AGENDA

HEALTH AND WELLBEING BOARD

Wednesday, 22nd November, 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

Mr P J Oakford (Chairman), Dr B Bowes (Vice-Chairman), Cllr S Aldridge, Dr F Armstrong, Mr I Ayres, Ms H Carpenter, Mr P B Carter, CBE, Dr S Chaudhuri, Ms F Cox, Ms P Davies, Dr S Dunn, Mr G K Gibbens, Cllr F Gooch, Mr R W Gough, Mr S Inett, Mr A Ireland, Dr N Kumta, Dr S MacDermott, Dr T Martin, Mr S Perks, Mr A Scott-Clark, Ms A Singh, Dr R Stewart and Vacancy - District Council Representative

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.

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UNRESTRICTED ITEMS

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

1 Chairman's Welcome

2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes

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

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

4 Minutes of the Meeting held on 20 September 2017 (Pages 5 - 8)

To receive and agree the minutes of the last meeting

5 Update on the STP and its links with the HWB - Presentation by Glenn Douglas - Chief Executive of Kent and Medway STP

6 Discussion paper: Health and Wellbeing Board - proposal to move to a joint board with Medway Council (Pages 9 - 12)

To receive a discussion paper that sets out the reasons that a Joint Health and Wellbeing Board (i.e. a Joint Committee) with Medway Council could be established for the purpose of providing a mechanism for oversight of and engagement in those areas of the Sustainability and Transformation Partnership activity that relate to areas of common interest across both councils, particularly strategic commissioning, prevention and local care work streams.

7 Kent and Medway Growth and Infrastructure Framework - 2017 Update (Pages 13 - 18)

To consider and make recommendations on the emerging headline messages and infrastructure costings for the update of the GIF

8 NHS Preparations for and Response to Winter in Kent 2017/18 (Pages 19 - 26)

To receive a briefing that describes the actions taken by the Health and Social Care system to prepare for and respond to winter. A copy of the correspondence is also attached

9 Kent Safeguarding Children Board Annual Report (Pages 27 - 82)

To receive and note the annual report for 2016/17

10 0-25 Health and Wellbeing Board (Pages 83 - 90)

To note the minutes of the 0-25 Health and Wellbeing Board held on 19 July 2017

11 Minutes of the Local Health and Wellbeing Boards (Pages 91 - 136)

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

Ashford - 18 October 2017
Canterbury and Coastal – 5 October 2017
Dartford, Gravesham and Swanley – 25 October 2017
South Kent Coast – 16 May 2017
Thanet – 7 September 2017
West Kent – 15 August 2017 and 17 October 2017

12 Date of Next Meeting 24 January 2018

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, 14 November 2017

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KENT COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held in the Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 20 September 2017.

PRESENT: Mr P J Oakford (Chairman), Dr B Bowes (Vice-Chairman), Cllr S Aldridge, Dr F Armstrong, Mr I Ayres, Mr P B Carter, CBE, Dr S Chaudhuri, Mr G K Gibbens, Cllr F Gooch, Mr R W Gough, Mr S Inett, Mr A Ireland, Dr S Lundy (Substitute for Mr S Perks), Dr T Martin, Dr S MacDermott (Substitute for Dr E Lunt), Ms A Ogilvie (Substitute for Ms H Carpenter), Mr A Scott-Clark, Ms A Singh and Dr R Stewart

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

UNRESTRICTED ITEMS

296. Chairman's Welcome
(Item 1)

The Chairman said he was assuming that Members of the Board had read the papers and he would, therefore, not ask officers to introduce or summarise the reports.

297. Apologies and Substitutes
(Item 2)

Apologies for absence were received from Dr Lunt, Ms Carpenter, Ms Davies, Dr Kumta, Ms Cox and Mr Perks.

Dr MacDermott, Ms Ogilive and Dr Lundy attended as substitutes for Dr Lunt, Ms Carpenter and Mr Perks respectively.

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

Dr Chaudhuri declared an interest in item 7 on the agenda - Pharmaceutical Needs Assessment as he was a member of a dispensing practice and a member of the local professional network for pharmacists. As this interest was not considered to be a Disclosable Pecuniary or Other Significant Interest as defined in the Code of Conduct he remained in the meeting and took part in the discussion.

299. Minutes of the Meeting held on 14 June 2017
(Item 4)

Resolved that the minutes of the meeting held on 14 June 2017 are correctly recorded and they be signed by the Chairman.

300. Health and Wellbeing Board - future direction and fitness for purpose
(Item 5)

(1) Mr Oakford said it had been agreed at the last meeting of the Board to undertake a review of the fitness for purpose and the future direction of the Kent Health and Wellbeing Board and thanked those who had contributed.

(2) David Whittle (Director of Strategy, Policy, Relationships and Corporate Assurance) introduced the report which set out the results of the review and proposals for the future. He drew particular attention to: the background to and the development of the Board; the membership and management of meetings of the Board; the relationship of the Board with local health and wellbeing boards and the Children's Health and Wellbeing Board; and the role of the Board vis-à-vis the Sustainability and Transformation Plan (STP).

(3) Members said the STP was an enormous challenge, the HWB needed to be close to the strategic commissioning of services and to focus on local care. Comments were also made about the role of the HWB in cutting across agendas and identifying where it could make a difference as well as its role in relation to the 0-25 Health and Wellbeing Board and the local health and wellbeing boards.

(4) There was a general consensus that the HWB would continue in its present format and with its work in relation to prevention and local care until there was agreement on any future proposal.

(5) Resolved that:

(a) The findings of the review be noted;

(b) The Board should seek a role within the governance arrangements of the Kent and Medway STP;

(c) Following conversations with Medway Council and the Chief Executive of the STP a further paper about the potential for a joint health and wellbeing board with Medway be considered at the next meeting of the Board on 22 November 2017.

301. NHS preparations for and response to winter in Kent 2017/18
(Item 6)

(1) Mr Oakford said that NHS England had been unable to be attend this evening's meeting to present the report and asked the Board members if they wished to discuss, or defer the report to the next meeting.

(2) Members of the Board expressed concern about readiness for winter particularly in relation to 'flu vaccinations, plans to keep people out of hospital, and the fact that the system response to winter had become increasingly fragile over recent years. Comments were also made about recent meetings with NHS England about preparedness for winter and the 'flu vaccination campaigns and the fact that many organisations were aware of the anticipated demands over winter and were just starting to prepare.

(3) Resolved that a letter be written to the author of the report saying the Board was not reassured about the adequacy of plans to prepare for winter, asking for a detailed report from each A&E Delivery Board about their plans for winter and seeking an explanation for non-attendance at this meeting.

302. Pharmaceutical Needs Assessment
(Item 7)

(1) The Health and Wellbeing Board received a report setting out the statutory requirements for the development and consultation on a pharmaceutical needs assessment.

(2) In response to questions and comments it was confirmed that the needs of hard to reach groups had been taken into account in developing plans for the renewal of the pharmaceutical needs assessment (PNA). It was also said that, although funding for the national pharmacy contract had been cut by 4% with further cuts anticipated, the Local Pharmacy Committee Steering Group was not aware that any pharmacies had ceased trading. It was, however, aware that some independent pharmacies had been sold to big corporations.

(3) The desirability of integrating the development of the PNA with the STP was acknowledged.

(4) Resolved that:

(a) Requirements for producing and publishing a Pharmaceutical Needs Assessment be noted;

(b) Consultation on the revised PNA for 60 days commencing in October be agreed;

(c) The consultation document be circulated to all Health and Wellbeing Board Members at the commencement of the consultation.

303. Healthwatch Annual Report 2016/17
(Item 8)

(1) Steve Inett (Chief Executive Officer) gave a presentation which is available on-line as an appendix to these minutes.

(2) In response to questions and comments, he said an offer from MacMillan to work with gypsies and travellers had been received and would be followed up.

(3) Healthwatch was thanked for the support it had provided to CCGs and the usefulness of the “help cards” was endorsed.

(4) Resolved that the report be noted.

304. Kent Health and Wellbeing Board Annual Report 2016-2017
(Item 9)

Resolved that the contents of the report be noted.

(Item 9)

305. Kent Integration and Better Care Fund Plan 2017-2019
(Item 10)

(1) Anu Singh (Corporate Director of Adult Social Care) said it was important to know the totality of all organisations spending on adult social care.

(2) Resolved that the report be noted.

306. 0-25 Health and Wellbeing Board
(Item 11)

The minutes of the 0-25 Health and Wellbeing Board held on 28 March 2017 were noted.

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

The minutes of local health and wellbeing boards were received as follows:

Ashford - 19 July 2017
Dartford, Gravesham and Swanley – 28 June 2017
Thanet – 20 July 2017
West Kent – 18 April 2017 and 20 June 2017

308. Date of Next Meeting - 22 November 2017
(Item 13)

From: Peter Oakford, Deputy Leader, Cabinet Member for Strategic Commissioning & Public Health and Chairman of the Kent Health and Wellbeing Board

David Whittle, Director Strategy, Policy, Relationships and Corporate Assurance

To: Kent Health and Wellbeing Board – 22 November 2017

Subject: **Discussion paper:** Health and Wellbeing Board – proposal to move to a joint board with Medway Council

Classification: Unrestricted

Summary:

This paper is a discussion paper that sets out the reasons that a Joint Health and Wellbeing Board (i.e. a Joint Committee) with Medway Council could be established for the purpose of providing a mechanism for oversight of and engagement in those areas of the Sustainability and Transformation Partnership activity that relate to areas of common interest across both councils, particularly strategic commissioning, prevention and local care work streams.

Recommendations:

The Board is asked to:

a) Agree to recommend to County Council the creation of a joint Board with Medway Council dependent on agreement from Medway Council, and further discussions with STP Leadership
b) Agree that the joint Board should focus on the Kent and Medway STP
c) Agree that membership may include future representation from the strategic commissioner function and ACPs as new structures develop
d) Delegate to the Chairman responsibility for agreeing Terms of Reference for the joint Board with Medway Council and STP Leadership

1. Introduction

1.1 On September 20th 2017 the Kent Health and Wellbeing Board agreed to explore the creation of a joint board with Medway Council. The purpose of this paper is to provide the foundation for further discussion to support the Board in coming to an in-principle agreement that it does want to develop a joint arrangement. However it should be acknowledged that some of the detail will still need to be addressed and require further negotiation with Medway to reach agreement around the details of operating as one Board.

1.2 Currently KCC and Medway have reached consensus that a Joint Kent and Medway Health and Wellbeing Board could be established in so far as it relates to areas of common interest and for the purpose of advancing the

health and wellbeing of both council's local populations particularly relating to the work taking place in the Kent and Medway Sustainability and Transformation Partnership (STP). The full Council meeting for each authority would have to approve the creation of a joint Board.

1.3 STP Leaders have given an in principle agreement that they will support the development of a joint board but further discussion will be required to establish its role and relationship with the STP.

2. The Role and purpose of a Joint Health and Wellbeing Board

2.1 The Kent and Medway STP recognises Kent and Medway as a single health and social care economy and both KCC and Medway Council are actively engaged in STP discussions. However, the fundamental nature of the decisions that might arise for both authorities from the STP in regard to the design and delivery of health and social care services for our residents mean there is a need for a joined-up forum across both councils to provide strong democratic voice back into STP planning.

2.2 As such, a Joint Board would focus on those aspects that are of common interest to both councils. This includes ensuring the STP acts to improve the health and wellbeing outcomes across both council areas, and that public monies across the health and social care system are spent in a cost-effective manner. However each Authority's cabinet would still be responsible the budget and commissioning decisions for their area.

2.3 It is envisaged that the joint Board would focus on the STP Local Care and Prevention work streams where the local authorities are mission critical given their responsibilities as the relevant social care and public health authorities. It would also take an active role in shaping and developing the proposals for a system wide Strategic Commissioner and the relative roles, responsibilities and accountabilities of the emerging Accountable Care Partnerships for East Kent, and for Medway, West and North Kent that would sit under any Strategic Commissioner.

2.4 A joint Board would be time limited to run alongside the STP and would require both authorities to positively endorse any continuation of the arrangement. If agreed it would start from April 1st 2018.

3. Membership of a Joint Board

3.1 Health and Wellbeing Boards (HWBs) are hybrid committees and have a core statutory membership (Members and Officers) and as such are exempt from requirements for political proportionality. However there will need to be further discussion in relation to appropriate representation.

3.2 Statutory members of the HWB would be required to attend from each area and these are:

- The Leader of the Council and/or their nominee
- Director of Adult Social Services for the local authority
- Director of Children's Services for the local authority
- Director of Public Health for the local authority
- A representative of the Local Healthwatch organisation
- A representative of each clinical commissioning group (although guidance states that to reduce the burden two or more CCGs may be represented by the same person).

3.3 A general power of the local authority exists to appoint other persons as appropriate but given the inherent statutory membership required this would create an unwieldy mechanism for dealing with the fast paced, highly strategic, county wide requirements of the STP.

3.4 This means that representation from District Councils and other strategic partners need to be subject to further discussion. It is proposed that District representation mirrors emerging ACP structures and that therefore there are 2 District representatives, chosen as currently through the Kent Leaders Forum.

3.5 It is proposed that any Terms of reference are future-proofed to include representation from the Strategic Commissioner function and a representative from each ACP as Health structures develop into new models of care and governance and delivery structures change accordingly.

4. What would happen to existing Health and Wellbeing Boards

4.1 This would be a matter for each individual HWB to determine. There are statutory requirements which would be expedited through both Authorities maintaining their own Board. For example the Health and Wellbeing Strategy, the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment are unlikely to become joint responsibilities under this time limited proposal.

4.2 However in order to reduce meeting overload it is likely that the Kent Board would be put into abeyance, perhaps meeting once a year to discharge its role and agree any statutory business that could not be undertaken by the joint Board.

5. Legal implications

5.1 Section 198 of the Health and Social Care Act 2012 provides that two or more Health and Wellbeing Boards may make arrangements for any of their functions to be exercisable jointly. As mentioned above, the establishment of and the arrangement for the joint committee would require the approval of both local authorities. There is a precedent for a joint Board across two upper

tier authorities, with Bournemouth BC and Poole BC operating a joint board which sits across a joint strategic function.

6. Recommendations:

6.1 The Board is asked to:

a) Agree to recommend to County Council the creation of a joint Board with Medway Council dependent on agreement from Medway Council, and further discussions with STP Leadership;

b) Agree that the joint Board should focus on the Kent and Medway STP;

c) Agree that membership may include future representation from the strategic commissioner function and ACPs as new structures develop;

d) Delegate to the Chairman responsibility for agreeing Terms of Reference for the joint Board with Medway Council and STP Leadership.

REPORT AUTHOR:

Karen Cook
Policy and Relationships Adviser (Health)
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Tel: 03000 415281

From: Katie Stewart, Director Planning and Enforcement and Sarah Platts, Strategic Planning and Infrastructure Manager, KCC

Barbara Cooper, Corporate Director – Growth, Environment and Transport (GET), KCC

To: **Health and Wellbeing Board – 22 November 2017**

Subject: **Kent and Medway Growth and Infrastructure Framework – 2017 Update**

Summary**: This report provides an overview of the emerging Kent and Medway Growth and Infrastructure Framework (GIF); particularly focussed on the draft narrative and infrastructure costings for the 'health and social care' chapter in the GIF.**

Recommendation**: The Board is asked to consider and make recommendations on the emerging headline messages and infrastructure costings for the update of the GIF.**

1) INTRODUCTION

1.1 In 2015, KCC published the Kent and Medway Growth and Infrastructure Framework (GIF); a first of its kind assessment showing the predicted levels of housing and economic growth for the county and the infrastructure needed to support this. The analysis showed a significant gap between the funding required and that anticipated/secured from central government, developer contributions and other investment.

1.2 The GIF gives us a platform from which to engage with Government and other partners, including private sector investors, around how we address the funding gap. It has been used to attract investment, working with local partners, key infrastructure providers and Government to find ways of making the most of the resources we have, find innovative ways to secure funding and investment and unlock the value we can create from development.

1.3 Work is now well underway with preparing a 2017 update of the GIF. This update is being developed in collaboration with the districts. The updated GIF will also provide a longer term view and vision for the infrastructure the county needs to support sustainable growth – looking beyond the previous timetable for the GIF to 2050 and provides a series of recommendations to ensure that Kent is well equipped to providing sustainable communities that meet the forecast population growth.

1.4 **The Board is requested to note that this report is written before the emerging GIF housing, population and infrastructure figures have been finalised, and which therefore may change. In addition, the report is written prior to being shared at Kent Chiefs and Kent Leaders meetings later in November.**

1.5 This report sets out the draft narrative for the 'health and social care' chapter of the GIF, together with the approach for providing the total infrastructure costs associated with housing growth across Kent and Medway.

1.6 As Kent and Medway work towards implementation of the NHS' Sustainability and Transformation Plan (STP), future GIF iterations will be able to align infrastructure calculations with the STP priorities using a more structured approach and a demand modelling tool.

1.7 **The draft GIF Update currently uses theoretical costings to determine an overall infrastructure figure (set out in more detail below). These may be refined, as discussions with KCC colleagues and local partners progress.**

2) THE GIF – BACKGROUND AND CONTEXT

2.1 The GIF sets out the level of growth forecast up to 2031, using district and borough Local Plan figures, alongside the infrastructure required for that growth, and its cost. The GIF examines the range of infrastructure requirements; broken down into the following sections:

- Transport;
- Education;
- Health and social care;
- Community and culture; and
- Utilities and environment.

2.2 The emerging calculations indicate that the population, housing and jobs forecasts are increasing for the same GIF period (2011-2031) and the infrastructure funding gap remains a challenge.

2.3 The table below sets out the GIF 2015 figures, alongside the **emerging** figures for the 2017 GIF Update, from which the infrastructure costs are being calculated.

Kent and Medway Growth and Infrastructure Framework		
	2015 figures	**Emerging 2017 figures**
New homes	158,500	**178,600**
New people	293,300	**396,300**
New jobs	135,800	**170,300**

3) THE HEALTH AND SOCIAL CARE CHAPTER

3.1 The content for the 'health and social care' chapter has been sourced from a range of existing documents, including:

- Kent and Medway Case for Change (2017)
- Sustainability and Transformation Plan (STP) (2016)
- Clinical Commissioning Group (CCG) Strategic Commissioning Plans; and
- Kent's Accommodation Strategy for Adult Social Care - Better Homes: Greater Choice (2016).

3.2 The chapter will be structured around providing narrative on the current situation and headlines, and will set out theoretical infrastructure costings, based on the forecast

population and housing growth. The narrative of the chapter will incorporate narrative around the following text.

3.3 As the population grows, with more people living longer, the demands on the services are increasing; making it harder to keep up with rising costs. Challenges vary across CCG areas, however, some key themes facing the County are:

An ageing population

3.4 Older people (aged 80+) are the fastest growing group of people in Kent and Medway. Older people have a higher level of service use compared to other age groups, particularly hospital admissions and use of community services.

Primary care workforce challenges

3.5 Fragility within primary care is characterised by low numbers of GPs and practice nurses per head of population, high vacancy rates and high stand-in use. Primary care is struggling with practices closing, workforce issues and variable infrastructure.

The transformation agenda

3.6 At a national level, health and care economies across England are being encouraged to become Accountable Care Systems (ACSs) as the next step in supporting the delivery and implementation of sustainability and transformation plans. ACSs will be an 'evolved' version of the partnerships that are in place now, to better integrate health and care locally. The 'accountable care systems' are intended to support NHS organisations (both commissioners and providers) work in partnership with local authorities to take on collective responsibility for resources and population health, providing better integrated and coordinated care.

3.7 In Kent and Medway, work is now underway to look at how health and care commissioners and providers can operate in a more integrated way. There is agreement amongst health and social care leaders that there should be one single strategic commissioner for Health across Kent & Medway. There are also proposals for two Accountable Care Partnerships to plan, buy and deliver services for local people across this geographical area (one in East Kent, the other for Medway and North West Kent).

Maximising the estate

3.8 The age profile of the hospital estate by area comprises of newly constructed facilities less than 10 years old (24%) with the bulk of the estate constructed 10 to 30 years ago (57%) and a proportion of the estate built more than 30 years ago (19%).

3.9 There are new public finance initiative (PFI) hospitals - Tunbridge Wells Hospital in Pembury, Darent Valley Hospital in Dartford and the Gravesham Community Hospital.

3.10 However four out of the seven major hospitals have been developed and grown over time in a piecemeal fashion, resulting in a range of buildings with differing age and condition profiles that are often difficult to navigate and are less efficient in the use of space.

3.11 There is a large proportion of mental health estate that is dated and not fit-for purpose (e.g. Thanet Mental Health Unit). At present, there is not a complete picture

of the GP estates to understand the quality. CCGs are at different stages of assessing the quality of GP practices in each CCG area.

3.12 Engagement through Local Plan consultations is needed to ensure that there is adequate primary care services planned as part of future developments and adequate section 106 and CIL contributions are secured.

3.13 Furthermore, it is understood that there is a high level of under-utilisation within the community estate. In many community hospitals, for instance, up to half of the bed spaces are not used. Overall, **13%** of the total bed space is either under-used or empty.

3.14 The STP work programme includes a workstream dedicated to estates which has a role to identify ways we can get best value from our estate and to consider the accommodation we need to support new ways of working in health and social care.

Prevention and integration

3.15 A focus on prevention and early intervention is very important in improving health and wellbeing for local people, particularly those in more deprived areas. Despite this, only 2% of health and social care funding is spent on public health in Kent and Medway.

3.16 A suite of preventative measures during and beyond the five year STP period is likely to bring a substantial financial and societal benefit to the Kent system, if delivered at the pace and scale with the participation of the wider health, social care and wider public sector workforce. Preventative measures could include green space, outdoor gyms etc. that are available for the community to use to keep active and healthy.

3.17 The development of local community service hubs is a key enabler for the planned shift of services away from secondary provision and the demand for greater integration of health and social care. The STP plan is to reduce the total number of beds in main hospitals by 10%, which will help to reduce some of the high costs associated with hospital-based care.

3.18 This growing focus on bringing primary care into a single point within the community means the creation of multi-disciplinary hubs. In order to develop hubs, the preferred approach would be to relocate an existing practice or merge a number of practices into a new facility that, with the wider growth planned, may also include a number of different services that can all be accessed within one location. This will depend on the needs of the population being served and the accessibility for patients. Hub working will not replace GP services, but will be additional to GP services.

3.19 In Kent and Medway, the picture of existing health services will require significant redesign and modernisation to move towards an integrated care strategy. This will place additional pressures on consolidation and refreshing existing healthcare infrastructure. An integrated Health and Social Care model could look like the proposed vanguard development at Estuary View in Whitstable (a case study on Estuary View will be included).

WHAT COULD THIS MEAN FOR KENT AND MEDWAY?

3.21 The "Delivering better healthcare for Kent"[1] discussion document supports and encourages community integrated health and social care. KCC is considering how the lessons learned from Estuary View can be applied to the delivery of future health and social care facilities in Kent.

3.22 Theoretically, the health and social care village hub is expected to serve a population of between 40 and 50,000 people, although many of the services listed are accessed from a larger population base. The additional population forecast in Kent and Medway to 2031 would require the equivalent of nine to ten additional Health & Social Care Villages.

Adult social care

3.23 *"Kent's Accommodation Strategy for Adult Social Care (Better Homes: Greater Choice)"*[2] indicates that estimates show that 30% of beds in care homes are occupied by people who could be better treated in their own homes or supported accommodation, such as extra care housing. It also predicts greater focus on care home provision for dementia services, with and without nursing care. Design is crucial. The vision is that people should live independently in their own home receiving the right care and support. There is real need for investment from the independent sector for larger, modern, fit for purpose services designed for people with complex dementia However; there is an overprovision of standard general frailty care home provision, particularly around the East Kent coast.

3.24 For Medway, there will be increases in the number of younger adults with learning disabilities and an increase in the number of older adults. These adults from age 85 onwards are likely to have social care needs, including dementia. This increase is projected to grow exponentially to 2035.

Summary of total costs/funding for Health and Social Care

3.25 As Kent and Medway work towards implementation of the STP, future GIF iterations will be able to align infrastructure calculations with the STP priorities, using a more structured approach and a demand modelling tool. However, for the draft GIF 2017 Update, the overall infrastructure cost uses the following theoretical assumptions using NHS bed standards for acute healthcare and mental healthcare. For primary healthcare, a combination of multi-purpose primary healthcare facilities and maternity requirements have been used. For adult social services, the emerging model for the Accommodation Strategy for Adult Social Care is used.

3.26 The condition, suitability, and the ability to expand current provision varies significantly across the County and the total cost of delivering a fit for purpose infrastructure to support Health and Social care is estimated to require in excess of £6 billion of investment over the life of the GIF. As the STP Acute and Primary Care models develop further, a more accurate approximation of costs will be able to be gained. The various workstreams of the STP will publish their vision for the delivery of care and services over the forthcoming months, which will not only indicate running costs, but also the capital required for the estate to deliver these services from. Capital Programme opportunities from Central Government and associated schemes can then be assessed and applied for to help reduce any funding gaps that may

[1] Delivering Better Healthcare for Kent
[2] Kent's Accommodation Strategy for Adult Social Care (Better Homes: Greater Choice"

exist. These iterations should help to give a more accurate insight into any funding gaps.

3.27 Emerging Health and Social Care infrastructure costs which have been identified to date arising directly from growth are set out below:

Total Cost = £1,652,191,000
Total Funding = £791,103,000

Secured Funding = £9,688,000
Expected Funding = £781,416,000

Funding Gap = £861,088,000

4) Conclusion and next steps

4.1 In compiling a county-wide data source and in working on the GIF actions will be informed by the data, the GIF has a crucial part to play in ensuring that infrastructure planning in Kent is delivering better outcomes for residents, communities and businesses and more widely, it will have wide-ranging influence and support in supporting the economy and the health and wellbeing of Kent's residents.

4.2 A draft GIF Update will be taken to Joint Kent Chiefs (16 November) and Kent Leaders (30 November), with the intention of publishing the final GIF Update in Winter 2017/18.

Recommendation:

The Board is asked to consider and make recommendations on the emerging headline messages and infrastructure costings for the update of the GIF

10. Background Documents

http://www.kent.gov.uk/about-the-council/strategies-and-policies/environment-waste-and-planning-policies/growth-and-infrastructure-framework-gif

11. Contact details

Report Author: Sarah Platts, Strategic Planning and Infrastructure Manager 03000 419225 Sarah.Platts@kent.gov.uk	**Relevant Director:** Katie Stewart, Director of Environment, Planning and Enforcement 03000 418827 Katie.Stewart@kent.gov.uk

NHS England

NHS preparations for and response to winter in Kent 2017/18

To: **Kent Health and Wellbeing Board**

From: **Ivor Duffy, Director of Assurance and Delivery, NHS England South (South East)**

Author: **Zara Beattie, Winter Resilience Lead, NHS England South (South East)**

Date: **7 November 2017**

1.0 Purpose

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

2.0 Background

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

The key vehicle for winter Preparedness and Response activities are the Local A&E Delivery Boards that were established in 2016. Kent has four Local A&E Delivery Boards covering the Dartford Gravesham and Swanley; East Kent, West Kent and Medway and Swale. Kent County Council is a core member of each of these groups and is represented on them by an Executive Director.

