

KENT COUNTY COUNCIL

KENT HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Kent Health and Wellbeing Board held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 26 February 2020.

PRESENT: Mrs C Bell (Chairman), Dr B Bowes (Vice-Chairman), Mrs S Chandler, Mr M Dunkley CBE, Cllr F Gooch, Mr R W Gough, Cllr Mrs A Harrison, Cllr Mrs J Hollingsbee, Mr S Inett, Dr N Kumta, Mr P J Oakford, Mr A Scott-Clark and Ms P Southern

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

UNRESTRICTED ITEMS

343. Chairman's Welcome

(Item 1)

Mr Oakford welcomed everyone to the meeting.

344. Apologies and Substitutes

(Item 2)

Apologies for absence were received from Caroline Selkirk and Dr Robert Stewart.

345. Election of Chairman

(Item 3)

Mr Oakford moved, and Cllr Mrs Gooch seconded, a proposal to elect Mrs Bell as chairman of the Kent Health and Wellbeing Board. This was agreed unanimously.

346. Election of Vice-Chairman

(Item 4)

Mrs Bell moved, and Cllr Mrs Gooch seconded, a proposal that Dr Bowes continue as vice-chairman of the Kent Health and Wellbeing Board. This was agreed unanimously.

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

(Item 5)

There were no declarations of interest.

348. Minutes of the Meeting held on 7 February 2019

(Item 6)

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

349. Neuro Developmental Disorders Deep Dive - Verbal Update

(Item 7)

Emma Hanson (Senior Commissioner), Rachel Jones (Director of Acute Strategy and Partnerships and Senior Responsible Officer for Children for NHS Kent and Medway) and Sue Mullin (Interim Senior Commissioning Manager) were in attendance for this item

- (1) Rachel Jones, Emma Hanson and Sue Mullin gave a presentation on the recent deep dive into neuro-development disorders. A copy of the presentation is at Appendix A of these minutes.
- (2) During the presentation they answered questions from members of the board relating to the links between autism and other conditions; the need to address the drivers for a diagnosis by providing support without a formal diagnosis; actions that might be taken to reduce the waiting time for a diagnosis; and the involvement of parents and carers and the voluntary sector.
- (3) Resolved that the presentation be noted.

350. Future Arrangements for the Kent and Medway Joint Health and Wellbeing Board

(Item 8)

Karen Cook (Policy and Relationships Adviser-Health) was in attendance for this item

- (1) Karen Cook introduced the report which reviewed the achievements of the Kent and Medway Joint Health and Wellbeing Board since its establishment in 2018; provided feedback on the development session held on 17 September 2019 and asked the Kent Health and Wellbeing Board to approve the continuation of the Joint Board.
- (2) The Board welcomed the report and members said the Joint Board had a role in strategic commissioning across the integrated care system and suggested that the Board would have a strategic impact when the Health and Wellbeing Strategy became the commissioning strategy for those involved in the integrated care system.
- (3) Resolved that the Board agreed:
 - (i) to the continuation of the Kent and Medway Joint Health and Wellbeing Board constituted as an Advisory Sub Committee, with Terms of Reference and procedure rules as set out in Appendix 1 to the report:
 - (ii) that the role and continuation of the Joint Board be reviewed after four years unless triggered earlier at the request of either Kent's or Medway's Health and Wellbeing Board and that this decision be delegated in Kent to the Director of Public Health in consultation with the Chairman of the Health and Wellbeing Board; and

(iii) subject to the agreement of the Joint Board on 17 March 2020 and as summarised in Appendix 2 to the report:

- to appoint the Clinical Chair of single Kent and Medway CCG as a voting member of the Joint Board
- to appoint the Senior Responsible Officer of each of the four Integrated Care Partnerships as non-voting members of the Joint Board noting that this will be reviewed when the ICPs are fully mobilised
- to re-appoint the Chairman of the System Commissioner Steering Group for a further year.

