

Children's Health and Wellbeing Board

12th September 2014
Rother Room, Sessions House

DRAFT MINUTES

In attendance:

Andrew Ireland	KCC – Director – Social Care, Health & Wellbeing
Peter Oakford (PO)	KCC – Cabinet Member SCS
Roger Gough (RG)	KCC – Cabinet Member Education and Health Reform
Florence Kroll (FK)	KCC – Director of Early Help
Rob Price (RP)	Kent Police – Assistant Chief Constable
Karen Sharp (KS)	KCC – Head of Public Health Commissioning
Thom Wilson (TW)	KCC – Head of Strategic Commissioning (Children's)
Stephen Bell (SB)	CXK (VCS Provider rep)
Michael Thomas-Sam (MTS)	KCC – Strategic Business Adviser
Hazel Carpenter (HC)	NHS South Kent Coast CCG & NHS Thanet CCG, Accountable Officer (Chair)
Abdool Kara (AK)	Kent District Councils Chief Executives' Representative
Gill Rigg (GR)	Kent Safeguarding Children Board Independent Chair
Jill De Paolis (JDP)	KCC – Commissioning Officer
Dave Holman (DH)	Mental Health lead West Kent CCGs
Ian Darbyshire (ID)	KMCS CAMHS Commissioner
Jo Tonkin (JT)	Public Health Specialist
Michelle Woodward (MW)	KCC – SCS – Acting Director, West Kent

Apologies:

Mark Lobban (ML)	KCC – Director of Strategic Commissioning
Charlotte Walker (CW)	KCC – Commissioning Officer
Patrick Leeson (PL)	KCC – Corporate Director – Education & Young People's Services
Philip Segurola (PS)	KCC – Acting Director for Specialist Children's Services (Michelle Woodward representing)
Sonnette Schwarz	HT rep - Tendered her resignation

Minutes	Actions
1. Emotional Health & Wellbeing Task & finish group report.	
Presented by Dave Holman – Mental Health lead West Kent CCG, Karen Sharp, Amy Merritt & Sue Mullin (KCC Strategic Commissioning)	
<p>The Task & Finish group was set up by this Board to sort out issues around CAMHS. The Vision & Strategy takes a holistic approach, encompassing promotion of Health Wellbeing right through to the highest levels of need. It builds on work already done and pulling together several strands of work.</p> <p>The intention is that once the strategy is approved the delivery plan would be drawn up and implemented at pace.</p> <p>Future service models need to be built into new contracts. This is a unique opportunity as all the key contracts expire at the same time in 2015.</p>	

<p>Approval was sought for the draft strategy and for the Task and Finish Group to continue to progress this work.</p> <p>AK said he felt that Districts Councils and Housing Associations should be engaged in this work and volunteered to help make this happen. He also felt that Early Intervention was not included and that if this is in a separate document that should be clarified in the strategy and that there should be consideration of monitoring data and when, for example, bullying seems to be developing as an issue in an area how we would know and what we would do.</p> <p>AI – Summit was good, document is good. It needs some ‘harder edges’, for example about cash and our ability to respond to major crisis – but not at the expense of the whole system approach set out.</p> <p>The strategy should go to the Health Wellbeing Board next.</p> <p>HC said she thought that key stakeholders on Health Wellbeing Board needed to be engaged before the strategy went there. There was a need to present it in a way which would engage them and consider the potential impact on adult mental health spend further.</p> <p>FK – likes the strategy. Agreed with AK about Early Intervention. She felt there was a need to do work around reducing stigma, and enabling children to talk about mental health issues, for example through the development of whole school approaches.</p> <p>SB said it was important consideration is given to helping the recovery of children who have had an intervention.</p> <p>It was agreed that subject to the changes discussed being incorporated the strategy could go forward to the Health and Wellbeing Board for their sign off for a period of engagement & consultation and the Task and Finish group could be extended to achieve this within the agreed timescales. It was underlined that this work is a key priority for all agencies and should be prioritised by the organisations involved.</p> <p>The Task and Finish Group was asked to report back on progress at the next Board meeting. AI left the meeting</p>	<p>Sue Mullin / Amy Merritt</p> <p>Emotional Health and Wellbeing Task and Finish group to make amendments discussed and take revised document to the HWBB</p>
<p>2. Welcome and Introductions</p>	
<p>HC noted that there were no representatives present from North Kent CCGs.</p>	<p>HC to take up with CCG colleagues</p>