3.0 Winter 2016/17 Debrief

During Winter 2016/17 weekly teleconferences were held with Local A&E Delivery Board leads to share good practice and assist with any immediate issues requiring escalation. An interim stocktake was held on 2 February 2017 to learn lessons from the management of and performance over the Christmas and New Year Bank holidays to implement any necessary improvements ready for the Easter 2017 Bank Holiday. A full Winter 2016/17 debrief was held with system leads on 9 May 2017. Key successes that have been continued for 2017/18 winter planning include:

1. Training for on-call teams particularly in effective teleconference management
2. GP Service provision within A&E
3. Flexibility of implementation of escalation beds and discharge to assess systems

Key lessons that have been incorporated into Winter 2017/18 plans include:

1. Demand and Capacity forecasting and planning process started earlier in the year, including early engagement with workforce
2. Implementing management systems for non-urgent prescribing
3. Automated real-time data collection available in some form across all Local A&E Delivery Boards.

4.0 Local A&E Delivery Board Assurance ahead of winter

NHS England set a clear expectation that all Local A&E Delivery Boards in Kent would have in place robust plans to deliver the urgent care standards and to ensure

that plans are in place to effectively manage winter pressures. Therefore ahead of winter 2017/18 NHS England South (South East) and NHS Improvement facilitated a dual assurance process, via self-assessment and peer review, which required Local A&E Delivery Boards to provide assurance that they have put in place preparations for the winter period. This included a review of the key actions being taken to improve on last year's plan, delivery of the national ten high impact interventions, the flu programme for staff and patients and work on Delayed Transfers of Care.

LAEDB Winter Plans have been assessed through a two part bipartite process and have been assured as Amber: "Assurance that the plans reflect some of the relevant criteria but not comprehensively". 'Check and Challenge' face to face meetings and LAEDB exercises provided an update on progress and informed the assurance return to NHS England South sent 18 October 2017. Whilst the overall assessment of the plans remains Amber, as all systems have aspects where they are continuing to strengthen, the progress is good and LAEDB continue to refine and test their plans with support from NHSE/NHSI as required. NHSE are working with all LAEDBS to produce an Kent and Medway surge management plan in the coming weeks, looking in particular to strengthen mutual aid agreements.

5.0 Surge Management Plans and Exercises

All Local A&E Delivery Boards have prepared Surge Management Plans that are aligned to the NHS England South Region Surge Management Framework which was agreed by the South Region Bipartite of NHS England and NHS Improvement. Plans have been updated to incorporate lessons from Winter 2016/17 and Easter Bank Holiday 2017. NHS England and NHS Improvement have also sent a Bipartite Gateway letter (Reference 06969) confirming the four national priorities for winter 2017/18 which have been incorporated into the Local A&E Delivery Boards Surge Management Plans.

NHS England South (South East) will ensure that each Local A&E Delivery Boards conduct a Surge Capacity exercise ahead of winter 2017-18. The Local A&E Delivery Boards' Surge Management plans will then be updated to ensure that these lessons are addressed.

6.0 Winter Communications

All Local A&E Delivery Boards are promoting the nationally led 'Stay Well This Winter' campaign, which is a joint initiative between NHS England and Public Health England. http://www.nhs.uk/staywell/

This campaign drives home key messages to the public which will take the pressure off frontline services. The messages ask the public to protect themselves as the cold weather sets in by staying warm, stocking up on prescription medicines or checking in on friends and neighbours to make sure they are keeping well and taking up the offer of a seasonal flu vaccination where eligible.

7.0 Seasonal Flu Vaccination

Outbreaks of flu can occur in health and social care settings, and, because flu is so contagious, staff, patents and residents are at risk of infection. The 2014 - 5 vaccination pilot showed reduced GP consultations for influenza-like illness in children by 94% & adults by 59%, children A&E respiratory attendances by 74%,

hospital admissions for confirmed influenza by 93%. As a result front-line healthcare workers are offered a flu vaccination. Local A&E Delivery Boards have put in place measures to maximise and monitor updates by eligible Health and Social Care staff.

Flu immunisation provision has now been extended to health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza, meaning those patients/clients in a clinical risk group or aged 65 years and over

The flu vaccination is also offered free of charge to people who are at risk, pregnant women, carers and some young children to ensure that they are protected against catching flu and developing serious complications. The continued support of KCC in promoting the uptake is recognized and welcomed.

8.0 Winter Response

NHS England South (South East) is operating a virtual winter resilience room between 24 October 2017 and 30 April 2018. The winter resilience room provides a focal point for winter briefings, escalation discussions and communications through the winter. From here NHS England will provide oversight of the Local A&E Delivery Boards response to winter, monitor daily situation reports prepared by hospitals and community services organisations, prepare daily situation reports and briefings and facilitate system-wide requests for support where required.

9.0 Health and Wellbeing Boards and Better Care Fund Plans

The Health and Wellbeing Boards will be contributing to winter planning through the Better Care Fund Plans and the Eight High Impact Change Model self-assessments on Managing Transfers of Care. NHS England will also be monitoring and reporting to the Health and Wellbeing Board level Delayed Transfers of Care figures for NHS, Social Care and joint delays in the run up to November 2017, and by implication the impact of the BCF and IBCF funds. The November 2017 review of performance will link to 10% of the IBCF allocation for 18/19. The reduction in delayed transfer of care is key in providing capacity in the acute sector to enable delivery of safe services over the winter period. It is paramount that health and social care partners deliver the required reductions in DTOCs and commit all additional or hypothecated resources to achieve this.

10.0 Summary

- Local A&E Delivery Boards, of which KCC is an integral part, have taken steps to prepare the health and social care system to manage winter pressures.
- Individual Health and Social Care organisations and Local A&E Delivery Boards have Surge Management plans.
- These Surge Management plans will be tested by exercise and amended to take account of lessons identified ahead of the winter period.
- A strong national communications campaign is being supported and delivered locally. The NHS recognises and welcomes KCC's ongoing support to successfully deliver these important messages to the population of Kent.
- KCC and other partners' support in encouraging the uptake of seasonal flu vaccination is also welcomed.

- DTOC reduction must be a key focus for health and social care partners
- A robust system of winter reporting has been put in place to identify and respond to any challenges as they arise via the Winter Resilience Room
- In addition to the Surge Management Plans, all the members of Local A&E Delivery Boards have robust, well-rehearsed plans in place to manage the impact of emergencies that can result from severe weather, infectious disease outbreaks or industrial action.
- The Surge Management Plans are support by the Urgent and Emergency Care work stream, Health and Wellbeing Boards and the Better Care Fund Plans.

Zara Beattie
Winter Resilience Lead
NHS England South (South East)

Peter Oakford – Member for Tunbridge Wells North
Deputy Leader & Cabinet Member for Strategic Commissioning & Public Health

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Ask For: Peter Oakford
Date: 3 October 2017

Dear Ms Beattie

Thank you for your report about NHS preparations for and response to winter which the Health and Wellbeing Board considered briefly at its meeting on 20 September 2017.

The Board, however, was not reassured about the adequacy of plans to prepare for winter and for the preparations for a potential flu epidemic. They have, therefore, asked me to write to you requesting:

- A further detailed report about the preparations being made for winter
- A report from each A&E Delivery Board about their plans for winter
- An explanation of the reasons why no one was able to attend the meeting of the Health and Wellbeing Board on 20 September.

A copy of the draft minute of the meeting is attached for completeness.

I look forward to hearing from you.

Yours sincerely

Peter J. Oakford
Chair of the Kent Health and Wellbeing Board
Deputy Leader & Cabinet Member for Strategic Commissioning & Public Health

Extract from minutes

(1) Mr Oakford said that NHS England were unable to be attend this evening's meeting to present the report and asked the Board if they wished to discuss or defer the report to the next meeting.

(2) Members of the Board expressed concern about the readiness for winter particularly in relation to 'flu vaccinations, plans to keep people out of hospital, and the fact that the system response to winter had become increasingly fragile over the previous years. Comments were also made about recent meetings with NHS England about preparedness for winter and the flu vaccination campaigns and the fact that many organisations were aware of the anticipated demands over winter and were just starting to prepare.

(3) Resolved that a letter be written to the author of the report saying the Board was not reassured about the adequacy of plans to prepare for winter and asking for a detailed report from each A&E Delivery Board about their plans for winter and seeking an explanation for non-attendance at this meeting.

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Peter Oakford
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Deputy Leader & Cabinet Member for Strategic
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3rd November 2017

Dear Peter

Thank you for your letter dated 3 October 2017, and apologies once again for not being able to field a representative to the meeting.

I was sorry to hear that the report provided did not provide sufficient assurance of the plans being implemented to prepare for winter and the flu season.

I will be able to present a more up to date and detailed report on the preparations and progress made to date for the meeting to be held on 22 November 2017, and this has been added to the agenda I understand. I will ensure the Board's queries are addressed within this paper and appropriate representation is available.

Yours sincerely

Ivor Duffy
Director of Assurance and Delivery
NHS England - South (South East)

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Annual Report 2016/17

Contents

Appendices

Foreword from Gill Rigg

Welcome to the annual report of Kent Safeguarding Children Board (KSCB). This annual report is currently a requirement of Working Together 2015 statutory guidance, and this report is expected to identify the effectiveness of safeguarding children and promote the welfare of children and young people in Kent. The report aims to provide a transparent assessment of the state of safeguarding in Kent, identifies the key challenges and successes of the Board over the year from 2016-7, and also identifies the key issues going forward.

The Board is very fortunate to have a committed and strong membership, who takes their responsibilities seriously. KSCB is particularly grateful for the strong support and input from our two lay members, who are very valuable participants. We have twelve subgroups/reporting groups which drive the work forward, and I am particularly grateful to the Chairs of the sub groups, and the members of those groups.

Ofsted reviewed the work of the Board in March 2017, as part of their inspection of the Local Authority's arrangements for children in need of help and protection, and concluded that the Board required improvement to be good. The areas which were identified were almost all ones which the Board was working on.

The sub group structure of the Board was seen by Ofsted as driving the work programme forward, and the Case Review group and Child Death Overview Panel were particularly mentioned as being well developed and effective. The Board's practice of beginning their meetings with a focus on the voice of the child has been viewed as positive, and the active engagement of young people was also seen as positively influencing the work of the Board. There is, however, more to do, and the areas for development are carried forward into the 2017-20 Business plan.

This report is intended for anyone with an interest in safeguarding children and young people in Kent. I hope this report provides a helpful insight and it will be of relevance and useful to anyone with an interest in safeguarding in Kent.

As a result of the Alan Wood report, the Government has announced future changes to safeguarding arrangements, through the Children and Social Work Act 2017, which are likely to result in new statutory guidance, and the outcome will be reported in the next annual report.

I have had the privilege of being the Independent Chair of the Board since March 2014, and I have seen a number of changes and improvements across all agencies in the past three years. I remain very impressed by the strong commitment and hard work by staff at all levels of organisations, who continue to work to make Kent a safer place for our children and young people. I would like to thank you for all that you do.

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

Gill Rigg - Independent Chair of Kent Local Safeguarding Children Board

About Kent - Overview

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

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

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

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

Kent's population is largely of white ethnic origin. Children and young people from minority ethnic groups account for 9.4% of the total under 18 year old population. Using the Children in Low-Income Families Local Measure, 16.5% of children (53,295 children) in Kent are living in poverty. This is above the regional average of 13.2% but below the England average of 18.0%.

Local Authority

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

Clinical Commissioning Groups (CCGs)

There are seven CCGs:

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

Health providers in the County

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

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

The Board

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

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

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

KSCB provides a vital link in the chain between various organisational activities, both statutory and voluntary, to protect children and young people in Kent. We are also responsible for raising awareness of child protection issues in Kent so that everybody in the community can play a role in making Kent a safer place for children and young people.

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

Key roles

The Independent Chair

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

Partner agencies

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

Designated professionals

The Designated Nurse member on the Board takes a strategic and professional lead on all aspects of the health service contribution to safeguarding children. Designated professionals are a vital source of professional advice. Across the range of KSCB activities, this designated role has continued to demonstrate its value during 2016/17.

A Structure Chart of the Board and its Sub Groups can be found at Appendix A. A full list of Board members for 2016/17 and their attendance at Board meetings can be found at Appendix B.

Lay Members

KSCB has two Lay Members. One has been in post for six years and the second has been a member for 12 months. The role of the Lay Member is one required under The Apprenticeships, Skills, Children and Learning Act 2009 amended sections 13 and 14 of the Children Act 2004 which states that *"the local authority must take reasonable steps to ensure that the LSCB includes two lay members representing the local community."* Working Together 2015 also highlights the role of Lay Member as: *"Lay members will operate as full members of the LSCB, participating as appropriate on the Board itself and on relevant committees. Lay members should help to make links between the LSCB and community groups, support stronger public engagement in local child safety issues and an improved public understanding of the LSCB's child protection work."*

Our Lay Members play a vital role and fully participate in the Board's activity, attending every Board meeting and also being members of some of the Board's Sub Groups.

One sits on the Risks, Threats and Vulnerabilities Group, Multi-Agency Sexual Exploitation Group, Health Safeguarding Group and the Female Genital Mutilation Working Group. He is also currently chairing a Serious Case Review Panel for one of our commissioned SCR. The other member sits on the Child Death Overview Panel and the Case Review sub group and is currently chairing a Serious Case Review (SCR) Panel for one of our commissioned SCR.

In addition to participation in Board and Group meetings, our Lay Members have supported the Board's Quality and Effectiveness Group in their reviewing of partner agencies' Section 11 submissions, providing valuable independent feedback and challenging questioning on the evidence provided.

Both Lay Members have also attended regional Lay Member Conferences and have returned with feedback on the experiences of other Boards' Lay Members.

Relationships with other Kent Strategic Boards

There is a clear expectation that Local Safeguarding Children Boards are highly influential strategic arrangements that directly influence and improve performance in the care and protection of children. There is also a clear expectation that this is achieved through robust arrangements with key strategic bodies across the partnership. During 2016/17, engagement continued with the Kent Health and Wellbeing Board (HWB) and stronger engagement has been developed with the Kent Safeguarding Adults Board (KSAB), the Kent Community Safety Partnership, the Kent and Medway Domestic Abuse Strategy Group and the Corporate Parenting Board.

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

A protocol has been agreed formally that sets out the working arrangements between KSCB and the HWB and the Kent 0 - 25 Health and Wellbeing Board. The aim of this protocol is to support all three partnerships to operate effectively; being clear about their respective functions, inter-relationships and the roles and responsibilities of all those involved in promoting and maintaining the health and wellbeing of children and in keeping children safe. This is essential in order to maximise the safeguarding of children and young people, to avoid the duplication of work and to ensure there are

no preventable strategic or operational gaps in safeguarding policies, services or practice. This protocol can be found on the KSCB website: www.kscb.org.uk

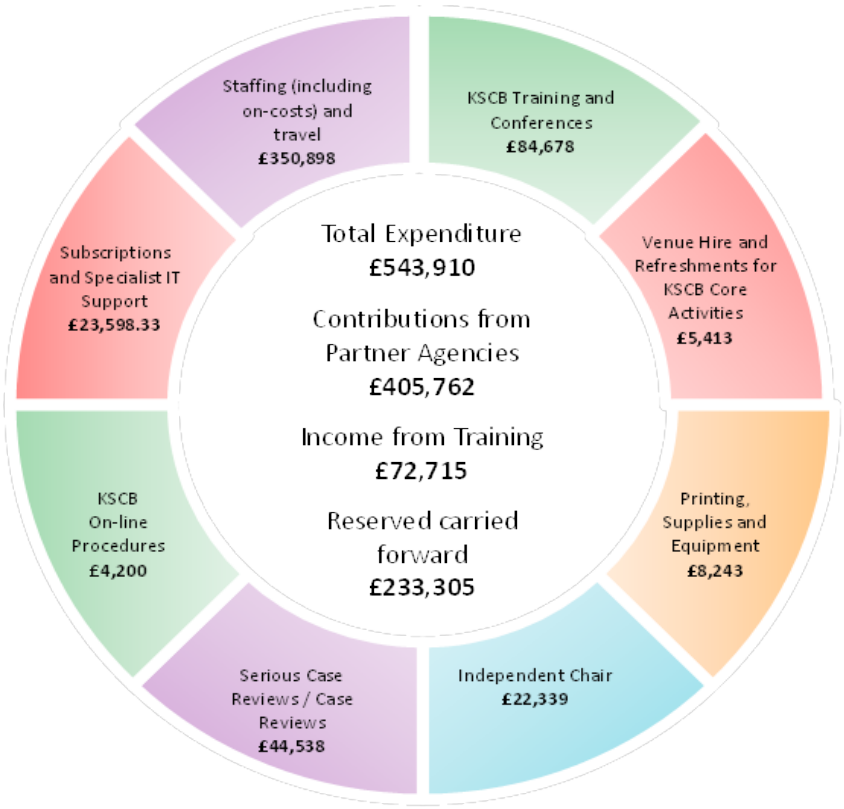
The Boards will have an ongoing and direct relationship, communicating regularly through identified channels/lead individuals and will be open to constructive challenge in order to promote continuous improvement in safeguarding practice and outcomes. The Boards commit to work together to ensure effective local partnership arrangements with the appropriate governance focused on contributing to the protection of children from harm and promoting their health and wellbeing.

Financial Arrangements

Partner agencies continued to contribute to the KSCB's budget for 2016/17, in addition to providing a variety of resources, such as staff time and free venues for training. Partner contributions totalled £405,762. A breakdown of partners' contributions can be found at Appendix B.

KSCB offers all of its multi-agency training free of charge to all KSCB partners and has still increased our overall training income to £72,715. Charges for non-attendance at training events provided an additional income of £18,000 (although we are working with partners to reduce this branch of income).

Our total expenditure for 2016/17 was £543,910, down from £601,069 in 2015/16. This was mainly due to significant reductions in our training expenditure. This will continue year on year with the increased use of partner provided no-cost venues and an increase in the number of partner agency staff on our College of Trainers, resulting in less use of external trainers. In 2016/17, we commissioned two Serious Case Reviews (SCR) and these will continue into 2017/18.



The Board's response to last year's challenges

In the 2015-16 Annual Report, the Board identified a number of challenges that it was facing. The table below highlights the challenges, the activities and achievements against those challenges. It is acknowledged that some may not have been fully addressed and these will feature in the Board's Business Plan for 2017-20.

Awareness of KSCB	
There is a need to raise the awareness of the role of the KSCB, both internally with front line staff and externally with parents/carers and young people.	The Board has undertaken a significant exercise in raising its profile with multi-agency staff. The circulation list for all Board business has been widened and all Board and sub group members have been challenged to ensure that they take an active role in raising awareness of the role and activity of the Board. This has been supported with a bi-monthly newsletter produced by the Board's Business Unit. This continues to be a challenge.
There needs to be greater involvement of the wider public sector.	With closer ties with the voluntary and community sector through their representative on the Board, there has been a noticeable increase in their involvement with the Board. Board meetings have included a number of young people's presentations from partner agencies, raising awareness of the activity of the wider public sector, e.g. Young Carers and Headstart. This will continue to be a focus of work going forward.

Quality and effectiveness	
The need to be clear about the outcomes/direction of the work at the Quality and Effectiveness group i.e. a data set which answers the "so what?" question and audits which support this. Information and analysis.	This continues to be a challenge. This was recognised by Board members in 2015-16 and by Ofsted in 2017. Work is continuing to agree a multi-agency data set that truly provides the Board with the information it requires to gain the safeguarding assurance it needs.
The role of the Q and E Group needs to evidence how its work influences practice.	The newly appointed Chair of the Board's Quality and Effectiveness Group is committed to being more challenging and holding agencies to account in relation to the provision of evidence of impact of their activities.

Working together	
There was a general feeling that partners did not fully understand the 'Health' community and that there needs to be improved understanding of health providers and commissioners roles in current health and mental health area (not just NHS but non-NHS).	This has been the subject of a significant challenge from the Independent Chair to the Board's 'Health' representatives. It culminated in a presentation from one of the Chief Nurses, outlining the various components of 'Health;' and how they interconnect.
Partners to be sighted on the changes within partner organisations so that expectations can be structured, i.e.	Partner agencies now use the KSCB Newsletter as part of their communication plans when sharing new information with other agencies. This is also supported

changes in National Probation Service, CCGs, Early Help and Preventative services, the developments at CRU and the introduction of 'Signs of Safety'.	by presentations at Board and Sub Group meetings.

Challenge	
Critical friend challenges need to be seen as a norm.	Over the last 12 months, the KSCB Challenge log reflects Board and Business Group challenges and it is proposed that this will be replicated from the Board's Sub Groups.

Business Plan	
This needs to be clearer with more tangible evidence of impact.	Evidence has been requested as part of each sub group's update on Business Plan activity. This continues to be a challenge for all Groups.
The Plan needs to focus more on child protection and the journey of children between Early Help and SCS and their outcomes.	The updated Business Plan for 2017-20 has the journey of the child theme. This is a work in progress.
To continue the development and define links with MASE/Prevent/FGM/Gangs and Youth Violence.	The Business Group remains the coordination route for cross sub group activity. Joint work is currently taking place in the development and launch of a RTV Checklist for frontline staff and a Vulnerabilities Toolkit which will assist those undertaking assessments.
There is a lot of multi-agency work in progress, and this must continue without losing focus on 'mainstream' activities.	The Business Group remains the coordination route for cross sub group activity, ensuring that all groups continue to address the key safeguarding issues. Outcomes of activities are fed in to the Q and E Group and reported to the Board.

Evidence of impact	
Whilst learning has been identified from case reviews and audit and is fed through the sub-groups and training programme, are we able to evidence that this has made a difference?	Evidence has been requested as part of each sub group's update on Business Plan activity. This continues to be a challenge for all Groups. The Learning and Development Group have implemented a longitudinal evaluation process that has started to provide evidence of impact on practice, but this is still at an early stage. Q and E adapting the style and content of audits to provide more evidence of the impact of learning on frontline practice. This will continue to be fed in to the Business Group and Board.

Training	
The collation and reporting of single and multi-agency training figures needs to improve. Where there are barriers to training, these should be identified and efforts made to ensure that they are removed.	The new Chair of the Learning and Development Group has taken on this challenge and will hold agencies to account for the non-production of agency training information. This was also picked up by the Ofsted review of the LSCB and is included as a recommendation from their review.

What Board Members Say

The Chair undertakes an individual interview with each Board member every year and the composite report of all of the interviews is considered by the Board, influences the Business plan, is featured in the Annual Report and is published on the Board's website. A summary of comments is shown below.

The strengths of the LSCB

General

- KSCB continues to be an improving organisation
- There is a commitment to learning lessons
- The development of some joint working arrangements with both the Medway Safeguarding Children Board and the Kent and Medway Adult Safeguarding Board is also a strength, i.e. Risks Threats and Vulnerabilities and Policies and Procedures
- The development of a stronger profile at county level
- There is good partner engagement and commitment to improving the safeguarding of children and working relationships
- The Board is well supported by an effective and committed Business Unit with efficient programme management function

Sub Groups and associated activity

- Excellent active sub group working and structure covering all relevant areas
- There is a willingness of partner agencies to engage in sub groups and task and finish groups to effect change.
- The Board offers a wide and comprehensive training programme
- The Board's significant activity around Child Sexual Exploitation (CSE) and Missing Children, including supporting the establishment of the multi-agency Child Sexual Exploitation Team (CSET) and CSE Champions where it has been directly instrumental in setting up a clear strategic response
- Strong oversight and progression of case reviews
- The event on disseminating lessons from SCRs was helpful and gave a good overview of cases.
- he Quality and Effectiveness (QE) Group's approach to the Section 11 review has strengthened and the robust multi-agency audit programme which has been further developed over the past year

Areas the Board needs to develop

The Board

- All Board and sub group members need to take more responsibility for their role as representatives for their organisation and cascading information and bringing the voice of their agencies
- How can the Board drive outcomes more effectively, as opposed to discussion of the issues?
- How 'Health' effectively works together and ensures that its voice is heard at the Board

- Refining Board membership to ensure executive stakeholder representation across all agencies
- What can the Board do to make sure best practice is shared?
- The progress in achieving real change and ownership across the full spectrum of the Board's work has proved more difficult and progress has been less rapid. This has impacted upon the Board's effectiveness in holding the rest of the system to account
- Further integration of multi-agency working and engagement with other relevant strategic Boards to explore how services are delivered and what opportunities there are to share resources

Quality and Effectiveness

- A meaningful multi-disciplinary dataset for the QE group where all partners can fully contribute and where the 'so what?' question is answered to provide assurance that that children and families are safeguarded in Kent

KSCB achievements this year

The Board

- Engagement with KMPT to address service failures identified in Serious Case Reviews (SCRs)
- Tackled inconsistencies in NHS representation
- Become more actively involved in issues of Domestic Abuse
- Enabled effective information sharing between agencies and discussion of issues
- Through the presentations to the Board, KSCB has strengthened and promoted the voice of the child strongly and not at a superficial level, which can often be the case with service user involvement.
- KSCB bulletins on progress to members

Sub Groups

- Work of subgroups has strengthened
- The Board's grip and overview on CSE and the continued development of CSET and embedding the CSE Champions is a strength
- The work of the Case Review group (case tracker and the dissemination of learning) and Policy and Procedures (Policy tracker)
- Improved process for monitoring SCR action plans and recommendations and peer review,
- Delivery of comprehensive training for staff
- QE have produced regular high quality audits and have changed the format to reflect the 'so what?' question to audits and practice.
- Implementation of eCDOP (Child Death Overview Panel)where the Board's work was shortlisted as finalists for a Local Government Chronicle (LGC) award
- Launched safer sleeping campaign through Midwives and Health Visitors

Ofsted

Following the Review of the LSCB in March 2017, (undertaken concurrently with the inspection of the Local Authority), Ofsted reported that the Kent Safeguarding Children Board (KSCB) 'requires improvement to be good'.

Below is a summary of the key findings and recommendations:

Strengths	Areas for development
• The board is meeting its statutory responsibilities. • The experienced chair has ensured that robust governance arrangements are in place. • The board positively influences local safeguarding arrangements,(such as the strategic response to child sexual exploitation and radicalisation). • Partners are well represented on the board and attendance is good. • The board has two lay members, who are valuable participants. • A well-developed sub-group structure ensures that the board is able to deliver its work programme. • The board's website includes helpful information about campaigns and safeguarding updates, alongside reports on recent learning reviews and serious case reviews. • Up-to-date multi-agency procedures are in place and are available on the website. • The case review group and the child death overview panel (CDOP) are well developed and effective. • The board has taken appropriate steps to disseminate learning from serious case and child death reviews • Robust strategic and operational arrangements are in place to safeguard and protect those children who go missing, are at risk of child sexual exploitation, or are at risk of being radicalised. • An up-to-date multi-agency threshold document is in place, and the board has taken reasonable steps to ensure that it has an understanding of the application of thresholds. • The board has identified a lack of agency understanding about these thresholds. • A process for undertaking and learning from multi-agency Section 11 audits is in place, • Through their active engagement, young people are positively influencing the work of the board.	• It does not collect all the performance information that it needs to be able to fully challenge partner agencies and hold them to account. • An audit programme is in place, but it is not robust enough to enable the board to assure itself about the effectiveness of local safeguarding practice. • The board does not have a mechanism to ensure effective oversight of the key risks that might reduce the ability of partner agencies to safeguard children. • The board has not responded to the issue of neglect at sufficient pace; a multi-agency strategy is yet to be approved and multi-agency training is underdeveloped. The board's annual report does not provide a comprehensive analysis of all key areas of safeguarding practice. • Due to a lack of robust follow-up, there is limited evidence that the impact of learning from these reviews has improved practice. • The board has not done sufficient further work to fully understand the lack of agency understanding of thresholds. • Local schools have not conducted a regular and comprehensive evaluation of their safeguarding arrangements.

Ofsted Recommendations

- Ensure that a comprehensive multi-agency dataset is in place to enable the board to scrutinise local safeguarding performance.

- Ensure that the board has systems in place to monitor risks that have the potential to have an impact on the ability of agencies to safeguard and protect children.

- Further develop a comprehensive programme of single and multi-agency audits to improve the scrutiny of safeguarding practice across partner agencies.

