AGENDA

HEALTH AND WELLBEING BOARD

Wednesday, 25th January, 2017, 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, 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, Cllr K Pugh, Mr A Scott-Clark, Dr R Stewart, Cllr P Watkins and Cllr L Weatherly

Webcasting Notice

Please note: this meeting may be filmed for the live or subsequent broadcast via the Council's internet site or by any member of the public or press present. The Chairman will confirm if all or part of the meeting is to be filmed by the Council.

By entering into this room you are consenting to being filmed. If you do not wish to have your image captured please let the Clerk know immediately

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 23 November 2016 (Pages 5 - 14)

To receive and agree the minutes of the last meeting

5 Update from the Kent Drug and Alcohol Partnership (Pages 15 - 24)

To receive a report that provides information about changes to the governance of the Kent Drug and Alcohol Partnership, the latest Kent drug and alcohol strategy which is out for public consultation and summarises the key findings from the recently completed health needs assessments for drugs and alcohol

6 Better Care Fund 2017/19 (Pages 25 - 28)

To receive an update on the requirements for the Kent Better Care Fund Plan 2017-19

7 Health and Wellbeing Strategy: Update Outcome 1 Every Child has the Best Start in Life (Pages 29 - 36)

To receive an update on indicators associated with outcome 1 “every child has the best start in life” of the Kent Health and Wellbeing Strategy

8 Update report on the Children's Integrated Commissioning Project (Pages 37 - 42)

To receive an overview and update on the progress so far of the Children’s Integrated Commissioning Project in North Kent

9 Kent and Medway Safeguarding Adults Board - Annual Report 2015/16 (Pages 43 - 94)

To receive and note the annual report for 2015/16

10 Kent Health and Wellbeing Board Work Programme - 2017 (Pages 95 - 98)

To agree the Forward Work Programme.

11 Minutes of the Children's Health and Wellbeing Board (Pages 99 - 104)

To note the minutes of the Children’s Health and Wellbeing

Board held on 20 September 2016

12 Minutes of the Local Health and Wellbeing Boards (Pages 105 - 132)

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

Canterbury and Coastal – 9 November 2016
Dartford, Gravesham and Swanley – 7 December 2016
South Kent Coast – 20 September and 23 November 2016
Thanet – 10 November 2016
West Kent – 20 December 2016

13 Date of Next Meeting - 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, 17 January 2017

This page is intentionally left blank

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, 23 November 2016.

PRESENT: Mr I Ayres, Dr B Bowes (Vice-Chairman), Ms H Carpenter, Cllr Mrs S Chandler (Substitute for Cllr P Watkins), Dr S Chaudhuri, Ms P Davies, Mr I Duffy (Substitute for Ms F Cox), 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, Mr A Scott-Clark, Dr R Stewart and Cllr L Weatherly

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

UNRESTRICTED ITEMS

246. Chairman's Welcome

(Item 1)

(1) The Chairman said that he proposed to consider the Sustainability and Transformation Plan (STP), which had been published earlier in the day, as an urgent item and welcomed Glenn Douglas who had been asked to introduce it.

(2) The Chairman referred to a letter from the Home Secretary and the Secretary for Health about the desirability of police and crime commissioners and health and wellbeing boards working together. He also said that this Board had planned to invite the Kent Police and Crime Commissioner to a future meeting and suggested that the Kent Health and Wellbeing Board might, in due course, re-consider its membership.

(3) Mr Gough also referred to a letter received from the Parliamentary Undersecretary at the Department of Health, David Mowat MP, encouraging health and wellbeing boards to develop strong relationships with general practices in their areas and highlighting good practice.

(4) The Chairman concluded his opening remarks by saying that a response to the letter about community pharmacies that he had sent together with the Leader of the Council (Paul Carter) and the Cabinet Member for Adult Social Care and Health (Graham Gibbens) had been received. Mr Gibbens said it was important to continue to promote the role of community pharmacies.

247. Apologies and Substitutes

(Item 2)

Apologies for absence were received from Dr F Armstrong, Mr P Carter, Ms F Cox, Dr S Phillips, Cllr K Pugh and Cllr P Watkins. Mr I Duffy and Cllr Mrs S Chandler attended as substitutes for Ms F Cox and Cllr P Watkins respectively.

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

There were no declarations of interest.

249. Minutes of the Meeting held on 21 September 2016
(Item 4)

Resolved that the minutes of the last meeting are correctly recorded and that they be signed by the Chairman.

250. Kent Safeguarding Children Board - 2015/16 Annual Report
(Item 5)

(1) Mark Janaway (Programme and Performance Manager) introduced the report and said it was a statutory requirement that the Kent Safeguarding Children Board (KSCB) reported its annual report to the Health and Wellbeing Board. He also said:

- The new independent Chair of the KSCB (Gill Rigg) had built on the previous year's significant re-organisation of the Board and the increased contribution being made by the Board's sub-groups was having a significant impact on the conduct of the Board's business;

- One of the key challenges for the Board had been the continuing development of its response to Child Sexual Exploitation (CSE). Work in this area included: the establishment of a multi-agency child sexual exploitation group; the establishment of a cohort of 100 multi-agency CSE Champions; and the development of training for taxi drivers and hoteliers in conjunction with district councils in support of Operation Willow;

- A second challenge was to ensure that the voices of children and young people were captured and used to influence the priorities and activity of the Board and partner agencies. The Board has a standing item on its agenda to give young people the opportunity to give presentations to the Board and had provided the opportunity for significant challenge to the Board members from some young people who have experienced services as clients. In addition young people had been directly involved in the KSCB annual conference

- The number of children with a Child Protection Plan in Kent had fallen from 1,240 in March 2015 to 1,049 in March 2016. The Board continued to monitor the position to ensure it was in line with its statistical neighbours and that all agencies had a common understanding of the thresholds for child protection intervention.

- The number of Children in Care (excluding Unaccompanied Asylum Seeking Children) had fallen from 1,502 to 1,454 over the period being reviewed. As of 31 March 2016 (excluding Unaccompanied Asylum Seeking Children) 1,283 Children in Care had been placed in Kent by other local authorities which was an increase of 72 on the previous year;

- At year end, 2014/15, there were 1,052 Children In Need (CIN) cases that had been open for 12 months or more compared with 992 in 2015-16, a reduction of 60 cases. For CIN cases open for 6 months or more, the figures were 1,472 for 2015/16 against 1,633 for 2014/15, a decrease of 161;

- The Kent Family Support Framework (KFSF) had been launched to ensure the highest quality service delivery and improved outcomes for children, young people and families who need Early Help. The Early Help Triage team had received around 800 Early Help Notifications (EHNs) per month. At 31 March 2016, there were 3,143 open cases of children and families being supported by Early Help Units. The percentage of cases closed with a positive outcome had increased from 68.8% in March 2015 to 83.4% in March 2016. The percentage of cases stepped up from Early Help to Specialist Children's Services had reduced from 9.4% in March 2015 to 5.5% in March 2016.

- At 31 March 2016 there were 866 UASC Children in Care in Kent which was an increase of 498 from 368 at 31 March 2015;

- KSCB was committed to publishing the findings from all serious case reviews. One serious review had been commissioned in 2015-16 but had not yet been published because of continuing criminal proceedings;

- A number of multi-agency audits to understand what was happening in relation to protecting children in frontline settings were undertaken. The follow up to the Section 11 audit on the "Voice of the Child" was also undertaken with statutory agencies providing evidence to the Board on progress against their action plans. The outcomes of all audits were used to inform the KSCB training programme.

(2) Mr Janaway concluded by saying that the Board had continued with its scrutiny and challenge role through the development of a business group and that the stable membership of the Board's groups had enabled them to be more focussed on key issues.

(3) The involvement of young people in the work of the Board was welcomed. Mr Ireland provided further information about unaccompanied asylum seeking children and children in care in Kent. He said 1,300 children had been placed in Kent by other local authorities, despite representations to ministers. Of 1,400 Kent children in care, only a very small number were placed outside the authority. There were, however, in total more than 4,000 children in care resident in Kent which was the highest number for any English local authority. Many of these placements were unplanned and, not only were there risks to the children being placed, there was pressure on services in some parts of the county. He said conversations at ministerial level have moved from focusing on the numbers being placed in Kent to the risks to the children of being placed in some parts of Kent.

(4) Mr Oakford said that he was due to meet the Minister of State for Children and Families in the next fortnight and had extended an invitation to that meeting to Kent Police.

(5) Resolved that the Kent Safeguarding Children Board's annual report for 2015/16 be noted

251. Sustainability and Transformation Plan
(Item 5a)

(1) The Chairman welcomed Glenn Douglas (Chief Executive of Maidstone and Tunbridge Wells NHS Trust and former Chairman of the STP Steering Group) and Ian Sutherland from Medway HWB to the meeting.

(2) Mr Douglas said that the publication of the Sustainability and Transformation Plan (STP) earlier in the day had been a significant step forward. He said that progress had been made in establishing the governance arrangements and acknowledged that further work was required in relation to communications and public engagement. Mr Douglas also said:

- The publication of the STP created the ability for the NHS and Social Care to discuss plans and ideas with the public and their own staff;
- The STP for Kent and Medway was very similar to plans produced elsewhere in the country; and reflected the fact that all organisations were facing similar issues;
- It was an advantage that the Kent and Medway STP was a work in progress as it could be influenced following public engagement which was planned for early 2017.
- Ruth Carnall was now Chairman of the STP Programme Board.

(3) Mr Douglas concluded his introduction by asking the HWB to consider its role in supporting the next stages in the process.

(4) The Members of the Board generally welcomed the publication of the STP and considered that the HWB had number of roles in relation to the STP including:

- System leadership in relation to the prevention agenda;
- Ensuring that social care featured in local care plans;
- Establishing linkages between the work being done at Board level, at the health economy level and by CCGs through commissioning plans and working towards using a common language across all plans to facility effective community engagement;
- Strategic oversight of plans to deliver the STP;
- Clinical leadership;
- Promoting further health and social care integration through the BCF including the ESTHER program which was an important element in the workforce development of the STP under the Integration Pioneer programme, managed by the Design and Learning Centre and the work of the Kent Integration Pioneer Implementation Group.

(5) It was also said that:

- The public understood that services needed to change and were keen to be part of that process;

- Current organisation structures had evolved over 20 years and were largely predicated on an internal market in the NHS, however, there was an urgent need to re-align ways of working to meet the demands of the STP;
- Members of the public had expressed concerns about difficulties in making GP appointments;
- Any financial deficit in the system would have to be managed by the STP.

(6) In response to questions, Mr Douglas said:
- Engagement with the public about the STP was planned for early 2017 with any formal consultations starting no sooner than June;
- The drive for greater integration between health and social care made intellectual sense but the challenge was to identify specific issues and projects and assess their effectiveness in enabling greater integration;
- A significant key to success of the STP was effective out of hospital care;
- The commissioning process may need to change to drive further integration;
- The Chancellor's Autumn Statement and a meeting earlier in the day with NHSI made it clear that the financial position would remain challenging with a budget deficit predicted nationally and that it was important to have credible plans.

(7) Mr Sutherland said the discussion about the STP at the Medway Health and Wellbeing Board had been similar to the discussion this evening and that in Medway the importance of health and social care integration had been underwritten by appointing senior representatives from across health and social care to the Clinical Board in addition to nursing and medical representatives.

(8) The Chairman drew the discussion to a close by saying there was broad agreement that the HWB had a continuing role to play in the prevention agenda and the further integration of health and social care and acknowledged changes being made to the BCF which would further support integration. He also said that key elements of the STP would flow into the HWB's future work programme.

252. Review of Outcome 5 - Dementia
(Item 6)

(1) Alison Duggal (Deputy Director of Public Health) introduced the Assurance Framework report which set out information on indicators related to Outcome 5 of the Health and Wellbeing Strategy, focussing on "People with Dementia are assessed and treated earlier and are supported to live well" and also considered the interface with the Sustainability and Transformation Plan. She said there was evidence that progress had been made in increasing the number of patients diagnosed with dementia as a percentage of the estimated prevalence; however, for some of the indicators data was either not available or very limited.

(2) Anne Tidmarsh Director Older People and Disability - KCC), Elizabeth Lunt (Clinical Chair- Dartford Gravesham and Swanley CCG), Dave Holman (Commissioner – West Kent CCG) and Linda Caldwell (Commissioner - East

Kent CCGs) gave a presentation which is available on-line as an appendix to these minutes.

(3) During the discussion the move away from the medicalisation of dementia and increased support being provided by local communities and the voluntary sector to enable people to continue to live independent and social lives was welcomed and supported. Some examples of good practice were shared including: dementia drop-in clinics being trialled in Deal; the development of extra care housing in conjunction with district councils; and the provision of training and education programmes for care and nursing home staff;

(4) The importance of support and training for staff in nursing and residential care homes and for domiciliary care staff to enable them to respond to the challenging behaviour associated with some cases of dementia was emphasised. The need to engage with regulatory organisations was also mentioned particularly as care home owners needed to be confident they would not transgress any regulation while providing good quality end of life care.

(5) It was also said that the care pathway should start prior to diagnosis as there was evidence that the progress of or onset of dementia could be delayed.

(6) In addition to prevention and early diagnosis, it was also acknowledged that some people will inevitably get to a more advanced stage of dementia, especially close to the end of their lives and it was important to ensure that training and attitudes in care homes and among regulators did not encourage unnecessary hospital admissions.

(7) In response to a question Mr Holman said that the framework for commissioning services to provide support from diagnosis to end of life should be re-visited. Ms Caldwell said that the mental health service could be involved in supporting patients make the transition into a care home and ensuring that the staff understood any individual needs.

(8) Resolved that:

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

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

(c) Following the Dementia Risk Summit, Local Integrated Commissioning Groups be asked to ensure a robust local system for integrated commissioning and provision of care for people with dementia;

(d) The Health and Wellbeing Board receive a further report in 2017 which would include: best practice in care pathways; workforce development particularly in relation to care homes and domiciliary care services; the

prevention and delay of the onset of dementia including the programme of health checks; as well as considering the relationship with regulators.

253. Developing a Joint Health and Wellbeing Strategy 2018-21
(Item 7)

(1) Karen Cook (Policy and Relationships Adviser – Health) and Mark Lemon (Strategic Relationships Adviser – Health) introduced the report which set out an overview of initial thinking about the development of the next Kent Joint Health and Wellbeing Strategy (JHWS).

(2) In response to a question, Mrs Cook said that the proposed JHWS working group would use the multi-agency data and information group and the findings of the Kent Integrated Dataset to inform the development of performance indicators and outcome measures for the strategy.

(3) Steve Inett volunteered to be a member of the proposed JHWS working group.

(4) Members of the Board expressed concerns about the capacity of staff and Board members to undertake the work associated with the STP and the development of a new JHWS. It was, however, also recognised that a new JHWS was required and that it should be done as soon as possible so it could inform and guide the STP work.

(5) Resolved that:

(a) The guidance on the timeline and structure for the new JHWS 2018-21 outlined in the report be noted; and

(b) A Joint Health and Wellbeing Strategy working group be established as a sub group of the Health and Wellbeing Board.

254. Developing the Relationship between the Kent Health and Wellbeing Board and the VCS
(Item 8)

(1) Lydia Jackson (Policy and Relationships Adviser -VCS) and Steve Inett (CEO – HealthWatch) introduced the report which set out details of a survey conducted by HealthWatch Kent to gather the views of the of the voluntary and community sector (VCS) in relation to its future relationship with this Board and suggested some possible next steps.

(2) The survey had provided sound evidence of a desire amongst the VCS to engage with the Board and to influence the design and delivery of health and social care services and most preferred email or communication via an umbrella organisation.

(3) Ms Jackson also said that to be effective, any engagement needed a well-defined purpose and clear parameters and suggested that the development of the Joint Health and Wellbeing Strategy provided an opportunity to test out how the relationship between the Board and VCS might work in practice.

(4) Mr Ireland said that the re-commissioning of the infrastructure support referred to in paragraph 3.2 had not yet been fully completed as work was underway to overcome technical procurement issues before the contract was finalised.

(5) During the discussion of the items it was suggested that the HWB may need to re-consider its previous decision not to include health and social care providers in the Board's membership.

(6) Resolved that:

(a) The findings of the recent survey conducted by Healthwatch be noted;

(b) The proposals to engage with the VCS be noted;

(c) The establishment of a working group to consider how engagement is best taken forward over the longer term be agreed.

255. Kent Transformation Plan for Children, Young People and Young Adults' Mental Health and Wellbeing
(Item 9)

(1) Andrew Ireland and Ian Ayres introduced the report.

(2) Mr Ireland said that the Kent Transformation Plan for Children, Young People and Young Adults' Mental Health and Wellbeing was a very important document which addressed previous concerns and demonstrated the ability of the system to develop a coherent and transformational policy that could influence the commissioning and procurement of services. He also said young people had been involved in every stage of its development and drew the Board's attention to figure 1 in the report.

(3) Mr Ayres said that a number of lessons had been learned from the process including the length of time taken to reach the point where co-commissioning could take place. He also said that dialogue with providers had started and the plan was to send out invitations to tender for CAMHS services early in 2017, award contracts in February and for the new providers to start in September.

(4) Resolved that the Kent Transformation Plan for Children, Young People and Young Adults' Mental Health and Wellbeing be noted.

256. 0-25 Health and Wellbeing Board
(Item 10)

Resolved that the minutes of the meeting of the 0-25 Health and Wellbeing Board held on 15 June 2016 be noted.

257. Kent Health and Wellbeing Board Work Programme
(Item 11)

Resolved that work programme be endorsed subject to links with the Sustainability and Transformation Plan being considered at the next agenda setting meeting.

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

Resolved that the minutes of the local health and wellbeing boards be noted 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.

259. Dates of Health and Wellbeing Board Meetings in 2017/18
(Item 13)

Resolved that meetings of the Health and Wellbeing Board take place at 6:30pm on 7 June, 19 July, 20 September, 22 November 2017, 24 January and 21 March 2018.

This page is intentionally left blank

From Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Ireland, Corporate Director Social Care, Health and Wellbeing, Kent County Council

Andrew Scott-Clark, Director of Public Health, Kent County Council

To: Kent Health and Wellbeing Board

Date: 25th January 2017

Subject: Update from the Kent Drug and Alcohol Partnership

Summary: There have been significant changes in the commissioning of Substance Misuse Services since the formation of the Health and Wellbeing Board. This report provides the Kent Health and Wellbeing Board with an overview of changes to the governance of the Kent Drug and Alcohol Partnership (KDAP). The report also informs the H&WBB of the latest Kent drug and alcohol strategy which is out for public consultation. There have also been a number of national and local changes to the pattern of drug use. Therefore this report also summarises the key findings from the recently completed health needs assessments for drugs and alcohol, the latest performance data for substance misuse (see appendix).

Recommendations:

- The Kent Health and Wellbeing Board are asked to **COMMENT** on and **ENDORSE** the governance arrangements of KDAP
- The Kent Health and Wellbeing Board are asked to **COMMENT** on the themes of the new drug and alcohol strategy, now out for public consultation.
- Health and Wellbeing Board members are asked to **NOTE** the consultation period and **RESPOND** to the consultation with more detailed comments.

1. Introduction

Under the Health and Social Care Act (2012), local authorities have the duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse. Prior to this act, Kent Drug and Alcohol Team commissioned services on behalf of a range of partners. With the commissioning changes to the NHS, the public health grant to Local Authorities took responsibility of commissioning

Substance Misuse services. This paper updates the Health and Wellbeing Board on the new governance arrangements, the latest Drug and Alcohol Strategy (out for consultation) and provides information on needs and performance in the appendix to this report.

2. Governance Arrangements

2.1 The Kent Drug and Alcohol Partnership (KDAP) replaced the previous KDAT Board (Kent Drug and Alcohol Team) in 2015. The changes in commissioning arrangements in the NHS and in Public Health highlighted the need for improved governance arrangements and strengthened partnerships.

2.2 The primary commissioner for substance misuse treatment services is now Kent County Council, however the commissioning for prevention is spread across the Health and Criminal Justice System. NHS England also retains commissioning leadership for Prison Health Care. This makes the function of a co-ordinated and strategic partnership important. Previously the Kent Crime Partnership Board was the key strategic lead for the KDAT. In future the Kent Crime Partnership and the Kent Health and Wellbeing Board will take oversight of the new KDAP.

2.3 The Kent Drug and Alcohol Partnership (KDAP) brings together key partners to oversee plans that aim to ensure communities and individuals receive the support that they need to tackle substance misuse, and that communities are protected from the impacts of the misuse of drugs and alcohol. The Partnership works collaboratively with a number of groups and agencies to ensure all partners are involved in the development of joint strategies where appropriate.

2.4 Key functions of KDAP include:

- shaping and contributing to the strategy and vision for the substance misuse system across Kent for agreement at the relevant governance boards,
- monitoring the delivery of Kent drug and alcohol strategies and relevant sections of Kent's Joint Strategic Needs Assessment for drugs and alcohol.
- monitor changing trends in drug and alcohol misuse in Kent and review possible impacts on communities and public services.
- champion service user involvement and ensure representation and feedback is embedded in relevant processes.
- oversee the performance and outcomes of service delivery
- oversee the safety and lessons learned from Serious Incidents across the partnership

2.5 KDAP consists of partners from a range of agencies. Within Kent County Council membership includes the Corporate Director of Social Care, Health and Wellbeing, the lead Consultant in Public Health for drugs and alcohol, the Head of Public Health Commissioning, the Head of Mental Health Commissioning, the Director of Early Help Services, and the Director for Environment Planning and Enforcement. Membership from other agencies

include a Chief Executive representative from the District Councils, representation from Kent Police, Office of the Police and Crime Commissioner, HM Prison Service, lead commissioners from Clinical Commissioning Groups, Jobcentre Plus, service user representation, NHS England and Public Health England. KDAP is chaired by the Corporate Director of Social Care, Health and Wellbeing. The vice chair is currently the Chief Executive of Maidstone Borough Council.

2.6 From 2017, the Partnership will meet twice per year. A Joint Commissioning Group has been established to complement and operationalise the work of KDAP. This group ensures that there is a collaboration between commissioning groups in Kent, horizon scanning to identify areas of commissioning which impact on drug and alcohol commissioning. The group also oversees quality issues, performance and data sharing.

2.7 There is a sub-group of the KDAP which has been set up to learn lessons from Drug & Alcohol Deaths across the whole health and crime system. . This group has close links with other system wide learning and review groups including Kent Safeguarding and Domestic Homicide Reviews.

3. Health Needs Assessments

3.1 The effective commissioning of drug and alcohol services and ability to tackle and prevent harms associated with drug and alcohol misuse need to be led by robust needs assessments. These are produced by Kent Public Health with the assistance of a range of partner data (e.g. police and crime, education and districts).

3.2 The drug and alcohol needs assessments quantify the extent of misuse of alcohol and drugs in Kent; the effect this is likely to have on people and thus on health and social care and other services, and on prevention and early interventions and, the nature of current services and treatment demand for substance misuse; and what might be done to better meet identified needs. These needs assessments make clear recommendations for commissioning and feed into the Joint Strategic Needs Assessment for Kent (JSNA).

3.3 Three health needs assessments (Children and Young People's Substance Misuse, Adult Drug Misuse, Adult Alcohol Use) were produced in 2016 for drugs and alcohol to help shape future strategic commissioning. Further details and key findings can be found in Appendix 1

4. Kent Drug and Alcohol Strategy 2017-2022

4.1 The previous Kent Alcohol Strategy 2016 and Kent Police Drug and Alcohol Strategy (ending early 2017) had notable successes. For example, there has been an increase in the number of Alcohol Identification and Brief Advice (IBAs) interventions delivered and, Kent Police have been involved proactively working with Kent Trading Standards on local enforcement, e.g. restricting the supply of illegal drugs and alcohol.

4.2 The new strategy has been jointly produced by Kent Police and Kent Public Health Department on behalf of the Kent Drug and Alcohol Partnership and builds on the work from the previous strategies. It will ensure that treatment services are more focused on those with complex drug and alcohol issues. It reflects the new level of complexity in the landscape of supply and demand of drugs and alcohol.

4.3 The priority areas and key themes forming the basis of the strategy are displayed in the table below. These are applicable to both adults and children and are aligned to national evidence and locally identified priorities.

Table 1 Drug and alcohol strategy themes

Theme	**Main tasks – *example activity***
Resilience	Maintain focus upon building resilience in individuals
Identification	Increase workforce training and screening capacity in both statutory and non-statutory organisations Public information and education
Early Help & Harm Reduction	Drug and alcohol pathways Increasing and earlier referrals to treatment services especially for at-risk groups Reduce preventable mortality and morbidity
Recovery	Move from an acute (episodic) model of care to a sustained recovery model. Improve support for sustained recovery
Supply	Disrupt related criminal activities Public health data contributing to the licensing process

4.4 There are no financial implications to the development of this strategy other than to make best use of available commissioning resources across the health and social care and partnership economy.

4.5 The strategy is currently out for public consultation. The consultation will close on Sunday 19th February 2017. The consultation document is available online via the KCC website and will be communicated with local health and wellbeing boards and community safety partnerships. The consultation will include focus groups with drug and alcohol service users (young people and adults), protected characteristic groups and mental health action groups and young people. The final strategy will be developed throughout 2016-17 following consultation and feedback from partners and the public. It will be launched in April 2017. A specific strategy group will be formed to oversee its implementation. This group will give a regular update of progress to the Kent Drug and Alcohol Partnership.

5. Links to Kent Health and Wellbeing Strategy

5.1 The role of KDAP has strong links to the Kent Health and Wellbeing strategy. For outcome 2 – 'Effective prevention of ill health by people taking greater responsibility for their health and wellbeing', a key priority is 'Transform services to improve outcomes'. This includes improving identification of those who may be at risk. For alcohol, this involves the wide implementation of IBAs (Identification and Brief Advice). They are an evidence based tool that can change risky alcohol use in individuals. IBAs typically involve: Identification: using a validated screening tool to identify 'risky' drinking and Brief Advice: the delivery of short, structured 'brief advice' aimed at encouraging a risky drinker to reduce their consumption to lower risk levels. This level of IBA is a central element of preventative health and part of the Strategic Transformation Plan for the NHS and Social Care.

5.2 Outcome 4 is 'People with mental ill health issues are supported to live well'. There is a strong association between problematic substance misuse and mental health issues. Partnerships, sharing staff and resources has been shown to increase the effectiveness and delivery of dual diagnosis provision, and improve the transparency of dual diagnosis prevalence.

5.3 The current providers of the Drug and Alcohol services in Kent are Addaction, (providing prevention and treatment for children and adolescents), CLG (Adult Treatment Services in West Kent and Swale) and Turning Point (Adult Treatment Services in East Kent). All services are currently performing above the national average (See Appendix 2).

