expenditure figures
- Did not capture all projects/services which are contributing
- Applied own methodology for apportioning spend, not possible for all projects/services
- CCG spend covered more than one district so rough measures may not represent how spend is actually deployed
- Categorised projects/services by theme

6.1.3 Ms Crill reported on headline outcomes including expenditure per organisation and per theme as well as being able to identify services being delivered to improve outcomes, identify gaps, duplication and opportunities. Emerging information will be used in Swale to inform analysis of how to most effectively target resources, inform their Health Improvement Plans and inform commissioning and service planning.

6.2 West Kent Planning – Early Work Towards 'Place Based' Budgets

6.2.1 Reg Middleton, NHS West Kent CCG Chief Finance Officer presented details of the early work being carried out in partnership with KCC towards 'Place Based Budgets' following on from the commitment to share investment plans between KCC and the NHS WK CCG. The presentation outlined the context for this work:

- Challenging financial outlook across the public sector
- Increasing demand
- Acknowledgement of interdependencies between public sector organisations – 'cause and effect'
- The need to work together to achieve the best outcomes for the residents of West Kent

6.2.2 Mr Middleton reported on the financial information provided to the WK HWB in September, which was the starting point for discussions between the CCG and KCC and highlighted the differences in how the respective agencies categorised budget spend, and reflected on the initial lines of enquiry. Principal opportunities for taking work forward would likely focus on 'placed based' settings with potential opportunity to align/integrate commissioning; combine purchasing/procurement power and integrate service provision.

6.2.3 The Slide presentation provided further detailed examples of the potential for joint work between KCC and NHS WK CCG:

- Therapy services
- Integrated health & social care teams
- Joint Service Specifications
- Joint assessments of patients
- Frail Elderly Surveillance service
- Children's services, including unaccompanied asylum seekers

6.2.4 Mr Middleton reported that NHS WK CCG and KCC had given a commitment to pursue the following areas of work:

- Continue to exchange information between KCC/CCG Integrate investment plans relating to frail elderly, Public Health, people with Learning Disabilities and Mental Health
- Learn from progress made elsewhere between neighbouring CCGs and KCC
- Take steps towards integrating District Councils into 'Place Based' plans (Housing, Disabled Facilities Grants, etc.)?
- Other public services – e.g. Fire and Rescue services and vulnerable patient checks
- Pursue opportunities relating to joint procurement
- Examine potential for developing integrated service models or aligned commissioning

6.2.5 The following points were raised in discussion:

- Both presentations welcomed, described different approaches and provided the Board with a good starting point to progress better integration
- Good ideas and potential opportunities brought forward for consideration
- Agreement that time should be invested to secure better alignment
- Results of Swale Pilot approach could mean there is a useful 'tool/evidence base' for strategy and commissioning plan development
- Swale Pilot identified resources spent on carers, which then enabled a better understanding about the proportion spent on carers/prevention and tackling isolation. Does this help partners to question, whether the priorities identified are the right ones?
- This work enables partners to look at issues in a different way, to take the lessons of the Pilot and begin to trial/refine the approach (starting with low risk areas?)

- Suggested by the Chair that the Swale approach could be applied to the Board's existing priorities/Task & Finish Groups
- Greater focus on GPs sign-posting effectively required

6.2.6 **RESOLVED:** That the Swale approach be applied to the Board's existing priorities (Task & Finish Groups: Frail Elderly; Alcohol; Obesity).
That the Board notes the joint work between KCC and NHS WK CCG and encourages officers to progress proposed areas of work and feedback on outcomes at a future Board meeting.
ACTION: MV/JH/DP/YW/OC; KCC/RM

7. EMOTIONAL WELLBEING STRATEGY FOR CHILDREN, YOUNG PEOPLE AND YOUNG ADULTS (0 – 25)

7.1 Dave Holman Head of Mental Health programme area at NHS West Kent CCG updated the WK HWB on developments of the Emotional Wellbeing and Mental Health Service for Children, Young People and Young Adults in Kent. Mr Holman reported that since the last report to the Board two years ago, there was a greater strategic awareness of the importance of prevention and the impact of positive mental wellbeing in later life.