351. Briefing on Analytics for the Kent & Medway ICS

(Item 9)

Abraham George (Consultant in Public Health Medicine) was in attendance for this item

- (1) Andrew Scott-Clark introduced the report which provided a short update on the current position of analytics for the emerging Kent and Medway Integrated Care System. The report also described the latest position of linked datasets development, the Analytics Strategy and the work that was being done in relation to critical enablers by the Kent and Medway Shared Health and Care Analytics Board. Abraham George provided further detail about the Kent Integrated Data sets, the Analytics Strategy and the work of the Kent and Medway Shared Health and Care Analytics Board (SHcAB). He also answered members' questions about the continuation of some data sets. Members of the Board commented on the importance of modelling to understand the impact of any actions on the health of the population and to understand the drivers of demand.
- (2) Resolved to:
- (i) endorse the Kent and Medway Health and Care Analytics Strategy
 - (ii) work with local partner organisations, where appropriate, in moving towards a consistent approach in the production and use of applied analytics for population health management
 - (iii) invite relevant member organisations, including KCC, to sign up to Joint Controller arrangements via the SHcAB at their earliest possible convenience.

352. Pharmaceutical Needs Assessment Updates and Supplementary Statements

(Item 10)

Dr Allison Duggal (Deputy Director of Public Health) was in attendance for this item

- (1) Andrew Scott-Clark introduced the report which asked the Board to agree the proposed timeline for the delivery of the next Pharmaceutical Needs Assessment (PNA) for Kent covering the period 2021 to 2024. Allison Duggal

provided information about the timeline and process for developing a new PNA.

- (2) In response to members' questions, it was confirmed that district and parish councils would be invited to comment on the draft PNA during the consultation period which was planned for November 2020-January 2021.
- (3) Resolved to agree the proposed timelines for the delivery of the next Pharmaceutical Needs Assessment for Kent covering the period 2021-2024.

353. Amendment to the Terms of Reference of the Kent Health and Wellbeing Board

(Item 11)

- (1) The Board was asked to consider a change to its terms of reference to enable the Leader of Kent County Council to nominate the member representatives of Kent County Council to the Board and update the officer representation in line with the current structure.
- (2) Resolved to agree an amendment to the terms of reference of the Kent Health and Wellbeing Board to:
 - (i) enable the Leader of Kent County Council to nominate the Council's elected Member representatives; and
 - (ii) update the statutory Kent County Council Officer representation in line with the Council's current structure.

354. Date of Next Meeting - 2 February 2021

(Item 12)

Resolved to note that the next meeting of the Kent Health and Wellbeing Board would take place on 2 February 2021.