6. Recommendations:

- The Kent Health and Wellbeing Board are asked to **COMMENT** on and **ENDORSE** the governance arrangements of KDAP
- The Kent Health and Wellbeing Board are asked to **COMMENT** on the themes of the new drug and alcohol strategy.
- Health and Wellbeing Board members are asked to **NOTE** the consultation period and **RESPOND** to the consultation with more detailed comments.

7. Contact details

Report Author:
Name Colin Thompson – Public Health Specialist
Telephone number 03000 416763
Email colin.thompson@kent.gov.uk

Name Jessica Mookherjee– Public Health Consultant
Telephone number 03000 416379
Email jessica.mookherjee@kent.gov.uk

Relevant Director:
Name Andrew Scott-Clark – Director of Public Health
Telephone number 03000 416659
Email address andrew.scott-clark@kent.gov.uk.

Appendix 1: Key findings from Kent's Substance Misuse needs assessments

Key findings from children and young people drugs and alcohol needs assessment

1.1 In 11-15 year olds in Kent, levels of drug taking and alcohol consumption are declining. However drug use increases with age. Girls and boys were equally likely to have taken drugs and cannabis is the most widely used substance (61%) with 7% of pupils report having taken it in the last year.

1.2 In Kent 39% of pupils in years 7 to 11, reported drinking alcohol at least once. The good news is that is the lowest rate since records began in 1988. This trend is also reflected in the reduction of alcohol related hospital admissions in those aged below 18 years nationally and in Kent.

1.3 The age at which young people start to misuse substances is a strong predictor of the severity of their future misuse problems. The more resilient young people are, the better the likelihood is that they will successfully overcome these problems. There is some evidence that although fewer young people in Kent abuse drugs and alcohol – the ones that do are more complex and vulnerable than the national average.

1.4 One-in-four deaths amongst 16-24 year olds are related to alcohol. Children who drink are at a greater risk of brain damage. They are also at greater risk of developing problems with alcohol in later life including dependency. Young people who drink alcohol also have a higher risk of being involved in road traffic accidents.

1.5 Young people who live in deprived areas are more likely to drink alcohol, drink at an earlier age, and drink to excess. This relationship was stronger for young women than young men. The effects of higher alcohol consumption in areas of deprivation are likely to be compounded by inequalities which adversely affect nutrition, exercise and emotional well-being.

Key findings from Kent adult drugs needs assessment

1.6 There has been a long-term decline in the use of drugs and drug use is now at its lowest figure for ten years. Those that misuse drugs and alcohol are typically getting older, with the most at-risk age group being 45+. This age group has the highest level of drug-related mortality. Some of these deaths are a result of this cohort's poor physical health and pre-existing health conditions.

1.7 The complexity and fast-changing nature of the drug market has exposed several areas of concern to address in Kent. Chief amongst these are: The spread of infections in people who inject drugs (PWIDs) including for Men

who have Sex with Men (MSM) and anabolic steroid users and the rise of the use of new psychoactive substances (NPS).

1.8 A secure and safe housing environment is a key factor to facilitate and sustain recovery for people with drug and alcohol problems. Individuals who have both addiction problems and homelessness or the risk of homelessness are more likely to have a wider range of needs across health, social care, drug and alcohol misuse and criminal justice. Government welfare reforms represent a significant and challenging development within the area of drug and alcohol misuse field with the large number of problem drug users in need of housing and employment support.

1.9 There is a strong relationship between deprivation and drug and alcohol misuse. Those living in urban areas are more likely to be misusing illicit drugs as are those frequenting night clubs and pubs.

Key findings from adult alcohol needs assessment

1.10 Good progress has been made in Kent by partners to implement the Kent Alcohol Strategy 2012-14. Over 11% of the Kent population 18+ has received information and advice on drinking alcohol. This was against a target of 9%.

1.11 Local estimates by Kent Public Health identified about 68,000 people in Kent will have some degree of alcohol dependency. National calculations based on a tool by NICE (2014) estimated that in Kent nearly 264,000 people are drinking at increasing and high risk levels (23% of the population over 18 years old).

1.12 It is estimated that of the 53,000 alcohol-dependent individuals in Kent who require treatment services.. Treatment services report that individuals are too often referred to them ‘too late’ for meaningful intervention.

1.13 The rates of moderate to severely dependent drinkers are higher in males. It is estimated that men comprise 89% of the moderate to severely dependent drinkers. However they only made up 64% of the structured treatment population in 2013/14.

1.14 There are large variations across Kent on who accesses services. Gravesham and Thanet recruit a large proportion of higher risk drinkers into treatment. Sevenoaks and Dartford have rates of recruitment that are the lowest in comparison to their expected rates. Maidstone has relatively poor health outcomes and a lower than average number of those expected to be treatment services.

1.15 The needs assessments can be found via the Kent Public Health Observatory.

Children and Young People's Substance Misuse
http://www.kpho.org.uk/__data/assets/pdf_file/0009/64458/Jess-Version-CYP-Substance-Misuse-Final-Draft-July2016-v2.0-2.pdf

Adult Drug Misuse
http://www.kpho.org.uk/__data/assets/pdf_file/0007/64456/Drugs-adults-NA-v1.3a-final2.pdf

Adult Alcohol Use
http://www.kpho.org.uk/__data/assets/pdf_file/0006/64455/Alcohol-NA-final.pdf

Appendix 2 The current performance of Commissioned Substance Misuse Treatment services

2.1 Young people's service

The young people's substance misuse service is provided by **Addaction**. They deliver public health interventions alongside their work on substance misuse; young people accessing early intervention services and specialist treatment receive stop smoking information are given sexual health information and for whom it is appropriate, are screened for chlamydia.

Table 1: Proportion of planned exits from specialist services in Kent

	Target	14/15		15/16				16/17		DoT
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
% with a planned exit	85%***	94% (a)	97% (a)	94% (a)	94% (a)	96% (a)	94% (a)	91% (a)	93% (g)	⇧

Source: Addaction, provider of young people's substance misuse services
*** Target amended as of Q2 2016/17; online business plan updated by SBDI with authorisation

It has been agreed between Public Health and Strategic Business Development and Intelligence for the target of those with a planned exit to be amended to 85%, reflecting national performance in 2015/16. This target has not been reviewed in a number of years and not since commissioning moved to Public Health, with a high-risk and more complex client group than experienced nationally it was agreed that a more realistic target would be needed to account for the challenging delivery of structured treatment necessary for a planned exit.

2.2 Adult service

The adult people's substance misuse service is provided by **Turning Point** in East Kent and **Change Grow Live** in West Kent.

The proportion of people in drug or alcohol treatment who completed treatment successfully in the twelve months to the end of Q2 fell to 29.4%. This is slightly below the target of 30% but is still significantly better than the national average (for 2015/16) of 22%. Commissioners are raising concern at the rate of decline, particularly in the areas with the sharpest decreases.

	Target	14/15				15/16				16/17		DoT (2 recent)	DoT (previous time frame)
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		
Proportion of adult drug and alcohol treatment population that successfully completed treatment (rolling 12 month basis)	**30% (16/17)**	**26 %**	**25 %**	**27 %**	**29 %**	**29 %**	**31 %**	**34 %**	**33 %**	**31 % (g)**	**29 % (a)**	⇩	⇩

This page is intentionally left blank

By: Roger Gough, Chair of Kent Health and Wellbeing Board

To: Kent Health and Wellbeing Board – 25th January 2017

Subject: **The Kent Better Care Fund 2017-19**

Classification: Unrestricted

Summary: This paper provides an update on the requirements for the Kent Better Care Fund Plan (KBCF) 2017-19. It also seeks clarification on the strategic direction and its part within the wider Integration by 2020.

FOR DECISION

1. Introduction

1.1 As the second year of the Kent Better Care Fund is nearing completion attention needs to be drawn to developing the future year plans. At the time of writing the Policy Framework and Planning Guidance has not been issued. However there is sufficient information to provide an update to the Board on the expected planning requirements and to agree the strategic direction.

2. The 2017-19 Kent Plan

2.1 There will be a requirement to submit two year plans covering 2017-19. The intention is to reduce the overall planning burden as far as possible. They are expected to be an evolution from previous plans rather than a complete rework. They should be part of the wider integration approach and should align, where appropriate to other plans locally, for example STP and Social Care Transformation.

2.2 The planning requirement includes the following:

- Narrative Plan
  - Vision for health and social care integration (Roadmap)
  - National conditions
  - Evidence based plan
  - Approach to risk
- Funding Contributions
  - Confirm funding, including in relation to national conditions
- Spending Plan
  - Confirm Schemes, including amounts, funding source and commissioner
- Metrics
  - Four national metrics – Non Elective Admissions; Admissions to residential care homes; Effectiveness of reablement; Delayed transfers of care

2.3 Areas are being given the opportunity to 'graduate' from the BCF if they are able to move beyond its planning requirements. There will be a first wave to trial the process. The likely requirements include a shared commitment and vision for integration by 2020 with a sufficiently mature system for health and social care as well as pooling above the minimum and commitment to greater alignment.

2.4 The assurance process will consist of two rounds and will be a shared process across the NHS and Local Government with simplified plan ratings.

2.5 The Local Government Finance Settlement 2016/17 confirmed the continuation of the BCF (for 2016/17 the existing Kent Better Care Fund totaled £105m) and additional funding for adult social care through the Improved Better Care Fund (iBCF) worth £1.5bn by 2019/20. In the interim years, the additional funding through the iBCF will be worth £105m in 2017/18 and £825m in 2018/2019. This additional funding will come from the Department of Communities and Local Government (DCLG), the same source as the Revenue Support Grant (RSG). Indicative allocations for Kent are as follows:

Year	Allocation £m
2017-18	£ 0.3m
2018-19	£17.5m
2019-20	£33.7m

3. Integration & Graduation Roadmap

3.1 The requirement for Areas to submit their vision for health and social care integration provides an opportunity to articulate what this looks like for Kent in line with the STP. Whilst it is likely to change there needs to be agreement about the milestones and direction. For example:

2017/18 Integrated teams with joint leadership
2018/19 Further Alignment
2019/20 Full Integration

3.2 By identifying the key objectives which can be delivered through the plans now (for example integrated equipment, care navigators) and those that take us further as the STP plans develop (e.g. integrated commissioning) we ensure that any roadmap laid out in BCF plans aligns with and compliments the STP timetable.

4. National Conditions

4.1 The number of National Conditions has been reduced from eight to three:

- Jointly agreed plan
  - Agreed by HWB(s)
  - All minimum funding requirements met

- Social Care maintenance
  - Real-terms uplift over the SR period
  - Local areas can agree higher contributions from the CCG minimum

- NHS commissioned out of hospital services
    - Ring-fenced amount for use on NHS commissioned out of hospital services
    - Areas are expected to consider holding funds in a contingency if they agree additional targets for NEA above those in the CCG operational plan

4.2 Narrative plans are expected to detail how the BCF monies will deliver these National Conditions over the two year period.

4.3 Although there is no longer a national condition on Delayed Transfers of Care (DToC), they will continue to be measured as in previous years.

4.4 Plans should set ambitions for reduction and link these to wider activity plans to reduce DToC

5. Performance Metrics

5.1 The performance metrics remain the same as previous years. The HWB is required to agree performance targets against these metrics for the two year period. Performance against the targets will be reported again quarterly.

6. Recommendations

The Kent Health and Wellbeing Board is asked to:

(1) Note the draft planning guidance for the KBCF 2017-19.

(2) Discuss the Integration Roadmap and agree the strategic approach.

Authors
Mark Sage, Finance Manager (03000) 416636
Anne Tidmarsh, Director Older People and Physically Disabled (03000) 415521
Jayne Urwin, BCF Coordinator, (03000) 416792

This page is intentionally left blank

By:	Roger Gough Cabinet Member for Education and Health Reform Andrew Scott-Clark Director of Public Health
To:	Kent Health and Wellbeing Board
Date:	25th January 2017
Subject:	Health and Wellbeing Strategy: Update Outcome 1 Every Child has the Best Start in Life
Classification:	Unrestricted

Summary:
This report provides an update on indicators associated with outcome 1 "every child has the best start in life" of the Kent Health and Wellbeing Strategy.

Recommendations:
The Board are asked to comment on and endorse the contents of this report.

1. Introduction

1.1 This report provides an update on indicators associated with outcome 1: "Every child has the best start in life" of the Kent Health and Wellbeing Strategy. The evidence is clear that experiences in the early years have lifelong impact, with effects ranging from obesity, heart disease and mental health conditions to educational attainment and economic status. There is good evidence that improving the health and wellbeing in the early years is crucial to reducing health inequalities across the life course.

1.2 To work towards the ambition of giving every child the best start in life, it is essential to have strong partnerships across organisations that support children and families. Progress is being made with partners in Kent to ensure a focus on early intervention and ensure that those most in need are supported. Work is also underway to develop clear pathways of interventions to facilitate a seamless experience for families. For example, KCC and the seven CCGs have been working together to procure emotional health and wellbeing services ranging from universal prevention to specialist support for those young people who have developed a mental health condition. This has allowed a renewed focus on early intervention and prevention whilst ensuring those who need specialist services receive them in a timely manner.

1.3 KCC is linking closely with partners through Local Childrens Partnership Groups (LCPG's) at a district level to enhance understanding and delivery against the indicators set out in the Children and Young Peoples Framework (CYPF). The CYPF was ratified and agreed through the Kent 0-25 Health and Wellbeing Board. Partners have committed to taking it through their own governance structures and it has been ratified at the KCC Cabinet Committee for specialist children's services.

1.4 These indicators were agreed through the Health and Wellbeing board as part of the development of the CYPF and form the basis of all target setting within the districts. Dashboards are produced on a bi-monthly basis to coincide with the LCPG meeting schedule. They enable a local prioritisation, based on a dashboard which sets out the performance of all indicators locally.

1.5 This is further enhanced by the allocation of LCPG Early Help grants that are distributed against local priorities and targets. This enables the partnership groups to not only look at need specific to their district, but also put in place community initiatives delivered by local partners and organisations to tackle issues head on. The next round of these grants is currently underway with moderation and grant allocation completing for early February 2017 for the 17/18 financial year.

2. Indicator update

2.1 Appendix 1 details the indicators associated with outcome 1 from Kent's Health and Wellbeing Strategy. This section provides details on the key points arising from the data, in particular where Kent has seen a decrease in performance or is performing worse than England as a whole.

2.2 **Indicator 1.4:** There has been a reduction in the rate of conceptions to under 18 year olds, following the low term trend The rate in Kent is similar to the rate in England as a whole. There remains variation across the County with the highest rates in Swale and Thanet and the lowest in Sevenoaks and Tunbridge Wells.

2.3 **Indicator 1.6**: There has been a rise in the level of school readiness in Kent to 72.9% of children at the end of the reception year. Kent continues to be well above the national average for this measure.

2.4 **Indicator 1.14:** The unplanned hospitalisation rates for asthma in children and young people under 19 has improved.

2.5 **Indicator 1.1:** This indicator presents ongoing challenges in reducing the percentage of women who are smoking at the time of delivering their baby. Kent has seen a reduction from 17.1% of women smoking in 2009/10 to the current figure of 13.7%. However, the percentage across England as a whole has reduced to the same degree from 14.1% to 10.1%. There is significant variation across Kent in the proportion of women smoking at the time of delivery, with 19% smoking in Thanet compared to 9.7% in Maidstone, Tonbridge and Malling and Tunbridge Wells.

2.6 In response to these challenges, a number of actions have been taken. KCC Public Health has invested in a specialist Smoking in Pregnancy Midwife at East Kent Hospitals University NHS Foundation Trust to support the implementation of the evidence base BabyClear programme. This programme supports universal Carbon monoxide monitoring of all women at their booking appointment and onward referral for support.

2.7 A recent multiagency meeting between all maternity providers in Kent, CCG Commissioners, Children's Centres, Health Visiting and KCC Public Health has

started a dialogue to work in partnership to reduce the smoking prevalence across Kent. In addition South Kent Coast, Swale and Thanet CCGs have very recently been awarded £75,000 grant funding each by NHS England to address the high rates of smoking in pregnancy. An initial meeting is due to take place across partners to plan how to most effectively use the monies to improve outcomes.

2.8 **Indicator 1.2 and 1.3**: Initiation levels of breastfeeding remain below the National level; both Kent and England have shown no improvement over the previous year. The proportion of women breastfeeding at delivery varies across Kent, the lowest rate of initiation is found in Gravesham at 63.7% and the highest in Tunbridge Wells at 84.7%.

2.9 Local data indicate that 45.9% of babies are partially or fully breastfed at 6-8 weeks. This is similar to the national rate of 43.2% although there are variations at a district level mirroring those found at initiation.

2.10 The data for Kent and a large number of other local authorities is not published in the Public Health Outcomes Framework as it does not meet the PHE threshold of 95% coverage of all babies who are due a 6-8 week check. This is mainly due to the tight timeframes allowed for carrying out the 6-8 week check and the reporting the data. The coverage in Kent has improved significantly in recent months and reached 95% in Q2 16/17 (the latest period for which data are available) since the responsibility for reporting breastfeeding status transferred to Health Visitors.

2.11 Work is underway to improve the proportion of babies who are breastfed. All maternity services are seeking to gain or improve their level of accreditation with the World Health Organisation's Baby Friendly Initiative. This programme provides an evidence-based set of standards to improve rates of breastfeeding. The Health Visiting Service and Children's Centres have recently gained stage one accreditation and are working towards stage two. This has included carrying out comprehensive training across the workforce to support breastfeeding and an improvement in organisational systems to systematically support families with infant feeding. KCC Public Health continues to support PS Breastfeeding Community Interest Company to support women to breastfeed, through the provision of specialist and peer-support groups. They have also undertaken a programme of insight work in partnership with ActivMob, with a focus on Swale to understand why rates of breastfeeding are low, this is informing pathway development across services in Swale and Kent as a whole.

2.12 **Indicator 1.5:** The uptake of the second dose of MMR vaccination at the age of 5 in Kent is now lower than the required level to achieve "herd immunity" at 95% and has fallen over the last years of recording. The uptake in Kent at 82.4% is lower than England as a whole at 88.6%. The uptake in England and the South East region has been increasing year on year, whereas Kent has seen a two year decrease from a high of 92.2% in 2012/13. NHS England is responsible for commissioning childhood immunisations and this is shared with local CCGs where there are co-commissioning relationships. There is significant variation in the uptake of vaccination by general practice. The accuracy of the data presented here, which is gathered through the COVER national reporting system has been questioned. Data collected directly from practice systems suggests that the uptake in Kent is higher and similar to the national figures.

2.13 Evidence suggests that uptake can be increased and a package of measures such as ensuring the accuracy of data recording, good practice call/recall systems, targeting children who are at greatest risk of not receiving immunisations and ensuring other health professionals in contact with young children communicate the benefits of immunisations and encourage them to book appointments if appropriate have all been demonstrated to improve uptake. Currently work is being undertaken by the local NHS England Team and local CCGs to improve uptake of immunisations. More detailed discussions and expert advice on how to manage the current unvaccinated cohort, will be required

2.14 **Indicator 1.7:** In 2014/15 the proportion of 4-5 year old children who were assessed as having excess weight rose to 22.5% compared to 21.9% nationally. In the short term, there has been no overall change in obesity prevalence over time. The prevalence varies by district; it is highest in Gravesham at 25.9% and lowest in Canterbury at 15%.

2.15 All Local Health and Wellbeing Boards have childhood obesity as a priority with mapping exercises feeding into action plans. The majority of Local Children's Partnership Groups (LCPGs) have also prioritised childhood obesity and are conducting outcome-based accountability processes to action plan in their areas. Through the Annual Conversations, Early Help are setting targets for childhood obesity where it is identified as a priority.

2.16 An audit undertaken of National Childhood Measurement Programmes (NCMP) Locality groups has led to a paper being taken to the LCPG Chairs group in December to agree governance of local groups to enable them to take a local lead in the promotion of healthy weight.

2.17 Public health are extending the reach of the national Change 4 Life campaign; the campaign has three elements – traditional promotion to the public through various methods and key locations, support for frontline workers through amending resources and developing tools to aid good conversations, and support for the wider system to ensure consistent messaging, for example in campaign guides and tweets.

2.18 A new School Public Health Service will be in place from April 2017. The revised specification makes healthy weight a priority area for delivery at both a whole school and individual level with those children and young people who are at risk of becoming or who are at an unhealthy weight. In addition we are developing a healthy weight pathway for the Health Visiting service, in partnership with Children's Centres, to work with children and families in the early years. One particular initiative includes all nursery nurses across Kent being trained to deliver the correct messages about the introduction of solid foods, to help prevent the development of excess weight.

3. Recommendations

3.1 The Board are asked to comment on and endorse the contents of this report.

Report Prepared by

Samantha Bennett,
Consultant in Public Health
samantha.bennett2@kent.gov.uk

Emily Silcock,
Public Health Information Analyst, Public Health
emily.silcock@kent.gov.uk

Helen Cook
Commissioning Officer Strategic Commissioning
Helen.cook@kent.gov.uk

Appendix 1: Outcome 1: Every child has the best start in life

⇧	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

Indicator Description	Known Target	Previous status	Recent status	DoT	Recent time period
1.1 Reducing the number of pregnant women with a smoking status at time of delivery (NHS Digital)	10.5% (national)	13.3% (r)	13.7% (r)	⇧	12 months
1.2 Increasing breastfeeding initiation rates (PHOF) - Kent	74.3% (national)	71.3% (r)	71.3% (r)	⇔	2014/15
1.3 Increasing breastfeeding continuance at 6-8 weeks (KCHFT Health Visiting Service)	43.8% (national)	Not available	45.9% (g)	-	12 months to Sep 16
1.4 Reducing conception rates for young women aged under 18 years old (rate per 1,000. PHOF) - Kent	22.8% (national)	22.9 (a)	22.2 (a)	⇧	2014
1.5 Improving MMR vaccination uptake of two doses at 5 years old (PHOF) - **KENT ONLY**	90%	87.1% (r)	82.4% (r)	⇩	2014/15
1.6 Increasing school readiness: all children achieving a good level of development at end of Year R (% of all eligible children. PHOF) **– KENT ONLY**	66.3% (national)	68.5% (g)	72.9% (g)	⇧	2014/15
1.7 Reducing the proportion of 4-5 year olds with excess weight (PHOF) - Kent	21.9% (national)	20.8% (g)	22.5% (r)	⇩	2014/15
1.8 Reducing the proportion of 10-11 year olds with excess weight (PHOF) - Kent	33.2% (national)	32.7% (g)	32.8% (a)	⇔	2014/15
1.9 Increasing the proportion of SEND assessments within 20 weeks* (**Stress**. KCC MIU)	Not available	89.5%	85.9%	⇩	June to August 2016

Indicator Description	Known Target	Previous status	Recent status	DoT	Recent time period
1.10 Reducing the number of Kent children with SEND placed in independent of out of county schools (**Stress.** KCC MIU) **Figures from the **total** cohort of SEN (with 'Responsible LEA of 886)*	Not available	773	767	⇩	August 2016
1.11 Reducing CAMHS average waiting times for routine assessment from referral (**Stress.** South East CSU)	Not Available	9 weeks (Sep 2016)	7.6 weeks	⇧	October 2016
1.12 Reducing the number waiting for routine CAMHS treatment (**Stress.** South East CSU)	Not available	260 (Sep 2016)	271	⇩	October 2016
1.13 Having an appropriate CAMHS caseload for patients, open at any point during the month (**Stress.** South East CSU)	Not available	7859 (Oct 2015)	7,556	-	October 2016
1.14 Reducing unplanned hospitalisation rates for asthma (Primary diagnosis) in people aged under 19 years old (rate per 100,000. KMPHO)	Not available	168.5	156.7	⇧	2015/16
1.15 Reducing unplanned hospitalisation rates for diabetes (Primary diagnosis) in people aged under 19 years old (rate per 100,000. KMPHO)	Not available	69.4	72.3	⇩	2015/16
1.16 Reducing unplanned hospitalisation rates for epilepsy (Primary diagnosis) in people aged under 19 years old (rate per 100,000. KMPHO)	Not available	61.1	61.9	⇩	2015/16

This page is intentionally left blank

Swale Clinical Commissioning Group

Dartford Gravesham and Swanley Clinical Commissioning Group

From: Patricia Davies, Accountable Officer for Dartford, Gravesham and Swanley and Swale Clinical Commissioning Groups,

Andrew Ireland Corporate Director of Children's Strategic Commissioning, Health and Wellbeing

To: Kent Health and Wellbeing Board

Subject: Update report on the Children's Integrated Commissioning Project

Key Impact: Affects Kent County Council Children's Strategic Commissioning and Swale and Dartford, Gravesham and Swanley (DGS) Clinical Commissioning Group (CCGs)

Date: 25th January 2017

Summary: This report provides an overview and update on the progress so far of the Children's Integrated Commissioning Project in North Kent. This report provides information around the successes to date, lessons learned and plans for future working.

Recommendation The Kent Health and Wellbeing Board is asked to take note of the implications of this Integrated Commissioning Project for Children's Services

1. Introduction

1.1 In 2015 Dartford, Gravesham and Swanley (DGS) and Swale Clinical Commissioning Groups(CCG's) embarked on a collaborative project with Kent County Council (KCC) Children's Strategic Commissioning Team to understand how an integrated commissioning support function could operate across both KCC and CCGs. The aim of the project was to identify opportunities to improve the effectiveness of all commissioning activities.

1.2 The two core components of the project were identified as:

- Work stream 1 - Identification and implementation of joint commissioning priorities and opportunities specifically for children with disabilities.
- Work stream 2 - Review of models of joint commissioning and options for a future CCG/Local Authority joint commissioning function.

1.3 In order to deliver the project, the North Kent CCGs and KCC children's Strategic Commissioning allocated existing senior commissioning staff time to

work on the project and the CCGs jointly funded a project worker at NHS Agenda for Change Band 7 to support the project.