- Develop the annual report to ensure that it provides rigorous and transparent assessment and scrutiny of frontline practice, the effectiveness of safeguarding services and the work of the independent reviewing service, as well as learning from serious case reviews and child deaths.

- In partnership with the local authority, launch the multi-agency neglect strategy and ensure that local professionals working with families, at all levels of need, are equipped to identify, assess and address neglect within families.

- Put in place a system for the board to receive assurance regarding safeguarding practice within early years settings, schools and colleges.

All of these recommendations are included in the updated Board's Business Plan and are an integral element of each of the sub groups' work plans, (see the Next Steps section later in this report).

Communication

Bulletins

In 2016 KSCB introduced bi-monthly bulletins which are sent to over 600 multi-agency staff across Kent. The Bulletins are available to view on the KSCB website: http://www.kscb.org.uk/e-learning/kscb-bulletins

To date the Bulletins have discussed a range of topics, such as:

- Updates on Child Sexual Exploitation in Kent
- Mental Health Awareness Week
- Online Safety
- Learning from Serious Case Reviews
- Upcoming training and events
- Safer Sleeping
- Views of young people in Kent
- Domestic Abuse and Operation Encompass

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

August 2017

Kent Safeguarding Children Board (KSCB) Bulletin

This Update aims to keep you informed about local and national developments in respect of safeguarding and the work of Kent Safeguarding Children Board. It contains useful links to publications and websites

KSCB Twitter

You can now tweet KSCB @Kent01LSCB.

Please follow us and keep up to date with all the latest safeguarding news!

Team Update

KSCB are very sorry to say goodbye to Sophia Relf who has left the team. Some of you will have worked with Sophia on the KSCB audit programme and through the Quality and Effectiveness Group. We wish Sophia the best of luck in

Ofsted Update

Ofsted have published their review of KSCB and have judged that the LSCB requires improvement to be good.

Here is the link to the report. The LSCB review report starts on page 29. In response to the report our Independent Chair, Gill Rigg, has released the following statement:

"In respect of the Board, the positives identified were robust governance arrangements, strengths in CSE, radicalisation and children who go missing. The well-developed sub group structure was seen as strength, with CDOP and the Case Review group being singled out. The procedures were seen as being up to date and readily available and the Board's website is said to contain helpful information. Partners are well represented on the Board, attendance is good and our two lay members are seen to be valuable participants. The threshold document was described as being in place

Twitter

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

The Kent Safeguarding figures

The Kent Safeguarding figures

Table of safeguarding figures for 2015-16 and 2016-17:

	Mar-16	Mar-17	
Number of **Children in Care (CiC)**:	2,320	1,893	-427
Number of children on a **Child Protection (CP) plan**:	1,049	1,185	+136
Number of children on a **CP Plan for a second or subsequent time**:	263	252	-13
Number of **Child in Need (CIN) plans** in place:	2,091	2,023	-68
Number of **contacts to Central Duty Team**:	28,335	30,351	+2,016
Number of **referrals to Specialist Children's Services**:	15,642	16,193	+551
Number of **SCS re-referrals** within 12 months:	4,621	4,970	+349
Time between the end date of the previous referral and the start date of the following referral.			
Number of **Private Fostering arrangements**:	32	27	-5
Number of **Unaccompanied Asylum Seeking Children (UASC) in care**:	866	481	-385
Number of **Other Local Authority (OLA) placements in Kent**:	1,283	1,319	+36

Missing Children:

Number of **missing episodes** that started in the 2016-17 financial year:	5,067*	6,090	
**This is a part year figure as the new processes for recording missing children did not commence until the 05/05/2015*			
Of these, how many were **OLA CiC/CP placed in Kent:**	1,053	1,330	+277
The figures above exclude episodes of absences without authorisation.			

Figures in red are cumulative for the year. All other figures are a snap shot as at year end.

The Kent Safeguarding Context

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

- During 2016/17, approximately 11,000 families (around 24,000 CYP) were worked with in Early Help Units.

- At the end of March 2017 there were 3,008 cases open to Early Help Units. This equates to nearly 7,000 children and young people aged 0-18. 77% of cases are within the 20-week service standard. Between 600 and 700 cases are closed every month, by targeting drift and ensuring close monitoring of all cases, case durations have halved meaning that around 65% more families can be supported per worker.

- In March 2017 79.6% of cases were closed with outcomes achieved, down from 83.4% in March 2016. Early Help aims to close at least 80% of cases with outcomes achieved. This was achieved every month throughout 2016 until the autumn although for the last quarter of 2016 and first quarter of 2017 some months it dipped below the 80% target. Further analysis shows that a significant increase in the volume of Domestic Abuse Notifications (166 in December 2016 compared to 82 in December 2015) - which come from the Police prior to consent being gained – affected the number of cases which withdrew consent. For unit cases initiated via an Early Help Notification (EHN), 82% of cases are closed with outcomes achieved.

- The percentage of cases stepped up from Early Help to SCS has increased from 5.5% in March 2016 to 8.3% in March 2017.

- 19.8% of cases closed in SCS were stepped down to EHPS, which is a reduction on the previous year's figure of 22.7%. Early Help is committed to ensuring a constant focus on case throughput and effectiveness, and is able to take more step-downs from SCS as this is a key way in which Early Help can support the demands within SCS.

Children being supported by Specialist Children's Services (SCS):

Generally the 2016/17 performance scorecard for Specialist Children's Services presents a very positive picture with 24 of the 44 performance measures achieving or exceeding the targets which had been set. The most significant improvement related to the percentage of referrals for Initial Health Assessments made to Health within 5 days of a child/young person coming into care which improved from 34% to 86% during the year. This reflects a clear focus on ensuring that appropriate information is passed to Health in a timely manner. The percentage of qualified Social Workers employed by KCC also rose during the year from 76% to 80% which is an indication of the effectiveness of work undertaken on recruitment and retention of Social Work staff. An additional 18 of the performance measures were above the minimum standard set with several of these very close to achieving the target.

There were 2 measures deemed to be below the required standard which were: the percentage of Returner Interviews completed within 3 working days of a child/young person going missing; and the average caseloads of the Children's Social Work Teams (CSWT). For the timeliness of Returner Interviews the lack of available benchmarking information makes it difficult to determine the actual performance level when compared to other local authorities. The number of Returner Interviews completed by SCS is relatively high but, with many of these being completed on the fourth or fifth

day, it is the three day timescale which is proving to be the challenge. The average caseload of the CSWT teams was 22 at the end of March 2017, against a target of 18 and was a direct result of increased demand towards the end of the reporting year. As a result of the increased demand additional agency Social Workers were recruited. Ensuring that Social Workers have manageable caseloads remains a key priority for the authority.

The Ofsted Inspection in March 2017 demonstrated that Specialist Children's Services has an extensive range of management and performance information available but crucially it evidenced that the information is accurate and is used consistently for strategic and operational management. The use of the interactive dashboards for operational teams was specifically noted and it is clear from Ofsted's findings that a strong performance management culture is embedded consistently throughout the Service.

Unaccompanied Asylum Seeking Children (UASC):

Some of the most vulnerable children in Kent arrive through the Port of Dover or through the Channel Tunnel each year seeking entry into the UK. Most young people arrive seeking asylum, whilst others have been trafficked for exploitation. Where the UK Border Agency identifies unaccompanied children, they pass responsibility for these children to Kent County Council and they become children in care.

The Government's National Transfer Scheme (a scheme to ensure that young people who present as UASC are appropriately placed around the Country rather than just with "the gateway" authorities i.e. where children and young people are first received), started in July 2016. By March 2017, 233 UASC dispersals had taken place from Kent to other Local Authorities.

The impact of Unaccompanied Asylum Seeking Children (UASC) remained significant during 2016/17. In April 2016 there were 870 UASC in the Care of the Local Authority plus an additional 475 with Care Leaving entitlement. With the introduction of the National Transfer Scheme in July 2016 the numbers of UASC Children in Care reduced to 481 by March 2017 but with the number of UASC turning 18 in the year the number of UASC Care Leavers had increased to 733. Due to the shift in UASC numbers from Children in Care to Care Leavers, staffing structures within SCS have been revised which will ensure that there are sufficient staff to support the UASC Care Leavers who will continue to remain Kent's responsibility. With regard to the performance measures by March 2017 the gap between performance Citizen and UASC Children in Care had been greatly reduced although Kent's UASC cohort will continue to adversely affect nationally reported performance, specifically for measures on Adoption and Care Leavers.

The demands on Specialist Children's Services, health partners, schools and district councils continue with the need for assessments to be undertaken and school places and housing being limited. The KSCB has regular updates from partners to provide re-assurance that emerging issues are identified and resolved.

This continues to be a serious concern as UASC are especially vulnerable to exploitation. The KSCB's Multi-Agency Sexual Exploitation (MASE) Group and the Risks, Threats and Vulnerabilities (RTV) Group continue to closely monitor progress across agencies in tackling this problem. This key priority will continue to feature on the Board's three year Business Plan (2017-2020).

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

At year end, there were 1319 CiC placed in Kent by other Local Authorities. This high number has been consistent for many years. This places significant pressure on public agencies responsible for supporting vulnerable children in Kent, including schools, police, health and Local Authority services.

All councils must continue to make sure they can properly safeguard young people placed in residential children's homes, particularly those placed many miles from home, which increases their vulnerability. These are young people at heightened risk of being sexually exploited by criminal networks and gangs and careful consideration needs to be given to the location of the placement of these children.

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

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

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

Progress in Kent

In March 2017, Ofsted conducted an inspection of Local Authority services for children in need of help and protection; children looked after and care leavers. It reported that the overall judgement of Children's Services in Kent was 'Good'. This demonstrated considerable progress. The individual judgement on "children in need of help and protection" was that it required improvement to be good, which was the judgement also applied to KSCB.

Inspectors felt that: "Kent County Council is delivering a good service to children and families. Leaders and senior managers have responded purposefully and methodically to service weaknesses, resulting in strengthened services and improved outcomes for children."

Ofsted recognised that: "managers have systematically tackled weaknesses across the service, using a comprehensive quality-assurance framework and regular case-auditing to identify areas for practice improvement. However, the help and protection that children receive continue to require improvement. Some aspects of practice have improved, but more work is required to ensure consistently effective decision-making when children first come to the attention of the service, as well as to improve the quality of assessment for those children living in private fostering arrangements."

Key strengths:

- "The local authority work effectively to reduce risks such as those related to trafficking, sexual exploitation, female genital mutilation and possible radicalisation."
- "In response to the large number of children who are placed in Kent by other local authorities (1,309 at the time of the inspection), the local authority has innovatively appointed an out-of-area officer who assertively liaises with the 106 placing authorities."
- "Social workers develop strong and constructive relationships with children. They see them regularly and use creative direct work to ensure that they understand children's experiences and views."
- "Assessments are analytical, and capture family histories, views and experiences and result in high-quality plans."
- "good examples of outcome-focused plans, created and owned by families that reflected children's needs well"
- "appropriate support for children on the 'edge of care' an effective family group conferencing service and the adolescent support teams who work alongside families to enable them to find their own solutions to effect change that is sustainable."
- "The very large majority of children participate in their own timely reviews, with their wishes and feelings carefully considered by independent reviewing officers (IROs) who know them well."
- "Educational outcomes for children looked after are improving at key stages 1, 2 and 4. The virtual school uses personal education plans well to enable pupils to get the right support for personal and social development and academic progress."
- "Good assessment, training and support are available for prospective adopters. Children enjoy stability and thrive in their adoptive families."
- "When children no longer need to be looked after by the local authority, they return home safely to their birth families with comprehensive support plans, which are regularly monitored."

Areas for development:

- "Inspectors saw some examples of analytical case supervision, but the quality is not always good enough, and managers do not always sufficiently identify risks or challenge lack of progress"…"as a result, complexities and concerns in children's lives are not fully explored, and, for a small number of children, this has led to drift and delay in taking decisive action to meet their needs and to ensure that they are protected."
- Housing- particularly for 16 and 17 year olds who present as homeless;
- "The quality of staff supervision, including appraisal and attention to social workers' overall development needs, is also too inconsistent across teams."
- "More could be done to resolve [children and families complaints and] issues and worries at an earlier stage."
- (Of particular reference to Central Referral Unit (CRU)) "some referrals closed prematurely, before all relevant information had been gathered and analysed to ensure safe and appropriate decision-making…"
- "Children living in private fostering arrangements are identified but assessments are not rigorous enough to ensure that the arrangements are suitable."
- "…for a small number of children open to the district social work teams, there are delays in recognising escalating risk. This is particularly evident for children living in neglectful circumstances or affected by domestic violence".

- "Inspectors identified a small minority of children for whom progress of plans was poor, risk had escalated or there had been a lack of professional curiosity. For these children, strategy discussions should have been held to consider whether a child protection enquiry was needed to further explore and understand risk." "Weaker plans […] do not track change effectively, which hampers progress"
- "Support for a small number of children subject to child protection plans ends too soon, before change has been sustained, resulting in children's circumstances deteriorating."
- "For a small number of children, there is a lack of clarity about the steps required to formalise living arrangements with family and friends."
- "While assessments of connected carers and special guardians are comprehensive, confusion over the procedures for assessing connected carers has resulted in a very small number of placements being unregulated for short periods of time."
- The accuracy of recording regarding care leavers (not just 18+, inclusive of children aged 16 and 17 who have gone home and left care) whom the local authority is "in touch" with.
- "The local authority has recognised that arrangements for young people moving from the children-in-care teams to the 18-plus service do not start early enough."

What needs to happen?

- Ensure that prompt consideration is given to convening strategy discussions and, when strategy appropriate, that strategy discussions are held for all children when risk increases.
- Ensure that private fostering assessments are robust and include all required safeguarding checks, and that visits to children are timely.
- Ensure that homeless young people aged 16 and 17 years are aware of their right to become looked after, assessments of risk are completed and there is adequate accommodation to meet their needs.
- Improve the response to all children at risk of sexual exploitation, ensuring that assessments and safety plans are of a consistently good quality.
- Improve the timeliness and quality of return home interviews for children who go missing, to ensure that they are an effective tool to safeguard individual children and inform strategic response.
- Ensure that all care leavers in prison or secure training centres have purposeful visits and an up-to-date pathway plan.
- Review the data routinely provided to the Kent Safeguarding Children Board (KSCB), and in conjunction with the board, take steps to ensure that this is sufficiently comprehensive to enable the partnership to scrutinise the local authority's safeguarding performance.
- Evaluate the quality of case and staff supervision across teams and districts and take steps to ensure that managers pay sufficient attention to social workers' performance, and to their development needs.
- Ensure that data relating to care leavers is accurate, and that it provides leaders, managers and corporate parents with a clear view of the performance of the service.
- In partnership with the KSCB, launch the multi-agency neglect strategy and ensure that early help
- Ensure that specialist children's services and professionals who work with families at all levels of need are quipped to identify, assess and address neglect within families.

Additional Reports

Local Authority Designated Officer (LADO) Report

The LADO provides advice and guidance to employers and other individuals/organisations who have concerns relating to an adult who works with children and young people (including volunteers, agency staff and foster carers) or who is in a position of authority and having regular contact with children (for example religious leaders or school governors).

There may be concerns about workers who have:

- Behaved in a way that has harmed or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child, or behaved in other ways that suggests they may be unsuitable to work with children

In Kent, the LADO Service is carried out by four full time officer posts, supported by a manager and administrative support. LADO officers are senior social work qualified staff who have a background in child protection practice and management. This has been a challenge during the last year due to considerable staff sickness and absence. Whilst this gap in permanent LADO staff has been addressed by the recruitment of temporary staff, they have not known the intricacies of the LADO role. The team have worked tirelessly to ensure that the quality of LADO work and advice has not fallen below a good standard during this time and should be commended for their commitment to the service.

In addition to the management and oversight of individual allegations, the team responded to requests from Ofsted for information towards inspection of residential provision in Kent, provided considerable consultation to providers, partners, members of the public, Ofsted and others on matters related to concerns about staff conduct and related procedure; and responded to frequent Freedom of Information requests for data linked to LADO role. The latter requests should not be underestimated in the amount of time that these take and the admin support within the team have ensured that these requests met statutory timescales and were dealt with procedurally.

The total number of referrals to the LADO team for 2016-17 was 1997. This is an overall increase of 51 referrals compared to last year's figures.

The team has managed 656 formal allegations against the children's workforce in Kent. This represents a decrease of 81 from the 737 recorded during the previous year. One possible reason for this decrease is that the LADO team have become more consistent in their recording of allegations, ensuring that the allegation threshold has formed the basis of such referrals.

The team has additionally managed 1341LADO-related consultations, some. This represents a significant increase of 132 from the 1209 recorded in the previous year. These consultations mainly relate to staff conduct issues which, on consultation, have been designated as below the allegation threshold and passed back to employers to manage as practice or competence issues rather than formal allegations. Additionally, the LADO team may hold "information only" consultations where information is shared by LADOs from other areas alerting us to wider children's workforce staff that may be moving across borders where there is a level of concern. Based on last year's consultation figures, the team has seen an increase in the use of consultation of 11%. It is predicted that this figure will continue to increase due to the continued raised awareness of the LADO service

undertaken by the team and the willingness to be a point of consultation for agencies and employers.

There is a continued need for training across the wider partners in respect of the LADO process and function. Participation at key events such as the Education Safeguarding Team conferences, Fostering Service Meetings and KSCB sub-groups is essential to provide presentations and information regarding the LADO role. This wider annual training programme will include on-going workshops and training as part of LSCB training. There will be an evaluation programme to provide evidence as to the impact of the wider awareness training.

Private Fostering Report

Private fostering is when a child under the age of 16 (18 if disabled) lives with someone who is not a close relative (for example a grandparent, aunt, uncle, sibling or step-parent) for 28 days or more. It's very different from the care of children formally provided by local councils through approved foster carers.

Privately fostered children and young people may:

- have parents living or working abroad
- be sent to the UK to study at state or language schools
- live with another family because they have problems at home.
- be estranged from their own family
- be at independent schools and not returning home during school holidays

Children who are on weekend or holiday visits do not count as being privately fostered.

This year, Kent Specialist Children's Services (SCS) received 90 notifications of private fostering with the highest number coming from schools. This notification rate is 25% higher than last year, when Kent SCS received 71 notifications.

91 new arrangements started, with the highest number of children being of UK origin (40). 37 of the children were born in Europe (excluding UK).

The majority of the new private fostering arrangements were for adolescents, with 83 children aged over 11. 5 assessments of young people aged 16 or over were completed; 4 for those young people who turned 16 before the assessment was completed and 1 where a young person was considered as having additional needs.

Privately fostered children must be visited at a frequency of a minimum of 6 weekly (for those children in the first year of placement) and 12 weekly in second and subsequent years. Of the private fostering arrangements in Kent last year, visiting performance stood at 83.9%.

An audit was undertaken following the Ofsted inspection in March 17, which raised some queries about the quality of private fostering arrangement assessments records (PFAAR's). Several recommendations have been agreed in order to continue to improve the quality of assessment, including a review of the Social Care electronic assessment form (to bring it in line with Signs of Safety and to provide a framework around the consideration of risk), a review of how cases are allocated to social worker's across the County and online training and auditing.

Awareness raising continues to be a priority of SCS, with Private Fostering Week (3-7 July 17) being used to communicate with professional partners (via internal communications, letters, email shots etc.) and members of the public (via a press release).

Child Protection Conference Chairs' Report

The Local Authority has the responsibility to make decisions about whether a child or young person is or is not at risk of significant harm. If it is agreed that the child or young person is at risk of significant harm, then an Initial Child Protection Conference will be arranged. This is an opportunity for professionals to share what they are worried about with the family.

The overall purpose of the conference is to enable the family, professionals and the child or young person themselves, to plan how best to keep them safe. The allocated social worker will present a summary report detailing what professionals are worried about. This report will also include wishes and feelings of the child or young person and views of the parents or carers. Professional judgements may be made about how likely the child is to be harmed in the future. In these circumstances, a Child Protection Plan will be agreed with all those in attendance and reviewed regularly at child protection review conferences.

All conferences are chaired by an Independent Child Protection Conference Chair. This means they are independent of the child or young person's case and are not involved in the day to day management of social work staff. It is the Chair's job to ensure that the conference is conducted in the best interest of the child or young person.

The Child Protection Chairs Service (CPCS) consists of two teams covering the South East and the North West, which are coterminous with the operational social work areas. There are 17 Full Time Equivalent Child Protection Chair posts and all carry an allocated case load. They have a quality assurance role in monitoring the effectiveness of social work input, the progression of the child protection plan and ensuring that statutory requirements are being adhered to.

The major development throughout 2016 and to date has been the continued adoption of the Signs of Safety model as the systemic tool underpinning children's social work in Kent and remains a central feature in the Child Protection Conference process. This has entailed the CPCS moving away from what was a "deficit" model in assessing parenting capacity to the Strengths-based model that Signs of Safety encapsulates.

What's working well? Key headlines:

- The CPCS chaired 2362 conferences in 2016/17 made up of Initial, Review and Transfer-in Conferences.
- The CPCS can report that 100% of reviews are held within statutory timescales.
- There has been a reduction in children subject to repeat CP plans and the CPCS has a greater understanding of why children are subject to repeat plans.
- During 2016/17, a total of 433 Children were invited to participate in Child Protection Conferences, of which 210 (48.5%) attended. 103 Children participated via SW (direct work and reports), 20 participated via professionals, 20 via notes of meetings with the CP chair and, for the 79 remaining we do not have any evidence of their participation.
- There continues to be improvement in timescale for the completion of CP plans (82.1%) and minutes (84.4%) are completed within timescale.
- Review conferences continue to be carried out within timescales 100% of the time.

What needs to change?

- Social Workers are not always sharing pre-meeting reports with parents within timescale. Kent's performance is at 77.3% of social work reports shared with parents in timescale. There is a need to demonstrate a continued drive in this area and address how parents can be best prepared to contribute fully to the conference process, equipped with relevant information on why they are in child protection forum, or how they have progressed or otherwise since the previous conference.
- There has been a year-on-year rise of 136 children on Child Protection Plans (CPP) from April 2016 through to March 2017, an overall increase of 13.0 %.
- Duration of Initial Child Protection Conferences has increased, mainly when they take place the Signs of Safety format.
- Although there has been a year on year increase in participation from children and young people from 18.1% in 2014/15 to 27.4% in 2015/16 and 43.5% in 2016-17, this is an area that will be subject to further development.
- Lack of attendance at both Child Protection Conferences and subsequent Core Groups continues to be challenged by the CPCS. Following challenges from the Chairs Service and the Named Nurse for Safeguarding, School nursing, Health visiting and CAMHS participation has improved over the last year. This will need to continue.

"Child protection conferences and core group meetings are sensitively chaired and well attended by agencies. They are effective in ensuring that risks to children are understood and reduced. Children are supported to attend their meetings to ensure that their views are known and considered. However, social workers are not clear about recent changes in how to access advocacy services. As a result, the number of referrals to the commissioned advocacy service has reduced."

Ofsted Inspection Report, March 2017

Independent Reviewing Officers (IRO) Report

An Independent Reviewing Officer is the person who ensures that children looked after by the Local Authority have regular reviews to consider the care plan and placement. It is the role of the Independent Reviewing Officer to ensure that a child's views are taken into consideration and that the Local Authority is fulfilling its duties and functions.

The IRO service is part of SCS and sits within the Safeguarding and Quality Assurance Unit. The day to day running of the IRO Service is undertaken by two Quality Assurance Managers under the management of the Safeguarding Quality Assurance Service Manager who answers to the Assistant Director for Safeguarding and Quality Assurance.

During the year the dispersal of Unaccompanied Asylum Seeking Children (UASC) combined with more recently a significant number of these young people turning eighteen has enabled the reduction of additional locum UASC focussed IROs.

The IRO Service has had a busy year, particularly in light of monitoring the care plans for the UASC cohort. Excluding UASC, the number of children who have entered or left the care system has remained relatively stable and the Council has continued to invest in the Service through the regrading of IRO's and through improved administration support. Caseloads have been maintained at around 70 per Full Time IRO.

What is the service worried about?

- Social work services to young people in care are generally good, but they are still not achieving the higher performance profile within quality assurance processes that would suggest that the Council is delivering optimum results for all the young people in its care.
- The significant number of children who experience three or more placement moves after they become Looked After. Currently this stands at a total of 236 (12% of the Looked After population of Kent).
- The large numbers of young people who had presented as Unaccompanied Asylum Seeking Children (UASC) during 2015, continue to have an impact during 2016.
- The National Transfer Scheme started in July 2016. By March 2017, 233 UASC dispersals had taken place from Kent to other Local Authorities.

What's working well?

- The total number of reviews chaired by IROs in the year April 2016 to March 2017 was 6081, including initial and additional reviews following a placement change.
- There is clear evidence of IRO challenge to poor care planning and standards through the use of both informal and formal Dispute Resolutions. This is an area where reflection on the value of challenge as a positive indicator of an active corporate scrutiny function has benefitted the organisation.
- During 2016/2017, there has been a strong drive within the county for young people to have consistent and coordinated support as they make the transition to independent living. Collaborative working arrangements between social work and the leaving care service are now in place and it is been helpful and reassuring to young people to have their allocated Personal Assistants meet them before their 18th birthday and for a member of the leaving care service attend their review meeting prior to their 18th birthday.
- IROs are monitoring the care plans of children and young people who have complex care needs. IROs have focussed on meeting with children whose placements are unstable between review meetings and maintained a high level of input with the professional network around vulnerable children who are experiencing placement instability.
- IRO oversight of care plans has increased with midway reviews/IRO oversight now formally recorded and monitored. The service remains aspirational in this respect, seeing it as a crucial aspect of the IRO role, and one that can provide real added value to the relationship with children and young people and a consistent adult for them.
- The use of the Signs of Safety model as a framework to review how well children and young people are doing in care and identify areas of concern which need to be addressed, is now embedded in Child in Care process with children and young people fully included in discussions around how concern can and may be addressed and resolved.

What needs to change?

- Working collaboratively with social work teams, fostering service and partners in education and health to strengthen placements so as to ensure that placement stability is achieved for all children and young people who enter the care system.
- Supporting efforts made by social work teams and the Leaving Care service to support the successful transition of young people as they move towards living independently.
- Sustaining consistent oversight and monitoring of care plans, challenging drift of delay in achieving permanence for children and young people.

- Actively promoting and supporting improved methods of consulting with children and young people in between reviews and particularly ensuring they understand the purpose of care planning and their involvement in the process.
- Reviewing and promoting the Participation and Consultation process with parents and carers.
- IROs will continue to contribute to permanency planning meetings and will be challenging the fostering service and professional networks around young people to strengthen placement stability for children and young people who have complex care needs.
- The Service must focus on setting the consistent standards expected across the County and holding areas accountable for them if it is to continue to be taken seriously.
- Knowing the wishes and feelings of our children and young people and helping them to participate fully in their review has to remain a priority.
- The IRO, with the social worker, needs to encourage many more young people to actively chair their reviews.

"The very large majority of children participate in their own timely reviews, with their wishes and feelings carefully considered by independent reviewing officers (IROs) who know them well. Caseloads for IROs are manageable. IROs meet children before their reviews, and monitor the progress of plans between reviews. A culture of challenge is in place across the service, and appropriate dispute resolutions are progressed."