Kent Health and Wellbeing Board

Neuro Developmental Disorders Deep Dive

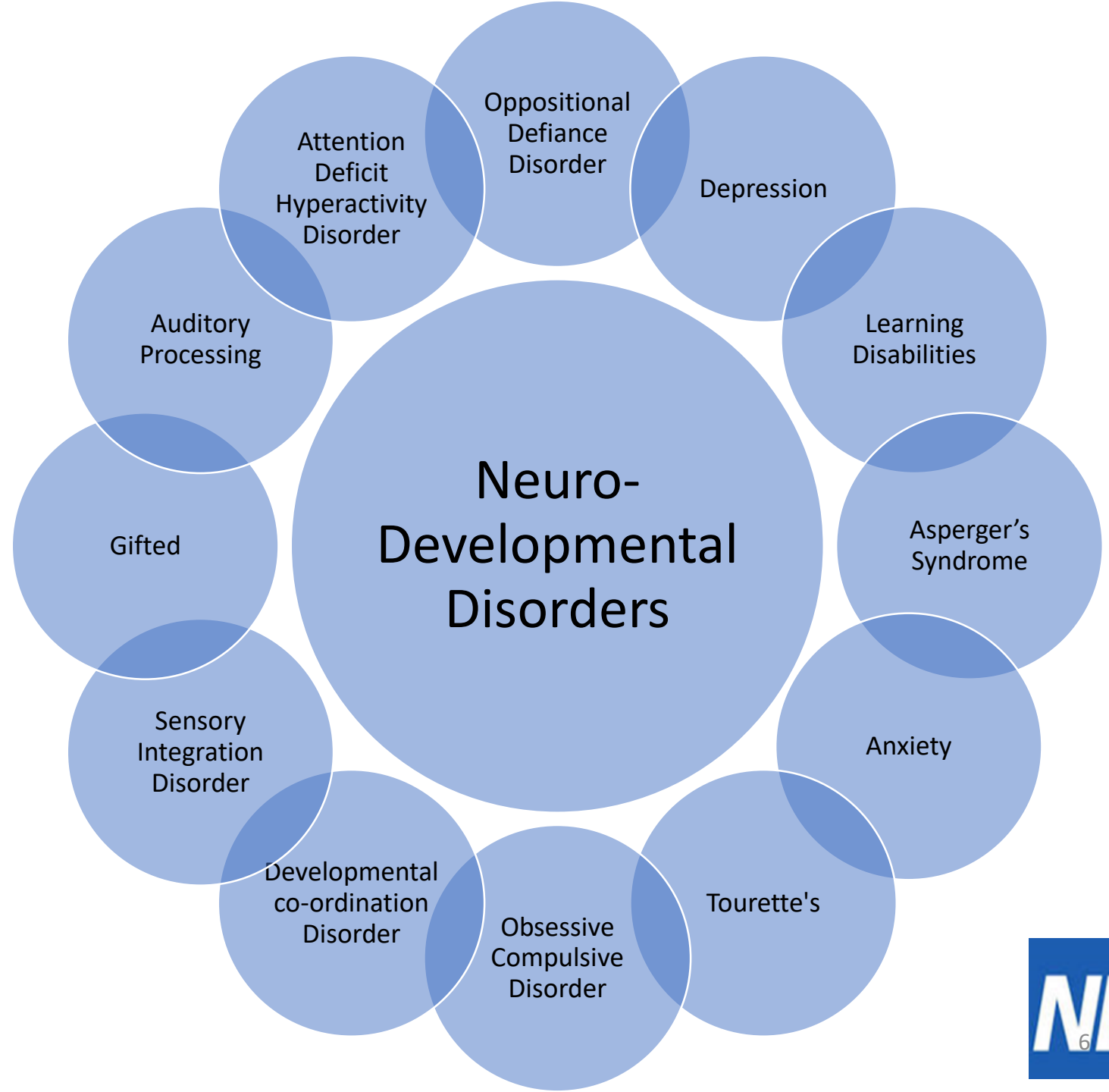
26th February 2020

Rachel Jones/Emma Hanson/Sue Mullin

- Complex whole system issue
- Fragmented pathways
- High levels of demand
- Postcode lottery of support
- Little investment in pre and post diagnostic support
- Poor outcomes



Co-morbidities and clustering of conditions add to complexity of an individuals profile and therefore the various levels of support required



Autistic Spectrum Disorders

Autism is described as a 'Spectrum' because of the way in which the condition affects individuals varies greatly.

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On one end of the spectrum people with autism may have an additional learning disability and be more severely impaired



On the other end individuals may have an average or above average intellect and may function at a higher level

Of course there are many shades in between which require a joined up whole system approach that can be personalised for individuals needs

Written Statement of Action

Lifted the lid on what we need to do better, the ASC pathway issues were clearly articulated as a major theme throughout and resulted in following actions;

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- Review and strengthen the leadership within the children's commissioning function and agree a future model for integrated commissioning
- To co-design and implement a CYP neuro-developmental pathway, including ASC and Attention Deficit Hyperactivity Disorder (ADHD)
- Parents and YP have a clearly defined integral role in reviewing and designing services
- Develop more targeted and specialist training options for teaching staff to improve skills and knowledge to meet ASC needs

System Challenges

- Demand issues
 - Huge rise in ECHPs
 - Incorrect referral process for diagnosis i.e. Single Point of Access
 - Long waiting lists for diagnosis – NHS diverting £2.1m to meet demand
 - Increase prescribing budget
 - Increase in school exclusions
 - Increase in Independent School's budget
 - Other LA's placing CYP with ASC in Kent
- Over reliance on crisis / emergency support
 - Tier 4
 - Residential schools
 - Residential homes
- Fragmented and postcode lottery of pre/post diagnostic