2. Progress to date

2.1 The project has made good progress in both strands of work. Most importantly the project has already started to deliver real benefits resulting in improved service delivery and outcomes for children and young people. For example, through the work in relation to Speech and Language and Occupational Therapies we are seeing significantly reduced waiting times for these services across both CCG areas. This has also delivered an estimated cost avoidance of £196,000 this financial year. Further benefits and areas of joint working can be seen in the table below;

Project Title	Service Quality Improvement	Project Description
Short Breaks Holiday Clubs	✓	Day Short Break Clubs for profoundly disabled children provided by KCC have been jointly procured as a result of the closure of Preston Skreens which has led to greater range of choice and options to support need.
Specialist Nursing Function review	✓	A review has been undertaken to inform changes/amendments and new specifications for elements of the nursing service. Specifications were revised to align school public health and community health provision.
Multi Agency Specialist Hub (MASH) review	✓	A review of the function and utilisation of the MASH building has been undertaken to identify where improvements to current services can be made, and to look at ways to optimise the available space in the building as well as improved integration of services. . Financial savings are forecast for later this financial year.
Portage Review	✓	Review of the Portage Specification is being undertaken to ensure that KCC and CCG outcomes for children are being met in the most efficient and effective way possible. Service quality improvement and financial savings are being worked through to be realised in 17/18.
Speech and Language Therapy (SaLT) and Occupational Therapy (OT) Traded Service	✓	SaLT and OT in North Kent is provided by MCH. Previously the CCGs were undertaking the commissioning of the service for all children regardless of primary need. The impact of ensuring services are jointly commissioned by the appropriate commissioner has ensured that waiting times for all children with need has reduced.

2.2 In relation to the wider commissioning activity, the arrangements in a number of areas around the country have been reviewed to inform the structure that has developed. Desktop research and interviews with different areas, across the country took place to inform the recommendation about the structure moving forwards. Throughout September to December 2015 an appraisal was undertaken which looked to review national best practice and allow the project team to scrutinise existing models of integrated commissioning functions within comparable health and social care settings, with a view to use the findings to better inform our own developments locally.

2.3 The key findings from this research showed that

- The assessment outputs have shown a broad variation in the operational approaches and solutions to joint commissioning undertaken by the Councils and CCGs interviewed.
- There does not appear to be a particular 'pattern' or 'one fit' approach to the activity undertaken; but that the solutions chosen appear to be based on an assessment of what would achieve the 'best fit' for the particular circumstances of the LA/ CCG in question.
- This supports the premise that statutory guidance allows for a significant level of flexibility with regards the application of arrangements to deliver 'joint commissioning' and this is not constrained by an either/or option.

2.4 Part of the learning locally has been to uncover differences in each of our organisations understanding of commissioning and commissioned services, in language and definitions, and in the approach used to different stages of the commissioning cycle. Therefore much work has taken place to develop a shared understanding of process, language and approach.

2.5 The North Kent CCGs and KCC Children's Strategic Commissioning teams are now working in an aligned way. This new way of working, as part of a virtual integrated team, has allowed a more fluid approach to resourcing and recognising that in many forums representation can be joint, as long as routed back into both organisations' appropriate governance structures. This has reduced the amount of commissioning officer time needed for each organisation. Benefits of an aligned, as opposed to integrated, team include a less formal initial structural arrangement. This also means that the team/project is able to develop over time, with an iterative approach to final integrated commissioning that supports integrated service delivery.

2.6 Learning has also been taken from other programmes aligned to this project including the integrated commissioning arrangements for people with learning disabilities, the community mental health and well-being procurement and model, the procurement for emotional wellbeing and child and adolescent mental health services, and the collaborative work to develop a new maternity pathway. These and the aligned approach within this project are enabling a faster paced approach in key areas for improvement , for example in campaigning work in Swale for mothers who are smoking during pregnancy bringing together public health and CCG commissioning.

2.7 A Memorandum of Understanding (MOU) has been developed to put a framework around how we work together. Going forwards this work will look to share this learning with KCC public health and education commissioning colleagues and connect the governance across these partners as well. This

will provide information and gain support for widening the project/commissioning function.

2.8 In addition a clear 3-5 year plan is being agreed which sets out the commissioning opportunities across the organisations, enabling the right joint approach to be taken at each contract/procurement milestone and other commissioning opportunities. This will be significant in utilising all the opportunities to further jointly commission in a planned process.

3. Challenges

3.1 This project has also resulted in a number of challenges which are still being worked through. These lessons are captured in a lessons learned log and will be beneficial to the ongoing work within this project and also for future projects. Issues have included technical difficulties where KCC and the CCGs work in different offices with different ICT systems. This has made working flexibly difficult resulting in KCC laptops being unable to connect at NHS sites during the early phase of the project; however this has recently been resolved. The CCGs, however, have always been able to connect successfully at KCC sites and there are a number of locations, including the Multi Agency Specialist Hub (Swale MASH) where the building is shared and connectivity is not an issue. This will be expanded moving forwards.

3.2 Similarly there have been challenges with some Information Sharing. Communication between colleagues from both KCC and the CCGs involved in this piece of work is good; however there are some restrictions on information sharing. New ways are being developed to share information including through the co- location opportunities identified above.

3.3 It is also worth noting that at times is has been more complex to work with just the two North Kent CCGs than it would be to work with all 7 CCGs due to the unpicking of arrangements/pathways/funding which are organised in a wider geographical area, wider teams and services.

4. Moving Forwards

4.1 In September 2016, an options paper was taken to the North Kent Joint Strategic Commissioning Group meeting. Four options were outlined for the next steps of the North Kent Children and Young People Integration Project and subsequent commissioning activity. The agreed option was to further build on the current arrangements to align the commissioning function across KCC Children's Strategic Commissioning, Public Health and Education with the North Kent CCGs and to base work going forwards on a joint 5 year commissioning plan.

4.2 This three to five year plan has been developed to encompass services not only for disabled children, but for all children, including Acute Services, Maternity Services and services provided by Public Health. The plan represents each service or contract and the stage that the contract is currently in, with details of any analyse/plan/do/review activity included. As a timeline, it

is possible to identify pathways and priorities and look at ways in which we can re-commission services together in a more strategic, staggered and efficient way.

4.3 In order to commission services more strategically and sustainably in the future, the Children's Integrated Commissioning Team will work towards developing a more integrated approach to delivering all services around the child including Acute services for all children, Maternity Services, Physical Disability, Education and Public Health. This will help create a central focus, budget and team behind the delivery of these services. The team will also look to develop opportunities to work collaboratively with Education and Public Health.

4.4 This option will include wider teams and staffing pulling together to develop a stronger and growing aligned commissioning team/function. There is also the opportunity to develop and grow the current working arrangements to encompass other teams within both organisations. The emphasis within this option is placed on building and promoting relationships at a senior management level, with the establishment of strong governance structures with "dotted lines" of accountability retained by Council Cabinet and CCG Governing Body. The North Kent Joint Strategic Commissioning Group meeting will continue to be the single Governance Board to focus decision-making and drive collaborative change across the organisations.

4.5 There will also be continued review of governance arrangements to ensure longer term sustainability for the project/commissioning function. Clearly the project must be sustainable during the evolving structures across KCC and Health and in line with implementation of the Kent and Medway Sustainability and Transformation Plan.

5. Conclusions

5.1 The North Kent Health Integration Project began in 2015, and has since delivered a number of benefits. Working in an integrated way has resulted in better communication, sharing of knowledge and the building of relationships. In working together, we have been able to deliver real benefits to children and young people.

5.2 There is the opportunity to develop similar arrangements with other parts of the Kent system for commissioning children's services, both with other partners and also with other clinical commissioning groups across the county.

6. Recommendation

6.1 The Kent Health and Wellbeing Board are asked to take note of the implications of this Integrated Commissioning Project for Children's services.

Contact details

Report Author:
Joanna Fathers,
Commissioning Officer
Telephone number 03000 414178,
Email address: Joanna.fathers@kent.gov.uk

Kent and Medway Safeguarding Adults Board

Annual Report
April 2015 – March 2016

Contents

Foreword from Deborah Stuart-Angus, Independent Chair, Kent and Medway Safeguarding Adults Board

Thank you for your interest in safeguarding adults at risk in Kent and Medway. As Independent Chair of the Kent and Medway Safeguarding Adults Board, it gives me great pleasure to introduce our 2015-16 Annual Report. This not only gives our partnership the opportunity to share their achievements with our communities, but also addresses the huge range of activity and continued endeavor, clearly demonstrated in combined efforts to keep residents of Kent and Medway safe.

In December 2015, I was honoured to take over this exacting role from the former Chair: Andrew Ireland, KCC Corporate Director for Social Care, Health and Wellbeing, and would like to take this opportunity to thank him for his hard work and continued contribution, in strengthening the Board, despite the significant challenges posed in 2014-15.

My intention has been, and will continue to be, to work closely and collaboratively, with our partnership, moving us forward to its next natural stage of development. A partnership consultation, held in Spring 2016, will lead to a more robust approach to Board decision making, governance and structure, and partnership agreement will lead to a new and strong Board Constitution. A robust approach to risk management has been adopted and a Safeguarding Adult Review Panel has been established - well lead and managed by our multi-agency partners. A Risk Register is in the making, setting priorities for mitigation and outlining our focus areas. A revised Multi Agency Training Plan has commenced, this will prioritise and target learning opportunities for the partnership, which the Board is managing to deliver despite financial constraints. Plans for the year ahead will be led by the review of 2014-15 Safeguarding Adult Strategy and I will look forward to reporting back on the outcomes that this achieves in 2016-17. A key focus of this revision will be to engage service users and carers in the work of the Board, so that a more defined approach to Making Safeguarding Personal can be molded and grown. The development of their input will keep us realistically focused on what makes a difference to people's health, safety and wellbeing.

My tenure is for three years and so far I have been more than impressed by the sheer dedication and commitment of Board Members; Board Sub Groups and their Chairs; the Safeguarding Adult Review Group and our Board Management Team. They have all faced significant challenges and austerity, yet have continued to deliver on a tremendous amount of work, which has been timely; been of high quality and been very well received. My personal thanks go to these people.

All statutory partners have made significant financial contributions to the Kent and Medway Safeguarding Adults Board budget and the difficulties of doing this in the current financial environment cannot be underestimated. My aim will be to deliver on measurable quality and value for this money.

Both Kent (19%) and Medway (nearly 10%) have seen increases in the numbers of Safeguarding Enquiries. This is believed to reflect greater awareness and more robust reporting following the implementation of the requirements of the Care Act 2014. Physical abuse remains the most prevalent, but percentages are slightly down from last year with a small increase in Enquiries for neglect.

We will be working with all agencies to minimise this. Figures show a continued four year decline in financial and material abuse, a testament to many combined prevention efforts across Kent and Medway.

I would particularly like to thank the Councillors in Kent and Medway, for their continued interest and encouragement and last but not least, thanks go out to the residents of Kent and Medway, and staff across organisations, for their vigilance and efforts in reporting abuse and trying to prevent it from being repeated

Deborah Stuart-Angus
Independent Chair of the Kent and Medway Safeguarding Adults Board

Section 1. Introduction

What is safeguarding?

"Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action." Care Act (2014).

The Care Act states that safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect

Abuse or neglect can take many forms. The Care Act lists the following types of abuse and neglect:

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

For a full definition of each category of abuse and neglect please see Appendix 2.
These are embodied in the Multi-Agency Safeguarding Adults Policies, Protocols and Guidance for Kent and Medway.

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act or it may occur when an adult at risk is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person. Abuse can happen anywhere and take place in any context, for example, in someone's own home, in nursing, residential or day care settings, in hospital, in public places or in custodial situations. Adults at risk may be abused by a range of people including relatives, neighbours, other service users, professional workers, friends and strangers.

The Care Act 2014 consolidates provisions from over a dozen different Acts into a single, framework for care and support. It is a fundamental reform of the way the law works. It places the wellbeing, needs and goals of people at the centre of the legislation, to create care and support which fits around the individual and works for them.

The Act also provides a framework for adult safeguarding. It sets out the first ever statutory framework for adult safeguarding, which stipulates local authorities' responsibilities, and those with whom they work, to protect adults at risk of abuse or neglect. These provisions require the local authority to carry out enquiries into suspected cases of abuse or neglect and to establish Safeguarding Adults Boards in their area.

How do I report abuse or neglect?

If you think you or another person is at risk of harm, neglect or abuse, please contact:

If you live in Medway:
01634 334466
(Next Generation Text Service - 18001 01634 334466)

Or if you live in any other part of Kent:
03000 41 61 61
(Next Generation Text Service - 18001 03000 416161)

If you think someone is in immediate risk or danger, the best thing to do is call 999 for the emergency service

.

For further information go to: www.medway.gov.uk/abuse
www.kent.gov.uk/adultprotection

What is the role of the Kent and Medway Safeguarding Adults Board?

The Kent and Medway Safeguarding Adults Board (KMSAB) has a statutory function as set out within the Care Act 2014. In relation to deploying its lawful safeguarding duty, the KMSAB has three main functions:

1. Assurance
2. Accountability
3. Prevention

In order for these functions to work well, the KMSAB ensures that all member agencies work together to help keep Kent and Medway's adults safe from harm, to protect their right to live free from harm, abuse and neglect. From December 2015, KMSAB has been chaired by an Independent Chair (Deborah Stuart-Angus) and meets four times a year. Our vision is:

'to ensure that Kent and Medway is an increasingly safer place for adults at risk of abuse and neglect'

To achieve its vision, the KMSAB works with partners and local communities to:

- Prevent abuse and neglect from happening
- Identify and report abuse and neglect
- Respond to any abuse and neglect that is occurring
- Support people who have suffered abuse or neglect to recover and to regain trust, where possible, in those around them
- Raise awareness of safeguarding adults and the role everyone can play in responding to, and preventing, abuse and neglect

The KMSAB supports adults at risk to have choice and control over their lives by following and endorsing the six safeguarding principles outlined in the Care and Support Guidance:

- Empowerment - individuals will be asked what they want the outcomes from the safeguarding process to be and these outcomes will directly inform what happens wherever possible

- Prevention - individuals will get help and support to report abuse and neglect and get help to take part in the safeguarding process

- Proportionality - individuals will be confident that professionals will work for their best interests and that professionals will only get involved as much as needed

- Protection - individuals will receive clear information about what abuse and neglect is, how to recognise the signs and what they can do to seek help and support

- Partnership - individuals will be confident that professionals will work together to get the best outcomes for them. They will also be confident that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary

- Accountability - individuals will receive timely help they need from the person or agency best placed to provide it

The KMSAB used these principles to inform the Strategic Plan.

Key responsibilities of the KMSAB include:

- Providing strategic direction for the adults at risk agenda
- Developing and reviewing multi-agency policy, procedures and guidance for safeguarding adults at risk
- Monitoring and reviewing the implementation and impact of policy
- Promoting and deploying multi-agency training
- Undertaking Safeguarding Adult Reviews (replacing Serious Case Reviews)
- Holding partners to account and gaining assurance of the effectiveness of safeguarding arrangements

Section 2. National Context

Key documents which have influenced the safeguarding agenda include:

The Care Act 2014

The Care Act 2014 came into force on 1 April 2015, replacing and consolidating a number of previous laws and statutory guidance, to create a single, consistent approach to establishing entitlement to adult social care in England. It sets out new duties for local authorities and partner agencies and introduces the right to an assessment for anyone, including carers, in need of support. The Act promotes a preventative approach and aims to put individuals in control of their care and support.

Care Act 2014 Safeguarding Provisions

Clauses 42-48 of the Care Act provide the statutory framework for protecting adults from abuse and neglect. The safeguarding provisions include:

- New duty for local authorities to carry out enquiries (or cause others to) where it suspects an adult is at risk of abuse or neglect
- Local Safeguarding Adults Boards to carry out Safeguarding Adult Reviews into cases where someone, who experienced abuse or neglect, died, or was seriously harmed, and there are concerns about how authorities acted, to ensure lessons are learned
- New ability for Safeguarding Adults Boards to require information sharing from other partners to support reviews or other functions
- Abolition of the existing power (under section 47 of the National Assistance Act 1948) for local authorities to remove people from their homes
- Requirement for all areas to establish a Safeguarding Adults Board to bring together the local authority, NHS and Police to co-ordinate activity to protect adults from abuse and neglect
- Introduction of new categories of abuse, including: Self-Neglect and Modern Slavery

http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Care Act Statutory Guidance 2014

The Care Act 2014 statutory guidance was published on 24 October 2014. In addition to providing a fundamental reform of the adult social care and support system, the Care Act also creates a legal framework for key organisations and individuals, with responsibility for adult safeguarding, to agree how they must work together and what roles they must play to keep adults at risk safe. Chapter 14 specifically relates to safeguarding (page 229).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf

Adult Safeguarding Improvement Tool – March 2015

The Improvement Tool, based on the Adult Safeguarding Standards, was refreshed in March 2015. Developed by the Local Government Association, the document sets out key areas of focus, which have been used in numerous peer reviews and challenges and as a means of self-assessment. The characteristics of a well-performing and ambitious partnership are described, particularly in relation to the three key partners in safeguarding adults; the council, NHS and Police. The Kent and Medway Safeguarding Adults Board used this tool when revising its self-assessment document.

http://www.local.gov.uk/documents/10180/6869714/Adult+safeguarding+improvement+tool.pdf/dd2f25ff-8532-41c1-85ed-b0bcbb2c9cfa

Deprivation of Liberty Safeguards (DoLS)

Deprivation of Liberty Safeguards (DoLS) came into force in England and Wales in April 2009, under an amendment to the Mental Capacity Act 2005. These safeguards are intended to protect individuals, who lack the capacity to consent to care or treatment, from being deprived of their liberty unless there is no other, less restrictive alternative, and a deprivation of liberty is assessed to be in their best interests to protect them from harm, or to provide treatment.

The definition of what constitutes a deprivation of liberty was amended following a Supreme Court Judgement in 2014, P v Cheshire West and Chester Council (2014), which created an 'acid test' for what constitutes a deprivation of liberty. The 'acid test' is fulfilled, and an individual is considered to be deprived of their liberty, if they:

- lack the capacity to consent to their care/treatment arrangements **and**
- are under continuous supervision and control **and**
- are not free to leave

The following are not relevant to the application of the test:

- the person's compliance or lack of objection
- the relative normality of the placement and the reason
- the purpose for the placement having been made

Statistics published by the Health and Social Care Information Centre (HSCIC) illustrate a significant increase in DoLS applications following the Supreme Court Judgement on 19 March 2014. "There were 137,540 DoLS applications received by councils between 1 April 2014 and 31 March 2015, the most since the safeguards were introduced in 2009. This is a tenfold increase from 2013-14 (13,700)."[1] It is expected that figures for 2015-16 will be published in October 2016.

Further details available at:
http://www.hscic.gov.uk/catalogue/PUB18577/dols-eng-1415-rep.pdf

The Department of Health has funded the Law Commission to review the DoLS legislation. An interim statement is available at:
www.lawcom.gov.uk/project/mental-capacity-and-deprivation-of-liberty/

This interim statement is not a consultation document and should not be taken as necessarily representing the final position. The final report and draft legislation is due to be published before the end of 2016. The Government will determine how the recommendations will be taken forward.

Modern Slavery Act 2015

Trafficked adults are at increased risk of significant harm because they are largely invisible to the professionals and volunteers who would be in a position to assist them. The adults who traffic them take trouble to ensure that the adults do not come to the attention of the authorities, and either have no contact or disappear from contact with statutory services soon after arrival in the United Kingdom (UK), or in a new area within the UK.

The Modern Slavery Act 2015 consolidates slavery and trafficking offences and includes provisions to:

- consolidate and simplify existing offences into a single act
- ensure that perpetrators can receive suitably severe punishments for these appalling crimes – including life sentences

[1] Health and Social Care Information Centre (2015) Mental Capacity Act (2005) Deprivation of Liberty Safeguards (England) Annual Report, 2014-15, Published 29 September

- introduce new orders to enhance the Court's ability to place restrictions on individuals where this is necessary to protect people from the harm caused by modern slavery offences
- create an independent Anti-Slavery Commissioner to improve and better coordinate the response to modern slavery
- introduce a defence for victims of slavery and trafficking
- place a duty on the Secretary of State to produce statutory guidance on victim identification and victim services
- enable the Secretary of State to make regulations relating to the identification of, and support for, victims
- make provision for Independent Child Trafficking Advocates
- introduce a new reparation order to encourage the Courts to compensate victims where assets are confiscated from perpetrators
- close gaps in the law to enable law enforcement to stop boats where slaves are suspected of being held or trafficked
- require businesses over a certain size threshold to disclose each year what action they have taken to ensure there is no modern slavery in their business or supply chains[2]

The Modern Slavery Act 2015 Section 52 places a duty on a range of public authorities to notify the Home Office about suspected victims of slavery or human trafficking

The Counter Terrorism and Security Act

The Counter Terrorism and Security Act 2015 aims to disrupt the ability to travel abroad to engage in terrorist activity and then return to the UK. It also places a duty on a range of organisations to prevent people from being drawn into terrorism. It places Channel, the Government's programme for people vulnerable to being drawn into terrorism, on a statutory footing.

Female Genital Mutilation (FGM) Act 2003 as amended by the Serious Crime Act 2015

The Female Genital Mutilation Act (2003) was amended by section 73 of the Serious Crime Act 2015 to include FGM Protection Orders. A FGM Protection Order is a civil measure which can be applied for through a family court. The FGM Protection Order offers the means of protecting actual or potential victims from FGM under the civil law. Breach of an FGM Protection Order is a criminal offence carrying a sentence of up to five years in prison. As an alternative to criminal prosecution, a breach could be dealt with in the family court as a contempt of court, carrying a maximum of two years' imprisonment. (NSPCC).

Controlling or Coercive Behaviour in an Intimate or Family Relationship

This legislation allows the Crown Prosecution Service to prosecute specific offences of Domestic Abuse if there is evidence of repeated, or continuous, controlling or coercive behaviour. This type of abuse in an intimate or family relationship can include a pattern of threats, humiliation and intimidation, or behaviour such as stopping a partner socialising, controlling their social media accounts, surveillance through apps and dictating what they wear. The legislation states that to be defined as controlling or coercive, the behaviour must have had a 'serious effect' on the victim, meaning that it has caused the victim to fear violence will be used against them on 'at least two occasions', or it has had a 'substantial adverse effect on the victims' day to day activities.

[2] Home Office Modern Slavery Act Update https://www.gov.uk/government/collections/modern-slavery-bill

Section 3. Local Context

Governance and Membership Review

Kent and Medway Safeguarding Adults Board reviewed its governance and membership arrangements in 2015, in response to the Care Act statutory guidance which states: the SAB 'should assure themselves that the Board has the involvement of all partners necessary to effectively carry out its duties'. The Guidance suggests reviewing the links to other partnerships to maximise impact and minimise duplication, which would reflect the reality and interconnectivities of local partnerships. (Paragraph 14.118 and 14.119)

Following the review, membership to the Board was broadened. Membership includes representatives from: KCC, Medway Council, Kent Police, Acute Trusts, Clinical Commissioning Groups, Community Health Trusts, Kent and Medway NHS and Social Care Partnership Trust, NHS England, Care Quality Commission, Kent Probation, Kent Fire & Rescue Service, Prison Service, both Kent and Medway Community Safety Partnerships, Healthwatch, District Councils, Advocacy, housing providers, Elected Members from both KCC and Medway Council and representatives from independent provider organisations.

As part of the governance and membership review the Board agreed to appoint an Independent Chair. Deborah Stuart-Angus was appointed in November 2015, following a rigorous recruitment campaign. She took up post in December 2015.

Safeguarding Adult Reviews (SARs)

Kent and Medway Safeguarding Adult Board has a duty to carry out a Safeguarding Adult Review (SAR) when an adult at risk in Kent or Medway dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. KMSAB must also arrange a SAR if the same circumstances apply where an adult is still alive but has experienced serious neglect or abuse. KMSAB can also arrange for a SAR in other situations where it believes that there will be value in doing so. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults, and can include exploring examples of good practice.

In September 2014, the Board commissioned a Safeguarding Adult Review (SAR) in respect of Mary Smith,[3] chaired by Paul Pearce. The overview report and recommendations were presented to the Board in June 2015. Agencies developed action plans to address the recommendations. These plans were reviewed after six months and a progress report was presented to the Board in March 2016 to assure the Board of progress. Paul Pearce also hosted multi-agency workshops to present his findings and disseminate the lessons learned.

Three further SAR applications were received between April 2015 and March 2016. Two of these have progressed to a Safeguarding Adult Review and are expected to conclude in 2016. The third case did not meet the criteria, but agencies involved are working together to review the case; addressing the lessons to be learned and developing practice improvements.

Deprivation of Liberty Safeguards

The national context is reflected in both Kent and Medway. Given the high number of referrals, both local authorities have robust triage processes in place, as recommended by ADASS, to prioritise applications. The current DoLS process puts significant pressure on the health and social care system. Since the Supreme Court Judgement in 2014, there has been a 17 fold increase in the number of applications locally.

[3] To protect the identity of the individual this is a fictitious name

Medway Safeguarding Adults Executive Group

Medway Safeguarding Adults Executive Group (MSAEG) has been established to bring together senior representatives from the key agencies responsible for the effective delivery of Adult Safeguarding in Medway. The MSAEG will work collaboratively to deliver the strategic priorities of the Kent and Medway Safeguarding Adults Board, strengthening delivery, oversight and governance.

Prevent and Channel

In September 2015, a Multi-Agency Prevent Duty Delivery Board was established to oversee the delivery of the Prevent Duty across Kent and Medway. The Board receives feedback from Channel, shares information regarding Prevent awareness raising and training activity within individual agencies and has agreed to the development of a Kent-wide action plan.

Channel is a voluntary early intervention mechanism used before a person engages or becomes involved in criminal terrorist activity. All agencies and members of the community can refer individuals to Channel by emailing the Kent Police Channel inbox (Channel@kent.pnn.police.uk). In September 2015 the 12 existing Channel Panels in Kent were replaced by one Channel Panel. This panel meets monthly to consider the cases of those who have been identified at risk of being drawn into terrorism and plans tailored support for them.

Medway has a Channel Panel separate to Kent's. This Panel meets every month and referrals are made using the Kent-wide referral form. Medway Council also has its own internal Prevent Board as well as a multi-agency Prevent Board to meet the guidance laid down in the Counter Terrorism and Security Act 2015.

Sub-group Activity

The Practice, Policy and Procedures Working Group (PPPWG)

Key achievements in 2015-2016:

- **Review of the KMSAB Multi-agency Safeguarding Adults Policy, Protocols and Guidance Document**

The PPP Working Group reviewed and updated the Kent and Medway multi-agency adult safeguarding policy, protocols and guidance document, in light of the Care Act 2014 and other relevant local and national developments. The updated document can be found at: http://www.kent.gov.uk/__data/assets/pdf_file/0018/11574/multi-agency-safeguarding-adults-policies-protocols-and-guidance-kent-and-medway.pdf

- **Protocols for Kent and Medway to Safeguard Adults who are at Risk of Sexual Exploitation, Modern Slavery and Human Trafficking**

The PPP Working Group developed a Protocol as a means of supporting professionals and communities in Kent and Medway to identify and respond appropriately to safeguard adults who are at risk of: being trafficked, sexually exploited or modern slavery. The Protocol contains hyperlinks to the relevant sections in the main Policies, Protocols and Guidance document to support good safeguarding adults practice.

