

Children's Health and Wellbeing Board

3rd February
Council Chamber Sessions House, Sessions House

MINUTES

In attendance:

Andrew Ireland (AI)	KCC – Corporate Director – Social Care, Health & Wellbeing (Chair)
Peter Oakford (PO)	KCC - Cabinet Member SCS
Margaret Crabtree (MC)	For Roger Gough KCC - Cabinet Member Education and Health Reform
Debbie Stock (DS)	NHS – Dartford, Gravesham and Swanley CCG Chief Operating Officer
Philip Segurola (PS)	KCC - Acting Director Specialist Children's Services
Florence Kroll (FK)	KCC - Director Early Help and Preventative Services
Karen Sharp (KS)	KCC - Head of Public Health Commissioning
Thom Wilson (TW)	KCC - Head of Strategic Commissioning (Children's)
Colin Thompson (CT)	KCC Interim Public Health Consultant Children and Young People
Sue Mullin (SM)	For Hazel Carpenter - NHS - South Kent Coast CCG & NHS Thanet CCG, Accountable Officer
Abdool Kara (AK)	Kent District Councils Chief Executives
Gill Rigg (GR)	Kent Safeguarding Children Board Independent Chair
Ian Darbyshire (ID)	Senior Commissioning Manager, CAMHS, NHS
Dave Holman (DH)	West Kent CCG - Head of Mental Health Commissioning
Amy Merritt (AM)	KCC – Commissioning Officer
Jennifer Maiden Brooks (JMB)	KCC – Policy Manager
Jill De Paolis (JDP)	KCC - Commissioning Officer

Apologies:

Patrick Leeson	KCC – Corporate Director – Education and Young People's Services
Hazel Carpenter	NHS – Sue Mullin substituting
Mark Lobban	KCC - Director of Strategic Commissioning
Michael Thomas-Sam	KCC - Strategic Business Adviser

		ACTION
1.	<p>Minutes of the last meeting and Matters Arising: Accuracy of minutes agreed.</p> <p>CAMHS contract: TW confirmed the contract had not been extended at the time of the last meeting. This was a misunderstanding. Members have now been consulted and Children's Social Care and Health Cabinet Committee agreed it should be extended subject to some modifications to the contract which are being drafted.</p> <p>OfSTED inspection: KCC's Improvement Journey narrative is currently being drafted. TW will share with partners</p> <p>KS confirmed the required action on the Emotional Health Strategy had been carried out and GR confirmed her action</p> <p>Teenage Pregnancy Strategy: CT confirmed this will come to the next meeting of this board</p>	<p>TW</p> <p>JDP/CT</p>
2.	Emotional Well Being Strategy Delivery Plan:	

	<p>AI reported that the event at the Kent Showground was very successful in moving things on and was particularly pleased about the involvement of the young people.</p> <p>DH briefed the Board that following approval of the draft strategy a public consultation had taken place. There were 134 responses most of which gave full support to the proposed approach. Subsequent to this Amy Merritt developed the Delivery Plan with partners.</p> <p>DH recommended the strategy goes for Scrutiny as this is a major service. He further recommended the Task and Finish group continue to ensure delivery of the delivery plan.</p> <p>Amy Merritt talked the Board through the Delivery Plan, the different levels of support and how they are envisaged working as part of a holistic service. She underlined that the Task and Finish group would need to drive forward implementation across all the relevant services and that implementation would not just be about commissioning.</p> <p>PS asked about tier 3.5 ID clarified this is because there are currently 2 different services in specialist CAMHS; tier 4 being commissioned by NHS England and this helps to differentiate between them (crisis service in Tier 3 and Tier 4 outreach) DH agreed to take forward work to align the services and the resource.</p> <p>It was agreed that the Task and Finish group would continue and would ensure progress of the Delivery Plan, reporting back to this Board any barriers to progress as necessary.</p> <p>AI outlined the next steps:</p> <ul style="list-style-type: none"> • CHWBB approve the strategy and it goes to HWBB for final approval. • The delivery plan needs to include the procurement process with clearly mapped out milestones, including agreeing the specification and finance. If 'invest to save' decisions need to be made then the case must be clearly made. • Communicating and engaging partners, especially schools and GPs in particular will be a challenge and this needs to be clarified in the plan. • Need to check it 'sits well' with the thresholds for SCS referrals. <p>FK: We need to think about linking up eg to the Headteacher Forum.</p> <p>The above points were agreed. The Task and Finish group were asked to work up the points above into the plan and circulate to the members of the CHWBB for the March meeting.</p> <p>The high level strategy was agreed and it was further agreed it should go to Health Scrutiny by AI and PO.</p> <p>AI thanked AM for all her work to take forward the strategy and action plan and wished her well in her new post.</p>	<p>T&F Group</p> <p>T&F Group</p>
<p>3.</p>	<p>Update on COGs and CHWBB Plan</p> <p>A paper which had previously been discussed and agreed at the HWBB, was shared. TW talked through the paper to help Board members understand the complexity of integration of services for children and young people. The 5 recommendations (below) were discussed:</p> <p>1: All partners review the membership of the Children's Health & Wellbeing Board and identify appropriate representatives to ensure they are able to</p>	