3. Matters Arising	
<p>The item which had been agreed on Speech and Language from KMCS was withdrawn.</p> <p>TW informed the board that the expression of interest to develop shared or joint commissioning arrangements for children between CCGs and KCC had been successful and was now moving to the next stage of the bidding process. This is an exciting development and the Board will receive updates as to how this work progresses. HC said that all the commissioning functions and funding streams would need mapping to enable this work to be carried forward.</p> <p>There was a discussion about the HWBB, governance and engagement of the COGs.</p> <p>RG agreed that little of the Health & Wellbeing Board agenda focussed on children currently but it was planned to change this in future meetings. He was keen for the Emotional Health & Wellbeing strategy to go to the next HWBB meeting.</p>	<p>CW to ask KMCS to bring an item to the next board meeting.</p> <p>RG to get CHWB onto November agenda of HWBB.</p>
4. Early Help – Florence Kroll	
<p>FK was welcomed to her first meeting of the CHWBB. She explained that the Kent Family Support Framework (new CAF), Early Help Prospectus and 1 year plan have been approved at the Young People and Education Services Committee at KCC.</p> <p>She is currently leading on the following strands of work:</p> <ul style="list-style-type: none"> • Maternity services working with young parents and vulnerable families & considering how Early Help services can support these children & families at this very early stage, working with partners. • Missing Children arrangements are under review with SCS. • Step up and step down arrangements w and a closer interface between Early Help and SCS • The Kent EH support framework which replaces the CAF & LP role for schools and health. <p>She explained that the intention was to make the CAF process simpler, with an integrated family approach and clear exit routes.</p> <p>A discussion followed as it was felt that although CAF did have its issues there was a need to act quickly to repair the damage done by recent communication about CAF which has caused much confusion across all partners.</p> <p>SB pointed out that there was also a need to consider contractual arrangements with commissioned services as many contracts have CAF incorporated.</p> <p>There followed a discussion on how changes to partnership working were</p>	<p>Members of the Board agreed to help with communications within their own agencies. AK agreed to communicate with all Districts. FK and all Board Members</p> <p>FK- the Early Help Sub group to consider whether to take a summit</p>

<p>agreed and executed. It was felt that partners had a valuable contribution to make. There was a strong consensus that KCC needed to engage Health and other partners at a much earlier stage when changes were under consideration rather than after they had been decided, when only tweaks could be made. For example GPs were only just coming on board with the CAF process and there was a risk that this good work might be undone. FK apologised and said she was very mindful of the need to consult and agree with partners.</p> <p>HC – suggested that it was worth considering an event similar to the Health Wellbeing summit to bring together all the key stakeholders including the COGs to look at the new Early Help service and processes.</p>	<p>forward.</p>
<p>5. Service Redesign – Fabian Pillay, Newton Europe</p>	
<p>A presentation was given of the processes underway to review the way SCS currently operates to find efficiencies and make the required budget savings within SCS and to improve outcomes.</p> <p>There was concern that partners haven't been engaged in the design phase.</p> <p>KS said that work reviewing service redesign & integration should be carried out in an integrated way, however if it is about internal processes then we probably don't need to work with partners.</p>	<p>FK agreed to reflect and clarify with TW & AI.</p>
<p>6. Priorities for CYP Needs Assessment and Verbal update from JSNA Steering Group</p>	
<p>JT described the process by which the priorities were identified. The for the next phase of JSNAs are:</p> <ul style="list-style-type: none"> • Mental and Emotional Health & Eating Disorders • Early Years – Situational analysis and Equity assessment • Children with Disabilities <p>RP expressed concern about how issues had been prioritised for the JSNAs and asked if it related to risk & harm and included CSE?</p> <p>GR said CSE work was being led by KSCB. RP asked how the 2 boards were aligned to make sure things don't get missed. A situational analysis would be undertaken in January.</p> <p>There was a further discussion about the role of the CHWBB as the overarching coordination body for children and KSCB calling it to account for safeguarding issues.</p> <p>JT said there will be further opportunities to look at JSNA data analysis in next phase. SB said it was important to triangulate with frontline experience and for needs assessments.</p> <p>HC – Asked the chairs of the 2 boards to double check to ensure that COGs are also happy with the priorities. RP felt this was particularly needed given the CSE experiences of other authorities.</p> <p>RG – no one board can cover everything – protocols such as chairs of Boards meetings might be worth considering. HC asked MTS to revisit Memoranda of Understanding (MOU) between this board and KSCB and with the COGs.</p> <p>Eileen McKibbin explained the importance of shared data sets across all the</p>	<p>MTS to review MOU between this board and KSCB and bring forward to future agenda item. Also to review relationship between CHWB and the COGS.</p> <p>MW to ask AI to nominate SCS lead on data intelligence.</p>

<p>partners. A multi-agency data group has been re-established to carry out this function</p> <p>JT asked for a high level lead from SCS to take forward data integration work.</p>	
<p>7. Adoption – Position Statement – Ian Davies – lead for Vulnerable Children for KCMS</p>	
<p>ID explained that improvements have been made through a multi-agency (MA) task & finish group which had strengthened MA working in the adoption process. More to do, need to get relationships right. Much work has been undertaken in Health to ensure that health checks and support are timely. The work on CAMHS was also part of this and it was welcomed that the CAMHS service is now meeting all its key targets.</p> <p>A new high level group of lead commissioners in CCGs has been established and they would like to have KCC included. HC will chair on behalf of AO's across Kent.</p> <p>HC – NHS is also linked with KSCB and this work is reported there.</p> <p>TW – We engagement from SCS provider side too rather than just Coram as a commissioned provider.</p>	<p>TW to liaise with SCS regarding KCC rep on the T&F group.</p>
<p>8. AOB</p> <p>Issues around how the structures for partnership working for children are working was raised.</p> <p>There was discussion around the role and function of the COGs, including their terms of reference and links to this Board.</p> <p>Troubled Families Programme.</p> <p>It was suggested that the programme can now include children and families with health issues and it was felt this board should take a view on this.</p>	<p>MTS has action relating to COGs at item 6 above.</p>
<p style="text-align: center;">Next Meeting:</p> <p style="text-align: center;">Friday, 28th November, 2014 - Swale 1, Sessions House, Maidstone</p>	