- **Self-Neglect Policy and Procedure Workshops**

Four multi-agency training workshops were hosted across the County to launch the revised Kent and Medway multi-agency Policy and Procedures to Support People who Self-Neglect. Over 360 members of staff from partner organisations attended the training. The workshops were well received and there was huge demand; feedback was that more such events would be beneficial as not all staff who wished to attend were able to secure a place.

- **Development of Easy Read Safeguarding Meeting Documentation**

In response to feedback from Safeguarding Co-ordinators that adults at risk often feel safeguarding meetings are daunting, the PPP Working Group developed 'Easy Read' safeguarding meeting documentation. This included easy read templates for the invite letter, agenda and minutes. The use of these documents supports the 'Making Safeguarding Personal' commitment "you will be given information in a way we hope you can understand".

The Quality Assurance Working Group (QAWG)

Key achievements in 2015-2016:

- **Performance Dashboard**

The QAWG developed a performance dashboard to provide KMSAB with a high level overview of key performance indicators. The dashboard is updated quarterly and considered at each Board meeting, to monitor progress against key performance indicators. The dashboard includes monitoring of DoLS performance and compliance with Prevent training.

- **Revised Self Assessment Framework**

The QAWG revised and updated the Self Assessment Framework to ensure that it was fit for purpose in light of the Care Act 2014 and to align it to the themes identified in the Local Government Association's 'Adult Safeguarding Improvement Tool'. KMSAB requires agencies to complete the self assessment framework to measure their progress against key standards. These are then peer reviewed by another agency and findings are presented to the Board. Any actions rated red or amber require regular update reports to the QAWG and Board to ensure the required standards are achieved.

- **Annual Plan 2016-17**

The QAWG developed, and will monitor, the Board's annual plan for 2016-17. The plan details how the Board will deliver the priorities set out in the Strategic plan.

- **Safeguarding Adult Reviews**

The QAWG monitors progress against Safeguarding Adult Reviews, ensuring that recommendations are actioned and presenting updates to the Board.

- **Development of Strategic Plan**

The QAWG leads on the strategic plan, which will be reviewed and revised in September 2016.

The Learning and Development Working Group (LDWG)

Key achievements in 2015-2016:

- **Review of Course Content**

A review of the course content for multi-agency training at Levels 3 (The Guide to Undertaking Safeguarding Enquiries) and 5 (Decision Making and Accountability in Safeguarding) was undertaken to ensure that the content was fit for purpose and reflective of current legislation and policy developments. The course content was also cross referenced against key competencies recommended by Research in Practice for Adults (RiPfA) and developed by the working group, and updated to address any gaps identified.

- **Delivery of Multi-agency Training Programme**

The Learning and Development Working Group maintains oversight of the delivery of multi-agency safeguarding training, monitoring demand and uptake of training. More details are provided in the next section of the plan.

- **Independent Management Report (IMR) Writing Training**

In response to feedback from agencies, a series of IMR training workshops were delivered in October 2015, to help prepare staff that may be required to complete an IMR on behalf of their agency, as part of a Safeguarding Adult Review. These were facilitated by Paul Pearce, an experienced Review Writer/Independent Chair of Review Panels. Training focused on the process and purpose of the SAR, and gave an overview of the forms/templates that need to be completed, as well as discussing the research required in order to write an IMR.

In addition, feedback workshops for multi-agency staff were held in November to disseminate the lessons learnt from a recent SAR.

- **Making Safeguarding Personal / Care Act Highlights / KASAF Workshops**

Multi-agency workshops for managers and senior safeguarding leads were delivered between June and September 2015. The workshops focused on key messages from the Care Act 2014, the implementation of Making Safeguarding Personal and use of the revised Kent Adult Safeguarding Alert Form (KASAF).

The Association of Directors of Adult Social Services has undertaken a 'stocktake' which included Making Safeguarding Personal. It is expected the report will be published in September 2016.

Section 4. Kent and Medway Multi-Agency Training

During 2015-2016 the multi-agency training programme has been supported by the Kent and Medway Safeguarding Adults Board.

The Kent and Medway multi-agency training structure comprises of six levels:

- Level 1 and Level 2 – Adult Safeguarding Awareness and Application of Law and Policy
- Level 3 – Guide to Undertaking Safeguarding Enquiries
- Level 4 – Public Protection Core Learning and Adults at Risk
- Level 5 – Decision Making and Accountability in Safeguarding
- Level 6 – Post Abuse Responsibilities

The training structure continues to be based on common tasks reflected in the Multi-agency Policy, Protocols and Guidance for Kent and Medway. It aims to ensure that staff build on their existing knowledge and skills by adopting a sequential learning approach. It is designed to reflect core and complimentary knowledge and skills within the multi-agency context of safeguarding work. Details of the current course aims and objectives are available on the website: http://www.kent.gov.uk/social-care-and-health/information-for-professionals/training-and-development

All agencies take responsibility for the delivery of Level 1 and Level 2 training to their staff. A training standards tool was introduced in August 2015, for partner agencies to record the quality of the content and delivery methods of Safeguarding Adults Level 1 and 2 training. The tool supports an evaluation of the training in line with the agreed KMSAB Competence Framework. Levels 1 and 2 training for staff in the private, voluntary and independent sectors has continued to be available through KCC's Learning and Development Team.

Levels 3, 5 and 6 of the multi-agency training programme are provided by external training consultants, funded by the KMSAB. In 2015-16 the KMSAB also funded twenty places for multi-agency partners to attend Level 4 training, which was provided in collaboration with specialist trainers within a partner agency.

A review of the course content for multi-agency training at Levels 3, 5 and 6 has been undertaken to ensure that the course content is fit for purpose and reflective of current legislation and policy developments. The course materials were updated in readiness for the new multi-agency training offer from April 2016.

The Board will be commissioning new training courses to be delivered from April 2017. It is anticipated that this will comprise a blended-learning approach, to include e-learning packages, as well as face to face workshops.

The table below outlines the level of multi-agency course provision and attendance during April 2015-March 2016. Please note figures only reflect places funded by the Board.

		Attendance by					
Course	**Total No of Persons Attending**	**Police**	**KCC**	**Medway Council**	**KMPT**	**Health - other**	**Other Agencies**
Level 3 (16 courses)	258	2	106	19	106	24	1
Level 4 (2 courses)	19	0	12	4	2	1	0
Level 5 (7 courses)	91	0	60	9	20	2	0
Level 6 (2 courses)	37	0	20	9	2	6	0

Section 5. Funding Arrangements

The Kent and Medway Safeguarding Adults Board is funded by five partner agencies including Kent County Council, Medway Council, Kent Police, Kent Fire & Rescue Service, Clinical Commissioning Groups and commissioned Health provider organisations. Each of these agencies made the following percentage contributions in 2015-16:

- KCC, Social Care Health and Wellbeing – 40.4%
- Medway Council – 8.2%
- Kent Police – 14%
- NHS Kent and Medway – 35.8%
- Kent Fire & Rescue Service – 1.7%

The multi-agency budget covers the salaries for the Independent Chair, Safeguarding Adults Board Co-ordinator and Administration Officer posts. It also covers the administration costs for the various multi-agency group meetings, Safeguarding Adult Reviews and the provision of multi-agency training.

The table below sets out the budget contributions for the past three years

	2013-2014 Actual contribution (£000's)	2014-2015 Actual contribution (£000's)	2015-2016 Actual contribution (£000's)
KCC	**50.5**	**61**	**72.8**
Medway Council	**12.6**	**12.6**	**14.8**
Local Health Commissioners and Providers	**54.8**	**54.8**	**64.5**
The Office of the Police and Crime Commissioner	**21.9**	**21.9**	**25.3**
Kent Fire & Rescue Service	**2.6**	**2.6**	**3**
Shortfall	**9.8**	**15.2**	**1.9**
Total	**152.2**	**168.1**	**182.3**

A decision was made by the Board to use reserves in order to reduce the contributions of partners, given the savings agencies needed to make in the financial year.

Section 6. Partner Highlights

Kent County Council, Social Care, Health and Wellbeing

Overview of 2015– 2016
Adult Safeguarding is managed in the Divisions of Older People and Physical Disability (OPPD), and Disabled Children, Adults Learning Disability and Mental Health (DCLDMH), including the Kent and Medway NHS and Social Care Partnership Trust. These Divisions are supported by Adult Safeguarding Co-ordinators. The strategic role of the Adult Safeguarding Unit is fully embedded with a focus on quality assurance and policy development. The Deprivation of Liberty Safeguards (DoLS) function sits within this Unit.

Key Achievements
The Safeguarding Adults documentation suite was reviewed and the Kent Adult Safeguarding Alert Form (KASAF) was implemented in October 2015. Feedback from staff across all client categories was that the KASAF was well received. The new safeguarding process was reviewed in February 2016 to look at changes requested, including Prevent issues being identified and the self-neglect referral process. A mandatory Prevent e-learning module was introduced for all KCC staff.

The new KCC Mental Health Adult Safeguarding Team commenced, managing safeguarding concerns from late February 2016 in two phases. The Team is managed centrally and staffed by eight Mental Health Safeguarding Co-ordinators working across Primary and Secondary Care Mental Health. This new Mental Health Model achieves S42 compliance.

A new Safeguarding Adults Capability Framework Portfolio has been developed for all KCC staff who work, or have contact, with adults, to help increase knowledge, skills and understanding of their roles and responsibilities within Adult Safeguarding, Mental Capacity Act and the Deprivation of Liberty Safeguards. Initial staff feedback is positive.

The quarterly Learning Disability County Good Practice, Quality and Safeguarding Group is now fully embedded with senior representatives and Safeguarding Co-ordinators attending from each locality team. Lessons learned from complaints/Ombudsman findings and Safeguarding Adult Reviews are particularly welcomed by the group for discussion and sharing of good practice/lessons learned to the teams.

A Protocol for Kent and Medway to Safeguard Adults who are at Risk of Sexual Exploitation, Modern Slavery and Human Trafficking has been developed. The Protocol is a means of supporting professionals and communities to identify and respond appropriately to safeguard adults who are at risk of being trafficked, sexually exploited or modern slaves. The Protocol is electronically linked to the relevant sections in the main Policy, Protocols and Guidance document to support good safeguarding adults practice.

Key Challenges
- Obtaining Making Safeguarding Personal feedback from people who have been the subject of a Safeguarding Enquiry
- DoLS applications continue to rise significantly
- Safeguarding referrals are increasing, due to increased awareness of the service

Future Plans 2016-2017
- Continue to focus on the quality of safeguarding work across KCC, including ongoing programme of independent audits of practice, ensuring lessons learnt are embedded.
- Continue to support the Kent and Medway Safeguarding Adults Board in future developments
- Review the existing feedback mechanism for Making Safeguarding Personal

Medway Council

Overview of 2015– 2016

The number of Safeguarding Adult concerns received by Medway Council increased by 53% from 2014-15 to 2015-16. The Adult Social Care teams, namely the Over 25 Disability Team, the Mental Health Team, the 0-25 Disability Team, the Older People East Team and the Older People West Team, retain responsibility for screening and progressing Safeguarding Adult concerns received by Medway Council. A dedicated Deprivation of Liberty Safeguards Team manages and progresses all Deprivation of Liberty Safeguards (DoLS) activity.

Medway Council continues to strengthen collaborative working to prevent and raise awareness of abuse, ensuring a robust, timely and proportionate multi-agency response when abuse occurs.

Key Achievements

Local policies and procedures are Care Act 2014 compliant and have been revised in accordance with the six key principles of Safeguarding Adults.

Making Safeguarding Personal - a "Safeguarding and You" booklet, practitioner guidance and an end of Safeguarding questionnaire to capture the adult's views on the Safeguarding Enquiry have been embedded into practice. The data from the questionnaires will be used to continuously improve local Safeguarding Adults policy, procedures and practice.

To ensure the delivery of the KMSAB's strategic objectives, along with strategic objectives pertinent to Medway; improve multi agency collaborative working, enhance engagement with adults in Medway and alignment with other local strategic forums, a Medway Safeguarding Adults Executive Group has been established.

Key Challenges

- There was limited analysis of data as a result of not optimising the potential of the Council's IT system
- DoLS applications have increased by 43% from 2014-15 - the DoLS Team is applying the ADASS risk management guidance to prioritise cases
- The Care Quality Commission published Medway Foundation NHS Trust's Inspection Report, outlining the need for the Trust to review its Safeguarding Model and activity related to The Mental Capacity Act 2005 and DoLS
  Engagement between the Trust and executive leads in Medway has demonstrated a clear ambition to strengthen safeguarding arrangements - key partners continue to work together to achieve this

Future Plans 2016-2017

- Analysis of local qualitative and quantitative data, supported by a robust Quality Assurance Framework will shape the continual development of staff competencies, local policies and local operational procedures within a multi-agency framework
- Information sharing related to Quality in Care and Safeguarding concerns between key partners is being developed, to ensure appropriate preventative and responsive action is taken to optimise the quality of care provided and minimise the risk of Safeguarding concerns
- A Task and Finish Group is reviewing how the Council manages DoLS applications, to optimise efficiency

NHS Clinical Commissioning Groups across Kent and Medway

Overview of 2015 – 2016

Clinical Commissioning Groups were established under the Health and Social Care Act 2012 and are clinically led membership organisations. They are statutory bodies which have the function of commissioning services for the purposes of the health services in England. NHS England has a statutory duty to conduct a performance assessment of each CCG and it does this through the assurance process. Safeguarding Adults continues to be a high priority for the CCGs and has been embedded across all commissioning intentions.

Key achievements

- Mental Capacity Act project - this project has provided bespoke training for Primary Care partners by Capsticks Solicitors on The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The project has also developed a MCA Assurance Tool for Primary Care partners to use to benchmark and develop their knowledge and practice in accordance with the Mental Capacity Act.
- Safeguarding standards with Commissioned Providers - the CCGs and providers collaborated to develop and agree the 2015/16 safeguarding standards. The standards ensure that all commissioned health services effectively discharge their contribution to safeguarding. The standards monitor safeguarding expectations and responsibilities outlined in provider contracts.
- NHS England's assurance and alignment of policies - all eight CCGs achieved compliance with NHS England's accountability and assurance framework in May 2015. Safeguarding policy and strategy were aligned with relevant and emerging legislation.

Key Challenges

- Ensure that safeguarding is embedded in quality and safety visits within commissioned services.
- To continue to increase and embed awareness of domestic violence and abuse across all providers and primary care - embed National Institute of Clinical Excellence (NICE) Guidelines for Domestic Abuse
- Work with partners to prevent harm and improve the safety of residents in care homes - transfer of care issues, delayed discharge, sharing of soft intelligence with multi-agency partners

Future Plans

- Safeguarding training will be reviewed in line with the Intercollegiate Document for Safeguarding Adults. The training needs subsequently identified will need to be embedded across primary care in order to ensure compliance and promote better engagement in safeguarding
- The expanding agenda for safeguarding will have to be managed so that safeguarding adults and children are interlinked to include PREVENT, Domestic Violence and Abuse, Female Genital Mutilation and also the Mental Capacity Act.
- Developing a more robust system to measure how primary and secondary care services learn lessons from Safeguarding Adult Reviews and Domestic Homicide Reviews

Kent and Medway NHS and Social Care Partnership Trust (KMPT)

Overview of 2015-2016

The year has been a very impactful one for KMPT as we follow through from our external inspection by the Care Quality Commission (CQC). Although the CQC saw some very good practice, there was a lack of consistency across the organisation. Additional resource into the safeguarding team was welcomed to see through the actions of KMPT's response to the CQC inspection.

The drive to embed the principles and understanding of the Mental Capacity Act (MCA) and the requirements, where identified, for the deprivation of someone's liberty, has been a commitment throughout the organisation.

The Self-Neglect Policy has worked very well in practice with several cases being highlighted by practitioners and multi-agency meetings being convened to plan a way forward. All training was updated in line with the Care Act 2014, ensuring staff are aware of the broadening in categories of abuse such as Human Trafficking and Modern Slavery.

The year ended with the return to the Local Authority of the responsibility for overseeing of the adult protection processes. The team of Safeguarding Co-ordinators, managed by KCC, is now firmly in place.

Key achievements

- An overall assessment by the CQC of 'Outstanding' for the Forensic Services
- Partnership working between KCC and KMPT to create the designated team of Safeguarding Co-ordinators and to test this structure with a successful pilot
- Participation in the 'Making Safeguarding Personal' workshops across Kent and ensuring the roll out of the Kent Adult Safeguarding Alert Form KASAF within KMPT

Key challenges

- There are still a considerable number of older safeguarding cases that KMPT would have led on with the former delegated responsibility for safeguarding that require closure. The teams are working hard to close out these cases.
- The numbers of breached Deprivation of Liberty applications, although improving, remain a concern
- Inconsistencies in the understanding, application and compliance around the Mental Capacity Act

.

Future plans 2016-2017

- Continue to build on the practical bespoke training in place to address gaps in knowledge and practice with MCA - audits will continue quarterly
- Additional work on Making Safeguarding Personal and completion of the Kent Adult Safeguarding Alert Form (KASAF) to demonstrate that staff have grasped the principles
- Ensure training meets the requirements of the Health Intercollegiate Document for Safeguarding Adults, as well as ensure it meets the standards and competences laid down by the Safeguarding Adults Board

Dartford and Gravesham NHS Trust

Overview of 2015 – 2016
During 2015-16 the Adult Safeguarding Team has seen some challenging times. The team has been through a period of transition following the retirement of the Safeguarding Lead. At the end of October 2015, a new Safeguarding Lead was appointed followed by the appointment in March 2016 of a Learning Disability Liaison Nurse; both posts are being supported by a part time clerical and administration assistant. The Safeguarding Lead continues to support staff throughout the Trust in all matters relating to safeguarding.

During the past year there has been thirty seven safeguarding referrals submitted by the Trust, thirteen referrals have been made during the first quarter of 2016. The increased presence by the Safeguarding Lead throughout the Trust aims to promote and enhance the awareness regarding the safeguarding process and mental capacity.

The Trust has provided a number of training sessions via Capsticks Solicitors and Kent County Council in relation to Deprivation of Liberty Safeguards (DoLS). The Trust has seen the numbers of DoLS applications rise in line with national trends.

The Safeguarding Lead continues to report to the Clinical Commissioning Group, Trusts Quality & Safety Committee and Safeguarding meeting so as to provide assurance.

Key Achievements

- Production of a quarterly Safeguarding Adults newsletter which is made available Trust wide via the Trust intranet. It highlights current safeguarding points, training dates and changes in services (i.e. IMCA services) and lessons learnt
- Workshop to raise awareness of PREVENT WRAP 3 Train the Trainer session has been delivered by the Police to a number of staff and providers who work within the Trust. This has enabled training dates to be released to all appropriate members of staff in a timely manner. Channel e-learning sessions are now a requirement for all new employees to the Trust within their first two weeks of commencing employment. All existing members of staff are also completing the training - from October 2015 – March 2016 approximately 672 staff have completed the Channel e-learning
- Promoting partnership working within the Trust and external agencies including Tissue Viability Team, Emergency Department and SECAmb

Key Challenges

- Investigation of historical safeguarding alerts with the Local Authority, some of which dated back to 2013
- Multi-agency working to support a patient whose care was being reviewed by the Court of Protection
- The balance between the amount of people attending the Emergency Department whose medical needs take priority and completion of paper work, i.e. KASAF and DoLS

Future Plans 2016-2017
To continue to raise the importance of safeguarding adults throughout the Trust, to include education, ward Links and a regular newsletter. The Trust will continue to develop good working relationships with external safeguarding teams, Local Authorities, to include South East Coast Ambulance Service and the London Ambulance Service

East Kent Hospitals University NHS Foundation Trust

Overview of 2015-2016

The People at Risk Team has been providing training and education for staff in all aspects of safeguarding, domestic abuse, Mental Capacity Act and Deprivation of Liberty Safeguards. There has been on-going work with the Tissue Viability team to reduce the risk of hospital acquired pressure ulcers. The team has also supported work experience for young people with learning disabilities at the Trust. Work continues with the staff and the Dementia team to manage people at risk with challenging behaviours in the acute health care setting.

Key achievements

- The Adult Safeguarding policy was renewed in December 2015
- Continued greater levels of involvement with medical teams, to support complex discharges for patients who lack mental capacity
- Participation in the Tap2Tag project - a research project to hold key health information, for high risk patients, on an electronic wrist band, accessible by professionals using a SMART phone
- The Quality Improvement and Innovation Hubs were set up to give staff a way to share learning, raise issues and innovate for frontline improvement on their site. The team has used the hubs to raising awareness about adult safeguarding, the Mental Capacity Act and domestic abuse

Key challenges

- Failure of the computer system which logs staff training, leading to lack of data to support teams achieving compliance with training requirements
- To continue to follow the DoLS processes, even though it is widely acknowledged that the system is not fit for purpose. Changing practice in record keeping to evidence adherence to the Mental Capacity Act

Future plans 2016-2017

- Improve training compliance across all staff groups to meet a target of 85%
- Create a public facing electronic adult safeguarding page
- Continue to embed identification of high risk patients within the acute setting and thus improve discharge planning
- Improve understanding of modern slavery and human trafficking

Medway Community Healthcare

Overview of 2015-2016

2015-16 has been a year of assimilation and embedding within Medway Community Healthcare (MCH) services in relation to safeguarding adults.

Services continue to successfully apply the Mental Capacity Act (MCA) 2005 to practice, as evidenced by our bi-annual audit of the quality of MCA assessments documented within our electronic patient notes system. Staff are using MCA appropriately in the majority of situations and the audit showed some excellent examples of Best Interest decision making. In relation to the Deprivation of Liberty Safeguards (DoLS,) our inpatient services made 126 applications to the Local Authority during the year, allowing our most vulnerable patients access to the safeguards provided by the legislation.

Services raised 79 concerns regarding potential adult abuse during this year, and we continue to build on our confidence and knowledge in this area working in partnership with local authorities. Services contacted our internal Safeguarding Adults Team on 527 occasions, accessing advice and support for situations with patients, which can be both complex and distressing to manage.

In addition, the Safeguarding Adults Team reviewed and updated the Trust's local policy in line with changes to legislation and contract requirements, and undertook the same piece of work with safeguarding adults training packages. This has included revamping corporate induction to provide a half day safeguarding session for all new starters covering Safeguarding Adults, Safeguarding Children, Domestic Abuse and PREVENT WRAP.

Key Achievements

- Further embedding of the Self-Neglect Policy in standard practice
- Revision of policy and training in line with legislation changes
- Continued implementation of the "acid test" for DoLS

Key Challenges

- Working with partner agencies at a time of Safeguarding personnel changes and reduced staffing
- Understanding thresholds for safeguarding vs quality concerns
- Lack of defined process for raising quality concerns externally and sharing such intelligence across agencies

Future plans 2016-2017

- Increase collaboration with internal Safeguarding Children and Quality Teams
- Evaluation of changes to training and supervision packages in line with Intercollegiate guidelines
- Continued partnership working with local agencies to safeguard adults at risk of harm

Kent Community Health NHS Foundation Trust (KCHFT)

Overview of 2015-2016

During 2015-16, a total of 308 Kent Adult Safeguarding Alert Form (KASAF) referrals were received, 223 were raised by KCHFT implicating others. 61 were raised implicating KCHFT - 37 were raised by KCHFT staff against KCHFT and 24 by other organisations against KCHFT. The highest area of abuse raised is Neglect. The Trust has had no cases to date in which abuse has been substantiated by KCC.

The Trust's Safeguarding Service provides a daily duty rota for provision of safeguarding advice to staff who may have a safeguarding concern.

Audit actions and audits for 2015-16 have been completed and have provided assurance and evidence of good practice and identified areas for further development.

Key Achievements

- Safeguarding practitioners have developed strong working relationships within the Community Hospitals, in conjunction with the Safeguarding champions who work closely with the Mental Capacity Act co-ordinator to disseminate safeguarding information
- Timely completion of multi-agency audits, Domestic Homicide Reviews (DHRs) and strong cross organisational working to complete external Self Assessment Frameworks
- The reduction of serious incidents of a safeguarding concern from 45 last year to 24 this year demonstrates improvement towards reducing avoidable harm to patients

Key Challenges

- To ensure services work collaboratively with internal and external partners to reduce patient harms
- To support staff with their understanding of the emerging areas of safeguarding including the PREVENT agenda
- Difficulties influencing change when gaps are identified within other agencies

Future Plans 2016-2017

- Continue to work with the KCHFT incidents team to support accurate and timely completion of the same information
- Continue to promote safeguarding within the Trust and support services to address identified gaps within their areas
- Develop an internal domestic abuse training framework which meets the training needs across the organisation
- Continue to develop processes that support embedding lessons learnt into practice, including the development of a robust process for reviewing of Serious Incident triangulation that will support and enhance lessons processes

Kent Police

Overview of 2015-2016

Following the Force's annual strategic assessment, the 4-year Control Strategy was created (2015-2018). Vulnerability is now the key theme of Kent Police's priorities and safeguarding adults plays a key part in addressing a number of areas of priority, which include sexual offences, domestic abuse, as well as potentially human trafficking and modern slavery.

Kent Police has developed a 3-day 'Protecting Vulnerable People (PVP)' training course ensuring that staff have the level of skill and knowledge around the 13 strands of vulnerability, focusing on domestic abuse, human trafficking and honour based abuse. This training is mandatory for every officer and the College is committed to a programme whereby every officer will be trained within three years. This hopefully demonstrates our commitment to address the need to continually improve all our staff's awareness and activity to safeguard adults at risk of harm.

Kent Police remains committed to engaging with multi-agency partners and has representation across the Board. As well as being proactive in supporting awareness around adult safeguarding, the Force has hosted two multi-agency conferences around exploitation and vulnerability and a conference on Female Genital Mutilation (FGM), within the last year, to raise awareness on these subjects. Officers have recently spoken at a domestic abuse conference at Christchurch University, as well as delivering bespoke training and presentations to specialist teams around domestic abuse supporting partner agencies with training delivery.

Kent Police has worked closely with partners in the development of the Protocol and Good Practice Model for Police and local authority disclosures in parallel proceedings.

The Force currently undertakes customer satisfaction surveys and this is in the process of being widened to include domestic abuse victims. The staff completing these surveys will be provided with specialist training. Domestic abuse will be a very significant focus for the Force this year, recognising the long term impact on victims and children if we do not work effectively and quickly in partnership to provide appropriate support and safety.

