AGENDA

HEALTH AND WELLBEING BOARD

Wednesday, 23rd November, 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

Dr F Armstrong, Mr I Ayres, Dr B Bowes (Vice-Chairman), Ms H Carpenter, Mr P B Carter, CBE, Cllr Mrs S Chandler, Dr S Chaudhuri, Ms F Cox, Ms P Davies, Mr G K Gibbens, Mr R W Gough (Chairman), 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 M Philpott, Cllr K Pugh, Mr A Scott-Clark, 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 21 September 2016 (Pages 5 - 10)

To receive and agree the minutes of the last meeting

5 Kent Safeguarding Children Board - 2015/16 Annual Report (Pages 11 - 70)

To receive and note the annual report for 2015/16

6 Review of Outcome 5 - Dementia (Pages 71 - 76)

To consider progress made by the health and social care system towards Outcome 5 of the Health and Wellbeing Strategy

7 Developing a Joint Health and Wellbeing Strategy 2018-21 (Pages 77 - 84)

To receive a report that presents an overview of initial thinking about the development of the next Kent Joint Health and Wellbeing Strategy as the current strategy ends in 2017.

8 Developing the Relationship between the Kent Health and Wellbeing Board and the VCS (Pages 85 - 96)

To receive a report providing an update on the findings of the survey conducted to gather the view of the VCS in relation to its relationship and engagement with the Health and Wellbeing Board

9 Kent Transformation Plan for Children, Young People and Young Adults' Mental Health and Wellbeing (attached) (Pages 97 - 148)

To note the refreshed transformation plan

10 0-25 Health and Wellbeing Board (Pages 149 - 154)

To note the minutes of the 0-25 Health and Wellbeing Board held on 15 June 2016

11 Kent Health and Wellbeing Board Work Programme (Pages 155 - 158)

To agree a Forward Work Programme

12 Minutes of the Local Health and Wellbeing Boards (Pages 159 - 190)

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

Ashford - 19 October 2016
Dartford, Gravesham and Swanley – 25 August 2016
Swale – 21 September 2016
Thanet – 8 September 2016
West Kent CCG – 18 October 2016

13 Dates of Health and Wellbeing Board Meetings in 2017/18

To agree that meetings of the Health and Wellbeing Board will take place at 6:30pm on the following dates:

Weds 7 June 2017
Weds 19 July 2017
Weds 20 September 2017
Weds 22 November 2017
Weds 24 January 2018
Weds 21 March 2018

(It has previously been agreed that meetings of the Board will take place on 25 January and 22 March 2017)

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)

John Lynch
Head of Democratic Services
03000 410466

Tuesday, 15 November 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, 21 September 2016.

PRESENT: Mr R W Gough (Chairman), Dr F Armstrong, Mr I Ayres, Dr B Bowes (Vice-Chairman), Dr S Chaudhuri, Mr I Duffy (Substitute for Ms F Cox), Mr G K Gibbens, Mr M Gilbert (Substitute for Dr E Lunt), Mr S Inett, Mr A Ireland, Mr B Jones (Substitute for Ms P Davies), Dr N Kumta, Dr T Martin, Mr P J Oakford, Dr S Phillips, Cllr K Pugh, Mr A Scott-Clark and Dr R Stewart

IN ATTENDANCE: Mrs A Hunter (Principal Democratic Services Officer)

UNRESTRICTED ITEMS

235. Chairman's Welcome
(Item 1)

(1) The Chairman welcomed Caroline Selkirk, Ian Sutherland and Cllr David Brake from Medway Health and Wellbeing Board to the meeting and thanked them for agreeing to attend to contribute to item 5 - Outcome 3 of the Health and Wellbeing Strategy and Development of Out of Hospital Care.

(2) Mr Gough also said that following a previous report to the HWB Board and discussions at a sub-group, comprising representatives from social care, public health and clinical commissioning groups, a proposal to engage with the voluntary sector had been developed. It was proposed, through Kent HealthWatch, to undertake a survey to provide initial high level analysis to the Board about whether engagement with the voluntary and community sector would be beneficial. The focus of the survey was to assess the attitude of the VCS towards influencing strategies such as the Health and Wellbeing Strategy and, if so, to identify the most appropriate mechanisms. In addition the survey would also consider the perceptions of the VCS of the key challenges within the health and social care system. It was anticipated that the survey would be conducted in October and early November.

236. Apologies and Substitutes
(Item 2)

(1) Apologies for absence were received from Mr Carter, Ms Carpenter, Ms Cox, Ms P Davies, Dr E Lunt, Mr S Perks, Cllr P Watkins and Cllr L Weatherly.

(2) Mr I Duffy, Mr B Jones and M Gilbert attended as substitutes for Ms Cox, Ms Davies and Dr Lunt respectively.

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

There were no declarations of interest.

238. Minutes of the Meeting held on 20 July 2016
(Item 4)

(1) Mr Scott-Clark provided an update on developments referred to in minutes 225 (1). He said confirmation had been received from the new Minister of State, that the implementation of the planned reduction in funding for community pharmacies was being delayed.

(2) Resolved that the minutes of the last meeting are correctly recorded and that they be signed by the Chairman subject to the replacement of the words "admissions" and "admit" with the words "detentions" and "detain" in minute 230(2).

239. Outcome 3 of the Health and Wellbeing Strategy and Development of Out of Hospital Care
(Item 5)

(1) Mr Gough said Malti Varshney (Consultant in Public Health) would set out performance against key indicators relating to Outcome 3 (Quality of life for people with long term conditions) of the Kent Health and Wellbeing Strategy (KHWBS) and this would be followed by consideration of out of hospital care across the county which was also integral to the work on the Sustainability and Transformation Plan (STP) being done across Kent and Medway.

(2) Ms Varshney introduced the report which provided information on indicators related to Outcome 3 of the KHWBS. She drew particular attention to performance in relation to the number of adult social care clients receiving a telecare service and the target of increasing the proportion of older people at risk of long term care and hospital admission, who were still at home 91 days after discharge from hospital, where performance was good and to performance in relation to reducing hip fractures for over 65's and for injuries due to falls in people over 65 where performance was below the targets set. She also said that although performance in relation to delayed transfers of care varied over the months, it had increased in July 2016 for reasons related to both NHS and Social Care.

(3) In response to questions she confirmed that the data she referred to was available to clinical commissioning groups and her team would assist with access on request. She also said that if local health and wellbeing boards would find it useful, consideration could be given to quantifying the annual direct health care costs of fractures and falls as well as the on-going costs to social care.

(4) Ian Ayres(West Kent CCG), Dr T Martin (Thanet CCG), Dr J Chaudhuri (South Kent Coast CCG) , Dr F Armstrong (Dartford Gravesham and Swanley CCG), Dr S Phillips (Canterbury and Coastal CCG), Dr N Kumta (Ashford CCG), Dr B Bowes (West Kent CCG) and Ms C Selkirk (Medway CCG) gave a presentation on progress on implementing out of hospital care in each CCG. A copy of the presentation is available on-line as Appendix A to these minutes.

(5) Following the presentation comments were made as follows:

- Given the shortage of GPs consideration be given to having frailty specialist nurses;
- Given the contrast between Kent having seven clinical commissioning groups and Medway having one it was unsurprising that integration of health and social care appeared to be more advanced in Medway;
- Kent had implemented a range of integrated services such as learning disabilities, children's services and mental health but progress was less in services to older people that would be central to the development of the STP;
- The need to involve social care providers (both domiciliary and residential) in discussions at an early stage;
- The need to develop core strategies and principles for service delivery which could be interpreted locally for different environments;
- Assumptions being made about reducing the cost of care, by moving care from the acute sector to integrated service delivery around hubs or clusters might have an impact an internal NHS markets;
- The need for good "cross-border" arrangements between hubs or clusters to ensure economies of scale;
- The potential for the Integration Pioneer to test models of care to ensure they were safe for both citizens and professionals and that there was a consistent approach across the county which was sufficiently flexible to recognise local differences;
- The development of the STP and the integration of health and social care are predicated on assumptions, supported by evidence, that care of people in their own homes improves clinical outcomes, improves re-ablement and enables a better quality of life: however, the vision of how this might operate in practice from the patient's perspective needs to be more clearly articulated and not considered only in terms of organisation design;
- Since July 2016 much work has been done to draw learning from pilots and the next step was to quantify and describe in detail what the various elements of the service might look like and plan its implementation;
- All GPs were urged to submit data to a central repository to enable the robust needs assessment backed up by evidence from the whole STP area to be produced;

(6) Resolved that:

(a) Local health and wellbeing boards undertake a review of injuries due to falls in people aged 65 and over, and report back on progress in delivery and outcomes at the Board meeting in March 2017;

(b) Subject to clarification of the data relating to hip fracture, and agreement by email, to ask local health and wellbeing boards to include hip fractures in their reviews;

(c) To align outcomes of the current health and wellbeing strategy with the delivery outcomes of the STP;

(d) Issues relating to social care be included in the work being undertaken for the STP by Carnall Farrar;

(e) A progress report be considered by the Board in six months.

240. One public estate/ local estates update (Presentation)
(Item 6)

(1) Rebecca Spore (Director of Infrastructure) gave a presentation which is available on-line as Appendix B to these minutes).

(2) In response to questions, she said that the quality of the data on the collaboration portal and e-pims depended on quality of the information uploaded; however, it was anticipated that there would be a commitment from the members of the Kent Estate Partnership to upload high quality information. She also said that e-pims provided information about public sector landholdings.

(3) Ms Spore also said that discussions with the Cabinet Office were taking place to consider how e-pims and the Shape Model being rolled out across Kent, might be linked together to enhance information and avoid multiple data entry.

(4) Comments were made that, at the national level, some NHS funding streams were predicated on receipts from assets sold by NHS Property Services being returned to the Treasury and there was, therefore, little incentive at the local level to declare any assets as surplus or unfit for purpose. Further comments were made relating to the need to understand the revenue consequences of receipt from the sale of capital.

(5) It was also suggested that the utilisation of estate be considered as many services were delivered from privately owned property .

(6) In response to comments, Ms Spore said: the utilisation of property, including privately owned property, should be included in any review of property use and at the point of commissioning services; issues relating to releasing capital locally from the sale of property could be escalated via the One Public Estate Initiative to the Cabinet Office; and that it might be possible for health organisations to rent public sector assets at a lower cost than renting from the private sector or NHS Property Services. She also said that during discussions relating to the One Public Estate Initiative and the development of the Sustainability and Transformation Plan (STP) opportunities to make the most efficient use of the public estate would become apparent and specific difficulties escalated through the initiative.

(7) Resolved that:

(a) Ms Spore be thanked for her presentation;

(b) The streams of work in the One Public Estate Initiative and in the development of the STP be supported.

241. Draft Kent Health and Wellbeing Board Annual Report 2015-16
(Item 7)

(1) Karen Cook (Policy and Relationship Adviser – Health) and Mark Lemon (Strategic Relationship Adviser) introduced the draft annual report for the Kent Health and Wellbeing Board covering the period April 2015 to March 2016.

(2) Mrs Cook said that, in addition to being a partnership board, the Health and Wellbeing Board was a formal committee of Kent County Council and as such was required to provide assurance that it was meeting its statutory responsibilities. The final annual report of the board would be presented to the Health Overview and Scrutiny Committee on 7 October 2016 before being submitted to the County Council on 8 December 2016.

(3) She asked the Board to consider the draft annual report and to suggest amendments.

(4) Resolved that:

(a) The draft report be noted;

(b) An amendment be made to the last sentence of paragraph 4.4 so that it read "An announcement was made by Government in September 2016 that, due to national response to the consultation, the proposed changes would not be implemented by October 2016 as planned;

(c) Reference be made to the protocols relating to the Kent Safeguarding Adults Board and the Kent Safeguarding Children's Board;

(d) Amendments be made to ensure all job titles were correct in the final report.

242. HealthWatch Kent Annual Report
(Item 8)

(1) Steve Inett (Chief Executive) introduced the 2015/16 annual report for HealthWatch. He also gave a presentation highlighting the key activities and achievements as well as outlining the priorities for the future. A copy of the presentation is available on-line as Appendix C to these minutes.

(2) In response to a question about the priority accorded to mental health issues, Mr Inett said that when HealthWatch Kent had been first established it had done considerable work with carers and users of mental health services and other areas now needed to be prioritised.

(3) Resolved that

(a) The annual report be noted;

(b) HealthWatch Kent be thanked for their appropriate balance of challenge and support that added value across the health system.

243. Kent Health and Wellbeing Board Forward Work Programme
(Item 9)

Resolved that the Forward Work Programme be endorsed.

244. Minutes of the Local Health and Wellbeing Boards
(Item 10)

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

Ashford – 20 July 2016
Canterbury and Coastal – 6 July 2016
South Kent Coast – 28 June 2016
West Kent – 5 July 2016

245. Date of Next Meeting - 23 November 2016
(Item 11)

ANNUAL REPORT 2015/16

FOREWORD BY THE INDEPENDENT CHAIR

Welcome to the annual report of Kent Safeguarding Children Board (KSCB). The production of an annual report is a requirement of the statutory guidance, Working Together 2015. The report identifies the effectiveness of child safeguarding and promoting the welfare of children and young people in Kent.

The report describes some of the key areas of work which the Board and its sub groups undertook during the year 2015/16, some of the successes and also, some of our challenges. The report is required to provide a rigorous and transparent assessment of the performance and effectiveness of local services. I hope this report does that and it will be of relevance and useful to anyone with an interest in safeguarding children and young people in Kent.

I have had the privilege of being the Independent Chair of the Board since March 2014 and have seen a number of changes in the past two years. I remain 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.

As a Board, we have responded to new areas of work as the year progressed and have also implemented the feedback from the Peer Review which took place in December 2014. We have established a new Risks, Threats and Vulnerabilities' (RTV) Group, and have continued to focus on children and young people who are being sexually exploited through our Multi-Agency Sexual Exploitation Group (MASE). Partners have established a multi-agency co-located team to tackle this issue. We also have continued to focus on Female Genital Mutilation (FGM), in addition to developing the range sub groups on our core areas of activity. The sub groups Chairs are highly committed managers from a range of agencies, and do an excellent job in driving the agendas forward.

In conjunction with the Kent 0-25 Health and Wellbeing Board, we implemented Local Children's Partnerships Groups (LCPG), which are at an early stage of development, but which we hope will make a much stronger connection between local district teams and the KSCB. We established a sub group of their Safeguarding Leads to develop their role in respect of safeguarding.

We again held a very successful conference in November 2015 with over 300 delegates. I was very pleased to be able to co-chair it with a young person, Josh. As before, there was considerable input by young people and the feedback was very positive.

2015 saw a significant increase in the numbers of Unaccompanied Asylum Seeking Children (UASC) coming into the care of the Local Authority and this created pressure for a range of agencies. However, KSCB members worked hard to ensure that safeguarding activity was not affected by these challenges. KSCB has had an increased focus on multi-agency activity, allowing the KSCB to test out how well we are all safeguarding children and where we need to put the focus. This will be continued into 2016/17.

In December 2015, the Government announced a review of Local Safeguarding Children Board's (LSCB's), led by Alan Wood. At the time of writing this foreword, it has just been published, and will be the focus of change during this coming year.

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 of Kent
Safeguarding Children Board

30th May, 2016

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ABOUT KENT

Overview

Kent is a shire county located in the south east of England with a land area of 1,368 square miles and approximately 350 miles of coastline.

The Office of National Statistics states that there are currently estimated to be 1,524,700 people living within the Kent County Council area and the number of children living in Kent is 328300 (21.7% of the total population).

73% of the Kent population live in urban areas with the remaining 27% living in rural communities (78% of the total land area).

The professional, scientific and technical industry group accounts for the largest proportion of Kent businesses with 17.4%, whilst the construction industry is the second largest in Kent with 15.1%.

Kent's population is largely of white ethnic origin. Children and young people from minority ethnic groups account for 9.4% of the total under 18 year old population.

Using the Children in Low-Income Families Local Measure, 16.5% of children (53,295 children) in Kent are living in poverty. This is above the regional average of 13.2% but below the England average of 18.0%.

Local Authority

Kent is a two tier authority, with Kent County Council and twelve district councils, as well as Medway unitary authority.

Clinical Commissioning Groups (CCGs)

There are seven CCGs:

- West Kent,
- Dartford, Gravesham and Swanley,
- Swale,
- Ashford,
- Canterbury and Coastal,
- Thanet
- South Kent Coast

Health providers in the County

- Kent Community Health Foundation Trust
- Sussex Partnership Foundation Trust (Children and Adolescent Mental Health (CAMHS) provider)
- Kent and Medway Partnership Trust (Adult Mental Health provider)
- Maidstone and Tunbridge Wells NHS Trust
- Dartford and Gravesend NHS Trust
- East Kent Hospital University Foundation Trust

Kent is also served by the National Probation Service and the Kent, Surrey and Sussex Community Rehabilitation Company.

THE BOARD

What is the Kent Safeguarding Children Board and what does it do?

The KSCB is the key statutory body overseeing multi-agency child safeguarding arrangements across Kent. Governed by the statutory guidance in Working Together to Safeguard Children 2015 and the Local Safeguarding Children Board Regulations 2006, the KSCB comprises senior leaders from a range of different organisations. It has two basic objectives defined within the Children Act 2004;

- To co-ordinate the safeguarding work of agencies, and
- To ensure that this work is effective.

KSCB provides a vital link in the chain between various organisational activities, both statutory and voluntary, to protect children and young people in Kent. 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.

Whilst being unable to direct organisations, the KSCB does have the power to influence, challenge and hold agencies to account for their role in safeguarding. This influence can touch on matters relating to governance as well as impacting directly on the welfare of children and young people.
Our message is **– Protecting Children from Harm is Everyone's Business**

Key roles and relationships

The Independent Chair

The Independent Chair of the KSCB is Gill Rigg. Supported by a Board Manager and a dedicated team, the Chair is tasked with ensuring the Board fulfils its statutory objectives and functions. Key to this is the facilitation of a working culture of transparency, challenge and improvement across all partners with regards to their safeguarding arrangements.

Partner agencies

All partner agencies across Kent are committed to ensuring the effective operation of KSCB. This is supported by a Constitution that defines the fundamental principles through which the KSCB is governed. Members of the Board hold a strategic role within their organisations and are able to speak with authority, commit to matters of policy, feedback to their agency and hold their organisation to account.

Designated professionals

The Designated Nurse member on the Board takes a strategic and professional lead on all aspects of the health service contribution to safeguarding children. Designated professionals are a vital source of professional advice. Across the range of KSCB activities, this designated role has continued to demonstrate its value during 2015/16.

A full list of Board members for 2015/16 can be found at Appendix A.

Lay Members

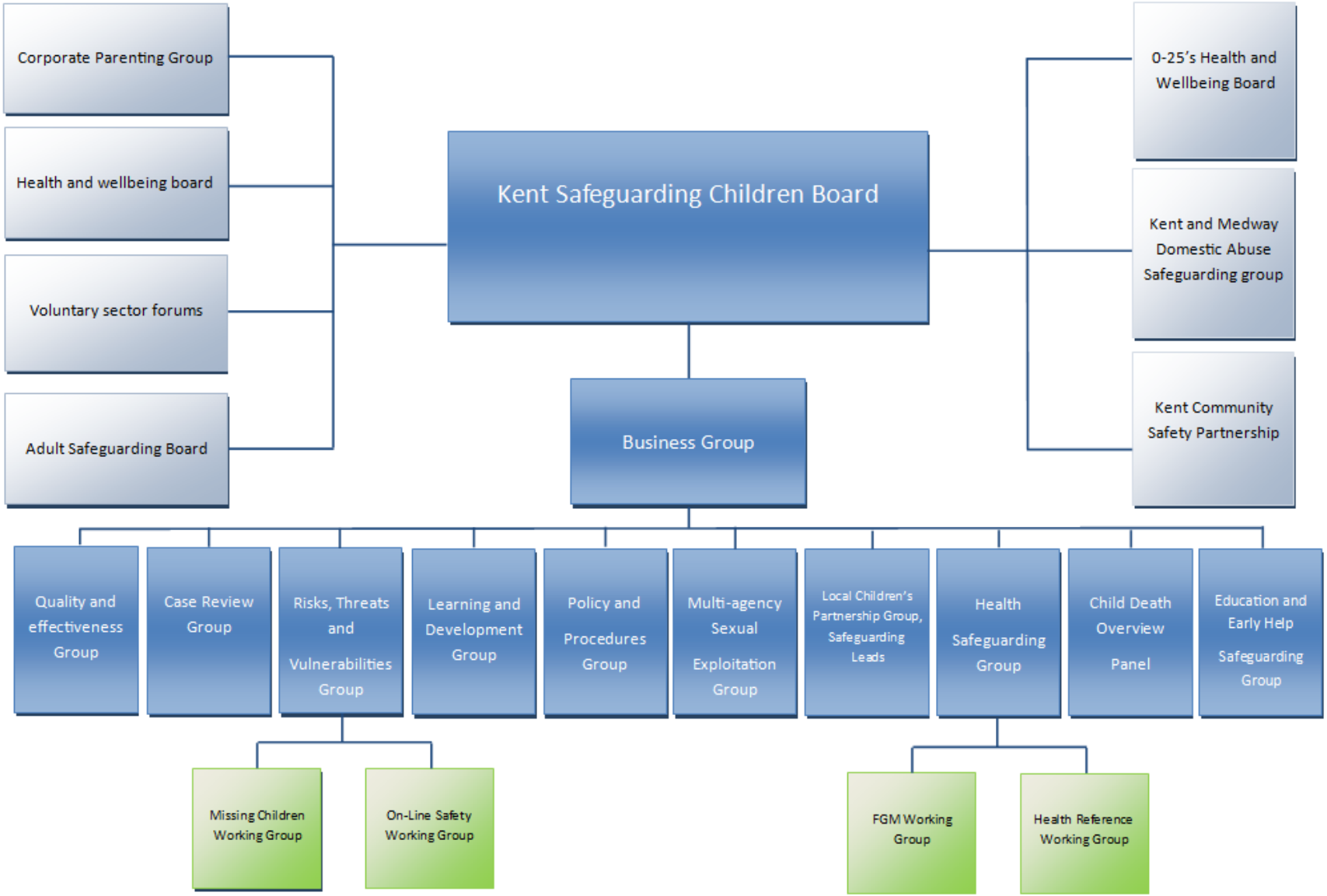
KSCB have two Lay Members. One has been in post for five years and the second very recently appointed and he took up his position in April 2016. The role of the Lay Member is one required under The Apprenticeships, Skills, Children and Learning Act 2009 amended sections 13 and 14 of the Children Act 2004 which states that *"the local authority must take reasonable steps to ensure that the LSCB includes two lay members representing the local community."* Working Together 2015 also highlights the role of Lay Member as: *"Lay members will operate as full members of the LSCB, participating as appropriate on the Board itself and on relevant committees. Lay members should help to make links between the LSCB and community groups, support stronger public engagement in local child safety issues and an improved public understanding of the LSCB's child protection work."*

Our Lay Members play a vital role and fully participate in the Board's activity, attending every Board meeting and also being members of some of the Board's Sub Groups – Multi-Agency Sexual Exploitation Group, Health Safeguarding Group and the Female Genital Mutilation Working Group. Plans are in place for the latest member to sit on the Case Review Group and Chair a Serious Case Review Panel for a newly commissioned Serious Case Review. In addition to participation in Board and Group meetings, our Lay Members have support the Board's Quality and Effectiveness Group in their reviewing of partner agencies' Section 11 submissions, providing valuable independent feedback and challenging questioning on the evidence provided. Both Lay Members have also attended regional Lay Member Conferences and have returned with feedback on the experiences of other Boards' Lay Members.

Here is how Roger Sykes, one of our Lay Members, sees how KSCB has developed in his time with us:

"As I have completed 5 years' membership of KSCB, I feel qualified to comment on the progress that has been made. In 2011, the Local Authority and Board were subject to an Improvement Notice following an adverse OFSTED inspection. I doubt that any Board member then would have expected the improvement in the Board's performance that has happened since. There is now a much more collaborative approach to multi-agency work and every aspect of child protection work is governed by detailed policies and procedures. Auditing of agency performances is effective in highlighting good as well as poor practice and the Board's training courses are an important factor in keeping Kent children safe. I am particularly pleased that the Board has embraced an open and transparent policy of challenging agencies where appropriate; to improve practice and outcomes, and that effective monitoring of the Board's Challenge Log ensures that improvements are made. Furthermore, the Board has made good progress in ensuring that the voices of Kent's children are appropriately listened to and acted upon. However, momentum must be maintained and there are many areas where more needs to be done."

KSCB STRUCTURE



KEY ROLES AND RELATIONSHIPS WITH OTHER KENT STRATEGIC BOARDS

There is a clear expectation that Local Safeguarding Children Boards are highly influential strategic arrangements that directly influence and improve performance in the care and protection of children. There is also a clear expectation that this is achieved through robust arrangements with key strategic bodies across the partnership. During 2015/16, engagement continued with the Kent Health and Wellbeing Board (HWB) and stronger engagement has been developed with the Kent Safeguarding Adults Board (KSAB), the Kent Community Safety Partnership, the Kent and Medway Domestic Abuse Strategy Group and the Corporate Parenting Board.

At each KSCB meeting, Board member representatives from each of these strategic Groups formally report that Group's business. This engagement helps ensure that the voice of children and young people and their need for safeguarding is kept firmly on the agenda in terms of multi-agency work involving vulnerable adults, health and wellbeing and the local response to crime.

A protocol has been formally agreed that sets out the working arrangements between KSCB and the HWB and the Kent 0 - 25 Health and Wellbeing Board. 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. This protocol can be found on the KSCB website: www.kscb.org.uk

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.

BOARD MEMBERSHIP AND ATTENDANCE

The Board met seven times in the period from April 2015 to March 2016. The Board is made up of senior representatives from all the main agencies and organisations in Kent concerned with protecting children. The figures below show attendance by agency, please note that some representatives were not requested to attend until later in the year and these are marked (*):

Independent Chair	100%
Cabinet Member for Specialist Children's Services	71.4%
Lay Member	71.4%
Kent County Council Social Care, Health and Wellbeing Directorate	
○ Corporate Director, Social Care, Health and Wellbeing	85.7%
○ Director of Specialist Children's Services	71.4%
○ Director of Public Health *	100%
Kent County Council Education and Young Peoples Services Directorate	
○ Corporate Director, Education and Young Peoples Services	85.7%
○ Director of Early Help and Preventative Services	85.7%
Kent Police	85.7%
District Council Chief Executive Representation	100%
CXK *	80%
NHS Clinical Commissioning Groups (CCG)	85.7%
Designated Health Professional	100%
Kent Community Health Foundation Trust (KCHFT) (Health Provider Representation)	85.7%
Kent, Surrey and Sussex Community Rehabilitation Company (KSS CRC)	71.4%
National Probation Service	57.1%

FINANCIAL ARRANGEMENTS

Partner agencies continued to contribute to the KSCB's budget for 2015/16, in addition to providing a variety of resources, such as staff time and free venues for training.

Partner contributions totalled £**393,022**. A breakdown of partners' contributions can be found at Appendix B.

KSCB offers all of its multi-agency training free of charge to all KSCB partners and has still increased our overall training income to £42,450. Income from Bespoke training totalled £40,400. Charges for non-attendance at training events provided an additional income of £18,000 (although we are working with partners to reduce this branch of income).

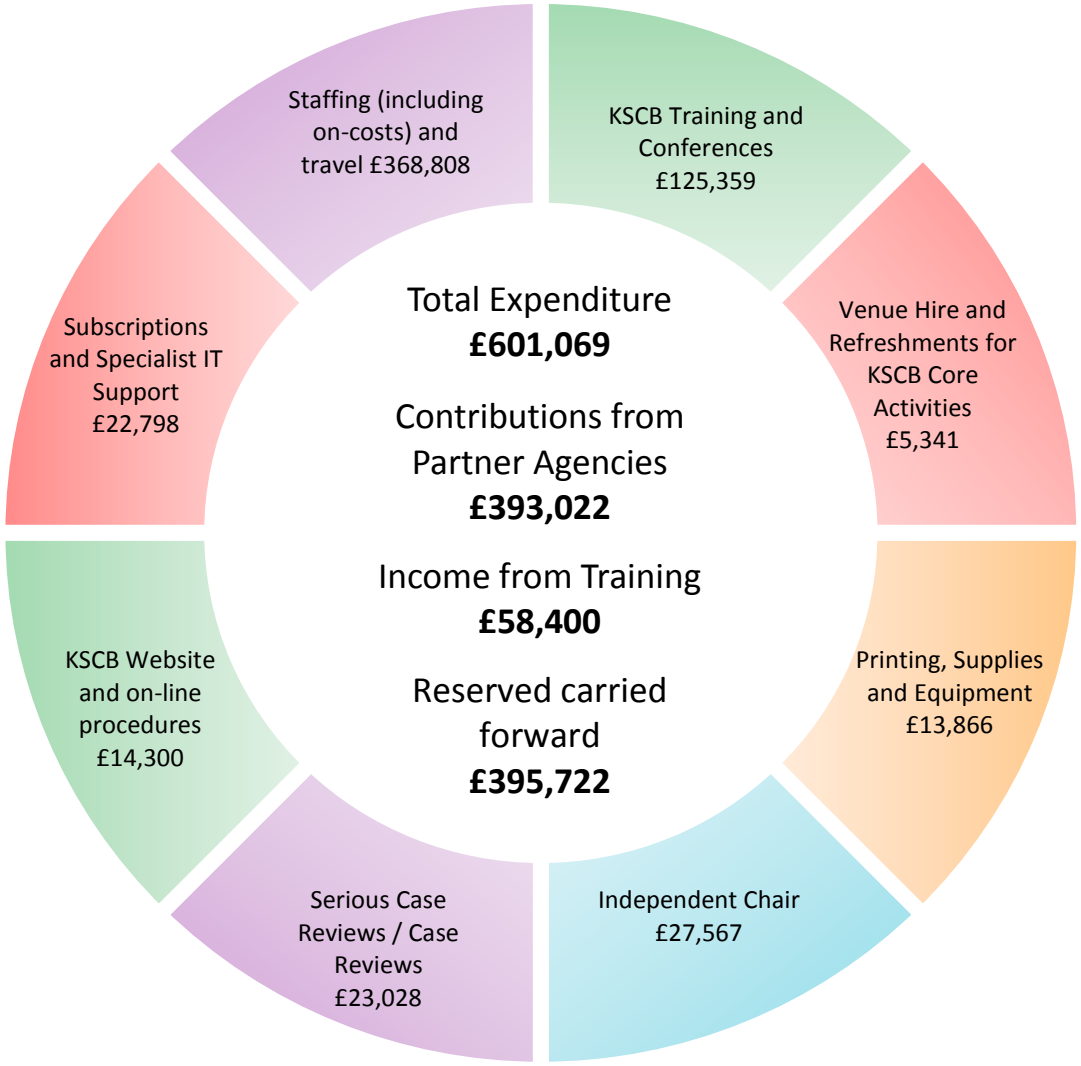
Our total expenditure for 2015/16 was £601,069.

We commissioned two Serious Case Reviews and one large scale independent Case Review in 2015/16 and these will continue into 2016/17.

As outlined in last year's report, the reserve has continued to reduce and we are on track for a break even budget within two years.

We made significant reductions in our training expenditure. This will continue year on year with the increase in the number of partner staff on our College of Trainers, resulting in less use of external trainers.

Partner agencies have continued to provide free training and meeting venues and this too has helped in reducing expenditure. It is envisaged that this will continue.



WHAT OUR BOARD MEMBERS SAY

The following is a themed Summary of the Board Members' One to One meetings with the Independent Chair.

What are the strengths of the KSCB?

Structure

- "The organisation of the Board's sub-groups reflects the key safeguarding issues with clear agendas and priorities linked to the Board's Business Plan.
- The Board has also shown flexibility in re-defining the scope of the sub-group's work in response to changing circumstances.
- It is generally felt that the sub-groups work well and show progress.

Partnership working

- There is evidence of productive working on many of the key issues emerging e.g., CSE, Prevent, FGM
- Partnership working has improved in the last year and partners seem to be more engaged in working together to improve outcomes for children either on Task and Finish groups or within the established groups which feed in to the Business Group which is working well.
- The development of the MASE group and the CSET co-located Team has been inspiring.

Voice of the child

- Effort has been made to ensure the voice of the child is central, although ability to do this through presentation at Board meetings has been a bit sporadic.
- The way that the voice of the child is heard and used to illuminate key practice issues, for example, the powerful input on FGM during the conference.

Membership

- Board members are clearly knowledgeable experts, although some rarely contribute.
- Helpful for District Councils to be invited although it is felt that this needs to be further developed.
- There were concerns expressed regarding the NHS.

Independent Chair

- It is felt that the Chair will raise unpopular or challenging issues if she feels they are warranted.
- Members know that they can bring items/issues to the Board and know that the Chair will support an honest discussion.

Business support

- There is excellent support to KSCB in terms of the KSCB Programme and Performance Manager and his team.

Training

- Multi-agency training is seen as a very strong point for the Board.
- It is recognised that there is a wide range of multi-agency training available. This is supported by the Board's ability to develop and deliver bespoke training programmes.

What has KSCB achieved this year?

Child Sexual Exploitation (CSE)

- Tangible progress has been made in the development of the CSE agenda, including the establishment of the MASE Group, the introduction of multi-agency CSE Champions and the co-located multi-agency CSE Team.
- The results of the work of the Missing Children Working Group were also recognised.

Business Plan

- The development of a more joined up Business Plan.

Working relationships

- A maturity of working relationships has been established, supported by regular attendance by the correct people, restructuring into a meaningful and effective Business Group and a positive focus by sub-groups on key areas of safeguarding concern.
- It is felt that sharing and working collectively has developed, although there is still room for improvement.

Sub Group activity

- The Board's multi-agency audit programme is robust.
- There is now a stronger practice around case reviews and learning.
- There is an excellent training programme.

Annual Conference

- It was recognised that the Board organised and delivered an excellent and well attended conference; the involvement of young people was particularly praised.

Voice of the child

- KSCB has worked hard to reflect the voice of the child.

Business Group

- It is now recognised that the Business Group is now driving the Board's activity.

What are the areas that the Board needs to develop?

Awareness of KSCB

- There is a need to raise the awareness of the role of the KSCB, both internally with front line staff and externally with parents/carers and young people.
- There needs to be greater involvement of the wider public sector.

Quality and effectiveness

- The need to be clear about the outcomes/direction of the work at the Quality and Effectiveness group i.e. a data set which answers the "so what?" question and audits which support this. Information and analysis.
- The role of the Q and E Group needs to evidence how its work influences practice.

Working together

- There was a general feeling that partners did not fully understand the 'Health' community and that there needs to be improved understanding of health providers and commissioners roles in current health and mental health area (not just NHS but non-NHS).
- Partners to be cited on the changes within partner organisations so that expectations can be structured, i.e. changes in National Probation Service, CCGs, Early Help and Preventative services, the developments at CRU and the introduction of 'Signs of Safety'.

Challenge

- Critical friend challenges need to be seen as a norm.

Business Plan

- This needs to be clearer with more tangible evidence of impact.
- The Plan needs to focus more on child protection and the journey of children between Early Help and SCS and their outcomes.
- To continue the development and define links with MASE/Prevent/FGM/Gangs and Youth Violence.
- There is a lot of multi-agency work in progress, and this must continue without losing focus on 'mainstream' activities.

Evidence of impact

- Whilst learning has been identified from case reviews and audit and is fed through the sub-groups and training programme, are we able to evidence that this has made a difference?

Training

- The collation and reporting of single and multi-agency training figures needs to improve.
- Where there are barriers to training, these should be identified and efforts made to ensure that they are removed.

COMMUNICATION

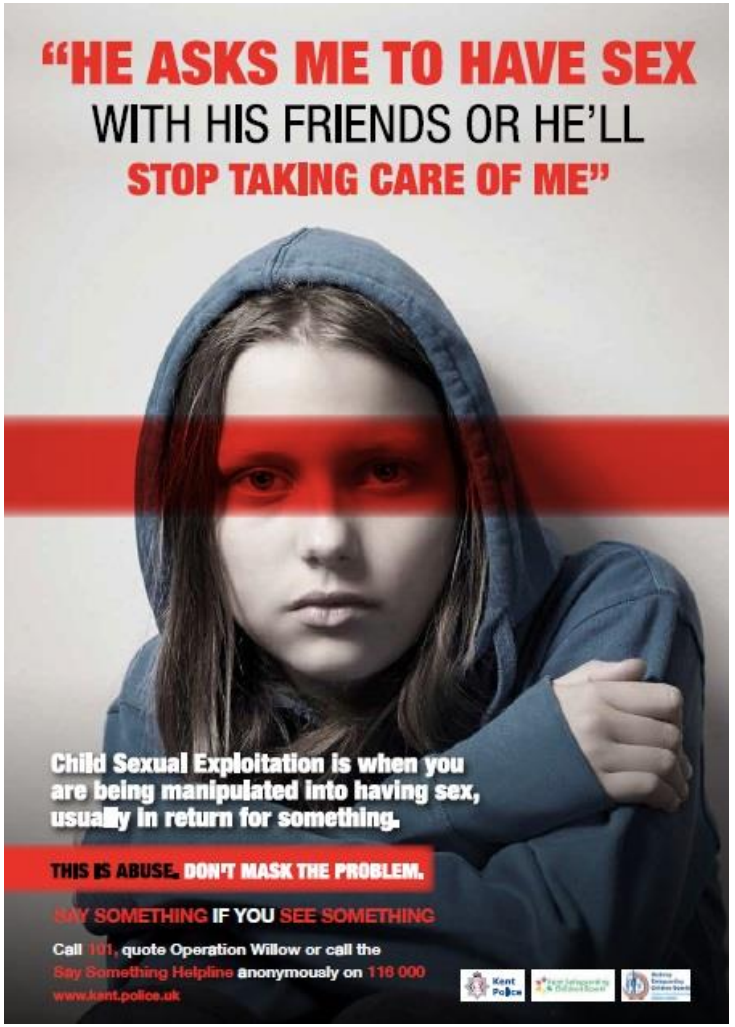
KSCB launched a Twitter account at the end of December 2015. To date our following has grown steadily and we currently have over 300 followers, including other LSCBs from across the country and associated sites. Our twitter page was also commended by the KYCC (Kent Youth County Council) who thought it was 'up to date, current, readable and informative' (KYCC Mar 2016). As at the time of publication of this Report, the KSCB Twitter Page had 326 followers.