Ofsted Inspection Report, March 2017

Activity and outcomes from last year's Business Plan Key Themes

The Board's Business Plan or 2015-18 highlighted some key safeguarding priority areas. Over the last year, the Board, its Sub Groups and partner agencies have undertaken significant work to ensure that these priorities have remained a focus of our joint work. Here is a summary of the activity that has been undertaken:

Child Sexual Exploitation (CSE) - including missing children

KSCB understands the extent of CSE and children and young people missing from home or placement and shares information about these cyp effectively, informing a local action plan

- The Board's Multi-Agency Sexual Exploitation Group (MASE) undertook a bench marking exercise against the issues identified in the Joint Targeted Area Inspections findings. This has been used to develop the CSE Action Plan and the MASE group's workplan.
- The Action Plan focusses on the 4 key areas of CSE and one section is covered in detail at each MASE meeting.
- The multi-agency Child Sexual Exploitation Team (CSET) produces a bi-monthly update of CSE activity in Kent and presents this to the MASE group to keep members apprised of the current and emerging CSE hotspots and response activity. The report is shared with the 170 multi-agency CSE Champions.
- A county CSE Problem Profile has been produced by Kent Police and CSET and this is presented to MASE and the Board.

- Missing Children data is included in the Board's Outcomes Report and scrutinised within the Missing Children Working Group meetings.
- Significant work was undertaken by partner agencies in the undertaking of Return Interviews (RI). The outcomes of RIs are used to inform and update assessments on the young person who has gone missing, and provide useful information to partners in the identification of themes and links to other safeguarding concerns such as CSE and Gangs.
- Missing Children was the focus of a KSCB multi-agency undertaken in 2016. The findings and learning from this audit can be found on the KSCB website.
- The KSCB E-Safety Strategy has been produced and published.
- The work around E-Safety has led the Board to move to a multi-agency (rather than Education focussed) Online Safeguarding Group which is to be established in the summer of 2017.

Early Help

KSCB is assured practice and services children, young people and their families receive, at the earliest intervention stage, are effective

- The Early Help Strategy has been delivered, with success measures reported to assure Board of its impact.
- Performance indicators on Early Help and Preventative Services are included in the KSCB Outcomes Report and are included in discussions within meetings. EHPS have membership on the QE group and submit Agency reports quarterly.
- Early Help was the subject of an Audit undertaken in 2016-17. The audit report was presented to

the QE Group in November 2016.

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

Ensure the safety and welfare needs of children and young people are not overlooked when professionals are working with the adults in the household

- The Board is working with the Kent and Medway Domestic Abuse Strategy Group to deliver a joined up strategic approach to working across adult and children service provision
- The Board continues to deliver the multi-agency training programme that raises staff awareness and understanding of the impact on children and young people in families where the following exists:
    - Domestic Abuse,
    - Parental Mental Health and
    - Parental Substance abuse

Emotional wellbeing of young people

Children and young people have good emotional health and services provide support in gaining this

- The Board works closely with the County Health and Wellbeing Board and the 0 - 25's Health and Wellbeing Board in the implementation of the Emotional Health and Wellbeing Strategy This is now in place and the Local Children Partnership Groups (LCPG) receive appropriate performance data on which to prioritise their local activities and resources.
- An audit undertaken and the final report presented to the QE in May 2016, to the Business Group in July 2016 and to the full Board on the 3rd August 2016. The Board signed the report off and it has been published on the KSCB website. The recommendations will be followed up through the QE Group.

Sexual abuse

Sexual Abuse is recognised and responded to appropriately by all Agencies

- The Case Review Group has undertaken a number of case reviews on Child Sexual Abuse cases.
- Following the findings from case reviews and multi-agency audits, the key areas have been highlighted and included in the updated multi-agency Child Sexual Abuse training.
- The training programme is being delivered that raises staff awareness and understanding of the signs and symptoms of sexual abuse, how to respond to allegations of sexual abuse, and the sexual abuse medical pathway.
- There has already been an increase in the number of CSE medicals undertaken, evidencing the greater awareness from staff on how and when these medicals should take place.
- The Sexual Abuse Referral Centre (SARC) has been established and is taking referrals on children and young people.
- The Sexual Abuse Medical Pathway has been updated in light of the SARC.

Gangs

Children and young people associating with gangs and involved in gang activity are protected from harm; professionals are equipped to respond to these emerging threats

- The Risks, Threats and Vulnerabilities Group has now been established. It oversees the Gangs activity and reports in to the Business Group
- Gangs and gang related activity is part of the evolving Risks, Threats and Vulnerabilities Toolkit being used as part of the assessment process for vulnerable children and young people.
- A multi-agency Gangs Strategy is yet to be produced.

Prevent

Children and young people in Kent are positive about their community; professionals are confident in responding to signs of radicalisation

- The Risks, Threats and Vulnerabilities Group has now been established. It oversees the Prevent activity and reports in to the Business Group
- In association with the University of Kent, KSCB have trained a number of multi-agency trainers to deliver radicalisation training. This, together with an E-Learning package, is included in the KSCB Multi-Agency training programme. There is an increase in demand for agency trainer places to meet the demand as KCC, Police and Health partners have all made Prevent training mandatory

FGM

Children and young people at risk of FGM are safeguarded; professionals are able to confidently respond where potential FGM is suspected

- The KSCB multi-agency FGM Working Group was established (Lead by NHS England) under the KSCB Health Safeguarding Group (HSG), with links to the National FGM Working Group.
- A FGM Strategy has been produced.
- A FGM training programme has been produced and rolled out, although feedback on the numbers of staff trained has not been reported to the FGM Working Group or to the KSCB Learning and Development Group. This is being followed up.

Learning from Serious Case Reviews (SCR), Case Reviews and Child Death reviews

As at the 31st March 2017, the Board was working on four Serious Case Reviews. Two were commissioned in 2016-17 and two were ongoing from 2015-16. The Board's Case Review Group also undertook five local Case Reviews in 2016-17. The themes and findings from these reviews, (although awaiting publication), together with the themes and findings from Child Death Reviews and Multi-Agency Audits, were collated and form the backbone of the Board's Learning and Development Programme.

The Board has delivered two large multi-agency SCR workshops, delivered by Independent Authors and covering Kent and other Local Authority SCRs. In total, over 300 members of staff attended the workshops and each attendee was challenged to take the learning back to their workplace and share it with their colleagues.

Where themes have been identified from Child Death Review and lower level case reviews, specific seminars have been delivered, e.g. Neglect – emerging theme from child death reviews, although not identified as a causation factor, it was a recurring themes identified by staff attending sudden unexpected deaths in infancy. This was supported by a Safer Sleeping Campaign and a dedicated seminar for those staff working with young parents and babies.

Learning from SCRs is identified in the early stages of agencies reviewing their own involvement with the children and families. This learning is made available to all agencies as soon as it is identified (without direct reference to the named SCR at that stage), in order that it can be shared with front line staff.

The Board's Learning and Development Sub Group produces a quarterly training update bulletin that highlights new learning identified. It also covers topics identified in nationally published SCRs. It is distributed to all of the KSCB Trainers.

In preparation for the publication of Kent SCRs post this Annual Report, each final SCR report will be accompanied by a Briefing Paper for frontline staff and managers.

Key themes identified in 2016-17:

- The greater need for professional curiosity and professional challenge
- Understanding and dealing with disguised compliance
- Understanding the role and work of partner agencies
- Greater awareness of Parental Mental Health, Parental Substance Misuse and Domestic Abuse (the Toxic Trio)
- Neglect – how to recognise before it becomes chronic
- Safer Sleeping – getting the message across to young parents

The Board and Business Group

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

The feedback from Board members indicates that they feel more informed of what is happening at the Sub Groups and it provides them with additional information on which to question and challenge partners.

QUOTES FROM BOARD MEMBER

> "The Board has developed a stronger profile at a county level "
>
> "KSCB continues to be an improving organisation"
>
> "KSCB has strengthened and promoted the voice of the child strongly, and not at a superficial level, which can often be the case with service user involvement."

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

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

Sub Group Reporting

The Board has taken on a more formal accountability and reporting structure. Board members, Group Chairs and members of each of the Groups have all reported a greater confidence in the joining up and coordination of cross Group activity.

QUOTE FROM BOARD MEMBER

> "Excellent active sub group working and structure covering all relevant areas."
>
> "The development of some joint working arrangements with both the Medway Safeguarding Children Board and the Kent and Medway Adult Safeguarding Board is also a strength, i.e. Risks Threats and Vulnerabilities and Policies and Procedures."
>
> "There is a willingness of partner agencies to engage in sub groups and task and finish groups to effect change."

Here are brief summaries of the activity and achievements of the Board's Sub Groups:

Quality and Effectiveness Group (QE)

Chair: Stuart Collins - appointed Chair of the Group in September 2016

Purpose of the Group:

QE co-ordinates quality assurance and evaluates the effectiveness of what is done by KSCB partner agencies, individually and collectively to safeguard and promote the welfare of children. It has oversight of all multi-agency and single agency audits, Section 11 audits and analysis of performance data about safeguarding within relevant agencies in Kent.

What have been the key achievements of your Group in 2016-17? (What's working well?)

- Ensuring QE receives input from other KSCB Groups, to inform planning and highlight areas requiring multi-agency scrutiny;
- Development of the new business plan setting targets and priorities for the year ahead
- Agreement the areas for audit and scrutiny and sharing that with partner agencies
- Developed the action plans and recommendations following multi-agency audits
- Attendance at QE meetings is above 70%, with consistent and appropriate membership.
    - More work needs to be done to ensure the continued representation of KCHFT and the CCGs.
- Share widely the learning from multi-agency audits and deep dives, and ensure exemplary practice is also shared as a learning model for the County.
- QE have completed audits in relation to practice and process for
    - Early Help
    - Harmful sexual behaviour
    - Children in care who go missing
    - District Councils' response to s.11
    - Joint Targeted Area Inspections (JTAI) Domestic Abuse
    - The response to Lakeland
- Findings of good practice and areas for development have been shared with the multi-agency audit teams for dissemination back to their home organisations as well as service areas within KCC.
    - As a response to the learning identified within the Early Help (EH) audit KSCB are now invited to join the regular EH audit programme, and EH will be re-audited in July 2017.
    - As a response to the Children in Care/ missing children audit, learning has been shared with the missing operational group for actions to be developed and shared with the districts.
    - As a response to the learning from the Section.11 audit, KSCB staff attended a meeting of the District Council safeguarding leads to discuss areas of good practice and areas for development both in terms of local practice and taking a more co-ordinated approach.

Scheduled audits for the coming year include

- A deep-dive on the use of Signs of Safety
- Children 12 and under who are subject to a second (or subsequent) CPP for Neglect

What do you see as the greatest challenges for your Group in 2017-18 and how is your Group planning to address them?

- Ensure that audit actions are owned and reported back on by partner agencies
- Develop an assurance tool which evidences the impact of the QE audit process
- Ensure partners are accountable for evidence of impact following audit findings and recommendations
- Develop new ways in which learning from audit will be evidenced in the future.
- Ensure senior identified staff from each agency are charged with communicating the outcomes and helping to develop the actions from audit
- Ensure multi-agency partners are asked to demonstrate the learning and impact on their own organisation of the leaning
- Ensure action plans from audits are reviewed and updated to show agency responses and progress
- To make sure internal challenge is appropriately made and advanced.
- Increase and improve the impact of the QE process

OFSTED:

- Ensure that a comprehensive multi-agency dataset is in place to enable the board to scrutinise local safeguarding performance.

- Further develop a comprehensive programme of single and multi-agency audits to improve the scrutiny of safeguarding practice across partner agencies.

Case Review Group

Chair: Patricia Denney

Purpose of the Group:

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

Key activity undertaken by the Group in 2016-17

- The CR Group has reviewed and updated its Case Review Notification Process, ensuring that notifications include a rationale as to why the case is being referred for consideration for a review. There is a formal tracking system in place which monitors actions, decisions and progress of each referred case. The notifier is updated with the decision of the CR Group and the tracker is a standing item at each CR Group meeting. In 2016/17 the CR Group has received 16 formal notifications, resulting in 2 Serious Case Reviews, 5 local case reviews, 7 no review required, 1 pending a decision
- The purpose of all case reviews undertaken is to identify key learning lessons with the intention of using these lessons to improve working practice. All reviews have been chaired by members of the CR Group and findings and recommendations reported back to the CR Group.
- An electronic system has been developed for SCR, similar to that of eCDOP. This will improve access to information and confidentiality.

Challenges for 2017-18

- The greatest challenge will be dealing with the high number of referrals to the Case Review Group and being able to resource the work required by all agencies.
- Neglect appears to be a consistent feature in many of the child death and serious incidents. This is particularly evident with young parents of babies. The group are challenged to positively influence improved practice of working with such families, so that their parenting becomes safe and child death and serious incidents reduced.
- A planned Multi-Agency Workshop will take place in September.
- In an Ofsted Inspection in March 2017, the Case Review Group was praised for its good work but Ofsted identified that more work was required to test and satisfy itself whether learning for SCR and Case Review recommendations were embedded and influenced sustained positive changes in practice.

Summary

The attendance at the group remains high and good representation from all agencies. The group is lively and challenging when discussing cases. Where resolution/agreement cannot be achieved within a Case Review Meeting on the direction of the case being dismissed the chair has arranged for "extra-ordinary" meetings to take place.

The Child Death Overview Panel (CDOP)

Chair: Andrew Scott-Clark

Purpose of the Group:

CDOP undertakes reviews of all child deaths in Kent and disseminates learning to all agencies. The Panel collects and analyses information to identify any trends and matters of concern. An Annual Report is prepared and presented to the Board.

What have been the key achievements of your Group in 2016-17? (What's working well?)

- All key partners are now using eCDOP
  - Impact – timely information sharing and improved data quality
- eCDOP shortlisted in LGC Awards 'Driving efficiency through technology' category
  - Impact – Kent CDOP nationally recognised as a model of innovative practice
- Launch of KSCB 'Thermometer Card' to encourage safer sleeping
  - Impact – wide local coverage of the safer sleeping message and regular 1:1 discussion with expectant mothers established.
- First Annual CDOP conference held to share Annual Report with partners
  - Impact – greater multi-agency understanding of the work of Kent CDOP and the role of individual partners
- CDOP training revised and regularly delivered
  - Impact - increased number of children's workforce understand CDOP policies, procedures and local issues
- CDOP procedures revised
  - Impact - increased clarity of understanding in respect of the current local procedures to be followed when a child dies
- CDOP Co-ordinator now a member of the Case Review
  - Impact – improved information sharing between groups and more timely awareness of local learning content
- Kent CDOP confirmed as 'robust with good oversight' by OFSTED
  - Impact – assurances provided to multi-agency partners
- CDOP Co-ordinator invited to speak at national conference by the Foundation for Infant Loss
  - Impact – national profile for Kent CDOP
  - Impact log added to CDOP Annual Report
  - Impact – impact of work of Kent CDOP confirmed

What do you see as the greatest challenges for your Group in 2017-18 and how is your Group planning to address them?

- Lack of awareness of new national CDOP arrangements to inform CDOP work plan: Action - regular engagement with national stakeholder events
- Reduced ability of South East Coast Ambulance Service (SECAmb) to attend CDOP Panel meetings: Action - Chair writing to SECAmb Medical Director
- More timely production of annual report: Action - new timetable and deadlines established to ensure Panel sign off at June meeting
- Timely replacements for outgoing Designated Doctors: Action - monitoring and reporting in place

Learning and Development Group

Chair: Gill Cahill

Purpose of the Group:

The Learning and Development Group co-ordinates, promotes and quality assures training and development opportunities to meet local needs. It produces a strategy and training plan aligned to the KSCB business plan and reflecting the recommendations arising from inspections, audits and serious and other case reviews.

What have been the key achievements of your Group in 2016-17? (What's working well?)

- **Stability:** The L&D Group has undergone a period of instability in recent months following the resignation of the Chair and the subsequent resignation of his successor. Further individual agencies have only just confirmed permanent members of the group – attendance prior to this has been sporadic. A new Chair will be appointed and regular attendance at the group monitored and reported to the Business Group.
- **Enhanced Information Sharing:** New information that requires sharing comes to light regularly. A new quarterly mechanism for sharing learning from SCRs Audits with partners will be developed.
- **Accountability:** Course non-attendance numbers and failure to complete the on-line course evaluations remain sources of concern. Learning leads will be identified within individual agencies and they will be tasked with challenging these issues and resolving them with the organisations concerned.
- **More for Less:** The greatest cost to KSCB in respect of training relates to venues. Work will be undertaken with District/Borough Councils to identify no-cost venues that can be regularly used to host KSCB training and reduce the multi-agency spend in this respect.
- **Increase take up of bespoke training:** KSCB's bespoke training has become popular and is now a source of income generation. A more considered approach to the provision of bespoke training will enhance the level of income achieved. To this end, courses within districts will be a priority for 2016/17.
- **Joined up working between L and D, QE, CDOP and Case Review:** In order to ensure that learning from Case Reviews, audits and child death is fully embedded in operational practice, a greater emphasis in communication and evaluation must be developed through the Business Group.

What do you see as the greatest challenges for your Group in 2017-18 and how is your Group planning to address them?

- One of the biggest challenges will be regarding knowing what training is required by the various organisations and agencies across the county in relation to safeguarding training requirements.
- Developing the evaluation process to measure the impact of KSCB training delivered on practitioners etc.
- We need to ensure we retain interest in the group and that we have key organisations attending and contributing at L and D meetings.
- To plan workshops on the Single Point of Access once live to ensure all organisations have a thorough understanding of the process.

- Plan an effective roll out for training of the new threshold framework. Ensure the roll out incorporates all relevant agencies and organisations.
- Monitor and review the training programme for the new threshold framework and the impact of this in relation to referrals etc.
- Ensuring learning from Audits, SCR, CDOP needs to be incorporated into new training is a challenge that the group can address through updating the training programmes and delivery.
- Effective knowledge and information sharing across organisations can still be a challenge, a challenge that can be addressed through the development of targeted training on areas such as neglect. All new training areas will require evaluation to measure impact.

Health Safeguarding Group (HSG)

Chair: Sharon Gardner-Blatch

Purpose of the Group:

KSCB recognising the significant statutory role health professionals have to carry out in safeguarding children and in light of the geographical challenges of Kent and Medway, Health providers and Clinical Commissioning Groups (CCGs) across Kent and Medway are expected to discharge their statutory safeguarding duties by attending the HSG. The HSG will nominate representatives to attend the full Board and Business Group to ensure that both commissioners and providers are fully represented.

What have been the key achievements of your Group in 2016-17? (What's working well?)

- HSG Membership and Terms of Reference were reviewed and amended. It was agreed that 'Named Professionals' are to attend the Health Reference Group, HRG, (an operational level Working Group that reports in to the HSG) and Chief Nurses / Designated Professionals will attend HSG. HRG is chaired by Designated Professionals and will update to HSG.
- HSG highlighted a gap in mental health representation on KSCB. It was agreed that Kent and Medway Partnership Trust (KMPT) would be the representative.
- FGM group reviewed - New Chair agreed and workplan and Terms of Reference reviewed.
- TOR and membership of HSG reviewed
- Good attendance at the meeting and range of professionals
- Agreed representation for Prevent Board and mental health representative on the KSCB
- Updates at every meeting on Serious Case Reviews
- Updates and work on CSE - Update from CSET
- Good range of issues discussed and good discussion and evidence of challenge e.g. Central Referral Unit issues and service issues.
- The Child Sexual Abuse pathway document has been reviewed and updated.

What do you see as the greatest challenges for your Group in 2017-18 and how is your Group planning to address them?

- Not always focused enough on safeguarding agenda
- Workplan for HSG discussed at meetings but did not progress and not completed - to have a clear workplan focused on safeguarding priorities
- Discussion and agreement on Health implications of Children and Social Care Act
- Ensure regular updates from other groups, e.g. Female Genital Mutilation (FGM), Prevent
- Sustainability and Transformation Plan (STP) - Group to be updated and involved to ensure that Safeguarding issues are a core part of any changes.
- Clarity on information sharing at CRU
- Need for updated review of health representatives at all KSCB groups
- Challenge from providers that Kent and Medway Boards request different data which is a challenge for providers who cover Kent and Medway.
- The impact of SCRs - concerns raised by providers about health professionals and impact on health professionals who are required to undertake a large amount of work for SCRs, as there have been an increasing number.
- Issue from CDOP about immediate bereavement support for school aged children who die unexpectedly – this is being raised with the Child Death Team.

Education and Early Help Safeguarding Group

Chair: Patrick Leeson

Purpose of the Group:

The Education and Early Help Safeguarding Group facilitates communication across the Education, (including 16 plus training providers), and Early Help sectors on their statutory safeguarding duties and compliance with the Policies and Procedures of KSCB and the local safeguarding challenges. The Group is also responsible for disseminating learning from audits and serious case reviews. Led by Kent County Council's Corporate Director for Education and Young People's Services, the group is pivotal in identifying strategic and practice issues from within Education and Early Help and making recommendations to the KSCB.

What have been the key achievements of your Group in 2016-17? (What's working well?)

- Kent County Council's Education Safeguarding Team (EST) continue to deliver a variety of training sessions for whole school and early years staff groups, Designated Safeguarding Leads, governors and childminders.
- The training delivered by the EST is approved by Kent Safeguarding Children Board, with the team's Training and Development Officer being part of the KSCB Learning and Development Group
- All training includes, as a minimum:
    - Creating a safe culture (including staff Code of Conduct and Whistleblowing);
    - Learning from local and national serious case reviews
    - Statutory responsibilities in relation to safeguarding (including reference to Working Together to Safeguard Children 2015, What to do if you're worried a child is being abused 2015 and the Ofsted Common Inspection Framework);
    - Kent Interagency Threshold Criteria and local referral processes
    - All issues covered in Annex A of Keeping Children Safe In Education 2016, including The Prevent Duty, Child Sexual Exploitation (including Operation Willow) and Honour Based Violence
    - Online Safety
    - An introduction to the Signs of Safety methodology.
- In the past year, over 7000 education staff have been trained by the EST. An example of how the impact of training is evidenced is the relatively high number of Channel referrals made by education providers.
- Education providers, via the EST, continue to be represented on all of the KSCB subgroups.
    - Any learning from the various subgroups is then shared at the Education and Early Help subgroup, with relevant actions being allocated to ensure providers are kept informed of both local and national developments in the safeguarding arena
- The Online Safety subgroup currently reports to the Education and Early Help sub group. In the past year the online safety group has:
    - Updated the KSCB safer practice with technology guidance (published on the KSCB and Kelsi websites) aimed at all agencies
    - Assisted the Education Safeguarding Adviser (Online Protection) in updating the Kent Online Safety policy template and guidance for schools and education settings
    - Fed updates regarding local trends identified by EST and other Online Safety group members into the Education Safeguarding Group and Risk, Threats and Vulnerabilities subgroup

    - Supported Safer Internet Day and members were encouraged to promote the day within their own agencies
    - Shared national updates with agencies for them to cascade within their own roles
    - Provided briefings and information for educational settings
    - Provided feedback on the development on the KSCB responding to youth produced sexual imagery guidance (written by EST and KSCB) - available on Kelsi and KSCB
- Developed and implemented an E-Safety Strategy that outlines recognition and responses to cases of on-line grooming and the links to CSE
- Implemented the Early Help Strategy with success measures reported to assure Board of its impact
- Implementation of the 'step up and step down' protocol is being effectively used

What do you see as the greatest challenges for your Group in 2017-18 and how is your Group planning to address them?

- The demand placed on education providers in relation to safeguarding is increasing, with legislation and accompanying statutory guidance being more frequently updated than in previous years. The Education and Early Help subgroup will ensure any changes are cascaded to education providers in a timely manner, for example via the EST newsletter and social media. The understanding of these issues by education providers will be monitored by the EST via the functions associated with being the safeguarding Lead Professional, including training sessions and consultations.
- From the summer 2017, the Online Safety group will become a subgroup of the Risk, Threats and Vulnerability group to increase ownership and awareness by partner agencies and ensure that that online safety is not solely viewed as an issue for Education. The challenge will therefore be to maintain links between the Education and Early Help group and RTV. The Education Safeguarding Team will continue to attend the Online Safety group and in addition will set up a separate group to help inform future activity specifically for education settings.
- An ongoing challenge will be how the Education and Early Help Safeguarding group can evidence schools and settings are meeting their statutory duties under Section 175 of the Education Act 2002 and Section 40 of the Childcare Act 2006.
- We will continue to give priority to ensuring that best practice around online safeguarding is shared amongst all schools effectively, not just as part of Education Safeguarding training but as part of a core strand of all multi-agency safeguarding understanding
- It will be a priority to ensure that schools, colleges and early years providers are informed and up-to-date with changes to referral pathways and practice within Children's Services, given the new Directorate arrangements, proposals for a new Front Door and single referral form, and new commissioned services for emotional and mental health support.
- We will continue to ensure schools are well supported and advised where there is an Ofsted failure or a known concern, and use KSCB partners to provide a package of joined-up support.
- We also ensure 'lessons learnt' are disseminated to all schools and those KCC services that interact with schools.
- Priority will continue to be given to ensuring schools and early years settings are aware of and trained in responding appropriately to the PREVENT duty, child sexual exploitation, online safeguarding and cyber bullying, and female genital mutilation.

OFSTED:

- Put in place a system for the board to receive assurance regarding safeguarding practice within early years settings, schools and colleges.

Policy and Procedures Group

Chair: Tina Hughes

Purpose of the Group:

The Group has the responsibility for coordinating the development of local policies, procedures, protocols and guidance for safeguarding and promoting the welfare of children on behalf of the KSCB and Medway Safeguarding Children Board.

What have been the key achievements of your Group in 2016-17? (What's working well?)

- Improving the timeliness of the production of multi-agency policies assisted by the development of a Policy and Procedure Tracker which has allowed for a full review of all multi-agency policies, ensuring a consistent accessibility
- Ensuring that all group members consult with appropriate members of their agencies when developing new policies and when updating and refreshing existing policies i.e. ARM Procedures, Trafficking, Sexually Active Young People Procedures, CSA Pathway, Thresholds, Kent e-Safety Strategy and online Safeguarding and the Kent and Medway Toolkits
- Maintaining full and consistent partner membership to the Group including appropriate representation from Kent SCS and Early Help, KSS CRC and Medway Council including the Head of Safeguarding and Quality Assurance and the MSCB Business Manager. This has allowed for smaller task and finish groups to work on bespoke areas of work linked to the KSCB Business Plan with tighter timescales for completing work.
- To work with Kent Police in the development of an App for service users and professionals to provide information and signposting to the key safeguarding topics. This was supported by a number of 'Pocket Guides' for staff unable to readily access an App in their business setting.
- Production of a multi-agency Neglect Strategy (in support of the findings from SCRs and Child Death Reviews) and launched in response to the Neglect Conference arranged by both KSCB and MSCB and Kent Police
- Maintaining the link with the other KSCB Sub Groups through the Business Group to ensure continued joined up working and requesting that policies and procedures are reviewed and updated by those with the knowledge of the subject matter

What do you see as the greatest challenges for your Group in 2017-18 and how is your Group planning to address them?

- Accountability: Ensuring that all group members consult with appropriate members of their agencies when developing new policies and/or refreshing and updating existing polices to avoid 'drift' and polices and/or procedures being placed on the Group agenda meeting after meeting.
- Accountability: Ensuring that there strong links remain with other KSCB Sub Groups and through the Business Group when requests are made of them to review and/or update policies for the Kent and Medway Policy and Procedure Group.

OFSTED:

- In partnership with the local authority, launch the multi-agency neglect strategy and ensure that local professionals working with families, at all levels of need, are equipped to identify, assess and address neglect within families.

Multi-Agency Sexual Exploitation (MASE)

Chair: Angie Chapman

Purpose of the Group:

The MASE group identifies the Child Sexual Exploitation (CSE) profile of Kent and oversees the KSCB CSE Strategy and Action Plan. It aims to reduce incidents of sexual exploitation through the delivery of an integrated strategy, sharing information and intelligence and producing data on current trends and threats.