Key Achievements

- The implementation of the Mental Health Triage process across the Force
- Vulnerability being recognised as central to the control strategy of Kent Police
- The creation of the 'At risk of going missing' pack, designed to support families and carers in managing missing episodes

Key Challenges

- With a further restructure of Kent Police likely, the maintaining and improving of safeguarding services for victims of crime
- Developing a multi-agency approach to persistent and repeat referrals from adults at risk of harm (incorporating lessons learnt from recent Safeguarding Adult Reviews)

Future Plans 2016-2017

- Embedding the disclosure protocol in working practices
- Training civilian investigators within Public Protection Unit to provide a better service to victims and support to partner agencies

Adult Abuse Data Financial Year 2015/16

	Total Recorded Crimes	Total Secondary Incidents	No Crimed / Unvalidated	Total
Kent	449	530	31	1010
Medway	76	173	9	258
Force Total	**525**	**703**	**40**	**1268**
2014-15	676	1058	24	1758

Crime Type Breakdown
Notifiable

	Violence Against the Person	Sexual	Robbery	Burglary (Dwelling and OTD)	Criminal Damage	Vehicle Crime	Theft Other	Other Crime	Total Notifiable Offences
Kent	317	54	5	0	0	0	46	27	**449**
Medway	41	13	0	0	0	0	21	1	**76**
Total	**358**	**67**	**5**	**0**	**0**	**0**	**67**	**28**	**525**

Crime Type Breakdown
Secondary

	Secondary Incidents	No Crimed/Unvalidated	Total Incidents
Kent	530	31	**561**
Medway	173	9	**182**
Total	**703**	**40**	**743**

Definitions:

Notifiable – A Notifiable Offence is any offence under United Kingdom law where the police must inform the Home Office.

Secondary Incidents – This term is used when recording non crime incidents – for example a verbal altercation or an adult protection concern that would not constitute a crime, for example: an elderly person found wandering the street would lead to a referral being made.

No Crimed/Unvalidated – This term is used when an incident was recorded as a crime but it was subsequently established that no crime had been committed, or the details did not constitute recording as a crime. For example a person reports their purse has been stolen which is recorded as a theft. If they then make contact to advise that it was lost rather than stolen, it will then be reclassified as no crimed/unvalidated.

Medway NHS Foundation Trust

Overview of 2015-2016

A Care Quality Commission inspection carried out during August and September 2015, with the report published in January 2016, highlighted a number of concerns relating to safeguarding practices, including Medical Care: - practice did not always comply with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

A peer review of Medway NHS Foundation Trust's safeguarding processes and procedures took place in February 2016 by Guy's and St Thomas' NHS Foundation Trust. A report and recommendations was provided for the Trust Board to consider.

A formal contract performance notice was served by the CCG in relation to safeguarding concerns and performance in April 2016.

Key Achievements

- Appointment of new Safeguarding Lead for MCA/DoLS March 2016
- Review of DoLS process in March 2016
- Appointment of a Learning Disabilities Liaison Nurse

Key Challenges

- Under-resourced area of workforce
- Staff understanding and implementation of the MCA/DoLS process
- Timely responses to safeguarding concerns raised

Future Plans 2016-2017

- New Safeguarding Adult Team to be recruited with robust governance structure
- Training strategy to include training and education for staff including Prevent, Domestic Abuse, MCA/DoLS and Safeguarding Adults levels 1 and 2, to achieve 85% of all staff profiled, where their roles apply
- Medway NHS Foundation Trust to engage with partner organisations and multi-agency working on a regular basis, building strong working relationships

Maidstone and Tunbridge Wells NHS Trust

Overview of 2015-2016
The Executive Lead for Safeguarding Adults is the Chief Nurse and this agenda is supported by a Matron for Safeguarding Adults. The Trust has an established multi-agency Safeguarding Adults Committee which is chaired by the Deputy Chief Nurse.

The Trust's policies and procedures in relation to Safeguarding Adults at Risk of Harm and the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) have been reviewed this year. This, to bring them in line with national changes in legislation and local developments in relation to updated policies, procedures and guidance.

The way in which training is delivered changed in January 2015 in order that Level 2 Safeguarding, MCA awareness is delivered to clinical staff on their first day working in the Trust. Compliance with mandatory training Level 1 is 92.2%, and Level 2 is 64.9% - this is on an upwards trajectory and should reach our 85% target by August 2016. Level 3 Safeguarding Adults Training (non-mandatory); a one day course has been offered since May 2015. This enables staff to explore the subject matter in greater depth. Basic awareness in PREVENT is delivered to clinical staff and we are developing plans to deliver WRAP training to staff throughout the organisation.

There have been 43 Hospital alerts raised, either against our hospitals or by the hospital staff. Trust staff remain keen to learn from allegations of abuse and put in place remedial actions when investigations highlight any shortcomings in practice.

The Trust is effectively represented on the Kent and Medway Safeguarding Adults Board and sub-groups of the Board.

Key Achievements
- Development of a robust system to review investigation reports and agree outcomes of cases with the Safeguarding Co-ordinator allocated to work with our Trust and the CCG lead
- The Trust continues to be acknowledged by our multi-agency colleagues to be performing well within the area of Safeguarding Adults at Risk of Harm
- Ensuring that the new definition of Adult at Risk of Harm is understood by practitioners so that appropriate referrals, in line with the Care Act 2014, are forwarded to the Local Authority

Key Challenges
- Our ability to respond and develop good practice within the Trust for people with a learning disability is currently under review, to enable us to strengthen this area of work within the Trust
- The DoLS applications process and administration remains a challenge for Trust staff
- Applying the Mental Capacity Act consistently across the Trust

Future Plans 2016-2017
- To employ the services of a Hospital Learning Disability Liaison Nurse
- To work closely with the Trust Solicitor to ensure the message with regards to consent and Mental Capacity is understood by all practitioners
- To put the Supervision Policy for Safeguarding Adults into meaningful practice

South East Coast Ambulance Service NHS Foundation Trust

Overview of 2015-2016

South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to promoting and safeguarding the welfare of all vulnerable people; recognising that everybody has the right to be protected from harm, exploitation and neglect within the context of the law and personal civil liberties.

During 2015-16, the Trust has worked hard to implement the changes which the Care Act introduced. Referral rates have risen again over the year with overall activity across the whole Trust increasing by 22% from 2014-15. For Kent, this translates to 2380 concerns being shared with Kent Adult Social Care, from April 2015 to March 2016, and equates to 30% of all adult referrals. The most common primary concern staff identified was self-neglect, making up 28% of all referrals.

Key Achievements

- Increasing rates of safeguarding training to 90% across the Trust
- Implementing a Trust-wide on-line reporting process for concerns. - this has improved the quality and quantity of referrals being submitted
- Improved Domestic Abuse (DA) awareness and training across the Trust with an extended DA pilot

Key Challenges

- Capacity within the safeguarding team, with staff being seconded into posts and the increasing workload resulting from increased reporting activity
- Loss of the DA practitioner when the external pilot funding ended in December 2015 meaning that it was not possible to continue and expand on the work undertaken
- Implementation of the Care Act within the Trust

Future Plans 2016-2017

The improved data gathering will be used to better understand reporting patterns within the Trust.

We will also be piloting using this information within the appraisal process at a practitioner level, so that staff will be able to benchmark their activity within their own teams/station areas which will, in turn, help the Trust identify possible learning needs for a specific area or areas of good practice, which could be shared across the whole organisation.

Kent Fire & Rescue Service

Overview of 2015-2016

As part of an ongoing review of the Service's Community Safety Department, it was decided to expand the work it undertakes in visiting people in their homes to enable a more in-depth assessment of individual's needs, not just focussing on fire safety but to include some health and well-being issues. Officers will be given the flexibility to allow them to spend time with individuals to understand their motivations and behaviours, with a view to supporting them to make more informed choices.

Key Achievements

- Approval obtained to recruit staff to 11 new posts to enable the service to expand its home safety visit work
- Review of the Service's overall approach to safeguarding and introduction of an out of hours Duty Safeguarding Officer rota
- Commissioned the development of a new customer management tool to enable more effective and secure data collection

Key Challenges

- Identifying training to enable the teams to move from just giving advice to supporting behavioural change
- Understanding the changes to other organisations' structures and how the Service fits into the partnership landscape
- Raising awareness internally of a new out of hours safeguarding rota system and encouraging its use

Future Plans 2016-2017

- Development of an allegation handling process to better protect staff and the Service when working with vulnerable clients
- Launch the new customer management system
- Revamp the training for all staff involved in safeguarding and raise general awareness levels across the Service

Kent, Surrey and Sussex Community Rehabilitation Company (KSS CRC)

Overview of 2015-2016

KSS CRC works with adult service users subject to community orders and licences. KSS CRC formed on 1st June 2014 following the government's reform of probation services. The ownership of the Community Rehabilitation Company transferred to Seetec, our parent company on 1 February 2015. One of the key priorities during the last year has been to build and consolidate the senior management team and embed the new delivery model. The CEO, who is a qualified and registered Social Worker with extensive experience in safeguarding, remains the designated lead.

Key Achievements

The KSS CRC delivery model has now been implemented with operational staff working within three functional teams: Assessment, Rehabilitation and Resettlement. My Solution Rehabilitation Programme (MSRP), a flexible tailor made programme through which the sentence of the court and rehabilitative services are delivered, is available as a practitioner toolkit and will be further developed during the coming year.

An overarching Safeguarding Policy has been updated, linked to separate Children and Adult Safeguarding policies. A Quality Strategy has been developed which outlines the purpose, principles, strategies and key deliverables for quality assurance within KSS CRC.

Key Challenges

- To improve levels of service user engagement and motivation
- To develop a Community Payback Placement Strategy, which meets the requirements of service users with identified needs and vulnerabilities
- To fully implement and embed the Quality Strategy

Future Plans 2016-2017

- In collaboration with the Service User Council, the CRC has recruited three Case Support Workers who have personal experience of the Criminal Justice System to work with the hardest to reach service users to support engagement. This will run as a pilot during the coming year to test the efficacy of the role
- We are introducing a peer mentor scheme, whereby current service users will be trained to provide support and assistance to individuals under our supervision
- The CRC Organisational Effectiveness Team will have responsibility for implementing the Quality Strategy and leading on quality assurance activities, including a safeguarding audit which will be conducted imminently

Advocacy for All

Overview of 2015-2016

- All staff undertake safeguarding - learning as part of induction
- All staff working in statutory and non-statutory advocacy, trained to level 2 or 3
- Safeguarding discussed during all supervision and appraisals using the Bournemouth criteria
- Written easy read 'Hate Crime' booklet
- Support self-advocacy group members and others with a learning disability and/or autism, with 1:1 advocacy support via our Kent Learning Disability Advocacy Project and Speaking up Groups for people with high functioning autism
- Involved in training of Making Safeguarding Personal
- Current IMCA providers – safeguarding support for those who lack capacity

Key Achievements

- Developed Care Act Advocacy Service in East Kent – promoting role within safeguarding
- Secured funding from Awards for All and successful winners of the 'People's Project' Big Lottery/ITV News competition to support our 'A Team', who are a group of people with a learning disability who are trained as trainers for other disabled young people and adults to ensure they are aware of, and can recognise, abuse. Free training to people with a disability and costed sessions for professionals. People have felt comfortable and confident enough to disclose situations that have happened to them. Keen to extend to Kent.

Key Challenges

- Ensuring people recognise the role of the advocate from the beginning of the safeguarding process
- Access to advocacy for people who live in Kent but funded by another local authority, when they are not covered by a statutory service

Future Plans 2016-2017

- To ensure people with a learning disability recognise abuse and how to report it
- To raise the awareness around Mate Crime

SEAP Advocacy – Support, Empower, Advocate, Promote

Key Achievements

- Implementation of a new contract and legal requirement
- Increased knowledge of the 'Inns of Court College of Advocacy' (ICCA) at Medway Council leading to an increased number of referrals each quarter
- Upskilling of SEAP Advocates via our own training arm, Advocacy Training, to ensure a high quality service was delivered from day 1.

Key Challenges

- Unknown demand made it difficult to determine staffing requirements
- Continuing to raise awareness of the requirement to refer to advocacy, in accordance with the Care Act 2014.
- Lack of referrals for carers and young people in transition

Future plans 2016/17

- To employ a full-time dedicated Medway ICAA Advocate
- To further increase awareness of ICAA at Medway Council and other professionals, especially to increase referrals for carers and young people in transition
- Having secured the independent mental capacity advocacy (IMCA)/DoLS/ Relevant Person's Representative (RPR) contract, to ensure a smooth transition from the outgoing provider.

Section 7. Safeguarding Activity

Background to data

The data for this report was extracted from the Kent County Council social care system (SWIFT) and Medway Council's Adult Social Care database (Framework i).

Data included in this report is consistent with the Department of Health (DH) statutory returns: Abuse of Vulnerable Adults (AVA) for 2012-13, the Safeguarding Adults Return (SAR) for 2013-14 and 2014-15, and the Safeguarding Adults Collection (SAC) for 2015-16.

Following the implementation of the Care Act 2014, terminology used within safeguarding has been amended to 'safeguarding concerns' and 'safeguarding enquiries'. This terminology has been used within this report.

The first part of this section of the report looks at new safeguarding adults enquiries. This is defined as the action taken, or instigated, by the Local Authority in response to a concern that abuse or neglect may be taking place. The second part of this section of the report summarises the outcome of safeguarding enquiries in Kent and Medway.

New safeguarding adults enquiries

Number of enquiries and rate of change

There were a total of 4174 new safeguarding adult enquiries in the period 2015-2016, which reflects an 18.7% increase on the previous year. Both Kent and Medway demonstrated increases in enquiry activity from 2014-15 to 2015-16, with Kent reflecting an increase of 19.3% and Medway increasing by 9.8%. Intelligence suggests that the increases seen in this period are reflective of greater awareness and reporting of potential safeguarding issues, as a result of the implementation of the Care Act 2014.

Area	12-13	13-14	14-15	15-16	% change between 14-15 and 15-16	% of total in 15-16
Kent	2863	3176	3273	3906	19.3%	93.6%
Medway	313	315	244	268	9.8%	6.4%
Total	**3176**	**3491**	**3517**	**4174**	**18.7%**	**100%**

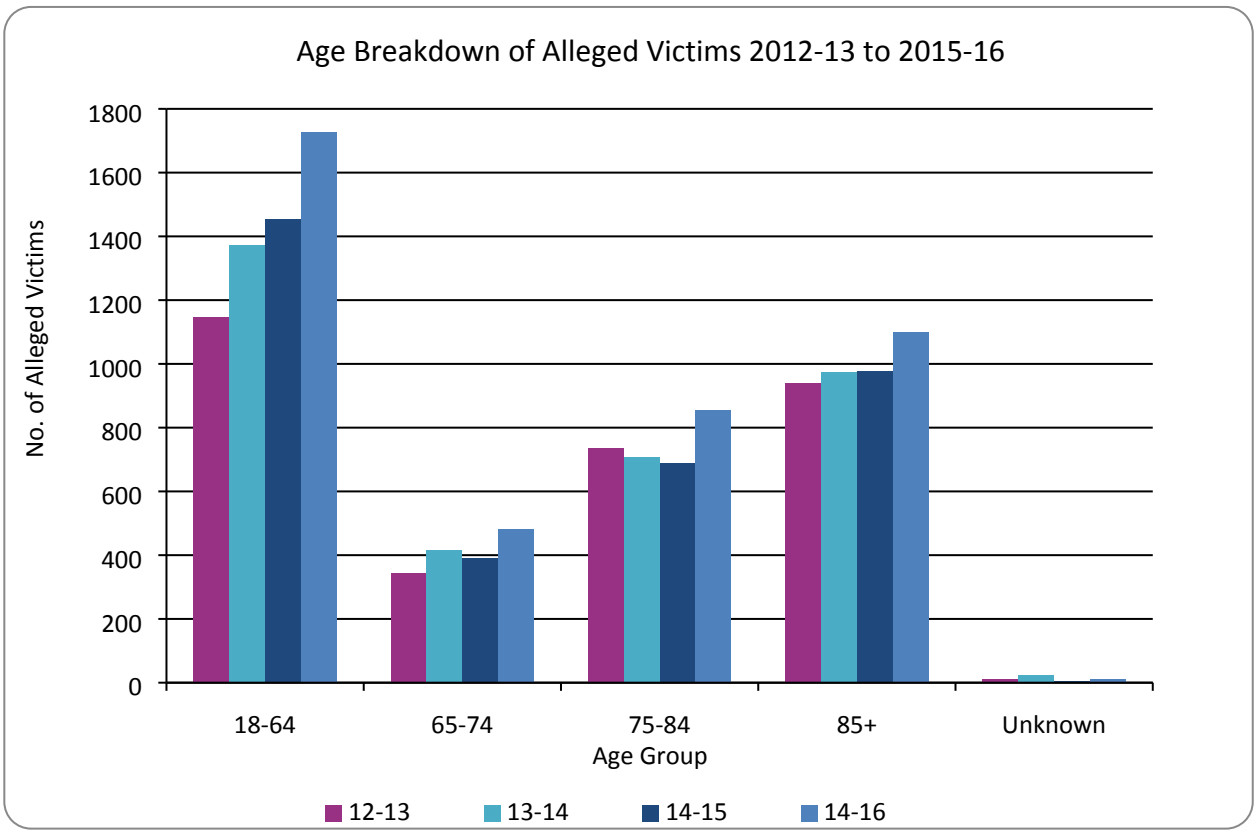
Table 7.1: Number of enquiries year on year and rate of change 12-13 to 15-16

Age of alleged victims

In the period 2015 to 2016, the majority of all enquiries, 41.4%, related to the 18-64 age group. The second most prevalent group is the 85+ age group, representing 26.4%. There has been no significant variation in the proportions of enquiries across the age groups over the past four years.

Age group	12-13		13-14		14-15		15-16	
	Number	%	Number	%	Number	%	Number	%
18-64	1145	36.1%	1372	39.3%	1454	41.3%	1726	41.4%
65-74	344	10.8%	416	11.9%	391	11.1%	483	11.6%
75-84	737	23.2%	707	20.3%	690	19.6%	855	20.5%
85+	939	29.6%	974	27.9%	976	27.8%	1100	26.4%
Unknown	11	0.3%	22	0.6%	6	0.2%	10	0.2%
Total	**3176**	**100%**	**3491**	**100%**	**3517**	**100%**	**4174**	**100%**

Table 7.2: Age breakdown of alleged victims for the periods 2012-13 to 2015-16

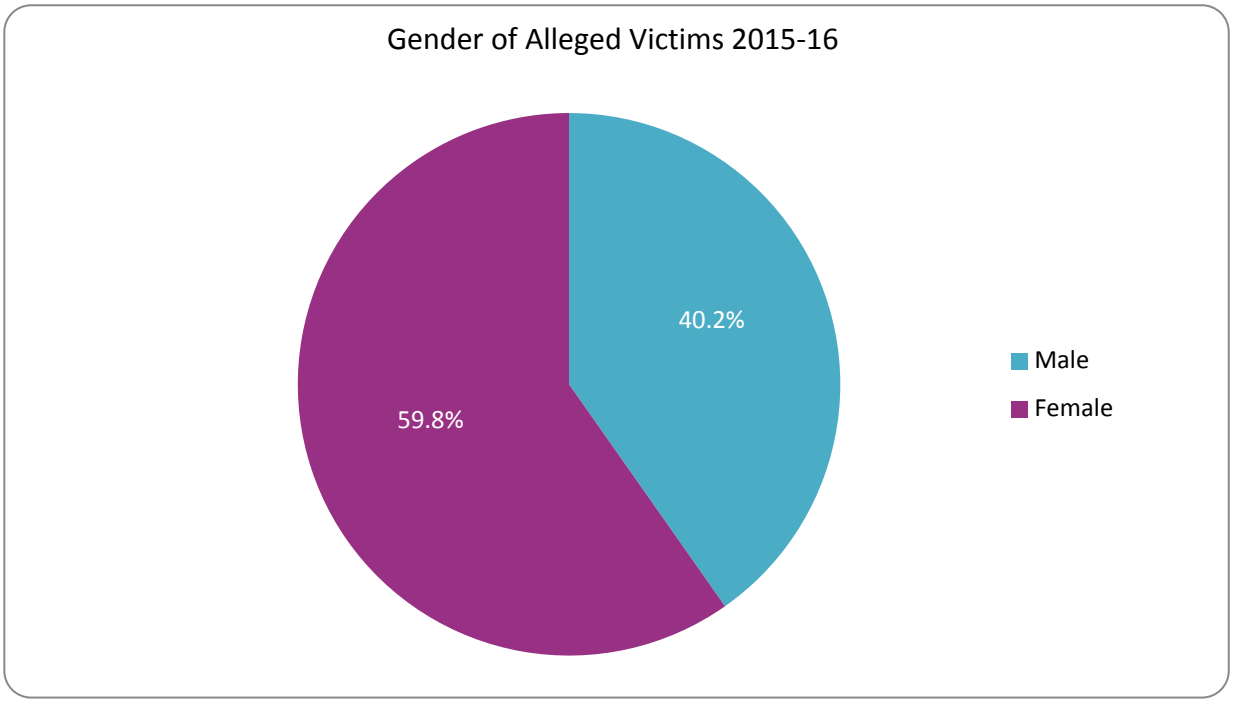


Gender of alleged victims

In 2015-16, the highest proportion of alleged victims were female at 59.8%, which reflects a marginal decrease compared with the 2014-15 figures.

Gender	12-13		13-14		14-15		15-16	
	Number	%	Number	%	Number	%	Number	%
Male	1193	37.6%	1375	39.4%	1366	38.8%	1680	40.2%
Female	1983	62.4%	2116	60.6%	2151	61.2%	2494	59.8%
Total	**3176**	**100%**	**3491**	**100%**	**3517**	**100%**	**4174**	**100%**

Table 7.3a: Gender of alleged victims over the periods 2012-13 to 2015-16



For comparison purposes, based on the 2015 mid-year population estimates, the following table presents the total population, by gender, for Kent and Medway.

Gender	Kent		Medway		Kent and Medway combined	
	Number	%	Number	%	Number	%
Male	747,400	49.0%	137,300	49.7%	884,700	49.1%
Female	777,300	51.0%	139,200	50.3%	916,500	50.9%
Total Persons	1,524,700	100%	276,500	100%	1,801,200	100%

Table 7.3b: Population estimates by Gender
Source: Population Estimates Unit, ONS (Crown Copyright).
Data released on 23 June 2016 by the Office for National Statistics.

Ethnicity of alleged victims

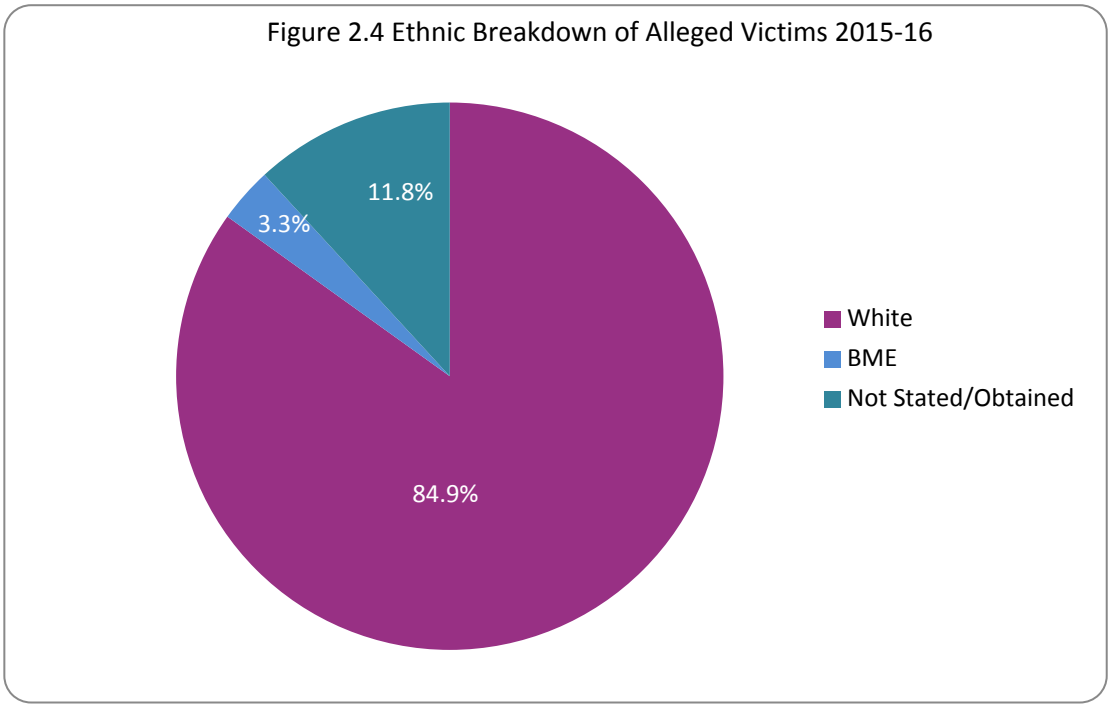
Between the periods of 2014-15 and 2015-16, the percentage of enquiries relating to alleged victims from a white background decreased from 87.1% to 84.9%. The percentage of alleged victims from a black or ethnic minority background has decreased by 0.1%, from 3.4% to 3.3%.

In contrast, there has been an increase in the number of cases where the ethnicity was not stated/not obtained, which has risen to 11.8%, a rise of 2.2 percentage points.

Ethnic Group	12-13		13-14		14-15		15-16	
	Number	%	Number	%	Number	%	Number	%
White*	2713	85.5%	3077	88.1%	3062	87.1%	3544	84.9%
BME **	113	3.6%	106	3.0%	118	3.4%	136	3.3%
Not stated/ obtained	348	11.0%	308	8.8%	337	9.6%	494	11.8%
Total	**3174**	**100%**	**3491**	**100%**	**3517**	**100%**	**4174**	**100%**

Table 7.4a: Breakdown of Ethnic Group for the periods 2012-13 to 2015-16

**' White' contains the DH ethnic groups of White British, White Irish, Traveller of Irish Heritage, Gypsy/Roma, Other White Background*
*** 'BME' includes all Asian or Asian British, Black or Black British, Mixed and Other groups*



For comparison purposes, based on the 2011 census, the following table presents the total population, by ethnic group, for Kent and Medway.