KSCB have also produced a film by young people for young people about relationships, this was coordinated in partnership with the young people from the KYCC. This was showcased at our annual conference in November 2015 and is available to view on our website at http://www.kscb.org.uk/forms/children-and-young-people

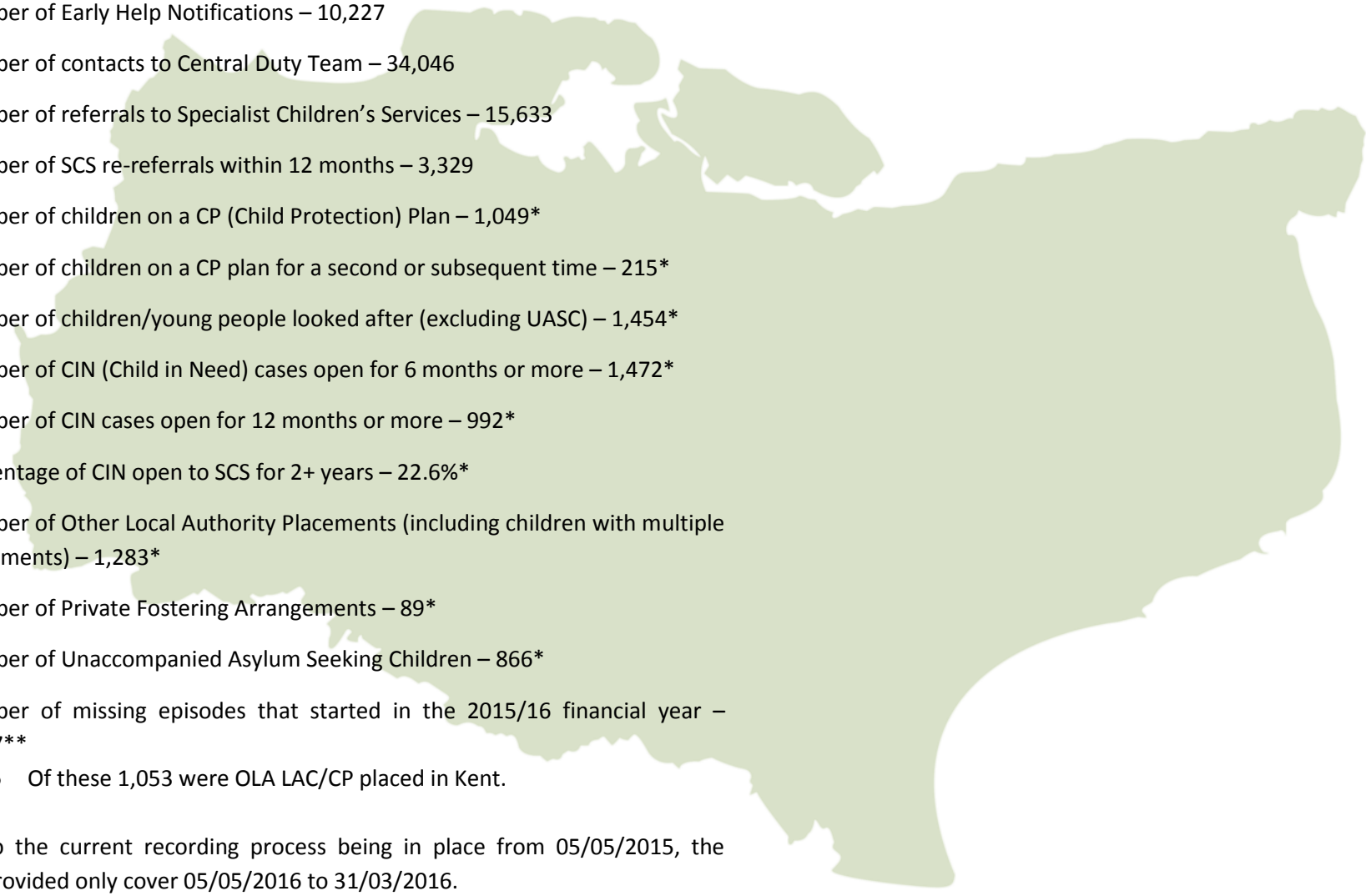
We have also created new pages on our website and post information for Children and young People, Parents and Carers, Voluntary and Community organisations. We also promote our activities on social media.

PROMOTIONAL MATERIALS

Last year, KSCB produced a number of leaflets to promote awareness of different issues across the county, examples of which are shown throughout this report. These have been made freely available to young people and staff across all agencies and partners have publicised these in their offices and reception areas. We were actively involved, alongside Kent Police in the launch and promotion of Operation Willow (Child Sexual Exploitation awareness).



THE KENT SAFEGUARDING SNAPSHOT 2015/16



- Number of Early Help Notifications – 10,227
- Number of contacts to Central Duty Team – 34,046
- Number of referrals to Specialist Children's Services – 15,633
- Number of SCS re-referrals within 12 months – 3,329
- Number of children on a CP (Child Protection) Plan – 1,049*
- Number of children on a CP plan for a second or subsequent time – 215*
- Number of children/young people looked after (excluding UASC) – 1,454*
- Number of CIN (Child in Need) cases open for 6 months or more – 1,472*
- Number of CIN cases open for 12 months or more – 992*
- Percentage of CIN open to SCS for 2+ years – 22.6%*
- Number of Other Local Authority Placements (including children with multiple placements) – 1,283*
- Number of Private Fostering Arrangements – 89*
- Number of Unaccompanied Asylum Seeking Children – 866*
- Number of missing episodes that started in the 2015/16 financial year – 5,067**
    - Of these 1,053 were OLA LAC/CP placed in Kent.

**Due to the current recording process being in place from 05/05/2015, the figures provided only cover 05/05/2016 to 31/03/2016.

* Snapshot figure as at 31st March 2016

THE KENT SAFEGUARDING CONTEXT

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

Performance:

- During 2015/16, there were 10292 cases of children and families being supported by EHPS.
- There are currently 3143 open cases of children and families being supported by Early Help Units.
- The percentage of cases closed with a positive outcome has increased from 68.8% in March 2015 to 83.4% in March 2016.
- The percentage of cases stepped up from Early Help to SCS has reduced from 9.4% in March 2015 to 5.5% in March 2016. These are cases that originally did not meet the Threshold Criteria for Children in Need (CIN) or Child Protection (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 Specialist Children's Services (SCS).
- We have also seen improvement in the number of CIN and CP cases closed and stepped down to Early Help from 102 in March 2015 to 173 in March 2016.

The overall trend in the last year is encouraging and the Board recognises that this indicates a positive impact on children's well-being and safeguarding.

Children in Need (CIN)

At year end, 2014/15, there were 1052 CIN cases that had been open for 12 months or more, this compares to 992 in 2015/16, a reduction of 60 cases.

For CIN cases open for 6 months or more the figures were 1472 for 2015/16 against 1633 for 2014/15, a decrease of 161. The figures include cases open for 6 months or more – not those open between 6 and 12 months. (The methodology for calculating these CIN cases changed between the dates of the snapshot figures.)

Children on Child Protection (CP) Plans

At year end, 2015/16, the number of children on CP Plans was 1049. This compares to 1240 at the last year end, a decrease of 191.

Children in Care (CIC)

CIC are those looked after by the Local Authority. Children can be looked after on a voluntary basis or following a legal process. For the latter, 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 snapshot figures (excluding Unaccompanied Asylum Seeking Children (UASC)) for 2014/15 compared to 2015/16, show a decrease of 48 from 1502 to 1454.

Number of re-referrals to SCS

Re-referrals to social care have reduced from 28.5% in March 2015 to 21.3% in March 2016.

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 and they become children in care. 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 2016, there were 866 UASC Children in Care in Kent. This is an increase of 498 from 368 at 31st March 2015.

As highlighted in the Independent Chair's foreword to this report, the demanding challenge of working with and managing the UASC rests with all partners. The year 2015/16 has been particularly challenging with the significant increase in the number of children seeking asylum entering the UK through the Kent ports with the total for the year being 1313. Additional Social Workers have been recruited to ensure that all necessary assessments and placements are undertaken and managed. This has been supported by Health colleagues who are ensuring that all UASC are suitably health assessed. The demands on schools and district councils have also been extreme, with school places and housing being limited. There have been times throughout the year when services have been under severe pressure, however, this has quickly been identified and addressed by all agencies involved. The KSCB has regular updates from partners to provide re-assurance that emerging issues are identified and resolved.

This continues to be a serious concern as these children are especially vulnerable to exploitation. The KSCB's Multi-Agency Sexual Exploitation (MASE) Group and the new Risks, Threats and Vulnerabilities (RTV) Group continue to closely monitor progress across agencies in tackling this problem. This key priority will continue to feature on the Board's three year Business Plan (2015-2018).

The Government are looking at introducing a National dispersal scheme to ensure that young people who present as UASC are appropriately placed around the Country rather than just with "the gateway" authorities i.e. where children and young people are first received. At the time of writing, a voluntary scheme had been introduced, but this has made little impact on the Kent UASC.

Unaccompanied Asylum Seeking Children (UASC) Partnership Board

Purpose of the Group:

The purpose of the Partnership Board is to take a strategic overview of the whole system of services contributing to and impacted upon in managing the needs of UASC across the county of Kent.

Its key topics are:

- Provision of Integrated services, including Social Care, Health, Housing and Education
- Interventions for those UASC identified as vulnerable to CSE and going missing
- Using the view of the young people to improve services

The work of the UASC Partnership Board will be reported back into the Kent Safeguarding Children Board (KSCB) and the 0-25 Health and Wellbeing Board.

Children in Care (CIC) placed in Kent by Other Local Authorities:

As of the end of March 2016, there were 1283 CiC placed in Kent by other Local Authorities, an increase of 72 on the previous year. This high number has been consistent for many years. This places significant pressure on public agencies responsible for supporting vulnerable children in Kent, including schools, police, health and Local Authority services.

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 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.

KCC Specialist Children's Services have recruited a dedicated full time Other Local Authority Placement Officer who has started to liaise with placing authorities. She is following up issues such as the lack of Return Interviews being offered and conducted with placed children who go missing, and the placing of children with particular vulnerabilities in areas where it has been locally identified that there is a likelihood that this young person may be at risk.

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

It is acknowledged that all of the above figures are a snap shot taken at the year-end 2015/16. They do not reflect performance after 31st March 2016.

ADDITIONAL REPORTS

LOCAL AUTHORITY DESIGNATED OFFICER (LADO)

ALLEGATION MANAGEMENT IN KENT – ROLE OF THE LOCAL AUTHORITY DESIGNATED OFFICER

In Kent, the LADO function is managed via four full time officer posts, supported by a manager and administrative support. LADO officers are senior social work qualified staff who have a background in child protection practice and management.

The team oversees the allegation management function for the entire children's workforce in Kent. It is important to note that the team does not undertake investigations but oversees the investigations undertaken by other agencies, including employers.

In addition to the management and oversight of individual allegations, the team responds to requests from Ofsted for information towards inspection of residential provision in Kent; provides considerable consultation to providers, partners, members of the public, Ofsted and others on matters related to concerns about staff conduct and related procedure; and responds to frequent Freedom of Information requests for data linked to LADO role.

Since May 2014, the team has responded to allegations on a shared County intake basis (rather than having the previously based Area Officers), to ensure better continuity and consistency for service users as well as parity of case-loads throughout the LADO Team. In July 2015 the team became co-located in Ashford. It has allowed for further improved consistency, better efficiency and coordination of administrative oversight and increased peer support. It has also enabled more effective 'on-the-ground' liaison with the Central Referral Unit, which are based in the same building.

The number of calls to the LADO service for consultation and allegation management support is considerable. Between April 2015 and end March 2016, the team recorded 737 formal allegations against the children's workforce in Kent. This represents an increase of 55 from the 682 recorded during the previous year; therefore the team has been dealing with an increased volume of work.

The team has additionally managed a very high number of LADO-related consultations, some 1209 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. Based on last year's consultation figures of 859, the team has seen an increase in the use of consultation. However it is projected that a further increase in this figure given the continued awareness raising undertaken by the team and the willingness to be a point of consultation for agencies and employers.

PRIVATE FOSTERING

In the year 2015/16, there were 72 new private fostering notifications. This figure is 18% lower than 2014/15. 71 were made in to formal private fostering arrangements.

Of the 71 Private Fostering arrangements made in 2015/16, 32 involved children/young people born in the UK, 28 from Europe and 6 from Asia. The rest are from Africa, Canada and the Middle East.

In Kent, 86% of children were aged 10 and above at the time the Private Fostering Arrangement Assessment Record was completed.

Following consultation, the Department for Education (DfE) no longer collect private fostering data. Some information is gathered via the children in need census. The DfE have released guidance and technical specifications on the changes to the 2016 to 2017 children in need census to include extra sub-categories of the private fostering factors identified at the end of assessment (overseas children who intend to return, overseas children who intend to stay, UK children in educational placements, UK children making alternative family arrangements and privately fostered: Other).

This data collection will only consider those privately fostered children who are subject to child in need services. Those privately fostered children who are not receiving child in need services will not be considered by the DfE.

Due to the changes brought about by the DfE, Kent Specialist Children's Services have altered the three private fostering measures (which were % of PF notifications where initial visit held within 7 days, % of new PF arrangements where visits were held within 6 weeks and % of existing PF arrangements where visits were held in time) to a rolling 12 month method which considers visits made to the child in the preceding 12 months. It therefore considers initial visits and both 6 & 12 weekly visits in the same measure.

What has not changed is the duty on local authorities to satisfy themselves that the welfare of a child privately fostered within their area is satisfactorily safeguarded and promoted. Nor does it change the way local authorities discharge their statutory duties in line with 'The Children (Private Arrangements for Fostering) Regulations 2005'.

Of the private fostering arrangements that had commenced between March 2015 and March 2016 (using the new data collection formula of rolling 12 month method which considers visits made to the child in the preceding 12 months) performance stood at 87% with 172 visits in time out of 197 visits.

A new audit framework has begun with one PF being audited each month to ensure quality of social work practice.

During Private Fostering week (4-10 July 16) effort was made to increase awareness of Private Fostering with our professional partners (via internal communications, email shots etc.) and members of the public (via a press release resulting with Peter Oakford being interviewed on Radio Kent and Heart, Facebook, twitter feeds etc.).

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

PROGRESS IN KENT

What we have done

In response to the challenges identified in last year's report around the development of Early Help Services, the following progress can be reported:

Early Help and Preventative Services (EHPS)

Process:
The new Kent Family Support Framework (KFSF) was launched in September 2014 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 and 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. The Early Help Triage team receives around 800 Early Help Notifications (EHNs) per month. Over 50% of these EHNs are sent in by schools, with Health and Police accounting for a further 20% each.

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). Triage is now co-located with SCS's Central Duty Team and forms part of the Central Referral Unit (CRU) comprising teams from a range of agencies. This ensures all notifications and referrals are carefully assessed and directed to the right level of service response, either through Early Help or SCS. The process also ensures a robust approach to stepping up or stepping down of cases between Early Help and SCS.

Timescales and practice standards are closely monitored for all intensive support casework held in Early Help Units. This is to ensure that children, young people and families are supported with the right service at the right time, and to ensure a tight focus on planned outcomes to prevent cases from drifting or needs escalating.

In 2015 schools were advised of the name of their link Early Help Worker. This worker is a key link and communication point for schools to raise any questions about the Early Help offer or to discuss any safeguarding concerns prior to an EHN being submitted. The link Early Help Worker maintains regular contact with their schools to build a strong working relationship.

Progress:
Significant progress has been made in EHPS to improve clarity to schools about the Early Help offer, and to provide clearer information and more frequent communication. This progress will be built on in the coming months by providing confidential child-level reports to schools detailing those in receipt of intensive support from EHPS.

EHPS transformation and progress will be built on further in coming months to ensure an increasing proportion of families are supported with outcomes achieved, and with increased levels of step-downs to continue to support reduced caseload in SCS and reduced referrals to SCS.

Emotional Health and Wellbeing

Emotional health and wellbeing is one of the four priority work strands of the EHPS Strategy and Three Year Plan. Early Help is working in partnership with schools, health and others to reduce the impact of emotional health and wellbeing difficulties in children and adolescents, improving their resilience and learning. This partnership approach is now being further developed through a comprehensive and collaborative countywide offer to support children, young people and families who are at risk of experiencing poor outcomes due to emotional wellbeing and mental health problems. A new service model and commissioning approach aims to redress the current gaps and blockages in the pathway that children, young people and their families tell us they experience when accessing mental health services in Kent.

The primary reason for requesting support from Early Help is recorded on the Early Help Notification. The most common reason cited is Mental and Emotional Health and Wellbeing.

Early Help is co-ordinating health services so that schools get a more integrated approach from health visitors, school nurses, Children and Adolescents Mental Health Services (CAMHS) and substance misuse and sexual health workers.

To achieve this, Early Help are:

- Undertaking joint commissioning with Public Health to improve the reach and effectiveness of services;
- Embedding CAMHS mental health professionals into our Early Help Units to ensure swift and early access to support for service users as well and professional advice, guidance and support for workers who are supporting families where there are emotional health and wellbeing concerns;
- Working with Public Health and schools to promote healthy lifestyles to reduce the number of children who are overweight or miss school because of health needs.

Through the analytical work of the refreshed EHPS commissioning framework, a need was identified for increased provision for Tier 2 Emotional Health and Wellbeing. KCC is investing an additional £2.6 million to support children, families and young people with their emotional health and wellbeing and through CAMHS provision via the Health Needs Education Service.

Health Needs Education Service

There are a wide range of services provided to vulnerable children, young people and families with multiple problems, under the umbrella of the Early Help and Preventative Services, including Health Needs provision for children and young people.

During 2015/16, we reviewed and re-organised the Health Needs Pupil Referral Units (PRU) and, following wide consultation, developed a new Health Needs Education Service.

The new service aims to meet the needs of Kent schools in all areas of the County and provides a new delivery model and service structure. Its purpose is to provide:

- An education support service to schools for young people with physical medical conditions; and
- An education outreach service for young people with mental health needs, located in six resourced bases and a specialist residential unit.

Each hub has specialist staff including a mental health nurse. Advice and guidance is provided to schools on working with young people with mental health issues. Young people referred, usually with CAMHs support or diagnosis, are supported with their education in one of the specialist units either full or part time.

Signs of Safety

'Signs of Safety' has been adopted by Kent County Council's Early Help and Preventative Services and Specialist Children's Services as the overarching practice framework for all its work with children, young people and their families/carers/ it is a purposeful and collaborative way of working with families/carers to secure the best outcomes for children and young people.

A comprehensive programme of staff training for Social Workers and Early Help staff is underway. This is being supported by multi-agency Signs of Safety Awareness raising training for staff from partner agencies.

The principles of Signs of Safety have been introduced into Child Protection Conferences and are being integrated in to assessments, referrals and Early Help Notifications.

Conclusion

Throughout the year, the Board has received regular updates from the Corporate Director for Education and Young People's Services and has been impressed by the development of Early Help services and the outcomes achieved.

Overall, the Board has recognised the efforts and achievements of all agencies involved in keeping the children of Kent safe. Significant developments have been made in the manner in which the Quality and Effectiveness Group have overseen and reported on the performance scorecard, with more analysis of issues data being provided. This has been supported by a much improved audit programme. The outcomes from audits, coupled with comprehensive findings from case reviews and child death reviews, have ensured that the Board feels confident that learning is being embedded in working practice.

Agencies are very committed to improving safeguarding. Individually and collectively we strive to understand what practice is like. The Board feels that the multi-agency processes generally work well, although we are not at all complacent. We will continue to work to work together to ensure that we improve.

ADDITIONAL UPDATES ON KEY TOPICS

Child Sexual Exploitation (CSE)

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. Following the commissioning of a Case Review on a wide scale Kent CSE investigation, (Operation Lakeland), and the learning and identified good practice from other CSE cases across the Country, the Board set up a Multi-Agency Sexual Exploitation (MASE) Group to oversee, monitor and challenge partner agency's response to CSE. This Group has produced a comprehensive CSE Action Plan, set up multi-agency CSE Champions across the County and has supported the establishment of a multi-agency co-located CSE Team (CSET). Although at an early stage, the CSET has begun to develop multi-agency CSE intelligence and is providing an ever improving profile of CSE in Kent. This is being used to assist and inform local staff of developing CSE hot spots and supporting them in being more proactive in the safeguarding of vulnerable young people.

KSCB, through both MASE and the Learning and Development (L and D) Group, has developed a widespread multi-agency CSE Training Programme that has been, and continues to be, delivered across Kent. Single agency trainers have been trained to deliver this programme across their own agencies. The multi-agency CSE Champions are using their knowledge and position to support this training by being available to support and advise operational staff.

Feedback from agency updates to the Board evidences that staff across all agencies are now better sighted on CSE and missing children, although it will still take more time before real evidence of the impact of this awareness is realised.

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.

During 2015/16, MASE undertook CSE self-assessment exercise with partner agencies. At the time of writing this report, 18 agencies have completed their assessment and the key findings were as follows:

Good Practice Themes			
	Record Keeping	**Representation at CSE Meetings**	**Promotion of CSE**
	• Agencies are beginning to record cases where they identify CSE and what they do as a result	• Strong Representation at all levels to CSE meetings	• Appointment of CSE Champions across agencies • Champions taking an active role in promoting and cascading CSE messages within their agency • Posters and leaflets distributed to staff and public facing areas • Increasing use of agencies' social media to pass on the CSE message
	Training	**Policies and Procedures**	
	• There are examples of comprehensive training being available to staff	• Agencies are reviewing and updating their CSE procedures and including this in their in-house training	

Areas for Continued Development			
	Multi-agency Working	**Single Agency Strategies, Policies and Procedures**	**Wider CSE Awareness**
	• Improve multi-agency partnership working including service providers and voluntary and community sector • Need for wider representation at MASE - CRI Drug service provider / Kent Community Health Foundation Trust (KCHFT/ Medway Foundation Trust	• Inclusion of CSE in single agency policies and procedures • Inclusion of CSE in single agency strategies	• Wider sharing of CSE awareness with parents and carers • Wider sharing of CSE awareness with children and young people • Development of CSE awareness to taxi drivers, hoteliers and commercial sector
	CSE Toolkit	**CSE Champions**	**Training**
	• Use of the toolkit by frontline practitioners Linking toolkit to referral process Record keeping of use of the toolkit and outcomes	• A greater role for CSE Champions - in house training and evaluation of agency practice	• Record keeping and reporting of who has been trained and who requires training Delivery of training to staff in line with their operational role • Learning from Operation Lakeland • Future self-assessment/evaluation/audit of CSE training • Development of in house training programme

Voice of the Child

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.

Presentations to the Board

The Board has continued with how it promotes the work and experiences of young people of Kent in regards to its 'hearing the voice of the child' agenda item at the beginning of each KSCB meeting. The presentations by young people have been informative and popular with Board members. As well as showcasing some of the good work around the county, these sessions have provided significant challenges to Board members from some young people who have experienced services as clients. Presentations to the Board included: -

Topic	Who by and how	Key messages for the Board
Adolescent Domestic Abuse.	Oasis – • Presented a short 'YouTube' video campaign on safer relationships that they had made to promote "Love Shouldn't Hurt" which they are planning to take in to schools.	• To demonstrate that domestic abuse is a key issue for young people in relationships • To publicise the activity of Oasis in getting the message to other young people
Paediatric Sexual Assault Referral Clinic (SARC)	Designated Nurse and SARC staff	• Raising strategic mangers' awareness of the new service being made available to younger victims of sexual assault. A first for Kent. • Ensuring that this service receives the support from strategic mangers so staff feel empowered to use it.
Homelessness, A Young Persons Personal Story	Princes Trust and CXK • Three young people attended and spoke in person on their experiences as being homeless and the response they received from agencies.	• What life is really like for young people who find themselves homeless • To make senior managers aware of how their staff interact with homeless young people • To challenge agencies to review operational practice in how their agency responds to homeless young people

As the feedback from Board members and the young people has been extremely positive, the following presentations have already been agreed for the agenda for Board meetings in 2016/17:

LILAC Assessment

- How young Children in Care have rated the provision of services to them

Kent Libraries

- What Libraries are doing not only to listen to the voice of children and young people, but how they are developing their services as a result of what they are told (deemed a good response from their Section 11 Voice of the Child follow up audit January 2016)

IMAGO and Young Carers

- What life is like as a Young Carer and the issue of Hidden Young Carers

Sport Kent

- Advocacy work with young people

Kent Fire and Rescue Service

- Young People's Services

Annual Conference 2015

Josh, a young person from the Kent County Youth Council, jointly opened our Conference with our Independent Chair, speaking to the conference on issues that were relevant and important to all young people in Kent.

Josh and other members of the KYCC presented an overview of their 'mental health campaign' (a project to reduce the stigma attached to mental health issues). Further presentations were provided by Young People relating to their experiences with partner agencies; Sussex Partnership Foundation Trust (CAMHS) – the views of a service user, Project Sallis – working with troubled families and Oasis – domestic abuse in young people's relationships. These were all extremely well received by attendees and all presentations have been made available on the KSCB website.

LILAC Assessment 2015

Lilac is a project run by A National Voice. The key purpose of LILAC is to draw upon the experiences and expertise of care–experienced young people to improve the policy and practice of agencies in how they involve and consult with children in care and care leavers. It does this by using a framework of quality standards for involvement which has been developed by care experienced young people. Young people from care are trained to assess the performance of agencies against the LILAC standards. LILAC involves care–experienced young people:

- Carrying out assessments of how well services involve and consult with children and young people
- Delivering training on participation and the LILAC standards

The LILAC standards are based on the well–known Hear By Right approach to participation but they have been developed to closely reflect the nature of the care system. They have been developed by care–experienced young people to reflect what is important to them. Each standard is backed by a number of criteria to ensure a robust methodology that focuses on quality over processes.

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. This Assessment is based on:

1. Policies, procedures and other information provided by Kent County Council.
2. Three days spent 'on-site' conducting both group and individual interviews with children and young people, foster carers and members of children's social care staff.
3. Responses to online questionnaires for children and young people, foster carers and staff.

Kent have 1203 looked after young people at the time of the re-assessment over 10 years old. We received 185 replies from young people, this is 15% of the total number, and sufficient to gain a sense of how young people feel about the services they are receiving. We received 138 completed questionnaires from foster carers and 126 from staff. A LILAC assessment of Kent County Council originally took place in late September and early October 2014 against the 7 LILAC Standards that represent a quality participation service. On that occasion Kent were awarded the LILAC Mark for four Standards – Shared Values, Recruitment and Selection, Care Planning and Review and Complaints and Advocacy. It was decided that the LILAC Mark should not be awarded for Style of Leadership, Structures and Staffing.

The LILAC Assessors returned in September 2015 to reassess against these three Standards. Following the assessment, it was decided that sufficient progress has been made in the last year for Kent County Council to be awarded the LILAC Charter Mark in two of the three areas previously thought to be inadequate. This leaves Kent having achieved 6 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 a future LILAC assessment.

The assessors said:

"Overall, we were impressed with the progress made in the last year to implement the recommendations in our previous report. We found a strong commitment at all levels of management and staff to genuinely listen to and respond to the views of young people. In particular, at Director and Elected Member level there is an understanding of the need to design services based on what young people say they need and a clear message that services should be young people friendly."

Children and Young People's engagement and participation at Child Protection Conferences 2015

We reported in 2014/15, that participation, engagement and feedback from young people attending CP Conferences was low. In order to maximise children's participation in the process there has been a much greater emphasis on facilitating children and young people's attendance at Conference. During 2015/16, a total of 353 Children were invited to participate in conference, of which 153 (43.3%) attended. An additional 83 children and young people who

had not been formally invited also attended conferences making a total of 236 attendances.

There remains work to do with Social Workers in highlighting that participation does not necessarily mean attendance and there are other ways, such as the Direct Work, that can capture the views of young people. Year on year there has been an increase in participation from children and young people from 18.1% in 2014/15 to 27.4% in 2015/16. This is an area that will be subject to further development.

Of the 236 young people who attended conference, the majority at 206, were able to share their views themselves within the meeting; 15 asked their Social Worker to share their views, 9 used an advocate and 6 provided something in writing for the Chair to share within the conference. When it may not have been appropriate for them to physically attend conference, Chairs have on occasion, undertaken home/school visits to children to talk to the young people about the CP process.

There were 625 children/young people who were not invited to attend conference. Of these 383 had their views conveyed via their Social Worker, 58 used an advocate, a further 28 sent in a written statement and 16 either met with the Chair or had a telephone discussion prior to the conference. In 2016/17, the Chairs Service is embarking on a new project to explore the effectiveness of Child Only Conferences. This will be a Conference held for the child/young person and will include them, their social worker, a parent / advocate if they wish and the Chair. This is a creative opportunity to allow the young person to fully participate in the Conference process, identify what they feel are the critical issues and help to devise a safety plan. The information collated at the Child Only Conference will then feed into the main Child Protection conference and inform the Plan made by the parents and professionals.

Voice of the Child – Agency feedback from the focussed interim Section 11 Audit 2015

The Section 11 interim audit focusing on the voice of the child (VoC) was undertaken by the Quality and Effectiveness (QE) Group of the Kent Safeguarding Children Board (KSCB), as part of its agreed multi-agency audit programme for 2015/16.

Following last year's full Section 11 Self Assessments, KSCB chose undertake an interim audit focusing on the Voice of the Child and all partner agencies' work in this area. The Voice of the Child was selected in order to expand on responses received in the full audit, where it was felt that in most assessments, they did not fully reflect positive work ongoing in Kent. The focus was to better capture detail on this key theme as it is one of KSCB's strategic priorities for 2015-2018.

The main aims of the audit (taken from HM Government Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 published 2007) were to identify:

- Senior management commitment to the importance of safeguarding and promoting children's welfare, and
- How service development takes account of the need to safeguard and promote the welfare of children and is informed, where appropriate, by the views of children and families.

Key Findings

The following findings were identified and are evidenced by one or more agency:

- **Capturing the Voice of the Child** - overall, agencies have shown an increased awareness of the need to capture and record the voice of the child, however, further analysis and outcomes from these views are still needed;
- **Child friendly processes / tools** - good evidence of creating and adapting documents to be child friendly such as posters, leaflets and questionnaires;
- **Consultations** - there appears to be a drive to include children, young people and families in consultations within the community prior to agencies developing services, however, there is a lack of evidence showing how these views have impacted on the development of the overall service;
- **Response to the VoC** – agencies are not evidencing children and families are informed of the outcomes following the development of services or providing a response to their views;
- **Senior Management response** – there is little indication to show Senior Managers are responding to the VoC when received; and
- **Children and family engagement** - good evidence showing the introduction of Youth Forums and Project Groups to allow children and young people within the community to voice their ideas / concerns.

The feedback from this audit will assist partners in developing their services and this should then be reflected in their responses to the full Section 11 Audit that is being conducted in 2016/17.

Next steps

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 to 2018.

THE BOARD AND BUSINESS GROUP

At the Business Group, each Sub Group 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 feedback from Board members indicates that they feel more informed of what is happening at the Sub Groups and it provides them with additional information on which to question and challenge partners, an example of this being the response to the request to partner agencies for information on their internal CSE training when the issue was raised through the Learning and Development Group to the Board.

The Business Group 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.

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.

SUB GROUP REPORTING

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 Sub Groups:

QUALITY AND EFFECTIVENESS GROUP

CHAIR: FLORENCE KROLL – EARLY HELP AND PREVENTATIVE SERVICES

Key Activities:

During 2015/16 there has been a greater focus on multi-agency audits, the KSCB Business Plan, partner contributions and the KSCB Outcomes report. Multi-agency audits undertaken over the year included: a case file audit into children and young people who present to Accident and Emergency Departments with self-harm and/or suicidal ideation; a follow up Section 11 safeguarding audit concentrating on capturing and listening to the Voice of the Child; and a multi-agency audit focusing on practice where one or more elements of the 'Toxic Trio1' were identified at the assessment stage following referral.

(1Toxic Trio': Domestic Abuse; Substance Misuse; and Parental Mental Ill-Health)

Key themes identified for future multi-agency audits and deep dives include Child in Need, Harmful Sexual Behaviour, Violent Offences against Children, Missing Children and Early Help.

There has been a drive in QE to focus meetings and tailor content to cover topics identified by partners as requiring a multi-agency overview, these have included: Maternal Mental Health and Pre-Birth Assessments; the Voice of the Child; the KSCB Business Plan; Unaccompanied Asylum Seeking Children and Female Genital Mutilation.

Key themes identified for future QE meetings include Sexual Abuse, the KSCB Business Plan, Ofsted and Joint Targeted Area Inspections, Prevent, and staff development, training, and management oversight.

Key achievements:

- Aligning QE with key aspects of the KSCB Business Plan;
- Introducing a new style of Agency reports to the meeting - providing a more concise summary across all Agencies;
- Agreeing the content of the KSCB Outcomes report; and
- Introducing a comprehensive audit programme.

Challenges for the future:

- Ensure QE receives input from other KSCB Groups, to inform planning and highlight areas requiring multi-agency scrutiny;
- Garner consistent and appropriate membership from partners;
- Share widely the learning from multi-agency audits and deep dives, and ensure exemplary practice is also shared as a learning model for the County;
- Ensure partners are accountable for evidence of impact following audit findings and recommendations; and
- To make sure internal challenge is appropriately made and advanced.

CASE REVIEW GROUP

CHAIR: PATRICIA DENNEY – SPECIALIST CHILDREN'S SERVICES

The Case Review (CR) Group supports the KSCB Independent Chair by making recommendations to her when the Group is notified of a case that has been referred in for consideration of a Case Review. Where the Group believe the criteria for a Serious Case Review (SCR), as set out in Working Together to Safeguard Children 2015, are met, the Chair of the CR Group will present the Group's recommendation to her. Where the criteria are not met, the Group engages in extensive discussion as to whether the referred case warrants conducting a lower level review or a learning event. The emphasis of that discussion is around the potential for multi-agency learning.

Key activity undertaken by the Group 2015/16

The CR Group has reviewed and updated its Case Review Notification Process, ensuring that notifications include a rationale as to why the case is being referred for consideration for a review. There is a formal tracking system in place which monitors actions, decisions and progress of each referred case. The notifier is updated with the decision of the CR Group and the tracker is a standing item at each CR Group meeting.

In 2015/16 the CR Group has received 17 formal notifications. These have resulted in:

- One Serious Case Review - review ongoing. The CR Group was also overseeing 2 SCRs from the previous year, one (Child A) was published in October 2015, and the other, (Child B) the publication has been delayed due to ongoing criminal proceedings.
- Two Other Local Authority SCRs
- Seven formal management reviews
- 1 single agency review
- 3 no further action (it was decided by the Group that there was limited multi-agency learning to be found)
- Four cases are pending management reviews in 2016/17

Those Kent reviews undertaken have taken the form of:

- Practitioner Learning 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 2015/16 case reviews

- Recognition and responding to Sexual Abuse
- Record Keeping
- Attendance, reporting to and participation in CP Conferences/Review Conferences
- Strategy discussions
- Recognition and responding to Self-Harm
- Voice of the child – evidencing not only the listening but the action on what has been said
- Supervision
- Toxic Trio and the impact on children and young people
- Working with families - ensuring a think family approach

Key challenges and how we are going to address them

- The embedding of learning from all case reviews in to frontline practice 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.

- Managing the increasing number of Case Review notifications.
    - The Group will have to ensure that partners' capacity to support the undertaking of the case reviews is carefully managed by exploring the theming of reviews rather than always conducting single reviews following a notification.

THE CHILD DEATH OVERVIEW PANEL

CHAIR: ANDREW SCOTT-CLARK – PUBLIC HEALTH

Key activities for the Child Death Overview Panel include

✓ Reducing the backlog of cases from previous years. The backlog has now mostly been cleared except for those still subject to an ongoing coronial process.

✓ Implementation of a new web-based electronic system (eCDOP) which enables secure and easy access for all partners to notify details of a child death. This has realised the effective and efficient management of the child death overview process via a secure online process by KSCB and Child Death Review Teams.

✓ A campaign to raise awareness of frontline practitioners of the "safe sleeping" message, inclusive of safe sleeping practices, to reduce the number of sudden infant deaths in Kent. An innovative product has been developed that will be distributed to all expectant mothers in their last trimester.

✓ Improved communication with the Case Review Group.

Key challenges – 2016/17

The key challenges for the Child Death overview panel include:

- Increasing the use of eCDOP with wider partners, including the coronial service
    - Timetable of meetings scheduled to progress new arrangements
- Ensuring the child death overview policies are fit for purpose and implemented effectively, particularly where another external authority has some local involvement
    - Implement new process to routinely follow up and report on out of area child deaths and the outcome of other LA's CDOP panels.
- Review of functions in line with outcomes of the national review of the CDOP process.
    - National report anticipated by autumn. This will be considered and actions identified.
- Enhanced monitoring and tracking of cases that are referred to the Case Review Group as a result of CDOP panel concerns.
    - CDOP Co-ordinator to become member of Case Review Group.
    - New template to be designed to facilitate required process.

LEARNING AND DEVELOPMENT GROUP

CHAIR: SEAN KEARNS/ANN FURMINGER – CXK

The Learning and Development component of the Business Plan for 2015/16 was fully realised:

Learning from Case Reviews and Child Deaths

- KSCB's training offer has been developed from analysis of national and local SCRs and new courses implemented e.g. Club Drugs and Legal Highs (Child A – report published on the KSCB website) and development of KSCB Thermometer Card to support Safer Sleeping message
- Additional learning from the Child A SCR that has been integrated in to the 'health' and multi-agency training programme include, sexually active young people and the impact on children whose parents have issues (e.g. substance/alcohol misuse, mental health and domestic abuse)

Staff Development

- New L&D Strategy 2015/18 published
- 4 stage evaluation process implemented

Child Sexual Exploitation and Missing Children

- Return Interview Training embedded within Early Help and SCS
- CSE Training updated and extended to the development of a specific course for Taxi Drivers. Additional Associate CSE Trainers trained

Early Help

- Early Help to Referral course developed
- Early help material incorporated in core KSCB courses
- Early Help Associate Trainers identified to deliver new Threshold course and also Early Help Referral course.

