

Children's Health and Wellbeing Board

30th July 2015
Medway Room, Sessions House, Sessions House

MINUTES

In attendance:

Patrick Leeson (PL)	KCC – Corporate Director – Education and Young People's Services (Chair)
Andrew Ireland (AI)	KCC – Corporate Director – Social Care, Health & Wellbeing
Colin Thompson (CT)	Consultant in Public Health (Children)
Hazel Carpenter (HC)	NHS - South Kent Coast CCG & NHS Thanet CCG, Accountable Officer
Thom Wilson (TW)	KCC - Head of Strategic Commissioning (Children's)
Gill Rigg (GR)	Kent Safeguarding Children Board Independent Chair
Michael Thomas-Sam (MTS)	KCC - Strategic Business Adviser
Amber Christou (AC)	For Abdool Kara, Interim Strategic Housing and Health Manager, Swale District Council
Dave Holman (DH)	Head of Mental Health Programme and Sevenoaks Locality Commissioning, NHS West Kent CCG
Matt Stone	On behalf of Ruth Hillman
Stephanie Brown	KCC Business Information & Support Officer (minutes)

Apologies:

Abdool Kara (AK)	Kent District Councils Chief Executives
Roger Gough (RG)	KCC - Cabinet Member Education and Health Reform
Lee Russell (LR)	T/Supt Kent Police
Karen Sharp (KS)	KCC - Head of Public Health Commissioning
Ally Hiscox (AH)	Deputy Chief Operating Officer NHS Swale and NHS Dartford, Gravesham and Swanley CCGs
Sue Mullin (SM)	Commissioning Support Manager - Inequalities NHS Thanet Clinical Commissioning Group, Thanet District Council
Mark Lobban (ML)	KCC - Director of Strategic Commissioning
Philip Segurola (PS)	KCC - Acting Director Specialist Children's Services
Peter Oakford (PO)	KCC - Cabinet Member SCS
Debbie Stock (DS)	NHS – Dartford, Gravesham, Swanley and Swale CCG Chief Operating Officer

		ACTION
1	<p>Minutes of the last meeting and Matters Arising: Accuracy of minutes agreed.</p> <p>TW explained the Board hadn't met since March because the last Board meeting was a workshop with other invitees to review the locality arrangements for Children's Operational Groups.</p> <p>Item 4 - JSNA update - draft complete, this will be on the next agenda.</p> <p>Item 7 – regular written summaries provided for CCGs on what commissioning needs are.</p> <p>Item 8 – TP – updates made from last meeting, with Graham Gibbins, strategy will be sent out with minutes.</p>	SB

3.	<p>Verbal update on current UASC position</p> <p>TW explained that over the last 2 months there has been a significant increase in the numbers of Unaccompanied Asylum Seeking Children (UASC) coming into Kent averaging approx. 40 arrivals per week. From the time they are reported they are taken into the care of KCC within 6 hours. This has caused considerable strains on the system. KCC is working in partnership with Home Office and DfE. The DfE visited yesterday; there may be a possible dispersal so Kent doesn't have to take all of these YP into their care. The visit confirmed that the DfE were satisfied children were being kept safely, and noted that Kent is under immense strain.</p> <p>A discussion of the issues followed. Numbers have significantly increased since last year when KCC had planned to close Millbank. This was not enacted prior to increasing numbers of arrivals - and they now have occupancy of 100. DfE thought this was a good service. KCC is currently looking for alternative reception centres. Ladesfield will open 1st September. The Board was asked to bear with KCC as it tries to manage the knock on effect to the whole of SCS.</p>	
4.	<p>Structures to Support Delivery</p> <p>New CYPP Development TW gave presentation and explained the reasons why we need a new CYPP. The new plan will be completed by March 2016. Partners need to feel that there is effective partnership working, they are signed up, engaged, and feel ownership of the strategy. This board will drive the plan through to completion. KSCB will also have a key role.</p> <p>New children's partnership groups are fundamental for delivery in district areas. TW sought approval for the proposed approach including the involvement of CYP.</p> <ul style="list-style-type: none"> • Following a discussion the Board agreed to the proposals with the following caveats -priorities to be agreed with CHWBB • plan must be broad in its overarching priorities and avoid too much detail • CHWBB keen to see detailed proposals re consultation and how it will be managed <p>Local Partnership Groups Blueprint (COGs) TW went through the initial draft Blueprint – taken from the workshop including specific votes.</p> <p>Governance and name needs to be agreed. The groups should be aligned to this board and aligned to CYPP with clear links to Safeguarding. COGs (existing name for groups) are currently subgroup of Local Health and Well Being Boards.</p> <p>A discussion followed. It was agreed that local level leadership was essential and needs to be effective with a clear focus on outcomes for CYP and wider safeguarding issues in particular. There needed to be a balance between local empowerment and feedback to this Board and a clear a focussed brief.</p> <p>GR – will take to the KSCB. She would also like proposal around Safeguarding needs.</p> <p>TW – said he was raising this in as many meetings as possible over coming months – and attending existing or new groups in each district.</p>	<p>TW</p> <p>GR</p> <p>TW</p>