Ethnic Group	Kent		Medway		Kent and Medway combined	
	Number	%	Number	%	Number	%
White	1,371,102	93.7%	236,579	89.6%	1,607,681	93.1%
BME	92,638	6.3%	27,346	10.4%	119,984	6.9%
All usual residents	1,463,740	100%	263,925	100%	1,727,665	100%

Table 7.4b: Kent Population by Ethnic Group
Source: 2011 Census: Key Statistics Table 201, Office for National Statistics (ONS) © Crown Copyright

Primary Support Reason of alleged victims

The table below shows the number and proportions of individuals according to the Primary Support Reason.

In both Kent and Medway, the most prevalent support reason was Physical Support. This is then followed by no support reason at the time of the alleged incident, with Kent and Medway reflecting 18.9% and 24.3% of cases respectively having no support reason. This is to be expected, as individuals subject to a safeguarding referral will not always be receiving support from the Local Authority.

Primary Support Reason	Kent	Medway
Physical Support	36.3%	45.1%
Sensory Support	<5%	<5%
Support with Memory and Cognition	11.8%	<5%
Learning Disability Support	15.3%	<5%
Mental Health Support	15.4%	13.4%
Social Support	<5%	7.5%
No Support Reason	18.9%	24.3%

Table 7.5: Breakdown of Primary Support Reason (PSR) for the period 2015-16

Location of alleged abuse

In 2015 to 2016 the main location for incidences of alleged abuse was within care homes, with 42% of incidents occurring in such settings. This represents a 3.4% increase from 2014-15. 34.7% of incidences were reported to be in the alleged victims own home, this represents a 3.3 percentage point increase from 2014-15.

Due to the Care Act changes and changes within statutory reporting, from 2015-16 the location of alleged abuse is reported on by own home, community service, care home, hospital and other. The location of other has reflected an increase, but this location will include cases where the alleged abuse took place in public or where the location of abuse was not known.

Please note, from 2015-16 the method of calculating the location of alleged abuse is now based on closed enquiries in the reporting year. Therefore, the total number of enquiries will not correlate with earlier sections of the report which detail number of enquiries received within the reporting period.

Location	12-13		13-14		14-15		15-16	
	Number	%	Number	%	Number	%	Number	%
Own Home	1161	36.6%	1215	34.8%	1209	34.4%	1262	34.7%
Community Service	131	4.1%	109	3.1%	116	3.3%	111	3.1%
Care Home*	1270	40.0%	1415	40.5%	1359	38.6%	1528	42.0%
Hospital**	125	3.9%	191	5.5%	150	4.3%	171	4.7%
Mental Health Inpatient Setting	~	~	~	~	112	3.2%	~	~
Public Place	89	2.8%	71	2.0%	70	2.0%	~	~
Other	143	4.5%	130	3.7%	156	4.4%	563	15.5%
Not Known	257	8.1%	360	10.3%	345	9.8%	~	~

Table 7.6: Location of alleged abuse for the periods 2012-13 to 2015-16

* *All care home settings, including nursing care, permanent and temporary*
** *Acute, community hospitals and other health settings*

Types of alleged abuse

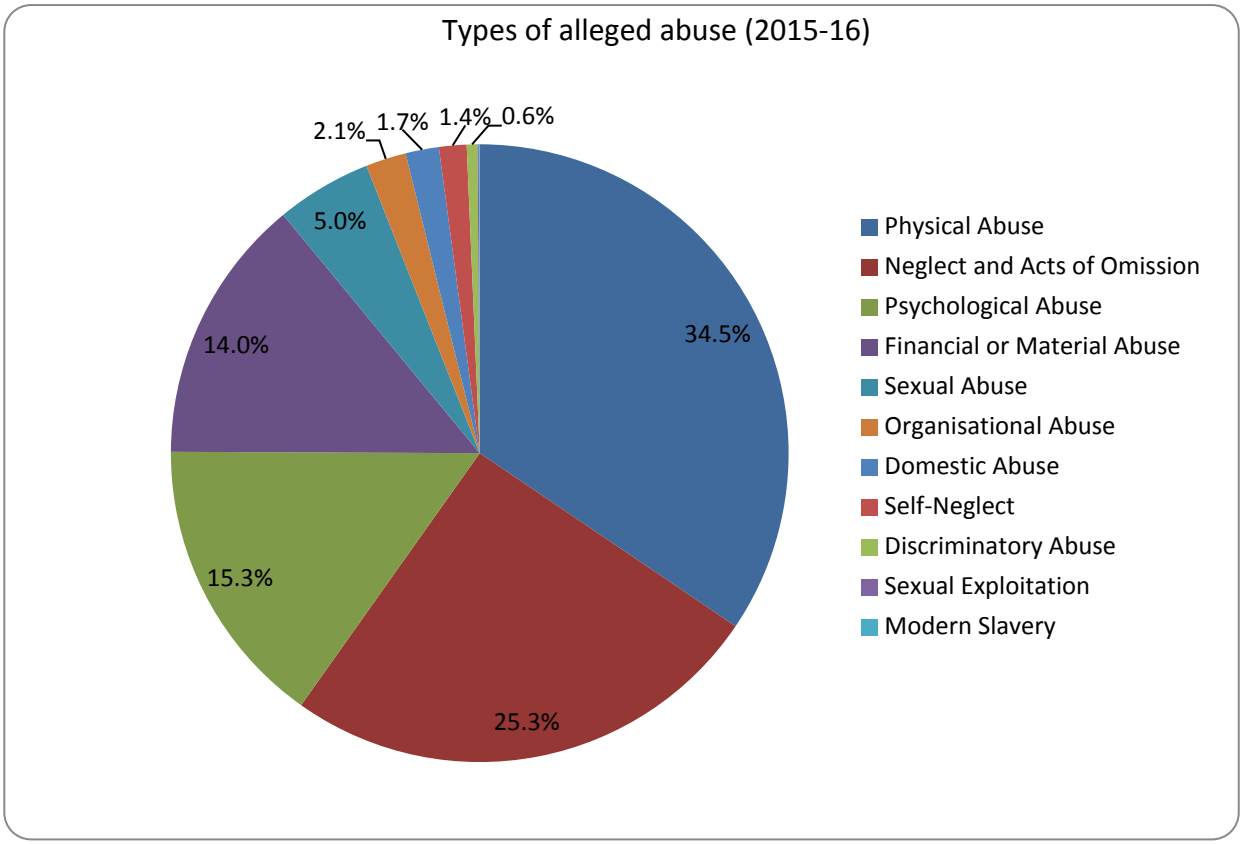
Following the Care Act 2014, additional categories of abuse relating to Domestic Abuse, Modern Slavery, Self-Neglect and Sexual Exploitation were introduced. These are now included in the table below.

Categories of alleged abuse	2012-13		2013-14		2014-15		2015-16	
	Number	%	Number	%	Number	%	Number	%
Physical Abuse	1231	30.7%	1407	33.6%	1100	36.0%	1482	34.5%
Neglect and Acts of Omission	931	23.2%	1054	25.2%	750	23.5%	1090	25.3%
Psychological Abuse	765	19.1%	691	16.5%	366	17.0%	656	15.3%
Financial or Material Abuse	707	17.6%	688	16.4%	572	14.7%	600	14.0%
Sexual Abuse	183	4.6%	206	4.9%	146	5.8%	215	5.0%
Organisational Abuse	167	4.2%	98	2.3%	65	2.4%	91	2.1%
Domestic Abuse	-	-	-	-	-	-	75	1.7%
Self-Neglect	-	-	-	-	-	-	62	1.4%
Discriminatory Abuse	28	0.7%	39	0.9%	9	0.6%	24	0.6%
Sexual Exploitation	-	-	-	-	-	-	5 or less	<1%
Modern Slavery	-	-	-	-	-	-	5 or less	<1%

Table 7.7: Type of alleged abuse (an enquiry may have multiple types of abuse recorded – the percentage figures relate to the proportion of all enquiry where each type of abuse was apparent)

Physical Abuse has remained the most prevalent category over the past four years. The proportion of incidents where Neglect and Acts of Omission was a factor has increased over the last year by 1.8 percentage points.

Incidents where Psychological Abuse was a factor have decreased over the past four years by 3.8 percentage points between 2012-13 and 2015-16. Notably, incidents where Financial or Material Abuse was apparent continued to decrease over each of the last four years, falling from 17.6% in 2012-13 to 14% in 2015-16.


Types of alleged abuse (2015-16)
34.5%
25.3%
15.3%
14.0%
5.0%
2.1%
1.7%
1.4%
0.6%
Physical Abuse
Neglect and Acts of Omission
Psychological Abuse
Financial or Material Abuse
Sexual Abuse
Organisational Abuse
Domestic Abuse
Self-Neglect
Discriminatory Abuse
Sexual Exploitation
Modern Slavery

Source of safeguarding concern leading to safeguarding enquiry

The table below shows the comparison of the sources of safeguarding concerns leading to safeguarding enquiries over the past four years. The majority of enquiries continue to initiate from social care staff - however; there has been a 2.1 percentage point decrease from 2014-15 to 2015-16. In comparison, referrals from health care staff have seen an increase of 2.9 percentage points to 26.4% between the same period, and other sources has increased by 3.2 percentage points over the same period.

The 'Other' category includes carers, voluntary agencies/independent sector, anonymous, legal, other Local Authorities, Benefits Agency, Probation Service and strangers. Both Kent and Medway have safeguarding websites and leaflets accessible by members of the public. Safeguarding Awareness Week is key to increasing safeguarding awareness amongst members of the public. The source of 'Other' has seen an increase of 3.2 percentage points between 2014-15 and 2015-16.

Please note the 2015-16 information does not include Medway data as this data was not collated. Prior to a review of Medway Council's computer system in Spring 2016, the data relating to referral source was manually input into the computer system and was difficult to report on. Following a review of the safeguarding adults computer system, this data can now be collected and Medway will run a report and analyse this data on a quarterly basis, to determine high level of referrals and areas where referral numbers are low or non-existent. This will focus local awareness raising activity.

Source of Safeguarding Concern leading to Enquiry	12-13		13-14		14-15		15-16		% point change 14-15 and 15-16
	Number	%	Number	%	Number	%	Number	%	
Social Care staff	1325	41.7%	1689	48.4%	1602	45.6%	1701	43.5%	-2.1
Health Staff	754	23.7%	718	20.6%	827	23.5%	1032	26.4%	2.9
Other	379	11.9%	298	8.5%	386	11.0%	553	14.2%	3.2
Police	163	5.1%	152	4.4%	132	3.8%	158	4.0%	0.2
Family member	273	8.6%	271	7.8%	202	5.7%	135	3.5%	-2.2
Care Quality Commission	63	2.0%	115	3.3%	132	3.8%	125	3.2%	-0.6
Self Referral	97	3.1%	129	3.7%	122	3.5%	105	2.7%	-0.8
Housing	64	2.0%	45	1.3%	60	1.7%	66	1.7%	0.0
Friend/Neighbour	37	1.2%	49	1.4%	25	0.7%	23	0.6%	-0.1
Education/Training Workplace	18	0.6%	10	0.3%	22	0.6%	6	0.2%	-0.4
Other service user	5 or less	<1%	8	0.2%	7	0.2%	5 or less	<1%	~
Unknown	5 or less	<1%	7	0.2%	0	0.0%	5 or less	<1%	~
Overall Total	**3176**	**100%**	**3491**	**100%**	**3517**	**100%**	**3906**	**100%**	~

Table 7.8: Source of safeguarding for the periods 2012-13 to 2015-16

Closed referrals

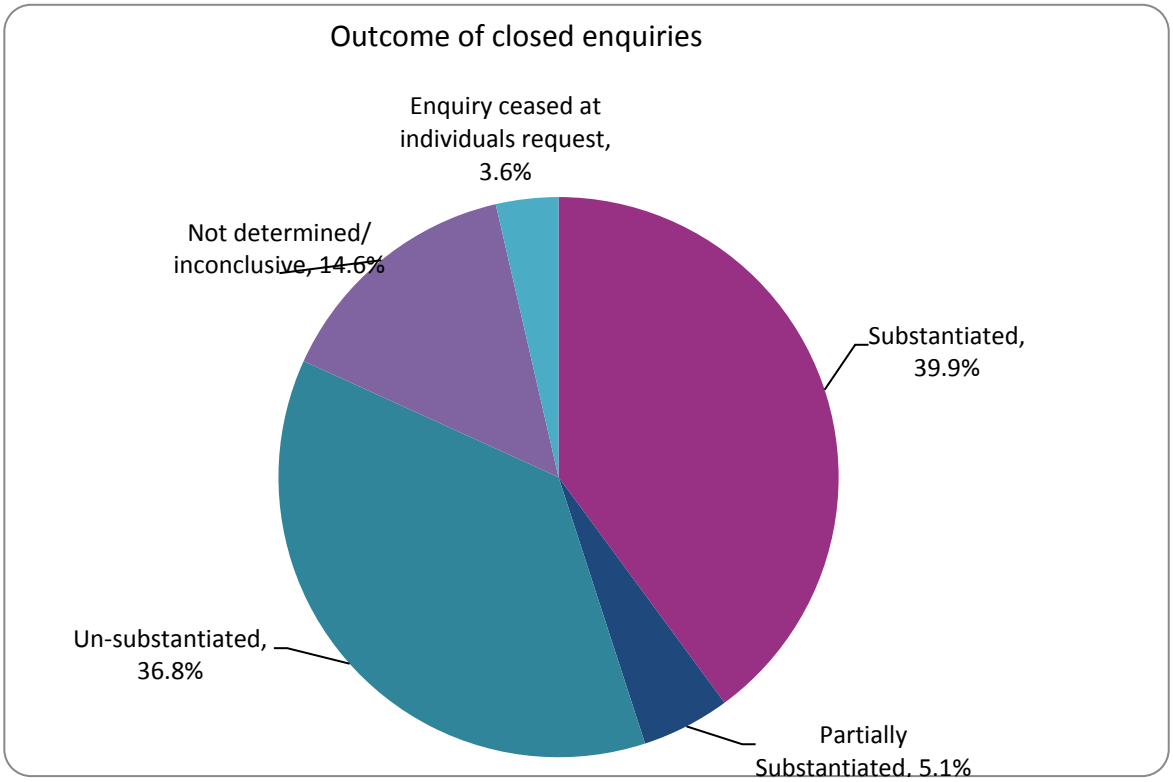
Outcome of closed enquiries

In Kent, the highest proportion of cases was substantiated (41.1%) whereas in Medway the highest proportion of cases was unsubstantiated (31%). Medway had a higher proportion of cases where outcomes were not determined/inconclusive and partially substantiated.

Across both Kent and Medway, the highest proportion of cases was substantiated and the lowest proportion resulted in the investigation ceasing at the individuals request.

Area	Substantiated		Partly substantiated		Un-substantiated		Not determined/ inconclusive		Investigation ceased at request of individual	
	No.	%	No.	%	No.	%	No.	%	No.	%
Kent	1384	41.1%	146	4.3%	1255	37.3%	475	14.1%	104	3.1%
Medway	65	24.0%	41	15.1%	84	31.0%	56	20.7%	25	9.2%
Total	**1449**	**39.9%**	**187**	**5.1%**	**1339**	**36.8%**	**531**	**14.6%**	**129**	**3.6%**

Table 7.9: Outcome of closed referrals in Kent and Medway 2014-15



Action resulting from closed enquiries

In 2015-16, the highest proportion of cases in Kent related to action taken and the risk being reduced. In Medway, the highest proportion of cases related to action being taken and the risk removed. The percentage of cases where the risk remains has reflected marginal decreases across both Kent and Medway.

In contrast, both Kent and Medway have seen significant changes between 2014-15 and 2015-16 for cases where the risk reduced. For cases where the risk was reduced, Kent increased from 27.3% to 81.5%, and Medway increased from 23.6% to 34.7%. In Kent, changes to processes and systems were implemented as a result of the Care Act 2014. This has allowed for improvement in recording of the data and greater accuracy in reporting.

For Kent, in the 2014-15 year it is not representative that no action was taken on cases in the first section of the table below. For those cases recorded as 'no action taken', the cases may have been inappropriate and therefore passed on to the relevant teams. It should also be noted that, for the 2015-16 period, clarification was made by the Health and Social Care Information Centre in relation to the categorisation of no action taken.

Area	No Action Taken		Action Taken and Risk Remains		Action Taken and Risk Reduced		Action Taken and Risk Removed	
	14-15	15-16	14-15	15-16	14-15	15-16	14-15	15-16
Kent	54.8%	0.4%	6.4%	5.8%	27.3%	81.5%	11.5%	12.3%
Medway	0.0%	11.4%	16.8%	16.6%	23.6%	34.7%	59.5%	37.3%

Table 7.10: Actions resulting from closed safeguarding referrals 2014-15 and 2015-16

Section 8. Priorities for 2016-2017

A number of priorities have been identified for 2016–2017

- Engage with service users and carers, and empower and enable them to contribute to safeguarding in Kent and Medway, and to the work of the Board
- Increase public engagement and awareness
- Progress SARs, ensuring lessons learnt lead to practice improvements
- Complete the review of the Kent and Medway multi-agency training programme and commission training providers
- Prepare a new strategic plan for the Kent and Medway Safeguarding Adults Board
- Further develop and implement the Board Constitution
- Review the Board structure and ensure governance arrangements are robust
- Develop and implement a risk register
- Continuously review the multi-agency Policy, Protocols and Guidance document in accordance with national and local safeguarding developments
- Build on current quality assurance mechanisms to ensure safeguarding work is of a good or excellent quality
- Seek to continuously collaborate and work closely with partners to ensure a variety of safeguarding contribution
- Work more closely with Medway to ensure dovetailing and governance consistency

Appendices

Appendix 1 : Kent and Medway Safeguarding Adults Board Principles and Values

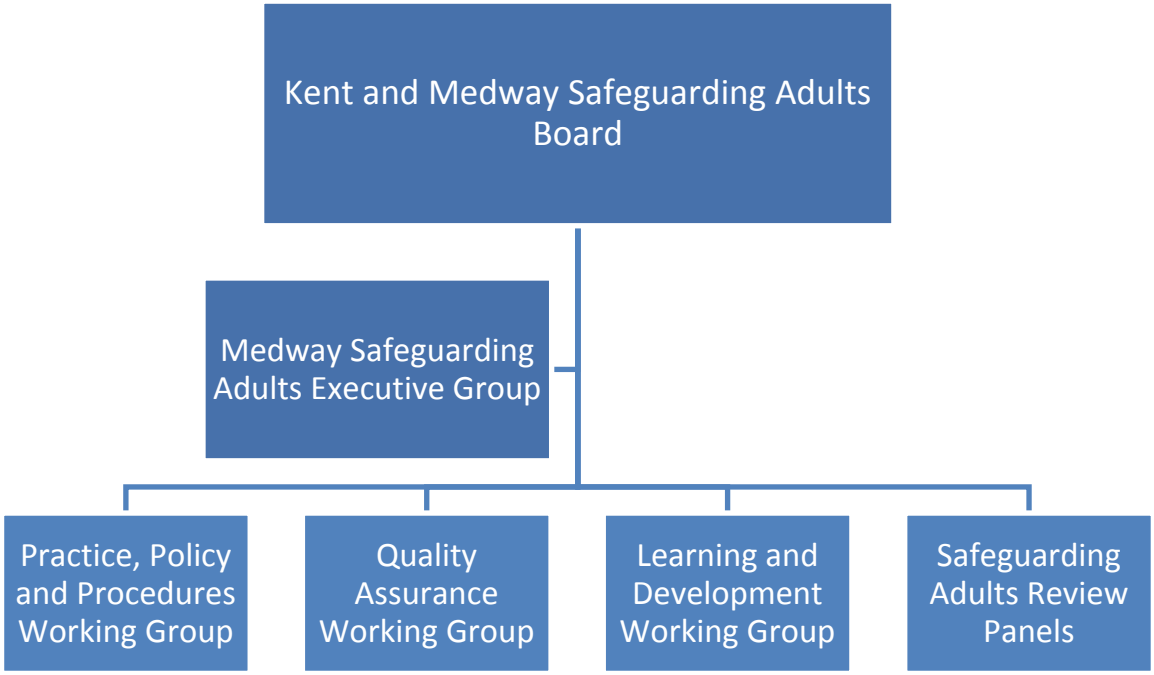
The Kent and Medway Safeguarding Adults Board is underpinned by the following principles and values:

- It is every adult's right to live free from abuse in accordance with the principles of respect, dignity, autonomy, privacy and equity
- All agencies and services should ensure that their own policies and procedures make it clear that they have a zero tolerance of abuse
- Priority will be given to the prevention of abuse, by raising the awareness of adult safeguarding issues and by fostering a culture of good practice through support and care provision, commissioning and contracting
- Adults who are susceptible or subjected to abuse or mistreatment will receive the highest priority for assessment and support services
- These principles are applicable to all adults whether living in a domestic setting, care home, social services or health setting, or any community setting
- Protection of adults experiencing, or at risk of, abuse or neglect, is a multi-agency responsibility and all agencies and services should actively work together to address the abuse of adults
- Interventions should be based on the concept of empowerment and participation of the individual at risk
- These principles should constitute an integral part of the philosophy and working practices of all agencies involved with adults experiencing, or at risk of, abuse or neglect, and should not be seen in isolation
- It is the responsibility of all agencies to take steps to ensure that adults experiencing, or at risk of, abuse or neglect, are discharged from their care to a safe and appropriate setting
- The need to provide support for carers must be taken into account when planning services for adults experiencing, or at risk of, abuse or neglect, and a carer's assessment should be offered
- These principles are based upon a commitment to equal opportunities and practice in respect of race, culture, religion, disability, gender, age or sexual orientation

Appendix 2 : The Main Forms of Abuse

- **Physical abuse**, including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions
- **Domestic Abuse**, including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence
- **Sexual abuse**, including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or acts to which the adult has not consented, or was pressured into consenting
- **Psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks
- **Financial or material abuse**, including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
- **Modern slavery** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
- **Discriminatory abuse**, including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion
- **Organisational abuse**, including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation
- **Neglect and acts of omission**, including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Self-neglect** covers a wide range of behavior neglecting to care for one's personal hygiene, health or surroundings, and includes behaviour such as hoarding
- **Forced Marriage** is a marriage in which one or both of the parties is married without his or her consent or against his or her will
- **Honour Based Violence** is a term used to describe violence committed within the context of the extended family which is motivated by a perceived need to restore standing within the community, which is presumed to have been lost through the behaviour of the victim
- **Hate Crime** is any crime that is targeted at a person because of hostility or prejudice towards that person's: disability, race or ethnicity, religion or belief or sexual orientation
- **Mate Crime** is a form of crime in which a perpetrator befriends a vulnerable person with the intention of then exploiting the person financially, physically or sexually

Appendix 3 : Kent and Medway Safeguarding Adults Board Governance Structure



This page intentionally left blank

Kent and Medway Safeguarding Adults Board

Annual Report 2015-2016

Please visit our website: www.kent.gov.uk/about-the-council/partnerships/kent-and-medway-safeguarding-adults-board

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

To: Health and Wellbeing Board, 25 January 2017

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

Classification: Unrestricted

---

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

Tristan Godfrey
Policy and Relationships Adviser (Health)
(03000) 416157
tristan.godfrey@kent.gov.uk

Mark Lemon
Strategic Relationships Adviser (Health)
(03000) 416387
mark.lemon@kent.gov.uk

Ann Hunter
Principal Democratic Services Officer
(03000) 416287
ann.hunter@kent.gov.uk

This page is intentionally left blank

WORK PROGRAMME –2017/18
Health and Wellbeing Board

Agenda Section	Items
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	• NHS Preparation For and Response to Winter 2016/17 • HWB Work Programme • Local board minutes • Minutes of the 0-25 Health and Wellbeing Board
7 June 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	• Childhood Immunisations • HWB Work Programme • Local board minutes • Minutes of the 0-25 Health and Wellbeing Board
19 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	• Progress Report on Kent Emotional Health and Wellbeing Strategy for Children, Young People and Young Adults (CAMHS) • Crisis Care Concordat- Annual Report • HWB Work Programme • Local board minutes • Minutes of the 0-25 Health and Wellbeing Board
20 September 2017	
Area 1 - Assuring Outcomes for Kent	
Area 2 - Core Documents	•
Area 3 Promotion of Integration	•
Area 4 Notifications	•

Updated 13 01 16

Area 5 Reports to the Board	• **Joint Health and Social Care Assessment Framework** • **KSCB Annual Report** • **HWB Annual Report** • **Health Watch Annual Report** • **HWB Work Programme** • **Local board minutes** • **Minutes of the 0-25 Health and Wellbeing Board**
22 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	• **Kent Adults Safeguarding Board Annual Report** • **HWB Work Programme** • **Local board minutes** • **Minutes of the 0-25 Health and Wellbeing Board**
24 January 2018	
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**
21 March 2018	
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**

Minutes of the 0-25 Health and Wellbeing Board Meeting
20 September 2016
10.00am – 12.00noon
Swale Room 1 Sessions House

Present:			
Andrew Ireland	AI	-	Social Care Health & Wellbeing Corporate Director, KCC (Chair)
Patrick Leeson	PL	-	Education and Young people's Services Corporate Director, KCC
Roger Gough*	RG	-	Cabinet Member – Education & Health Reform, KCC
Amanda Kenny	AK	-	Swale & DGS CCG Commissioner
Simon Thompson	ST	-	Head of Partnerships and Communities, Kent Police
Stuart Collins	SCo	-	Director of Early Help, KCC
Sam Bennett	SB	-	Public Health Consultant , KCC
Jane O'Rourke	JO	-	East Kent CCG Head of Children's Commissioning
Sue Chandler	SCh	-	SKC LCPG Chair
Penny Southern	PSo	-	Disabled Children, Adults learning Disability and Mental health Director, KCC
Allison Esson	AE	-	Children's Commissioning, KCC representing Helen Cook
Amber Christou	AC	-	Kent District Councils Joint Chief Executives Representative
Philip Segurola	PSe	-	Specialist Children's services Director, KCC
Naz Chauhan	NC	-	West Kent CCG
Mel Anthony*	MA	-	Commissioning and Development Manager, KCC
Pam McConnell	PM	-	Senior Administration Officer, Public Health, KCC (minutes)
***** Present for part of the Meeting			

Apologies	
Karen Sharp	Head of Commissioning Public Health, KCC
Helen Cook	Interim Commissioning Manager Early Help
Michael Thomas-Sam	Head of Strategy and Business Support

1. Welcome & Introductions

1.1 The Chair welcomed everyone to the meeting and introductions were made.

1.2 The Chair spoke about Stephanie Brown's unexpected death and the group acknowledged the contribution and support she provided to both this meeting and sent their condolences to the Children's commissioning team and her family.