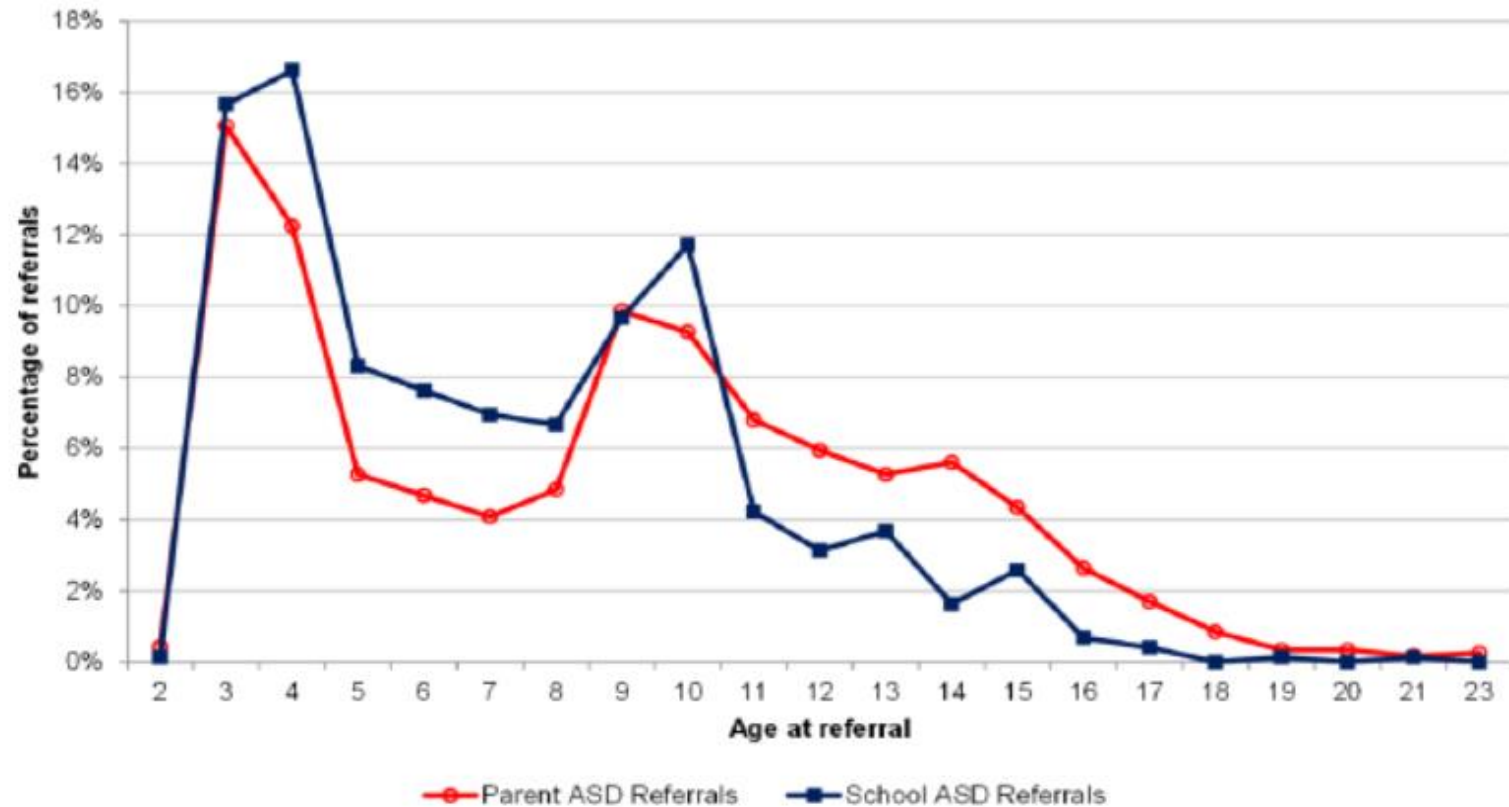
Medical and Social Models

- Current pathways and systems drive need for diagnosis
- Diagnosis is important for some, but so are interventions to support:
 - awareness,
 - understanding and
 - support
- System not coping because of medicalised diagnosis led pathway which is often unnecessary
- Very little funding for pre & post diagnosis all of which comes from social care

ASC Referrals by Age & Referral Source

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This chart shows that there are two spikes in referrals one at pre school and a second before transfer to secondary school