Toxic Trio (Domestic Abuse, Parental Mental Health and Parental Substance Abuse)

- Courses relating to all three issues offered by KSCB
- E-learning offer also supports learning
- Additional courses also incorporate this learning e.g. Hostile and Resistant Families.

Emotional wellbeing of young people

- Courses offered relating to current topics of concern and linked to child death e.g. self-harm, eating disorders, club drugs and legal highs, online safeguarding
- Focus cards developed to enable practitioners to elicit the views of children and young people/adults with whom they work.

Sexual abuse

- Multi-agency training programme implemented 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. Also relates to local/national SCRs and learning.

Prevent

- Prevent 'Need to Know' sessions in KSCB calendar. Also four Train the Trainer events to cascade training within individual agencies.

- National and local e-learning promoted.
- ZAK interactive learning developed, trainers trained and course in calendar from Sep 2016.

FGM

- Need to Know course developed and in calendar. Course well attended to date and very well received with very positive feedback (average 4.8/5)
- Train the Trainer course held so multi-agency trainers are now able to cascade learning within their agencies.

Key Challenges – 2016/17

The greatest challenges for the Learning and Development Group in 2016/17 are:

Stability

The L&D Group has undergone a period of instability in recent months following the resignation of the Chair and the subsequent resignation of his successor. Further individual agencies have only just confirmed permanent members of the group – attendance prior to this has been sporadic. A new Chair will be appointed and regular attendance at the group monitored and reported to the Business Group.

Enhanced Information Sharing

New information that requires sharing comes to light regularly. A new quarterly mechanism for sharing learning from SCRs Audits with partners will be developed.

Accountability

Course non-attendance numbers and failure to complete the on-line course evaluations remain sources of concern. Learning leads will be identified within individual agencies and they will be tasked with challenging these issues and resolving them with the organisations concerned.

More for Less

The greatest cost to KSCB in respect of training relates to venues. Work will be undertaken with District/Borough Councils to identify no-cost venues that can be regularly used to host KSCB training and reduce the multi-agency spend in this respect.

Increase take up of bespoke training

KSCB's bespoke training has become popular and is now a source of income generation. A more considered approach to the provision of bespoke training will enhance the level of income achieved. To this end, courses within districts will be a priority for 2016/17.

Joined up working between L and D, QE, CDOP and Case Review

In order to ensure that learning from Case Reviews, audits and child death is fully embedded in operational practice, a greater emphasis in communication and evaluation must be developed through the Business Group.

The KSCB Training Tree and the full list of E-Learning courses can be found at Appendix B.

KSCB TRAINING FIGURES

Multi-Agency Courses

Total number of courses held	178 sessions
Number of half-day courses	124 sessions
Number of full day courses	39 sessions
Number of Need to Know sessions	5 sessions
Number of Immersive Learning courses	10 sessions
Number of topics offered in 15-16	39
Overall attendance	3289
Average attendance per course	18-19 delegates

Train the Trainer Events

Total number of Train the Trainer events held	9
Total Number of Trainers Trained	157
Average Number per Session	17

Agency Breakdown

Agency	Overall Total
Health	337
KCC Specialist Children's Services	621
KCC Early Help and Preventative Services	305
KCC Education & Young People Services	73
KCC Public Health	1
Housing	237
Private Sector	251
Voluntary Sector	522
Early Years	415
Kent Police	29
Kent Fire	17
Probation	10
Foster Carers	11
Children's Homes	12
Childminders	15
Education	356
Prisons	7
District/ Borough Councils	70
	3289

District Breakdown

North Kent		**South Kent**		**West Kent**		**East Kent**	
District	*Number*	*District*	*Number*	*District*	*Number*	*District*	*Number*
Dartford	6	Ashford	18	Maidstone	20	Canterbury	37
Gravesham	14	Dover	8	Tunbridge Wells	4	Swale	12
Sevenoaks	9	Shepway	9	Tonbridge and Malling	31	Thanet	10
Total	**29**	**Total**	**35**	**Total**	**55**	**Total**	**59**

HEALTH SAFEGUARDING GROUP

CHAIR: SHARON GARDNER-BLATCH - NHS

Key activity undertaken in 2015/16

- Agreed local serious incident procedures used for reporting Child Death in line with revised national guidance to support Child Death Overview requirements.
- NHSE established a Kent, Surrey and Sussex wide safeguarding network to support learning, development and support for Designated Professionals.
- Oversight of completion of the Safeguarding and Looked after Children actions arising from CQC safeguarding review of Safeguarding and LAC services in West and North Kent.
- FGM procedures and implementation
- Audited and revised Child Sexual Abuse Pathway to strengthen heath input
- Strengthened health input to the Multi-agency Sexual Exploitation team and continued to progress CSE awareness within health.
- Led, with KCC, the county response Unaccompanied Asylum Seeking Children to ensure statutory responsibilities for health are delivered.

Key Achievements

HSG has successfully delivered on the key challenges for 15/16 identified in last year's KSCB annual report:

- FGM awareness – All NHS providers reporting cases of FGM in line with national guidance.
- FGM – Health led procedures for FGM developed and ratified for implementation by KSCB.
- Dashboard for reporting health agencies performance on safeguarding to KSCB ratified for implementation and monitoring by Quality and Effectiveness Group

Key challenges – 2016/17

The following will feature on the HSG Workplan for 2016/17:

- Improving the 'voice of the child' in the provision of health services focusing on children's services
- FGM leadership to improve multi-agency engagement and ownership
- Embedding learning from Serious Case Reviews in health provision and commissioning
- Continued staff awareness and curiosity around CSE within health and in partnership with other agencies

FGM WORKING GROUP

Key activity undertaken in 2015/16

- Establishing a Kent and Medway multi-agency working group
- A local FGM referral pathway drafted and agreed at the Kent Safeguarding Children's Board
- All health organisations including Primary Care reporting FGM in line with the national requirement
- To work with key partners to raise awareness of national campaigns and materials available; gain assurance and oversight that the duty to report under 18s to police is being implemented
- Implementation of a KSCB multi-agency training programme
- Raising the profile of FGM and the statutory and legal requirements

Key achievements

- Engagement of all multi-agency partners in the FGM Working Group
- Development of multi-agency FGM guidance to safeguard vulnerable children across Kent

Key challenges in 2016/17

- Training all frontline practitioners so that they are aware of their responsibilities in respect of the mandatory duty to report

Work Streams for 2016/17:

Five work streams have been identified for 2016/17, which are aligned to the national FGM priorities.

1. **Identification**: Improve identification of FGM and review national FGM prevalence dataset
2. **Commissioning**: Work with key partners to define pathways for FGM survivors and agree quality standards related to provision.
3. **Prevention**: Partnership working with stakeholders to safeguard children at risk of FGM
4. **Education:** FGM training to be embedded in multi-agency partners' safeguarding training programmes
5. **Communication:** Updates on requirements and changing legislation will be through key stakeholder networks, national awareness days, FGM regional leads and KSCB Safeguarding website

Additionally, a Kent and Medway FGM Strategy will be developed.

EDUCATION AND EARLY HELP SAFEGUARDING GROUP

CHAIR: PATRICK LEESON – EDUCATION AND YOUNG PEOPLES SERVICES

The KSCB Education Safeguarding Sub Group provides a forum for schools, Early Help and Educational services, including Early Years and the Further Education (FE) sector, to implement key aspects of the KSCB Business Plan, to monitor progress and effectiveness and to raise awareness of critical issues on the safeguarding agenda. Head teacher representation is strong and both Independent school and 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.

Key Activities undertaken in 2015/16

During the last year there have been a number of priority issues on the agenda including Prevent, CSE, Female Genital Mutilation (FGM), e-Safety and Emotional Health and Wellbeing, 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 2015* and the latest DfE consultation in February 2016 on proposed changes to the statutory guidance *Keeping Children Safe in Education (KCSIE).*

- From October 2015, it has been a statutory duty for schools to report Female Genital Mutilation (FGM) and from July 2015, schools and settings are subject to 'The Prevent Duty'.
- There has been a regular focus on the development and effectiveness of Early Help and Preventative Services, with scrutiny of the performance framework.

Safeguarding Training

The Education Safeguarding Team (EST) delivers numerous training sessions for whole school staff groups and Designated Safeguarding Leads (DSL) which includes 'specific safeguarding issues', in particular Children Missing from Education (CME), CSE, FGM and Preventing Radicalisation.

The training on these issues is part of wider safeguarding training which also covers other relevant subjects such as the Ofsted Common Inspection Framework, Kent Inter-agency threshold criteria and Kent Family Support Framework, previously known as the CAF.

The Education Safeguarding sub group provides a termly report to the KSCB Quality and Effectiveness 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 nearly 4,000 consultations with schools and settings were undertaken by the Lead Professional and these ranged from general policy and procedural advice to specific child welfare concerns, strategic safeguarding queries or issues of on-line protection. The termly Education Safeguarding Newsletter that is circulated to sub group members and to schools and settings via the KELSI weekly e-Bulletin remains the key communications 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 DSLs must receive updated training every two years to ensure schools are meeting their obligations. Between April 2015 and March 2016 inclusive, the Education Safeguarding Team delivered training to 6,593 staff from school and Early Years settings. The breakdown is as follows:

- 1,678 DSL in schools and Early Years settings;
- 3,394 staff attended whole school Child Protection and Safeguarding Awareness training;

- 1,071 Early Years staff and 450 Governors attended Safeguarding Awareness training;
- 48 sessions were undertaken concerning Online Safety.

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 reflects the work of all agencies represented in the KSCB.

In October 2015, the Education Safeguarding Team hosted a successful Conference for 100 Headteachers and DSLs in schools that focused on the new safeguarding priorities: Prevent, FGM and CSE. More of these events are planned in the future.

E-SAFETY WORKING GROUP

Purpose

The Kent e-Safety Working Group (a sub-group of the Education Safeguarding Group) considers and produces advice and a range of materials for schools and Early Years settings. The Group comprises school staff, KCC Officers, child safeguarding officers, staff in Libraries and Archives, Youth Offending, Kent Police and other children's workforce professionals. The strategy group supports the work of the Kent e-Safety Officer, to develop advice and guidance on online safety for schools, settings and professionals working with children and young people in Kent.

Training

Online Safeguarding training is either available for DSL and Early Years Designated Persons (EYDPs) centrally or can be commissioned by individual schools, settings or collaborations. All online safeguarding training includes the risk of online radicalisation (Prevent) and Online CSE as well as local and national guidance, resources and procedures. There has been a decline in attendance by DSL on centralised online safety specific courses but bespoke training for schools and settings remains in demand and is an area of growth.

Resources

Schools and settings can also access a range of template, guidance and suggested materials via the online safety section on Kelsi: www.kelsi.org.uk/support-for-children-and-young-people/child-protection-and-safeguarding/e-safety.

DSL are encouraged to visit the Kent e-Safety blog at https://kentesafety.wordpress.com/ to register to receive regular emails and updates when new local and national resources and materials are published.

DSL requiring advice, guidance, support and training can contact the Education Safeguarding Adviser (Online Protection) and e-Safety Development Officer, (a new post created this year).

Safer Internet Day

KCC supported Kent Police in hosting a Safer Internet Day on 9 February 2016 for 100 Year 5 and 6 pupils from across Kent. Schools were signposted to education resource packs to help promote the safe, responsible and positive use of digital technology for children and young people. The children and school staff were tasked, after a day of activities, with sharing their knowledge with their peers.

Online Safety Policy

KCC also published an updated online safety policy document (which included guidance for leaders and a template policy) for schools and educational settings to use to ensure they have a cohesive online safety approach in line with national guidance and local procedures. This document is still acknowledged nationally as an example of best practice and can be found here: http://www.kelsi.org.uk/support-for-children-and-young-people/child-protection-and-safeguarding/e-safety

POLICY AND PROCEDURES GROUP

CHAIR: TINA HUGHES – NATIONAL PROBATION SERVICE

This Sub Group is a joint Kent and Medway Group.

Key Activities undertaken 2015/16

- Updated and renewed the Tri X contract for the on-line Kent and Medway procedures
- Reviewed and updated a number of procedures, e.g.
    - Threshold Criteria and the Kent Inter-Agency Referral form
    - Escalation policy
    - Children who display harmful behaviour
    - Kent Child Protection Conference Appeals and Complaints Process

Challenges for the future

- Improving the timeliness of the production of multi-agency policies
- Ensuring that all group members consult with appropriate members of their agencies when developing new policies
- Maintaining full and consistent partner membership to the Group

Activities Projected for the future

- To work with Kent Police in the development of an App for service users and professionals to provide information and signposting to the key safeguarding topics
- To undertake a full review of all multi-agency policies, ensuring a consistent approach to presentation and accessibility
- Develop a more effective communications strategy with partner agencies to ensure greater awareness of new and/or reviewed policies
- Production of a multi-agency Neglect Strategy (in support of the findings from SCRs and Child Death reviews)
- Maintaining the link with the other KSCB Sub Groups through the Business Group to ensure continued joined up working

MULTI-AGENCY SEXUAL EXPLOITATION GROUP (MASE)

CHAIR: ANDREW PRITCHARD – KENT POLICE

Key Activities undertaken 2015/16

Response to Child Sexual Exploitation (CSE) in Kent

The Kent MASE is now a fully functioning panel. The Terms of Reference are now established alongside a specific MASE CSE Action Plan. A key focus for the MASE will be the rolling implementation of the Action Plan which is intended to co-ordinate and enhance the delivery of services to victims and those at risk of CSE in Kent to ensure:

- Increased capability to tackle CSE effectively through consistent adoption of the action plan across partner agencies.
- Increase in children and young people being safeguarded.
- Increase in offenders being brought to justice.
- Increased partnership effectiveness from key stakeholders.
- Increase in public confidence in the delivery of local services.
- Increased awareness and early interventions and referrals across workforces.

In conjunction with this, all agencies represented within MASE have undertaken Self Assessments of their respective organisations and analysis of the returns is currently underway. Findings will be reported to the MASE in the near future. In addition, a cross agency review of the co-located CSE team is also planned for June 2016.

Update re Co-located CSE Team

The team is now almost fully populated in terms of Police investment –

- 1 x Detective Inspector, 1 x Detective Sergeant , 2 x Detective Constables , 2 x Police Staff Investigators, 3 x Intelligence Officers 1 x Trainer, 2 x Analysts, 1 x Admin Support
- There are two remaining DC vacancies and further DS has been selected and is due to start shortly.
- There is currently one representative from KCC Social Care (with one vacancy) and a further two from Medway. There is one representative for KCC Early Help with the county representative from Health who started in May 2016.
- Of note: In order to manage the increased workload within the unit another three police detectives have been seconded to the team on a medium term period. This attachment is due to conclude at the end of June 2016.

Operational Snapshots and Work streams

The CSE team have been providing monthly updates for the MASE (this will go to bi-monthly in line with the future MASE meetings). These updates provide a CSE snapshot which is available to all CSE Champions for dissemination within their organisations. In addition the CSE team have initiated a county wide problem profile giving overview of current CSE trends affecting Kent which will also be available to partners via department leads and the champion programme. The CSE Team analysts also complete a monthly CSE Tactical Assessment that is disseminated to divisions to inform the local T and CG processes and the Protecting Vulnerable People Panels to highlight specific CSE concerns to inform targeted activity regarding identified CSE risk.

In order to capture soft intelligence, an intelligence document is available for use by all agencies. The use of this document is growing momentum particularly following the training contained within the CSE Champion forum updates.

Training update linked to MASE

To date the CSE training officer has trained in excess of 1300 police staff in regard to a variety of CSE topics and 100 outside agency staff such as immigration and council operatives. In addition the CSET trainer has planned training inputs with a number of hotels identified in key areas of concern and the hotel training package has been made available for use across the hotel industry within Kent.

Specifically in regard to Kent Police, the Protecting Vulnerable People Programme which incorporates CSE training commenced on the 1st March 2016, bespoke training packages for Crime Investigation, Community Support Units (CSU), managers and Senior Investigating Officers are also now underway. The PCC has commissioned a CSE DVD to train all frontline staff this has been completed and has been rolled out as mandated briefing across the force.

The CSE early help staff member has also trained in excess of 250 colleagues within Kent.

Awareness training for licensed Taxi drivers is well underway within most districts and there is consideration in some areas to make this training mandatory for all drivers to retain their licence.

Update Re Multi Agency Day of Action 18 March 2016

This Day of Action was designed to safeguard children and young people at risk of CSE with a strong emphasis on community engagement supported by intelligence led proactive deployment, targeting potential perpetrators and CSE venues utilising 200 Kent Police staff.

The outcome included: 574 community questionnaires completed within targeted areas of the community to develop intelligence and identify concerns, 233 Hotel questionnaires completed, 5 arrests made. 21 CSE specific intelligence reports submitted on the day, with a further 60 received over the weekend, 200 Black and Minority Ethnic (BME) females briefed at the Sadi Awaz Suno Annual event; 2 Search warrants conducted (technology seized). There was also a 30% increase in calls to the FCR flagged for CSE over the weekend period after 18th March.

Update re Toolkit

The CSE Toolkit is regularly being utilised by agencies in regard to identification of children at risk of CSE and is currently being used by the CSE Team to enable the team to prioritise work streams in accordance with the assessed risk. There is a pilot currently taking place in North Kent with a revised toolkit which assesses vulnerability rather than risk regarding CSE in isolation. This pilot has now commenced and will be subject to review following the initial pilot phase.

CSE Champions

The CSE Champion Forum has been up and running within Kent since December 2015, The Forums provide Champions with a County overview of CSE and updates around information exchange, the opportunity to share and coordinate their CSE activity and develop local CSE networks.

Activities Projected for the future

Gillingham Football Club is keen to develop outreach projects for children vulnerable to CSE in three pilot areas. Funding is currently being sought.

Youth Empowerment Services are a Community Interest Company wishing to provide a service for children focusing on preventing risk, making safe choices and healthy relationships. This service is being discussed at the Kent MASE.

Challenges for the future

Challenges have been identified regarding provision for young people18+, highlighting gaps in transitional services including therapeutic and mental health support, safe housing, outreach support, access to training.

In respect of the co-located team due to the significant and increasing amount of information and intelligence currently being reviewed and assessed to identify children at risk of CSE further investment has been sought to implement an enhanced triage which requires two additional administrative staff which will enable investigators and research staff to focus on their core responsibility and increase investigative capacity.

To maximise the reach and effectiveness of this National Day of Action it was acknowledged by all agencies that preparation for these annual events needs to commence much earlier and be a significant feature with regard to the CSE Champions Programme. Work has already commenced in preparation for the 2017 event.

RISKS, THREATS AND VULNERABILITIES GROUP

CHAIR: NICK WILKINSON – YOUTH JUSTICE AND SAFER YOUNG KENT

Key Activities undertaken 2015/16

The Risks, Threats and Vulnerabilities Group is a new KSCB Sub Group, having been established following the review of the previous Trafficking Children and Sexual Exploitation Group. It was agreed that the new Multi-Agency Sexual Exploitation (MASE) Group would cover all aspects of Child Sexual Exploitation and that the Trafficking and other risks and vulnerabilities that the old group was beginning g to pick up, would come under the remit of the new Risks, Threat and Vulnerabilities Group.

It is a joint group with Medway Safeguarding Children Board in order to share knowledge of vulnerabilities across Kent and Medway. It has a large multi-agency membership of 25 professionals and also includes Roger Sykes (Lay Member for the KSCB).

The remit of the Group includes

- Trafficking and Modern Slavery
- Unaccompanied Asylum Seeking Children (UASC)
- Missing Children
- Gangs
- Prevent - Radicalisation of young people

It is recognised that the issues identified within this Group ties in to the work of other KSCB Sub Groups, e.g. missing children and the link to Child Sexual Exploitation.
The Group has established links with other related Groups, such as the Prevent Duty Delivery Board (PDDB) and the County and District Community Safety Partnerships.

A great deal of activity is currently taking place within schools and partner agencies in the rolling out of Prevent training.

Challenges for the future

Linking in with the Learning and Development Group to ensure that multi-agency partners have awareness raising programmes in place for key topics such as Prevent, UASC and On-line Safety.

- Ensuring the remit of the Group does not out strip its capacity.

Activities Projected for the future

- To take over the lead for multi-agency Online Safeguarding (whilst leaving the strong links of on-line safety in schools to the Education and Early Help Safeguarding Group)
- In consultation with the Kent and Medway Safeguarding Adults' Board, to consider including Vulnerable Adults in the remit of the Group.

MISSING WORKING GROUP

On the 5th May 2015 Kent launched its Single Point of Contact for all missing children notifications from Kent Police out of the County Central Referral Unit. As a consequence of this decision and the ongoing collaborative working between key partners, the Working Group is confident that Kent can now produce a robust and accurate picture of all reported missing episodes across Kent. Importantly this data set now includes details of children who are at risk of CSE, missing from education and known to the Youth Offending Service. We are confident that this data can be improved even further to inform strategic and operational activity and will be driving these improvements in the coming year.

The sub group has also overseen changes to the Returner Interview form that will not only improve our understanding of why children and Young People go missing in Kent, but will also enhance the quality of our information sharing. There is increasing evidence from ongoing audits that information gathered during Returner Interviews is informing interventions with children and their families and it is encouraging to note that of the children known to Specialist Children's Services 91% of Returner Interviews are being held within 3 days. With effect from July 2016, all children who go missing in Kent will be given the option of a Returner Interview from Young Lives Foundation. In the coming months the sub group will oversee the roll out of workshops jointly facilitated with Kent Police Missing Person Liaison officers that will focus on further improving the quality of Returner Interviews.

Given the high number of OLA in Kent the sub group has ensured that missing activity for this group of vulnerable children is closely monitored. Returner Interviews are routinely requested from OLA's and matters of concern are now escalated. The sub group will continue to support this activity recognising that children placed in Kent present significant vulnerabilities and as such effective information sharing is essential not only to ensure their needs are met but also to ensure that where appropriate OLA's continue to be challenged regarding the decision to place in Kent.

Priorities for year ahead

1. Signs of Safety model to be introduced to all Returner Interviews – these changes will be supported through a series of training workshops across Kent.

2. The group will monitor the introduction of the offer of an independent Returner Interview and will ensure this offer is robustly implemented.

3. The group will raise the profile of missing children activity through the work of the newly formed Local Children Partnership Groups and Local Safety Partnership Groups.

4. Missing procedures will be updated to reflect the need for all agencies to respond and adapt to known and newly emerging vulnerabilities.

5. Whilst it is very encouraging that there are many examples of positive practice and initiatives through multi-agency working, the sub group recognise that we need a better understanding of the outcomes this achieves for children and to use this to inform planning and operational practice. To this end the sub group will facilitate a focus group for children and young people who have gone missing in Kent.

DISTRICT COUNCIL SAFEGUARDING LEADS GROUP

CHAIR: ALISON BROOM – MAIDSTONE BOROUGH COUNCIL

The primary purpose of this group is to provide a link between the activities of the recently established Local Children's Partnership Groups and the Kent Safeguarding Children's Board. It also provides a network for the 12 district council safeguarding lead officers to share local good practice and initiatives and identify actions to address issues of safeguarding concern.

Key activity undertaken by the Group 2015/16:

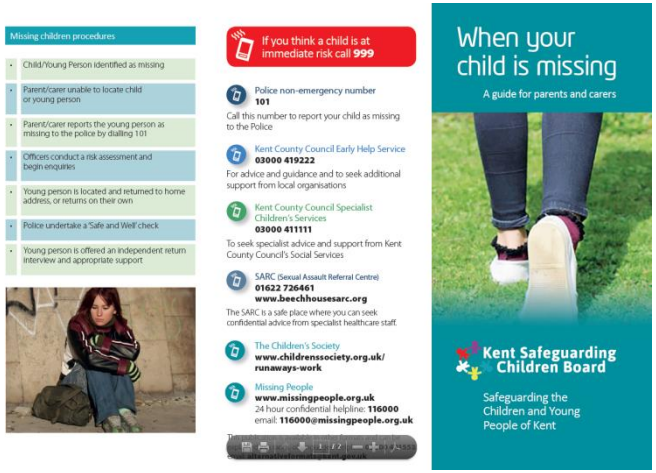
The first meeting of this group took place in February 2016 although in practice it has been built of the foundation of a district council network of safeguarding lead officers which first met in the summer of 2015 and which was established to strengthen the contribution of district councils both to the KSCB and the range of work at a practitioner level including with respect to policies and procedures, analysis of quality and effectiveness and service delivery.

Activity has included

- Creating procedures for the co-ordination of input to proposed children's homes from district council development management services – through the Kent Planning Officers Group
- Piloting and then rolling out training for taxi drivers concerning identification of CSE risks involving the Kent and Medway Licensing Group
- Actions to improve the links between housing service delivery and support for children including those in out of area temporary accommodation involving the Kent Housing Joint Policy Planning Group
- Improving support for Unaccompanied Asylum Seeking Children
- Sharing of good practice and issues e.g. arising from Section 11 audits
- Sharing of information for example concerning Looked After Children and dissemination of issues raised via the KSCB and its Sub Groups

Key challenges:

The group has recently re-focused and in addition to being a forum for district safeguarding leads it will provide a link between the activities of the recently established Local Children's Partnership Groups and the Kent Safeguarding Children's Board. Partnership groups have now been established in all districts; they are determining their work programmes based on a dashboard of data and performance for the district. Safeguarding and well-being priorities will be collated through the group enabling sharing of good practice and identification of issues of concern for problem solving.



PRIORITIES FOR NEXT YEAR AND BEYOND

The Business Plan 2015/18 has been reviewed at the Board's Development session, through the Independent Chair's one to one meetings with Board members and by regular discussion and sub-group reporting to the Business Group. Below is the updated outline of the Plan:

<table>
<tr><th colspan="2">Overarching Themes</th></tr>
<tr><td>Leadership and Governance

• Undertake a programme of Board members' walkabouts and observations
• Develop the role of Lay Members to include a remit for bringing the voice of children and young people to the Board
• Build on the role of the KSCB Business Group to enhance joined up working across all KSCB Groups
• Build and develop a culture and confidence of self-challenge through:
  • Cross Agency Peer reviews
  • Continued use of the 'Challenge Log'
• Independent Chair to continue the programme of annual one to one meetings with all Board members
• Develop closer links and lines of communication between front line staff and the Board and publicise the Board's activities and impact</td><td>Voice of the Child

• 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
• 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

Learning from Case Reviews, Child Deaths and Multi-Agency Audits

• Briefing papers and key learning reports to be produced from, case reviews, child death reviews and audits
• Continue to publish the learning from all case reviews, child deaths and audits and communicate to front-line managers and practitioners through effective dissemination and on-going re-enforcement</td></tr>
<tr><td>Quality Assurance and Evidence of impact

• Each Agency to continue to provide 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
• Deliver the agreed themed audit programme (including Section 11) that focuses on the Board key priority areas</td><td>Staff Development

• Deliver the multi-agency KSCB Training Strategy that:
  • Embeds learning from Case Reviews, Child Deaths and KSCB multi-agency audits
  • Focuses on the Board's key priority areas
• Use the shared training evaluation process to assesses the impact of training on practice and quality assures KSCB training delivery and feed this back to the Board</td></tr>
</table>

<table>
<tr><th colspan="2">Areas of particular interest</th></tr>
<tr><td>Child Sexual Exploitation (including missing children)

• Continue to deliver the CSE Strategy and Action Plan with reporting of progress to the KSCB through the MASE Group, including the production of a County CSE profile
• Use the missing children data base to identify and profile the links between children who missing and CSE/gangs and other vulnerabilities
• Deliver the E-Safety Strategy that outlines recognition and responses to cases of on-line grooming and the links to CSE</td><td>Early Help

• Deliver the Early Help Strategy with success measures reported to assure Board of its impact
• Improve partner confidence at lower levels of intervention

Gangs

• 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)</td></tr>
<tr><td>Children in Need (including Children in Care)

• Implementation of the ‘step up and step down’ protocol is being effectively used

Sexual abuse

• Deliver 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</td><td>Toxic Trio (Domestic Abuse, Parental Mental Health and Parental Substance Abuse)

• Deliver a joined up strategic approach to working across adult and children service provision
• Continue to deliver the 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</td></tr>
<tr><td>FGM

• To develop and implement a county FGM strategy that includes:
  • A multi-agency awareness campaign
  • A multi-agency training programme for staff</td><td>Prevent

• Continue to coordinate and oversee agencies’ responses to the Prevent Strategy
• Continue to deliver a multi-agency training programme that raises staff awareness and understanding of radicalisation on children and young people</td></tr>
</table>

APPENDICES

FULL LIST OF BOARD MEMBERS 2015/16

NAME	TITLE	REPRESENTING
Gill Rigg	KSCB Independent Chair	KSCB
Alison Broom	Chief Executive Maidstone Borough Council	District Councils' Chief Executives
Andrew Ireland	Corporate Director	Social Care, Health and Wellbeing, KCC
Andrew Scott-Clark	Director of Public Health	Public Health, KCC
Bethan Haskins	Chief Nurse, Ashford CCG and Canterbury and Coastal CCG	Clinical Commissioning Groups
Claire Jones	Head of Service for Assessment, Rehabilitation and IOM	Kent, Surrey and Sussex Community Rehabilitation Company
Fiona Trigwell	Head teacher for Sittingbourne Community College	Head teachers
Florence Kroll	Director	Early Help and Preventative Services, KCC
Jo Shiner	Assistant Chief Constable	Kent Police
Kelli Gardner	Youth and Community Manager	IMAGO (Voluntary Sector)
Nicky Lucey	Director of Nursing and Quality	Kent Community Health Foundation Trust
Patrick Leeson	Corporate Director,	Education and Young People's Services KCC
Pauline Grieve	Designated Nurse for Safeguarding Children	North Kent Clinical Commissioning Group
Peter Oakford	Cabinet Member for Specialist Children's Services	KCC (Participant Observer)
Philip Segurola	Director	Specialist Children's Services KCC
Roger Sykes	Lay Member	KSCB
Sean Kearns	Director of Business Development	CXK
Sally Allum (Virtual Member)	Director of Nursing	NHS England
Steve Hunt (Virtual Member)	Head of Service	CAFCASS Kent
Tina Hughes	Approved Premises Manager/Senior Probation Officer	National Probation Service (East & SE Region)

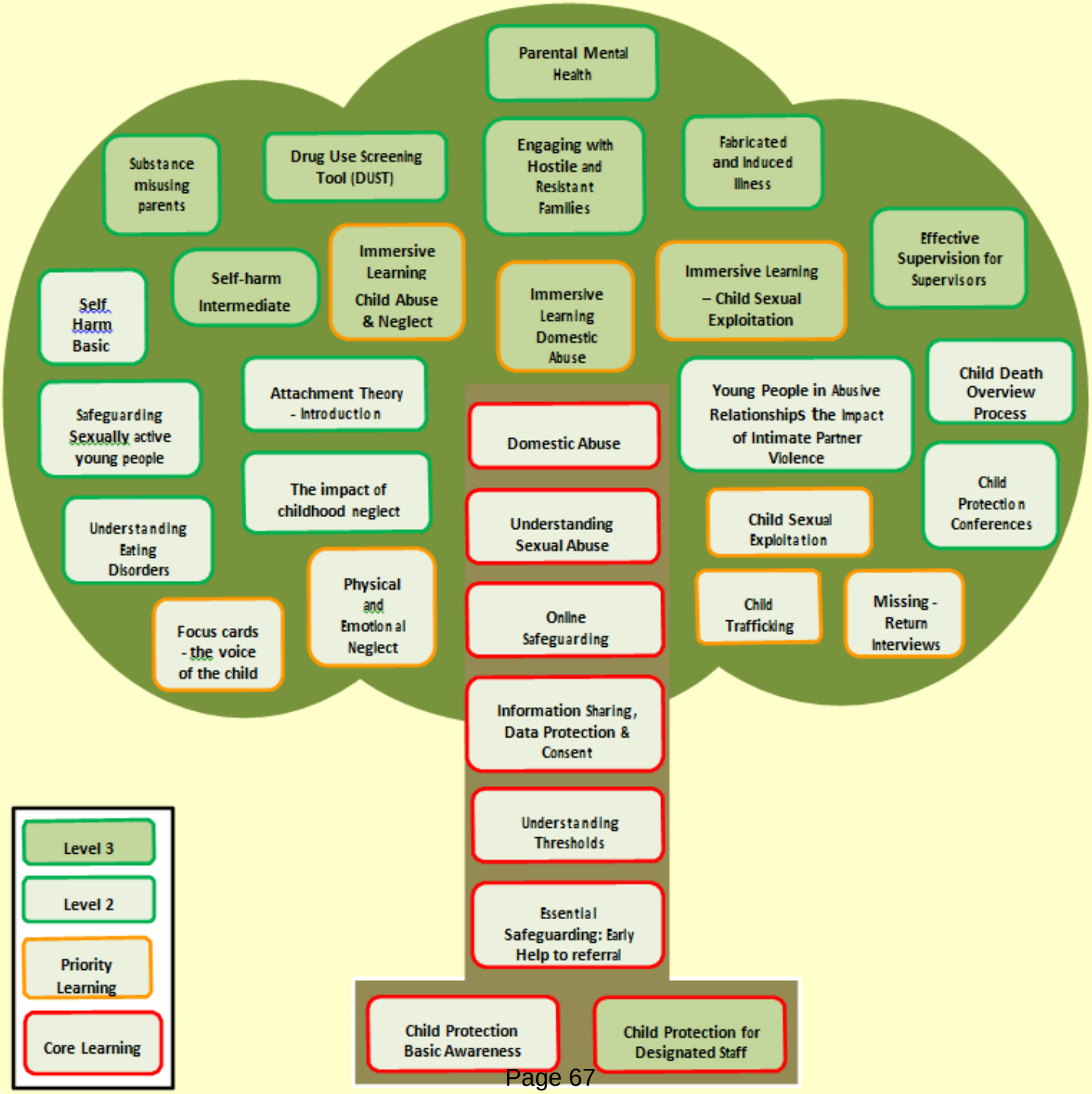
APPENDIX B

PARTNER AGENCIES' CONTRIBUTIONS

Agency	Contribution 14-15	Contribution 15-16
KCC Education and Young People's Services	40,167.00	40,167.00
KCC Youth Offending Service	8,000.00	8,000.00
KCC Specialist Children's Services	40,157.00	40,157.00
National Probation Service / Kent, Surrey and Sussex Community Rehabilitation Company	*6,276.00*	*6,276.00*
Kent Police and Crime Commissioner	*47,600*	*45,934*
CAFCASS	*550.00*	*550.00*
Connexions (CXK)	*0*	*1,000*
Kent CCGs (each) x 7	*6951.85*	*6951.85*
Health Providers (each) x 6	*6951.85*	*6951.85*
Total Health Contributions	*90,374.00*	*90,374.00*
Kent Fire and Rescue Service	*5,000.00*	*5,000.00*
Total	***£238,124***	***£235,458***

KSCB 'Safeguarding Training Tree' 2015

KSCB offers a range of free multi-agency training courses.
The 'Training Tree' has been designed to reflect the range of our training offer and to make it easy to understand which courses are core learning and a priority for practitioners, and how the Level 2 and 3 courses follow on.
To find out more go to www.kscb.org.uk or to book a place directly go to: www.kentcpdonline.org.uk.



E-Learning Training Courses Available

- An Introduction to FGM, Forced Marriage, Spirit Possession and Honour Based Violence
- An Introduction to Integrated Working (The Early Help Assessment/ Lead Professional/ Information Sharing)
- An Introduction to Safeguarding Children
- Awareness of Child Abuse and Neglect (Core Version)
- Awareness of Child Abuse and Neglect (Foundation Version)
- Awareness of Child Abuse and Neglect (Police Version)
- Awareness of Child Abuse and Neglect (Young People Version)
- Awareness of Domestic Abuse and Violence including the Impact on Children, Young People and Adults at Risk
- Child Accident Prevention
- Child Development
- Collaborative Working: A Whole Family Approach
- Common Core of Skills and Knowledge
- Communication in Health, Social Care or Children's and Young People's Settings
- Dementia Awareness
- Dignity in Care
- Duty of Care in Health, Social Care or Children's and Young People's Settings
- Early Child Development
- Equality and Inclusion in Health, Social Care or Children's and Young People's Settings
- E-Safety: Guidance for Practitioners Working with Children
- Falls and Fractures Prevention in Older People
- Hate Crime
- Health and Safety in Health, Social Care or Children's and Young People's Settings
- Hidden Harm
- Information Sharing- Level 2
- Introducing Telecare and Telehealth
Medication Awareness
- Mental Capacity Act
- Moving and Handling Objects and People
- Parental Mental Health
- Personal Development in Health, Social Care or Children's and Young People's Settings
- Person- Centred Approaches in adult Social Care Settings
- Risk Taking Behaviour
- Safe Sleeping for Babies: Reducing the Risk of SIDS
- Safeguarding Adults
- Safeguarding and Leadership
- Safeguarding Children from Abuse by Sexual Exploitation
- Safeguarding Children Refresher Training
- Safeguarding Children with Disabilities
- Safeguarding Everyone- Protecting Children, young People, and Adults at Risk
- Safer Recruitment
- Safer Working Practices
- Self-Care
- Self-Harm and Suicidal Thoughts in Children and Young People
- Short Breaks for Disabled Children
- Strategic Managers Integrated Working
- Supervision and Appraisal in Early Years Settings
- Teenage Pregnancy
- The Assessment and Management of Urinary Incontinence and Bladder Dysfunction in Adults
- The Deprivation of Liberty Safeguards
- The Management of Urinary Catheterisation in Adults
- The Role of the Health and Social Care Worker
- Think Safe, Be Safe, Stay Safe
- Tissue Viability
- Trafficking, Exploitation and Modern Slavery
- Understanding Pathways to Extremism and the Prevent Programme
- Wellbeing in Sexual Health

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By:	Roger Gough Cabinet Member for Education and Health Reform Andrew Scott-Clark Director of Public Health
To:	Kent Health and Wellbeing Board
Date:	23rd November 2016
Subject:	Assurance Framework: Report on Outcome 5 of the Kent Health and Wellbeing Strategy: Dementia
Classification:	Unrestricted

Summary:

This report provides information on indicators related to Outcome 5 of Kent's Health and Wellbeing Strategy, focusing on 'People with dementia are assessed and treated earlier and are supported to live well'. It also considers potential interface with the Sustainability and Transformation Plan (STP).