2. Minutes from meeting held on 15 June 2016

2.1 The minutes were agreed as an accurate account after a minor adjustment to those attending the meeting.

2.2 In reviewing the actions the following were noted:

- Action 8: Healthy Child Programme pathway and commentary – ongoing AK and AI to discuss after the meeting. **Action 1**

- Action 9: SB/JT to provide the link between SEND and the Healthy Child Programme related work. JT provides a link between the meetings and will share information across the groups. The Health Child Programme meetings are time limited groups and will be ending shortly. Reports from the groups will be discussed at future 0-25 health and Wellbeing Board meetings. **Action 2**

2.3 All other actions were noted as completed.

3. UASC Update

3.1 The Chair provided a detailed update on UASC, highlighting the following:

- New arrivals numbers are remaining at a more manageable level with most being placed at centres in Ashford and Cranbrook. Under16s' are being placed in foster care mainly within the County's.

- National Transfer Scheme is in operation however fewer local Authorities have signed up than expected which means that allocations are not quite keeping within the five day timescale stipulated. The concern is if there is a major increase in new arrivals or when assessments take longer than 20 days it becomes more complicated for the transferring local authority.

- In addition to transferring new arrivals the scheme is meant to support Kent with the 1000+ UCAS already placed in the county. This has yet to be established. The window of opportunity for moving children who are in the County is closing as these young people are now settled and there is potential for legal challenge. In addition a significant number of this cohort are now turning 18years old which creates more issues and cost implications for accommodation and funding issues for the holding local authority as the transfer scheme does not cover those 18 and over.

- Kent received a letter from immigration last week which is looking to use the NTS scheme to alleviate the pressures within refugee camps in Calais Work is now being done to identify those young people who have family within these camps. Assurance was given that as Kent has population of UASC over the threshold level, the County would not be expected to take on more young people. In order to address some of these concerns the Council is seeking a meeting with ministers to lobby for those USAC clients that have been awaiting transfer and support for those leaving care.

- Profile of refugees coming through is changing to the majority originating from the Middle Eastern region.

- Health is being proactive in its support with Health assessments. They will be up to date by the end of October and CCGs have also established a website to assist other Local Authorities in how they can support these children.

- For young people that remain the virtual school and college scheme is working well in providing structure and routine.

3.2 Assurance was given that there are no significant reports of criminality. The UASC board work with Kent Police in working on citizenship as part of the refugees' induction.

3.3 The group discussed the need for the UASC board to meet with housing colleagues in order to have a more co-ordinated approach to providing accommodation for those over 18, especially as the key issue will be their immigration status of whether they have right to remain. The group agreed that there is a requirement for intelligence sharing on what's available and for an understanding of the status of the children which needs to be incorporated as part of the homelessness strategy.

3.4 Actions agreed:

- AI/PSe to attend the next Kent Housing Group to invite them to attend the UCAS Partnership board. **Action 3a**
- AI to speak to the Leader Paul Carter regarding the letter to Kent Leaders. **Action 3b**

4. Children's Partnership Needs Assessment – Sam Bennett

4.1 The above presentation gave an overview of how the needs assessment is being developed to be used as a communicational tool to inform future service provision. This will include things like:

- Maintaining an overview of the demographics and information about particular populations
- Using PHE child health profiles/indicator framework to a county level and reproducing where possible the most deprived family super output areas.
- Bespoke JSNAs and refreshing existing JSNAs

4.2 This would then enable for an analysis so of issues such as:

- Trend analysis of child health indicators and hospital activity
- Smoking in pregnancy

4.3 The group welcomed the developments and discussed the potential for crossover client analysis like school attendance with self-harm. This could be used to inform types of training provision. It was proposed that any future service developments, there needs to be evidence that any needs assessment work has been utilised to ensure that resource is targeted where it is most needed. This will also help inform LCPGs and in particular their grant funding decisions. .

4.4 The group agreed to the Chair's recommendation for the report presentation to be taken to the next Kent Health and Wellbeing Board.

4.5 Actions agreed:

- SB to investigate the possible to get any notable cross triangular analysis between school attendance, self-harm and CAMHS. **Action 4a**
- The use of needs assessments to be discussed at the next Kent Health and Wellbeing Board. **Acton 4b**
- PM to send out presentation with minutes. **Action 4c**

5 Joint Reviews for Children at aged 2 Years – Patrick Leeson

5.1 The above paper provided an update on the progress in developments in extending the pilot of 2-2½year old integrated reviews in the Thanet District, highlighting the following:

- A number of challenges in establishing the pilot, including staffing capacity, IT issues, information sharing and aligning timeframes for the health visiting and early years review.
- Since starting the reviews there has been positive feedback on the process from parents.
- Labour intensive to carry out with all children aged 2-2½years
- Benefits of the integrated review include the ability to identify and provide support to those with children with greater needs.
- To address the labour intensity of the joint reviews, a targeted approach to focus on those children with greater need and those identified during the health visitor review has been proposed.
- To scale the approach up across Kent for those where there are concerns or developmental delay.
- Some additional funding costs for 16/17 with 17/18 potentially being covered by Early Years

5.2 The report's recommendations were agreed after assurance was given that there is a move towards a more targeted approach to identify those families with more complex needs and a more proactive approach in ensuring that all families take up the 2 year health visiting check. In addition other safeguards being developed are:

- Risk assessments at the antenatal stage and subsequent contacts by health visitors and midwifes to ensure those with the greatest needs are identified early on.
- Greater information sharing and closer working between the midwifery service, health visitors and children centres.
- All developments are being put into the current working contract.
- The new Health Visitor service specification will include all the new working practices developed along with reflecting revised protocols, pathways and processes when the contract is recommissioned in 18months time.

5.3 Action agreed: SB to present a Health visitor report including the new specification and how issues are being addressed to support the joint reviews at the next meeting. **Action 5**

6 Kent Integrated Domestic Abuse Service Commissioning Plan Presentation – Mel Anthony

6.1 The above presentation provided members with an outline of the proposal for an integrated service, highlighting:

- What domestic abuse is, its effects and impact it has on families especially children.
- Current funding and service provision and the need for change
- The objectives and benefits for an integrated service.

6.2 In discussing the proposed service the group supported the proposal and welcomed the emphasis on the 'Toxic Trio', but queried if there was any

provision for a perpetrator programme. Assurance was given that even though this was currently not within the scope of this service intelligence would still be gathered to be reviewed and inform any future commissioning.

6.3 Actions agreed:

- MA to send PSe the Domestic Abuse service specification. **Action 6a**
- PM to send out the presentation with minutes. **Action 6b**

7. LCPG/Dashboard updates – Allison Esson

7.1 The above presentation gave a summary of how these new dashboards have been designed as central information and monitoring mechanism for the key performance indicators to support the finalised Children and Young people's framework.

7.2 The group discussed how the indicators were grouped and the need for it to include indicators for the disabled child, along with data on the number of children statemented to show the level of need. This was thought to be crucial to supporting the integrated children's service.

7.3 Actions agreed:

- SCh to raise the need to include indicators that ensure inclusive opportunities for disabled children. **Action 7a**
- AE to speak to KS to confirm the finalised version of the Kent Children and Young People's framework. **Action 7b**
- SCh/AE to present the outcomes from the LPCG's 'Turning the Curve activities' at the next meeting. **Action 8**

8. Group Membership and Contact Arrangements

8.1 In reviewing the terms of reference it was agreed for AI/KS to update them and to consider the membership of the group to reflect the Board's role. **Action 9**

9. Any Other Business

9.1 Update on the position paper in response to NHS England's integrated transformation requires a collective sign off. Action agreed: PSo to meet with KS to discuss. **Action 10**

Next meeting: 21 November 2016, 2.00pm Medway Room Sessions House

Action List

Action Number	Action Required and By Whom	By When
	Outstanding Actions from 15 June 2016	
1	Action 8: Healthy Child Programme pathway and commentary – ongoing AK and AI to discuss after the meeting.	**20 September 2016**
2	SB to bring Health Child Programme reports to a future meeting	
	UCAS update	
3a	AI/PSe to attend the next Kent Housing Group to invite them to attend the UCAS Partnership board.	**21 November 2016**
3b	AI to speak to the Leader Paul Carter regarding the letter to Kent Leaders.	**21 November 2016**
	Children's Partnership Needs Assessment	
4a	SB to investigate the possible to get any notable cross triangular analysis between school attendance, self-harm and CAMHS.	**21 November 2016**
4b	Kent Health and Wellbeing Board to discuss the use of needs assessments.	**22 November 2016**
4c	PM to send out presentation with minutes.	**With minutes**
	Joint Reviews for Children at aged 2 Years	**21 November 2016**
5	SB to present a Health visitor report including the new specification and how issues are being addressed to support the joint reviews.	
	Kent Integrated Domestic Abuse Service Commissioning Plan Presentation	
6a	MA to send PSe the Domestic Abuse service specification.	**21 November 2016**
6b	PM to send out the presentation with minutes.	**With minutes**
	LCPG/Dashboard updates	
7a	SCh to raise the need to include indicators that ensure inclusive opportunities for disabled children.	**21 November 2016**
7b	AE to speak to KS to confirm and send out the finalised version of the Kent Children and Young People's framework.	**31 October 2016**
8	SCh/AE to present the outcomes from the LPCG's 'Turning the Curve activities' at the next meeting.	**21 November 2016**
	Group Membership and Contact Arrangements	
9	In reviewing the terms of reference it was agreed for AI/KS to update them and the membership of the group to reflect the board's role.	**21 November 2016**
	Any Other Business	
10	PSo to meet with KS to discuss the position paper in response to NHS England's integrated transformation requires a collective sign off.	**31 October2016**

CANTERBURY CITY COUNCIL

CANTERBURY AND COASTAL HEALTH AND WELLBEING BOARD

Minutes of a meeting held on Wednesday, 9th November, 2016 at 6.00 pm in The Boardroom, Council Offices

Present: Dr Sarah Phillips (Chairman)

Sam Bennett
Neil Fisher
Velia Coffey
Councillor S Chandler
Mark Lemon
Councillor Cllr Pugh
Jonathan Sexton
Sari Sirkia-Weaver
Mark Gray
Anne Ford
Marie Royle

1 **APOLOGIES FOR ABSENCE**
Cllr Joe Howes
Amber Cristou
Cllr Graham Gibbens
Simon Perks

2 **MINUTES OF THE LAST MEETING AND ACTIONS 6 JULY 2016**
The minutes were approved as an accurate record

Action: Neil Fisher to produce a summary document of the Annual Plan which could be circulated to Councillors and more widely eg community networks to show what the changes will mean to local people.
This year's annual plan is now being written and the new plan will be summarised so that it is accessible for all.

3 **VANGUARD - MARK GRAY, INTERIM EXECUTIVE LEAD ENCOMPASS - WHITSTABLE, CANTERBURY, FAVERSHAM AND SURROUNDING AREA MCP VANGUARD**
Mark Gray presented the paper and highlighted the following:

- It has links to the Canterbury and Coastal Clinical Commissioning Group (CCG) and NHS England.
- Work started in 2014 to look at joint working with Whitstable practices.
- Funding was sought from NHS England and £4million funding sought for the second year. Half has been agreed and received.
- The focus is on clinical delivery of services but with reduced funding.
- The voluntary sector is being fully engaged and community paramedics are also being used to help avoid 999 admittance to hospitals. Red Zebra has been given additional resource to support their work.
- Multi Disciplinary Team (MDT) approach is being used and now tailoring the approach with proof of concept and this will be rolled out across the other 2 hubs in due course. It was noted that the MDT has included mental health representatives and this has proved very useful.

The following queries were raised.

- There is a risk that closure of existing bed capacity may cause an increase of bed blocking as demand has not reduced. Mark Gray advised that the focus is on preventing people being admitted to hospitals and freeing up the movement of patients out of hospitals. The focus of care needs to change to prevention and resources moved appropriately and this requires a change in social care as well as acute care.
- Disabled facilities grant requests have dropped in Dover and Canterbury as there are insufficient assessment appointments available. This means that money is available but has not been utilised. Kent Housing Group is working with Kent County Council (KCC) on the disabled facilities grant but the blockages do create a knock on effect in other parts of the system. Greater liaison would be welcomed to help local authorities plan ahead. The assessments are currently conducted by KCC occupational therapists (OT) and it was suggested that other OTs could be used to free up the current blockage in assessments. It was noted that Canterbury City Council can fund additional OT resource and are keen to do that. Housing teams would welcome the opportunity to give their input into pathway improvements.
  Action: Alison Hargreaves to send Marie Royle's contact details to Mark Gray.
  Action: Update on progress to be brought to the next meeting.

- Will Herne Bay be included in the Vanguard? CCG are looking at a similar hub based model for Herne Bay with appropriate services. Herne Bay is being encouraged to look at similar models.
- Can the funding be allocated by the Vanguard or is it pre allocated? Vanguard decide how the funding is used.
- Have service users/patients been consulted at all? Yes, input has been sought but is not covered in this report. Patients who have been through the new pathways are now giving feedback, although numbers are still small, 30ish patients. Additional resources have been put into engagement as the importance of this is recognised.
- It was suggested that a member of the Health and Wellbeing Board (HWB) join the Vanguard Stakeholder Development Group as project plans begin to be put into action.
  Action: Amber Cristou was suggested as an appropriate HWB member to represent all CCG areas.

4 **KENT COMMUNITY TRUST HEALTH IMPROVEMENT WORK - ANNE FORD**

Anne Ford gave a presentation and the following was highlighted.

- Kent Community Health NHS Foundation Trust are commissioned by KCC to support health checks and general practices opt into a type of contract they are comfortable with.
- There is a focus on self help with a dedicated app which has proved very effective
- People are more motivated to change their behaviour if their own statistics are given to them eg their heart age, so health checks are important as they are a gateway to get people to engage and change their lifestyle.
- Offers include exercise referral scheme, healthy weight and weight management, food champions training, fresh start programmes.
- Stop smoking service is very successful and is being focussed in areas of deprivation.

- A health trainer has been allocated to Northgate Medical Practice to help integrate primary care. The primary care team have welcomed this.
- KCC are organising a procurement process for Integrated Health Improvement Service which aims to support everyone with their own preventative medicine.
- Food champions run courses for families with younger children and the feedback is excellent and the impact on the families has been very high.

The following comments were made:

- There are not enough health trainers and that they need to be attached to a hub or a practice to be most effective.
- Every contact counts should be more widely extended. Local authorities have contact with the target population and there is good crossover here. Community support and housing should be part of every contact counts.
- Workforces are also important therefore engaging with the workforce so they feel confident making those contacts is important.

5 **EAST KENT STRATEGY BOARD BRIEFING - BETTER HEALTH AND CARE IN EAST KENT: TIME TO CHANGE - SARAH PHILLIPS**

The East Kent Case for Change leaflet was presented and this is part of the process of engaging with the public.

A Kent and Medway Case for Change document will be published in the new year and this will incorporate the learning from the East Kent document.

It was noted that the Board and local authorities could have been involved earlier in the process and used as a sounding board and communication tool.

6 **KENT AND MEDWAY SUSTAINABILITY AND TRANSFORMATION PLAN (STP) - GOVERNANCE**

Sarah Phillips advised that the STP was submitted on 21 October and will be made public in a couple of weeks. The Board will be advised of the date and there is a comms plan around its release.

A presentation will be brought to a future meeting.

Kent & Medway now has a programme board and district and CCG representatives will be part of a partnership board.

Agenda item for the next for next meeting.

7 **HEALTH INEQUALITIES - SAM BENNETT**

Sam Bennett gave a presentation and highlighted the following:

- The gap between deprived and less deprived areas is not decreasing with regards to mortality.
- The biggest differences are in cardio vascular and gastro intestinal conditions.
- Smoking and also alcohol related premature mortality is higher in more deprived areas.
- There is the same relationships for children as adults in deprived areas.
- The opportunity for intervention is best in preschool age children.

It is important to know where the deprived areas are and what type of deprivation there is in that area so a targeted approach can be taken.

8 **UPDATE ON WORK AROUND CHILDHOOD OBESITY - SAM BENNETT**

Sam Bennett gave a presentation on the work being done around combatting childhood obesity and the following was highlighted:

- Overweight children are more likely to become overweight adults with associated health risks.
- National Child Measuring Programme weighs and measures each child and parents contacted directly if there is concern over a particular child.
- There is significant variation seem between wards therefore the area most in need of intervention can be targeted.
- There is a clear relationship between deprivation and obesity in children.
- Prevention measured include helping adults make good food choices, making sure communities support healthy lifestyles.
- There is a clear link between weight and mental wellbeing so emotional wellbeing needs to be addressed as well as weight.
- Local Children's Partnership Group have been taking this forward and looking at different ideas. They are seeking a grant to do more work to address obesity in yr 6 children and to look at a high quality early years offer and a whole school approach to healthy eating.

9 **FOCUS OF THE BOARD IN 2017 - ALL**

It was agreed that all should bring ideas to the next meeting on how the organisations represented at the Board can work better together, based on the information given at this meeting.

The Board should also consider whether to continue to hold the meetings in public and the timing of the meeting.

10 **REPORTS FOR INFORMATION - LOCAL CHILDREN'S PARTNERSHIP GROUP - SARI SIRKIA WEAVER**

Noted.

11 **ANY OTHER BUSINESS**

None.

12 **DATE OF NEXT MEETING**

11 January 2017, 18.00 in the Boardroom, Canterbury City Council Offices.

DARTFORD BOROUGH COUNCIL

DARTFORD GRAVESHAM AND SWANLEY HEALTH AND WELLBEING BOARD

MINUTES of the meeting of the Dartford Gravesham and Swanley Health and Wellbeing Board held on Wednesday 7 December 2016.

PRESENT: Councillor Roger Gough (Chairman)
Councillor Mrs Ann D Allen MBE
Councillor Tony Searles
Councillor David Turner
Lesley Bowles
Sheri Green
Sarah Kilkie
Dr Elizabeth Lunt
Melanie Norris

ALSO PRESENT: Helen Buttivant, Allison Duggal, Tristan Godfrey, Val Miller, and Manpinder Sahota.

27. APOLOGIES FOR ABSENCE

Apologies for absence were received from Debbie Stock, Graham Harris, Andrew Scott – Clark, Nick Moor, and Jo Pannell.

The Clerk to the Board explained that Ms Jo Pannell was the new representative from Healthwatch and that she would be attending from the next meeting onward.

28. DECLARATIONS OF INTEREST

There were no declarations made.

29. MINUTES

The Minutes of the Dartford, Gravesham, and Swanley Health and Wellbeing Board held on 25 August 2016 were confirmed as a correct record of that meeting.

30. KENT COUNTY COUNCIL HEALTH AND WELLBEING BOARD

The Chairman updated the Board on a number of issues of relevance to our Board which had been discussed at the two meetings of the Kent HWB held on 21 September and 23 November 2016

Councillor Gough reported that the 21 September meeting had spent considerable time looking at Outcome 3 of the Health and Wellbeing strategy – relating to Out of Hospital Care, and arising from this it had asked for reports from all local Boards on Falls prevention.to be presented yo its March meeting.

Additionally arising from consideration of the HealthWatch Kent Annual Report Councillor Turner had asked for an update on improvements to mental health care which had arisen from work undertaken by HealthWatch.

The Chairman also reported that the 23 November meeting had looked at 3 major areas of consequence to our Board:

- The Sustainability and Transformation Plan (STP) which had been formally published on that day
- The Better Care Fund which was being reviewed in view of its poor performance
- Outcome 5 of the Health and Wellbeing strategy, relating to Dementia, its long term prevention, the management of dementia patients and crisis management for patients with serious dementia issues.

31. URGENT ITEMS

There were no urgent issues for the Board to consider.

32. SUSTAINABILITY AND TRANSFORMATION PLAN

Dr Elizabeth Lunt explained that in December 2015, the NHS shared planning guidance 16/17 – 20/21 outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England was to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the following five years – ultimately delivering a Five Year Forward View vision of better health, better patient care and improved NHS efficiency.

In essence the plan aimed to reduce the £400million shortfall in the NHS budget.

Dr Lunt informed the Board that just over two weeks ago the formal Sustainability and Transformation Plan was published and work had commenced upon its formulation and implementation.

She explained that an extensive guidance document had been published and it was aimed to establish around 10 accountable care organisations spanning Kent which would form the basis of delivery for health care and that these would be overseen by a higher level monitoring board.

It was noted that local engagement on service provision was accepted as being important but that there had been no details released on that yet.

Arising from the report the Board recognised the importance that prevention of illness would take in the future of care provision and thus in the STP generally.

The Chairman thanked Dr Lunt for her report.

33. NEW DISTRICT HEALTH DEAL

Lesley Bowles from Sevenoaks District Council and Vicki Tovey from Kent County Council who gave a presentation on the current structure of health delivery in the West Kent Area, proposals for the integration of delivery to achieve significant efficiencies, and the implications of this new District Health Deal on our Board area.

Mrs Bowles explained that the West Kent Area had established an Integration Board comprising the Leaders of the four Councils involved (Sevenoaks, Tonbridge and Malling and Royal Tunbridge Wells Districts together with Kent County Council) with meetings also being attended by the three District Chief Executives and Kent County Council Officers

The Board's aims were to:

- Retain the individual sovereignty of the four councils
- Save money by taking out waste and duplication, and
- Develop structures that enable services to be co-commissioned, delegated or devolved.

It was noted that the new delivery model which has been developed by the West Kent Integration Board would deliver significant financial benefits and would better serve the population of the areas concerned. Additionally the structure developed may be integrated for use by other area wide services such as housing.

It was explained that the introduction of a new model of Health Delivery in our Board area would deliver service improvements and savings and that the Health and Wellbeing Board's involvement in this process was highly desirable.

The Chairman reported that discussions were already underway in our area (the North Kent Cluster) but were not as far developed as West Kent, and accordingly it was agreed to receive a report on this matter once further progress had been made.

34. LOCAL CHILDREN'S PARTNERSHIP GROUPS

The Board received a short report on the work of the Local Children's Partnership Groups, and agreed that individual questions would be forwarded to Mr Moor the report author.

35. FEEDBACK FROM LGA WORKSHOP.

The Board received a report on the outcomes of the LGA development workshop held on 25 August 2016.

It was noted that a number of suggestions for the future format of board meetings had arisen from the workshop and that these had been reviewed by the Chairman and Officers and the following recommendations formulated:

- Future meetings to be kept more focused. Main agenda items at each meeting to be planned so as to be on a common theme or a couple of linked themes;

- Any 'standing items' coming to the DGS HWB meetings to generally be 'taken as read' and dealt with concisely so as to allow greater focus on the other parts of the agenda and on meaningful and productive partnership working;

- To invite additional persons, authorities and organisations to attend specific Board meetings where it is thought that they could usefully contribute

- Greater engagement by Adult Social Care with the DGS HWB would be beneficial;

- Make greater use of the synergies and linkages between DGS HWB and other partnership groups -such as the Community Safety Partnerships;

- The formal meetings of the DGS HWB to be supplemented with separately convened workshops where practical themes and issues can be considered and taken forward by relevant Board members, partners and practitioners.

The Board, having considered the points, agreed to adopt the recommendations as the basis for the future work of the Board

36. PROGRAMME OF MEETINGS 2017 - 2018

The Board received a report on a proposed programme of meetings for the forthcoming year – 2017 / 18.

Members expressed some concerns that the programme followed a pattern established some time ago and that amendments to the format of Board

meetings may impact on the programme both in terms of dates of meetings and times of the day which they were scheduled.

Accordingly it was agreed that the Clerk to the Board conduct a canvass of Board Members and attendees to ascertain their future availabilities, and subsequently the Chairman would approve a programme for the future.

37. ACTIONS OUTSTANDING FROM PREVIOUS MEETINGS.

The Board received and noted a report on issues outstanding from previous meetings.

38. BOARD WORK PROGRAMME

The Board considered a report on its updated programme of work for the forthcoming year.

It was noted that the work plan had been amended in the light of comments arising from the August meeting with a shorter duration meeting scheduled for February with an item on Falls Prevention being added to that meeting and the scheduled reports on Mental Health issues being transferred to the April meeting.

A workshop event would now be held following the truncated February meeting focussing on Obesity. It was noted that Helen Buttivant was to lead on the Obesity workshop.

39. INFORMATION EXCHANGE

The Board noted that there was no information requiring dissemination.

This page is intentionally left blank

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 28 June 2016 at 3.08 pm.

Present:

Chairman: Councillor P A Watkins

Councillors: Mr A Ball (as substitute for Councillor Ms C Fox)
Ms K Benbow
Dr J Chaudhuri
Councillor J Hollingsbee
Mr S Inett
Councillor M Lyons
Councillor G Lymer

Also Present: Ms R Jones (Director of Strategy and Business Development, East Kent Hospitals University NHS Foundation Trust)

Officers: Head of Leadership Support
Leadership Support Officer
Team Leader – Democratic Support

1 APOLOGIES

Apologies for absence were received from Councillor P M Beresford (Dover District Council), Councillor S S Chandler (Local Children's Partnership Group), Ms C Fox (Red Zebra), Mr M Lobban (Kent County Council) and Ms J Mookherjee (Kent Public Health).

The Board was advised that apologies for absence had also been received from Ms S Robson and Ms J Leney (Shepway District Council),

2 APPOINTMENT OF SUBSTITUTE MEMBERS

In accordance with the agreed Terms of Reference, it was noted that Mr A Ball had been appointed as substitute for Ms C Fox.

3 DECLARATIONS OF INTEREST

There were no declarations of interest made by members of the Board.

4 MINUTES

It was agreed that the Minutes of the Board meeting held on 17 May 2016 be approved as a correct record and signed by the Chairman.

5 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

There were no matters raised on notice by members of the Board.

6 SUSTAINABILITY AND TRANSFORMATION PLANS

Ms R Jones (Director of Strategy and Business Development, East Kent Hospitals University NHS Foundation Trust) presented the report on the Sustainability and Transformation Plans.

The Board was advised that the Sustainability and Transformation Plans (STP) had 5 key elements:

- Local leaders working as a team;
- A shared vision;
- A programme of a coherent set of activities;
- Execution against the plan; and
- Learning and adapting.

It was acknowledged that in respect of Kent and Medway there were still challenges given that local priorities had shaped areas within the county differently.

The STP would need to:

- Close the health and wellbeing gap;
- Drive transformation to close the care and quality gap; and
- Close the financial and efficiency gap.

It was intended that by the end of June 2016 there would be:

- An STP with the models of care required to meet key priorities clearly described;
- A prioritised approach to describing ambitions for the future health and social care system in East Kent; and
- A plan for meeting the 9 “Must Do’s” in the Planning Guidance

The Kent Integrated Dataset had expanded on the ‘Year of Care’ dataset and would shortly include data from South East Coast Ambulance Service.