What have been the key achievements of your Group in 2016-17? (What's working well?)

- The second problem profile was created in April 2017. It is recognised that there have been no major changes in trends or patterns but that the gathering of information and reporting of CSE concerns within Kent demonstrates significant progress made to understand the nature and scale of CSE within the County.
- To mark the 2017 National CSE awareness day over 200 secondary school pupils attended Kent Police College to view a drama production of Chelsea's Choice. This is a hard-hitting drama production used to raise awareness of child sexual exploitation. CSE Champions and professionals undertook an 'All out Day' engaging with community members and young people across the County. There was heavy support from local authorities and CSE Champions. Young people were asked to complete questionnaires regarding their understanding of CSE and Op Willow. A snap shot of some of those questionnaires showed 56% of youths can spot the CSE warning signs, 19% of youths had heard of Op Willow, 35% knew what CSE was and 83% knew how to report concerns.
- The MASE Group has strong attendance. Group members are keen to expand CSE awareness training and developments to enhance the services CSE victims receive. There is commitment to assisting partners and professionals to recognise CSE within their roles and responsibilities.
- The Action Plan, written under the x4 Ps is making good progress and provides clarity and direction for MASE activity. A benchmarking exercise has also been completed and this information has been used to enhance the CSE business plan objectives.

What do you see as the greatest challenges for your Group in 2017-18 and how is your Group planning to address them?

- Engagement with Schools and young people is a frequent Mase agenda item. Training and initiatives that have taken place in schools have so far been implemented through MASE and CSET and Police have contributed a large amount of funding to schools' assemblies to educate and influence children as a result of on-street CSE not forming part of the curriculum on PSHE lessons.
- There are vulnerabilities for CSE victims who are in the 16-18 year bracket and are transitioning to adult whilst living with trauma as a result of sexual abuse.
- CSE Champions have confirmed they would like to receive additional training to develop their knowledge and understanding. It has been agreed to expand training to show how Champions may encounter CSE within their own agencies to recognise how to respond to it. MASE will work closely with Learning and Development in the future to explore the possibility of CSE immersive learning, and case studies.

Risks, Threats and Vulnerabilities Group (RTV)

Chair: Nick Wilkinson

Purpose of the Group:

This joint group with Medway Safeguarding Children Board oversees multi-agency activity around Child Trafficking, Radicalisation, Gangs and children who run away or go missing from home through the development of an integrated strategy, sharing information and intelligence and producing data on current trends.

What have been the key achievements of your Group in 2016-17? (What's working well?)

- The RTV Group has continued to develop in 2016-17, receiving updates on modern slavery, trafficking, prevent, gangs, unaccompanied asylum seeking children, online safeguarding and missing children. This enables partner agencies to be aware of the key issues and be able to cascade within their organisations.
- Strong links have been established with the Learning and Development Group to ensure up to date training on Prevent, Gangs and Modern Slavery is available to practitioners. A pocket guide on Modern Slavery has been produced, complementing the pocket guides on gangs and prevent already available for frontline workers.
- Prevent updates are provided at every Group meeting, which includes the threats and risks in Kent and how the Channel referral process is working locally.
- Strong progress has been made by the Missing Children Working Group Sub Group during the year, with a comprehensive suite of performance data now available.
- Online safeguarding is a key issue for all practitioners and this has been recognised during the year by the creation of a multi-agency Online Safeguarding Working Group which will report to the RTV Group. This will ensure the focus of the area will not simply be on on-line safeguarding for schools.
- The Group has a wide remit and links closely to other Boards, such as the Prevent Duty Delivery Board, Kent Police Protecting Vulnerable People Board and Kent Community Safety Partnership. During the year the Group has expanded to include vulnerable adults, terms of reference have been revised and Group membership has been reviewed.

What do you see as the greatest challenges for your Group in 2017-18 and how is your Group planning to address them?

- The inclusion of vulnerable adults within the Group. This will require multiple reporting to the Kent and Medway Safeguarding Adult Board and Medway Safeguarding Childrens Board, as well as the KSCB. The RTV Group is the first joint childrens and adults safeguarding group in Kent and Medway.
- Prevent will remain a key item for the Group in 2017-18.
- A Modern Slavery action plan is to be produced, ensuring a partnership approach to this area.
- The Missing Children Working Group has now concluded; it will be essential for the RTV Group to adopt a strong focus and scrutiny on this issue. Missing Children will be a standing item on the meeting agenda.
- Whilst it is essential to control the remit of the group, presentations on key subjects will continue to be delivered to the Group.

Missing Children Working Group (Reporting to the RTV)

Chair: Stephen Fitzgerald

What have been the key achievements of your Group in 2016-17? (What's working well?)

- The group has reviewed and updated both operational and the KSCB procedures placing greater emphasis on the need for practitioners and their managers to use their professional judgement in developing a proportionate response to missing activity.
- The group monitored the introduction of the offer of an independent Returner Interview and will continue to ensure this offer is robustly implemented.
- The Signs of Safety model has been introduced to all Returner Interviews; these changes have been supported through a series of training workshops across Kent.
- The group raised the profile of missing children activity through the work of the Local Children Partnership Groups and District Council Safeguarding Leads Group.

What do you see as the greatest challenges for your Group in 2017-18 and how is your Group planning to address them?

- Over the past year the Missing Children Working Group has continued to promote collaborative working across partner agencies whilst providing challenge and scrutiny in our response to missing episodes. It is absolutely crucial that the completion of Returner Interviews does not become a process in itself, thereby compromising opportunities to learn sometimes crucial information that could serve to safeguard young people and others from harm.
- Whilst it is very encouraging that there are many examples of positive practice and initiatives through multi-agency working, the sub group recognise that we need a better understanding of the outcomes this achieves for children and to use this to inform planning and operational practice. To this end the sub group will facilitate a focus group for children and young people who have gone missing in Kent.
- The group will continued to drive the quality of the data set around missing activity with Ofsted commenting that the robust nature of the data set a national standard. This data will continue to be shared and discussed in a number of multi-agency arenas such as including the Community Safety Partnerships Groups and the District Council Safeguarding Leads' Group thereby increasing the profile of missing children activity and in turn local responses.

District Council Safeguarding Leads' Group

Chair: Alison Broom

Purpose of the Group:

This is a new Group whose membership is the Safeguarding Leads from the Local District/Borough Councils. The Group is chaired by the Board representative of the District Council Chief Executives. The Terms of Reference for this Group are being discussed by the Group and will be added to this Constitution when they have been signed off.

What have been the key achievements of your Group in 2016-17? (What's working well?)

- The Group have coordinated the overall safeguarding activity of the District Councils, with a particular focus on Child Sexual Exploitation
- District Councils have been proactive in training their staff in CSE awareness
- CSE Awareness training for taxi drivers has been developed and delivered across the County with District Councils
- Some Councils have made CSE training mandatory for all new taxi drivers
- District based safeguarding partnership meetings continue to be held, with local CSE conferences and workshops delivered to young people
- The Group has raised the issue of other local authorities buying housing stock in Kent and placing families in the county, the impact of which hits all local children service providers
- More effective District Council representation on the KSCB Sub Group, ensuring that the voice of the Councils is heard throughout the Board's work

What do you see as the greatest challenges for your Group in 2017-18 and how is your Group planning to address them?

- Continued commitment to local partnership safeguarding forum from partner agencies. This will involve local negotiation with partners and agendas that meet local needs.
- Local management of the impact of other authorities placing families with children in to the County. The will require joined up working across all agencies.
- Managing the number of young people who require local accommodation when they reach 18 years of age. This will require closer working with the County Council to ensure that the right information is passed on in a timely manner.

KSCB Business Plan Priorities 2017-20

1. Partnership Working

Partners work in a collaborative, co-ordinated way ensuring safeguarding is at the forefront and practice is scrutinised and challenged appropriately.

2. Voice of the Child

Evidence the impact of how partner agencies listen to and respond to the voice of children and young people.

3. Quality Assurance and Evidence of Impact

KSCB have access to local performance analysis that informs planning and delivery of high-quality services across the partnership.

4. Learning from Case Reviews and Child Deaths

Serious Case Reviews, management reviews and reviews of child deaths are utilised as learning opportunities whose findings drive improvement.

5. Staff Development

Staff development ensures Kent has a skilled and competent workforce, confident in their expertise, able to recognise and deal with issues of safeguarding and promoting the welfare of children and young people.

6. Child Sexual Exploitation

KSCB understands the extent of CSE and is re-assured that partner agencies have CSE on their strategic agenda and that multi-agency activity is supporting those children and young people who are identified as vulnerable to CSE and early preventative interventions are put in place to reduce the extent of CSE in Kent.

7. Neglect

KSCB understands the extent of Neglect and its impact on the lives of young people in Kent and is re-assured that partner agencies have Neglect on their strategic agenda and that multi-agency activity is supporting those children and young people who are identified as vulnerable to Neglect and early preventative interventions are put in place to reduce the extent of Neglect in Kent.

8. Modern Slavery

KSCB understands the extent of Modern Slavery related issues that impact on the lives of young people in Kent and is re-assured that partner agencies have Modern Slavery on their strategic agenda and that multi-agency activity is supporting those children and young people who are identified as vulnerable to Modern Slavery and early preventative interventions are put in place to reduce the extent of Modern Slavery related activity in Kent.

9. Online Safeguarding

KSCB understands the extent of Online Safeguarding related issues that impact on the lives of young people in Kent and is re-assured that partner agencies have Online Safeguarding on their strategic agenda and that multi-agency activity is supporting those children and young people who are identified as vulnerable to Online Safeguarding issues and early preventative interventions are put in place to reduce the extent of Online Safeguarding related activity in Kent.

10. Disabled Children

KSCB are to ensure that arrangements are in place that address the individual and collective responsibilities of partner agencies for ensuring the equal safeguarding and protection of disabled children (in line with the recommendations from the National Working Group on Safeguarding Disabled Children July 2016.

11. Toxic Trio

Ensure the safety and welfare needs of children and young people are not overlooked when professionals are working with the adults in the household where Domestic Abuse, Parental Mental Health and Substance Misusing Parents is happening.

KSCB Ofsted Recommendations following the March 2017 Review

- Ensure that a comprehensive multi-agency dataset is in place to enable the board to scrutinise local safeguarding performance.
- Ensure that the board has systems in place to monitor risks that have the potential to have an impact on the ability of agencies to safeguard and protect children.
- Further develop a comprehensive programme of single and multi-agency audits to improve the scrutiny of safeguarding practice across partner agencies.
- Develop the annual report to ensure that it provides rigorous and transparent assessment and scrutiny of frontline practice, the effectiveness of safeguarding services and the work of the independent reviewing service, as well as learning from serious case reviews and child deaths.
- In partnership with the local authority, launch the multi-agency neglect strategy and ensure that local professionals working with families, at all levels of need, are equipped to identify, assess and address neglect within families.
- Put in place a system for the board to receive assurance regarding safeguarding practice within early year's settings, schools and colleges.

Further details on each of these priorities and the progress being made against them is continually monitored by the Board's Business Group and reported in to the Board.

Next Steps

The Children and Social Work Act 2017

The Board and all partner agencies are continuing to undertake their safeguarding oversight and challenge role (as per Working Together 2015), and at the same time, are meeting to discuss the implications of the Act on how Kent undertake the requirements of the Act going forward. Partners are waiting for the publication of the draft guidance, towards the end of 2017, which will provide an outline of how safeguarding children is going to be overseen in the future.

Financial contributions

It is recognised that all partner agencies are undergoing reducing budgets and that this may have implications for their future financial contributions to the Board. In order to lessen the impact of any reductions, the Board's Business Unit is engaging a number of income generation initiatives.

Our Bespoke training offer will continue and will develop even further with additional courses being offered, as well as tailored training for particular organisations' needs. We are generating income from this training, but we are also providing training in exchange for free venues, thereby reducing the cost of our core training programme.

In support of commissioners of services and providers of small grants, we are working with them and the provider organisations to develop a more effective way of ensuring that safeguarding is an integral part of the commissioning process. We are providing advice and support to organisations as part of their preparation for bidding for contracts, as well as working with commissioners to ensure that they are looking for the appropriate safeguarding standards. This service also provides tailored training and assistance in writing policies and procedures.

We have already supported a number of commissioners and providers with this service. We are projecting an income of £30k in the year 2017-18 and are scoping out the wider potential of this scheme, including the development of a local safeguarding 'Kite Mark'.

Appendices

A KSCB Structure Chart

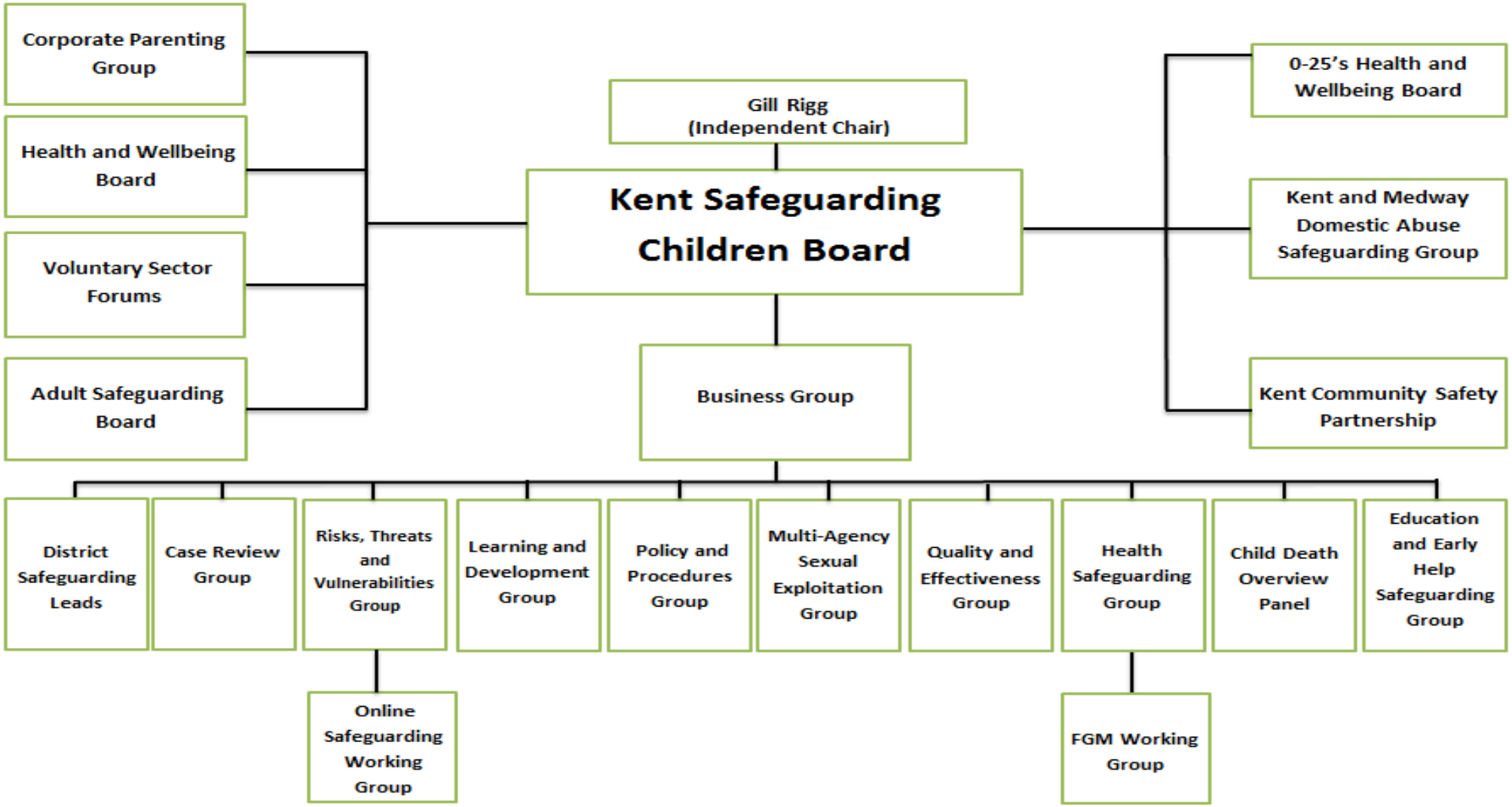
B Board membership

C Partner Agencies' financial contributions

D KSCB Multi-Agency Training

Appendix A

KSCB Structure Chart



Appendix B

Board Membership and Attendance

The Board met seven times in the period from April 2016 to March 2017. The Board is made up of senior representatives from all the main agencies and organisations in Kent concerned with protecting children.

The figures below show attendance by agency, please note that some representatives were not requested to attend until later in the year and these are marked (*):

Independent Chair	100%
Cabinet Member for Specialist Children's Services	42.8%
Lay Member Representation	100%
Kent County Council Social Care, Health and Wellbeing Directorate	
○ Corporate Director, Social Care, Health and Wellbeing	100%
○ Director of Specialist Children's Services	85.7%
○ Director of Public Health	85.7%
Kent County Council Education and Young Peoples Services Directorate	
○ Corporate Director, Education and Young Peoples Services	71.4%
○ Director of Early Help and Preventative Services *	80%
Kent Police	
District Council Chief Executive Representation	85.7%
CXK *	60%
NHS Clinical Commissioning Groups (CCG)	71.4%
Designated Health Professional	85.7%
Kent, Surrey and Sussex Community Rehabilitation Company (KSS CRC)	85.7%
National Probation Service	100%

Appendix C

Partner agency contributions:

Agency	Contribution 15-16	Contribution 16-17
KCC Education and Young People's Services	40,167.00	40,167.00
KCC Youth Offending Service	8,000.00	8,000.00
KCC Specialist Children's Services	40,157.00	40,157.00
National Probation Service / Kent, Surrey and Sussex Community Rehabilitation Company	6,276.00	6,276.00
Kent Police and Crime Commissioner	45,934	45,934
CAFCASS	550.00	550.00
Connexions (CXK)	1,000	1,000
Kent CCGs (each) x 7	6951.85	6951.85
Health Providers (each) x 6	6951.85	6951.85
Total Health Contributions	90,374.00	90,374.00
Kent Fire and Rescue Service	5,000.00	5,000.00
Total	**£235,458**	**£235,458**

In 2016-17, KCC provided additional funds of £170,304 as part of their Base Budget contribution. This is to be reduced to £103k in 2017-18.

Appendix D

KSCB Multi-Agency Training

The Kent Safeguarding Children Board offers a comprehensive multi-agency training package for all professionals working with children, young people, and families in Kent.

Overview of Multi-Agency Training Events (Table 1)

	2015-2016	2016-2017
Number of courses:	178	148
Number of half-day courses:	124	88
Number of full day courses:	39	23
Number of Need to Know sessions:	5	20
Number of Train the Trainers:	9	8
Number of Events (i.e. conferences):	1	9
Overall Attendance:	3289	3447
Number of topics offered:	39	36

As a result of changes to the programme in 16-17 the number of training events hosted by KSCB has decreased. However, attendance figures have increased by 4.8% ***(see table 1)*** over the 2 years.

District Overview (Table 2)

	District	2015-2016	2016-2017
North Kent	Dartford	6	0
	Gravesham	14	12
	Sevenoaks	9	3
	Total	**29**	**15**
South Kent	Ashford	18	19
	Dover	8	4
	Shepway	9	6
	Total	**35**	**29**
East Kent	Canterbury	37	31
	Swale	12	4
	Thanet	10	0
	Total	**59**	**35**
West Kent	Maidstone	20	34
	Tonbridge and Malling	4	33
	Tunbridge Wells	31	0
	Total	**55**	**67**
Other	Bexley	0	1
	Medway	0	1
	Total	**0**	**2**

In 2016, a key KSCB training priority was to reduce the expenditure on training venues, and only low cost venues were used. As a result, there has been a variation in the number of events held in each district.

In December 2016, KSCB introduced a 'Free Venue' scheme. Partner agencies are invited to offer the use of a venue at no cost to KSCB in return for which they are offered 5 ring-fenced places for their staff at any training held at their venue. They are also able to identify topics of interest.

Agency Attendance (Table 3)

Agency	2015-2016	2016-2017
CAFCASS	0	9
Children's Homes	12	59
Childminders	15	14
District / Borough Councils	70	150
Early Year's Settings	415	409
Education	356	450
Fostering	11	79
Health	337	484
Housing	237	100
KCC Children and Young People Services	73	144
KCC Early Help and Preventative Services	305	177
KCC GT - Highways, Transportation and Waste	0	20
KCC Public Health	1	6
KCC Adult Social Care and Health	0	41
KCC Specialist Children's Services	621	418
KCC Strategic and Corporate Services	0	8
Kent Fire	17	26
Kent Police	29	58
Prisons	7	4
Private Sector	251	117
Probation	10	53
Voluntary and Charity Organisations	522	621
	3289	**3447**

Table 3 highlights the number of attendees from each agency. Although, overall training attendance has increased by 4.8%, the number of attendees from individual agencies e.g. Prisons, Housing Associations, has decreased.

E-Learning – Completion of Courses (Table 4)

Agency	2016-2017
Children's Homes	615
Childminders	81
District / Borough Councils	404
Early Year's Settings	1401
Education	3138
Fostering	1016
Health	703
Housing	76
KCC Children and Young People Services	148
KCC Early Help and Preventative Services	1217
KCC GT - Highways, Transportation and Waste	5
KCC Public Health	0
KCC Adult Social Care and Health	51
KCC Specialist Children's Services	97
KCC Strategic and Corporate Services	5
Kent Fire	158
Prisons	1
Private Sector	196
Probation	66
Voluntary and Charity Organisations	952
	10330

Table 4 identifies the number of staff from each organisation who have completed KSCB's e-Learning courses between April 2016 and March 2017.

Minutes of the 0-25 Health and Wellbeing Board Meeting
19 July 2017
14:00 – 16:00
Darent Room Sessions House

Present:			
Andrew Ireland	AI	-	Social Care Health & Wellbeing Corporate Director, KCC (Chair)
Peter Oakford	PO		Cabinet member – Specialist Children's Services
Roger Gough	RG	-	Cabinet Member – Education & Health Reform, KCC
Aly Watson	DW	-	Kent Police in place of Simon Thompson
Helen Cook	HC	-	Children's Commissioning Manager, KCC
Claire Winslade	CW	-	Interim Public Health Consultant , KCC
David Holman	DH	-	West Kent Clinical Commissioning Group, Children's Lead
Penny Southern*	PSo	-	Director Disabled Children, Adults learning Disability and Mental health, Representing Penny Southern KCC
Hazel Carpenter	HC	-	Accountable Officer, Thanet CCG and South Kent Coast CCG
Gill Rigg*	GR	-	Kent Children's Safeguarding Board Independent Chair
Patrick Leeson	PL	-	Education and Young People's Services Corporate Director, KCC
A Lovage	AL	-	
Jess Mookherjee	JM	-	Assistant Director Public Health, KCC
Ken Pugh	KP	-	LCPG Chairs Representative
Nas Chauhan			West Kent CCG
Angela Dench	AG	-	Kent Police, for Tim Cook
Jane O'Rourke	J O'R		East Kent Clinical Commissioning Group Head of Children's Commissioning
Claire Hayward	CH	-	East Kent Clinical Commissioning Group
Andrew Phillips	AP	-	

Apologies	
Stuart Collins	Director of Early Help, KCC
Tim Cook	Kent Police
Philip Segurola	Specialist Children's Services Director, KCC
Amanda Kenny	Swale & DGS Clinical Commissioning Group Commissioner
Karen Sharp	Head of Transformation and Commissioning, KCC

1. Welcome & Introductions

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

1.2 KP declared a potential conflict of interest as he attends this Board as a representative for the LCPGs but he also sits on HOSC and the Health Forum. The Chair advised that it is in order for a rep from the LCPGs to attend these meetings.

2. Minutes from meeting held on 28 March 2017

2.1 The minutes were agreed as an accurate account.

2.2 Update on Actions:

2.2a Action Nos 4, 5, 7 and 13 on forward plan for 10 October 2017 meeting

2.2b Action No 1: This item can be closed. DH raised this with KMPT and the Trust advised that they do accept patients from overseas according to the DHS guidance. DH is happy to share the written confirmation received by him from the Trust. **Action: 1 - DH.**

2.2c Action No 2: Completed

2.2d Action No 3: This item can be closed. DH advised that there are links within primary care in relation to information provided about the Winterbourne programme but most in primary care, particularly the GPs, will not be aware of the programme. PSo advised that her understanding was that the action was related to how the transforming care programme links to the emotional health and wellbeing CAMHS work. It was felt that the outcome trying to be achieved by the Children's Transforming Care Programme will be delivered in the Health and Wellbeing agenda and it needs to be recognised that this is checked to ensure it delivers on transforming care. The Chair advised that he would welcome confirmation and a description on this and it was agreed that this would be covered in the CAHMS update to the October meeting. AD also requested that an update on the BDS contract is covered in that update. **Action: 2 - DH**

2.2e Action No 11: This is completed. In addition Item 6 on the agenda for this meeting is 'The Commissioning Arrangements for Children's Services across Kent' and not the Transforming Care Programme. The Transforming Care Programme will be brought to a future meeting. **Action: 3**

2.2f Action No 13: This will be covered later under Item 7.3.

2.2g Action No 15: This is covered under item 5 on the agenda for this meeting

2.3 Actions agreed:

- DH to share the written confirmation from KMPT that they do accept patients from overseas according to the DHS guidance. **Action 1**
- The CAHMS update to the October meeting to include an update on the BDS contract. **Action 2**
- PSo to bring a report on the Transforming Care Programme to a future meeting. **Action 3**

3. Human Trafficking Presentation – Cristina Gavrilovic, Kent Police

3.1 The Board noted the presentation.

3.2 The Board were advised that the Home Office's 'Victims of Modern Slavery v3 – Frontline Staff Guidance' is critical guidance for Local Authorities.

3.3 It was felt that the Chair of the Health and Wellbeing Board might want to consider this as an item at a future meeting. There is a question on how this is embedded in normal business and all staff should be aware of this agenda and who they should contact. There is also an issue for both the Adult and Children's Safeguarding Boards around the familiarity with the agenda, prevalence and how individuals at risk come to the attention of other professionals. Whilst this has been presented to the Adult Board it was agreed that it should come to the Children's Board. **Action: 4.**

3.4 From a health perspective there is a need to explore this with Health providers and there might be priority areas that can be identified and targeted. The Board were advised that North Kent has the highest gang activity and there are also 18 Organised Crime Groups in the North. Section 54 of the Modern Slavery Act relates to transparency of the supply chain. Central Government are considering putting a clause in relating to the public sector.

3.5 Actions agreed:

- JR to have this presentation as an agenda item at the Children's Safeguarding Board. **Action 4 – Gill Rigg**

4. Item 4: UASC Update – Andrew Ireland

4.1 The number of arrivals is fairly low and easily containable within the existing provision.

4.2 The National Transfer Scheme is functioning and arriving children are being placed in foster care or being transferred to other areas within 5 days.

4.3 The Kent numbers are falling as result of the children becoming care leavers when they turn 18.

4.4 There are currently approximately 340 UASC and 1000 care leavers.

4.5 The Authority continues to try and negotiate with the Home Office around the funding arrangements.

4.6 There will be an issue in the New Year when the numbers of young people who have become care leavers increases to such an extent that Kent will be below the required 0.07/10,000 population children and Kent will be expected to start to take again.

4.7 One of the areas that Kent is in negotiation with the Home Office about is their proper recognition and funding of the Millbank Reception Centre as an integral part of the process. There is anxiety amongst other local LAs in the region around that resource being lost. If the Home Office are not prepared to recognise it as an integral part of the NTS and fund it, Kent will lose it and try to set up a smaller resource that better reflects the numbers that are in the centre.