Recommendations:

The Board is asked to note the contents of this report and agree the following recommendations:

a. Given the changes made in the arrangements for data collection and reporting Health and Social Care Commissioners will collectively develop and agree a new set of dementia related indicators across Kent and Medway.

b. NHS Clinical Commissioning Groups to work with NHS providers to further consider ways of improving services for people with dementia who are admitted as an emergency.

c. Local Health and Wellbeing Boards to ensure a robust local system for integrated commissioning and provision of care for people with dementia.

1. Introduction

This report provides information on indicators related to Outcome 5 of Kent's Health and Wellbeing Strategy, focusing on 'People with dementia are assessed and treated earlier and are supported to live well'. It also considers potential interface with the Sustainability and Transformation Plan (STP).

Kent and Medway health and social care system has developed Kent and Medway STP which will have a number of key priorities and two of these are:

- Prevention of ill health: system wide to support health and wellbeing
- Provision of local care: providing integrated care closer to home

Successful achievement of the strategy outcomes and realisation of the ambitions of the STP relies on closer working between the health and social care system. Therefore it is quite important that going forward the outcomes of the refreshed Health and Wellbeing Strategy are aligned with priorities of the STP.

One of the key functions of the Board is to review the progress of Outcomes of the Health and Wellbeing Strategy and related indicators. Considering that one of the key priorities for the delivery of the STP is through robust delivery of 'local care', there is synergy in presenting an update on overall care for people with dementia.

To that effect this report will present progress on indicators related to Outcome 5 of the strategy.

2. Exception Reporting

Since last reporting on this Outcome, due to contractual changes the reporting and collection arrangements across the system have changed and therefore data related to previously agreed indicators is no longer available (appendix 1).

For some of the indicators, limited data is available but not across all organisations and therefore it is difficult to draw specific conclusions around overall progress for this Outcome.

Across two of the hospitals which serve Kent's population there has been some decline in the proportion of patients identified as potentially having dementia and receiving appropriate assessment (for those aged 75 and over admitted as an emergency for more than 72 hours). This requires further investigation by the relevant CCGs.

From the available data it appears that good progress has been made in increasing thenumber of dementia patients on GP registers as a percentage of estimated prevalence.

3. Recommendations:

The Board is asked to note the contents of this report and agree the following recommendations:

a. Given the changes made in the arrangements for data collection and reporting Health and Social Care officers collectively develop and agree a new set of dementia related indicators across Kent and Medway.

b. NHS Clinical Commissioning Groups to work with NHS providers to further consider ways of improving services for people with dementia who are admitted as an emergency.

c. Local Health and Wellbeing Boards to ensure a robust local system for integrated commissioning and provision of care for people with dementia

Report Prepared by

Malti Varshney, Consultant in Public Health malti.varshney@kent.gov.uk
Helen Groombridge, Performance Officer, Public Health helen.groombridge@kent.gov.uk

⇧	Performance has improved relative to the previous period
⇩	Performance has worsened relative to the previous period
⇔	Performance has remained the same relative to the previous period

Outcome 5: People with dementia are assessed and treated earlier and are supported to 'live well'

Indicator Description		Target	Previous status	Recent status	DoT	Recent time period
5.1 Increasing the reported number of dementia patients on GP registers as a percentage of estimated prevalence (CCGs)		Kent figures are now no longer available – please refer to the CCG table below.				
5.2 Reducing rates of hospital admissions for patients older than 64 years old with a secondary diagnosis of dementia (rate per 1,000. CCGs)						
5.3 Reducing rates of hospital admissions for patients older than 74 years with a secondary diagnosis of dementia (rate per 1000. CCGs)						
5.4 Reducing total bed-days in hospital per population for patients older than 64 years old with a secondary diagnosis of dementia (rate per 1000. South East CCGs)						
5.5 Reducing total bed-days in hospital per population for patients older than 74 years with a secondary diagnosis of dementia (rate per 1000. CCGs)						
5.6 Increase the proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who have been (NHS England):						
Dartford and Gravesham NHS Trust	(a) identified as potentially having dementia	To be confirmed	94%	92%	⇩	Q1 2016/17
	(b) who are appropriately assessed		98%	95%	⇩	

Indicator Description		Target	Previous status	Recent status	DoT	Recent time period
	(c) and, where appropriate, referred on to specialist services in England		unpublished	96%	-	
East Kent Hospitals University NHS Foundation Trust	(a) identified as potentially having dementia		99%	99%	⇔	Q1 2016/17
	(b) who are appropriately assessed		92%	95%	⇧	
	(c) and, where appropriate, referred on to specialist services in England		unpublished	96%	-	
Maidstone and Tunbridge Wells NHS Trust	(a) identified as potentially having dementia		99%	100%	⇧	Q1 2016/17
	(b) who are appropriately assessed		100%	100%	⇔	
	(c) and, where appropriate, referred on to specialist services in England		unpublished	99%	-	
Medway NHS Foundation Trust	(a) identified as potentially having dementia		97%	95%	⇩	Q1 2016/17
	(b) who are appropriately assessed		100%	96%	⇩	
	(c) and, where appropriate, referred on to specialist services in England		unpublished	96%	-	
5.7 Decreasing the percentage of people waiting longer than 4 weeks to assessment with Memory Assessment Services		Data no longer available for this indicator				
5.8 Increasing the proportion of patients diagnosed with dementia whose care has been reviewed in the previous 15 months		This indicator has changed and is no longer available for this definition				
5.9 Reducing care and nursing home placement, especially those made at a time of crisis and/or from an acute setting		Kent figures are now no longer available				
5.10 Increasing numbers of carers assessments and carers accessing short breaks		Unable to source data from either KCC ASC or CCGs				

Indicator Description	Target	Previous status	Recent status	DoT	Recent time period
5.11 Increasing attendance at Dementia Peer Support Groups					
5.12 Increasing number of Dementia Champions					

Indicator Description – Available CCG Figures	Previous status	Recent status	DoT	Recent time period
5.1 Increasing the reported number of dementia patients on GP registers as a percentage of estimated prevalence (South East CSU)				
NHS Ashford CCG	47%	53%	⇧	2015/16
NHS Canterbury CCG	47%	64%	⇧	
NHS West Kent CCG	47%	56%	⇧	
5.2 Reducing rates of hospital admissions for patients older than 64 years old with a secondary diagnosis of dementia (rate per 1,000. South East CSU)				
NHS Ashford CCG	20.1	21.8	⇩	2015/16
NHS Canterbury CCG	30.6	28.1	⇧	
NHS West Kent CCG	26.4	24.2	⇧	
5.3 Reducing rates of hospital admissions for patients older than 74 years with a secondary diagnosis of dementia (rate per 1000. South East CSU)				
NHS Ashford CCG	43.6	47.4	⇩	2015/16

Indicator Description – Available CCG Figures	Previous status	Recent status	DoT	Recent time period
NHS Canterbury CCG	63.1	58.2	⇧	
NHS West Kent CCG	54.3	49.3	⇧	
5.4 Reducing total bed-days in hospital per population for patients older than 64 years old with a secondary diagnosis of dementia (rate per 1000. South East CSU)				
NHS Ashford CCG	187	178	⇧	2015/16
NHS Canterbury CCG	188	189	⇩	
NHS West Kent CCG	262	265	⇩	
5.5 Reducing total bed-days in hospital per population for patients older than 74 years with a secondary diagnosis of dementia (rate per 1000. South East CSU)				
NHS Ashford CCG	403	385	⇧	2015/16
NHS Canterbury CCG	394	388	⇧	
NHS West Kent CCG	545	544	⇧	

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

To: Health and Wellbeing Board 23 November 2016

Subject: **Developing a Joint Health and Wellbeing Strategy 2018- 2021**

Classification: **Unrestricted**

Summary: This report presents an overview of initial thinking about the development of the next Kent Joint Health and Wellbeing Strategy (JHWS) as the current strategy ends in 2017.

Recommendation(s)

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

(a) Provide guidance on timeline and structure for the new JHWS 2018- 2021
(b) Agree the formation of a JHWS working group as a sub group of the HWB

1. Introduction

The Health and Wellbeing Board has a statutory responsibility to ensure that a Joint Health and Wellbeing Strategy (JHWS), based on the Joint Strategic Needs Assessment (JSNA) is produced. Kent's current strategy runs from 2014 until 2017. Work is now beginning to identify how a new strategy will be developed with regard to the emerging priorities of the JSNA and how the Sustainability and Transformation Plan (STP) might impact on the Strategy.

This report aims to present proposals about the structure of the plan and the mechanism or governance through which the plan will be developed for final approval by the Board.

2. Statutory Guidance

Statutory Guidance indicates that the strategy must have regard to the areas listed below. Beyond that it is for the Board to decide the structure and content of the strategy to most effectively address the health priorities of the local population.

2.1) The JHWS should translate JSNA findings into clear outcomes that the Board wants to achieve, which will inform local commissioning – leading to locally led initiatives that meet those outcomes and address the needs.

2.2) Health and Wellbeing Boards must encourage integrated working between health and social care commissioners and provide appropriate support to encourage partnership arrangements for health and social care services, such as pooled budgets, lead commissioning, or integrated provision. In JHWSs, Health and Wellbeing Boards must consider how far needs can be met more effectively by working together in this way.

2.3) The importance of JSNAs and JHWSs lies in how they are used locally – as well as identifying the local community's needs, they also provide a significant

opportunity to tackle and make a real impact on extreme inequalities experienced by some vulnerable groups and to integrate local services around their users.

2.4) The Board must seek assurance that the local commissioning plans align to the JHWS.

3. Current Context

The Board will need to establish how it takes forward its leadership role in developing the strategy to ensure the whole system is working in such a way to meet the overall objective of the HWB, which is to improve the longer term health outcomes of the local population.

The Health and Social Care system is in a state of flux and the advent of the STP changes the trajectory of development of the system towards integration and extensive transformation. All parts of the current system will be affected and influenced by the STP, or it will fail in its purpose of radical reform. The relationship between the Board and the development and implementation of the STP is still emerging.

However it is clear that there should be a relationship between the JHWS, the JSNA and the STP as a golden thread that links the work of the whole system together. This will create an accessible narrative of a system moving towards a set of shared outcomes. The STP will change the system to support the delivery of these shared outcomes. The strategy will give the Board an understanding of how the JSNA priorities need to be addressed and how the STP is contributing to the success of the strategy. However there is an opportunity for the Board to go further in providing assurance on all contributions that impact on the health of the Kent population in one place, for example, through

- Mind the Gap – Public Health Strategy
- The new Adult Social Care Vision
- Integration and the Better Care Fund
- One Public Estate
- the work of Healthwatch Kent to engage the voice of the public
- understanding the contribution of the Voluntary Sector and
- the work of the District Councils

The strategy could also bring focus to national requirements to ensure that the system is comprehensively addressing both local and national issues and that all activity contributes to the overall objectives of the HWB. For example the Five Year Forward View identifies the challenge of triple integration of mental health and physical health, primary and acute sectors, social care and health and the 3 gaps in financial sustainability, in quality and care and in health and wellbeing. Similarly the Care Act 2014 sets out new rights for vulnerable people and their carers with a focus on promoting wellbeing and preventing need. The Board is in a unique position of being able to seek assurance from all local organisations where their work impacts on health and wellbeing.

4. Approach of the Current Strategy

The current strategy has taken an outcome based approach which has been helpful in setting out the work programme for the Board and local health and wellbeing boards.

The current strategy has five outcomes:

- Every child has the best start in life
- Effective prevention of ill health by people taking greater responsibility for their health and wellbeing
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support
- People with mental health issues are supported to 'live well'
- People with dementia are assessed and treated earlier, and are supported to live well

The Board monitors progress and performance against key indicators for each of the five outcomes through the Kent Assurance Framework. The Assurance Framework provides reports to the Board on a suite of indicators designed to highlight when stresses may be appearing across the system and includes the indicators from the Joint Health and Wellbeing Strategy and those relating to the Better Care Fund. In this way the Board is kept up to date with how the system is responding to the demands being placed upon it and progress towards the outcomes of the strategy.

This approach has been successful by providing a focus for the activity of the Board and Local Boards but has also proved to be so broad that it has been easy to accommodate outcomes into commissioning plans without real clarity on the effectiveness of the interventions proposed to impact on that outcome. The detailed modelling of the JSNA Plus will support the Strategy to be more specific about the effects of commissioning decisions and highlight what the Board could expect to see in commissioning plans.

5. Proposal for structure for the new strategy

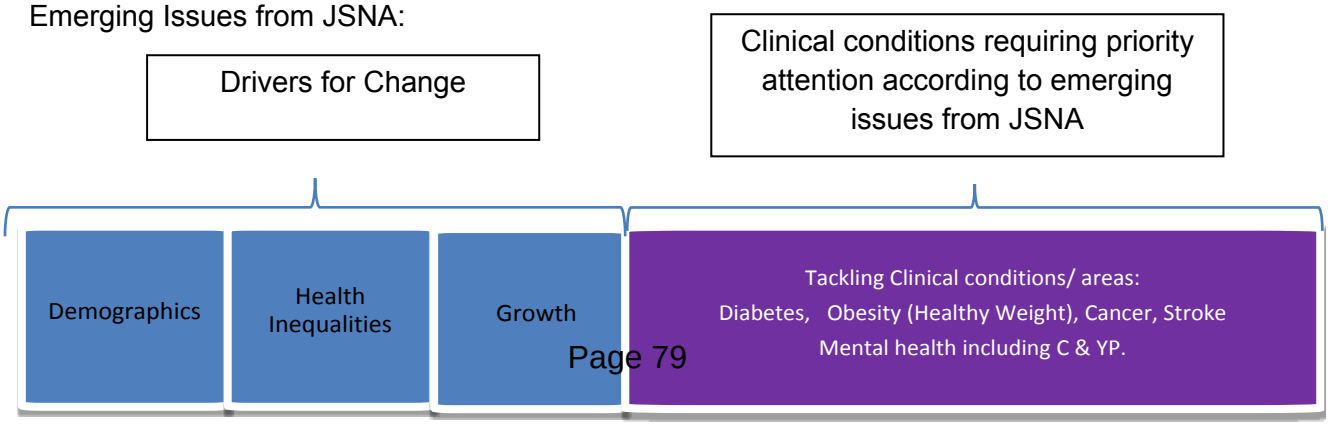
The Health and Wellbeing Strategy is subject to statutory guidance but beyond that can develop in a way that suits the local context and provide assurance that the whole system is operating in the most effective way. The strategy provides the Board with an opportunity to demonstrate how the health and social care system is greater than the sum of its parts as it strives to work together to improve the health and wellbeing of the population.

In developing a structure for the new strategy 3 strands have been explored that could each be the foundation for the next iteration. Ideally it may be a combination of these approaches that provides the Board with a strategy that remains relevant for the next 3 years. These are summarised at a high level below and their interdependencies can be seen in Appendix 1.

5.1 Approach 1: JSNA Priorities

Similar to the current strategy, broad themes focused on the findings of the JSNA that provide a useful way to talk about issues and breakdown activity for local boards to examine the local position. The emerging areas for focus from the JSNA are as follows and could be used as the priority outcomes from which to develop future activity.

Emerging Issues from JSNA:

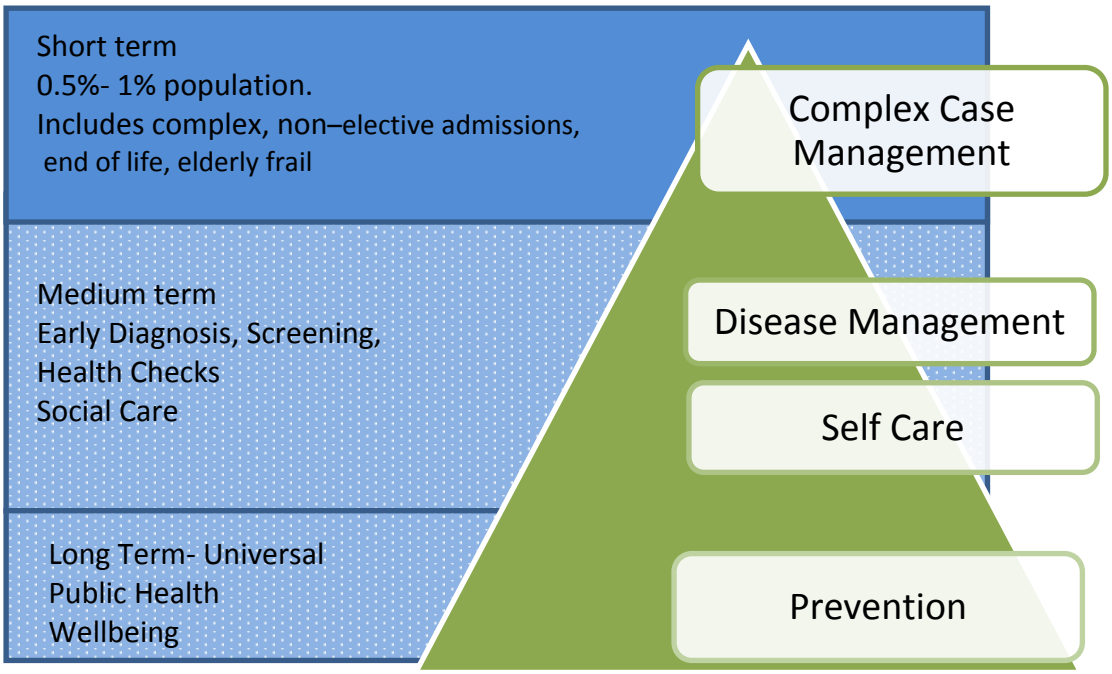


The JSNA has identified the key drivers for change across Kent, an ageing population, intransigent health inequalities and growth through new towns bringing young families into Kent. The JSNA Plus will help the Board understand the health impacts of these changes and the likely health and wellbeing priorities to emerge from these challenges. The JSNA has also identified key clinical conditions that will require priority attention to improve the overall health of the Kent population. These priorities must be addressed through the strategy and into local health and wellbeing boards as the focus for attention for local work plans.

5.2 Approach 2: Targeting Prevention: Kaiser Permanente- a model for a population wide approach

The Kaiser Permanente Pyramid below has been highlighted as a successful model of integrated, cost effective care focussing on preventing ill health, disease management and keeping people out of hospital. This model reflects the local care model in the STP that shows how more local care will enable a change in care settings to drive down demand in acute activity.

Using this approach the strategy will be able to focus activity on those most at risk and promote the most effective interventions for commissioners to address in their commissioning plans. This will link the priorities emerging from the JSNA above with practical and effective ways of commissioning and working together for the Board and local HWBs to target those most at risk and support people to remain well and independent for as long as possible.



5.3 Approach 3: STP relationship and golden thread

This approach relates to the key themes of the STP that can be reflected in the strategy and supports the development of a golden thread to create a whole system approach to population health and wellbeing. At the time of writing the STP is not in the public domain, however the STP will address the issues of improving the health and wellbeing of the population, improving quality of care and working towards sustainability. This will mean that

the STP is presenting a case for change that will have many synergies with the work of the HWB and the development of a JHWS.

More work is required to map the STP with the strategy when it becomes public but potential areas where the JHWS and the STP could align may include:

- Targeted Prevention
- Disease or ill health management
- Mental Health
- Preparing for growth and demographic changes
- Enablers to change- such as workforce, estates management and IT
- Integration

6. Mechanisms to develop a new strategy

A small working group has developed the initial thinking presented in this report. This group includes officers from Public Health and Corporate Policy. It is suggested that a more formal working group is brought together to widen the membership to provide oversight of approach and content. Nominations are sought through the HWB.

The working group will develop a suite of priorities and use the multi-agency data and information group (MADIG) and the findings of the Kent Integrated Dataset to inform the development of performance indicators and outcome measures for the strategy so that the Board will know what success looks like. These measures will become part of the assurance framework used by the Board to understand impact on the system.

7. Timeline

It is proposed that the JHWS for 2018-2021 will be signed off by the Board in September 2017 and be presented at Kent County Council in December 2017. It will go live from January 2018.
Suggested Timeline:
March: High level draft with proposed priorities
April: Stakeholder engagement
June: Draft to the Board
July/August: Wider consultation
September: Final draft to the Board

5. Recommendation(s)

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

a) Provide guidance on timeline and structure for the new JHWS 2018- 2021
b) Agree the formation of a JHWS working group as a sub group of the HWB

Background Document: Joint Strategic Needs Assessment Overview Report August 2016

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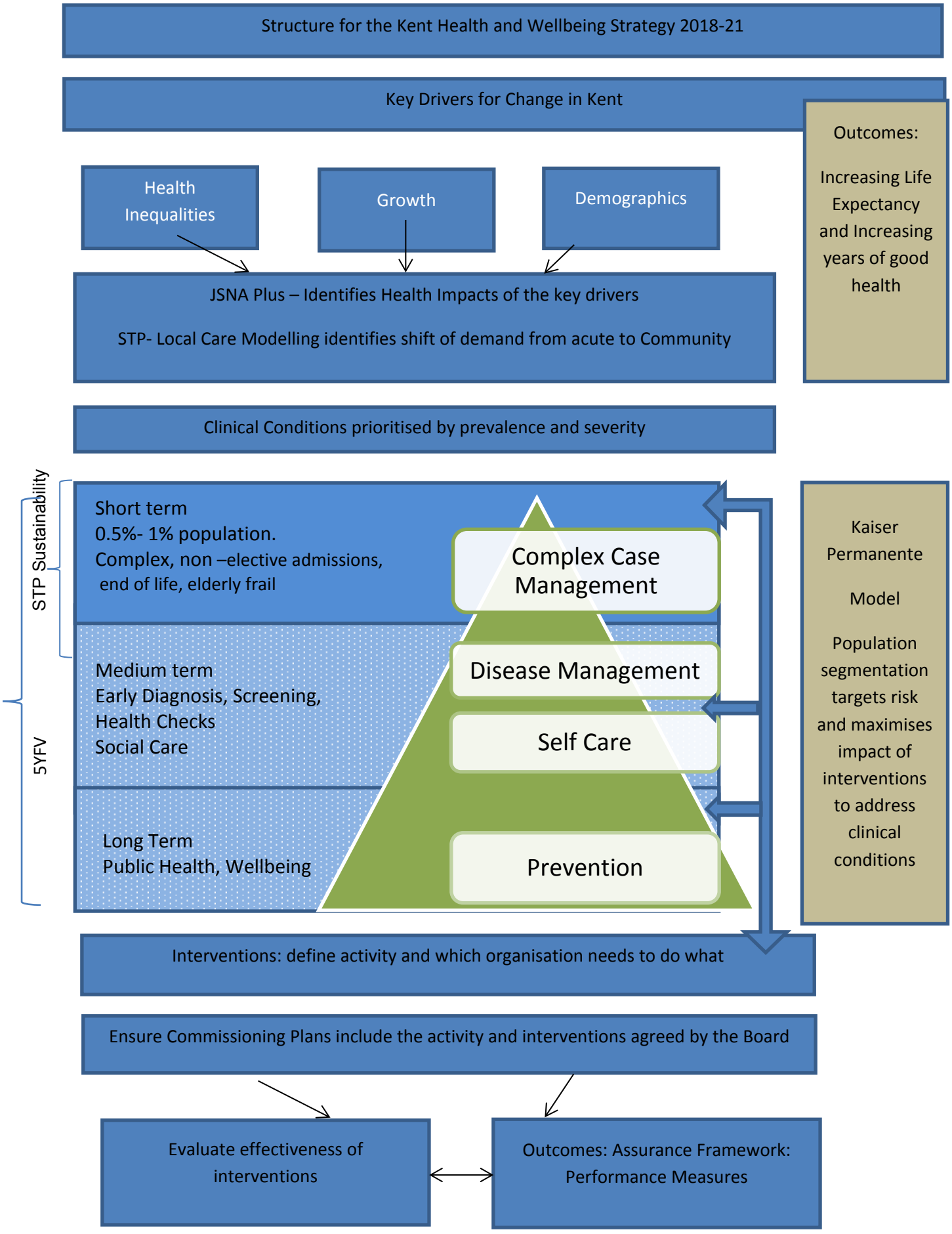
Appendix 1


Structure for the Kent Health and Wellbeing Strategy 2018-21
Key Drivers for Change in Kent
Outcomes:
Increasing Life Expectancy and Increasing years of good health
Health Inequalities
Growth
Demographics
JSNA Plus – Identifies Health Impacts of the key drivers
STP- Local Care Modelling identifies shift of demand from acute to Community
Clinical Conditions prioritised by prevalence and severity
STP Sustainability
5YFV
Short term
0.5%- 1% population.
Complex, non –elective admissions, end of life, elderly frail
Medium term
Early Diagnosis, Screening, Health Checks
Social Care
Long Term
Public Health, Wellbeing
Complex Case Management
Disease Management
Self Care
Prevention
Kaiser Permanente
Model
Population segmentation targets risk and maximises impact of interventions to address clinical conditions
Interventions: define activity and which organisation needs to do what
Ensure Commissioning Plans include the activity and interventions agreed by the Board
Evaluate effectiveness of interventions
Outcomes: Assurance Framework: Performance Measures

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

To: **Kent Health and Wellbeing Board -23rd November 2016**

Subject: Developing the relationship between Kent's Health and Wellbeing Board and the VCS

Status: Unclassified

Summary:

Following the Kent Health and Wellbeing board (KHWB) meeting in September a short survey has been undertaken by Healthwatch with the Voluntary and Community sector (VCS). This was intended to gather the view of the VCS in relation to its future relationship and engagement with the KHWB. This proposal was made following a previous paper to the KHWB which raised the question as to whether the board should have a relationship with the VCS in the future.

This report provides an update on the findings of the survey and possible next steps for the board's information and consideration.

Recommendation(s):

For the Kent Health and Wellbeing Board to:

1) To note the findings of the recent survey conducted by Healthwatch

2) To note and comment on the proposals to engage with the VCS

3) To agree the establishment of a working group to consider how engagement is best taken forward over the longer term.

1. Introduction:

1.1 Following a previous report and discussion at the Board regarding its relationship with the VCS, Healthwatch has undertaken a survey of the VCS in Kent over a 4 week period with 53 organisations taking part in the survey. The survey aimed to gather insights into the following areas:

- The top 3 challenges the sector believes the health and social care system faces and which they would like to share with the board
- If they would like the opportunity to engage with and influence the work of the board
- The best way to achieve meaningful engagement with the board in the future

1.2 The purpose of this survey was to inform the KHWB's discussion on what, if any relationship it should have with the VCS and to begin a dialogue with the sector. The sample size was relatively small and therefore the results must be viewed with some caution; however, they do provide a sound basis for

exploring the future KHWB's relationship with the sector. The results of the survey are summarised in the report (Appendix 1) but the key findings were:

- 88% of respondents would like the opportunity to influence the Health and Wellbeing board
- 94% of respondents had issues they thought would be beneficial to share with the Board
- When asked how they would like to engage with the Board, the majority of organisations preferred email or communications via an umbrella organisation
- The top challenges identified which respondents would welcome the opportunity to engage the Board on were in relation to the extent and level of provision, improving joint working and funding.

2. Context

2.1 Whilst it is for the Board to determine if it ultimately wants to have an established relationship with the VCS, it is clear that respondents of the survey see value in a relationship with the KHWB. Indeed the survey also reveals a range of important insights into those areas of the health and social care system which pose challenges to communities and individuals. and it would be beneficial to explore these in more detail if an engagement mechanism is established.

2.2 However, increasingly there are external drivers in addition to the findings of the survey which make it pertinent to establish a relationship with the VCS. As referenced in the previous report to the Board, the review by the Department of Health (DH), Public Health England (PHE), and NHS England on the role of the VCSE (Voluntary, community and social enterprise) sector in improving health, wellbeing and care outcomes, has now made its recommendations (May 2016) and the following provide a strong rationale for developing a strategic relationship between the KHWB and the VCS:

1. When preparing their joint strategic needs assessment (JSNA), Health and Wellbeing Boards should ensure that it is a comprehensive assessment of assets as well as needs, based on thorough engagement with local VCSE organisations and all groups experiencing health inequalities. The Department of Health should consider including this when next updating the Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.
2. Any future transformation programmes (e.g. Integrated Personal Commissioning) should only be approved if proposals are included for involving the full range of local VCSE sector, taking its views into account in strategic decisions and utilising its delivery expertise. Existing transformation programmes should also be issued guidance to support better involvement of the VCSE sector.
3. Health and Wellbeing Boards should work closely with local VCSE organisations to ensure that their strategies are co-designed with local citizens, particularly as they try to reach those groups and communities which may be under-represented or overlooked. Local and national government should consider how to support and facilitate HWBs to achieve this goal.

2.3 Furthermore, the increasing emphasis on the role of the community within the future health and social care system, an integral part of the delivery of Sustainability and Transformation Plans (STP), will require a robust mechanism for the system to have at the very least an oversight of engagement with the VCS, if not a collective approach. Indeed, for this engagement to be effective it must be broader than simply an engagement between individual commissioners and providers.

3. Next steps:

3.1 The health and social care system is of course in a period of flux in terms of its future leadership; however, what is certain is that as a representative of the system, the Health and Wellbeing Board should have a relationship with its key stakeholders of which the VCS remains central. However, if the Board accepts the proposal that a relationship with the VCS should be pursued then it must be willing to engage on those areas where the VCS feels it can add value, some of which have been highlighted in the survey. Of course, these issues may be tackled through engagement on a number of levels and indeed in some cases this may be more effectively dealt with at a local level.

3.2 KCC has recently re-commissioned its infrastructure support to the sector through an outcome based contract and a new consortium will deliver this from January 2017. This contract focuses on business support to the sector, support around volunteering and social action but also building a more strategic relationship between KCC and the wider VCS. The consortium will act as a representative of the wider sector and as a conduit for information and intelligence and in this sense represents new opportunities for the KHWB to engage with the wider sector. Of course, true representation of a diverse sector of around 4000 organisations will be a challenge but the new consortium provides a refreshed opportunity to rethink how this may work.

3.3 Given the challenges and insights gathered in the survey alongside best practice recommended by the recent DH review (set out in 2.2), there is scope for an immediate and tangible engagement between the Board and the VCS in shaping and influencing the development of the new Joint Health and Wellbeing Strategy (JHWS). This could provide an opportunity to begin to develop the engagement between the sector and the Board and it is therefore proposed the sector is involved in the working group set up to develop the strategy and that this could be conducted through the new infrastructure provider from January 2017. In addition the Board could use an established engagement mechanism on an ongoing basis to seek assurance that the JHWS is influencing delivery at the local level and that indeed the strategy continues to reflect local needs.

3.4 It was previously agreed that Local Health and Wellbeing Boards would have VCS representation. Given many of the challenges and insights gathered in the survey relate to the operational and local delivery of services, the KHWB should look for assurance that there are appropriate mechanisms in place at the local level to capture the intelligence of the VCS to inform local delivery models.

4. Conclusion:

4.1 The recent survey provides sound evidence that there is a desire amongst the VCS to engage with the Board and to influence the design and

delivery of health and social care services, in the broadest sense. Whilst for this to be effective there must be a well-defined purpose and parameters underpinning that engagement, the development of the JHWS provides an opportunity to test out how this relationship could work in practice. Whilst the new infrastructure provider could provide a more effective mechanism for ensuring that engagement with the sector can be truly meaningful and representative.

4.2 It is therefore proposed that in addition to the immediate involvement of the sector in the development of the JHWS a small working group is set up to consider how engagement may be best taken forward over the longer term and will report back to the Board in due course.

Recommendation(s):

For the Kent Health and Wellbeing Board to:

1) To note the findings of the recent survey conducted by Healthwatch

2) To note and comment on the proposals to engage with the VCS

3) To agree the establishment of a working group to consider how engagement is best taken forward over the longer term

Background reports:

Appendix 1 Healthwatch survey report

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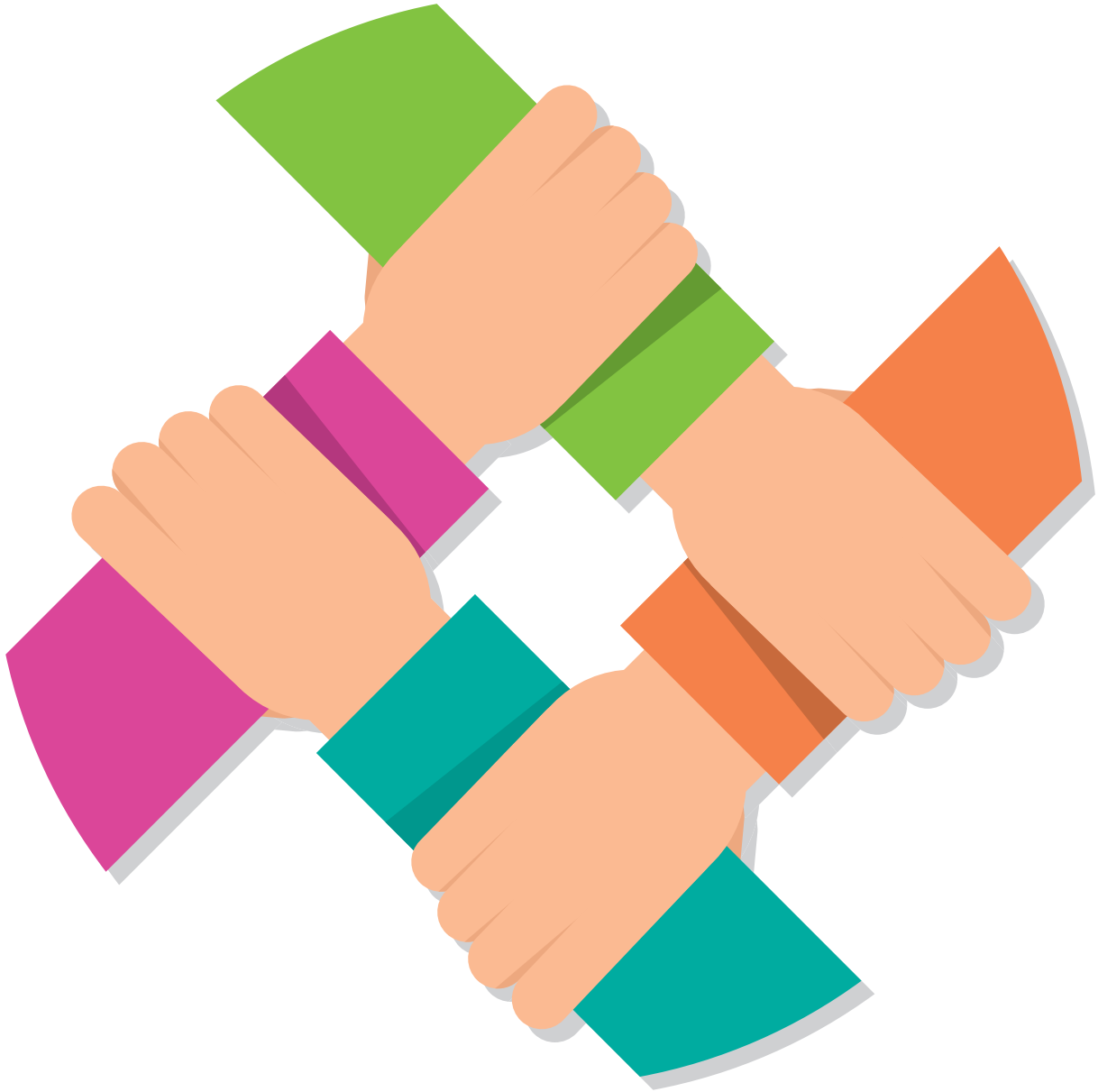
healthwatch Kent



Healthwatch Kent - October 2016

How can the Kent Health & Wellbeing Board and the Voluntary Sector work better together and achieve more?

Foreward from our Chief Executive

As a group, the Health & Wellbeing Board has discussed many times how they could work better with the voluntary sector.

Given the breadth and diversity of the voluntary sector, it's proved a challenge to decide how this variety could be adequately represented at the Board. No single organisation could truly represent the view of the 4,000 voluntary organisations that operate within Kent.

However that does not mean that the Board doesn't want to hear from the voluntary sector.

It's vital that the Board can hear and understand the issues and knowledge that the sector can bring. Only by bringing together all the issues, can the Board be able to address issues which affect us all.

Healthwatch has undertaken this piece of work to explore how the voice of the VCS sector can be truly heard by the Board and involved in discussions. Although Healthwatch has a seat at the Board and we are therefore a route for the sector to influence, we don't have a formal role in acting on behalf of the sector.

We wanted to understand how the sector themselves wanted to interact and work with the Board. We also took the opportunity to remind the sector about the role of the Health & Wellbeing Board and the important role that they play in our health and social care environment.

This report outlines what we found and is the start of a conversation that will see the voluntary and community sector being much more involved and engaged with the work of the Health & Wellbeing Board in Kent.

As well as sharing our findings with the Board, we'll be working with the new VCS Infrastructure provider as well as sharing it with the organisation that took part.

Steve Inett
Chief Executive, Healthwatch Kent

Our Aim

To support the Kent Health & Wellbeing Board to develop a constructive and productive partnerships with voluntary and community sector.

This relationship would support conversations over and above funding and enable everyone to work at a strategic level.

What did we hear?