7.2 Mr Holman explained that the strategy has been developed and consulted upon with children, young people and families. A new model of services on offer had been developed with better access to early support; a single point of timely access; increased availability of consultation from specialist services; a new 'whole family' protocol encompassing assessment of wider family needs; multi-agency response to tackle Child Sexual Exploitation and better transition between services. Mr Holman reported that there were now two sets of specifications, setting out Universal and Specialist provision; a joint Contract Procurement Board with the procurement process to be completed by end of August 2016. The current dedicated financial envelope to deliver the new model is over £22m.

7.3 Mr Holman asked the Board to note the work completed to date and next steps which included refinement of service specifications and the performance framework; creation of a workforce development plan, implementation of the procurement.

7.4 Board members suggested that there was a need to ensure effective links with schools (Mr Holman explained there was good multi-agency engagement through the Transformation Implementation Group which reported to the Children & Young People's Health and Wellbeing Board), and also to the District level Local Children and Young People Partnership Groups.
Mr Holman confirmed that good links with education sector had been made to ensure full benefits of this strategy were realised.

7.5 **RESOLVED:** That the WK HWB members duly note the report. That the WK HWB encourage effective links to be made to the Local Children's Operational Group structures. **ACTION: DH/LCOGs**

8. WEST KENT HEALTH & WELLBEING PROFILE: PARTNER RESPONSES

8.1 The Chair Bob Bowes, introduced this item and welcomed the responses received from the District and Borough Councils which all emphasised the value placed on the assessment of the needs of West Kent communities and the potential for the profile to assist councils in strategy, policy and service development with detailed evidence about needs and challenges. Local councils reported that high level needs assessment at a Kent-wide level, has the potential to render local less visible when reviewing health and social care information at the Kent wide level. The Chair suggested that there were a number of themes emerging across the responses submitted by local councils:

- Concerns about the potential impact of the outcome of the consultation about transforming Public Health commissioning and future funding
- Need to acknowledge the work across the local councils which support the health of local communities
- Need to ensure better confidence about the outcomes being delivered, and the difference being made, particularly in times of financial constraint there is a need to ensure effective commissioning

8.2 The following points were raised in discussion:

- The Board must look at ways of achieving practical outcomes and consider opportunities for joint commissioning, sharing leadership and developing a strong work programme that takes forward the local priorities
- The Board should consider taking a Total Place approach to addressing the issues highlighted in the Health Profile so that it demonstrates how it is used to enable joined up working
- Suggestion that the Board explores the concept of Social Prescribing and looks at the mechanisms for 'sign posting' that also has the potential to support a 'self-care' approach (Care Navigators, CAB Project in Sevenoaks and Health and Social Care Co-ordinators)

8.3 **RESOLVED:**

8.3.1 That the Chair, will highlight the themes and issues identified by the West Kent councils at the Kent Health and Wellbeing Board meeting, particularly the matter of the potential outcome of the KCC Public Health Plans. **ACTION:BB**

8.3.2 That the Board explores opportunities and potential outcomes of co-commissioning at a local/neighbourhood level where areas of need identified in the Health Profile. (To include consideration of focus on a neighbourhood; GP Practice; ward or strategic issue, and also what opportunities exist for each borough to focus on the same issue/topic). **ACTION: ALL**

8.3.3 That the Board notes the NHS WK CCG response.

9. ACTIVE TRAVEL STRATEGIES AND PLANS

9.1 Hilary Smith, Economic Development Manager at Tunbridge Wells Borough Council and Andy Fairhurst, Physical Activity Manager at KCC gave a joint presentation to the Board, following the Board's decision in September, to receive a joint report prepared by the four boroughs, district and Kent County Council.