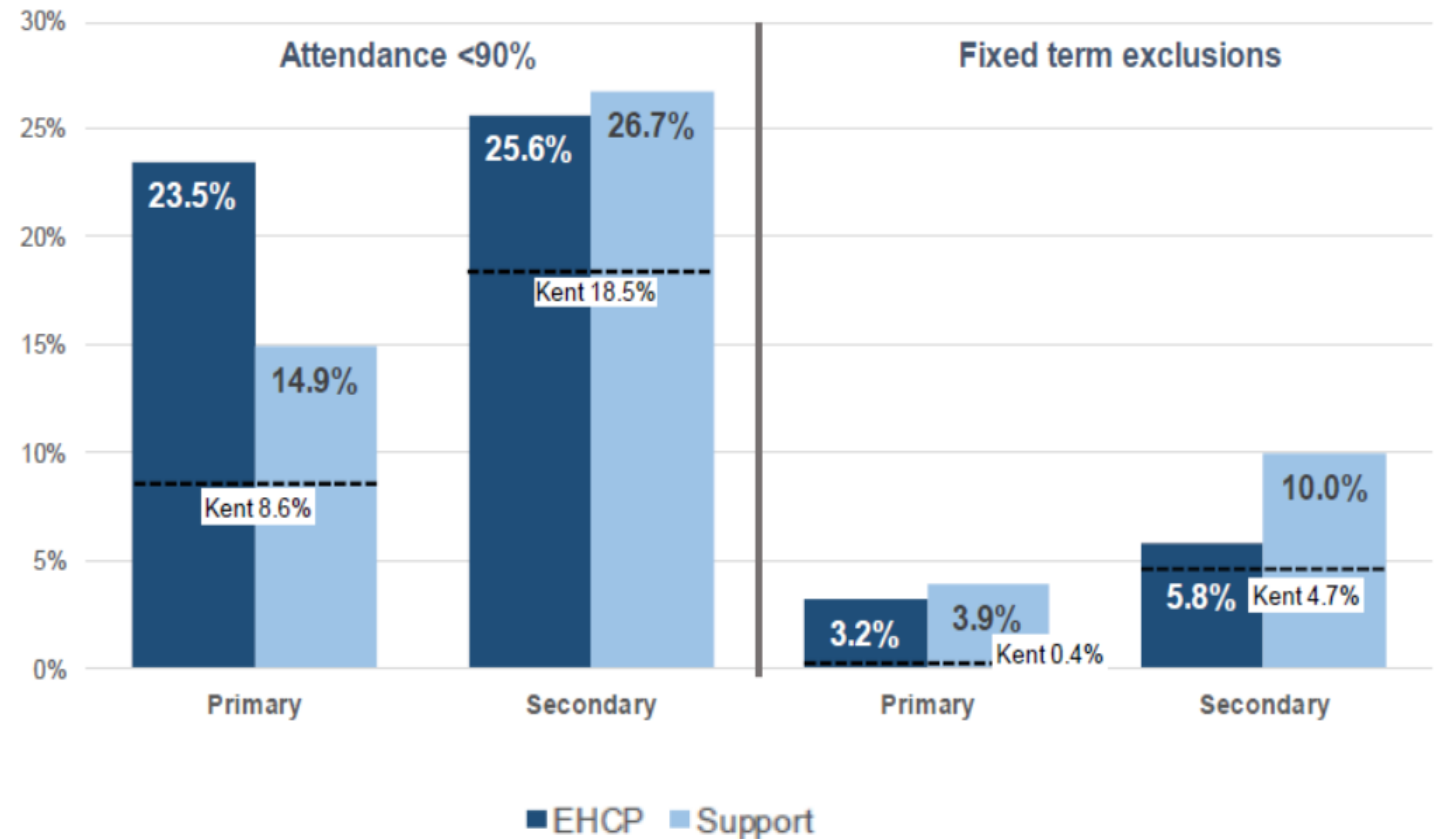


CYP with ASC - Attendance and Exclusions

Almost a quarter or 24% of primary pupils with EHCP/ASC had poor attendance, the figure for all Kent children of 8.6%

Page 9 Over a quarter of all secondary pupils with SEN/EHCP/ASC had poor attendance, much higher than the Kent figure of 18.5%