	<p>AC – need to make sure member orgs pick this up.</p> <p>PL – consideration must be given to some kind of admin support and there needs to be clear agreement for each district on the specifics so they can move forward.</p> <p>TW to speak to Sue Chandler</p> <p>TW – meeting in August with chairs being planned.</p> <p>There was discussion about chairing arrangements. It was agreed there needs to be a clear communication about the new arrangements. There is not an expectation that independent chairs are necessary, however each group should consider chair arrangements and elect its own chair.</p> <p>PL – proposed the groups should be called Local Children’s Partnership Groups. All agreed.</p> <p>TW – expectation is that all areas will have a working LCPCG by the end of September.</p>	<p>All</p> <p>All</p> <p>TW</p> <p>TW/MTS</p> <p>TW/MTS</p>
6.	<p>Emotional Well-being Strategy</p> <p>DH gave an update on the strategy. The paper was written by Jess Mookherjee.</p> <p>Product so far – EWB strategy, delivery plan to reflect wider actions, model that leads to contract specs for Aug 2016.</p> <p>Lots of engagement in this work. CYP video helped devise model. Lot of work around contracts over last 6-8 weeks – whether to extend or not. Contracts were extended in 2014 until Aug 2016 – this includes CAMHS, young healthy minds and harmful sexual behaviour and post sexual abuse services.</p> <p>Next steps – to agree a new model. This is almost complete. A key issue is Single Point of Access. The new model promotes wellbeing, timely access, working with the whole family. Draft spec. has gone out to colleagues for clinical and other input and review. It goes back to HOSC on 4th Sept to sign off model, contract procurement framework and finance. May not need to go to full consultation.</p> <p>PL – really encouraging, commitment to deliver by 2016 and not seek another extension. Hard to tell from delivery plan what will be different - is it possible to produce key messages doc in next couple of weeks? Whole system model diagram not quite right yet. Want more to happen at universal level progressively targeted and specialist. Some to go back to schools – a few more curves/circles. Will help schools deliver better.</p> <p>FK – some details have not been fully reflection from previous discussion. Also, Headstart opportunities. Model that must fit with new EH commissioning. Headstart plan to be completed and delivered in schools.</p> <p>DH – Next big headline is HOSC. Also, in terms of sign off, went to CCGs 2 months ago, and again in 2 months, needs to go to other boards. Not got sign off from CCGs yet. Looking for their support.</p> <p>HC – Clinician’s voice needed. Also Headteachers and GPs want to understand implementation fully – more discussions needed locally? GPs need to</p>	