9.2 Ms Smith reported that each of the local councils offered a series of initiatives and interventions to promote active travel ranging from walking buses, guided cycle rides and training for adults and children. In addition, there are a range of capital projects and improvements such as cycle racks; enhanced way finding signage. Each local council has District Transport and Cycling Strategies, a programme of capital projects and improvements, and designated Air Quality Management Areas in place as set out in the report Appendices A, B and C pp345 – 349).

9.3 Mr Fairhurst outlined the County Council's statutory responsibilities for strategic planning for highways with key county-wide priorities which link to economic development , growth and investment. The current Local Transport Plan includes a priority for 'A Safer and Healthier County'. KCC is currently developing an Active Travel Strategy in partnership between Public Health, Growth, Environment and Transport Directorate that will highlight the impact of inactivity, pollution and set out measures to facilitate active travel and change population behaviours, providing strategic guidance

9.4 Ms Smith emphasised some barriers to effective implementation of active travel strategies:

- Lack of political support/champions
- Urban environment space restrictions
- Conflicting user requirements
- Availability of Funding/Funding regime requirements/timetables
- Limited Public support/understanding

9.5 The joint report recommended strengthening collaboration between KCC and the WK HWB partners around active travel to enable practical actions to promote the benefits; influence policy and strategy agendas, inform commissioning agendas and assist with securing external funding. Due to time constraints, the Board was not able to fully consider all the recommendations contained in the report.

9.6 **RESOLVED:** That the WK HWB and partners respond to the consultation on Local Transport Plan 4 (LTP4) **ACTION: HS/AF/WK HWB and partner organisations**

That the Chair make representation about the issues highlighted in the presentation to local MPs on behalf of West Kent localities. **ACTION: BB**

10. <u>WINTER PREPAREDNESS</u>

10.1 Mark Atkinson, Head of Urgent Care Commissioning at NHS WK CCG gave an overview of the processes in place to ensure urgent and emergency care services are "Winter Prepared" for 2015 – 2016. A single overarching plan for urgent and emergency services in West Kent has been developed in partnership with the Emergency Care Intensive Support Team (ECIST) and the System Resilience Group (SRG) to review the opportunities to improve flow, safety and effectiveness of urgent and emergency care across the system prior to winter.

10.2 Mr Atkinson reported on the challenges of the whole system especially in the Emergency Department and that the priority was to address these challenges through co-ordination, leadership, communication and confidence in delivery. NHS England (NHS-E) is responsible for facilitating an assurance process which in turn is reviewed by a Regional Team responsible for providing assurance to a National Support Team.

10.3 Mr Atkinson explained that an effective response was required from a wide range of partners including GPs, Community Provider organisations, Acute Hospitals staff, social care, residential homes. Actions taken included:

- Update of NHS 111
- Established links with community pharmacists
- Improvements to a Directory of Services for GPs
- Launch of 'Health Help Now' app
- Integrated Hospital Discharge Scheme
- Testing of the planned interventions (Operation Polar)
- Review of a range of Care Pathways

10.4 Mr Atkinson shared identified risks including fragility of social care networks and organisation quality issues (e.g., South East Coast Ambulance Services, Medway NHS Foundation Trust and East Kent Hospitals University NHS Trust, both hospitals were subject to Care Quality Commission[CQC]special measures).

10.5 Special funding had been made available from the Department of Health to assist with access to Liaison Psychiatry support in recognition of the links between winter pressures and the impact on people with mental health

problems needing crisis support. Outreach services had been developed to provide early care and support to prevent attendance at Accident & Emergency departments.

10.6 **RESOLVED:** That the Board note the report and re-visit the outcome of the plans in 2016. **ACTION: MA/GA/YW**

That a dialogue is established to explore links to social care. **ACTION: PS/GA/MA**

11. ANY OTHER BUSINESS

None.

DATE OF NEXT MEETING

Tuesday 16 February 2016, 4.00pm – 6.00pm, Tunbridge Wells Borough Council