Fixed term exclusions, a higher proportion of pupils with ASC are excluded



Diagnostic Pathway Caseloads and Waiting List

- The providers of Neuro-Developmental Assessments are the North East London Foundation Trust (NELFT) and Kent Community Health Foundation Trust (KCHFT) for under 12's in West Kent Only
- There are currently (8/19) 6,230 children and young people waiting for an ASC diagnosis with NELFT
- Plus, an additional 1,440 in west Kent who are under 12 awaiting a KCHFT assessment
- The Neurodevelopmental Diagnostic wait is currently approx. two years
- As of August 2019 NELFT's caseload was 13,800.
 - The combined locality team caseload account for 4,700 of the total and
 - ND/LD holding a significant volume of 9,100

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Impact of Delayed Diagnosis

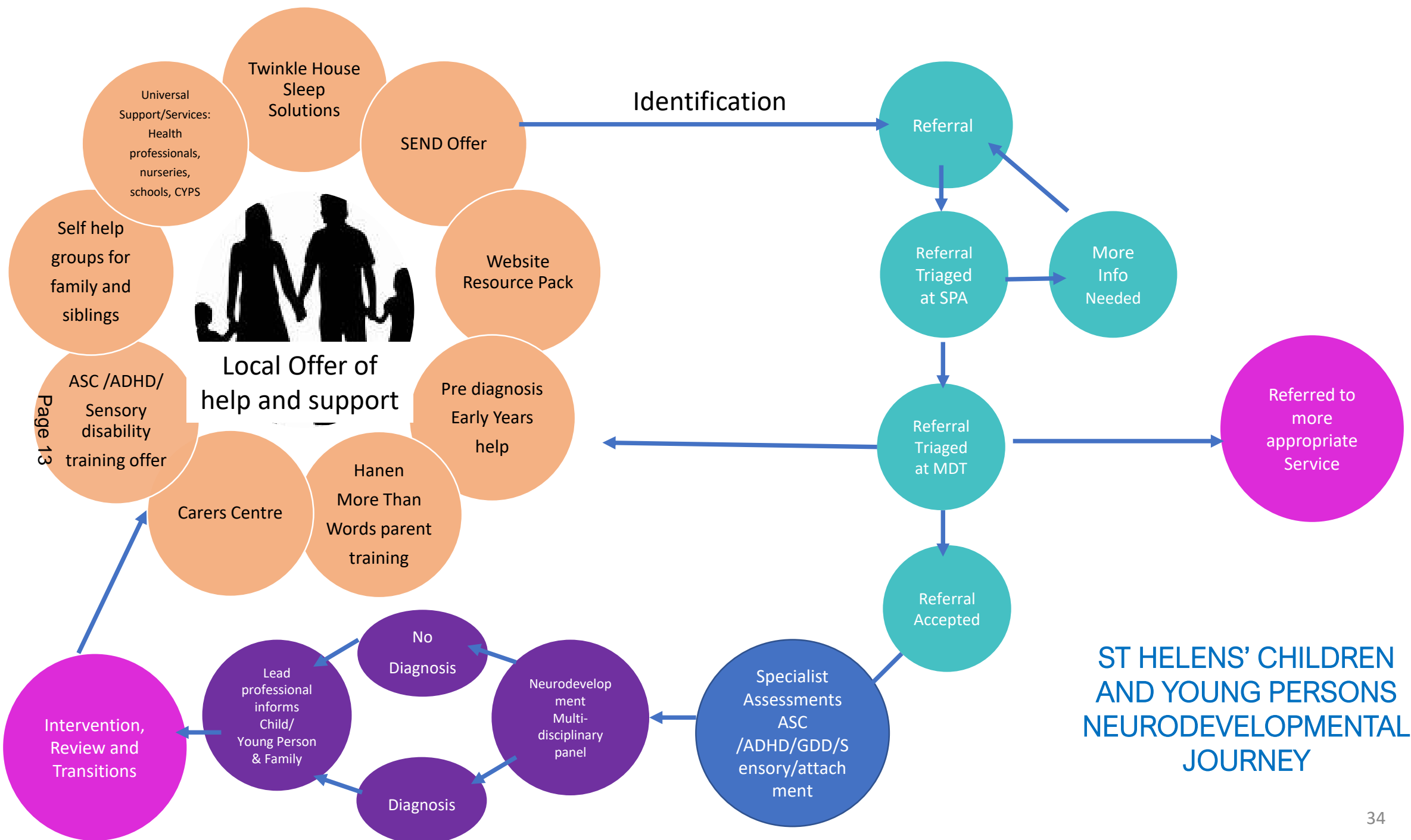
- Denies the child or young person the opportunity to understand their condition and why they respond in specific ways – they cannot develop appropriate self care strategies
- Creates undue stress in families, with their child's response to the world often misinterpreted as poor behavioural issues
- Delays accessing the right educational offer – slows academic progress
- Means co-morbid mental health conditions are undiagnosed too and potential trauma left untreated
- Limits access to early intervention or prevention services
- Perpetuates a crisis driven model – which is more costly for the whole system and leads to poor outcomes for our young people