	<p>understand both as local commissioners and providers</p> <p>DH – going to Dartford – Local heads board. PL suggested he attend more district Headteacher meetings and offered to facilitate this.</p> <p>FK – Ruth on board now, probably capture together – GPs and Heads need to understand SPA triage is key.</p> <p>DH – Clarification is still awaited from Medway on whether they are in or out. Their current response was that would wait to see what spec looked like. They are currently “in”.</p>	
7.	<p>Sussex Partnership CQC Matt Stone – acting AD in Sussex Partnership</p> <p>Matt attending on behalf of Ruth Hillman. Explained background. CQC looked at 6 children’s teams – Medway and Maidstone teams were looked at and 4 other CAMHS services in 2 other areas. Difficult to pick out any specifics.</p> <p>PL – asked: timely access is critical – can you say more about way in which this is being addressed?</p> <p>MS – demand and capacity issues - recruitment issues in WK. Recognise need to be better at recruiting. Demand is also very high. New IT system, safe, confidential mobile access, rolled out 13th July. Integrates performance and practitioner data. Will be able to call up previous notes immediately. Risk Assessments not up to date as notes not all in one place – this has been recognised and addressed. Gone smoothly.</p> <p>Waiting lists – previous information system had impact on waiting lists, not accurate due to 2-3 system approach – not showing that child had been seen. Data cleansed, should now be more accurate but will still be waiting lists. Reporting monthly and weekly where required.</p> <p>Looking at recruitment – using all manner of incentives, so not relying on agency staff. Also looking at other ways of providing access to appropriate therapies as treatment of first choice.</p> <p>Looking at different ways to ensure YP are safe. More proactive with regular phone ins with families.</p> <p>Recovery plan for mandatory training – all staff will be up to date by November 2015 – level 3 safeguarding at forefront. Safeguarding is currently good.</p> <p>Serious Incidents levels were high due to chosen method of reporting.</p> <p>Issue re place of safety has been addressed.</p> <p>Inspectors were positive across children’s division re range of therapies etc., recognised that need to make sure good practice is available across Kent.</p> <p>Responsiveness – accessibility – home treatment model was recognised as brilliant development.</p> <p>Families getting good info – they are directed to websites that practitioners will have checked. Undertaken with Healthwatch and other Kent partners. Good model, coherence in working within it. Still improvements to achieve.</p>	

	<p>Last page is an action plan.</p> <p>PL thanked HC – helpful short term actions being taken, congrats on outstanding and good aspects of the report, but also focus is needed on areas that require improvement.</p>	
8.	<p>Integrated Reviews for Two Year Olds</p> <p>Alex Gamby presented a joint paper with Colin Thompson about the integration of reviews currently delivered individually and separately by the Health Visiting Service as part of the Healthy Child Programme (HCP) and early education providers (Early Years Foundation Stage – EYFS)</p> <p>The proposed next steps are to extend the pilot activity in Thanet, because of the already well embedded working with health visitors and early years settings and also because Thanet has the highest number of children currently eligible for a free place at age two.</p> <p>The Board was asked to agree recommendations for the extended pilot.</p> <p>This was agreed with recommendations that read across ensured with new contract Karen Sharp is negotiating for HV to meet demands of pilot. CT to discuss further with Karen. This may involve an amendment to the timeline.</p> <p>AG agreed to report back to this Board in 12 months.</p> <p>Report back to board in about 1 year.</p>	<p>CT</p> <p>AG SB - agenda</p>
9.	<p>Verbal update: Disabled Children’s Distant Placements</p> <p>ADCS note came out relating to DfE and Department of Health in relation to placements made for children that are distant from their home. This is linked to Winterbourne View work. There have been concerns nationally of a lack of partnership working – with specialist NHS commissioning not always informing local areas of details or aligning assessment. Email from Kate Shethwood.</p> <p>DH – work with Penny Southern re Winterbourne View that will feed back in to AO DMT.</p> <p>AI – The Winterbourne View work well established vehicle which should take the lead on this area – once it has been confirmed which CCGs are responsible for the three Kent young people affected. .</p> <p>DH – agreed to forward to Penny and pick up.</p>	<p>DH</p>
10.	<p>AOB:</p> <p>UASC – AI – gave a further, more detailed update on the current situation with UASC. The major spike of arrivals that has pushed total number of under 18 UASC to over 600.</p> <p>Establish more reception facilities, opening up a former care home in Whitstable – Ladesfield which will take another 40. This may only last 2 weeks before it’s full, need more, have other options. Crossed Rubicon of being able to place in Kent.</p>	

	HC – that's really helpful, been in contact with National Health SE. Need to keep in close contact with AI.	
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Date of next meeting: 24th September 2015