

# Children's Health and Wellbeing Board

25<sup>th</sup> March 2015  
Medway Room, Sessions House, Sessions House

## MINUTES

### In attendance:

Andrew Ireland (AI)  
Peter Oakford (PO)  
Debbie Stock (DS)

Philip Segurola (PS)  
Florence Kroll (FK)  
Karen Sharp (KS)  
Sue Mullin (SM)

Jennifer Maiden Brooks (JMB)  
Jill De Paolis (JDP)  
Patrick Leeson (PL)  
Rebecca Walker (RW)

Lee Russell (LR)  
Colin Thompson (CT)

KCC – Corporate Director – Social Care, Health & Wellbeing (Chair)  
KCC - Cabinet Member SCS  
NHS – Dartford, Gravesham, Swanley and Swale CCG Chief Operating Officer  
KCC - Acting Director Specialist Children's Services  
KCC - Director Early Help and Preventative Services  
KCC - Head of Public Health Commissioning  
For Hazel Carpenter - NHS - South Kent Coast CCG & NHS Thanet CCG, Accountable Officer  
KCC – Policy Manager  
KCC - Commissioning Officer  
KCC – Corporate Director – Education and Young People's Services  
For Abdool Kara, Interim Strategic Housing and Health Manager, Swale District Council  
T/Supt Kent Police  
Consultant in Public Health (Children)

### Apologies:


Hazel Carpenter (HC)  
Abdool Kara (AK)  
Thom Wilson (TW)  
Gill Rigg (GR)  
Mark Lobban (ML)  
Roger Gough (RG)  
Michael Thomas-Sam (MTS)

NHS – Sue Mullin substituting  
Kent District Councils Chief Executives  
KCC - Head of Strategic Commissioning (Children's)  
Kent Safeguarding Children Board Independent Chair  
KCC - Director of Strategic Commissioning  
KCC - Cabinet Member Education and Health Reform  
KCC - Strategic Business Adviser

		<b>ACTION</b>
1	<p><b>Minutes of the last meeting and Matters Arising:</b> Accuracy of minutes agreed.</p> <p>DS asked the minutes be changed to add Swale to her job title</p>	JDP
2.	<p>Speech and Language and Behaviour (ADHD and ASD) update. It was confirmed that Martin Cunnington had not progressed this work and that the CCGs are all withdrawing from the arrangements with the Health Commissioning Support Unit. DS said her understanding is that each CCG will look at SALT and behaviour. This was confirmed by SM. AI expressed concern about equity across Kent and said the CHWB would want to track this work. DS confirmed it is an area of priority for the CCGs.</p>	
3.	<p><b>Update on Locality Working</b></p> <p>JDP gave a short presentation on behalf of TW. Slides attached.</p> <p>DS said it's important there is no duplication. Purpose and prioritisation are critical and they must work on what cannot be done by others means. SM talked about the work of the COG in Thanet. She felt a clear mandate would be helpful</p>	