94% have issues they want to share with the Health & Wellbeing Board

88% want the opportunity to influence the Health & Wellbeing Board

The majority of organisations would prefer emails or communication via an umbrella organisation, whilst 43% prefer face to face meetings

The three collective top challenges identified by the VCS sector were

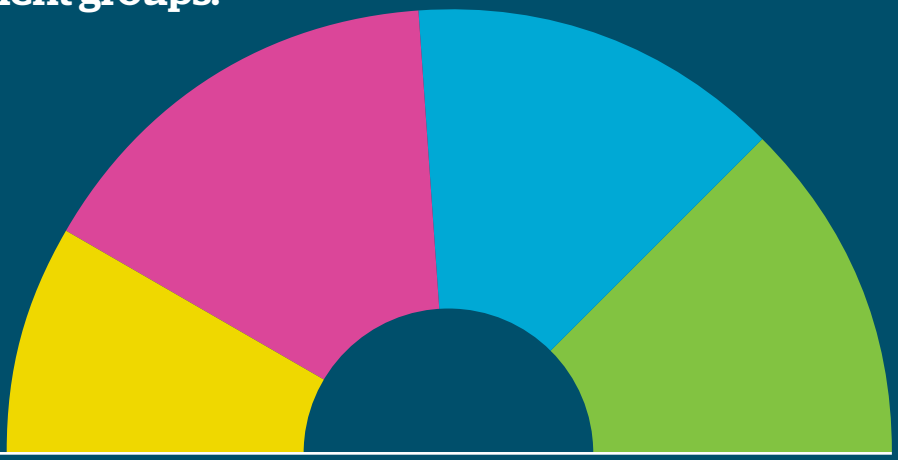
- Insufficient levels of service to meet their client's identified needs particularly around mental health
- Challenges to increasing / improving joint working between agencies and awareness of service availability
- Challenges about finance and funding

Next steps and recommendations

- The Board needs to discuss and agree how they are going to work with the Voluntary sector
- Once agreed, set out clear routes of access and a framework for the Board to engage with the VCS sector. Work with Healthwatch Kent and the new infrastructure provider to achieve this
- Information about developments are shared from the Board, in agreed messages that can be cascaded across the wider VCS, via agreed communication routes
- Healthwatch Kent and the new infrastructure provider work together to ensure cost efficient communication and engagement across the VCS
- Healthwatch Kent and the new infrastructure provider to offer peer support and share information to ensure VCS insights and views are shared with the HWBB

More detail

53 organisations gave us their views and insights via an online survey Responses came from across Kent, organisations and groups representing range of client groups.



Responses received from;

Kent wide	17%
East Kent	31%
West Kent	27%
North Kent	25%

More detail continued.

When asked what the top three challenges they would want to raise with the Board, here is some of the detail that we received.

1. Services identified as having insufficient capacity
Mental health support was the most frequently mentioned area of need. Issues were raised about not being able to access Community Mental Health Teams when in crisis and a lack of local support services within the community.

Neurological services were also mentioned by more than one respondent. Concerns about access to early diagnosis and ongoing medical support for people with Motor Neurone Disease were raised including supply of specialised equipment and adaptations.

Other services thought to be insufficient to meet identified client needs were
- Perinatal support in Thanet
- Child obesity
- Structured Learning for Diabetes
- Physiotherapy
- Occupational Therapy
- Feeding support

2. Challenges to increasing / improving joint working between agencies and awareness of service availability
There was a common view from respondents that more joint working and better communication between social care and health services was needed. Many organisations suggested that if there was a better understanding of the services available (and referral criteria) that people and professionals could understand what choices they have. Some client groups, such as people with Disabilities reported that they were finding a limited variety of choices. Groups representing Older People highlighted concerns that their clients report limited help from social services and a lack of information about what services are available to them.

Some organisations raised concerns about sharing patient information. For example, could there be one referral and risk assessment for an individual so they don't have to fill it in for every service and that it could be passed with their permission to relevant services.

3. Challenges about finance and funding
Lower funding levels are creating challenges across the VCS, in terms of providing an effective service within available budgets, but also in the knock-on effect of reduced services for their clients from other social care providers. This was illustrated by an organisation raising the cost per treatment order for a client versus long term cost benefits.

Some within the VCS stated that they would like to see more creative funding models across the sector including; more self-funding organisations, use of direct payments or becoming a delivery partner. But others questioned how this might work for them.

VCS showed interest in having greater involvement in determining prioritisation of services and balancing need to expand some services and reduce waiting lists.

More detail continued.

Other challenges, in order of frequency of mention, were

4. Challenges in keeping people at home
The social and financial value of enabling people to remain in their own homes was echoed by several organisations representing older people, people with Polio, Disabilities and general health care needs. The need for more access to domestic care, personal care, emotional support, equipment and community transport to support groups and appointments were mentioned.

5. Challenges regarding commissioning and planning
The VCS reported a 'lack of consistency' with tenders and plans having a minimum of 3 to 5 years' duration. There was a request to change the 'mentality of short term programming and need for instant results', to a culture of planning further ahead.

Other commissioning trends, such as large consortium tenders and perceived focus on those needs that incurred high levels of expenditure were having an adverse impact smaller, local projects and prevention services.

It was also observed that CCGs have differing commissioning intentions, which can lead to 'postcode lotteries' and put services at risk.

6. Challenges regarding Discharges from hospital and aftercare
VCS organisations reported that their clients faced challenged with timely discharges from hospital.

Issues raised included being discharged without appropriate levels of care, or not being discharged as no care available in the community, medication delays, lack of planning and information and poor liaison between hospital and community care/ primary care.

7. Challenges within GPs and primary Care
Getting a GP appointment is a challenge for clients of several VCS organisations, which reflects the wider picture across Kent. Organisations mentioned the need for GPs to be more aware of how issues such as, bereavement impact on a patient as well as better identification of early signs and symptoms of Motor Neurone Disease.

Three organisations mentioned the potential for GPs prescribing 'wellbeing' activities rather than medications, but the challenge is in ensuring the GP is aware of the service.

8. Challenges Faced by VCS organisations
Organisations themselves highlighted that they face challenges in reaching every person that needs the service. They also mentioned the challenge of understanding legislative and policy direction changes and a desire for more opportunities to work with other VCSEs.

11. Challenges of patient public engagement
A lack of patient monitor groups in Acute and Community services and a need for more effective Patient and Public Involvement and engagement.

12. Challenges facing the workforce
Attracting and retaining good staff and delivering appropriate training. Specific mention was made of ensuring people who provide support for elderly people in the community are properly trained and feel they have a career that is valued and properly paid.

13. Challenges for Carers
Carers identified that the Carers Strategy was not up to date and that they would like better support for carers, who often don't seek help until they reaching crisis point.

Healthwatch Kent

Healthwatch Kent is the independent voice for local people in Kent.

We gather and represent people's views about any health and social care service in Kent.

Our role is to understand what matters most to people and to use that information to influence providers and commissioners to change the way services are designed and developed.

Our FREE Information and Signposting service can help you navigate Kent's complicated health and social care system to ensure you can find and access the services that are available for you. Call us on 0808 801 0102 or email info@healthwatchkent.co.uk

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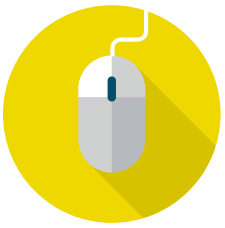
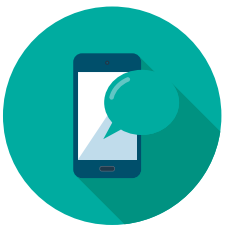
Info@healthwatchkent.co.uk



Online:
www.healthwatchkent.co.uk

By Post: Write to us or fill in and send a Speak out form. **Freepost RTLG-UBZB-JUZA**
Healthwatch Kent, Seabrooke House,
Church Rd, Ashford TN23 1RD

Face to Face:
Call 0808 801 01 02 to arrange a visit



By Text: Text us on **07525 861 639**.
By texting 'NEED BSL', Healthwatch's British Sign Language interpreter will make contact and arrange a time to meet face to face.

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Kent Transformation Plan for Children, Young People and Young Adults' Mental Health and Wellbeing

First published in December 2015

Revised in October 2016

Produced by: NHS Ashford CCG, NHS Canterbury and Coastal CCG, NHS Dartford, Gravesham and Swanley CCG, NHS Medway CCG, NHS South Kent Coast CCG, NHS Swale CCG, NHS Thanet CCG, NHS West Kent CCG and Kent County Council.

Foreword by Andrew Ireland

In September 2014, partners on Kent Children's Health and Wellbeing Board published the first part of a new Emotional Wellbeing Strategy for children, young people and young adults. This document set out a framework of four key outcomes, based on national and local research and early consultation activity with families and professionals, and made the commitment to translate these principles into a multi-agency transformation plan, ready for 2015.

The recommendations we made laid the foundations for **a new system of support that extends beyond the traditional reach of commissioned services**, recognising that promoting and protecting the emotional wellbeing of our children and young people is far bigger than any individual organisation. To this end, the emotional wellbeing strategy and the initial Transformation Plan has successfully brought together a wide range of partners to achieve their aims. This has included the Kent NHS Clinical Commissioning Groups and Kent County Council working collaboratively to deliver a new Child and Adolescent Mental Health Service for 2017. This service will improve outcomes for those children with specialist mental health needs and, importantly, ensure improvements are driven across the whole system. In addition, the investment from the Transformation Fund has been invested in innovative projects engaging new partners in our efforts to change systems and intervene at the earliest opportunity.

This **refreshed Transformation Plan** provides an overview of the partnership's progress delivering our commitment to sustainable whole system change. We have also taken this opportunity to reflect on our achievements so far and consider how exciting developments, such as the Big Lottery HeadStart programme, will enhance and help steer our efforts moving forward. Our plans for the future have been informed by this knowledge and are further strengthened by the ever closer working of the partnership.

Andrew Ireland
Chair of Kent Children's Health and Wellbeing Board
October 2016

Foreword by Dr David Grice

Over the last two years children, young people, professionals and partners have been working locally and across CCGs to grapple with the complex and challenging issues of mental health and wellbeing. We have looked at local and county-wide needs, provision and good practice and have developed and designed a new whole-system for Kent which puts children, young people and young adults at the heart of services. We are delighted that the testimony we had gathered from Kent children and young people was considered in the drafting of the Department of Health and NHS England publication of 'Future in Mind'.

The model which we have developed fits with the principles and approaches articulated within Future in Mind. We are committed to delivering a model which transforms how we see and how we respond to mental health and wellbeing for our whole population. Transformation will be systemic and will deliver cross-cutting solutions across organisational and geographic boundaries. The key areas of transformation within our plans are to:

- **Increase the role of Universal services** to challenge stigma and deliver good emotional wellbeing at every opportunity. We are investing in schools, school nursing, health visitors, voluntary sector, families and children to build resilience and parenting skills. We are delivering evidence-based programmes across Kent designed to reduce self-harm and risk-taking behaviour in targeted groups of young people following a successful local pilot.
- **Invest in early intervention** to ensure that children and young people are able to access the right service at the right time. We will be investing new money into a Kent-wide resource of mental health practitioners within Early Help services to support children and young people who do not have a medical diagnosis.
- **Deliver services and support from birth to 25**, ensuring that support is no longer shaped by a cliff-face at age of 18 but responds to the individual needs of a young person as they follow their own unique path to adulthood[1]. We are working towards moving existing resource and contracting arrangements over the next five years to achieve true 0 – 25 services.
- **Meet the needs of our vulnerable populations**, ensuring evidence-based and effective interventions for our Looked after Children, care leavers, disabled children, young offenders and those with complex needs. We have invested in supporting our significantly expanded Unaccompanied Asylum-Seeking Children population.
- **Improve access.** Research is increasingly showing the long-term effects of emotional and mental health problems occurring during childhood and adolescence, and the cost-effectiveness of good access to appropriate support. We are working to develop streamlined access for children and young people

[1] A priority within: *Closing the gap: priorities for essential change in mental health (DOH, 2014)*

with emotional wellbeing and mental health needs and their family/carer by introducing a Single Point of Access.

This refresh of the Transformation Plan sets out how we have begun to meet the challenge. This document will be republished before the end of 2016, so that the Kent public can better understand and engage with what we have achieved and further intend to do. We will work to keep everyone informed and will continue to update and implement the Plan.

Dr David Grice
Member of the Emotional Wellbeing Steering Group for Kent and Clinical Lead for Children's Mental Health across East Kent CCGs
October 2016

Contents

1. Introduction

Updated October 2016

This plan was originally published in December 2015, and shortly afterwards we were able to publish a children and young people's version which is available on CCG websites.

Since December 2015, partners across Kent have worked hard and fast to deliver our commitments and to continue to meet the challenge of how to transform children and young people's emotional wellbeing and mental health services radically and permanently. Partners in Kent have a vision to deliver a forever-changed, dynamic and responsive system for the children, young people and young adults in Kent.

Over the past year, the strategic and financial environment has changed too. We are developing our Kent and Medway Sustainability and Transformation Plan (STP) which is a plan for the next five years on how the whole health system must change in order to deliver the right care to everyone. The STP is a fundamental driver for long-term change and this Transformation Plan has been updated with that in mind.

We have now updated this document to highlight what we have achieved in the last year, what our plans are for the next few years and how we hope to achieve fundamental change in Kent. Some parts of this document have remained as originally published in 2015. If you are familiar with this document and would like to just review the sections which have been significantly changed or updated, we recommend that you go to:

Section 7 – Highlights of progress since December 2015
Section 8 – Initiatives delivered in 2016
Section 9 – Transformation Implementation for 2016/17 onwards
Section 11 – Finance and Investment
Section 12 - Communications

Throughout this document we have described our transformational approach and how that approach will inform the next five years of investment and service change.

What makes our plans transformational?

We are ambitious for our children, young people and young adults and we are determined to achieve the outcomes that children and families have asked us to achieve (*See Figure 1 overleaf*).

We want to achieve it together and across the system. Kent has developed strong partnership arrangements locally and cross-county, which will support long-term change.

We will work incrementally but with focus. We acknowledge that there is much to deliver and we will work to implement change quickly with the end-goal in mind.

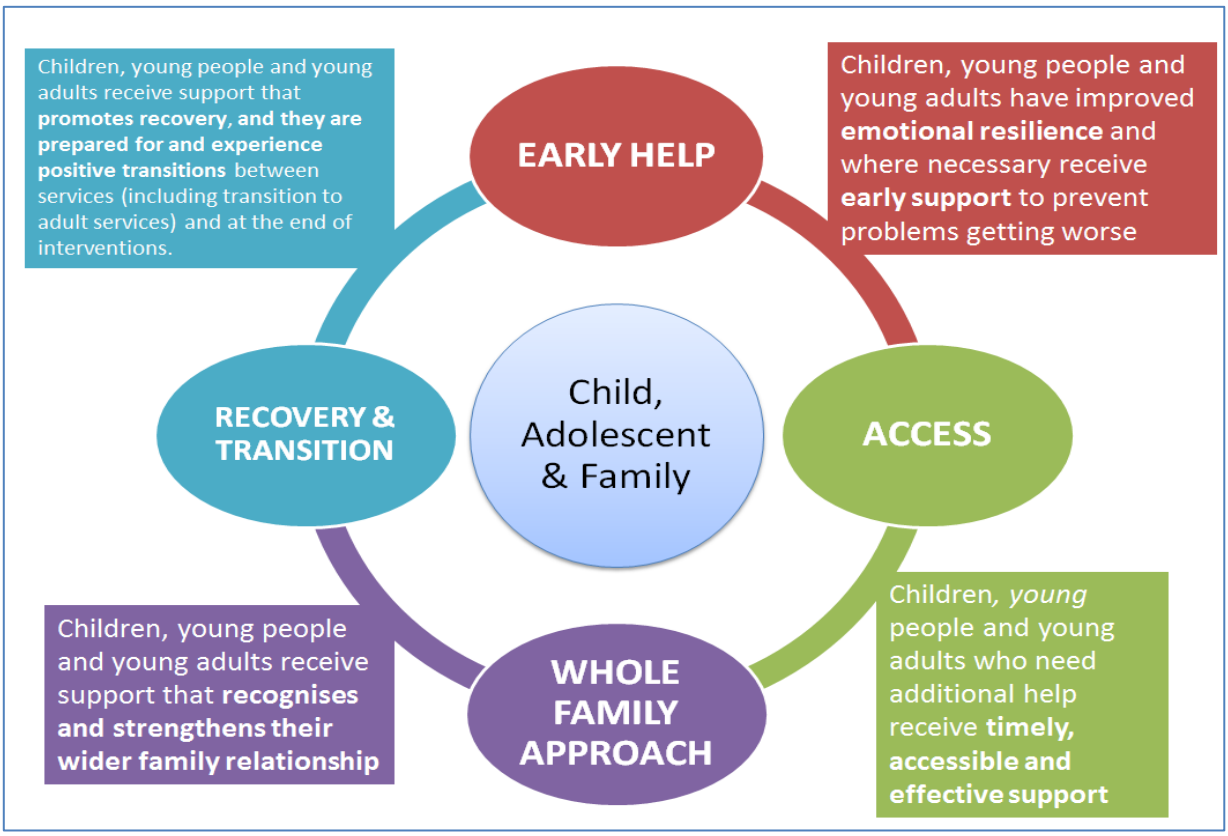
Children, young people and young adults receive support that **promotes recovery, and they are prepared for and experience positive transitions** between services (including transition to adult services) and at the end of interventions.
EARLY HELP
Children, young people and young adults have improved **emotional resilience** and where necessary receive **early support** to prevent problems getting worse
RECOVERY & TRANSITION
Child, Adolescent & Family
ACCESS
Children, young people and young adults receive support that **recognises and strengthens their wider family relationship**
WHOLE FAMILY APPROACH
Children, *young* people and young adults who need additional help receive **timely, accessible and effective support**

Figure 1

2. Mental Health and Wellbeing in Kent

Kent is a large county with one county-council (Kent County Council), 12 district councils and seven Clinical Commissioning Groups (CCGs). There are over 600 state-funded education establishments across the county. Although almost three-quarters of the county is rural, the majority of people live in Kent's towns.

Kent facts and figures:

- According to the Children and Adolescent Mental Health Services Needs Assessment (*Appendix 1*) for Kent (2015), there are *365,200* children and adolescents aged 0 to 19 in Kent, making up nearly a quarter (24%) of the county's total population of 1.48 million, the largest population of *all* English counties. Kent's population is largely of white ethnic origin, making up *90.6*% of children and adolescents. This is higher than the national figure of 78.9%.

- Kent is ranked amongst England's least deprived third of local authorities at 100th of 152 county and unitary authorities, with 152 being the least deprived and one being the most deprived. Six percent of Kent's 902 Lower Super Output Areas (LSOA) are amongst England's *most* deprived 10% in IMD 2015, with over 50,000 children aged 0 to 18 in Kent living in households with a benefit claimant out of work[2].

  It is known that 50% of lifetime mental illness (except dementia) begins by the age of 14 and 75% by age 18. Young people who are not in education, employment or training report particularly low levels of happiness and self-esteem. One in 10 school-aged children (three in every class) has a diagnosable mental health condition. It is estimated that there are approximately *14,254* children aged two to five years inclusive living in Kent who have a mental health disorder, as studies in children aged two to five years inclusive found that the average prevalence rate of any mental health disorder in the age group was 19.6%[3]. Emotional and conduct disorders are the most common mental disorders.

  Therefore, it is estimated that *20,585* children and young people aged between 5-16 years have a mental health disorder in Kent. Approximately one in three young people aged between 16 and 24 have a mental health disorder with rates for obsessive-compulsive disorder, attention deficit hyperactivity disorder (ADHD) and eating disorders being the highest.[4]

[2] The Indices of Deprivation 2015: Detailed findings for Kent July 2015.

[3] Egger H.L. and Angold A. (2006) Common emotional and behavioural disorders in preschool children: presentation, nosology, and epidemiology. *Journal of Child Psychology and Psychiatry*, 47(3-4): 313–37

[4] McManus S, Meltzer H, Brugha T, Bebbington P, Jenkins R. (2009) Adult Psychiatric Morbidity in England, 2007: Results of a household survey. London: The Health and Social Care Information Centre. http://www.hscic.gov.uk/pubs/psychiatricmorbidity07 Accessed 28 November 2014

The estimates indicate that about *29,000* of young adults aged 16 to 24 in Kent have experienced a common mental health disorder, and that about 3,600 young people in this age group have experienced a depressive episode.

The Kent Children's Needs Assessment also states that the prevalence of mental health disorders of Looked after Children (LAC) is 45%, which means that there are 876 Kent LAC and 596 children and young people from other local authorities placed in Kent with a mental health disorder.

Taking the best estimates available (Kurtz and Campion & Fitch) – the current Needs Assessment estimates:

- there may be between *32,000 and 48,000*[5] children in Kent in need of Tier 1 (Universal) services
- the figure for Tier 2 (Targeted) services is in the region of *22,000*
- the estimate for Tier 3 (Specialist) services ranges from just under *6,000 to nearly 10,000*
- the estimate for Tier 4 (Crisis) services ranges from *243 to 1,524*

[5] Aged 0-17 years old

3. National and local framework

This issue is clearly of national concern. A national task group set up by Norman Lamb, the then Minister for Care and Support, reported similar concerns to those in Kent. This Transformation Plan for Kent strategically fits with work across the country in improving children's mental health and wellbeing provision. It strategically aligns with the NHS 5-Year Forward View for Mental Health, the 49 recommendations of Future in Mind, the Kent and Medway Crisis Care Concordat and KCC Transformation Programme for 0-25 years old.

Development of the Children, Young Person and Young Adults' (0-25) mental health and wellbeing Transformation Plan is fully in line with both national and local strategies and policies. Government recently outlined the new Mental Health Action Plan. This sets out the top 25 areas where Government want to see immediate action to ensure equality for mental health and increase access to the best-possible support and treatment.

The Kent Sustainability and Transformation Plan (STP) is a key driver for change and improvement across services for children and young people. The Kent STP helps to focus this plan on improving quality and delivering financial efficiency and provides a mandate for a focus on prevention and early intervention. Children and young people's mental health transformation has enabled us to work together to enhance services and in this way, models the STP ambition of partnership approach to finding solutions for local communities.

This Transformation Plan has been developed in line with the following key national policy and guidance (*this list is not exhaustive*):

- No Health without Mental Health. Department of Health (2011)
- Talking Therapies, a 4-year plan. Department of Health (2011)
- Closing the Gap. Department of Health (2014)
- NHS and Social Care Act (2011)
- Children and Families Bill (2013)
- Mandate to Health Education England
- Chief Medical Officer's Annual Report on State of Public Health (2014)
- Behaviour and Discipline in Schools, Department of Education (2014)
- Public Services (Social Value) Act 2012
- Achieving Better Access to Mental health Services by 2020
- Five Year Forward View
- Forward View into action: Planning for 2015/16 guidance.

This Transformation Plan links to the following **NICE Quality Standards** and will continue to be reviewed upon the publication of further guidance (*this list is not exhaustive*):

- Health and wellbeing of Looked after Children and young people
- Self-harm
- Attention Deficit Hyperactivity Disorder (ADHD)
- Depression in children and young people
- Autism
- Autism diagnosis in children and young people
- Anxiety disorders
- Interventions to reduce substance misuse among vulnerable young people
- Antisocial behaviour and conduct disorders in children and young people: pathway
- Eating disorders
- Borderline personality disorder
- Psychosis and schizophrenia in children and young people
- Challenging behaviours and learning disabilities
- Supporting people with a learning disability and / or autism who have a mental health condition or display behaviour that challenges.

As well as the following additional guidance on quality standards:

- Implementation of the Access and Waiting Time Standards for Mental Health Services 2015-16
- Quality Network for Community CAMHS Standards
- Quality Network for Inpatient CAMHS Standards
- Youth Wellbeing Directory and ACE-V Quality Standards
- Child Outcome Research Consortium (CORC)
- Choice and Partnership Approach (CAPA).

The emotional wellbeing of children and their families is of huge importance for Public Health. Children and young people who feel good about themselves, and are confident and optimistic about their future, will be better equipped (and more resilient) to deal with and adapt to the inevitable stresses that life can present.

Robust evidence suggests strong links between mental health difficulties in early life with a series of poor outcomes for children and young people, including education and employment opportunities. Ultimately this can lead to financial, social and health inequalities in later life.

We welcome the strong partnership approach in this work across Kent, and this great opportunity to put health promotion, early intervention, and prevention of ill health at the heart of our approach.

Andrew Scott-Clarke
Director for Public Health, Kent County Council, September 2016

4. Local arrangements before Transformation

Health and KCC work to a model where West Kent CCG is the lead commissioner for the targeted Tier 2 and 3 Child and Adolescent Mental Health Services contract. KCC and each individual CCG remain accountable for the commissioning of children and young people's mental health at their local level.

In April 2014, the Kent Health and Wellbeing Board (KHWB) identified that mental health and wellbeing provision for children and young people was not adequate to meet both the demand in numbers of children and young people requiring support and how that support needed to be delivered.

This prompted a review of the services which found:

- disparity between how schools support children and young people and the staff approach to building resilience.
- numerous contact points and disjointed services.
- too much focus on the Tiers of service rather than the needs of the child or young person.
- lengthy waiting times from assessment to treatment.
- high numbers of cases not meeting the referral threshold and inconsistent support to young people around transition.

This was further exacerbated by new data which indicated:

- a rising number of inappropriate referrals.
- children falling through gaps between services (particularly 8-11 ASC/ADHD).

Children, young people and young adults told us that:

- the current service care pathway feels impersonal and has long waiting times.
- they would like to be able to talk to someone straight away, with knowledge and who can arrange an appointment for them.
- they would like us to make good use of technology i.e., to receive confirmation of their appointment by text message, have websites to access for support, plus online forums.
- they would like local ongoing support through use of youth centres and local drop-in sites.

A whole system agreement was reached that a new approach to children, young people and young adults' mental health and wellbeing in Kent was urgently needed.

5. How the Plan has been developed

Development of the Transformation Plan has been driven by a real desire to engage with and listen to the views of children, young people, families and professionals of all backgrounds. Over 650 contributions have been received since June 2014 via a range of online surveys, workshops, and engagement events. The amount of interest and quality of responses given by such a wide cross-section of the local population and workforce underline the importance of this agenda, both at a strategic level and in the everyday experience of families in Kent.

A wide range of strategic and local engagement has been maintained throughout the past two years, including partnership with a range of multi-agency forums, including Kent Health and Wellbeing Board, Children's Health and Wellbeing Board, Health and Social Care Cabinet Committee, Clinical Commissioning Groups, Mental Health Action Group Chairs, local Health and Wellbeing Boards, patient involvement forums, and Children's Operational Groups.

It is important to stress that we have been working collaboratively on the issue of mental health and wellbeing for children, young people and young adults for some time. We have produced robust documents which provide the strategic framework for us to operate which are included in the Appendix of this Plan. These documents demonstrate the significant foundations we have built in Kent to be ready for long-term and sustainable Transformation.

6. Whole System Model for Transformation

A description of the original commitments from December 2015 version of the plan

In order to deliver the Kent Transformation Plan, all key partners have agreed responsibility for their parts of the system and so, accordingly, are using their own resource to implement long-term and sustainable change. For example, KCC are investing in mental health provision realising that in doing so they will impact on the pressure that has previously been a 'Health' concern for specialist services. KCC are doing this within the framework of the Transformation Plan and, by doing so, more children, young people, young adults and partner agencies will benefit.

The Whole System Model illustrates how schools, local communities and specialist services will work in a more integrated way, and how emotional wellbeing will be promoted and embedded in all aspects of the model which will include a multi-agency communications strategy.

- There will be a Single Point of Access / triage pathway model across emotional wellbeing, early intervention and mental health services.

- There will be an increased availability of consultation from trained mental health practitioners to schools, Universal settings and other partners.

- A 'whole family' protocol will be developed, defining how parents and carers will be involved and identifying and responding to the wider needs of the family within assessments of the child's emotional wellbeing. The system will adopt a 'think family' approach.

- Children will be kept safe via the effective implementation of multi-agency tools and protocols that identify children and young people who have been affected by Child Sexual Exploitation (CSE), and they will get rapid access to specialist post-abuse support.

- There will be a clearly defined 'step down' pathway, with partnership agreement in place between services, to ensure that following an intervention, progress can continue to be sustained within Early Help or Universal services, supported by specialist consultation where needed.

- There will be targeted outreach and assessment of mental health needs for the most vulnerable groups, including children in care and young offenders for whom the greater majority (60 – 70%) will have a diagnosable mental health disorder and/or speech, language and communication needs (which can present as behavioural difficulties and be misdiagnosed).

- There will be clear pathways for assessment and treatment of children and young people with neurodevelopmental difficulties (including ASC and ADHD) to ensure that they (and their families) can access support within the community. This will include a strategic multi-agency approach to deliver the Winterbourne View Concordat for disabled children and young people with an ASC with a learning disability / mental health need and challenging behaviour.

- There will be an improvement in the provision of support for children and young people in a crisis by working across the system to prevent crisis happening where possible, meeting the needs of young people in urgent situations and supporting them to move towards recovery.

- There will be an increase in provision in Early Help and Preventative Service for children who have complex needs but may as yet be undiagnosed.

Universal: Universal settings, particularly schools, play a crucial role in supporting children and young people to be resilient and emotionally healthy, identifying children or young people who show early signs of difficulty, and knowing when and how to request additional support. Many schools in Kent place real emphasis on whole-school approaches to emotional wellbeing, and offer additional pastoral support, counselling, or therapeutic services. We will support these efforts and continue building capacity and skills, as well as knowledge of what is available locally and how to access it, among the children's workforce.

KCC will be commissioning new services to support the Whole System Model, which will support and enhance the provision of information, advice and guidance to schools and other Universal services, which build the effort across Kent to promote good emotional wellbeing and resilience in children, young people and their families. This will include the promotion of:

- Social marketing campaigns which deliver messages with the aim of improving young people's self-awareness of their own resilience and wellbeing.
- Development of the KCC website for both children and parents to ask questions on emotional health and wellbeing and links to relevant services.
- Support and promotion of the HeadStart programme and whole school approaches to curriculum and development of extra- curricular activities.
- Further development of the use of the Resilience Domains tool approach.
- The new model service model for School Public Health will build in capacity to support individual young people, and work to implement whole school approaches to emotional health.

Drawing on the work from Young Minds and Resilience Domains, HeadStart's 'place'-based toolkit will enable Universal services including schools and youth hubs to self-assess with their leadership teams, staff, young people and parents, and identify areas

for development. It will be based on the Public Health paper '*Promoting Children and Young People's Health and Wellbeing; A Whole School and College Approach'* which provides key actions which schools and colleges can take to ensure a whole school/college approach is embedded when promoting and supporting children and young people's emotional health and wellbeing. This paper uses the Ofsted framework and The National Institute for Health and Care Excellence (NICE) guidelines to emphasise the importance of comprehensive health and wellbeing promotion and support.

Early Help: The vast majority of children and young people will not need any additional support beyond the reach of Universal services – however, it is estimated that approximately 15% (34,000) in Kent will display a higher level of need. Many of these can be supported by KCC Early Help services, which seek to minimise the risks of problems occurring (particularly among at-risk groups) and to act quickly to improve outcomes where there are signs of difficulty.

Accordingly Early Help will be commissioning new mental health capacity worth £1.2 million within Early Help services. This will form part of the Whole System pathway designed to meet the emotional wellbeing and mental health needs of children and young people within the context their family. The services will be delivered by staff with relevant mental health skills and qualifications. Staff will be based:

- in KCC Early Help units;
- in mental health hubs; and
- within/attached to the KCC Early Help Triage, which will form the Single Point of Access (SPA) for mental health referrals.

Vulnerable groups: Some young people will remain at particularly high risk of emotional ill-health due to ongoing circumstances in their lives, including children in care, those with learning difficulties or disabilities, children of parents with mental health or substance misuse problems, and young carers. Of these groups, statistics indicate that, in Kent, we particularly need to secure more support for children in care/care leavers and young offenders. The recent Kent Joint Strategy Needs Assessment (JSNA) for children and young people's mental health found that:

- there are around 2,737 children in local authority care in Kent (almost half are from outside Kent). The majority of these children are aged 15-18 (above the national average). 60% of all children in care were boys although the proportion of girls is rising slightly. If applied to Kent's Looked-After Children (LAC), this totals 1,192 children (based on 2010 data) with some diagnosable mental health problem.
- in 2007 there were 250 children in residential care in Kent (ChiMat 2011). The percentage of children having a mental disorder in residential care is 72% indicating that 180 of these young people needed psychiatric support.

All Kent CCGs agreed to prioritise the mental health and wellbeing needs of a newly expanded population of Unaccompanied Asylum Seeking Children (UASC) by investing in mental health provision alongside the Initial Health Assessment function, so those who have experienced trauma, torture and significant stress can be directed to receive the appropriate interventions.

Specialist: These services exist to meet the needs of children, young people and young adults experiencing acute or prolonged periods of complex emotional, behavioural or relationship difficulties. Our local Needs Assessment in Kent suggests that we particularly need to place more focus on the following groups and provide earlier interventions:

- Presentation of self-harm at A&E among the 16-24 year old group so therefore we have invested across all 7 Kent CCGs in the early intervention Mind and Body evidence-based programme to identify young people with risky behaviour and to work with them to better manage this.
- The predicted high number of children with ASC, which is a particular problem in East Kent CCGs as a result of historic commissioning arrangements. Therefore, Kent CCGs invested funding to close the ASC gap and to manage the significant backlog and waiting lists.

"Early Help and Preventative Services (EHPS) are committed to support emotional health concerns in schools and community settings using family approaches and individual work. EHPS investment will make sure that we build capacity in schools, and other Universal settings will be supported to focus practice on the importance of resilience and the identification of early signs of distress. Our commitment will enable Child and Adolescent Mental Health Services (CAMHS) clinicians to work in community settings, alongside Early Help Units, to upskill other workers and deliver systemic interventions for children who have additional and complex needs but do not meet the threshold for CAMHS psychiatric services. Recognising that many emotional wellbeing issues are present within families and affect family dynamics, these workers will take a whole family approach to improving the child's outcomes.

This alignment with CAMHS commissioning enables us to develop one model across Public Health, CCGs, Social Care and EHPS and will place responsibilities on providers to ensure that no child is left unsupported at whatever level of need they have, regardless of their legal status. This new proposal confirms Emotional Health and Wellbeing as 'everybody's business' and this transformative work is an exciting and innovative partnership approach to systems re-designs."

Florence Kroll
Director of Early Help and Preventative Services, Kent County Council Sept 2015

7. Highlights of progress since December 2015

Kent CCGs have been working closely together and with the wider partnership, in particular the Local Authority, to coordinate their efforts to implement the key elements stated in the published plan to deliver long-term and sustainable change.

As the governance structure denotes in Section 10, each CCG area in Kent (East, North and West) has a Local Implementation and Delivery Project Team. These oversaw the stated programmes of work for 2015/16 and are overseeing work in 2016/17. Each group has carefully monitored the performance of all projects, to ensure that they are delivering to their specifications, to understand outcomes and to begin to assess whether they have delivered/will deliver the long term change required by Transformation. The progress has been brought together at the county-wide Transformation Oversight Board. To reflect the essential requirement for partnership in Transformation, the Board is chaired by the Head of Commissioning for Mental Health and Children at West Kent CCG and the Consultant in Public Health with a lead for Child Health from KCC. The Board reports to the Kent Health and Wellbeing Board.

The Board quickly identified that, in Kent, the key to achieving long term, whole system sustainable change was to explore the totality of the opportunities presented by not only the Transformation Plan and its implementation but the other strands of work related to children's mental health occurring in Kent at the same time. Those strands were:

- The re-procurement of the CAMHS service including the development of the Single Point of Access
- The re-procurement of the School Public Health Service (school nursing) with an enhanced Universal emotional wellbeing offer alongside a school embedded Tier 2 service
- HeadStart Kent, a Big Lottery funded programme in Kent for £10 million pounds over 5 years to explore new ways of increasing resilience and emotional wellbeing

The Transformation Oversight Board held a workshop for key partners in August 2016, which was attended by over 30 people from across the system. This workshop explored the relationships and overlapping themes of the different programmes and provided key links between the programmes and emphasised where going forward Transformation funding could be used to greatest impact. The findings from this workshop have informed the detail of the refreshed Transformation Plan moving forward, and highlighted the need for coordination across the different programmes to ensure that maximum benefit is achieved across the whole system. This will be implemented through an oversight function across all the programmes related to Children and Young People's mental health.

8. Initiatives delivered in 2016

During the 2015/16 financial year, Kent CCGs commissioned a series of projects with the aim of bringing innovative services and support to children, schools and families as well as the wider system. This section outlines the recent delivery of implementation plans for each health economy to deliver transformational change for children and young people's emotional and wellbeing services in Kent.

- **Reducing the commissioning gap for Autistic Spectrum Condition and Attention Deficit Hyperactivity Disorder**

  Due to the historic commissioning gap for neurodevelopmental assessment for children aged 8-11 years, East Kent CCGs agreed to fund additional provision, through an alternative provider (Psicon), to reduce both the waiting list and to allow provision for new referrals in 2015/16 in line with the proposed procurement timetable for CAMHS and the neurodevelopmental pathway.

  East and North Kent commissioned Expert Parent Carer Programme workshops to support parents/carers of children and young people with conditions including ASC and ADHD. Central to the Expert Training Programme is a 4-hour training session delivered by experienced parent trainers that develops parents' knowledge and confidence when dealing with the health system. The face-to-face training is supported by 3 e-learning modules that explain more about personal health budgets, how the NHS is structured, and how to constructively give feedback. Parents can also access a range of online resources including practical guides to working with health professionals and information on specific health conditions.

- **Waiting time initiatives**

  West Kent has experienced longs waiting times for the CAHMS service and in 2015/16 there were 459 children and young people on the waiting list, with the average wait being 14.5 weeks. Over the past two years there has been investment with the current CAHMS provider to sustainably reduce these waits and ensure children and young people are supported by the right professional in a timely manner. The current waiting list is 134 with the average waiting time 5 weeks. West Kent is now investing in reducing waiting times for ASD. There were 201 on the waiting list for ASD in 2015/16 (with an average wait of 166 weeks). Currently there are now 120 on the waiting list for ASD, with the longest waiting time being 28 weeks.

- **NHSE Health and Justice – Thanet Youth Taskforce**

  Thanet CCG have been successful in a bid to NHSE Health and Justice for a project that works with young people and young adults (14 to 21 years) who are at risk or have offended and have a mental health need. The project is delivered through an integrated team made up of a number of specialisms and will use innovative data analytics to identify young people and young

adults most at need. The innovative project has already attracted interest from a number of wider agencies with increasing interest in match-funding the model.