	<p>effectively represent them and help to steer the strategic direction for children's services in the county.</p> <p>2: Review Outcome 1 of Kent's Health and Wellbeing Strategy – Give Every Child the Best start in Life. We propose that the Children's Health & Wellbeing Board review this Outcome to ensure that it meets the strategic priorities of the organisations involved, and can be used to drive the delivery of the most important priorities for the county.</p> <p>3: Work in partnership across the Districts, CCGs and KSCB to review the arrangements for working together at a local level. We believe that the current system requires improvement to work effectively, and would want partners to work together to quickly establish a way to establish local governance which is meaningful and effective for all partners.</p> <p>4: Public Health commissioners, in partnership with all colleagues across the Health and Wellbeing Board, refresh and re-develop the model for Health Visiting to deliver an integrated service for families with young children.</p> <p>5: Working together Early Help & Preventative Services & Health Commissioners will agree the actions and programme of work to achieve the priorities of the Healthy Child Programme.</p> <p>It was agreed that a workshop should be held to look at how we work together with CCGs, Districts and KCC represented both at this Board and locally. It was agreed that 1 event may not be enough and it was essential the District Council chiefs are engaged in a conversation. AK agreed to draft a paper to the District Chiefs before the workshop.</p> <p>It was agreed there should be areas of focus rather than 'motherhood and apple pie' and that thought could be given to the JSNA and the current priorities in the HWB Strategy.</p> <p>AK said the governance must be right and we need better communications - eg reorganisations need to be communicated to partners as well as internally and we need to think about what our shared model for change is.</p> <p>AI said we need to resolve CCG boundary issues with Districts and what is missing locally that these groups need to be delivering and achieving.</p> <p>TW agreed to attend the Joint Chiefs meeting on March 12th and to meet AK first.</p> <p>PO said once we are clear what the COGs are for then we can decide who should sit on them. We won't get it right from day 1, there needs to be a process. If KCC wants them to happen we need to put in the resource and make sure they are held accountable and report on their progress.</p> <p>DS, DH, FK volunteered to help TW and AK to take this work forward AI asked for an update at the next meeting.</p> <p>FK to send AK information on the new Early Help arrangements and key contacts to share across the Districts</p>	<p>TW</p> <p>KS</p> <p>FK/KS</p> <p>TW/AK</p> <p>TW</p> <p>FK/AK</p>
4.	<p>Update on protocol on the working arrangements between HWB, KSCB and CHWB</p> <p>JMB introduced her paper.</p> <p>It was approved to go forward to the next stage of the approval process, but board members underlined the fact that the test will be in how we translate it into reality, what difference it makes to outcomes for children and families.</p>	

5.	<p>Outcome 1 of the HWB Strategy: Every child has the best start in life DS said we must think about the way we do things differently and move away from medicalising things such as support for speech and language, developing models like that for the Emotional Wellbeing Strategy.</p> <p>After discussion as to the best way to take forward the review it was agreed that the CHWBB planning group should start this work. All partners were asked again to confirm members of this group.</p>	TW
6.	<p>Update and Plan on Speech and Language and Behaviour services in Kent NHS TW reported that Martin Cunnington (MC) was not able to attend the meeting but he had sent an email. AI said he expected MC to produce a paper and attend the next meeting of the Board as this is an extremely important area of work; the Board needs to understand and discuss the issues fully in order to help move things forward.</p>	TW/JDP
8.	<p>AOB: It was agreed that the May meeting date be changed as it is during half term. JDP to add DS to mailing list for this Board</p> <p>Date of next meeting: 25th March 2015 Darent Room, 2.00 – 4.30</p>	JDP