The East Kent Strategy Board was operating several clinical task and finish groups to develop clinical models and 4 workshops were planned for mid-July 2016 to review the work of the groups. The work was clinically driven focusing on the best care for patients and was not about saving resources.

It was intended that public engagement would commence shortly and the voluntary sector was involved as part of the patient and public engagement group.

In response to a question concerning funding arrangements it was stated that this would be based on the quality of the plans and at this stage it was unclear what funding East Kent would be receiving.

A Kent and Medway STP steering group had also been established with the Chair of the East Kent Strategy Board and the Chief Executive Officer of East Kent Hospitals University Foundation Trust as the East Kent representatives.

RESOLVED: That the presentation be noted.

7 INTEGRATED COMMISSIONING BOARD DEVELOPMENT UPDATE

Ms M Farrow (Head of Leadership Support, Dover District Council) updated the Board on the progress in developing an Integrated Commissioning Board following the Development Day held in March 2016.

There were 3 proposed options for the Integrated Commissioning Board, each offering different levels of commissioning and budgetary responsibility. As part of determining the preferred option consideration would need to be given to the governance arrangements and role of Board members, whether the Integrated Commissioning Board would need to be a legal entity in its own right and focusing on outcomes and where most value could be added.

While some of the proposed changes required outside approvals it was noted that some changes could be delivered locally. It was noted that accountability would still remain with the respective accountable body. It was intended that the new arrangements would be in place for April 2017.

RESOLVED: That the updated be noted.

8 CHILDREN'S ARRANGEMENTS ACROSS KENT

This item had been withdrawn from the agenda.

9 LOCAL CHILDREN'S PARTNERSHIP GROUP UPDATE

Councillor J Hollingsbee (Shepway District Council) presented the update on the Local Children's Partnership Group (LCPG). A copy of the latest CYPP District Dashboards for Dover and Shepway were circulated to members of the Board.

The Board was advised that an updated set of Dashboards would be produced in the next few weeks which would contain revised figures for some of the data such as teenage conception as the existing data provided was for 2013. The Dashboard would be updated monthly by Kent County Council and this would be used to inform local priorities.

There would be 6 meetings of the LCPG per year, split between formal meetings and workshops. The issue of young peoples' representation on the LCPG was raised and the Board was advised that this was being investigated. It was noted that Shepway had a greater history of collaborative working with schools and this needed to be developed for Dover.

RESOLVED: That the update be noted.

10 WORKFORCE STRATEGY

Ms M Farrow (Head of Leadership Support, Dover District Council) advised that in the absence of Mr T Godfrey (Kent County Council) a report would be submitted to the Board at its next meeting.

Members were advised that the Workforce Strategy supported the Sustainability and Transformation Plans and brought NHS England and local priorities together.

RESOLVED: That the update be noted.

11 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 4.36 pm.

THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 10 November 2016 at 10.00 am in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

Present: Dr Tony Martin (Chairman); Hazel Carpenter (Thanet Clinical Commissioning Group), Councillor L Fairbrass (Thanet District Council), Clive Hart (Thanet Clinical Commissioning Group), Mark Lobban (Kent County Council), Sharon McLaughlin (Thanet Children's Committee) and Linda Smith (Kent County Council)

In Attendance: Kallie Hayburn (Thanet Clinical Commissioning Group), Maria Howden (Thanet Clinical Commissioning Group), Steve Inett (Healthwatch).

1. APOLOGIES FOR ABSENCE

Apologies were received from the following Board members:

Councillor Gibbens.
Madeline Homer.
Colin Thompson for whom Linda Smith was a substitute.
Councillor Wells.

2. DECLARATION OF INTERESTS

There were no declarations of interest made at the meeting.

3. MINUTES OF THE PREVIOUS MEETING

It was noted that Kallie Hayburn and Ailsa Ogilvie should be recorded as in attendance of the meeting. Subject to this amendment, the minutes of the meeting held on 8 September 2016 were agreed as a correct record.

4. THANET LEADERSHIP GROUP - FOUR THEMATIC QUESTIONS

Hazel Carpenter, Accountable Officer, Thanet Clinical Commissioning Group, provided a presentation using the attached slides.

During consideration of the item it was noted that:

- The Thanet Leadership Group (TLG) met monthly and was designed to knit together a number of different agencies and bodies.
- The presentation had also been given to the Community Safety Partnership Working Party and Invest Thanet.
- Some of the work of the TLG included strategic overview of the Margate Task Force; and working with other local governments to try and manage the placement of children and other vulnerable people within Thanet from areas such as London.
- It was suggested that addressing inequalities (such as the disparity in life expectancy between wards) within Thanet could be included in the main aspirations and outcomes of the TLG.
- Moving forward it was important to identify and include any missing agencies/bodies from the governance structure. Then the TLG needed ensure that these agencies/bodies had programmes of work that incorporated the key aspirations and outcomes identified by the TLG.

Sharon McLaughlin, Independent Chair of the Thanet Children's Partnership Group, provided the Board with an update advising that:

- The Children's Partnership Group had invited tenders for the early intervention grant.
- Thanet had received £400,000.00 of funding for health and justice for young people, which looked at the key indicators that put young people at risk.

5. HEALTH RESPONSE TO HOUSING DEVELOPMENT IN THANET

Maria Howden, Head of Membership Development, Thanet CCG provided a presentation using the attached slides.

During consideration of the item it was noted that:

- Thanet CCG had recently won 'Healthcare Provider of the Year' at the National Association of Primary Care's annual awards. Efforts were being made to capitalise on Thanet's raised profile to encourage health care professionals to come and work in Thanet.
- Cross working with Thanet District Council was taking place as it would be essential to ensure health infrastructure development was timed and located to match housing development in the district.
- KCC was currently undergoing a review of the work undertaken by social workers, which could feed into how the primary care home would work.
- To maximise efficiency, there was need to ensure that people were working to the limit of their licence/training across the health care sector.
- Workforce planning needed to be clear on the need, realistic and deliverable. It was recognised that there was currently a lack of health care professionals in the district, which was likely to become more acute in the future. Steps would need to be taken to address this shortage.
- Consideration of how the transformation would fit in to wider East Kent, Kent, and Kent and Medway level service structures was needed.

6. EAST KENT STRATEGY BOARD BRIEFING/UPDATE

Hazel Carpenter, Accountable Officer, Thanet Clinical Commissioning Group introduced the item for discussion.

It was noted that:

- The East Kent Strategy Board began in September 2015 with the intention to reach public consultation stage in early 2017. However it was now expected that this consultation would take place in June 2017, after the local government elections.
- The Strategy Board included representatives from all health providers, Kent County Council and the four East Kent CCG's.
- Work was due to start on the Sustainability and Transformation Plan for the Kent and Medway area, as required by NHS England. The work of the Strategy Board would feed into this process.

Meeting concluded: 11.00 am

Draft Minutes of West Kent Health and Wellbeing Board Meeting
20 December 2016
16.00 -18.00
Tonbridge & Malling Borough Council, Gibson Drive, Kings Hill, West Malling, Kent, ME19 4LZ

PRESENT:

Gail Arnold (GA)	Chief Operating Officer, NHS West Kent Clinical Commissioning Group
Alison Broom (AB)	Chief Executive, Maidstone Borough Council (MBC)
Pat Bosley (PB)	Councillor, Sevenoaks District Council (SDC)
Lesley Bowles (LB)	Chief Officer Communities & Business, SDC NHS England (NHS E)
Roger Gough (Cllr RG)	Councillor, Kent County Council (KCC) - Chair
Steve Humphrey (SH)	Director of Planning, Housing & Environmental Health, Tonbridge & Malling Borough Council (TMBC)
Mark Lemon (ML)	KCC
Gary Stevenson (GS)	Head of Street Scene, Tunbridge Wells Borough Council (TWBC)
Malti Varshney (MV)	Public Health Consultant, KCC, NHS WK CCG
Lynne Weatherly (Cllr LW)	Councillor, TWBC

IN ATTENDANCE:

Nazima Chauhan	NHS WK CCG
Kevin Driscoll (KD)	Public Health England Kent, Surrey & Sussex
Tristan Godfrey (TG)	KCC/Health Education England
Priscilla Kankam	NHS WK CCG
Kas Hardy (KH)	PH KCC
Jane Heeley (JH)	TMBC
Matt Roberts	MBC
Karen Sharp(KS)	KCC
Heidi Ward	TMBC
Sarah Ward (SW)	MBC
Helen Wolstenholme	TWBC
Yvonne Wilson (Minutes)	NHS WK CCG
Sarah	TWBC

1.	**Welcome and Introductions**	Action
1.2	Vice Chair, Cllr Roger Gough was acting in the position of chair as Bob Bowes was unable to attend. Cllr Gough welcomed all present to the meeting.	

1.3	Apologies were received from: Dr Bob Bowes, Dr Tony Jones, Penny Graham, Cllr Maria Heslop, Dr Caroline Jessel, Reg Middleton, Dr Andrew Roxburgh, Dr Sanjay Singh, Cllr Fran Wilson, Julie Beilby had advised a Substitute – Steve Humphrey to attend.	
1.4	Cllr Fran Wilson, Leader, Maidstone Borough Council will be attending the Board in the future as one of the Borough's representatives.	YW
2.	**Declaration of Disclosable Pecuniary Interests** There were none.	
3.	**Minutes of the Previous Meeting – 18 October 2016** The minutes of the previous meeting were agreed as a true record.	
4.	**Matters Arising**	
4.1	**Update: Implementing the Health and Wellbeing Board Annual Report Recommendations**	
4.1.1	It was reported that the date of the Board Development Event re-scheduled to the 17 January 2017 will need to re-arranged. A new date would be identified and invitations extended to Board members to participate.	Yvonne Wilson/Bob Bowes
4.2	Chief Executive Officer & Leader Meetings	
4.2.1	Cllr Gough relayed feedback from Dr Bob Bowes on themes which have emerged in the course of the meetings between the CCG Accountable Officer (Ian Ayres) the Chair, Bob Bowes and the Leaders and Chief Executives of the four district and borough councils: • Geography; the difference in size between the CCG area and the LAs' areas make it difficult to engage and commit when the CCG has to have one policy across all. This will be simplified for the LAs by clustering of LAs but more complex for the CCG. • Perception of the Boroughs/Districts are that although much Public Health data is received and debated by the board, the Board does not derive clear requests to commissioners from these conversations, in other words, progress seems stalled on delivery. The West Kent Health and Wellbeing Board (WK HWB) has not gained authority over commissioners, but also has not tried to do so. • WK HWB has not moved commissioners towards budgetary unification; shared risk taking or joined-up commissioning. For example, NHS WK CCG and local authorities (LAs)have a crucial agenda in 'one public estate' but different stages of strategy	

	development mean that CCG and LAs work on this has been limited so far, although good progress is being made in some areas.	
4.3 4.3.1	CCG Town Hall Event Representatives s from the 4 local councils took up an invitation to lead an all CCG Staff event in November to start the process of strengthening joint working/collaboration and generating better awareness of the role of local councils in promoting the health and wellbeing of local residents. The Town Hall event was led by senior council officers and covered the following key issues: • How Councils work • Decision making • Local authority finances • Day in the life of a Council: • District/borough council role in health • Tackling the wider determinants of Health • Health Improvement Initiatives • Case Studies (self-neglect; weight;) • Scenarios – 'doing things differently – working better together'	
4.3.2	Golden Nuggets/Future Action – Progressing Make Every Contact Count (MECC) training for a range of staff groups; use of the Primary Care information resource (DORIS) to better promote referrals into the healthy lifestyles programmes offered by local councils; Risk identification; Need to explore opportunities around the development of New Primary Care Models; Social Prescribing; Better use of Technology and others who can support/promote wellbeing e.g., Pharmacists and Care Navigators.	
4.4	**It was resolved:** to ensure that the issues highlighted in paras 4.2 and 4.3 inform the agenda for the planned Board Development event.	Yvonne Wilson/Bob Bowes
5. 5.1	**Assurance Framework** Ms Varshney and Mrs Wilson gave a brief introduction to the main findings of the report, drawing the Board's attention to the various appendices highlighting the specific outcomes and recommendations identified to address the issues in the report. The Board's attention was drawn to the fact that there were 7 recommendations, not eight as one was duplicated.	
5.2	Comments in discussion included: • Top level analysis unhelpful as it doesn't sufficiently express what the difference is that should be expected. Particular reference made in relation to childhood obesity – a whole family approach required and information contained in report does not help the Board to be assured.(AB) • Is there a strategy for measuring progress on Dementia issues? KHWB had asked all local HWBs to provide assurance. • It was acknowledged that a number of the issues highlighted will need to be addressed in the Task & Finish Groups (JH) and the specific obesity reference in the report was found to be helpful (JH).	

5.3	Ms Varshney and Mrs Wilson provided some further details to Board members about the actions required to ensure delivery against the outcomes, including childhood obesity.	
5.4	**It was resolved that:**	
5.4.1	The recommendations presented in the report are agreed and that a report to be prepared in time for the next Board meeting that sets out the details of *who* will be required to take *what* action to ensure the recommendations can be delivered by specific agencies/groups and *how* progress towards delivering meaningful outcomes will be effectively monitored.	Yvonne Wilson Malti Varshney
6.	**Commissioning Children's and Maternity Services – Proposals & Prospects**	
6.1	Karen Sharp, the Interim lead for Children's Commissioning shared a Powerpoint Presentation which adopted an approach that considered *universal, additional, intensive* and *specialist* support/services model. Ms Sharp outlined areas of activity within Children's Commissioning which included: • Health Visiting (subject to a 10% efficiency savings programme in 2016 -17 and 2017 - 2018) • School Nursing • Family Support (New Youth and Young Carers provision) • Intensive Support (Troubled Families, Drugs & Alcohol and Portage) • Integration • Commissioning against outcomes (contained in the Children & Young People Framework)	
6.2	Ms Sharp outlined the review programme which was underway. Ms Sharp explained that KCC's ambition was to re-design services (linked to the KCC Front Door Review); create a stronger focus on emotional well-being; strengthen the school nursing service offer within secondary schools settings; better align school nursing with child and adolescent mental health services and establish greater synergy between different elements of the children/family support offer.	
6.3	Ms Sharp emphasised current work towards integration in partnership between KCC and North Kent CCGs. The Plan included seeking opportunities for joint procurement, re-modelling; agreement on shared local priorities and better consistency of approach.	
6.4	Comments, Discussion & Questions • What linked work was being considered with districts, borough and Local Children's Partnership Groups(LCPGs) and between KCC Specialist Commissioning and CCGs (needs of children with disabilities)?	

	• Indicators within the Children and Young People Framework of interest – what endorsement had been secured from partners and had any work been carried out to assess overlaps with the Joint Health & Wellbeing Strategy and CCG Plans? • Perceived value in assessing the progress on the integration pilot in North Kent. • Broad endorsement of the 'direction of travel' outlined and keenness expressed in reviewing progress and prospects for adopting/embedding good practice elsewhere. • Note cross-Kent work to strengthen Children's Centre, Early Help and Health Visiting collaboration. • Interest in exploring the approach to risk assessment and early preventative support e.g., reviewing needs of families at risk of homelessness; vulnerable young people; young care leavers so as to anticipate needs and assemble early support/intervention.	
6.5	**It was resolved that:**	
6.5.1	The agencies represented on the WK HWB seek to formally endorse the Children & Young People Framework	Relevant WK HWB Member organisations
6.5.2	Officers requested to prepare a report that provides a detailed update on the progress made towards embedding the new operational arrangements for integrated/ joint working currently being piloted by North Kent CCGs and KCC be submitted to the Board in 6-9 months' time. The purpose will be to consider lessons learnt and to assess the prospects for implementing an integrated children's service model across health and KCC in the West Kent area.	Karen Sharp
7.	**Addressing Health Inequalities in West Kent**	
7.1	Ms Varshney and Ms Hardy introduced this item by presenting an overview of the key Public Health issues in relation to understanding relative deprivation across West Kent. Ms Hardy explained that mapping across Kent was evaluated at a West Kent level and paints the picture of little deprivation compared to Kent, with only 5 Lower Super Output Areas (LSOAs) being identified in the West Kent CCG area of having deprivation scores of 37.9 or above. However, this did not mean that West Kent does not have deprivation relative to its more affluent areas. Examples of the types of deprivation found in West Kent were shared.	
7.2	Maidstone Borough Council Sarah Ward, Maidstone's Health & Housing Manager reported on how the Borough council had addressed the inequalities agenda.	

	Ms Ward explained that the Maidstone Health and Wellbeing Board is the key mechanism for driving forward priorities identified for the area and owns the Inequalities Action Plan. Internal departments also held responsibility for contributing to delivery. A review of progress highlights that the following areas are significantly worse than the national average: • Statutory Homelessness Acceptances (per 1000 households) • Admission episodes for alcohol-related conditions (ASR per 100,000) • Excess winter deaths (single year, all ages/person) Four sub groups are established to lead delivery and in addition, a range of other stakeholders will contribute, such as KCC, CCGs and voluntary and community sector partners.	
7.3	Sevenoaks District Council Lesley Bowles, Chief Officer, Communities and Business updated the Board on the objectives, actions and priorities set out in the council's Inequalities Plan. Ms Bowles explained the arrangements for reviewing progress, identifying achievements and areas of challenge. Five main areas of concern have been highlighted: • An increase in numbers killed or seriously injured on our roads (45.1 to 51.8 per 100,000 population) • Increases in smoking related deaths (164 to 236.1 per 100,00 population), excess winter deaths (17.6 to 19.6 ratio) and hip fractures in 65s and over (451 to 616 per 100,000 population) • Increases in recorded diabetes (5.0% to 5.4%) and malignant melanoma (13.7 to 18.0 per 100,000 population) • An increase in drug use (2.0 to 2.2 per 1,000 population) • An increase in alcohol specific hospital stays for the under 18s (35.0 to 28.9 per 100,00 population) Ms Bowles reported that a new three year plan which includes six priorities for action had been approved for the period 2015 – 2018 and at the half year stage, just over 89% of actions were 'on target'.	
7.4	Tonbridge & Malling Borough Council Jane Heeley, the Chief Environmental Health Officer presented the update on work carried out at TMBC. Ms Heeley explained that a partnership body and a group representing key frontline services held responsibility for delivering a range of activities intended to address health inequalities. Ms Heeley explained how the Council's Inequalities Plan reflected the six Life-course objectives as categorised in the Marmot Review (2010). Ms Heeley reported on the plans for developing a new Health Inequalities Action Plan in 2017 to run until 2020 and made reference to the current work on 'devolution' in partnership with	

	Sevenoaks District Council and Tunbridge Wells Borough Council. Ms Heeley explained that the new devolution proposals were likely to positively impact on delivering health improvement across the three council areas. A detailed progress update schedule was attached to the report allowing closer examination of the objectives agreed and outcomes. Tunbridge Wells Borough Council	
7.5	Gary Stevenson, the Head of Environment & Street Scene outlined the local activity relating to health inequalities and updated the Health & Wellbeing Board on progress against the Tunbridge Wells Health Inequalities Action Plan. Mr Stevenson reported on the aims of the group which oversees the health inequalities agenda in Tunbridge Wells which includes supporting the wider workforce to understand the causes of Health Inequalities and how the work that is undertaken and decisions made have a positive or negative influence on Health Inequalities. Mr Stevenson highlighted the importance placed on joint work with partners to facilitate a reduction in Health Inequalities and shared information on the new model for consolidating the resources of the three councils participating in the 'West Kent Deal' (TWBC, SDC and TMBC). Mr Stevenson explained that the West Kent Deal aimed to offer a single referral point for the three Districts that feeds into a local arrangement for each district or borough that enables a holistic assessment of individual needs and considers the wider determinants of health such as debt, employment and housing conditions. NHS West Kent CCG	
7.6	Gail Arnold, Chief Operating Officer gave a detailed slide presentation to Board members which set out the CCG vision for primary care built on a strong bedrock of General Practice with the following characteristics: ✓ Sustainable ✓ In A Suitable Estate ✓ Supported By Technology ✓ Efficient ✓ Skilled Workforce ✓ Accessible ✓ Timely ✓ High Performing ✓ Patient Centred ✓ Holistic ✓ Population Based Healthcare Ms Arnold explained that the new primary care model is based on a 'hub and cluster' model, but working with the other local care	

	providers to fully align and further develop to full 'Multi-specialty Community Provider' (MCP) status. Ms Arnold outlined the workstreams (and enablers) being developed to help transform care for patients moving towards a model which prevents ill health, intervenes earlier and delivers excellent, integrated care closer to home. Ms Arnold explained how in line with the model outlined in the "The Five Year Forward View", practices are getting together in clusters or network of practices to share knowledge, resources and teams. Ms Arnold reported on the ways in which inequalities would be addressed by intervening earlier; (more and timely preventative measures) and reducing the gap in health and wellbeing outcomes.	
7.7	The Chair Cllr Gough thanked all the officers who had presented the work being led by the six agencies across West Kent.	
7.8	Questions, Comments and Discussion: • That there were examples of shared approaches to addressing inequalities in local communities. (Cllr RG) • The majority of the most deprived LSOAs are in Maidstone and two are in Sevenoaks District. (AB, MV) • The Public Health presentation provides a useful starting point for considering the content, variation and outcomes of NHS Health Checks (GS, GA) • That the Asset Mapping approach adopted by KCC PH potentially offers a useful approach to targeted work in areas showing features of deprivation (GS, MV, AB) • Interest was expressed in the targeted approach to intervention undertaken by the KCC Children's Services Commissioning Unit (GA)	
7.9	**It was resolved:**	
7.9.1	To receive a report at the next meeting which identifies common areas of interest where partners can learn lessons that help provide assurance in relation to addressing inequalities. This would explicitly explore the correlation between delivery outcomes of NHS Health Checks and areas of Deprivation and assess the potential for creating bespoke elements to be added to the Health Check – to influence improved outcomes and greater confidence in the value of the programme.	Gail Arnold and Karen Sharp
7.9.2	A report to be presented to a future Board meeting on the outcomes identified in the Asset Mapping work completed in TWBC area with a view to exploring the potential for a 'consistency of approaches' towards asset mapping (to also relate to the Devolution Deal; focus on the formation of Local Care facilities and 'spatial patterns' within the context of the development of New	Gary Stevenson/ Helen

	Models of Primary Care).	Wolstenholme
8.	**Delivering the Five Year Forward View** Workforce Development & Role of Make Every Contact Count (MECC)	
8.1	Tristan Godfrey, KCC, Health Education England,(Policy Adviser for STP Workforce workstream) and Kevin Driscoll, Kent, Surrey & Sussex MECC Lead gave a joint presentation to the Board. Mr Godfrey and Mr Driscoll highlighted that Workforce is a key enabler for the Kent and Medway STP and reported that £480k funding had been allocated through Medway Council, to deliver Making Every Contact Count (MECC) as an integral aspect of workforce development and the prevention agenda which is at the heart of the STP. It was explained that a portion of this funding was to be made available specifically for the benefit of the primary care workforce	
8.2	Mr Godfrey reported that six MECC Spearheads have been established across Kent, Surrey and Sussex. The current position was that longer term planning was required to ensure that MECC is aligned with local STP aims and objectives and to tackle three key issues which have emerged in delivering MECC across Kent and Medway: i. Harnessing targeted workforces e.g. 'housing sector'; ii. Industrializing preventative working across all sectors and scoping the training needed for this approach; iii. Working with new ICO/MCPs in embedding a new culture of pro-active health and social care.	
8.3 8.3.1	**It was resolved:** To note the report.	
8.3.2	To ask officers to continue local efforts to develop arrangements for delivering MECC training to key occupational groups across West Kent.	Malti Varshney Agencies represented on WK HWB
9.	**Kent Health and Wellbeing Board**	
9.1	Cllr Roger Gough provided feedback from the Kent Health and Wellbeing Board on issues of joint concern for the West Kent Board.	
9.2	**It was resolved:**	
9.2.1	That the West Kent HWB contribute to work around 'One Public Estate' initiative.	TBC

9.2.2	That the WK HWB ensures that there is an integrated system for assurance in in relation to Dementia (including work with care homes; and arrangements for 'end of life care)	Dave Holman/Yvonne Wilson
9.2.3	That once the H&WB Strategy Review is completed later in 2017 – WK HWB to ensure that it takes full account of it to ensure it establishes a plan of action that adds value to the STP ambitions	Chair, All Board Awayday
10.	**Update: Obesity Task & Finish Group**	
10.1	Jane Heeley reported progress of the Obesity Task & Finish Group including: • Chair and Member Champion attendance at the recent National Conference which focussed on national guidance and monitoring, through contributions from the authors of the Childhood Obesity Action Plan and NICE, as well as highlighting a number of interventions that have achieved some strong outcomes. • Engagement with KCC PH Campaigns officers who reported on the outcomes of the local booster campaign to support national Change4Life Sugar Smart initiative and shared options for continuing to strengthen the proposed follow up national campaign. In addition, members explored the issue of value for money of interventions in relation to outcomes – issues linked to the findings in relation to National Child Measurement Programme. • Discussions regarding the National Diabetes Screening Programme and links with Healthy Lifestyles Programmes; Audit of 'commissioned arrangements for Tier 2 services (to help avoid duplication and effective use of local resources) • Acknowledgement of the need for effective engagement with other agencies and partnerships around the Obesity agenda.	
10.2	**It was resolved:** That the Task & Finish Group Chair provide a report to the next Board meeting on its intentions for extending its influence to strengthen the delivery actions a range of agencies across the system could be encouraged to undertake – given the issues highlighted under the Health Inequalities agenda item – where progress remains poor in addressing obesity.	Cllr Lynne Weatherly/Jane Heeley
11.	**Any Other Business – Future Agenda Items**	
11.1	It was resolved that: The items suggested on the meeting agenda were agreed to be brought forward onto the Work Programme for the Health and Wellbeing Board.	Chair/Yvonne Wilson

12.	**Date of Next Meeting** 21 February 2017 - Maidstone Borough Council	All
13.	**<u>West Kent Health & Wellbeing Board Meetings 2016 - 2017</u>:** • 18 April 2017 – Sevenoaks District Council <u>Proposed Future Meeting Dates 2017 -2018</u> • **20 June 2017** • **15 August 2017** • **17 October 2017** • **19 December 2017** • **20 February 2018** • **17 April 2018**	All
	For any matters relating to the West Kent Health & Wellbeing Board, please contact: Yvonne Wilson, Health & Wellbeing Partnerships Officer NHS West Kent CCG Email: yvonne.wilson10@nhs.net Tel: 01732 375251	

Quorum 7: To be made up of at least one representative from each of the main partners (Kent County Council, District/Borough Councils and West Kent CCG)

This page is intentionally left blank