- **Children and Young People's Improving Access to Psychological Therapies (CYP IAPT)**

  All eight Kent and Medway CCGs have formed a Kent and Medway partnership under the London and South-East Collaborative for children and young people's IAPT. We are committed to the principles of collaboration and participation, evidence-based practice and routine outcome monitoring. The current CAMHS provider and a voluntary provider have joined the partnership and have identified staff for the NHSE funded training due to start between November 2016 and January 2017. Further providers will be contacted during the year for inclusion in the 2017/18 cohort. CCGs have committed to allocating Transformation funding to children and young people's IAPT going forward to ensure providers have trained staff within their teams and are working to the children and young people's IAPT principles.

- **The 'Good Mental Health' campaign**

  All eight Kent and Medway CCGs commissioned a county-wide campaign to promote 'Good Mental Health' and raise awareness of issues surrounding mental health and wellbeing for children and young people, with a particular focus on the secondary school age group and parents/carers. This included: delivery of a guide to all homes in Kent and Medway; a two-week radio campaign; a website to signpost users to existing services; an interactive stand with a 360º video promoting good mental health that visited four shopping centres/leisure sites. In the 2016/17 academic year, thirteen schools across the county will receive a visit from the interactive stand. In addition to over 750,000 homes receiving a copy of the guide, nearly 800 people visited the stand at the four events. To measure the campaign's impact, visitors were asked to complete a short survey which included questions around what they had learnt. Feedback about the campaign was mostly very positive, with many parents providing anecdotal feedback at the stand about how it had enabled them to discuss mental health with their children. Survey results also showed that people had learnt ways to keep mentally healthy.

- **Reducing anxiety of attending appointments**

  East, North and West Kent CCGs commissioned the current CAMHS provider to produce a series of virtual tours of CAMHS clinics to assist in reducing the number of children and young people not attending appointments. The tours were designed to help improve the experience of children, young people and families referred to their services by giving them an opportunity to look online at the clinic they would be visiting before their first appointment which could help reduce anxiety and stress.

- **Prevention and early intervention programmes**

  East, North and West Kent commissioned the Mind and Body programme, recognising the challenge and need to support schemes to get young people who self-harm early access to services in their communities with properly trained teams, making hospital admission a last resort. The programme was presented at school assemblies where children and young people were invited to complete a screening questionnaire to identify those at risk of self-harm or other risk-taking behaviours. Those identified as suitable for the programme were invited to take part in one-to-one and group sessions. Afterwards, children and young people complete a follow-up questionnaire as well as a further two group sessions, to measure the effectiveness of the programme. Outcomes from the first cohort of students will be available in October 2016.

  Canterbury and Coastal CCG commissioned a training session run by selfharm.co.uk for mentors working in local secondary schools. It provided an understanding of key steps to help young people reduce self-harm, looked at alternative coping strategies, and provided a good knowledge of physical and emotional indicators of self-harm.

  Thanet and West Kent CCGs commissioned Place2Be to work with primary school communities in improving the mental health of children and families. Place2Be's service included: one-to-one counselling for children with the most urgent needs; a lunchtime self-referral service available to all children; group work with children in areas such as bullying, self-esteem and supporting transition from primary to secondary school; support for parents/carers; and, support for teaching staff.

- **Young Healthy Minds**

  DGS CCG has commissioned the 'Incredible!' programme from Young Healthy Minds to provide additional support to children and young people and families with Autistic Spectrum Condition (ASC). The programme is aimed at children aged 4 – 12 who have been diagnosed with, or are suspected of having, an ASC and for their parents, to assist them to support their child. There are two programmes within the project, the 'Incredible Me' (for the child) and 'Incredible Years' (for the family) which run in parallel. There are 8 Incredible Me sessions for 18 children and 3 Incredible Years programmes of 12 sessions for up to 36 parents/carers of the Incredible Me participants. There will also be a Family Event including all those engaged in both programmes to Forest School or Farm to encourage development of support network, modelling of good practice and celebration of achievement ceremony.

- **Unaccompanied Asylum Seeking Children (UASC)**

  All Kent CCGs commissioned Sussex Partnership NHS Foundation Trust (SPFT) to develop a pilot scheme to implement a clinical and holistic network approach to an identified cohort of Unaccompanied Asylum Seeking Children (UASC). The proposed network promotes resilience and prevents escalation of mental health concerns through early interventions delivered by people known to the child. It has improved access to the right support at the right time, and supports clinicians to give appropriate care for this vulnerable group of children. It will also develop a competent workforce. The project has been well received, with some elements receiving national and even international acclaim. A link to the support website created as part of this project received over 4,000 retweets, and the project team were invited to attend a meeting about UASC at The House of Lords.

- **The HeadStart Kent Project**

  The HeadStart Kent Project (see Appendix 25) aims to build young people's emotional resilience by equipping them to deal with difficult circumstances in their lives and improve their wellbeing and mental health. Over the last two years as part of a pilot project, HeadStart Kent has been working to promote early support through young people's experiences at school, in their local community, in their relationship with family members at home and their interaction with digital technology. This learning has influenced the thinking around the whole CAMHS system within Kent. The mission of HeadStart Kent is that "by 2020 Kent young people and their families will have improved resilience, by developing their knowledge and lifelong skills to maximise their own and their peers' emotional health and wellbeing; so as to navigate their way to support when needed in ways which work for them." HeadStart Kent will focus on building a sustainable system where every young person in Kent will be able to have their say with confidence.

- **Early intervention in psychosis**

  The County-wide planning group for EIP includes membership from NHS England. This is working towards 100% compliance for both access and NICE recommended treatment to deliver a full age-range service for both children and adults who experience their first episode in psychosis.

- **Commissioning of a future child and adolescent mental health service**

  Across Kent there has been system wide leadership and ownership as well as local level collaboration with children, young people and their families. Furthermore there has been extensive engagement with Local and National children and young people mental health providers and CCG, KCC and Public Health commissioners during the competitive dialogue stage of the Kent Emotional Wellbeing and Mental Health Services procurement. KCC are leading the procurement of services being commissioned by the CCGs and Public Health. The new service will mobilise 1 September 2017. We are committed to transforming the care provided across Kent including the

commissioning of a range and choice of high quality, evidence-based treatments and interventions (from prevention, early intervention and crisis); collaborative practice with children, young people and families and involving schools; the use of evidence-based interventions to build resilience; and regular feedback of outcome monitoring to children, young people and families. This includes the commissioning of:

- a Single Point of Access (SPA) with 'no wrong door', clear accountability for the service user, effective signposting to the statutory and voluntary sectors,
- the use of digital innovations where appropriate
- the delivery of locally accessible early interventions (through a stepped model of intervention less intensive treatment is initially provided then more intensive treatment if required - including embedding the principles children and young people's IAPT),
- children, young people and families being fully involved in the service user's care and in the development of local services,
- successful transitions between services
- addressing the needs of the most vulnerable
- outcome focused services at an individual and system level
- services which enable children and young people to access effective services in a timely manner

- **Children and Young People's Eating Disorder Service including procurement**

  Over the past year specific ED training to Universal services, schools and 3rd sector organisations has been delivered. This has been well received by all organisations. Bespoke training for GPs has been offered county-wide. EDS staff have completed radically open dialectical behavioural therapy and cognitive restructuring training. This will enable staff within the ED specific clinics to treat young people with chronic eating difficulties and co-morbid mental health difficulties. Services have been mobilised towards focusing on delivery of the access to waiting time standards. A clinical governance group for ED clinics within the CAMHS service has been established. In this group staff share best practice, review services and are working towards standardising services across Kent ensuring parity. New equipment such as appropriate scales and monitoring equipment has been purchased meaning that ED clinics in the hubs can monitor young people effectively. Resources including books are now available for families to borrow.

  Over the following months children and young people's eating disorder services will further increase their capacity to work towards achieving the access standards including increasing the provision of systemic therapy. This will include investment in assistant psychologists to focus on evaluating clinical outcomes and patient experience.

East and North Kent CCGs have commissioned a psychoeducational therapeutic intervention strategy for children and young people with eating disorders in recognition of the challenge of supporting young people with eating disorders. This enabled them to access services in their communities early with properly trained teams, making hospital admission a last resort. CCGs recognised the need to extend access to talking therapies so that children and young people have a treatment plan agreed with their therapist and monitored and recorded outcomes. The commissioned programme offers Cognitive Behaviour Therapy (CBTe) sessions to aid recovery, build resilience, and help children and young people live their lives to the full. Facilitated peer support groups for parents/carers of children and young people with eating disorders offer a psychoeducational approach to lessen the adverse impact eating disorders have on families. Awareness training for school counsellors and teaching assistants has been developed, including a training video.

Following extensive patient, GP and family engagement across Kent and Medway, the business case for the procurement of an all-age specialist eating disorder service has been approved by each Kent and Medway CCG. This will be funded using monies within existing services and monies from NHS England for children and young people's eating disorder services. A service specification consultation event has taken place, involving local and national providers of eating disorder services. The new service will mobilise on 1 September 2017 and delivery of this new service will:

- involve service users and their families in the development of a personalised care plan
- reduce barriers regarding transitions from children and young people to adult services
- provide locally accessible early specialist intervention which promotes recovery and prevents crisis (including embedding the principles of IAPT)
- reduce relapse through the agreement of a contingency plan identifying risk factors, warning signs and actions to be taken in the event of any difficulty occurring after the discharge
- utilise digital innovations including online therapy where appropriate
- increase systemic therapy, recognising the importance of the wider family
- ensure children, young people and adults access high quality NICE concordant treatment within a timely manner (adhering to the national access standards)
- deliver outcome focused services at an individual and system level

- **Crisis care**

  The Kent and Medway Mental Health Crisis Care Concordat (MHCCC) has developed a range of initiatives to improve outcomes for people including children and young people experiencing mental health crisis. The multi-agency framework is delivering Kent and Medway MHCCC plans through a partnership approach. Membership of the Crisis Care Concordat includes Health and Justice Commissioners. This area of work is being addressed by use of existing and planned commissioning intentions and service delivery arrangements and through new partnership arrangements within Crisis Concordat focus working groups. The key focus areas for children and young people are plans for a designated children's MH S136 Place of Safety, development of all-age 24/7 acute liaison psychiatry service through the current children and young people MH procurement exercise and the continued delivery of a 24/7 home treatment team. These plans mean that children and young people will continue to be supported in the following key areas:

  - Access to support before crisis point
  - Urgent and emergency access to crisis care
  - Quality of treatment and care when in crisis
  - Recovery and staying well/preventing future crisis
  - Developing a local integrated pathway for children and young people requiring beds that includes plans to support crisis, admission prevention and support appropriate, safe discharge
  - Developing local integrated pathways including transitioning in or out of secure settings, Sexual Assault Referral Centres and liaison and diversion

  The A&E liaison service has seen 960 young people over 8 months across Kent and Medway. Children and young people receive a responsive service and currently on average 48% of young people are seen within 2 hours. Verbal feedback from staff in hospital, parents/carers and young people has been very positive in consideration that they appreciate the quick response. Providers and commissioners are working together to review the pilots which have been delivered over the past year and to consider how the needs of children and young people can be most appropriately met and how we work towards treatment being provided within 4 hours 24/7.

  The team is integrated within the home treatment team and this allows continuity of care for young people who are in crisis. The team has developed good links with the acute trusts, with all Tier 3 hubs and other services such as social services. The service is considering more qualitative measures to assure quality of the service.

9. Transformation Implementation for 2016/17 onwards

In the 2015 version of this document, we had an 'implementation plan' section where we described what the areas of focus would be. In this iteration of the document, we are able to give more detail and information about what we will focus on and how we intend to deliver against our commitments.

We have themed this section to best describe how we will implement the Transformation Plan for 2016/17 and onwards. Our headline themes are:

- Early Intervention and Prevention
- Vulnerable Groups
- Eating Disorder Service
- Neurodevelopment
- Crisis Care
- Outcome Measurement

Early Intervention and Prevention

The needs assessment completed to support the development of the Kent-wide emotional health strategy and the re-procurement of the CAMHS services identified a number of issues, notably there was a large gap between the need and capacity of services to deliver interventions for children and young people with mild to moderate mental health needs (Tier 2). Therefore, when considering funding across the whole system to provide sustainable Transformation, there is a strong case to commit funding to services focused on prevention and early intervention.

We know:

- the majority of lifetime mental illness develops before adulthood; therefore preventative action targeted at younger people can generate greater personal, social and economic benefits than intervention at any other time throughout life
- the risk and protective factors for mental illness and where to target interventions in Kent

- there is good evidence for interventions to mental health disorders developing and intervening early before issues escalate
- there is good evidence for the economic benefits for prevention and early intervention in terms of costs for the individual and of services in the longer term

CCG level of investment	Ashford	Canterbury & Coastal	DGS	South Kent Coast	Swale	Thanet	West Kent
2016/17 – Mind and Body Programme (reducing risk taking behaviours including self-harm, delivered in schools)	1 worker	1 worker	2 workers	1 worker	1 worker	1 worker	3 workers
System-wide investment or support in addition to Transformation Funding:	• £880,000 from KCC Public Health for Tier 2 School Based services (Kent wide) • £5 million per year for School Public Health Service including support for emotional and mental wellbeing (Kent wide) • £10 million over 5 years from Big Lottery for HeadStart Kent, development programme to increase resilience and emotional wellbeing (Kent wide)						
2015/16 Baseline	600 - 700 young people received Mind and Body programme 1850 accessing Tier 2 services Kent Wide (predecessor service)						
Standards	Access, waiting times and outcomes						

Early Intervention and Prevention: Implementation Plan				
Start Year	**Target and/or KPI**	**How**	**Investment Source**	**Lead agency**
2016/17	**KPI** - Engage between 600 -700 young people in programme to target those at risk or identified as engaging in self-harming behaviour – **Achieved**	Invest in Mind and Body programme to target those at risk or identified as engaging in self-harming	**Transformation Funding:** 10 term-time only members of staff to deliver the programme (equivalent of 1 per CCG or	East Kent CCGs

Early Intervention and Prevention: Implementation Plan				
Start Year	**Target and/or KPI**	**How**	**Investment Source**	**Lead agency**
	KPI - Reduce the number of children considering/engaging in self-harming behaviour – **Evidence indicates reduction is being achieved** **KPI** - Increase in the emotional wellbeing of those children identified as at risk or engaging in self-harming behaviour – **Evidence from young people indicates increase**	behaviour. Working in and with schools to support targeted interventions with at risk groups of young people	large town area)	
2016/17	**KPI** – Test new methods to support young people with mental health needs including anxiety, low mood, phobias, panic disorder, obsessive compulsive disorder	Commissioning of specialist provider to pilot an internet platform to provide online therapy for young people and their families	**Transformation Funding:** from Thanet and Canterbury & Coastal CCGs to pilot project **Match Funding:** from the identified provider	East Kent CCGs
2016/17	**KPI** - Engage with the principles of the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) to provide whole service Transformation	Set up of a Kent and Medway Partnership with mental health providers who will undertake training	**NHS England:** Through backfill of staff attending training	Kent CCGs
2016/17 onwards	**KPI –** Implement resilience and emotional wellbeing programmes across Kent	Delivery of HeadStart programmes across Kent for 5 years	**National Lottery:** £10 million funding for the Kent HeadStart Programme	KCC Early Help
2017/18	**KPI** - Provide Tier 2 early interventions for approximately 1,400 – 2,200 children and young people per year across Kent to prevent the escalation of emotional and mental health issues	Incorporate 2016/17 investment into the commissioning of Tier 2 early intervention emotional health and	**Public Health:** using investment through recommissioning of new services	KCC Public Health

Early Intervention and Prevention: Implementation Plan				
Start Year	**Target and/or KPI**	**How**	**Investment Source**	**Lead agency**
	KPI - Increase in emotional wellbeing score for those children and young people receiving Tier 2 intervention	wellbeing service embedded in schools	**Transformation Funding:** New investment to close the gap between needs and capacity	
2017/18	**KPI** - Increase in the emotional wellbeing of those children and young people receiving Tier 1 intervention **KPI** - Number of schools receiving support to improve social and emotional health through a whole school approach	Commissioning of whole school support and Tier 1 interventions for emotional and mental health through School Public Health Service	**Public Health:** £5 million for whole School Public Health Service commissioning	KCC Public Health
2017/18	**KPI** - Develop a Single Point of Access to emotional wellbeing and mental health services to better ensure the best help at the earliest point	Commission Single Point of Access for emotional and mental health across Kent as part of the procurement of the new specialist mental health service	**CCG Investment:** Through CAMHS recommission	Kent CCGs

Vulnerable Groups

Vulnerable groups include Looked After Children (LAC) and care leavers, Unaccompanied Asylum Seeking Children (UASC), missing children, those who have offended or are at risk of offending, gang affected children and young people, and those at risk of Child Sexual Exploitation (CSE). The prevalence of mental health needs is generally greater in vulnerable groups, and so CCGs and partners are working to improve their outcomes through a variety of initiatives.

CCG level of investment	Ashford	Canterbury & Coastal	DGS	South Kent Coast	Swale	Thanet	West Kent
2015 to 2017 – Unaccompanied Asylum Seeking Children (UASC) Action Research Project	£200,000 over 2 years						
2016/17 – Thanet Youth Taskforce NHSE Health and Justice Funding	-	-	-	-	-	£222,000	-
System-wide investment or support in addition to Transformation Funding:	Kent County Council investment into CAMHS Children in Care service – annual £1 million						
2015/16 Baseline	No specific mental health screening for UASC upon entry into Kent						

Vulnerable Groups: Implementation Plan				
Start Year	**Target and/or KPI**	**How**	**Investment Source**	**Lead agency**
2016/17	**Unaccompanied Asylum Seeking Children** (UASC): Design and deliver an action research project to better understand the mental health needs of the population and develop tools/packages to support those identified needs **KPI** - 60% of Initial Health Assessments to include screening for mental health problems and provide support as needed – **Achieved and exceeded** Provide health input into Public Health's	Develop a governance framework from which screening, assessment and supervision takes place. Identify and train staff to use a screening tool to recognise significant distress that requires further assessment and support, as well as enhancing clinicians' competencies that enable staff to be	**Transformation Funding:** Investment from all Kent CCGs in 2015/16 and 2016/17	East Kent CCGs

Vulnerable Groups: Implementation Plan				
Start Year	**Target and/or KPI**	**How**	**Investment Source**	**Lead agency**
	UASC Health Needs Assessment **KPI -** UASC Health Needs Assessment is published – Achieved and accessible through www.uaschealth.org – **Achieved**	trained and skilled in managing the emotional health and wellbeing requirements Provide Public Health with all intelligence and findings as a result of the project's research		
2016/17	Share knowledge and experience learnt as a result of the project, and provide support to wider health professionals	Development and launch of www.uaschealth.org that includes videos, translated materials and clinical guidance for a range of health practitioners	**NHSE South East:** Additional funding to support the development of training and website to share learning	East Kent CCGs
2016/17 and 2017/18	**Thanet Youth Taskforce**: From November 2016, begin implementation of a new integrated model of support for young people aged 14 to 21 who have offended or are at risk of offending, have a mental health need and at least one more vulnerability such as LAC, frequent missing episodes, gang affiliated or substance misuse. The model will use a child, family and community based approach to build resilience and protective factors	Mobilisation of Thanet Youth Taskforce project including setting up a steering group will lead in developing a robust evaluation framework which will build a local evidence-base and demonstrate impact of the project Develop and implement an integrated model and	**NHSE Health and Justice Funding:** Through centrally held Transformation budget	Thanet CCG

Vulnerable Groups: Implementation Plan				
Start Year	**Target and/or KPI**	**How**	**Investment Source**	**Lead agency**
		approach to identifying and supporting Thanet's most vulnerable young people		
2016/17 to 2017/18	**2016/17**: Identification of initiatives to support and test models of transformative delivery for vulnerable groups **2017/18**: Delivery of identified project	Kent CCGs to work together with KCC and Public Health to review current levels of emerging needs and identify evidence-based programmes to test within East Kent focussing on long-term transformation of services and children's lives.	**Transformation Funding:** Level of investment to be identified based on outcome of needs data	Kent CCGs

Eating Disorder Service

Over the following months, children and young people's eating disorder services will further increase their capacity to work towards achieving the access standards including increasing the provision of systemic therapy. This will include investment in assistant psychologists to focus on evaluating clinical outcomes and patient experience.

CCG level of investment	Ashford	Canterbury & Coastal	DGS	South Kent Coast	Swale	Thanet	West Kent
Transformation Allocation 2016/17	£800,000						
2015/16 Baseline	In 2015, the main children and young people's mental health provider reported that their eating disorder clinics received approximately 150 referrals of young people with a suspected eating disorder.						
Standards	The Access and Waiting Time Standard for Children and Young People with Eating Disorders states that National Institute for Health and Care Excellence (NICE) concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases.						

Eating Disorder Service : Implementation Plan				
Start Year	**Target and/or KPI**	**How**	**Investment Source**	**Lead agency**
2015/16	To work towards the access standard of NICE concordant treatment starting within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases	Invest in additional capacity of the current eating disorder services	**Transformation Funding**	West Kent CCGs
2016/17	To work towards the access standard of NICE concordant treatment starting within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases	Invest in additional capacity of the current eating disorder services and commission a new EDS with additional capacity	**Transformation Funding**	West Kent CCGs

Neurodevelopment (ASC/ADHD)

Kent CCGs areas have experienced significant demand for assessments for both conditions which has been exacerbated by a long-standing commissioning gap for 8 to 11 year olds. Transformation for children, young people and young adults will mean working through the significant waiting lists and developing interventions to better manage needs earlier in the pathway. The Transformation agenda for these conditions is about streamlining the pathway from Universal to Specialist services and extending the age range to 21.

CCG level of investment	**Ashford**	**Canterbury & Coastal**	**DGS**	**South Kent Coast**	**Swale**	**Thanet**	**West Kent**
Transformation Investment 2016/17	In excess of £870,000 (predominantly East Kent CCGs)						
System-wide investment or support in addition to Transformation Funding:	Parenting programmes through Kent County Council, investment into Local Inclusion Forum Teams within schools, development of autism strategy and core offer through Kent County Council						
2015/16 Baseline	East Kent waits of over 52 weeks for assessment for both conditions West Kent average wait 166 weeks						

Neurodevelopment : Implementation Plan				
Start Year	**Target and/or KPI**	**How**	**Investment Source**	**Lead agency**
2016/17	Support parents and carers of children waiting for a diagnosis of ADHD or ASC, or seeking post-diagnosis support **KPI:** 90% positive feedback received on Expert Parent Carer Programme workshops - **Achieved**	Delivery of Expert Parent Carer Programme across East and North Kent CCGs	**Transformation Funding**	East and North Kent CCGs

Neurodevelopment : Implementation Plan				
2016/17	Provide ADHD and ASC assessments for 8 to 11 year olds **KPI:** reduce backlog for assessment to six months from date of referral	Investment in additional diagnosis capacity to work through the legacy cases and new referrals	**Transformation Funding:** EK CCGs investment of £833,000	East Kent CCGs
2016/17	Reduce waiting times for ASD There were 201 on the waiting list for ASD in 2015/16 (with an average wait of 166 weeks). Currently there are now 120 on the waiting list for ASD, with the longest waiting time being 28 weeks	Investment in additional capacity in the current CAMHS service	**Transformation Funding:** £30,000 Transformation funding in West Kent	West Kent CCG
2016/17	Understand the reason for increase in referrals, and support families while on the waiting list and post-diagnosis	Short-term focussed project to understand the current issues in East Kent and make recommendations for managing expectations and waiting lists	**Match Funding:** Existing resource allocated in East Kent	East Kent CCGs
2016/17	Provide information to families on the waiting list for an assessment, and signpost to support networks	Linking with KCCs work on the Core Offer to develop joint information and coordinated support for families	**Match Funding:** Existing resource allocated	EK Children's Commissioning Support Team
2017/18	Develop and implement a Single Point of Access to emotional wellbeing and mental health services to better ensure the best help at the earliest point	Discussions around how to implement this will take place during the Competitive Dialogue stage of CAMHS procurement process	**CAMHS Resource:** CAMHS procurement and contract	Kent CCGs / Kent County Council

Neurodevelopment : Implementation Plan				
2017/18	Close the commissioning gap for 8 to 11 year olds	Commissioning of new CAMHS contract moving towards an under 21 pathway to manage specialist resources	**Transformation Funding:** TBC **Existing Investment:** For 0 to 7 and 12 to 21 years	East Kent CCGs
2017/18	Provide early intervention and pathway support	Develop whole system approach from Universal to specialist services to help support children and families and manage demand	TBC	East Kent CCGs

Crisis Care

During 2016 the A&E liaison service has seen **960 young people over 8 months** across Kent and Medway. CYP receive a responsive service and currently on average 48% of young people are seen within 2 hours. Verbal feedback from staff in hospital, parents/carers and young people has been **very positive** in consideration that they appreciate the quick response. Providers and commissioners are working together to review the pilots which have been delivered over the past year and to consider how the needs of CYP can be most appropriately met and that we work towards treatment being provided within 4 hours 24/7.

The team is **integrated within the home treatment team** and this allows **continuity of care** for young people who are in crisis. The team has developed good links with the acute trusts, with all Tier 3 hubs and other services such as social services. The service is considering more **qualitative measures to assure quality** of the service.

CCG level of investment	Ashford	Canterbury & Coastal	DGS	South Kent Coast	Swale	Thanet	West Kent
Transformation Investment 2016/17	£569,994						
Standards Kent is working towards;	Every area provides 24/7 crisis resolution and home treatment teams to provide treatment within four hours; and Every A&E has acute liaison psychiatric services and 50 per cent should be able to make those services available 24/7						
2015/16 Baseline	106 children and young people accessed the service between 28 December 2015 (start date) and 31 January 2016. 86 out of 106 children and young people were seen in under 4 hours (91%)						

Crisis Care : Implementation Plan				
Start Year	**Target and/or KPI**	**How**	**Investment Source**	**Lead agency**
2016/17	Development of all-age Liaison Psychiatry service	Invest in additional capacity to test different models to deliver the access standards	**Transformation Funding**	Kent CCGs
2016/17	To work towards the delivery of a 24/7 service which supports children and young people in crisis within 4 hours	Invest in additional capacity to evaluate different models of delivery and to work with the new provider to further develop models	**Transformation Funding**	Kent CCGs

Outcome Measurement

Measuring the outcomes of Transformation using health, social care and schools' data will support us to collectively understand where investment will achieve the greatest outcomes. Kent County Council Public Health are best placed to draw on different data systems and have built on their work with CORC (Child Outcomes Research Consortium), which is part of the Anna Freud Centre. They have worked on a national feasibility study linking education and CAMHS data and are now working with CORC to identify the most effective outcomes measures and indicators across education, health and social care. Furthermore a core dataset will be embedded across the system.

CCG level of investment	**Ashford**	**Canterbury & Coastal**	**DGS**	**South Kent Coast**	**Swale**	**Thanet**	**West Kent**
Transformation Investment 2016/17	£33,621 part-year effect						
System-wide investment or support in addition to Transformation Funding:	Match funding from KCC Public Health through the set-up and management arrangements						
2015/16 Baseline	No integrated dataset across health, social care and education on children and young people's mental health						

Outcome Measurement : Implementation Plan				
Start Year	**Target and/or KPI**	**How**	**Investment Source**	**Lead agency**
2016/17	Support the development of an integrated outcomes framework for the emotional and mental health system Embed a core dataset to the emotional and mental health system in Kent Report on a baseline measure for the emotional and mental health system at the point of award/ mobilisation Develop a reporting framework for the system of emotional and mental health services for children and young people in Kent Link person level data in Kent Integrated Dataset (KID) for Kids for research and evaluation	Engage expert review of the proposed outcomes framework and refine Agree suite of measurement tools, review and agree dataset Draft an audit framework and share with providers and commissioners for completion Draft a reporting framework for the emotional and mental health system at district and CCG level Progress the feasibility project linking CAMHS and KCC Risk data	**Transformation Funding:** Across all Kent CCGs	KCC Public Health
2017/18	Utilise the data and intelligence products to answer research questions and model system changes identified by the Transformation Oversight Board	To be confirmed	**Transformation Funding:** Across all Kent CCGs	KCC Public Health

10. Transformation Governance

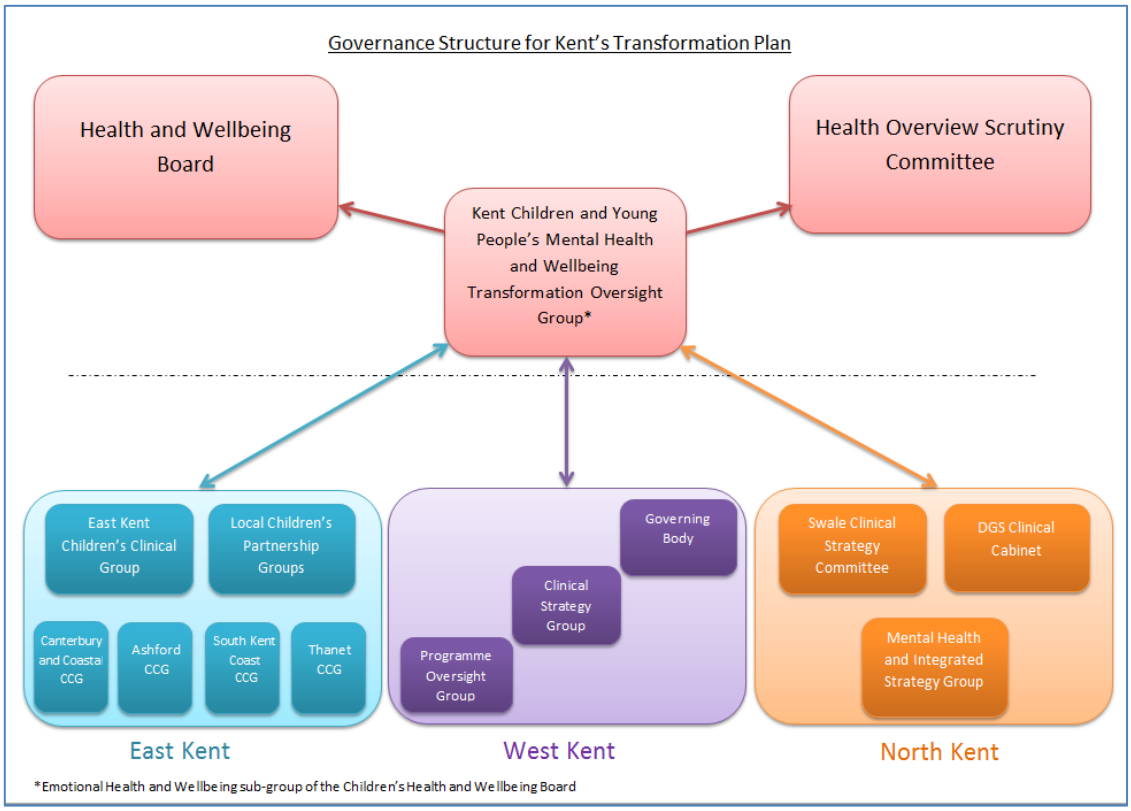

Figure 2

The Transformation Plan has been developed and revised though a range of partnership structures and governance arrangements to ensure whole system commitment and agreement. This has included regular reporting to both the Children's and Kent Health and Wellbeing Board, bespoke strategic summit events, Clinical Commissioning Group governance structures, HeadStart and KCC 0-25 Portfolio Board.

As the Transformation programme has developed we have constantly reviewed the governance arrangements. We are now within the procurement phase which is being executed within the overall governance structure of the collaborative commissioning programme and the contract procurement board reporting to the HWBB.

This process is being resourced by a multi-disciplinary team combining subject matter experts for commissioning, clinical quality and patient safety, financial management, patient experience, workforce, information governance systems and technology, and other resources as appropriate. The team will include representatives of patient groups.

Public Health is establishing a Research and Development Hub for children and young people's Emotional and Resilience Mental Health (see Figure 3 below for the proposed governance arrangements).

The aim of the Research and Development Hub in the Public Health Department is analytical capacity to provide intelligence to implement the Kent emotional health and wellbeing strategy and carry out surveillance of its impact and provide access to evidence-based approaches to build resilience in Universal settings.

This will bring together the HeadStart funded Resilience Hub, a portal which provides access to evidence-based training, whole school interventions and resources for children and young people, parents and carers with Transformation Fund funded analysts who will develop intelligence products for the emotional and mental health system, through the development of a system wide surveillance system, embedding a core dataset and flowing data into a person level pseudominised dataset. The Research and Development Hub will support the coordination of the transformation of children and young people's emotional health outcomes in Kent.

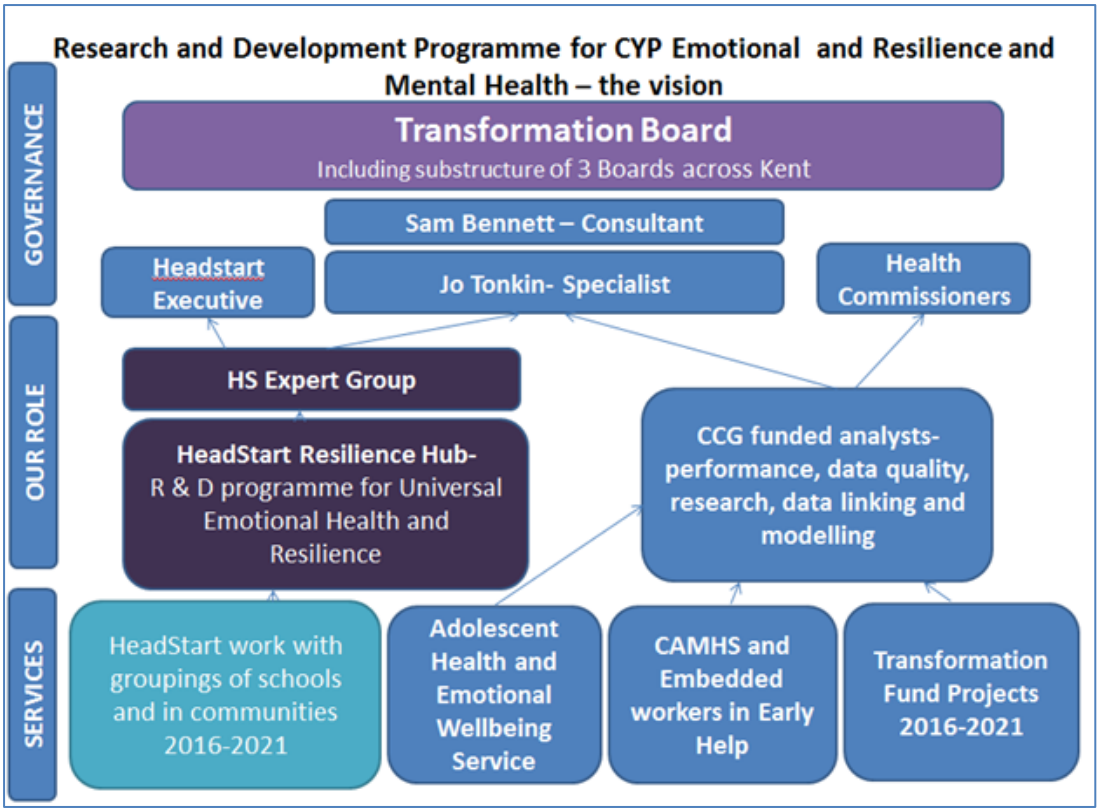

Figure 3

11. Finance and Investment

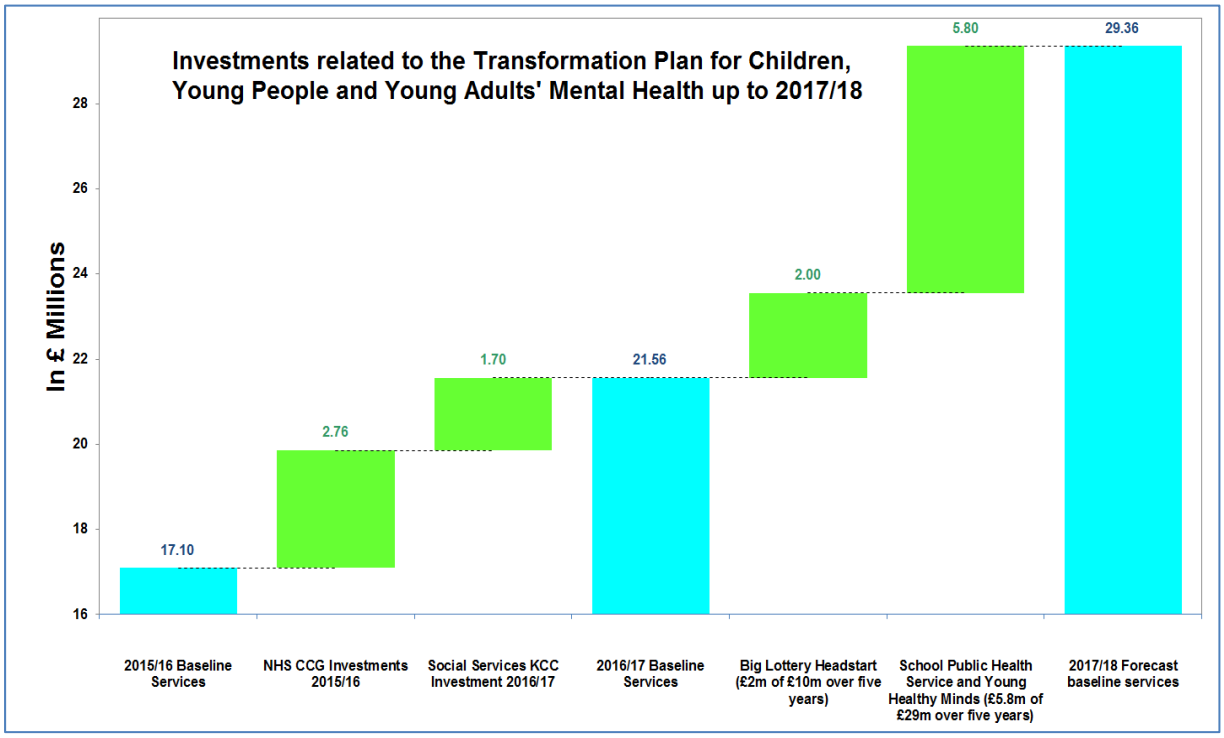

Figure 4

The health economy has residual investments of £17.10m. As part of the Future in Mind transformational plans the NHS has invested a further 2.76m and Kent County Council have invested a further 1.7m highlighted in the investment bridge chart above.