4.8 If the arrivals significantly increase then the NTS will collapse because there are not enough LAs signed up to deal with it all and if it does collapse, Kent will be back to the start.

5. Item 5 Ofsted Update – Andrew Ireland

5.1 Ofsted concluded that Kent is delivering a good service to children and families. There is a strong leadership management and partnership and cross agency working.

5.2 The report has been published and Kent has to produce an Action Plan that addresses the 10 recommendations. It will go back to Ofsted.

5.3 The SIF is now moving to its conclusion and a number of re-inspections have taken place in authorities that received an inadequate judgement.

5.4 Kent is now in the top quartile and has been invited by the DfE to offer support to other LAs in difficulty.

5.5 A new Inspection Framework is being piloted and if it is done by risk based analysis, Kent is unlikely to be seen as a priority for an early ILAC. JTAIs will continue and the SEND Inspection may be the next time that Ofsted visit Kent.

5.6 Some of the recommendations have greater cross agency implications than others with some applying to a very small cohort of people e.g. care leavers in custody and private fostering. The issue of homelessness and young people is pertinent to the Districts.

5.7 The judgement for the KSCB was 'requires improvement' and there is a separate action plan for the KSCB.

5.8 The Chair extended his thanks to all those who contributed to the Inspection.

5.9 Whilst Ofsted no longer needs to be on every agenda it would be beneficial to take some cross agency time to consider the initial reports from the new inspection framework and the emerging issues to ensure that Kent is inspection ready when the time comes.

6. **Item 6: Lifespan Pathway Update – Penny Southern**

6.1 A very comprehensive assessment and design phase took place which led to the new Lifespan Pathway.

6.2 The new pathway covers 0 – 25 and has a new team for 16 – 25 year olds.

6.3 Whilst the new Lifespan Pathway Structure was implemented on 1 April 2017, there is still a huge amount of work to be undertaken around how the way things are done is changed going forward.

6.4 This work is really important for future inspections and particularly the relationship between education and the education health and care plans. The three need to be closely linked in the young person's journey up to the age of 25.

6.5 A year of implementation is now taking place and by the end of the 12 months it should be possible to report back on some real differences and outcomes for the young people.

6.6 A clear performance framework has been put in place to monitor this.

6.7 A query was raised as to how can Health be engaged in the further work as cases are now coming through where they may be one set of rules in one place and another set in another place? The Board were advised that the Agenda Item No 8 is looking at commissioning activity and where else changes can be made to push the commissioning agenda up to 25. If following the discussion at Item 8 there is some agreement, this could be a driver to this work. A collective Kent view of the other things that need to be done would be welcomed.

6.8 From a health perspective some of the things that would need to be considered in taking this forward include:

- the culture within the clinical groups around what that would look like
- the legal perspective of some of the professional groups

7. Item 7.1: Children and Young People's Dashboard (CYPF) update – Helen Cook

7.1 The layout of the Dashboard is being improved and England indicators as well as the Kent ones will be reported on.

7.2 The LCPGs have issues with the Dashboard: being able to get behind the date and a District picture. LCPGs look at and examine the Dashboard and set priorities but other groups within the District, such as DABs and YAGs, might be looking at the same/different data but doing the same things.

7.3 A query was raised as to whether it is possible for the LCPGs to have strong communication with the YAGs and DABs and is the performance framework still useful and is it consistent. The Board were advised that there is lack of uniformity in terms of the groups within the Districts. The mandate to make the reporting happen is not in place so it happens largely as a result of good will. The blueprint for LPGs is quite loose to enable them to be partner driven but the result is that it has become fragmented.

7.4 In West Kent there is health representation at all the LCPGs and there are real opportunities in terms of who attends, particularly education colleagues and the voluntary sector. They enable an understanding of what is taking place at a local level and this should not be lost, but it is the context and how they fit with the Health and Wellbeing Boards, merging into STPs and the local groups that compliment or duplicate each other that is of concern. Are they delivering meaningful plans that can be picked up at this Board?

7.5 It was suggested that this might be a good time to rationalise the LCPGs and other groups such as DABs and YAGs, the local Health and Wellbeing Boards and the

Local Partnership Boards into one meaningful local forum that has the required 'teeth'. In addition the resource of the people around the table could be better utilised.

7.6 A review is currently being undertaken on the Kent Health & Wellbeing Board and that includes the local Health & Wellbeing Boards. A lot of comment is being received on the value of the local boards and whether they continue will be decided in September.

7.7 It was felt that the process for the bids and whether it favours more professional organisations can be addressed by this Board. The wider issues are part of the bigger review.

Item 7.2: Special Educational Needs and Disability (SEND) Update – Patrick Leeson

7.8 The SEND Group is a multi-agency partnership group working together to deliver the joint responsibilities for supporting children and young people with special educational needs and disabilities.

7.9 It has a number of responsibilities and 2 of the most recent priority areas of work are:

- to deliver a multi-agency strategy/policy document for Kent on how the various responsibilities are discharged.
- Provision of Specialist Nursing. Clear identification of designated clinical and medical officers across all parts of the health provision in Kent who are able to carry out some of the statutory duties in relation to education, health and care plans.

Overall there is increasing demand, increasing numbers of children and young people and related increase in SEND.

7.10 The Strategy recognises 2/3 key responsibilities.

7.11 ASD continues to be the biggest area of growth and need across a wide range of the ASD Spectrum and as a result the education provision for these children needs to be increased and thought needs to be given to other provision that is necessary to support those children.

7.12 There is an increase in children coming into the system from birth onwards with Speech and Language difficulties, ASD and communication needs.

7.13 Parents have higher expectations now re what is available for their children. They want a local school, services wrapped around them and clarity on what these services are. There is now a local offer which sets out what is available. The provision generally across Kent is good although there are blackspots and gaps.

7.14 Preparations are now taking place for a full SEND Inspection and this is an important focus for the SEND Group.

7.15 Work has been undertaken around Early Years and trying to join up provision and the SEND group is focusing on how an earlier identification of SEN can be achieved and responded to.

7.16 Concern was raised that Swale is a blackspot as it does not have access to a Special School for ASD so children need to be transported by taxi. The Board were advised that a significant part of the SEND Strategy is to build and expand the provision for SEND.

7.17 It was felt that this is a partnership issue. Going forward the STP may facilitate an integrated approach and how commissioning takes place in the future. The Chair felt there was a key issue around urgency. All plans can't be equitable across Kent due to gaps in local provision but it is the delivery of services against those plans that becomes the central issue.

7.18 It is clearly recognised in the SEND group that it is not just about more money but about reconfiguring some of the services to deliver in a different way. Joined up commissioning is about cleaver ideas.

Item 7.3: LCPG Update – Ken Pugh

7.19 This was covered in the discussion under the 7.1 – CYPF Dashboard

8 Sustainability Transformation Programme (STP) and the profile of children

8.1 Hazel Carpenter, as a representative of the Accountable Officers, outlined the STP programme and the worksteams that sit below this.
8.2 Of the 3 enabler workstreams, Workforce is the most critical in terms of children's. .
8.3 The other key workstream is the assistance transformation workstream and how commissioning is better going forward.
8.4 Whilst tremendous strides have been made across the system in terms of the children's agenda there are on-going challenges and there is more work to do.
8.5 In terms of commissioning, the CCGs see the need for a Strategic Commissioner across Kent and Medway and there is an ambition to recruit to an accountable officer through Kent and Medway a.s.a.p. to ensure that the local co-element is enabled through strategic commissioning.
8.6 The complex commissioning issues need to be dealt with at a county level and the question is how is this taken forward from a health perspective. The Accountable Officers are suggesting that those key people who are leading on elements of the children's agenda across the system be asked to come together to look at the various elements of the STP through the children's lens and recommend a way forward.
8.7 There is an opportunity to take this forward at a Children's Summit which is taking place in East Kent on 22 September and the accountable officers suggested that Hazel Carpenter should take this work forward
8.8 The Board agreed that the Children's agenda within the STP environment needs focus and that there are opportunities around structures and how that is taken forward.
8.9 Concern was raised about the lack of information on workforce development.
8.10 The Chair clarified that there are a number of things that are reasonably well fixed hence why the STP is not focusing majorly in its discussions on children and it may never do so. This is the Board within that structure, along with the Safeguarding Board, that really needs to advocate for children. There are a number of issues that suggest there is some real urgency about this and the Chair felt that the solution presented was the right one.
8.11 The Chair questioned whether the recommendations in the paper still stood and HC advised that they were still valid apart from the establishment of an SRO. That should be changed to an AO responsible for establishing a programme for 0 – 25 year olds across all services.
8.12 The Board learnt that HC had offered to be the responsible Accountable Officer in lieu of an SRO and will take this work forward in conjunction with the DCS of both Kent and Medway.
8.13 J O'R advised that the paper which was driven by some of the feedback from parents and there was a real sense that the governance processes around Children's were so complicated that they were inhibiting some of that transformation that needs to happen. This should not be lost. **Action 5**: The recommendations of the paper to be picked up as the next steps of the Summit

8.14 Actions agreed:

- The recommendations of the paper to be picked up as the next steps of the Summit. **Action 5**

9 Drug & Alcohol Strategy Outcomes framework – Jess Mookherjee

9.1 This item was deferred to the next meeting of the Board in October 2017. **Action 6**

10. Any Other Business

10.1 None noted.

Next meeting:

12 December 2017, 3.00pm – 5.30pm Darent Room Sessions House

Action List

Action Number	Action Required and By Whom	By When
	Item 2 – Matters arising	
1	DH to share the written confirmation from KMPT that they do accept patients from overseas according to the DHS guidance	**With minutes**
2	The CAHMS update to the October meeting to include an update on the BDS contract	**Next meeting**
3	PSo to bring a report on the Transforming Care Programme to a future meeting	**TBA**
	Item 3 – Human Trafficking Presentation	
4	GR to have this presentation as an agenda item at the Children's Safeguarding Board	**a.s.a.p.**
	Item 8 – Sustainability Transformation Programme (STP) and the profile of children	
5	The recommendations of the paper to be picked up as the next steps of the Summit	
	Item 9 – Drug & Alcohol Strategy Outcomes framework	
6	This item deferred to the next meeting of the Board in October 2017 - JM	**Next meeting**

Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the **18th October 2017.**

Present:

Councillor Brad Bradford - Portfolio Holder for Highways, Wellbeing and Safety, ABC (Chairman)

Dr Navin Kumta – Clinical Lead and Chair, Ashford CCG (Vice-Chairman)
Sheila Davison – Head of Health, Parking and Community Safety, ABC
John Bridle – HealthWatch
Chris Morley – Patient and Public Engagement (PPE) (Ashford CCG)
Roy Isworth – KALC
Julie Thain – Sense Interactive
Debbie Walters – Intelligent Health
Dr William Bird – Intelligent Health
Allison Duggall – Public Health, KCC
Deborah Smith – Public Health, KCC
Sharon Williams – Head Of Housing, ABC
Christina Fuller – Head of Culture, ABC
Alex Waller – Sports and Activity Project Officer, ABC
Keith Fearon – Member Services Manager, ABC

Apologies:

Helen Anderson, Ashford Local Children's Partnership, Faiza Khan, Public Health KCC, Karen Cook, Strategic Partnerships, KCC, Tracey Kerly, Chief Executive, ABC,

1 Declaration of Interest

1.1 Roy Isworth made a Voluntary Announcement as he was a practising GP and Chairman of the Tenterden Day Centre.

2 Notes of the Meeting of the Board held on 18 July 2017

The Board agreed that the notes were a correct record, subject to it being noted that Chris Morley was present at the meeting.

3 Update on the Kent Health and Wellbeing Board Meeting – 20th September 2017

3.1 The Minutes of the Kent Health and Wellbeing Board meeting held on 20th September 2017 could be accessed using the link provided under item 4 on

the agenda. There were no specific actions to be addressed by the Ashford Health and Wellbeing Board.

4 Update on Ashford Health and Wellbeing Board Priorities

(a) Stop Smoking Action Plan report 2016-2017: One Year On

4.1 Debbie Smith introduced this item. She advised that Ashford had seen a reduction in smoking prevalence of 8.9% in the last year but was still 1.9% higher than the England average. The One You shop had been a huge success and now operated a dedicated weekly stop smoking clinic. Debbie Smith also explained that the National Tobacco Control Plan had a target to reduce smoking to 12% by 2022. The current figure for Kent was 15.2% and 17.4% for Ashford.

4.2 Debbie Smith then took the Board through the list of actions as set out in the report and said that the Task Group would develop these further in conjunction with the CCG and through work with GP surgeries. On the later point she clarified that the Kent and Medway STP was looking to commission a pilot scheme whereby GP's and other professional staff would be given brief intervention training and each GP provided with a CO monitor . There was also the option of providing the stop smoking service direct from surgeries. It was noted that the level of referrals by GP of patients into the Stop Smoking Service was low compared to other areas in Kent.

4.3 In response to a question about work undertaken with schools, Debbie Smith explained that primary schools were visited, but secondary schools had to decide whether the subject was part of the curriculum. It was sometimes challenging to get schools to engage. The Board considered that it would be appropriate for the Chairman to write to secondary schools to explain the work being undertaken on smoking cessation and provide information on the current levels of smoking in school age children.

Resolved:

The Board agreed that:

(i) the content of the report be received and noted.

(ii) it be noted that the 2017 Action Plan is in place following previous recommendations of the Board.

(iii) the continued delivery of the 2017 Action Plan be approved.

(iv) further work be piloted with GP's to increase referrals into the Stop Smoking Service.

(v) The Chairman write a letter to all secondary schools explaining the work being undertaken by the Stop Smoking Task and Finish Group

and the schools be asked to consider promoting the initiatives as part of their curriculum.

(b) Healthy Weight Action Plan report 2016-2017 – One Year On

4.4 Debbie Smith drew attention to the progress report. The report advised that although there had been a slight decline in adults with excess weight in Ashford, the data showed an increase in childhood obesity at a local and national level over the last three years. She advised that mapping work would be further developed and it was proposed to use Insight data from the Victoria Ward when it became available. In terms of the One You Shop from its opening in February 2017 a total of 843 people had visited by July which had led to 1400 interventions. Of those over 50% had asked about healthy weight and had been signposted to other services for assistance. Debbie Smith also explained the work being undertaken with local primary schools and engaging with parents.

4.5 In response to a question, Debbie Smith said that she was happy to take the suggestion that school governors be made aware of the initiatives to the Task and Finish Group. She also considered that undertaking an audit of catering vending machines in schools would be useful.

4.6 The Chairman said that he wished to thank Debbie for all of the work she undertook on behalf of the Board for both the smoking and healthy weight task groups.

Resolved:

The Board agreed that:

(i) the report be received and noted.

(ii) the continued success of the One You Shop be supported.

(c) Housing & Health

4.7 Sharon Williams advised that it had been her intention to organise a workshop in October on the issue, however she was still trying to obtain feedback from other partners to be able to take this forward. It was also her intention to produce an Action Plan with relevant outputs. Sharon Williams asked partners for assistance in taking this forward.

4.8 In terms of homelessness it was suggested that it might be worth involving both the professionals who worked within this field and former homeless people who could contribute from their own personal experiences.

4.9 Allison Duggell said that NHS England had produced a useful piece of work on health in the new towns and explained that this contained good examples of best practice in other areas.

4.10 Alison Duggell was asked if she could help identify a contact in Adult Health Services and Navin Kumta a contact in the CCG and they work with Sharon Williams in developing proposals for a workshop.

Resolved:

The Board agreed that the report be received and noted and Alison Duggell and Navin Kumta be asked to provide contact details for representatives from KCC Adult Health and the CCG respectively to assist in developing proposal for a workshop.

(d) Diabetes

4.11 This was deferred as Neil Fisher was not present and no covering report had been provided.

5 Presentation: Vulnerable Adults; Frail Elderly and Universal 55+ Health and Wellbeing Resources

5.1 Julie Thain, of Sense Interactive Ltd explained that her company had over 15 years experience in the Health and Social Care Sector and delivered resources which could be used to assist local communities. Attached to the report were copies of information produced for Hartlepool and Stockton-on-Tees and South Tees CCG's. Julie Thain explained that one of the principal aims of the publications was to reduce unnecessary attendance at GP surgeries and A&E. Her company had worked with 120 groups across the country including NHS Trusts and Health Boards.

5.2 Julie Thain also explained that the company was also able to provide the information via a web site which had voice over facilities and also by an app. The hard copy of the handouts would be available for distribution via GP surgeries or pharmacists.

5.3 In response to a question, Julie Thain explained that the content of the booklet and the subjects covered was flexible and could be adapted to meet any particular local need and to also incorporate local contact details. Dependent upon the number of topics covered a run of 5000 copies of the handbook would be in the region of £9500, with additional costs of £8500 for web site access and £14,000 for a dedicated app.

5.4 The Board considered that the booklet and the other applications would be useful for both the frail elderly and their carers but said that the Communications Team of the East Kent NHS Trust and CCG should be asked to consider the proposal prior to any further consideration by the Board.

5.5 The Chairman thanked Julie Thain for attending the meeting.

Resolved that:

(i) consideration of the proposal be referred to the Communications Teams of the East Kent NHS Trust and the CCG.

(ii) An update report be presented to the next meeting.

6 Beat the Street – Update Summary

6.1 Dr William Bird and Debbie Walters, of Intelligent Health gave a presentation on the Beat the Street game and its possible application in Ashford. The presentation stemmed from the discussion at the previous meeting of the Board when the game was supported in principle subject to the provision of more information about cost and sustainability. The report and presentation had been published on the Council's web site under: https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=3193

6.2 Dr Bird explained that Sport England had a fund of £250m over 4 years and an initial joint bid for funding for Ashford had been submitted, and the outcome of that bid was still awaited.

6.3 In response to a question about sustainability, Debbie Walters explained that contact with the Community Groups was maintained following the conclusion of the game and the Team Leaders of those groups were encouraged to take responsibility for their teams in taking forward the experience gained from the initial game. Interest would also be maintained via Facebook and Twitter. In any event, Intelligent Health undertook a follow up survey after 6 months and used evidence based on self-reporting which was a World Health Organisation standard.

6.4 Debbie Walters also explained that several authorities had run the game again, with Hounslow having undertaken it 5 times and Belfast had had 7 programmes. In terms of take up by the local population, Dr Bird said that the average was 12% but he considered that the take up for Ashford could be between that figure and up to 18%. It was also possible to apply the game within the rural areas if they were large enough and suitable for its application. It was noted that the beat units were battery operated and it was considered that either February or April were the best months to commence games.

6.5 The Chairman thanked the presenters for attending the meeting and said that he looked forward to receiving the outcome of the initial bid proposal to Sport England.

Resolved:

The Board agreed that the presentation be received and noted.

7 Annual Update from Local Children's Partnership Group

7.1 The report gave an overview of Local Children's Partnership Groups and the Ashford LCPG and aimed to encourage further partnership commitment to achieving outcomes against local priorities for children and young people.

7.2 As Helen Anderson had sent apologies it was agreed to defer the item to the next meeting in January 2018. The Board also wished for the report to contain information on the recent proposed changes to the troubled families and LCPG grant arrangements. Also to address the LCPG priorities as relevant to the health agenda.

Resolved:

That consideration of this item be deferred to the next meeting and the report to also include information on troubled families and the LCPG priorities.

8 Partner Updates

(a) Clinical Commissioning Group

8.1 In response to a question about timescales for the various developments, Navin Kumta explained that they were within the 5 year forward view.

8.2 Roy Isworth referred to premises within Tenterden that were not used for health provision and expressed concern that no action had been taken to bring them into use. Navin Kumta explained that the nature of the facilities provided in Tenterden would be a matter for the Local Care agenda and the aim to place more services into the local community. Chris Morley also explained that the use of premises was part of a significant piece of work being undertaken by KCC and the NHS as part of the One Public Estates philosophy and for the Commissioners to determine what facilities were provided in each area.

(b) Kent County Council (Public Health)

8.3 Update noted.

(c) Ashford Borough Council

8.4 Update noted.

(d) Voluntary Sector

8.4 Not provided as position currently vacant.

(e) Healthwatch

8.5 John Bridle gave details of an issue raised with them regarding problems with the transfer of a patient from another part of the Country to the William Harvey Hospital.

(f) Ashford Local Children's Partnership Group

8.6 Update noted.

9 Forward Plan

9.1 It was agreed that the following items would be on the agenda for the Board meeting on 17th January 2018.

- Ashford Vineyard
- Local Children's Partnership Partnership Group Yearly Update incorporating information from Headstart
- Ashford & Tenterden Estates strategy
- STP Local Care arrangements

9.2 In terms of the April meeting, representatives of Ashford Clinical Providers would be invited to present to the Board.

10 Dates of Future Meetings

10.1 The next meeting would be held on 17th January 2018.

10.2 Subsequent dates:

18th April 2018
18th July 2018
17th October 2018

11 Exclusion of the Public

Resolved: That pursuant to Section 100A(4) of the Local Government Act 1972 as amended, the public be excluded from the meeting during consideration of the following item, namely Sustainability and Transformation Plan, as it is likely in view of the nature of the proceedings that if Members of the public were present there would be disclosure of exempt information hereinafter specified by reference to Paragraph 3 of Schedule 12A of the Act, where in the circumstances the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

12 Sustainability and Transformation Plan, Prevention

12.1 The exempt report gave an update on the proposed initiatives being developed for the Prevention STP. Allison Duggall explained the background

to the proposals in terms of weight management and reducing smoking prevalence.

12.2 The Chairman thanked Allison Duggall for her presentation.

Resolved:

The Board agreed that the report be received and noted

CANTERBURY CITY COUNCIL

CANTERBURY AND COASTAL HEALTH AND WELLBEING BOARD

Minutes of a meeting held on Thursday, 5th October, 2017 at 6.00 pm in The Guildhall, Westgate, Canterbury

Present: Simon Dunn (Chairman)

Velia Coffey
Wendy Jeffreys
Simon Perks
Mr Gibbens
Councillor Howes
Councillor Cllr Pugh
Marie Royle

1 **APOLOGIES FOR ABSENCE**

Jonathan Sexton
Amber Christou
Sue Chandler
Ana Paula Nacif

2 **MINUTES OF THE LAST MEETING AND MATTERS ARISING**

The minutes were agreed as an accurate record.

Page 1 of the minutes. The first action is now complete.
Page 3 of the minutes. Wendy Jeffreys and Marie Royle met with Janine Hodges from the Local Childrens' Partnership Group (LCPG). There is a focus on Northgate and Heron wards and this will be linked to the LCPG agenda. The LCPG holds funds to allocate small grants and their funding priorities will be set by 31 October and take into account the Health and Wellbeing Board's focus on obesity and oral health.
Action: Feedback to be given at the next meeting.

Joe Howes commented that it is good that the focus is on the deprived wards and suggested that the one stop shop approach taken in Ashford model is considered. There will be links from the website to the Ashford service.

The Health Visitor services has gone through a transformation phase and the intention is to integrate the service into children's centres wherever possible. Concern was raised at the LCPG that capacity in the Herne Bay centre as a location is limited as the building is shared with other services.
It was noted that the aim is to get services working together and sharing data and making outcomes better so this can be virtual sharing centre. There is focus on these wards and their children's centres so uses existing facilities and resources.

Page 3 item 11. A councillor briefing has taken place regarding the temporary transfer of some services from Kent and Canterbury Hospital and it was well attended. Simon Perks reported that the move has gone as planned and had no significant problems in itself. Given current staffing levels it is unlikely that these services will change in the near future.

The action on item 11 is not yet complete:
All to send details of the comms contacts to Alison Hargreaves to pass to the Chairman.

3 **EAST KENT PUBLIC HEALTH WORKSTREAM PROJECT**

Marie Royle reported that Thanet District Council is leading on an East Kent (EK) Public Health workstream, and she highlighted the following:

- They are looking at the spend across the five EK districts.
- Phase 1 involves data collection on spend on public health initiatives and looking at whether these were motivating change.
- This project looks at common issues and how to best use resources to benefit the maximum number of people possible. Smoking prevention has been identified as a common theme. Canterbury has the second lowest prevalence however is higher for routine manual workers.
- Canterbury is looking at ways to address this eg awareness campaigns, talking to employers etc and looking at ways to reach the business sector eg Serco, Parker Steel specifically in Northgate and Heron wards
- This will be reported to the Leaders and Chief Executives of the five districts in the near future. An ambition is to tie into the Sustainability and Transformation Partnership (STP) and hope to bid for funding for this from the STP.

Cllr Howes suggested working with the Canterbury Business Improvement District to access businesses or with Canterbury4Business.
Cllr Gibbens reported that he has funded 'smoke free school gates' projects using his member grant money and has been encouraged by the results. He suggested that awareness of this was raised to encourage other councillors to use their grants in a similar way.

The STP priorities are smoking cessation and tackling obesity and there is a need to encourage local authorities and health to work together.
Velia Coffey commented that the STP has made local authorities feel more remote from health. Local authorities have a lot of knowledge and experience to positively influence the preventative agenda which is not being fully recognised.

4 **SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP**

Simon Perks talked through the August report.
The EK Delivery Board is considering the proposal around hospital changes.
Productivity workstream - looking at ways to bridge the financial gap through increasing productivity.
Hospital care - there have been a number of events and the changes in emergency care shows how important it is to drive this workstream forward.
System transformation - looking to use existing legislation to bring Clinical Commissioning Groups (CCG) together to give a strategic commissioning entity. Proposals will be going to the CCG boards in the next couple of months.
The focus of the clinical board has been on care for the elderly. It now includes children, cancer and mental health.
A query was raised as to whether the local maternity system is this being integrated into the STP.
Action - Simon Perks to investigate this and how it may relate to the STP.

Velia Coffey queried whether the local care investment case is linked with Kent County Council and other local authorities regarding preventative care. Simon Perks reported not at this stage but it is recognised that other elements could be brought into this. A framework would be built on how the invested pound could be best used and where the savings from that investment would be attributed.

5 **FOCUS ON LOCAL CARE**

Local care is defined as any care that happens outside of a hospital.
The Herne Bay minor injuries unit opened in September 2017, feedback has been excellent and the public response has been very positive. Now looking at how to support frail and elderly people to live independently for as long as possible.

Simon Perks reported that they looking to implement the STP at a local level. He talked through the presentation and highlighted the following:
The four CCGs in Kent are looking to create a single management team
It was noted that the Secretary of State had previously prevented a merger however thinking has changed and many CCGs are now merging.
The proposal is that the eight CCGs remain as the statutory bodies but they have an MD for EK and one for West Kent with a single accountable officer.
Maintaining the local focus will be through whatever entities have already been set up to deliver local care.
The Accountable Care Partnership (ACP) will be groups of GPs working with the community trust and mental health trust and will form the focus for local care delivery.
Senior social care officers are attending the ACP development meetings and further integration of adult social care will take place. Cllr Gibbens advised that KCC are keen to work with Ashford and Canterbury on the health agenda.
It is intended that community prevention schemes will prevent significant admissions for elderly and frail people.
Many local services are now in place eg catheter services, dementia support, health trainers, WaitLess app.
Cllr Pen Pugh reported that public health are considering reducing health trainers and this is of concern.
Action: Wendy Jeffreys to report back on this.

There have been reductions in admissions in the Canterbury area already.
Also significant savings are now being seen and Vanguard has exceeded savings target for Q1 and also expected to exceed them for Q2.

It was agreed that Vanguard has been a success and this should be more widely publicised and highlighted as a good news story.
The Vanguard work has significantly influenced the STP and its success has been recognised internally and with NHS England. It was agreed that councillors could take this good news story out to the public as well as directly from the NHS.
Action: Simon Perks to send some good news headlines that can be distributed to councillors.

Communication teams in the CCG, hospitals trust and the STP are now all linked and this will help with co-ordinated communications.
It was noted that Swale and North Kent are combining their CCG communications and this should be focussed through their GP hub.