Communication and Access to Information

- Lack of clear accessible information
- People don't know where to go, what to do or what help is out there
- Parents talk to each other – which in most cases is really helpful but also can fuel myths and demand in system
- Myths drive behaviour – e.g. need an ASC Diagnosis to get a ECHP

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ST HELENS' CHILDREN AND YOUNG PERSONS NEURODEVELOPMENTAL JOURNEY

Joint Commissioning

Effective joint commissioning arrangements have been recognised throughout the local area SEND inspections as enabling better coordination of services and improved outcomes for children and young people.

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Kent's Joint Commissioning Test Pilots:

- Neurodevelopmental (ASC) Pathway Redesign
- Speech and Language
- Independent Specialist School Provision
- Joint Resource Allocation Panel

Hypotheses – Conclusion

- There are a group of children whose needs are such that they would benefit from a clinical diagnosis
- There are also a group of children whose needs in the past would have been met in mainstream settings but who are now seeking assessments and diagnoses
- This is motivated by a belief that a diagnosis that is required to access to educational support, EHCPs, special school and resourced places
- Our system's (Education, KCC, Health, Housing , Welfare) behaviour has resulted in parents seeking SEN support and EHCPs as the only way to get help
- The open self referral in health SPA facilitating EHCP increase in numbers and requirements

Hypotheses – Conclusion

- The system (at all stages) has been under resourced and uncoordinated
- The early years offer for children is also uncoordinated.
- We have changed and further fragmented the pre diagnosis pathway over the years. This includes education, LIFT , Cygnet, Early Bird, Speech Language and Communication
- The introduction of the new code of practice has resulted in diagnosis being the first point of action for many parents
- Seeking additional funding - schools may be recording (and are not being challenged) ASC SEN type rather than LD mild/moderate
- We may be better than other authorities at identifying ASC in children but don't have the resources to diagnose and provide the support that people need

Since September 2019:

- System deep dive to understand the current situation has been undertaken and widely socialised and accepted as our current position
- Clinical Reference Group (CRG) has been established to support the programme of transformation
- Neurodevelopment pathway has been drafted by the CRG and is being tested for implementation
- Audit of referrals, screening and diagnosis and an audit of data across providers has been undertaken and findings fed into the waiting list initiative proposal. The proposal seeks to drastically reduce the number of children currently waiting over the next 16 months.
- Canterbury Pilot has delivered 2 family events, undertaken family survey, created resources and supported a number of families currently waiting for assessment
- NHS investment in increased assessments

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Since September 2019:

- KCC is delivering a programme of improvement for children with neurodevelopmental needs across a range of services:
 - Creation of new directorates bringing together disabled children, SEND and educational psychology
 - Improvement to Early Help and Adolescent offer
 - Extension of KEPS into Early Help
 - Investing in training
- Consistent delivery of parenting programmes across Kent
- Co-production model of parent and family engagement being developed and parents have been engaged in the work stream (based on the Canterbury Pilot model)
- Information, advice and support is being cascaded to 7,000 families waiting for assessments in Kent (based on the Canterbury Pilot) including resources for schools and primary care. Information, advice and support events are being planned in every CCG area for 2020/21
- Aligning the Adult Assessment pathway and considering emerging potential for development of an all age pathway

Questions & Discussion?

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