Microsoft PowerPoint  
97-2003 Presentation

	<p>and developing a plan locally to deliver the mandate. She felt the group was essential for effective multi agency working with children and young people across the District.</p> <p>AI said we need to resolve whether there is central direction of the local groups. Independent chairs are part of that; also members may have views on their importance as core members of the groups.</p> <p>We'll probably need to agreed broad parameters and structure. Would we want to have a review and monitoring role and tighter targets etc. for these groups? It was agreed that the workshop needs to take place as a matter of urgency and the target start date for the new arrangements is September 2015.</p> <p>SM said HC had asked that senior leaders are invited to the workshop. TW to share list of invitees with AI.</p> <p>PL suggested that if Thanet and any other COG is particularly effective perhaps the workshop could look at what the crucial factors are to make this happen and that might be a good starting point for the workshop.</p> <p>FK expressed an interest in attending Thanet COG. PS suggested Dartford COG is also be worth a visit.</p>	<p>TW</p> <p>TW</p>
<p>4.</p>	<p><b>Children's JSNA Update - CT</b></p> <p>CT explained that the JSNA is not a single document, but a series of documents and a summary document, although currently there is not a summary for the children's JSNA. CT has met PL &amp; TW to discuss what would be helpful and has been meeting with data people, but will now set up a group of key managers to "steer" the JSNA for children. The additional chapters will be completed by June.</p> <p>FK asked about particular groups or communities which may be vulnerable - e.g. gypsies &amp; Roma. PL asked about Speech and Language and said it would be helpful to have specific recommendations. (e.g.: resources targeted to earliest years.) We need to have recommendations to help commissioners and suggested each section has a summary of key points or priorities for commissioners.</p> <p>LR welcomed the areas covered in CT's paper and felt that findings would be helpful for multi-agency work for CYP. DS reemphasised the importance of tackling Speech and Language in the same sort of way as Emotional and mental health; with a multi agency strategy including preventative work with parents. AI asked about ASD &amp; ADHD – CT said this will come under disabilities. CT said he would make sure members of the Board got future Children's JSNA proposals and outlines for approval by the Board before being taken forward.</p>	<p>CT</p>
<p>6.</p>	<p><b>0/25 Transformation Update – Plans for Implementation.</b></p> <div style="text-align: center;">  <p>Microsoft PowerPoint 97-2003 Presentation</p> </div> <p>Presentation from FK and PS. Slides attached.</p> <p>They described the challenge of transformation whilst continuing to deliver business as usual. Work is being staggered to help with this.</p>	
<p>7.</p>	<p><b>Sub Group Updates: - Disabilities</b></p> <p>The group has renamed itself "Children and Young People Health and Well Being Board sub group on Disabilities". It also suggests that this Board change its name to reflect the fact that it covers some young people up to the age of 25</p>	

	<p>when they are no longer children.</p> <p>The group has been very active ensuring delivery of the requirements of the Care Act and KCC's own SEND Strategy. Effective joint commissioning is the aspiration.</p> <p>PL said good progress is being made but this is hampered by issues with the Health commissioning and links with all the Kent CCGs needs to be addressed with the decommissioning of the Health commissioning arrangements. The following work needs to be developed and agreed:</p> <ul style="list-style-type: none"> <li>• Seamless pathways for children and young people</li> <li>• Ways in which parents and CYP can be heard to influence this work.</li> <li>• Extending the dashboard to consider views of CYP and parents as their perception is now a PI.</li> <li>• More consistent approached via MASHs and any other arrangements (PL emphasized that MASHs are a good vehicle to achieve aspirations for seamless pathways)</li> <li>• Neurodevelopmental pathways: ASD diagnosis – good progress has been made but not on the delivery of support yet.</li> <li>• ADHD pathways are next.</li> </ul> <p>DS said it would be helpful if plans and issues were written up for the CCGs so they can understand them and take appropriate action to ensure the right people are represented on the sub group.</p> <p>DS suggested Speech and Language would be a good piece of work for the group to progress using the EHWP strategy development as a model.</p> <p><b>Emotional &amp; Mental Health</b></p> <p>KS reported that the group continued to focus on delivery of the Strategy through development of an Action Plan. The needs assessment should come to the next board meeting.</p> <p>Delivery plan – being set in motion – workforce development. Also looking at aligning processes for access to CAMHS and Early Help. Lots of work is going on to ensure key points from the consultation are carried forward.</p> <p>The Strategy and Action Plan are also going through Governance processes with Cabinet Committee and HOSC. KS will bring a further report to next meeting of CHWB.</p>	<p>PL</p> <p>KS</p>
8	<p><b>Kent Teenage Pregnancy Strategy</b></p> <p>CT described how the strategy has been developed. If approved an Action Plan will be developed. The document was welcomed. It was felt it could be further improved with more local data and by clarifying what has worked well in Kent and what still needs further effort. Perhaps links to key documents as an appendix.</p> <p>KS also suggested local data would also be needed on range of issues for the new District COGs.</p>	CT
9	<p><b>AOB: None</b></p> <p><b>Date of next meeting:</b> June 2<sup>nd</sup>, 2-4.30, Sessions House, Swale 2</p>	