Looking forward the system continues to invest in in Children, Young People and Young Adult Mental Health with Headstart funding from the lottery of £2m per annum for five years, this will see new resource for Kent for supporting schools in promoting resilience and wellbeing, in reducing the stigma attached to ill mental health and providing guidance in how the curriculum can incorporate teaching about good mental health.

There is additional investment of £5.8m per annum as part of a 29m investment over five years that reconfigures the public health service in schools and continues the development of young health minds.

As part of the investment process, CCGs will maintain the quantum of the recurrent investments of £2.76m associated with transformational change but will review whether the current financial profile of investments for Crisis Care, Early Intervention and Prevention, Neuro Developmental and Perinatal care require redistributing to meet appropriate needs in 2017/18 going forwards.

The current dedicated financial envelope to deliver the new model is over £29m. This includes Health and Local Authority funding for the specialist services for children with significant mental health problems including those who are in Local Authority care and those who have been victims of child sexual exploitation. There will also be enhanced support, information and guidance offered to those services which work universally with children - for example children's centres, health visiting, schools and services for adolescents. This will be delivered through information about technology available, workforce development including training and regular information provided to services.

Kent is part of a national bid for Big Lottery funding for the HeadStart programme. This programme of work is already investing in research and pilot programmes both in Kent and nationally.

12. Communications

Communications and Engagement is an integral part of the Kent Clinical Commissioning Groups' commissioning approach. The CCGs and KCC seek every opportunity to involve local people in decisions, and ensure patients and carers from all areas and diverse communities are involved and listened to, to enable effective assessment and ensure services are in place to support children, young people and young adults.

The CCGs and KCC have developed infrastructure and processes for wide and deep engagement, and wide-ranging communications with its population. Since inception, the CCGs and KCC have carried out a range of initiatives to ensure that people's experiences, insights and feedback have informed their commissioning intentions and decisions, and to equip people to take decisions about their health care.

In September 2016 Kent undertook further engagement with service users and their families who have experience of targeted and/or specialist level mental health services for children and young people (ChYPs). Health and Social Care commissioners are committed to procuring a new service which responds to this invaluable feedback, including developing a set of service standards based on their expectations of an effective and responsive service. Below are the main themes which have emerged from these conversations and the feedback from the online survey (see Appendix 26 for further detail regarding each theme):

- Publicise the service and communication methods
- A range of ways to get in touch; use technology
- Positioning the publicity and partnership
- What if I change my mind?
- Have a clear system and communicate it well
- Extra support for me and my family while we are waiting
- Use technology
- Find out about what is right for me
- Talk to me about sharing information with relevant others
- Grow with me
- Support for me to trust my mental health workers
- Crisis support
- Let me give feedback in a range of ways
- Moving on
- Involvement in planning: in a time that's right for me
- Check-ups with someone I trust

Healthwatch Kent have recently undertaken further engagement Children and Adolescent Mental Health Services in Kent and below highlights the feedback that Healthwatch Kent have heard about experience of the wider mental health system.

- **Autistic Spectrum Disorder (ASD):** Difficulties and complications in getting an assessment for a clinical diagnosis or for mental health support for a child who already has a diagnosis of ASD
- **Waiting times for initial assessment appointments:** Waiting times for an initial assessment within specialist CAMHS services still remains a serious issue
- **Unclear referral process and criteria for CAMHS services:** Many people make numerous referrals before receiving an initial assessment appointment
- **Follow up appointments:** 'Poor' follow up including referrals to other agencies not coming to fruition, cancelled follow up appointments, and inconsistency in who young people are seeing
- **Poor communication:** Not being able to contact services on the phone and lengthy delays in follow up letters
- **Relationships with Staff:** Some staff could demonstrate more 'respect for their clients… be more polite… not dismissing people'
- **Keeping young people safe:** Would like more information about how to keep young people safe (whilst awaiting an assessment from CAMHS, or if they are not accepted by a CAMHS service but are still self-harming or suicidal)
- **Lack of information about alternative support services:** Need to improve the level of information available, both in terms of 'what is available' and 'signpost to other agencies that could be helpful'
- **Eating disorders:** Asking for 'standalone Kent eating disorder services accessed via GP, as going through CAMHS is a huge delay for very vulnerable young people
- **Transition to adult services:** We heard a consistent level of concern from Young People, Parents, Carers and Professionals about this transition with people finding it 'slow', 'unstructured', 'challenging' and 'fearful'

We welcome these local patient views regarding our local children and young people's mental health and wellbeing services and recognise these reflect the national feedback from similar services. We are confident that through our programme we are addressing the feedback and will continue to engage with children and young people, their families and organisations including Healthwatch to improve the quality, responsiveness and effectiveness of the services across Kent.

Annex 1: Local Transformation Plans for Children and Young People's Mental Health

Please use this template to provide a high level summary of your Local Transformation Plan and submit it together with your detailed Plan (see paragraph 5.1.4)

Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan? (Please identify the lead accountable commissioning body for children and young people's mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with local authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)
Contact Details: West Kent: Dave Holman dave.holman@nhs.net North Kent: Naomi Hamilton naomihamilton@nhs.net East Kent: Sue Mullin suemullin@nhs.net Transformation Development and Delivery includes: • 7 x Kent CCGs • Kent County Council • Representatives from 12 x district councils • Partners on Health Overview and Scrutiny Committee • Partners on Kent Health and Wellbeing Board and Children's Health and Wellbeing Boards • Kent Mental Health Action Groups • Dartford Gravesham and Swanley (DGS) & Swale Mental Health and integrated Strategy group • Mental Health Service Improvement Group (east Kent) • West Kent Programme Oversight Group • Crisis Care Concordat Kent Steering Group • KCC 0-25 Transformation Board.

Q2. What are you trying to do?

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words.

In Kent, we are working to deliver a new whole system of support that extends beyond the traditional reach of commissioned services, recognising that promoting and protecting the emotional wellbeing of our children and young people is far bigger than any individual organisation.

As collaborative partners in Kent, we will:

- Increase the role of Universal services to challenge stigma and deliver good emotional wellbeing at every opportunity.
- Invest in schools, school nursing, health visitors, voluntary sector, families and children to build resilience and parenting skills.
- Deliver evidence-based programmes across Kent designed to reduce self-harm and risk taking behaviour in targeted groups of young people following a successful local pilot.
- Invest in intervening early to ensure that children and young people are able to access the right service at the right time.
- Invest new money into a Kent-wide resource of mental health practitioners within Early Help services to support children and young people who do not have a medical diagnosis.
- Deliver services and support from birth to 25, ensuring that support is no longer shaped by a cliff-face at age of 18 but responds to the individual needs of a young person as they follow their own unique path to adulthood.
- Work towards moving existing resource and contracting arrangements over the next five years to achieve true 0 – 25 services.
- Meet the needs of our vulnerable populations, ensuring evidence-based and effective interventions for our Looked after Children, care leavers, disabled children, young offenders and those with complex needs.
- This year, we will invest in supporting our significantly expanded Unaccompanied Asylum Seeking Children population.
- Develop streamlined access for children and young people with emotional wellbeing and mental health needs and their family/carer by introducing a Single Point of Access.
- Develop strong relationships with NHSE Health and Justice to support our work on crisis care and Tier 4 escalation processes.

(289 words)

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words.

We have:

- Completed a Kent Children's Emotional and Wellbeing Strategy, Delivery Plan, system-wide Model, draft service specifications and draft contract procurement timetable.
- Engaged children, young people and professionals to co-design the principles and outcomes within the Strategy and Delivery Plan.
- Defined how schools, local communities and specialist services will work in an integrated way to embed the key outcomes of the model (including reconfigured Early Help services with increased provision for dedicated mental health professionals).
- Drafted a new service specification in line with the Transformation Plan and local evidence and need.
- Engaged key providers to respond to our new requirements for eating disorders and early intervention in psychosis.
- Outlined the role, remit and responsibilities of an integrated Single Point of Access/Triage function across the county, linking with health, social care, education and the voluntary sector.
- Developed a multi-agency/service pathway for assessment and treatment of children and young people with neurodevelopment disorders.
- Aligned Strategy and Plan with Crisis Care Concordat requirements.
- Increased availability of places of safety for children and young people.
- As part of Strategy development, we mapped high-level spend on mental health services across agencies for children and young people aged 0 - 25 which has been used to inform the Model and contract procurement process.
- Included child, young person and family mental health support on the 'Live it Well' website as a start to increase public awareness and improved access to information.
- Increased the investment in the child and adolescent mental health service's Home Treatment Team to prevent unnecessary admission and where admissions are appropriate to have clarity over expected outcomes, review and early discharge by utilising intensive home treatment.

(272 words)

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

We will have:

- New mental health provision for increased population of Unaccompanied Asylum Seeking Children (UASC).
- Resourced a new Kent-wide programme of identifying risky behaviours in adolescents, particularly self-harm (Mind and Body).
- Delivered against the Transformation and Delivery plan outlined in Section 7 of this document.
- Signed-off the new Children and Adolescent Mental Health Services specification which focusses on targeted and specialist mental health services across Kent and have a procurement process underway.
- Commenced contract procurement process for the award of a new contract (Universal, Targeted and Specialist emotional and wellbeing) across Kent.
- Commenced the procurement of the new school Public Health service for children and young people across Kent.
- Finalised final financial modelling and contract procurement timetable.
- Continued to increase regular and meaningful engagement with children, young people, families and communities within each CCG to help to deliver transformation at a local level.
- Begun implementation of the neurodevelopment pathway through service and contract reconfiguration and continue work on scoping the interdependencies of other related pathway developments.
- Aligned the emotional wellbeing pathway with the new eating disorders service, perinatal mental health and early intervention in psychosis.
- Refreshed and integrated Early Help services/teams in place, working at Universal and Targeted levels to reduce demand on Specialist services; these teams will include dedicated mental health specialist provision.
- Improved management of crisis care for children and young people, focusing on elements of the Crisis Care Concordat.
- Developed a proposal to increase our support to children and young people during crisis by aligning for Liaison Psychiatry Services with children's provision.
- A proposal to develop a 'bridging' service between Children's A&E and Adult Liaison Psychiatry moving towards the national ambition of all-age LP by 2020.

(278 words)

Q5. What do you want from a structured programme of transformation support? Please tell us in no more than 300 words

- Support in implementing Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme across Kent using experience and best practice from pathfinders.
- Best practice models and opportunities to meet and share experience of eating disorder services which meet the new requirements.
- Best practice models and opportunities to develop innovative perinatal solutions.
- Opportunities to interrogate the detail regarding return on investment, outcomes and impact of all-age Liaison Psychiatry requirements.
- Support and guidance on how to improve child, young person and community engagement in a meaningful way using our resource proportional to the benefit.
- Support and clinical guidance on developing evidence-based workforce training and development programmes.
- Support in reaching and defining appropriate outcome measures and support in better use of data which bridges organisational boundaries.

(116 words)

Roger Gough, KCC Cabinet Member for Education and Health Reform & Chair of Kent Health and Wellbeing Board

Agreed by Specialist Commissioning

Name signature and position of person who has signed off Plan on behalf of NHS Specialised Commissioning.

Appendix List

Appendix 1	***Refreshed Joint Strategic Needs Assessment on Mental Health Services for Children and Young People***	
Appendix 2	***The Way Ahead Part 1 – Strategic Framework*** Kent's Emotional Wellbeing Strategy for children, young people and young adults (0-25)	
Appendix 3	***The Way Ahead Part 2 - Delivery Plan***	
Appendix 4	***The Kent Child and Young People's Emotional Wellbeing and Mental Health Model***	*Available on request*
Appendix 5	***DRAFT Specialist and Targeted Emotional and Mental Health Specification(CAMHS)***	*Please note that these documents are commercially sensitive and will not be published outside of procurement*
Appendix 6	***DRAFT Early Help Mental Health Specification(Tier 2)***	
Appendix 7	***DRAFT Targeted Emotional Wellbeing Specification (Universal)***	
Appendix 8	***Equality Impact Assessment for Transformation Plan***	*Available on request*
Appendix 9	***December EWB Summit PowerPoint Slides***	*Available on request*
Appendix 10	***Children's Health and Wellbeing Board paper, February 2015***	*Available on request*
Appendix 11	***Strategy Consultation, 2015***	*Available on request*
Appendix 12	***Health and Wellbeing Board minutes, November 2014***	*Available on request*
Appendix 13	***Early Help Workshop Attendees***	*Available on request*
Appendix 14	***Crisis Care Concordat Presentation to Kent Health and Wellbeing Board, July 2015***	*Available on request*
Appendix 15	***Crisis Care Concordat Master Action Plan***	*Available on request*
Appendix 16	***Current investment by Partners in Kent (2014/15)***	*Available on request*

Appendix 17	***Early Help and Preventative Services Commissioning Intentions 2016-17***	*Available on request*
Appendix 18	***Mind and Body programme (RiskIt)***	Mind and Body Programme.pdf
Appendix 19	***Health and Wellbeing Board Terms of Reference***	*Available on request*
Appendix 20	***Health Overview and Scrutiny Committee paper, September 2015***	*Available on request*
Appendix 21	***Sussex Partnership Trust Routine Outcome Measure report, 2015***	*Available on request*
Appendix 22	***Update report to Kent Health and Wellbeing Board on***	*Available on request*
Appendix 23	***SPfT minutes with NHSE representation (July 2015)***	*Available on request*
Appendix 24	***Street Triage minutes***	*Available on request*
Appendix 25	***The HeadStart Kent Project***	Executive Summary Revised Sept 2016 (3
Appendix 26	***Summary of engagement with service users and their families who have experience of Targeted and/or Specialist level mental health services for children and young people (September 2016).***	LTP Appendix 26.pdf

0-25 Health and Wellbeing Board

15 June 2016
Darent Room, Sessions House, County Hall

MINUTES

In attendance:

Andrew Ireland (AI)	*KCC – Corporate Director – Social Care, Health & Wellbeing*
Thom Wilson (TW)	*KCC - Head of Strategic Commissioning (Children's)*
Michael Thomas-Sam (MT-S)	*KCC - Strategic Business Adviser*
Peter Oakford (PO)	*KCC - Cabinet Member SCS*
Roger Gough (RG)	*KCC - Cabinet Member Education and Health Reform*
Supt Simon Thompson (ST)	*Kent Police*
Samantha Bennett (SB)	*KCC – Consultant in Public Health*
Patrick Leeson (PL)	*KCC – Corporate Director – Education & Young People's Service*
Jane O'Rourke (JO)	*Head of East Kent Children's Commissioning Support Team*
Mark Walker (MW))	*KCC – Deputy Director of Disabled Children, Adults Learning Disability and Mental Health representing Penny Southern*
Amber Christou (AC)	*Swale District Council*
Clare Hayward (CH)	*East Kent Children's Commissioning Support*
Sue Chandler (SC)	*South Kent Coast LCPG Chair*
Sari Sirkia-Weaver (SSW)	*Canterbury LCPG Chair*
Angela Ford (AF)	*Headstart Programme*
Ally Watson (AW)	*West Kent Clinical Commissioning Group*
Jo Tonkin	*KCC – Public Health specialist*
Amanda Kenny	*Swale & DGS CCG Commissioner*

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*
Abdool Kara (AK)	*Kent District Councils Chief Executives*
Florence Kroll	*KCC – Director of Early Help*
Philip Segurola (PSe)	*KCC - Director Specialist Children's Services*
Gill Rigg (GR)	*Kent Safeguarding Children Board Independent Chair*
Karen Sharp (KS)	*KCC - Head of Public Health Commissioning*
Penny Southern (PSo)	*KCC – Director of Disabled Children, Adults Learning Disability and Mental Health*

		ACTION
1.	**Welcome and introductions/apologies**	
1.1	The group introduced themselves and the above apologies were noted.	
2.	**Minutes of the last meeting and Matters Arising:**	
2.1	**Matters arising: UASC**	
2.1.1	AI updated the group on the launch of dispersal scheme. This will run from 1st July 2016. It is anticipated that this will take time to implement and to build momentum. KCC expected a big spike in arrivals in the summer, but this has not yet happened. The security around Calais is now tighter and evidence is that groups have dispersed to other ports. KCC is currently responsible for 870 young people and it is noted that there is a limited ability to cope with any increase in arrival.	
2.1.2	KCC will be responsible for reception and the first 5 days - then the process of dispersal will be led by regional migration partnerships.	

	They will identify which authorities will be taking the children, screening referrals, then preparing and enabling moves to the final point of destination. The need for effective communications systems helps ensure everything moves at right pace.	
2.1.3	There was discussion about The London Borough of Redbridge placing a large number of homeless families into the discussed Barrack in Canterbury. AI & PL discussed actions and engagement, but noted that they were having limited response from Redbridge.	
2.1.4	A proposal was made that a letter should be written to the Minister at the appropriate time.	
2.1.5	**Draft to be written for submission from Kent Leaders and Partner Agencies.** This to be discussed with district leads. **(Action 1)**	
3.	**Verbal Update of CYP HWB Standing Group for SEND – Update from Patrick Leeson (PL).**	
3.1	SEND is one of the subgroups reporting to the 0-25 HWBB.	
3.2	PL fed back on the main areas of work: • Integrated pathway for children with disabilities is progressing and will be reporting back regularly. This will be completed early next year • EW and CAMHS Strategy – the procurement process is in progress. • Neurodevelopmental Pathway for 0-25 is in progress. • SEND strategy moves forward in Kent, increased provision and mainstream schools, provision for children with autism is identified as the highest need. • This work is being progressed with Parents in Kent – close involvement in development of processes, commissioning & planning. There is good representation from parents on the board	
3.3	Ofsted SEND inspection framework and National Process in place started in May. The inspections will be carried out by CQC and Ofsted inspectors. Julie Ely is currently leading a cross agency working party for a self-assessment against the framework.	
3.4	DH updated on Emotional Health & Wellbeing Strategy Implementation. A market event was undertaken to explore the approach and how the procurement is beginning to take shape with approximately 80-90 people attended including the main providers we expected.	
3.5	The progress will be to report back here and to main HWB prior to contracts being awarded. A number of papers have been taken to Health Overview and Scrutiny Committee (HOSC).	
4.	**Health Sustainability and Transformation Plan**	
4.1	AI updated the group on the current position on the Sustainability and Transformation Plan (STP). The current submission will be followed by a key leaders meeting in July, with potential further iteration in	

	September with NHS, and then further submission in March next year.	
4.2	One of the areas currently under development is strengthening the children's services profile in the submission. This includes the Chapter on out of hospital care and the detail on Hospital configuration where there are implications for paediatric and maternity services.	
4.3	Michael Ridgewell (NHS England) is the lead person organising the submission. By next meeting, the first submission should have been made and AI will keep the group updated.	
5.	**LCPG Feedback - Thom Wilson (TW)**	
5.1	Chairs met two months ago to give feedback: • There was a question regarding the links to local HWBBs. Has enough been done to make links? TW felt currently "no", but now has agenda slots at all of them to discuss links. • The Partner least engaged presently in the groups is secondary schools. • Groups were positive about the dashboards – with a sense of energy and progression.	
5.2	The group discussed how to ensure that LCPGs would flourish. Suggestions included: • KCC stepping back from leading the coordination of chairs meetings and enabling local direction. • Ensuring the tools are working effectively - regular dashboards upskilling in OBA • Ensuring good and regular reporting into the 0-25 HWBB. • Promotion of LCPG – agenda item on all key management teams and through KELSI. • Creation of a SharePoint – for group information • Involving young people	
5.3	Establishing a SharePoint has not been possible to date. **TW to speak to MTS about SharePoint. (Action 2)**	**TW**
5.4	The District Early Manager from Gravesham had recently sent a letter from the chairs to range of partners looking at other groups in district to ensure partners engaged with the development of CYPP and LCPG work.	
5.5	PO reported that following a slow start Members are now attending LCPG meetings from their areas.	
6.	**Final CYPP** - **Thom Wilson (TW)**	
6.1	At the last meeting it was agreed that all would be given 2 weeks for people to feedback from this an updated strategy would be circulating.	
6.2	Care Leavers will be the first subject of Thematic Review and work with Corporate Parenting AD and bring back to a future meeting, if the board will agree. **Process for Thematic Reviews to be developed for discussion at the next meeting**. **(Action 3)**	**HC**
6.3		

6.4 6.5 	Following agreement by 0-25HWB, the following was agreed as process to agree as final document: • Update dashboards with latest figures • Complete EQIA for governance • Continue to build on progress with districts/embedding OBA etc. • Start to embed delivery and support of LCPGs in business as usual activity PL raised a question about the name and nature of the document. He explained that it is not a plan or a strategy, and requested a change of name to Framework. **This was agreed.** A number of changes were requested for consideration at the next meeting: • Change name to Children's Health & Wellbeing Framework. • List relevant strategies that the framework relates to and to be cross-referenced. **MTS to liaise with TW (Action4)** Actions agreed: • **It was agreed that the document be recirculated with the changes and distributed to the next meeting for sign-off. (Action 5)** • **ST to meet with TW to discuss Domestic Violence indicator. (Action 6)**	**TW/MTS** **TW** **ST/TW**
7. 7.1	**Verbal JSNA Update - Sam Bennett (SB)** SB updated the board on plans moving forward. Currently progress is being made with developing the JSNA and working with the Public Health observatory and evaluation team. **SB to provide an update at the September meeting on the children's JSNA. (Action 7)**	**SB**
8. 8.1 8.2 8.3	**0-25 HWBB subgroup on Healthy Child Programme from Public Health and Early Help - Jo Tonkin (JT)** JT provided an update for the group for the last year. The programme is broken down to 0-5, 5-11, 11-19 year olds and looks at universal offer and progressive offer. The group has met three times to map pathways for each age group. **RECOMMENDATION**: The 0-25 Health and Wellbeing Board are asked to note the findings of the group and receive an update of the work of the group in relation to the 5-11 age group and an additional update to the progress on 0-5 actions in 6 months. Actions agreed: • **AK to send Pathway with commentary of who is operating it and the universal sign-up – for circulation. (Action 8)** • **SB through JT will provide the link between SEND and the Healthy Child Programme related work as JT sits on the SEND sub group. (Action 9)**	**AK** **SB/JT**
9. 9.1	**AOB** There was no other business raised.	

FUTURE DATES:

20 September 2016 14:00-16:30 Medway Room	21 November 2016 14:00-16:30 Medway Room

Board Contact: Amy Carter, Children's Commissioning
amy.carter@kent.gov.uk / 03000 415928

Action List

Action Number	Action Required and By Whom	By When
	Matters arising – UASC	
1	Discussion with district leads regarding placement of families in Kent	**To be agreed**
	LCPG Feedback	**Next meeting**
2	TW to speak to MTS about SharePoint.	
	Final CYPP	
3	Process for Thematic Review to be developed for discussion at the next meeting. To include: • Update dashboards with latest figures • Complete EQIA for governance • Continue to build on progress with districts/embedding OBA etc. • Start to embed delivery and support of LCPGs in business as usual activity	**Next meeting**
4	MTS to liaise with TW on: • Change name to Children's Health & Wellbeing Framework. • List relevant strategies that the framework relates to and to be cross-referenced.	**Next meeting**
5	TW to recirculated the document with the changes and distributed to the next meeting for sign-off.	**Next meeting**
6	ST to meet with TW to discuss Domestic Violence indicator.	**Next meeting**
	JSNA update	
7	SB to provide an update at the September meeting on the children's JSNA.	**Next meeting**
	0-25 HWBB subgroup on Healthy Child Programme from Public Health and Early Help	
8	AK to send Pathway with commentary of who is operating it and the universal sign-up – for circulation.	**Next meeting**
9	SB through JT will provide the link between SEND and the Healthy Child Programme related work.	

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

To: Health and Wellbeing Board, 23 November 2016

Subject: **Kent Health and Wellbeing Board Work Programme - 2017**

Classification: Unrestricted

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1. Introduction

(a) Following the Board's agreement in September 2015 that a Forward Work Programme should be developed and shared with local Boards, a draft was presented to the Board on 27 January 2016. The approach set out at this time was approved by the Board.

(b) The draft Forward Work Programme has been amended and updated. This is attached. The Forward Work Programme will remain a live document and is a standing item on the Agenda.

2. Recommendation

Members of the Kent Health and Wellbeing Board are asked to agree the attached Forward Work Programme.

Background Documents

None.

Contact Details

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WORK PROGRAMME –2017
Health and Wellbeing Board

Agenda Section	Items
25 January 2017	
Area 1 - Assuring Outcomes for Kent	• Review of Outcome 1 – Every Child has the Best Start in Life • Kent Children and Young People's Framework • Drug and Alcohol Partnership (incl invitation to Kent Police and Crime Commissioner) • NHS Preparations and Response to Winter 2016/17 • Childhood Immunisations
Area 2 - Core Documents	•
Area 3 Promotion of Integration	• Better Care Fund Plans for 2017/18 • A Vision and Strategy for Adult Social Care 2016-2021 • Integrated Children's Commissioning (J Fathers)
Area 4 Notifications	
Area 5 Reports to the Board	• Kent Adults Safeguarding Board Annual Report • 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 0-25 Health and Wellbeing Board – 21 November 2016
22 March 2017	
Area 1 - Assuring Outcomes for Kent	
Area 2 - Core Documents	• JSNA Exception Report • Outcome 3 – and development of out of hospital care (minute 239)(e)) 21 Set 2017
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 0-25 Health and Wellbeing Board
May 2017	
Area 1 - Assuring Outcomes for Kent	
Area 2 - Core Documents	
Area 3 Promotion of Integration	
Area 4 Notifications	
Area 5 Reports to the Board	• HWB Work Programme • Local board minutes

Updated 10 11 16

	• **Minutes of the 0-25 Health and Wellbeing Board**
July 2017	
Area 1 - Assuring Outcomes for Kent	
Area 2 - Core Documents	•
Area 3 Promotion of Integration	•
Area 4 Notifications	•
Area 5 Reports to the Board	• **Crisis Care Concordat- Annual Report** • **HWB Work Programme** • **Local board minutes** • **Minutes of the 0-25 Health and Wellbeing Board**
September 2017	
Area 1 - Assuring Outcomes for Kent	
Area 2 - Core Documents	•
Area 3 Promotion of Integration	•
Area 4 Notifications	•
Area 5 Reports to the Board	• **KCSB Annual Report** • **HWB Annual Report** • **Health Watch Annual Report** • **HWB Work Programme** • **Local board minutes** • **Minutes of the 0-25 Health and Wellbeing Board**
November 2017	
Area 1 - Assuring Outcomes for Kent	
Area 2 - Core Documents	•
Area 3 Promotion of Integration	•
Area 4 Notifications	•
Area 5 Reports to the Board	• **HWB Work Programme** • **Local board minutes** • **Minutes of the 0-25 Health and Wellbeing Board**
Other items not allocated to a particular meeting	
	• **HWB Strategy Refresh**

Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the **19th October 2016.**

Present:

Dr Navin Kumta – (Chairman);

Faiza Khan – Public Health, KCC;
Sheila Davison – Head of Health, Parking and Community Safety, ABC;
John Bridle – HealthWatch Representative;
Helen Anderson – Chair, Local Children's Partnership Group;
Christina Fuller – Head of Culture, ABC;
Deborah Smith – KCC Public Health;
Neil Fisher – Head of Strategy and Planning, CCG;
Councillor Paul Clokie - Portfolio Holder for Housing and Home Ownership, ABC;
Lisa Barclay- CCG
Rachel Ransley- Service Manager, Childrens and Young Persons Service, KCC
Anne Forbes - Refugee Resettlement Co-Ordinator, ABC
Belinda King- Management Assistant, ABC
Keith Fearon – Member Services Manager, ABC.

Apologies:

Peter Oakford – Cabinet Member, KCC, Geoff Lymer – KCC, Philip Segurola, KCC Social Services, Cllr Brad Bradford - Portfolio Holder for Highways, Wellbeing and Safety, ABC, Tracey Kerly - Chief Executive, ABC, Simon Perks- Accountable Officer, CCG, Mark Lemon- Policy and Strategic Relationships, KCC, Charlie Fox – Voluntary Sector representative.

1 Notes of the Meeting of the Board held on the 20th July 2016

1.1 The Chairman said that it was with sadness he had to report that Martin Harvey, the Patient Participation Representative, had passed away since the previous meeting in July. He said he was sure that the Board would wish to acknowledge and reflect on the hard work he had undertaken in his role.

The Board agreed that the notes were a correct record.

2. Update on Ashford Health and Wellbeing Board Priorities

(a) Reduced Smoking Prevalence Update Report

The report detailed progress to date in terms of the work of the Ashford Smoking Task and Finish Group in its aims to reduce smoking prevalence in Ashford. Deborah Smith explained that progress had been made in terms of all of the actions and she referred in particular to the placement of the voting

cigarette litter bins which could in future be used to obtain smokers' views on a variety of smoking and health related issues. The initial 'warm up' question had been about preferences between the TV programme Strictly Come Dancing and X Factor, but Deborah Smith advised that the questions would change over time. She drew attention to the proposed Vape shop event which was to be held on the 27th October 2016, whereby relevant shopkeepers would be invited to an evening with a view to raising their awareness in terms of steps smokers could take to cease smoking.

In response to a question, Deborah Smith advised that a separate service was responsible for work within schools on smoking initiatives. She indicated that the Task and Finish Group were also considering a proposal to establish a smoke-free school gates scheme.

In response to a further question about whether the various smoking initiatives would be rolled out to the rural areas including Tenterden, Deborah Smith explained that she had met with Parish Councils and alerted them to the various resources which were available . She confirmed that if any Parish Council required assistance, her team would be happy to help with support.

Sheila Davison also explained that the Borough Council was in contact with Tenterden Town Council over the smoke-free play area project.

The Board agreed:

(i) the approach and progress against the Action Plan.

(ii) to support the Vape Event as set out in paragraph 3.5 to be delivered on Thursday 27 October 2016.

(iii) the format of the communication report and further quarterly updates be agreed.

(b) Healthy Weight Update Report

Deborah Smith advised that the report set out progress to date with specific emphasis on delivery in lower socio-economic areas where obesity rates were high.

Sheila Davison believed that the communication report for both healthy weight and smoking would be usefully added to the dedicated Health and Wellbeing web page on the Borough Council's website.

In reference to paragraph 3.6 – Review Healthy Weight Programme for Children, Deborah Smith agreed that progress on this initiative could be reported to the next meeting, together with information on an action plan for obesity.

The Board agreed:

(i) the approach and progress against the Action Plan.

(ii) the report on the Healthy Weight Programme Review and a National Action Plan for Obesity be included on the agenda for the January 2017 meeting.

3. Kent Health and Wellbeing Board Meetings 20th July and 21st September 2016

3.1 The Agenda contained links to the full agenda papers for the above meetings. The Chairman gave a brief summary of the issues discussed at the meetings.

4. East Kent Strategy Board Update: Better Health & Care in East Kent – Time to Change

4.1 Included within the agenda papers for the meeting was a document produced by NHS East Kent entitled "Better Health and Care in East Kent: Time to Change".

4.2 The Chairman gave a detailed presentation on the content of the document which had subsequently been published with the agenda for the meeting and was available on the Council's website under https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=3047

4.3 The Chairman said that the document acknowledged that there was a need to close up some "gaps" in the health and social care system and across East Kent there was a wish to reduce:

- Health and wellbeing gap
- Care and quality gap
- Financial and efficiency gap

John Bridle considered there was certainly a need for the population to be responsible for their own health in terms of lifestyle choices etc, however, he believed there was also a need to invest more money in the service. He also explained that there was an event being held that day at the William Harvey Hospital at which Healthwatch were trying to get the message across to hard to reach groups.

4.4 Neil Fisher advised that in terms of finance it had been made clear to the CCG that there would be no extra funding and nationally the NHS would have to find in the region of £20bn in savings.

4.5 In terms of the proposal to establish 16 health centres, Neil Fisher explained that these broadly related to localities rather than physical buildings and they were comprised of current GP practices who were coming together to look to work as one provider.

4.6 Neil Fisher said that it was clear that it was national policy to move towards providing care out of the hospital environment and in the New Year a consultation document would be published, although at this stage there were no clear options available for consideration. He drew attention to the

document entitled 'Transforming Health and Care in Kent" which was on the CCG website and which included a link to a survey and he said he would encourage Board members to view the site and complete the survey. For Ashford there would be a discussion between GP providers and the Community Health Trust. The likely commissioning date for the new service would be 2018/19 and at this stage the CCG were considering awarding a 10 year contract containing specific outcomes expected of the providers.

4.7 Councillor Clokie asked why the process to establish the new system of health provision had taken so long to progress and consult upon as the concept of enabling surgeries to become multi-use health providers and therefore reducing hospital admissions had been discussed a number of years ago.

4.8 Neil Fisher clarified that consultation was a legal requirement and those exercises had to run for a period of 12 weeks. The Chairman also explained that the process had taken time to reach the stage it was currently at and that it involved a change in culture of the GP practices.

4.9 During further discussion, the Board accepted that early intervention and prevention of health issues was the key in reducing the numbers that needed to have primary care. There would need to be a discussion between Partners to find agreement as to how the preventative programme could be best delivered.

4.10 In conclusion the Chairman said broadly that people would need to change the way they accessed services which had to be available at times which were convenient for members of the public.

The Board agreed that the report and presentation be received and noted.

5. Strategic Transformation Plan

5.1 Neil Fisher advised that this item had been largely covered under the previous item "Better Health and Care in East Kent".

6. Children and Young People

(a) Emotional Health and Wellbeing

Helen Anderson and Lisa Barclay gave a presentation on "Children and Young People – Emotional Health and Wellbeing". The report and presentation had been published on the Council's website under https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=3047

Lisa Barclay referred to the slide which showed all the services provided by different agencies and considered there was a need to collectively scope how they could all work better together to provide an improved service. Paramount to this was also how steps could be taken to improve how young people were engaged in this process.

Circulated at the meeting was a document entitled “Making Resilience Everyone’s Business” produced by HeadStart Kent who had obtained £10m funding from the Big Lottery. She also referred to a video she had hoped to be able to show at the meeting, however, this had not proved possible. The link to the video is https://vimeo.com/156168943.

In response to a question about how people were made aware of what services were available, Lisa Barclay said that they were examining ways in which opportunities to share information, had been undertaken as part of a scoping exercise.

(b) Looked After Children

Rebecca Ransley, Service Manager for Children and Young Persons Scheme, gave a presentation which had been included within the agenda for the meeting and was also available on the Council’s website under https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=3047

During the presentation, Rebecca Ransley explained that one of the major challenges facing Kent was that there were an insufficient number of foster carers and adopters. She explained that there were 158 children in care in Ashford and her team undertook a significant amount of work in terms of sexual health, drugs and alcohol awareness which were important in terms of reducing potential problems as the children grew into adults. Helping at this age also had a massive impact on their future health.

Anne Forbes explained that the Borough Council had been assisting families and teenagers who had moved to the Borough as part of the Syrian Vulnerable Persons Relocation Scheme. She asked whether help would be available via the Children and Young Persons Service. Rebecca Ransley explained that as the Syrian teenagers were within current family arrangements, they fell outside of her team’s work, however, Lisa Barclay suggested that there was a need to look how the services linked with each other to help provide support.

The Board agreed that a recommendation to this effect would be appropriate.

In conclusion, Rebecca Ransley explained that there was a need for approximately an additional 40 foster carers for Ashford alone and asked Partners to assist in encouraging families to come forward to make themselves available for carers support. Further information was included on the Kent County Council website.

(c) Syrian Vulnerable Persons Relocation Scheme

Anne Forbes referred to a report she had produced and which was included within the agenda for the meeting entitled “Syrian Vulnerable Persons Relocation Scheme in Ashford” and said she wished to thank all agencies for their help in terms of establishing a support network for Syrian families who had arrived prior to Christmas 2015. She explained there had been no blueprint for the re-settlement of refugees in the UK and therefore putting arrangements in place had been a steep learning curve.

Councillor Clokie said he believed that the Officers had worked very well on the scheme and he considered the families had settled very quickly and advised that some were now in employment. Anne Forbes drew attention to paragraph 12 of her report which dealt with removing barriers to successful integration of the Syrian refugees and said that some problems were common to other members of the community such as gaining access to GP services. Anne Forbes said she sought the Board's support for assistance in securing support for the Syrian refugees especially when their eligibility for the various mainstream funded projects was not immediately obvious. Helen Anderson advised that there was a local Children's Partnership Group meeting on 21st October 2016 and she said she would be happy to take the message back in terms of providing support to the Syrian community.

The Board agreed that:

(i) support be given to plans for the further alignment of services and partnership working in this area of work.

(ii) providers be brought together to discuss ways in which improved partnership working could improve services.

(iii) to support Ashford Borough Council's Refugee Resettlement Project to enable, ensure and improve access to health and social care services for the refugees re-settled in Ashford through the SVPR Scheme and, where possible extend initiatives to other individuals or groups who have settled in Ashford but who are not supported directly under the Scheme.

7. Partner Updates

7.1 Included with the Agenda were A4 templates submitted by all Partners apart from the Kent County Council (Social Services).

(a) Clinical Commissioning Group (CCG)

Update Noted

(b) Kent County Council (Social Services)

Not provided.

(c) Kent County Council (Public Health)

Faiza Khan went through in detail the issues set out within the Partner update. She focussed on the series of slides included within her presentation regarding hip fractures and injuries from falls and undertook to supply the slides in a larger format for circulation to Board members. Neil Fisher explained that falls were included within the Better Care Plan but he was not aware of who was the service lead.

The Chairman suggested that the falls issue be discussed at the Local Officers Group and report back with an update to the January meeting of the Board.

(d) Ashford Borough Council

Update noted.

(e) Voluntary Sector

Updated noted.

(f) HealthWatch Kent

Update noted.

(g) Ashford Local Children's Partnership Group

Updated noted.

8. Forward Plan

8.1 Neil Fisher advised that the Strategic Transformation Plan would need to move to the April 2017 meeting but the Integrated Commissioning Plan could take its place for the January 2017 meeting. This meeting also to receive an update on the Ashford Falls Stategy.