6 **ACCIDENT AND EMERGENCY PERFORMANCE AND RECOVERY PLAN**

The Hospitals Trust had to submit an improvement plan three weeks ago. Actions for all partners were included and this has been signed off by NHS England. It was regularly the bottom performer in the country.

There has been a slow decline in performance over a number of years and there is recognition by leaders that improvements are now essential.
Oversight is given every week and many actions need results within weeks rather than longer term.
One of the main problems is workforce and the trust cannot recruit the number of clinicians needed so some solutions will be longer term.

The need for a medical school was discussed and its possible location and political support was offered.

7 **CANTERBURY VANGUARD UPDATE**

Included above.

8 **ANY OTHER BUSINESS**

Marie Royle advised that the University of Kent and Canterbury Christ Church University met today regarding an application for Suicide Safer Communities status. This will look at how the university supports students, provides a cohesive approach across sites and assesses data and identifies patterns.

9 **DATE OF NEXT MEETING**

5 April 18.00 - 20.00 - Guildhall Canterbury

Operational meetings to be held on:
25 January 10.00 - 12.00 - Marion Attwood Room at the Council Offices
19 July 10.00 - 12.00 - Marion Attwood Room at the 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 25 October 2017.

PRESENT: Councillor Roger Gough (Chairman)
Councillor Mrs A D Allen MBE
Councillor David Turner
Hayley Brooks
Sheri Green
Sarah Kilkie
Nick Moor
Melanie Norris
Teresa Olivier

ALSO PRESENT: John Horne (Sport England)
Kevin Day (KCC)
Elise Rendell (KCC)
Kevin McGeough (Ebbsfleet GCNT)
Lorna Hughes (Ebbsfleet GCHNT)
Dr M S Sahota

23. APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Debbie Stock, Graham Harris, Tony Searles, Lesley Bowles (Hayley Brooks substituting) and Jo Pennell.

24. DECLARATIONS OF INTEREST

There were no declarations of interest.

25. MINUTES

The minutes of the meeting of the Dartford, Gravesham and Swanley Health and Wellbeing Board held on 30 August 2017 were confirmed as a correct record.

26. KENT COUNTY COUNCIL HEALTH AND WELLBEING BOARD

The Chairman presented the minutes of the Kent County Council Health and Wellbeing Board held on 20 September 2017. He highlighted the discussion which had taken place at that meeting about the future role of the KCC Health and Wellbeing Board and the importance of establishing the right balance with the Sustainability and Transformation Plan. He reminded the Board that there had previously been little interest from Medway in establishing a Kent and Medway Health and Wellbeing Board but that Medway seemed to have shifted its position and a further paper would be submitted to the next KCC Health and Wellbeing Board about the potential for establishing a joint Health

and Wellbeing Board with Medway. It had been decided that the KCC Board should continue in its current form for the present. The role of local Health and Wellbeing Boards would be considered further down the line.

There had also been discussion about the NHS preparations for the winter and the Board had felt that generally the preparations for a possible flu outbreak was pretty inadequate. The meeting had also considered the Healthwatch Annual report and the renewal of the Pharmaceutical Needs Assessment.

27. URGENT ITEMS

There were no urgent items.

28. DARTFORD AND GRAVESHAM NHS TRUST: STAKEHOLDER COUNCIL

The Board had been invited to nominate a representative to sit on the new Stakeholder Council being established by the Dartford and Gravesham NHS Trust. It was agreed that Councillor David Turner would be nominated to serve on the Stakeholder Council and that the Trust would be advised of the appointment.

29. SPORT ENGLAND PRESENTATION

The chairman welcomed John Horne from Sport England to the meeting.

Mr Horne gave a presentation on the vision, strategy and key objectives of Sport England and the projects that it would support. He informed the Board that the Government had shifted the emphasis of its support and as a result Sport England had moved away from focussing on elite sport and medal targets towards increasing participation in sport and making it accessible to people from every background on a sustainable basis. The Government's overarching strategy was outcome driven and this was reflected in Sport England's own Strategy, Towards an Active Nation which sought to improve physical wellbeing, mental wellbeing, individual development, social and community development and economic development with a new focus on customer needs. Sport England had also developed seven investment principles on which its funding decisions would be based; tackling inactivity, supporting children and young people, the mass market, the core market, volunteering, facilities and local delivery. Sport England's vision was to enable all people regardless of age, background or ability to be able to engage in sport and physical activity and to encourage a sports sector which welcomes all people and caters for their needs.

Sport England's key driver was tackling inactivity as this was felt to have the highest impact on its overarching outcomes. Sport England had devoted 25% of its resources towards tackling inactivity and had established a dedicated fund of £120m. 29% of the adult population did not take enough exercise to

benefit their health and it was important to target the inactive and to encourage those who were underactive to intensify their activity to elevate it to the point where it could benefit their health. Mr Horne looked at the various investment opportunities available from Sport England and highlighted the funds available to older adults via the Active Ageing fund, the Tackling Inactivity and Economic Disadvantage fund, Children and Families fund and the Community Asset Fund. He explained that some of these funds were heavily oversubscribed and that some very good bids had not been successful. Sports England was now the investor of last resort and projects should seek other funding streams before approaching Sport England. Successful bids would have to demonstrate the outcomes and be based on understanding the customer needs and to show how their intervention would remove barriers to activity and how it would promote activity and participation. Sport England had carried out a Sport Outcomes Evidence Review to help applicants for funding to help them understand and show others how sport and physical activity could contribute to the outcomes in the Government's strategy and had designed an evaluation framework to evaluate the impact the impact of investments.

Sport England had also re-structured to reflect its new programmes and customer focus and as part of this was disbanding its regional teams to operate on a national level. The local County Sports Partnerships had therefore become an even more important interface with local sports delivery. Sports England was also now empowered to fund projects focussed on younger children from aged five upwards and would be devoting more energy to activities for children and young people.

Dr Sahota asked whether any of the projects Mr Horne had described had been GP-led as he felt that GP's had a key role to play and that patients were more likely to follow a GP's recommendation to become more active. He was also concerned that some projects might not capture data on the outcomes of interventions whereas GP's would record the information and could assess progress. Mr Horne pointed to a number of projects involving older people and the young where there had been involvement by CCG's and highlighted a project in Swale. He stressed the importance of talking to and understanding potential customers, recognising barriers, the direction of travel and how this will be measured and the time, date and location for delivery that would best engage those customers and how a bid would address these issues. It was important to have clear objectives and a strong evidence base.

The Board also discussed the help that might be available to formulate bids and noted the heavy reliance of many sports clubs on volunteers, especially given pressures on local government funding and the shift of focus by Sports England away from supporting the core sports market towards themes such as dealing with inactivity. It was noted that many of Sport England's funds were still available to support smaller projects and were open to bids from clubs and other organisations. Mr Horne was asked how an assessment could be made on the benefits to public health rather than just an increase in activity and pointed to the "Get Healthy, Get Active" initiative which generated some

evidence of the longer term health benefits. Some concern was expressed about the requirement to target interventions in order to bid for funding which meant that projects seeking to run lots of activities on a broad scale open to anyone might now not meet Sport England's criteria for investment.

Mr Horne also confirmed that any club or organisation, a county or borough council could bid for funding but would have to demonstrate that their proposal would meet the needs of the targeted customers and Sport England was looking to broaden the base from which it received bids.

It was agreed that the Board needed to identify key outcomes and would ask public health colleagues to look at this in more detail before promoting bids, possibly with links to primary care. Although the Board could not generate bids for funding directly it could work at bringing suitable partners together to do so. It would also be important for Council's to make the most of opportunities available through the County Sports Partnership.

The Chairman thanked Mr Horne for his presentation.

30. KCC SPORT AND PHYSICAL ACTIVITY SERVICE: THE OVERARCHING ROLE OF THE COUNTY COUNCIL

The Chairman welcomed Kevin Day and Elise Rendell from the Kent Sport and Physical Activity Service.

Mr Day explained the structure of the Service which was an integrated team of KCC officers and externally funded "County Sports Partnership" staff with a Kent and Medway Sports Board to provide governance and scrutiny. The service had a budget of £1.6m of which £1.17m was external funding, primarily from Sport England, and a further bid had been submitted for funding for 2018-2021. Operating as "Kent Sport" the Service had strong contacts with sports and leisure providers, and helped sports clubs and people to develop funding bids.

County Sports Partnerships (CSP) had a new primary role and were effectively the eyes and ears for Sport England given its move towards a national focus rather than regional teams. The CSP know the place and the people and had been given the key theme of tackling inactivity and reaching out to under-represented groups. At present 25% of people in Kent were classed as inactive (less than 30 minutes activity per week) and the CSP was clear that it was not the expert in this area of work and behavioural change and it was therefore looking to develop new partnerships with health, housing, community safety, adult social care education and children's services and the charity and voluntary sectors to deliver change.

Elise Rendell outlined local examples and opportunities such as Workplace Challenge, National Governing Bodies in Sport programmes targeting specific groups, services for older people and interaction with the Healthy Garden Town at Ebbsfleet. There were also examples of support and advice given to

local clubs and organisations through grants, support for funding applications, support and training for Club's coaches and volunteers, promotion of activities and events using activity finder and social media, and campaigns linked to sport and physical activity. Funding had also been provided for 24 satellite clubs for 14-19 year olds and for the Kent School Games, there was also funding from the Department for Education Coaches and Volunteers programme and the CSP worked closely with local primary schools.

Mr Day concluded by explaining how the CSP could work more closely with Health and Wellbeing boards to develop networks and partnerships between respective sectors and partners, sharing expertise and links to target audiences. This could also involve sharing insight and appropriate data and collaborating on activities and the potential for joint bids/co-commissioning and accessing Sport England funding streams.

Mr Day confirmed that the CSP currently engaged with local councils including submitting an annual report on activity in each area and held a meeting with each district annually. Dr Sahota asked whether any of the projects with which the CSP was involved had any focus on good nutrition as it was important to link nutrition and activity and was told that there was a national initiative called "Fit and Fed". Mr Day explained that all of the activities supported by the CSP could be accessed by using the "activity finder" on their web site.
The Chairman thanked Mr Day and Ms Rendell for their presentation and for answering the Board's questions.

31. EBBSFLEET GARDEN CITY HEALTHY NEW TOWN

The Chairman welcomed Kevin McGeough and Lorna Hughes to the meeting to give a presentation on the progress of the Ebbsfleet Garden City Healthy New Town.

Mr McGeough introduced the Healthy New Town programme and explained that this was one of ten pioneer projects nationally and that the Ebbsfleet Garden City was the national lead for community building. The aims of the programme were:

- to shape new towns, neighbourhoods and communities to promote health and wellbeing, prevent illness and keep people independent
- to radically rethink delivery of health and care services in areas free from legacy constraints, supporting learning about new models of integrated care; and
- to spread learning and good practice to other local areas and other national programmes.

The programme was a partnership project which recognised that investment upfront had a greater impact in delivering effective outcomes. It also recognised that the Garden City was being developed in the midst of existing

communities and it was important that these communities also benefited from the programme as well as the new communities. The starting point had been to develop a quality of life baseline which identified characteristics of the area and where it was better or worse than the national average. One important finding had been that as a brownfield development the Garden City was 74% worse than the national average in terms of greenspace and part of the vision for the Garden City was to open up green space to create a great environment.

Five outcomes had been identified for the Ebbsfleet Garden City Healthy New Town programme:

- Patients in control
- Vibrant and inclusive city
- A better quality of life
- Accessible blue, green and physical environment; and
- Living in your home for longer.

It was important to put people in control and provide opportunities and things for people to do. The early New Towns had failed in this respect and had been seen as soulless and depressing. The programme aimed to improve quality of life by 10% by targeting those factors where the area was below the national average and by promoting accessibility. There were 3 delivery themes with 7 key outputs:

- Built environment
    - An exemplar built environment which supports independent living at home for longer
    - Securing access to an active and safe green environment
- Health and Care
    - Delivering a new model of care for service delivery
    - Establishing a world class new Medical Centre of Excellence
    - A community-led radical upgrade to prevention, self care and public health
- Community Building
    - Establishing a range of new community facilities managed by local people; and
    - Improving Quality of Life Outcomes for everyone.

These were designed to break down barriers, open up the environment and exploit new technologies to deliver world class services which were sustainable.

The governance arrangements for the programme were described including links with key partners including KCC, the EDC and DGSCCG Executive Boards and the Health and Wellbeing Board but the project involved many more partners. One key aspect of the programme was the initiative to develop a Health, Education and Innovation Quarter (HEiQ) in Ebbsfleet so that the

Garden City would be a Centre of Excellence for medical education, living research, innovation and primary and social care delivery. To achieve this it had been necessary to establish key attributes of a healthy city. Some of the initiatives to support this were outlined. It had been established that 28% of people in Ebbsfleet do not eat 5 portions of fruit and vegetables per day and from this finding the concept of "edible Ebbsfleet" developed to make fruit and vegetables freely available on the streets. A digital monitoring programme had been developed with over 120 participants using "fitbits" and GPS to monitor their physical activity and track their movements which would inform decisions about where people wished to go and exercise and what facilities they might need. This also encouraged the new and old communities to interact and promoted community cohesion as did initiatives such "back to the country" which encouraged walks into hidden parts of the country. The project was also seeking to obtain a kite mark to provide clear focus for developers and the EDC as to what they were looking to provide and as a way of assessing the quality and appropriateness of development and to provide customers with confidence that these standards would be maintained.

In response to questions Mr McGeough explained that although the Healthy New Town project was seed-funded by the EDC most of the funding came through partners involved in the project. He confirmed that the project would be rolled-out across the whole of Ebbsfleet and Northfleet and to the older communities as well as the Garden City.

The Board thanked Mr McGeough and Ms Hughes for the presentation and commended the vision and actions being taken to develop a Healthy New Town. The action to involve key partners in the development of the project upfront meant that the needs of the community would drive the eventual shape of the development and there were exciting opportunities for public health colleagues to get involved. Dr Sahota said that there were opportunities for "easy wins" such as ensuring that every school had an allotment and that all schools participated in the "daily mile". It was confirmed that the project team was already heavily engaged with local schools and was developing the content for this aspect of the programme.

32. ACTIONS OUTSTANDING FROM PREVIOUS BOARD MEETINGS AND THE FORWARD WORK PLAN.

The Chairman confirmed that the action on T Hall to assume chairmanship of the Obesity Task and Finish Working Group and to arrange further meetings had been delayed because of work with Local Children's Partnership Groups and should be rolled forward. However discussions with officers to establish the Working Group were in hand. The remaining actions listed in the report had been completed.

Sheri Green informed the Board that she had been contacted by the Premier Education Group who were already working with c.80 schools across Kent to promote health and wellbeing and that they were keen to work with the Board. Although the Group was a private company their services were paid for by the

schools directly from their own funding streams such as through the pupil premium. It was agreed to invite the Group to attend the Health and Wellbeing Board's meeting in February 2018.

It was also agreed that the Board should receive an update on the School Nurse Service at its next meeting on 20 December.

33. INFORMATION EXCHANGE

The Board was informed about a seminar taking place on 20th November by the MHA and Creative Dementia Arts Network about using arts and music to support people with dementia. It was agreed to circulate details to the Board following the meeting.

The Board was reminded that the new Healthwatch help cards discussed at the previous meeting were now available from medical practices to assist patients.

The meeting ended at 5.25pm.

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 16 May 2017 at 3.02 pm.

Present:

Chairman: Councillor P A Watkins

Members: Dr J Chaudhuri
Ms S Baldwin
Councillor P M Beresford
Councillor S S Chandler
Councillor J Hollingsbee (Minute Nos 63 and 64 only)
Mr M Lobban
Mr I Rudd

Also present: Ms K Cook (Strategic Policy, Kent County Council)
Ms S Robson (Shepway District Council)

Officers: Leadership Support Officer
Democratic Support Officer

54 ELECTION OF A CHAIRMAN

The Democratic Support Officer called for nominations for a Chairman for 2017/18.

It was proposed by Councillor S S Chandler and duly seconded that Councillor P A Watkins be elected Chairman of the South Kent Coast Health and Wellbeing Board for the Council year 2017/18.

RESOLVED: That Councillor P A Watkins be elected as Chairman of the South Kent Coast Health and Wellbeing Board for the Council year 2017/18.

55 APPOINTMENT OF A VICE-CHAIRMAN

The Democratic Support Officer called for nominations for a Vice-Chairman for 2017/18.

It was proposed by Councillor P A Watkins and duly seconded that Dr J Chaudhuri be appointed Vice-Chairman of the South Kent Coast Health and Wellbeing Board for the Council year 2017/18.

RESOLVED: That Dr J Chaudhuri be appointed as Vice-Chairman of the South Kent Coast Health and Wellbeing Board for the Council year 2017/18.

56 APOLOGIES

Apologies for absence were received from Councillor G Lymer (Kent County Council), Councillor M Lyons (Shepway District Council), Ms K Benbow (South Kent Coast Clinical Commissioning Group), Mr S Inett (Healthwatch Kent) and Ms J Mookherjee (Kent Public Health, Kent County Council).

57 APPOINTMENT OF SUBSTITUTE MEMBERS

It was noted that, in accordance with Council Procedure Rule 4, Ms S Baldwin had been appointed as substitute for Ms K Benbow and Mr I Rudd for Ms J Mookherjee.

58 DECLARATIONS OF INTEREST

Dr J Chaudhuri declared an interest by reason that his GP surgery had been incorporated into Channel Health Alliance, the single legal entity for delivering collective health services.

59 MINUTES

It was agreed that the Minutes of the Board meeting held on 21 March 2017 be approved as a correct record and signed by the Chairman.

60 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

61 KENT SOCIAL CARE TRANSFORMATION UPDATE

The Board received an update from Mr Lobban on the Kent Social Care Transformation strategy. The strategy was a new, outcome-focused model for the delivery of adult social care which would be more responsive to individuals' needs. The draft strategy was due to go to Kent County Council's (KCC) Cabinet Committee for adoption on 21 July 2017, following a 4-week period of consultation.

A number of workshops had been held to consider how different roles within the NHS and KCC, providing similar services, worked together, and whether this relationship could be improved in terms of coordination, accessibility, response, etc. A particular focus had been the role of occupational therapists and social workers in relation to hospital discharges. Pilots in Ashford and Canterbury had examined how services could be brought together and a homecare model which involved nurses rather than social workers overseeing domiciliary care.

Dr J Chaudhuri pointed out that there had been a similar initiative some years previously, and queried opportunities for joint training. Mr Lobban agreed that there was a duplication of roles within KCC and the NHS. It was proposed that specialist staff would be employed by the NHS, with a health and social care workforce employed by KCC. Hours of employment, poor rates of pay and career pathways would need to be addressed.

Ms S Baldwin reported that Medway had also reviewed its domiciliary care workforce. Nurse-led homecare could promote health and wellbeing and was an untapped resource. Mr Lobban commented that nurses were a scarce commodity which was why consideration was being given to having some of their work done by lower-skilled workers, with the appropriate support and supervision. In response to Councillor P A Watkins who queried the division of responsibility within such an arrangement, Mr Lobban clarified that the proposal was very much in the design phase and would need further scoping and discussions with nursing and domiciliary care professionals.

Mr Lobban advised that there were other complications, in that NHS services were free but social care was chargeable for those with means. These issues would need to be worked through. Moreover, whilst coordination and supervision would be crucial, it was recognised that the public sector did not have a good track record in coordinating its services with the independent sector. He reassured the Board

that KCC was not underestimating the demand for these services. In this regard, carrying out frequent reviews could reduce demand and free up capacity.

In response to Councillor S S Chandler, Mr Lobban reported that 40% of the needs of people receiving domiciliary care could be met in another way, potentially through the voluntary sector. KCC believed it could make savings in domiciliary care, but this was likely to require an investment of £2 million in the voluntary sector. Whilst the voluntary sector required continuity and consistency in terms of grant-funding, they also wanted some flexibility in how they approached 'jobs'. KCC was looking at how it could network with the wider voluntary sector through one partner.

RESOLVED: That the update be noted.

62 DRAFT KENT HEALTH AND WELLBEING STRATEGY 2018-2023

Ms K Cook presented the report which outlined the draft Kent Health and Wellbeing Strategy 2018-2023, the development of which was a statutory requirement. The Strategy set out how the Kent Health and Wellbeing Board would operate in the future, and how commissioners could be supported in a different way. It was anticipated that the final Strategy would be presented to the Kent Board in September.

There was discussion around Kent's health priorities. Dr Chaudhuri agreed with the priorities set out in the report, but suggested that comparisons would be beneficial so that performance against previous strategies could be measured. Ms Cook recognised that there was a need for an assurance framework that would provide meaningful information to the Board on outcomes.

RESOLVED: That the report be noted.

63 KENT PUBLIC HEALTH UPDATE

Mr I Rudd advised that, whilst difficult, there was more that could be done to ensure that more people were accessing preventative services earlier.

In response to a question from Councillor P M Beresford, Dr Chaudhuri reported that there was anecdotal evidence to suggest that more people were using e-cigarettes to stop smoking than NHS services. It was also acknowledged that, whilst brief intervention on alcohol could be very effective, healthcare professionals were often reluctant to ask people about their drinking habits. The NHS was at the same point on alcohol as it had been with smoking 20 years ago. There needed to be far greater emphasis on prevention – a matter which a local sub-group was looking at. He remarked that there were a lot of preventative services being provided by a number of organisations. He was keen to see a comprehensive service which covered prevention, wellbeing and rehabilitation.

In response to Councillor Watkins, Ms Cook clarified that there was a new Kent-wide consortium of voluntary sector organisations called Supporting Kent Communities (SKC) whose contract had started in March. It was likely that someone from SKC would act as the voluntary sector's representative on the Board, but she undertook to obtain further information. Councillor Watkins advised that some local access points were likely to close in the coming months, thus reducing the opportunities to disseminate information to communities. The Board would need to decide how it could compensate for these closures.

RESOLVED: That the update be noted.

64 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 4.39 pm.

THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 7 September 2017 at 10.00 am in the Austen Room, Council Offices, Cecil Street, Margate, Kent.

Present: Clive Hart (Thanet Clinical Commissioning Group), Rob Kenyon (Thanet District Council), Dr Tony Martin (Thanet Clinical Commissioning Group), Sharon McLaughlin (Thanet Children's Committee), Ailsa Ogilvie (Thanet Clinical Commissioning Group), Councillor S Piper (Thanet District Council) and Claudia Sykes (Voluntary Sector Adult Services)

1. APPOINTMENT OF CHAIRMAN AND VICE CHAIRMAN FOR 2017/18

Mr Hart proposed, Ms Sykes seconded and the Board agreed that Dr Martin be the Chairman for the remainder of the 2017/18 year.

Dr Martin proposed, Mr Hart seconded and the Board agreed that Councillor Reverend Piper be the Vice Chairman for the remainder of the 2017/18 year.

2. APOLOGIES FOR ABSENCE

Apologies were received from the following members:

Councillor Wells;
Councillor Gibbens;
Ms Carpenter;
Ms Homer for whom for whom Mr Kenyon was present as substitute.

3. DECLARATION OF INTEREST

There were no declarations of interest made at the meeting.

4. MINUTES OF THE PREVIOUS MEETING

The Board agreed the minutes to be a correct record of the meeting that was held on 20 July 2017.

In follow up to the report on housing in Thanet presented at the last Board meeting, discussion had taken place between the Thanet CCG and Thanet District Council to incorporate the Council's Housing department in to the better care fund planning process.

5. EAST KENT PROGRAMME BOARD UPDATE

Ms Ogilvie gave the board an update regarding the emerging themes from the East Kent Listening events.

During consideration of the item it was noted that:

- There were still some listening events scheduled to take place.
- Response was largely positive to the proposed new hospital model; people particularly liked proposals for a greater focus on local services and an increase to out of hours services.
- At Thanet listening events, participant's greatest concern was regarding accessibility of services.
- Other concerns raised at event across East Kent and Medway included:

    - Whether there was sufficient workforce to implement such an ambitious service redesign.
    - That there appeared to be a lack of focus on some services areas, such as mental health and children's services.
- It was recognised that changes needed to be sustainable and future proofed.
- The listening events were ongoing and report of the findings would be brought before the Board once complete.

Dr Martin advised that a briefing statement was being prepared which detailed how the Thanet Leaders Group intended to move forward. The briefing statement would be circulated to Board members.

6. <u>UPDATE FROM THE THANET INTEGRATED ACCOUNTABLE CARE ORGANISATION ON LOCAL CARE DEVELOPMENT</u>

Ms Windibank, Chief Accountable Officer, Thanet Integrated Accountable Care Organisation (TIACO), and Ms Howden, Head of Membership Development, Thanet Clinical Commissioning Group presented the item which provided a summary of the work that had been done.

During consideration of the item it was noted that:

- A local level integrated commissioning body, envisaged by the Thanet Leadership Group, would help drive local care provision forward. Without this body, or something similar, there was a chance that local decision making could be moved away from local boards up to an East Kent level.
- The needs of the community should determine what enhanced services were provided at GP surgeries. There was a programme to visit patient participation groups to ascertain their needs.
- There was mixed evidence to show that enhanced service provision in GP surgeries led to a significant reduction in Hospital admissions. The hospital was often seen a central hub of the community.
- Tiers of care looked to provide the right kind of care in the right setting, ideally this took place in the home or as near to the patient's home as possible.
- The integrated acute response team was piloted to support frail individuals to receive care in or near to their home and to avoid unnecessary hospital stays.
- The voluntary sector was a pivotal element of an integrated approach to supporting patients.
- Underway was a review to establish the need for beds in Thanet, the results of this review would be bought before the Board.
- The TIACO had adopted an ethos to provide care around the needs of the patient inspired by the Swedish Esther model.
- The primary care mental health team was set to expand from three to five individuals. They would be aligned with the primary care home hubs and would work directly with GPs.
- Work was underway to develop a social prescribing structure. This work took place in coordination with voluntary groups.
- The first primary care home hub, at the Bethesda site in Margate, was expected to go live in March 2020. Another hub was proposed at Westwood Cross, initial discussions had taken place and a coordinated approach was needed with the Council.
- The Board was advised of the positive impact that the enhanced frailty pathway had made on identification and treatment of frail patients. The aim was to improve the overall wellbeing on the over 60's.
- NHS England had endorsed the enhanced frailty pathway scheme.

Ms McLaughlin offered to give a presentation on the work of the Local Children's Partnership at the next meeting of the Board.