8.2 Deborah Smith considered it would be appropriate for the Board at its April 2017 meeting to set the priorities for the forthcoming year and advised that for the July meeting it would be possible to report back on the outcome of the work in terms of stop smoking and the healthy weight priorities.

8.3 In terms of the aim of working better together, Deborah Smith considered that the issue of how the Partners could better meet challenges should be addressed. The issue should be discussed by the Local Officers Group with a view to an item being placed on the agenda for the April 2017 meeting. The Chairman also suggested that the focus for the July 2017 meeting be the "Time to Change" consultation outcome.

9. Dates of Future Meetings

9.1 The next meeting would be held on 18th January 2017.This would focus on Environment.

(KRF/AEH)
MINS: Ashford Health & Wellbeing Board - 19.10.16

Queries concerning these minutes? Please contact Keith Fearon:
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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 Thursday 25 August 2016.

PRESENT: Councillor Roger Gough (Chairman)
Councillor Mrs Ann D Allen MBE
Councillor David Turner

Debbie Stock
Sheri Green
Andrew Scott- Clark
Melanie Norris
Lesley Bowles
Sarah Kilkie
Nick Moor

ALSO PRESENT:
Hannah Gooden, Val Miller, Carol Patrick, Dr Manpinder Sahota, and Su Xavier.

14. APOLOGIES FOR ABSENCE

Apologies for absence were received from Tristran Godfrey, Graham Harris, Dr Elizabeth Lunt, Councillor Tony Searles, and Ann Tidmarsh.

The Chairman reported that since the last meeting Stuart Collins and Cecilia Yardley had left the Board. Mr Collins had received promotion within KCC and his place was to be taken by Mr Nick Moor. The Chairman welcomed Mr Moor to his first Board meeting. The Chairman also welcomed Dr Sahota, from the Clinical Commissioning Group and Mrs Carol Patrick of KCC as it was also their first meeting of the Board.

The Chairman informed the Board that Cecilia Yardley was unable to continue as a Board member due to work commitments, and that he had written to Ms Yardley thanking her for her service on the Board, her valued contributions, and wishing her well for the future.

The Chairman finally explained that he was due to attend the funeral of a colleague and that he would have to leave the meeting at 2.30pm. He asked Councillor Ann Allen to take the Chair at that point.

15. DECLARATIONS OF INTEREST

There were no Declarations of Interest received.

16. MINUTES

The Minutes of the Dartford Gravesham and Swanley Health and Wellbeing Board, held on 8 June 2016 were confirmed as a correct record of that meeting.

17. KENT COUNTY COUNCIL HEALTH AND WELLBEING BOARD

The Chairman reviewed the meeting of the Kent Health and Wellbeing board held on 20 July 2016, and updated the Board on

The Kent Environment Strategy. It was noted that this topic was to considered by local HWBs

Kent and Medway Crisis Concordat

Review of Outcome 2: Prevention of Ill – Health The Board noted that an item on this topic was contained in the Agenda for the current meeting.

18. URGENT ITEMS

There were no urgent items for the Board to consider but the following issues arising from the morning Member training session were mentioned.

- Agenda Balance – ensuring that the Board has a more proactive role than merely monitoring progress.
- Considering ways to action decisions and proposals made by the Board
- Publicity for the HWB
- Engagement of schools and young people in health initiatives
- Preventative approaches to Healthcare.

Arising from this it was noted that the Chairman and Sarah Kilkie were to draw together the points raised at the training session in order to formulate an alternative approach to decision making and task setting.

19. ANNUAL REVIEW OF LOCAL HEALTH PROFILES AND PRIORITIES

Andrew Scott – Clark presented a report which acknowledged the priority issues which had been identified by the Board in previous meetings, identified strategic health inequalities across Kent and informed the Board of a revised focus adopted by the Kent Health and Wellbeing Board which concentrated on the 88 areas within the County which have the highest “all age” “all cause” mortality rates.

It was noted that 13 of these areas lie within the DGS Board area and that the Kent Board has asked that the Board re - focusses its attentions on these 13 areas.

Members commented that it would wish to target the most deprived communities, which were at present being mapped and were informed that this would be completed by December this year.

The Board accordingly agreed that it would

a) review priorities once discrete community area had been identified;

b) try to clarify he role of the Board in addressing health inequalities; and,

c) involve local GP practices in promoting schemes to reduce obesity.

20. UPDATE ON SWANLEY AND HEXTABLE MASTERPLAN

Members were reminded that they had received initial details of plans for the redevelopment and regeneration of Swanley town centre and Hextable.

Arising from this the Board received a presentation from Lesley Bowles and Hannah Gooden of Sevenoaks District Council, which set out a number of broad actions which would be necessary for the regeneration of Swanley which included

- Ensuring delivery of improved rail services and connectivity;
- Creating a new small business quarter in Swanley;
- Reinforcing the town centre offer;
- Widening the residential offer of the town; and,
- Marketing Swanley as a business and residential destination.

The presentation also considered a number of development proposals in some detail, including transport and leisure improvements and set out details of public consultation undertaken to test the needs and wants of local residents.

It was noted that arising from the consultation a 20 year Master vision for the area had been developed, to include housing developments, town centre redevelopment, transport improvements and plans to improve the quality of parks and green spaces within Swanley and Hextable.

The Master Vision also contained provision for health provision improvements and aimed to offer healthy living options for local residents.

The Board was informed that Sevenoaks Council had been working closely with the local CCG to ensure the realisation of the development and that health was a major plank in the whole process.

The Board agreed to note the presentation and the plans for regeneration and future health provision in Swanley and Hextable.

21. FALLS PREVENTION AND THE INTEGRATED FALLS PILOT

The Board received a report which updated Members on the work undertaken in Dartford Gravesend and Swanley to reduce the number of falls amongst elderly and infirm people and presented data on a number of falls related issues.

The report explained ongoing and new work streams being undertaken in the following areas

- Community Falls
- Launch of Acute frailty pathways, ambulatory care unit and ageing health clinics
- Creation of Falls 'Hub' Kent Public Health
- Postural stability classes
- Kent wide Falls group
- Integrated falls pilot with Kent Fire & Rescue Service
- Polypharmacy reduction
- Care home provider forum
- New review of Frailty pathways and services within DGS
- New improved links with District Council Housing –

Members expressed some concern that falls outcomes did not seem to have improved to levels expected by the Board, and that linkages and co - ordination between services were not as well developed as was felt necessary.

Accordingly it was agreed that a report be presented to the Board as soon as possible considering outcomes and the co – ordination of work strands, and possible initiatives to improve the current situation.

22. LOCAL ESTATE STRATEGY AND ONE PUBLIC ESTATE

The Board received reports from the Clinical Commissioning Group and from Kent County Council on the ongoing review of the NHS estate holdings within the Board area (the Strategic Estate Plan)and the One Public Estate initiative in Kent.

Debbie Stock reported that the objectives of the Strategic Estate Plan (SEP) were to review the NHS estate within the CCG area and align this with commissioning service requirements to identify estate changes in terms of investment required and rationalisation opportunities which will deliver both clinical and financial benefits.

The SEP also aimed to allow the identification of key priorities for estate development in primary care as part of the Estates and Technology Transformation Fund (ETTF) programme.

It was noted that key to the determination of estate priorities and solutions was the development of a primary and community care clinical model which when agreed would be used to inform the services required, the locations and facilities to enable delivery of this model.

It was also noted that the development of the Strategy was an ongoing and iterative process, that the SEP has been updated and that it was currently in its third version.

Carol Patrick of Kent County Council informed the Board of the work of the One Public Estate Initiative (OPE).

Mrs Patrick informed the Board that the OPE programme is designed to facilitate and enable public sector organisations to work collaboratively on property and land matters, to encourage Public sector partners OPE principles and reap strategic benefits including the development of joint accommodation plans.

She further reported on bids submitted for the possible provision of a new health facility in Dartford Town centre which would enable the rationalisation of health care in the area and attract users external to the immediate area to relocate.

The Board welcomed both reports and thanked Mrs Stock and Mrs Patrick for presenting the information.

23. HEALTH INEQUALITIES GROUPS - REPORTS

The Board received its regular update on the work of the three district health inequalities sub groups, and progress made against the delivery of each district's Inequality action plan.

It was reported that difficulties were being experienced in delivering Objective 3 relating to Healthy Workplaces and that this may need to be amended to "Working Toward" status due to the unwillingness of local employers to commit to the programme.

The Board agreed to note the progress made.

24. ACTIONS OUTSTANDING FROM PREVIOUS MEETINGS.

The Board received and noted a report on issues outstanding from previous meetings.

25. INFORMATION EXCHANGE

There was no information for dissemination to the Board Members.

26. BOARD WORK PROGRAMME

The Board considered a report on its updated programme of work for the forthcoming year. It was noted that during the Board training session earlier in the day questions were raised regarding the format of Board meetings and the structure of the Board Agenda. It was further explained that a need for more “workshop” style meetings had been expressed.

Accordingly it was agreed that Councillor Mrs Allen consult with the Chairman and that a review of the Board’s current processes and practice be undertaken with a view to formulating reforms for the future.

DRAFT MINUTES

Health and Wellbeing Board – Formal Meeting

Meeting held on Wednesday 21 September 10am

Committee Room, Swale House, East Street, Sittingbourne, ME10 3HT

Present	**Cllr Andrew Bowles (AB), *Leader, SBC (Chair)*** **Dr Fiona Armstrong (FA), *Chair, Swale CCG*** **Cllr Ken Pugh (KP), *Cabinet Member for Health, SBC*** **Cllr Sarah Aldridge (SA), *Deputy Member for Health, SBC*** **Amber Christou (AC), *Head of Residential Services, SBC*** **Becky Walker (BW), *Strategic Housing and Health Manager, SBC*** **Andrew Scott-Clark (ASC), *Director Public Health, KCC*** **Mark Lemon (ML), *Strategic Relationships Advisor, KCC*** **Allison Duggal, *Deputy Director Public Health, KCC*** **Terry Hall (TH), *Public Health, KCC***	**Jane Barnes (JB), Assistant Director-Older People and Physical Disability, *KCC*** **Kim Hellyer (KH), *Service Manager, KCC*** **Lynne Gallimore (LG), *Kent Healthwatch*** **Lesley Clay (LC), *Joint Planning Manager, JPPB*** **Michael Ridgwell (MR), *Director of Commissioning, NHS*** **Susan Hughes (SH), *Staying Put Manager, SBC*** **Bec Mayne (BM), *Housing and Health Coordinator, SBC Housing*** **David Clifford (DC), *Policy and Performance Manager, SBC*** **Russell Fairman (RF), *Sports and Physical Activity Officer, SBC***
Apologies	**Abdool Kara (AK), *Chief Executive, SBC*** **Cllr Roger Gough (RG), *Cabinet Member Education and Health Reform, KCC*** **Bill Ronan (BR), *KCC*** **Chris White (CW), *Swale CVS***	**Patricia Davies (PD), *Accountable Officer, Swale CCG*** **Ally Hiscox (AHi), *Deputy Chief Operating Officer, Swale CCG*** **Su Xavier (SX), *Swale CCG*** **Helen Stewart (HS), *Kent Healthwatch***

DRAFT MINUTES

NO	ITEM	ACTION
1.	**Introductions**	
1.1	AB welcomed attendees to the meeting.	
1.2	All attendees introduced themselves, and apologies were noted.	
2.	**Minutes from Last Meeting**	
2.1	The minutes from the previous meeting were approved.	
2.2	Matters arising: ▪ P.4, 7.2: TH advised this has been actioned but the localised Marmot indicators 2015 can be recirculated if requested.	
3.	**Sustainability and Transformation Plans (STP's)**	
3.1	MR presented an overview and update on the Kent and Medway STP. ▪ Strategic plans must be submitted by 30 June, although it is likely that new guidance will push this date back and it will be an ongoing piece of work. ▪ Key challenges for Kent and Medway are the growing elderly population, the future growth in housing and New Town development, and workforce pressures. ▪ Require system leadership and system strategy, and working together in collaboration strategically across all organisations. ▪ Require robust out of hospital care model and services to address demand now and in the future, with the delivery model for prevention key and vital. ▪ Acute trust providers place a priority on A&E access - therefore prioritising an unquantifiable risk over planned admissions. STP will require to better set apart planned and unplanned treatment. ▪ Five year plan – a formal change programme is required around STP. ▪ 21 October 2016 - submission to NHS England.	
3.2	Points made in the discussion included: ▪ Inequalities: the health improvement gap across Kent between the least and most affluent is not closing; ▪ 3% of NHS budget spent on prevention currently; ▪ there is a responsibility to provide care for all the population other than just those who have direct access to service; ▪ work to address inequalities is progressing – however, it will require an ongoing 15-20 year work programme; and ▪ need to generate money to fund out of hospital work.	

DRAFT MINUTES

4.	**HWB Progress and Update**	
4.1	AC provided an update on progress since the last H&WB meeting. ▪ AC will review other H&WBs across Kent and report back to Swale HWB at next meeting. ▪ Suggestion for Swale HWB to agree focussed priorities for a 12 month period, with the recommendation for one focus area to be frail elderly which links in well with Hospital Discharge/Falls Prevention already being delivered in partnership and increase in DFG funding will further develop. ▪ Additional DFG funding is due over the next two years, although this is not guaranteed. However, the DFG waiting list will be cleared by the end of the year, enabling better planning for the coming years. ▪ Initiated a new steering group exploring how to improve Swale DFG/frail elderly services and what further can be done, including exploring the inclusion of an OT on the housing team. The group will report back to the HWB. ▪ Opportunity to upscale prevention work with Kent Joint Policy and Planning Board support and input key to drive this further. ▪ Suggestions that the HWB meet quarterly going forward.	
4.2	Points made in the discussion included: ▪ focus on frail elderly meets all partners' objectives – however, it is important to keep the other strands such as children, obesity and inequalities, as they are also responsibilities; ▪ the HWB ToR came down to the Swale HWB from the Kent HWB, but may need reviewing; ▪ suggestion made to include a standard reporting item at the Swale HWB as the Children's HWB; and ▪ views on how to take the board forward should be fed back to AC or RW.	
5.	**Home First**	
5.1	SH and KH presented on Home First and the Staying Put service.	
5.2	SH provided information about Staying Put as follows. ▪ Staying Put is a Swale BC service that provides a comprehensive repair, adaptation, advice, support and handy-person service for elderly and disabled customers. ▪ Three funding streams: loans, grants, and home improvement. ▪ Swale CCG funding support falls prevention, hospital discharge, and health and safety checks. ▪ Health referrals have increased year-on-year – in 2015/16 there were 195 referrals.	

DRAFT MINUTES

5.3	KH provided information on Home First as follows. ▪ Swale's steering group links in to Medway's Home First, and there is also a steering group being set up in Darenth Valley. ▪ Home First pathway is an efficient and earlier move on from hospital back home, and applies to residential care homes also. ▪ Other pathways include health rehabilitation in community hospitals, and social care services provided at Blackburn Lodge. ▪ More than £1K per night to stay in hospital compared with the cost of a Staying Put job that could mean a patient is discharged sooner. ▪ The model requires more resources which are proving difficult, although there has been a reduction in community hospital usage. ▪ Process begins with early identification, followed by a safety assessment, discharge to home, OT assessment two hours later, and later additional assessments at home. ▪ Important to have wrap around services to support this process, but this is proving difficult due to funding available.	
5.4	Points made in the discussion included: ▪ Swale's health profile for hip fracture has reduced to national average levels across England; ▪ NHS frailty tool may be piloted working with GPs; ▪ issue around accessing customers at home to instil early prevention - GP referrals would aid this work, although a single point of referral for GPs would be helpful; and ▪ Staying Put can refer to KFRS and mental health services regarding cluttering.	
6.	**Partner Updates / AOB – verbal update**	
6.1	**Healthwatch** ▪ Community service contract mobilised 26.09.16. ▪ Community equipment review of the service and check effectiveness. ▪ Patient Transport Service non-emergency review to new provider. ▪ Evaluate health and social care complaints and improvements maintained. ▪ Review hospital discharge and personal experiences. ▪ Review care model and young carers with school involvement. ▪ Integration of services and monitor plans particularly frail elderly.	
6.2	**KCC Public Health** ▪ STP input and modelling underway. ▪ Healthy child programme proceeding.	

DRAFT MINUTES

	▪ Integrated health adult improvement programme running. ▪ Drug and alcohol procurement due. ▪ Health inequalities 'Mind the Gap' action plan move towards a focus on communities with worst health inequalities.	
6.3	**JPPB** ▪ Home First and Staying Put has presented to JPPB, and the work is being taken forward through district and hospital work. ▪ JPPB annual priority setting takes place on 5 October, with Frail Elderly as agenda item.	
6.4	**Swale BC** ▪ Homeless Reduction Bill due October 2016, although implications may be an increase in homelessness. An update will be given at the next HWB. ▪ Sport fund project delivers a health trainer to increase activity.	**AC**
Next meeting date: 18 January 2017 10am		
Future Meetings Dates **TBC – Quarterly (January, April, July, October 2017)**		

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THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 8 September 2016 at 10.00 am in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

Present: Councillor L Fairbrass (Thanet District Council), Clive Hart (Thanet Clinical Commissioning Group), Madeline Homer (Thanet District Council), Sharon McLaughlin (Thanet Children's Committee) and Colin Thompson (Kent County Council), Mark Lemon (Kent County Council), Linda Smith (Kent County Council) and Steve Inett (Healthwatch)

11. APOLOGIES FOR ABSENCE

Apologies were received from the following Board members:

Hazel Carpenter
Mark Lobban
Councillor Graham Gibbens
Dr Tony Martin
Councillor Chris Wells

12. DECLARATION OF INTERESTS

There were no declarations of interest made at the meeting.

13. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 26 May 2016 were agreed as a correct record.

14. DEVELOPMENT PROPOSALS FOR THE THANET HEALTH AND WELLBEING BOARD FROM THE THANET LEADERSHIP GROUP

Madeleine Homer, Chief Executive Officer, TDC and Ailsa Ogilvie, Chief Operating Officer, Thanet CCG introduced the item for discussion.

It was noted that:

-Following the discussions at the away day in May, it was agreed that the Thanet Leadership Group would be moving towards the formation of an integrated commissioning board. The feedback from the away day had confirmed that 'Option 2' was preferred.

-Proposals for what the next steps for the Board might be in developing a new integrated commissioning board and underpinning support groups were outlined.

-Board members raised questions with regard to accountability and the effect on governance for the organisations involved and said that legal advice would need to be sought. It was recognised that the changes would involve cultural changes for the organisations and significant pieces of work would need to be completed in order for the proposed timescale to be met.

-It was suggested that a dedicated project team should be formed to work together and present their findings at the end of the year.

-Board members also raised questions about whether the work of Health and Wellbeing Board would be absorbed by the new board and how appropriate this would be. Issues were raised about the bodies working in parallel from the start date of the new board and the potential effect of the Health and Wellbeing Board no longer meeting.

-Ailsa Ogilvie agreed that she would feed back comments from the meeting to the project team formed following discussions with the Thanet Leadership Group.

15. ANALYSIS OF DEPRIVED AREAS - THANET

Colin Thompson, Consultant in Public Health, KCC introduced the item for discussion.

It was noted that:

-Across Kent, inequalities had not reduced over the last 12 years and the county Health and Wellbeing Board had agreed that there should be a new approach to focus on 10% of areas with the most deprivation. A number of areas in Thanet were considered to be deprived.

-Further work had been completed to analyse the types of deprivation in these areas of Thanet. The Inequalities sub-group would take this work forward with Public Health leading but working with the communities directly.

-It was noted that there would be a multi-agency approach and the aim would be to focus on particular areas in Margate and Ramsgate to develop a plan with communities to improve outcomes over time.

-An asset mapping exercise would be completed in order to show community strengths. New and existing data would then feed into allocation of resources and it would be anticipated that preventative service providers would come forward with innovatory solutions to meet the needs of the particular communities.

16. DISABLED FACILITIES GRANT DETERMINATION

Bob Porter, Head of Housing Services, TDC introduced the item for discussion.

It was noted that:

Funding for DFGs (Disabled Facilities Grants) is passed to TDC to as part of the “Better Care Fund” grant. Initial assessments for DFG works are completed by the Occupational Therapy service. There is no current backlog of assessed applications for DFGs.

Grant allocations for 2016/17 have increased, however, at the same time, the Social Care Capital Grant (SCCG), previously paid to Kent County Council, was discontinued. After making allowance for both DFGs and services previously funded by the SCCG, there remains £360,000 of the funding for this year unallocated.

The report made recommendations about the use of these unallocated funds. Board members agreed to support the recommended uses of the grant funding and made particular reference to the “Beach within reach” scheme.

Meeting concluded : 11.35am

DRAFT MINUTES
West Kent Health and Wellbeing Board Meeting
18 October 2016
16.00 -18.00
Venue: Committee Room A
Tunbridge Wells Borough Council

PRESENT:

Bob Bowes	Chair, NHS West Kent Clinical Commissioning Group (NHS WK CCG)
Alison Broom	Chief Executive, Maidstone Borough Council (MBC)
Malti Varshney	Public Health Consultant, Kent County Council, NHS WK CCG
Gary Stevenson	Head of Street Scene, Tunbridge Wells Borough Council (TWBC)
Lesley Bowles	Chief Officer Communities & Business, Sevenoaks District Council (SDC)
Dr Caroline Jessel	NHS England (NHS E)
Dr Andrew Roxburgh	GP Governing Body Member, NHS WK CCG
Cllr Pat Bosley	Sevenoaks District Council
Steve Humphrey	Director of Planning, Housing & Environmental Health, Tonbridge & Malling Borough Council (TMBC)
Penny Graham	Volunteer, Healthwatch, Kent

IN ATTENDANCE:

Nazima Chauhan	N HS WK CCG
CLIC Trainee	NHS WK CCG
CLIC Trainee	NHS WK CCG
CLIC Trainee	NHS WK CCG
Kas Hardy	PH KCC
Dave Holman	NHS WK CCG
Heidi Ward	TMBC
Helen Wolstenholme	TWBC
Yvonne Wilson (Minutes)	NHS WK CCG

1.	**Welcome and Introductions**	**ACTIONS**
1.1	Chair, Bob Bowes welcomed all present to the meeting.	
1.2	There were no declarations of pecuniary interests made.	
1.3	Apologies were received from: Gail Arnold, Mark Lemon, Dr Sanjay Singh, Dr Tony Jones, Cllr Roger Gough, Cllr Maria Heslop, Cllr Lynne Weatherly, Julie Beilby had advised a Substitute – Steve Humphrey to attend.	

2.	Declaration of Pecuniary Interests There were none declared.	
3. 3.1	**Minutes of the Previous Meeting – 5 July 2016** The minutes of the previous meeting were agreed as a true record.	Chair
4. 4.1	**Matters Arising** There were no matters arising which were not included as items on the agenda, nor reflected in the Forward Work Programme.	Chair
5. 5.1 5.2 5.3	**Assurance Framework** Malti Varshney introduced the report which provided members with an opportunity to examine the West Kent position in relation to progress against a limited number of the Joint Health and Wellbeing Strategy Indicators: Outcome 1 – Every child has the best start in life Outcome 2 – Effective prevention of ill health by people taking greater responsibility for their health and wellbeing and Indicator 3.9, reducing the number of hip fractures for people aged 65 and over (as requested by the Kent Health and Wellbeing Board). Ms Varshney highlighted the eight indicators outlined in section 3 of the report, where West Kent performance was rated 'Red' suggesting performance is below an acceptable level in comparison to the Kent average or National figures and invited comments from members of the Board on the following specific issues: • Increasing Slope Index showing there was little success in addressing inequalities amongst men • Figures showed 2/3 of the population with excess weight • Breast and Cervical cancer screening is decreasing in certain districts (this was of particular concern, as there was evidence from research of a link between deprivation and 'health enhancing behaviours' • There was particular concern regarding Hip Fractures and Injury due to falls. The following comments were shared in discussion: • Where interventions to address falls prevention had been funded, had any evaluation been undertaken to understand the impact /increase in falls?(Cllr Bosley)	

	• There were different parts of the system commissioning interventions aimed at addressing falls, there should be consideration on 'joining up' this activity (Malti Varshney) • The CCG had withdrawn the current Falls Prevention and Postural Stability service. Plans were in hand to enter into discussions about re-procurement (Andrew Roxburgh) • The Board should consider the scope for examining related areas of activity which may impact on these indicators. There was scope for the CCG to assess the Right Care Packs (which provided a focus on variation between activity in West Kent in relation to similar populations and assisted the focus on local areas where intervention, might be necessary. It was suggested that pathways for musculo-skeletal conditions and osteoarthritis might be useful starting points • It was reported that the Board had undertaken a depth review of this issue in the past, concern was expressed about the outcome of that activity – need to re-visit (Alison Broom) • In the last 3 years, the position had been very different as West Kent districts had been held up as exemplars (Bob Bowes) • The Alcohol Task & Finish Group had met recently to review its action plan and had agreed to focus attention on the development of specific measures for assessing improvement. Each action within the Strategy Plan had an identified 'owner/lead agency' and they were being supported to look at what data sets were available and the scope for examining integrated data sets (Kas Hardy) • The role of the Local Children's Partnership Groups was vital in terms of work with children and young people to influence prevention and early education, the Board needed to ensure good dialogue on these issues (Cllr Bosley) • There was also a need to reflect on the complexity of the issue and also to consider the need to address other related issues such as balance, social isolation, depression – Tai Chi, Dance are both activities that could be of benefit. (Caroline Jessel)	Commissioners NHS WK CCG/PH YW Task & Finish Group to report Progress
5.4	**The Board resolved:** **1. To commission a time limited piece of work to explore the 'story' behind the West Kent falls and hips and fractures position and recommend a series of actions to be implemented. That this work to include:** • **Review of the Board's previous work and the outcomes identified and achieved** • **Exploration of Right Care Packs and links between local variation and outcomes** • **Assessment of current Health Pathways and review of potential for improving outcomes by considering the scope for reflection on socially determined interventions as part of the care/support offer (wider**	YW NHS WK CCG

	determinants interventions, self-care; self-management and social prescribing options) • **Explore opportunities for work with relevant strategic partnership groups, agencies, commissioning bodies and population groups to address issues which analysis demonstrates persistent challenges for West Kent.** **2. To encourage its existing Task & Finish Groups orientate their delivery and action plans towards addressing outcomes where there are concerns for West Kent performance as outlined in sections 3 of the report considered by the Board** **3. That the Chair to write to the lead for Alcohol Services in KCC**	MV/TJ Chair/YW to ensure follow up with LCPG Task & Finish Group Chairs Bilateral discussions CI DP/Cllr LW/Cllr AB Chair, YW
6.	**Commissioning Children's Services – Outline Proposals & Prospects**	
6.1	Karen Sharp, KCC was unable to attend the meeting for the presentation. Dave Holman , Head of Mental Health, Children's and Maternity Services and Nazima Chauhan NHS West Kent CCG Senior Commissioning Manager for Children & Maternity Services were in attendance for this item. Mr Holman gave a presentation to the Board which highlighted the key areas of activity and the proposed timetable for commissioning children's, mental wellbeing services and outlined work on a national maternity services pilot which was likely set to transform the scope and character of existing services.	
6.2	The presentation highlights included a focus on: • Facts & Figures (117,000 children & young people aged between 0-19, 23,000 are between 0-4 years old and that children & young people account for approximately 25% of total West Kent CCG population) • Strategic Fit • Levels of Need • Vision and Guiding Principles for the NHS WK CCG Commissioning Plans for Children's Services 2016 – 2021 • Governance Structure • Provider Landscape • Outcomes for Children – West Kent Position	
6.3	Mr Holman advised the Board of the work currently underway to progress the National Maternity Pioneer which followed a National Review of Maternity Services under the chair of Baroness Cumberledge. The following local agencies were involved in Wave One of the initiative: • West Kent CCG • High Weald Lewes Havens CCG • Maidstone & Tunbridge Wells NHS Trust	

6.4	Mr Holman explained that as one of seven areas selected nationwide, local health organisations will work with NHS England to develop and test new approaches for improving maternity care and promote their national adoption. Mr Holman signalled the commitment to include a focus on prevention; opportunities to highlight life-style and behaviour change and to enable a real transformation in the scope and character of local maternity services.	
6.5	Mr Holman reported on current work streams in 2016/2017: • Service model for Special School Nursing Service - *CCG* • Community Paediatric Continence Service - *CCG* • Children's Community Nursing Service - *CCG* • Therapy Services - *CCG* • Review of acute pathways - *CCG* • Commissioning of services for children and young people with special educational needs or a disability – *CCG and KCC*	
6.6	Current Procurements: • School Public Health Nursing including emotional health and wellbeing – *Kent County Council* • Child and Adolescent Mental Health Services – *Kent County Council and CCG* • Health Visiting Service – *Kent County Council* • Family Weight Management – *Kent County Council*	
6.7	Mr Holman concluded the presentation by inviting Board members to consider three key questions: • Is our focus on commissioning priorities correct? • Options for future integrated commissioning arrangements? • Role of the West Kent Local Children's Partnership Groups?	
6.8	Comments and Discussion • Local data shows challenges for West Kent on MMR and Obesity outcomes. Recommended that this information should be considered when developing joint commissioning plans. (Malti Varshney) • How will prevention and social prescribing fit into this agenda (Alison Broom) • LCPGs are developing well and 'have feet on the ground' and are enthusiastic to have been provided with Outcomes Dashboard. Consideration could be given to delegating responsibilities to them (Bob Bowes) • KCC was in the process of having good dialogue/negotiation with Districts and Boroughs on a clearer model on the shape of future public health activity (Alison Broom) • What opportunities could be developed to establish better	See Assurance Framework Report Appendices DH, Chair Role for

	development of local services and approaches especially in light of the STP/Delivering the Five Year Forward View (Bob Bowes/Alison Broom/Dave Holman)	District/Borough involvement in NHS WK CCG Programme Oversight Groups, DH/YW
6.9	The Chair thanked Mr Holman and Naz Chauhan for the presentation and requested that the slide presentation pack be distributed to Board members.	YW
6.10	**The Board resolved to:** **1. Invite KCC and NHS WK CCG to present a detailed written report on progress and plans for closer co-operation in the Commissioning of Children's Services in time for the next Board meeting on 20/12/16.** **2. Explore invitation for District and Borough representation onto the newly established NHS WK CCG Children's Programme Oversight Group.**	YW, KS, DH Chair, DH, YW
7.	**Update: Implementing the Health and Wellbeing Board Annual Report Recommendations**	
7.1	The Chair provided a brief update on progress towards addressing the recommendations emerging from the Board's Annual Report.	
7.2 7.2.1	<u>Officer Development Event 16 August 2016</u> Bob Bowes reported that the officer event in August had been well – attended with presentations from NHS WK CCG, KCC, District/.Boroughs and Public health. The meeting had identified a range of issues and challenges to progressing effective work in partnership. These were outlined in a report to be distributed to Board members.	YW
7.2.2	Gary Stevenson had participated in the event, and had also given a presenting of the current issues and concerns for boroughs and districts. Mr Stevenson reported that it had been positive to gain a better understanding of the different priorities of the partner agencies. Important issues had included considering: • what opportunities existed for influencing each other's agendas at an earlier stage • benefits inherent in being able to put faces and names to job roles of officers in partner organisations when carrying out respective job roles • need for a two way event to share perspectives on local issues/build better knowledge/understanding of organisational priorities and begin to map out areas of joint interest.	

7.2.3	A limited number of suggested actions had been taken forward since the meeting including: • Chief Officer meetings with the Accountable Officer of the CCG and its Chair with their counterparts in each of the District Borough Councils • Organisation of Board awayday on 17 January 2017, at which the issues highlighted at the August Officer event would assist in determining the agenda for the Board's development • The four District/Borough councils were participating in the NHS WK CCG 'Town Hall' event where there would be an opportunity to present to the whole CCG staff group.	Chair, IA HWB Members TWBC, MBC, T&MBC, SDC
7.3	<u>Strengthening Relationships Between the Health and Wellbeing Board and the LCPGs</u>	
7.3.1	The Chair reported on the dialogue with the Chairs of the LCPGs. Individual contacts were made with each of the chairs and a face to face meeting had taken place. The Chair reported that the LCPG chairs had indicated that support from the Board in relation to providing effective links and requests for reviewing the commissioning of services would help address improving outcomes for children.	
7.3.2	Work undertaken by the LCPGs to 'drill down' into priority local issues, e.g., excess weight at Year Reception and Year 6, had shown that interventions needed to happen earlier to focus on prevention opportunities that could only be delivered by Health Visiting and Maternity staff. This meant that influencing the scope of these services through joined up commissioning was vital – but beyond the scope of the LCPGs themselves – but distinctly possible through the intervention and actions at the Health and Wellbeing Board.	
7.4	**It was resolved that:** **1. The Board note the update.** **2. The report on the outcomes from the Officer event to be distributed to the Board members.** **3. The Chair to continue to facilitate connections with the LCPGs which assist positive outcomes for children across West Kent**	YW Chair, YW
8.	**Delivering the Five Year Forward View**	
8.1	<u>Kent & Medway Sustainability & Transformation Plan</u>	
8.1.1	The Chair updated Board members of the progress regarding development of the Sustainability & Transformation Plan for the Kent & Medway footprint. The Chair reported a challenging situation regarding financial sustainability with a £100m deficit in the current year. The STP had therefore included a series of measures with a focus on:	

	• Delivering 'quick wins' on prevention (falls; blood pressure prevention; self-care and patient expertise) • Transforming hospital care (considering the development of centres of excellence and possible hospital re-configuration) • Local Care (with services offered out of hospital in community settings; development of GP Federations and clusters of practices formed around populations of around 50,000 patients supported by enhanced care/support teams which will demand closer relationships with local councils).	
8.1.2	Comments and Discussion: • Earlier engagement with the STP process would have been helpful (AB) • Need to seize opportunities to have discussion with boroughs and districts about assets and plans for 'places' as soon as possible as local councils can help the developments towards 'GP clusters and hubs' happen through their planning, Local Plan role (AB, SH) • Presentation to the Board on the 'West Kent Deal' would be helpful(LB) • NHS WK CCG Town Hall event planned for 10 November, with District and Borough council officers from the 4 local councils presenting to all CCG staff as part of a process aimed at strengthening working relationships between officers and Executive members (MV) • Planning for *health* in local communities is important to help shift the burden away from *healthcare services* towards *'health creating assets'* - based thinking that's more focused on creating healthy societies (Dr CJ)	
8.1.3	**It was resolved:** **1. That Chair, Bob Bowes would support the development of the Federations to encompass the establishing of cluster structures and conversations between GP leaders and District and Borough councils.** **2. District and Borough Council Chief Officers to be invited to meet with CCG Governing Body members to discuss the 'West Kent Deal'**	Chair Chair, YW
8.2	<u>NHS West Kent Clinical Commissioning Group Primary Care Strategy</u>	
8.2.1	Bob Bowes gave a brief outline of the NHS WK CCG Strategy for transforming Primary Care focusing on specific aspects of the presentation slides 'A Vision for a Vibrant and Sustainable Future For Out of Hospital Services in West Kent 2016 – 2021'.	
8.2.2	Dr Bowes explained that plans for the future include networks of practices are working together in *Multisystem Community Providers*; integrated with care teams from community, secondary care, social care and the voluntary sector. New structures and workforce	

	models will allow clinicians to spend more time with their patients, greater continuity of care and higher quality care. Dr Bowes reported that the new ways of working will allow easy access to the right clinician at the right time, and for patients with complex needs proactive management in the community by a wider multidisciplinary team headed up by their GP and appropriate specialist. This approach would be underpinned by a shared clinical record.	
8.2.3	Dr Bowes outlined a selection of the emerging CCG Work Programme for strengthening primary care: • Estate Strategy • Managing demand for general practice services • Reduce the complexity of reporting • Develop IT • Strengthen the workforce; recruitment, training, retention and Make Every Contact Count • Tackle out of hospital bed capacity/Care homes • Enhance access to diagnostics • Build teams of community and complex care nurses • Mental health provision outside hospital • Advice from Consultants • Work with partners to create integrated services	
8.2.4	There was consensus in the meeting about the need to enable the development of closer working relationships with district and borough councils and Make Every Contact Count was felt to be an important vehicle for strengthening confidence amongst staff and professional groups.	
8.2.5	**It was resolved that:** **1. The Board invites Public Health England to attend the Board to give a presentation on Make Every Contact Count.**	YW, MV
9.	**Kent Health and Wellbeing Board**	
9.1	The Chair fed back on issues considered at the Kent Health and Wellbeing Board. The Board was invited to address the following issues: • Review the West Kent position in relation to hip fracture and falls (Discussed under agenda item 5 Assurance Framework). • Consider the work emerging from the Kent Estates Strategy • Board is to seek assurance on the outcomes reflected in the local Obesity Strategy (particularly in relation to children)	Future Agenda Items BB, YW
10.	**National Childhood Obesity Strategy**	
10.1	Apologies were received from Cllr Lynne Weatherly and Jane Heeley.	

10.2	**It was resolved that:** **1. The Task & Finish Group be invited to review the outcomes Identified in the Local Action Plan, following the recent national conference on obesity.** **2. The Task & Finish Group to assess the implications of the new National Children's Obesity Strategy and identify outstanding issues, issues which will need to be reflected in local delivery plans.**	Obsesity Task & Finish Group JH/LW
11. 11.1	**Any Other Business – Future Agenda Items** **The Board resolved to include the following items on the agenda of the December meeting**: • Update: Health Inequalities Action Plans • Commissioning Children's Services • Public Health England Perspective on Delivering Make Every Contact Count	YW
12.	**Date of Next Meeting** 16.00 – 18.00, Tuesday 20 December 2016, Committee Room, Tonbridge & Malling Borough Council, Gibson Drive, King's Hill, West Malling, ME19 4LZ.	All
13.	**<u>West Kent Health & Wellbeing Board Meetings and Events 2016 - 2017</u>:** • 17 January 2017 – Board Development Event, Mercure Hotel • 21 February 2017 - Maidstone Borough Council • 18 April 2017 – Sevenoaks District Council	All