Meeting concluded: 11.10am

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Draft Minutes of West Kent Health and Wellbeing Board Meeting
15 August 2017 16.00 -18.00
Tonbridge & Malling Borough Council, Gibson Drive, Kings Hill, West Malling, Kent, ME19 4LZ

PRESENT:

Dr Bob Bowes	Chair, NHS West Kent Clinical Commissioning Group Governing Body (NHS WK CCG)
Alison Broom	Chief Executive, Maidstone Borough Council (MBC)
Roger Gough	Cabinet Member, Kent County Council (KCC), Vice Chair
Tony Jones	GP Governing Body Member, NHS WK CCG
Dr Andrew Roxburgh	GP Governing Body Member, NHS WK CCG
Penny Graham	Healthwatch Kent
Gail Arnold	Chief Operating Officer (Transformation) NHS WK CCG
Piers Montague	Councillor, Tonbridge & Malling Borough Council (TMBC)
Dr Caroline Jessel	Lead for Clinical Outcomes & Transformation NHS England
Jane Heeley	Chief Environmental Health Officer, TMBC
Hayley Brooks	Head of Housing & Health, Sevenoaks District Council (SDC)

IN ATTENDANCE:

Heidi Ward	Health Improvement Manager, TMBC
Sarah Richards	Healthy Lifestyles Coordinator, TWBC
Anton Tavernier-Gustave	Healthy Living Project Officer, SDC
Yvonne Wilson (Minutes)	Health & Wellbeing Partnerships Officer, NHS WK CCG
Priscilla Kankam	Head of Primary Care & Medicines Optimisation, NHS WK CCG
Claire Griffiths	Head of Communities, West Kent Housing Association
Donna Clarke	Health & Social Care Co-ordinator, Kent Community Health Foundation Trust (KCHFT)
Jenny Wilders	Imago
Danny Hewis	Deputy CEO, INVOLVE
Stephanie Rhodes	Head of Service, KCHFT
Jacqueline Bobb	CEO Fusion Healthy Living Centre
Ann Taylor	Chair, Kent Integrated Care Alliance
Penny Nichols	Chief Officer, Age Concern, Malling
Libby Hoyle	Health & Social Care Co-ordinator, KCHFT
Adam Chalmers	Head of Partnerships & Engagement, TWBC
Diane Aslett	Development Officer, Age UK in Kent Consortium
Viv Lyons	Patient Representative, Self-Care Task Group
Christopher Woodley	Councillor, Vice Chair, Kent Association of Local Councils

Paul Clarke	Healthy Lifestyles Commissioning Officer, MBC
Jackie Sumner	Head of Community Investment, Town & Country Housing Group (TCHG)
Jo Tonkin	Public Health Specialist, KCC

1.	**Welcome and Introductions**	Action
1.1	Dr Bob Bowes welcomed all present to the meeting, in particular those attending for the special Workshop Sessions on Mapping Community Assets and Self - Care/Social Prescribing. It was agreed that individual introductions would not be made given the numbers in attendance.	
1.2	Apologies were received from Gary Stevenson, Reg Middleton, Sanjay Singh, Cllr Lynne Weatherly, Julie Beilby, Penny Southern, Cllr Fay Gooch, Cllr Pat Bosley, Tristan Godfrey, Lesley Bowles (Hayley Brooks attending as substitute), Julie Bielby (Jane Heeley attending as substitute) and Emma Hanson.	
2.	**Declaration of Disclosable Pecuniary Interests** There were none.	
3.	**Minutes of the Previous Meeting – 20 June 2017** The minutes of the previous meeting were agreed as a true record.	
4.	**Matters Arising**	
4.1	These were not considered as the Falls update was scheduled for the October Board Meeting and the Healthy Weight Task Group had yet to fully consider the outcome of the Board's June Workshop.	Identify Board meeting date for Healthy Weight Task Group Feed Back. BB/YW/JH
5.	**Kent Health & Wellbeing Board Feedback**	
5.1	Cllr Roger Gough reported that following on the Local Government elections, Cllr Peter Oakford, Deputy Leader of KCC had taken on the role of Kent HWB Chair. Cllr Gough explained that the Kent Board had recognised the Kent & Medway Sustainability & Transformation Plan's (STP) emphasis on the importance of prevention but that there was a shrinking dedicated public health workforce and therefore changes	

5.2	required in the ways the public is supported to become more interested in changing their own behaviours and lifestyles. The Kent Board's new Chair would be reflecting on the Kent HWB's position in relation to the strategic demands of the STP and to articulate the role of HWBs so as to avoid duplication.	Future Agenda Item 17 October
6.	**Workshop Session**	
6.1	*Community Based 'Asset Mapping'*	
6.1.1	Emma Hanson was unable to fulfil the commitment to present the work KCC had embarked upon.	
6.1.2	Presentations were delivered by Sarah Richards and Jackie Sumner, Diane Aslett and Hayley Brooks, focussing on: a) Tunbridge Wells Borough Council Initiative b) Age UK (Kent) Personal Independence Project c) Sevenoaks District Council Community Asset Directory	
6.1.3	Points covered in the Tunbridge Wells Joint Presentation: • Addressing resident economic wellbeing and financial security ties into improved health status • Need to explore potential to align asset mapping work with GIS maps, NHS Digital, ONS and Kent Integrated Database (KID) • Demonstrated the value of partnership working in turning around people's lives using 'heat maps' where data about employment status; welfare benefits; health and care needs overlaid. • Use of volunteering; peer to peer support and local community development opportunities including environmental improvements showing success at building social cohesion and individual confidence. • Links with Walking For Health Group based in local GP Surgery and additional potential to help increase physical activity of local residents as result of improvements to the woods in Sherwood area.	
6.1.4	Points covered in the Sevenoaks District Council Presentation: • Under banner of One You, Kent, the council is working to develop a holistic assessment which supports access into services, engagement opportunities such as addressing housing, debt and employment to enable good foundations	

	for health. • Focus on change, motivation, make and maintain change with the mapping of local assets across range of services provides a ready resource for new Wellbeing Advisors trained in motivational interviewing. • Local approach included offering community outreach assessment to cohort of benefits cap customers. • Interest also in establishing links to GP Practices/GP Clusters, with fledging work with x2 specific Practices. Points covered in the Age UK Presentation: • Pilot trialled in 2014 where staff work alongside Health & Social Care staff in Dartford, Gravesham & Swanley, Swale and Canterbury Coastal areas to help those who might benefit from re-learning daily living skills; re-building confidence; at risk of social isolation. • Guided conversations held with the individual to explore needs, interests that guide personalised solution focused work. • Stressed this is not a sign-posting service but about seeing people themselves as assets – 'volunteers recruited to order' and offer peer-to-peer support. • Pilot developed a directory (records bus maps, routes/stopping points; local conveniences) to help connect people to what's available and also relies heavily on social media	
6.1.5		
6.2 6.2.1	*Self-Care, Social Prescribing* Dr Tony Jones updated the Board on the progress of the Self-Care Group which including members from the CCG; Public Health, District and Borough Councils and community, voluntary sector and outlined ways in which the group had enabled development of a shared approach to social prescribing and self-care that informed work agencies promoted separately and increasing in partnership, through alignment of activities.	
6.2.2	Dr Tony Jones invited the audience to consider the following issues which the Task Group had explored together in its meetings and events which included input from the CCG Medicines Optimisation Team; Public Health Campaigns Manager; Citizens Advice Alliance: • Early interventions, ideally prevention, are enormously cost efficient • Prevention targeted at risky behaviours: smoking, unhealthy diet, excess alcohol intake, substance misuse, inactivity and	

	social isolation • Primary care interventions have been traditionally 1:1 challenge/discussion/education which can be maximised through strategies such as Making Every Contact Count (MECC), sometimes with onward referral to centralised services. Emerging evidence that practice based activity results in greater engagement of GP patient populations. • Council interventions: MECC, but more commonly group activity reliant on recruitment/referral by other agencies. Councils have other ways of intervening such as licensing and support to voluntary sector • The challenge for all is better engagement. How can we get staff and public alike to engage with these agendas? Evidence suggests that employed staff engaged with their own lifestyle management will help ownership of the agenda to likewise influence others. • Engagement must have its basis in understanding. This necessitates an educational process and the right attitude and confidence that may be more routed in issues of the will. What's in it for me and why should I? • Research suggests that engagement is linked to values and motivations and for each individual will vary and there will be a trade-off between pleasurable/addictive lifestyle choice and behaviour change. Motivational counsellors will understand this and have the skills to help the individual to discover their inner motivations and drivers through reflective discovery. • A question of scale. 75% of the population have contact with their GP each year and those with risky lifestyle choices and established disease more frequently so the value of brief interventions should not be despised and MECC across all public sector employees makes sense. • Small groups are highly effective at using the power of peer support and learning to enhance outcomes thus council initiatives can have significant impact for a not inconsiderable number of highest risk individuals.	
6.2.3	Dr Jones stated that the Self-Care Task Group is keen to hear comments and views on how it should look to develop work that promotes larger scale initiatives such as 'One You' where	

6.3 6.4	it can have community impact raising levels of awareness and are attractive as a means of societal awareness and informing choice. In addition, he suggested that education at scale is probably a largely untapped resource where potential audiences where in schools, surgeries, local workplaces and included those with long term health conditions who might benefit from being offered the knowledge, skills and attitudes/confidence that the patient needs to optimise and even reverse the disease trend in their lives. Finally, Dr Jones commented that the best strategies are rooted in simplicity and our challenge is to understand the basics as outlined and to develop them into simple doable strategies for our localities. General Comments and Questions in response to presentations: • Why the focus on mapping community assets (KCC Public Health developed a toolkit and the exercise is part of the new PH contracts across the boroughs and districts) • Presentations enabled a focus on a variety of community development and development of civil society approaches. • Partner agencies involved in commissioning and managing range of interventions described to reflect on appearance of points of duplication and in future seek to ensure that local offers are joined up. • Acknowledgement that self-care is good for residents and clinicians and commissioners should ensure its part of the early intervention approach. • Future actions around self-care to encourage a change in the mindset of local populations. • Can we measure outcomes? • Need to share the outcomes of the local council community asset mapping and make sure we are not just labelling a service and having a map – social sustainability and creating the conditions for healthy living/creating connectedness must be the end goal. • University of Essex work on Neuroscience of Behaviour Change Theory might be of value to inform local developments. • Future work to take into account the need to mobilise people across all communities. Discussions continued in small groups. The following priority issues emerged following the round table discussions:	

6.5	1) All to promote One You / Use the One You resources, tailor promotions; offer solutions too including self care 2) Consider development of shared support directories to facilitate sign-posting and also helping with direct support to individuals who need more encouragement 3) Consider sharing data to assist targeting of interventions in areas of greatest need 4) Target communities and areas which would benefit most 5) Work with/alongside local people and in communities 6) Commission for outcomes that have a direct effect 7) Need to ensure links across both agendas 8) Action Plan required for Making Every Contact Count (MECC) – Priority for NHS WK CCG and all other providers 9) How can we support innovation and consider working at scale by targeting the 'captive audiences' (Whole populations; people in their workplaces; specific groups **It was resolved that Chair Bob Bowes and Dr Tony Jones would meet to consider the issues raised in discussion and make recommendations on actions that aim to assist delivery of this agenda.**	BB/TJ
7. 7.1	**Any Other Business – Future Agenda Items** It was resolved that the Board will consider the following issues at the next meeting: • Outcomes Based Accountability and Commissioning for Outcomes	Chair/Yvonne Wilson
8.	**Date of Next Meeting** **17 October 2017, Tonbridge & Malling Borough Council Offices, Gibson Drive, Kings Hill, West Malling, ME19 4LZ**	All
9.	**West Kent Health & Wellbeing Board Meetings 2017 - 2018:**	All

	• **19 December 2017 TBC** • **20 February 2018** • **17 April 2018**	
	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	

Draft Minutes of West Kent Health and Wellbeing Board Meeting
17 October 2017 16.00 -18.00
Tonbridge & Malling Borough Council, Gibson Drive, Kings Hill, West Malling, Kent, ME19 4LZ

PRESENT:

Dr Bob Bowes	Chair, NHS West Kent Clinical Commissioning Group Governing Body (NHS WK CCG)
Alison Broom	Chief Executive, Maidstone Borough Council (MBC)
Dr Tony Jones	GP Governing Body Member, NHS WK CCG
Dr Andrew Roxburgh	GP Governing Body Member, NHS WK CCG
Penny Graham	Healthwatch Kent
Cllr Fay Gooch	Deputy Council Leader, MBC
Dr Caroline Jessel	Lead for Clinical Outcomes & Transformation, NHS England
Jane Heeley	Chief Environmental Health Officer, Tonbridge & Malling Borough Council (TMBC)
Hayley Brooks	Head of Housing & Health, Sevenoaks District Council (SDC)
Cllr Pat Bosley	SDC

IN ATTENDANCE:

Yvonne Wilson (Minutes)	Health & Wellbeing Partnerships Officer, NHS WK CCG
Claire Griffiths	Head of Communities, West Kent Housing Association
Claire McAfee	Team Leader, TMBC
Dave Holman	Commissioning Lead, Mental Health, Children & Maternity, NHS WK CCG
Natalie Manuel	Maternity Pioneer Project Officer, NHS WK CCG
Hema Birdi	Early Help District Manager, LCPG Co-Chair, Maidstone
Paula Wilkins	Chief Nurse, NHS WK CCG
Rachel Parris	Frailty and Medical Commissioning Programme Lead NHS WK CCG
Amanda Kenney	Commissioning Project Manager, NHS Swale and NHS Dartford, Gravesham and Swanley Clinical Commissioning Groups
Becky Collins	Quality Team Adviser, NHS WK CCG
Liz Holness	Senior Practitioner Occupational Therapist, Adult Social Care & Health Directorate, Adult Community Team, Kent County Council (KCC)
Richard Stanford-Beale	Project Manager, KFRS
Dr Lemma Yilma	Locality Clinical Manager (Children and Young People), Tonbridge and Malling, Tunbridge Wells and Sevenoaks, Kent Community Health NHS Foundation Trust

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1.	**Welcome and Introductions**	
1.1	Dr Bob Bowes welcomed all present to the meeting, in particular those attending the Board to participate in the discussions on the Children's Services Integration and Falls Prevention Update.	
1.2	Dr Bowes Bob extended special thanks to Dr Caroline Jessell for her contributions to the work of the Health & Wellbeing Board and wished Dr Jessell well as she was retiring from her post at NHS England at the end of October.	
1.3	Apologies were received from Cllr Roger Gough – for lateness, Reg Middleton, Sanjay Singh, Cllr Lynne Weatherly, Penny Southern, Lesley Bowles (Hayley Brooks attending as substitute), Julie Beilby, (Jane Heeley attending as substitute), Gail Arnold and Cllr Piers Montague,	
2.	**Declaration of Disclosable Pecuniary Interests** There were none.	
3.	**Minutes of the Previous Meeting – 15 August 2017** The minutes of the previous meeting were agreed as a true record.	
4.	**Matters Arising**	
4.1	Self Care/Social Prescribing	
4.1.1	Dr Bowes confirmed that he had met with Dr Tony Jones, Chair of the Self Care Group and GP representative on the WK CCG Governing body following the August Board Asset Mapping and Self Care Workshop events to give further consideration to how these agendas might be taken forward. The following issues were reflected upon:	
4.1.2	• Sign-posting to services and support alone would not be sufficient in ensuring local residents received the help they might benefit from – acknowledging that some individuals needed greater support to build own personal resources, address needs and access community assets;	
4.1.3	• There are a wide range of stakeholders across sectors offering sign-posting, with differing definitions of what signposting entailed o there is a need to look at overlaps/potential omissions; work was required to look at the Wellbeing Co-ordinators; Health & Social Care Co-ordinators	Self-Care Task Group
4.1.4	• As the new GP Clusters become the currency for how services are provided the approach to self-care/social prescribing needed to be better joined up – a puzzle rather	

	than a collection of its pieces.	
4.1.5	• The CCG will need to give greater consideration to the issues surrounding GP learning/development, Making Every Contact Count and its role when commissioning services.	BB/TJ
4.1.6	Alison Broom asked whether the CCG/health partners were aware of the potential opportunity to submit a bid to the Department of Health to support Social Prescribing and if so, would the CCG support such a bid.	
4.1.7	Dr Bowes confirmed that the CCG was aware of the opportunity.	
5.	**Kent Health & Wellbeing Board Feedback**	
5.1	The chair proposed that the Kent Health & Wellbeing Board Feedback be delivered later on the agenda as Cllr Gough had not yet arrived at the meeting.	
5.2	Adam Wickings delivered a presentation on West Kent System Governance, which provided an overview of the new bodies established to support delivery of the ambitions of the Kent & Medway STP. Mr Wickings expressed the view that the STP Delivery Board purpose was to make decisions and take actions which delivered change.	
5.3	Mr Wickings' presentation covered details of the newly established work streams/ways of working linked to the delivery of the Sustainability and Transformation Plan. Mr Wickings explained the current thinking in terms of the emerging health and social care landscape and outlined the definitions of the new organisational models and agencies involved.	
5.4	Mr Wickings invited Board members to consider the following questions: • How do the Improvement Board and HWB governance complement STP governance? • Where and how can we best deliver effective partnership work? • What partnerships do we need to ensure local care • That breaks down barriers within the NHS • That breaks down barriers between health and social care • That brings into local care the opportunities of the 3rd sector, of local communities, prevention, education, housing • How does the West Kent governance support the transition to the expected new NHS "end state" and "new models"?	
5.5	Comments in Discussion: - HWB deliberately structured in such a way so as not to mirror	

	the operation of the formal Kent Health & Wellbeing Board – the workshop style approach felt to enable more depth/meaningful discussion between a broader range of stakeholders - New format HWB enables sharing of perspectives, exploration of issues, chance to feed in views and helpful networking and an increasing recognition that it may not be a body that takes decisions - HWB conversations are likely not to look solely at opportunities to standardise services; be focussed on delivering productivity/value for money, but may consider ways in which difference is positive, or conclude that work focused on delivering the changes in the health and care systems might benefit from a local/geographically focused approach - Careful consideration should be given to what should happen to the outcome of the HWB discussions so that important points of reflection can be fed into other parts of the system especially where there are difficult decisions to be taken or where the HWB is able to offer potentially simple solutions - How is the community voluntary sector and social enterprise voice considered? - Ensure there is careful reflection on the importance of economic, social and environmental aspects which are important for ensuring sustainability	
5.6	**It was agreed** that a discussion to reflect on the issues in section 5.5 above be arranged between Adam Wickings and the HWB agenda-setting Task Group members.	BB, AW,Cllr LW, GS, Cllr RG, YW
6.	**Workshop Session**	
6.1	**Children's Services Commissioning & Integration** Dr Bowes formally introduced the agenda item by reminding the meeting that the Board had initially discussed the issue of the needs of children and young people at two Health & Wellbeing Board meetings in October and December 2016 as part of the Board's efforts to understand what progress was being made to better align commissioning strategies that enabled the needs of children across West Kent to be met, and to consider whether the Board might offer its influence in helping identify priorities; important strategic issues which may not be being considered or where the Board could assist with resolving challenges. Dr Bowes explained that the Board was informed of a joint commissioning pilot initiative in the North Kent area and that there would be opportunities to reflect on lessons learned and potential benefits for extending the approach to West Kent. Officers from West Kent and Dartford Gravesham and Swanley CCG were invited to share their perspectives on the developments in the integration of commissioning children and young people	

	related services.	
6.1.1	Dave Holman (Head of Mental Health, Children & Maternity Services, NHS West Kent CCG) introduced this item and explained that Karen Sharpe, the lead commissioning officer at Kent County Council was unable to join the meeting due to an unavoidable urgent matter. Mr Holman introduced Natalie Manuel (West Kent CCG Project Officer for the Maternity Pioneer) and Amanda Kenny, Dartford Gravesham and CCG.	
6.1.2	Mr Holman's presentation focused on providing an overview of key issues including levels of need; content of West Kent CCG's Children & Young People's Strategic Commissioning Plan (2016-2021) and its guiding principles; future arrangements for commissioning children's services and emerging proposals for ensuring effective links to the Sustainability and Transformation Plans (STP). Mr Holman highlighted the fact that children and young people had not featured explicitly in the STP to date but that work around transforming maternity services and addressing children and young people's mental wellbeing were driving the development of new models of care/support, integration of services and improving the alignment of acute and community pathways. Mrs Manuel briefly outlined work being led by West Kent and other CCGs which was informing national best practice in the delivery of choice and personalisation around the 'Better Births' agenda.	
6.1.3	Mr Holman reported that there were plans for the STP Clinical Board to consider Mental Health, Cancer and Children's issues in the coming months and suggested that there was a strong commitment to work towards better integration evidenced by the decision at the recent Children's Summit, to use the Kent 0-25 Children's Health & Wellbeing Board as the vehicle for delivering maternity and children's service transformation. The Kent 0-25 Health & Wellbeing Board provides a cross-stakeholder link into the STP alongside arrangements for delivering care transformation; digital development; addressing workforce challenges and use of estate.	
6.1.4	Amanda Kenny, Commissioning Manager informed the Board of the cross sector work focusing on the needs of disabled children; children with special educational needs and identification of potential issues where efficiencies/ service improvements could be addressed. Ms Kenny gave some examples of challenges to be resolved that would support future joint working/integration also highlighted developments in relation to 'virtual' integrated team working governed by a Memorandum of Understanding across agencies.	
6.1.5	Ms Kenny advised the Board that the North Kent experience had confirmed the importance of key principles: • the development of mutual understanding • good individual relationships between lead officers	

	• effective strategic leadership (joint posts between agencies helped ensure joined-up approaches and opportunities to explore potential for improving quality and financial savings)	
6.1.7	The following questions were identified for participants to reflect upon: i. Is the work on integrating children's services meeting the needs of children in West Kent? ii. Has the work which has been carried out highlighting pockets of need? iii. How might the Board engage with issues highlighted in the presentations and also alert those commissioning services to other problems and challenges which may not have been identified? iv. How will we know whether the changes being embarked upon, will make a difference, and what can partners involved in the Health & Wellbeing Board bring to the agenda?	
6.1.8	Comments in discussion: • The journey for children and families 'in the system' should be made more holistic and less complex as families who have problems have a relatively easy path to resolve issues • Careful consideration should be given to addressing inequalities so that adequate support is given to those who find it difficult to access support and assistance • HWB acknowledged the value of the work described in the presentations but services are only part of the story – the Marmot Inquiry Report highlighted what makes healthy children thrive (exercise, diet, income, green spaces, play facilities) so strategies that promote a focus on prevention must underpin this work • Is the 0-25 HWB providing an effective strategic framework/direction for the partnerships with a responsibility to deliver good outcomes and change for children at a local level (Local Children's Partnership Group {LCPG})? • Concerns expressed that the LCPGs may not be equipped to lead the changes required to support the wellbeing of children and young people – issues include perceived poor/inconsistent engagement of stakeholders; lack of authority; data and information available to inform targeting of effort/resources • Whilst the 0-25 HWB is identified as the link with the LCPGs, is there also a link with the HWB where there is potential for joined up work around healthy weight and the ways that this issue affects children, families and adults • The HWB could provide a useful platform for considering the	

	possibilities for intergenerational work which has the potential to support the development of community assets; community cohesion and the creation of civil society	
6.1.9	**Suggested actions to address issues highlighted in the presentation and discussion were agreed:** i. The Board will offer the issues contained in the appendix for other bodies such as the Improvement Board, the 0-25 Health & Wellbeing Board to discuss and take appropriate steps to resolve the necessary matters: ii. Recommend to the Kent Health & Wellbeing Board that a review be carried out of the effectiveness of the 0-25 Health & Wellbeing Board's strategic capability, its relationship to the Local Children's Partnership Groups (LCPGs) and the issues which influence the operation of the LCPGs and any barriers to delivery of meaningful outcomes in response to strategic and operational requirements. iii. That the Health & Wellbeing Board undertakes an assessment of its role (in light of the changes occurring across the health and social care system as a result of the wider public policy drivers), which is felt to now offer opportunities for wide ranging discussion with a broader range of stakeholders about important local issues and concerns, often with a prevention focus. It is acknowledged that the HWB provides a forum for sharing views, exploration of issues, opportunity to feed into strategic debates and for networking. Further consideration to be given to the extent to which the HWB is considered to be a decision-making body. See also related discussion and decisions at item 5.2 above.	BB, YW, AW ALL
6.2	**Feedback – Towards a Whole Systems Approach to Falls Prevention**	
6.2.1	Dr Bowes formally introduced the agenda item by reminding the meeting that the Board had initially discussed this issue at a special Workshop event in April in response to the fact that West Kent was an 'outlier' in relation to hip fractures and injuries due to falls. The April workshop had identified the need for a whole system approach to falls prevention. Dr Bowes had written to the Director of Public Health, the Acting Lead Public Health Consultant for Falls, the Commissioning leads in WK CCG and the Chief Officers responsible for Adult Social Care and Leisure at Kent County Council asking them to attend this meeting to report on how they had responded to the issues highlighted in the April Workshop.	
6.2.2	Dr Bowes explained that the Acting Lead Consultant for Falls in Public Health had sent apologies. Dr Bowes welcomed Rachel Parris	

	(WK CCG Frailty and Medical Commissioning Programme Lead) and Liz Holness, (Senior Practitioner Occupational Therapist in KCC's Adult Social Care & Health Directorate) and invited both to offer presentations on behalf of the respective organisations.	
6.2.3	Ms Parris reported that the CCG had embarked on developing the case for change for a new Falls Pathway. The new model of care had been presented to the CCG's Governing body in July 2017 for approval to enable implementation of a new Falls Pathway. However, the Governing Body did not approve the case for change and the officers were asked to undertake further work and bring proposals for the new Pathway to a future meeting. Ms Parris reported that this work was ongoing.	
6.2.4	Ms Holness shared the KCC social care service perspectives on current provision which included: • Postural Stability Classes • Joint Working with partners • Training for staff • Health & Safety and risk Planning • Falls Prevention Policy and Practice Guidance (for staff) • Falls Prevention Focus for Operational Team • Kent Enablement At Home inc goal setting for the service • Housing Needs Report • Telecare / Assistive Technology Provision	
6.2.5	Ms Holness reported on a number of service innovations which aimed to improve service quality and enhance user experience and satisfaction including new information sharing protocols/measures aimed at supporting carers in using hoists/lifting equipment. Ms Holness suggested there might be potential to explore the following initiatives with local stakeholders: - 'Man with a Van' type service with local councils? - 'Falls responder' service with OT input? - Additional Postural Stability Classes? - Health Promotion re the benefits of maintaining mobility and function with housing associations, local charitable organisations? - Develop a 'Falls Champion' role in social care teams – to raise awareness with colleagues and act as a link to signpost to local community services. - Use of further assistive technology e.g., telehealth, mobile phone apps?	
6.2.6	Comments & Questions in discussion: • Is there a role for Falls Champions? • Is the input, partnerships between housing and health effective?	

	• Should a Falls Responder Service be established with Occupational Therapy service input and the Ambulance service? • Is there effective provision of Handyperson services? • Are there effective Strength & Balance services – there is evidence that this type of service supports those most at risk, but no local models are in place across West Kent • Need a stronger focus on the need to keep people moving • Kent Fire & Rescue Service Safe & Well Visits reach West Kent residents and offers environmental, fire, falls, trips and slips advice that could also include support from 'trusted assessors' and mobilisation of minor adaptations – generally adds value for those at potential risk of falls • Need more careful consideration of the issues of falls within residential settings and potential for educational work with staff – how do the care home strategies in KCC and health assist?	
6.2.7	**The following actions were agreed:** • That agencies with a role to play in the prevention of falls be asked to consider the following issues and questions: i. Whether the right people were being sign-posted to further support and if sign-posting activity is enhanced, is there sufficient capacity to address needs? ii. Ensure a strong preventative direction is being taken iii. Work towards integration of commissioning to prevent the operation of support and services into 'silos' and also remove the label of 'specialist' services so that other considerations such as nutrition, hydration and continence support is integral iv. That the CCG look at appropriate measures to support GPs in identifying patients who would benefit from referral to preventive services and support. v. Need more careful consideration of the issues of falls within residential settings and potential for educational work with staff (advice, training and support) vi. Review existing care home strategies across health and social care vii. Address fragmentation of the Falls Pathway/services	NHS WK CCG BB, YW to review and agree best governance route to enable progression of relevant actions
7.	**Any Other Business – Future Agenda Items**	
7.1	It was resolved that the Board will consider the following issues at future meetings: • Outcomes Based Accountability /Commissioning for Outcomes • West Kent HWB review of work.	BB, YW

8.	**Date of Next Meeting** **Tuesday 19 December 2017, Tonbridge & Malling Borough Council Offices, Gibson Drive, Kings Hill, West Malling, ME19 4LZ**	All
9.	**<u>West Kent Health & Wellbeing Board Meetings 2017 - 2018</u>:** • **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	