

Children's Health and Wellbeing Board

24th September 2015
Medway Room, Sessions House, Sessions House

MINUTES

In attendance:

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
Philip Segurola (PS)	KCC - Acting Director Specialist Children's Services
Peter Oakford (PO)	KCC - Cabinet Member SCS
Matt Stone	On behalf of Ruth Hillman
Roger Gough (RG)	KCC - Cabinet Member Education and Health Reform
Sue Mullin (SM)	Commissioning Support Manager - Inequalities NHS Thanet Clinical Commissioning Group, Thanet District Council

Apologies:

Abdool Kara (AK)	Kent District Councils Chief Executives
Lee Russell (LR)	T/Supt Kent Police
Karen Sharp (KS)	KCC - Head of Public Health Commissioning
Ally Hiscox (AH)	Deputy Chief Operating Officer
Mark Lobban (ML)	NHS Swale and NHS Dartford, Gravesham and Swanley CCGs
Debbie Stock (DS)	KCC - Director of Strategic Commissioning NHS – Dartford, Gravesham, Swanley and Swale CCG Chief Operating Officer

		ACTION
1.	Welcome and introductions/apologies	
2.	<p>Minutes of the last meeting and Matters Arising: Accuracy of minutes agreed.</p> <p>JSNA Update – New national data on deprivation will be available in early October. These are to be included in the JSNA. JSNA will be brought to next meeting.</p> <p>CYPP and LCPGs – (See Item 9) 8 out of 12 districts have been visited, discussion undertaken with KSCB.</p> <p>Emotional Wellbeing Strategy - Health Overview & Scrutiny Committee have asked to see Draft specifications. Following initial versions in October, final versions are expected to be completed November/mid-December.</p> <p>Disabled Children's Distant Placements – It was agreed that this would be led by Penny Southern, with information from Dave Holman</p> <p>UASC: Verbal Update (Andrew Ireland)</p> <p>There have been further significant arrivals this week, numbers of UASC are now over 740. All cases are allocated. 69 UASC are currently missing.</p> <p>A national discussion is taking place today in relation to a dispersal scheme.</p>	<p>CT present in next meeting</p> <p>Action: Update in next meeting</p>

	<p>Conflation of issues with refugee crisis is likely to slow down national response to UASC.</p> <p>Largest numbers of UASC are from Eritrea, followed by Afghanistan. Very few are from Syria.</p> <p>Support has come from a number of other local authorities, including Brighton and Hove, Surrey, and three authorities in Yorkshire. However the substantial majority of local authorities have offered no assistance.</p> <p>There appears to be a change in public opinion with the council receiving offers of support from members of the public.</p>	
3.	<p>NHS Transformation plans for Emotional & Mental Health (Sue Mullin)</p> <p>Transformation Plans were submitted to NHS England for review yesterday (23/09). If NHS England is sufficiently assured about the plans they will release funding of £1.9m. If NHS England is not fully assured by Kent's plans, a proportion of the funding will be awarded.</p> <p>CCGs each submitted transformation plans forming seven appendices to Kent plan. One of the main areas of focus in East Kent is on ASD diagnosis and treatment (8-11 yr olds) and in West Kent focus is on perinatal mental health.</p> <p>A response will be received from NHS England on 18th October. A public-facing version of the document will be published in mid-December. There will be considerable scope for amendments to document before it is published.</p>	
4.	<p>RiskIt programme and presentation (Steve Butler)</p> <p>Presentation from Steve Butler from Young Addaction. Interim report contains outcomes from 168 young people from across 12 schools in Kent over a year. Programme worked with young people vulnerable to risk-taking behaviour, including substance misuse, sexual behaviour and self-harm. Final report will be produced in Nov/Dec with results from 18 schools.</p> <p>Screening tool around behaviours used to identify risk (2000 young people in total) – identified many young people who had not previously received any support. Programme includes group work, 1:1 support and element of peer support. Evidence of impact – reduction in self-harm thoughts and behaviours, reduction in drug and alcohol use (detailed evidence included in report and accompanying slides).</p> <p>Transformation plans submitted to NHS E, including commitment to funding at least one RiskIt worker per CCG. More work is needed to look at difference in demand in each CCG (e.g. 2/3 in West Kent). So far schools have been prioritised based on need. RiskIt comes with strong recommendation from Public Health.</p> <p>SM – would be interesting to think about local links with other services, discussion at LCPG.</p> <p>TW asked about timing for extending programme assuming funding from NHS England agreed – SM: detail not known yet.</p>	
5.	<p>Online Sexual Health Services (Colin Thompson)</p>	

	<p>CT presented brief paper regarding establishment of online sexual health services for:</p> <ul style="list-style-type: none"> • HIV testing • Chlamydia screening • Condom provision <p>These online services would be available only to young people over 16 years old (consistent with current age restrictions).</p> <p>CT asking for comment from CHWB.</p> <p>SM asked if new online service is replacing face-to-face services, CT clarified that this is an additional service which is not replacing face-to-face provision.</p> <p>The CHWB gave its approval to the establishment of online sexual health services proposed.</p>	
6.	<p>0-25 Transformation Animation</p> <p>New animation which has been produced to explain the 0-25 Transformation programme was shown to the group.</p> <p>PS explained the audience would be primarily internal KCC teams and has been produced in response to potential anxiety from staff about savings needed through programme - want to make clear it is about improving practice: "Practice to be proud of".</p> <p>HC – Health services will be asking – so what for is the impact for us? How might this impact GPs etc</p> <p>PS - explained that for external audience the animation would need to be contextualised, articulating changes to wider partners would be a further step.</p> <p>HC offered to test the animation with people and feedback responses.</p> <p>MT-S asked if version available for public. PS explained not at the moment – focus here was on staff.</p>	
7.	<p>Update on LCPG Implementation</p> <p>Presentation from TW updating on implementation of Local Children’s Partnership Groups across the county. Eight districts have been visited by TW and team and visits are planned to remaining four.</p> <p>Feedback has been gathered leading to proposed amendments to Blueprint in relation to membership, safeguarding leads and chairs.</p> <p>HC raised concern in relation to role of chair and clarity around role description.</p> <p>TW – will develop role description for chair to accompany Blueprint by end of next week.</p> <p>With agreed actions in relation to chair, amendments to Blueprint were agreed by the CHWB.</p>	TW

	<p>GR fed back that the KSCB are very pleased to see these developments and hope to see the implementation as soon as possible.</p> <p>CT – will any changes be made to the membership of the CHWB as a result? Proposal is that two LCPG chairs should attend each CHWB meeting. TW explained that this was not the intention, but that a chairs group would feedback to CHWB in each meeting.</p> <p>There will be further discussion around development of Children and Young People’s Plan and selection of outcomes and indicators.</p> <p>Further update to be brought to the next meeting of the CHWB.</p>	<p>TW at next meeting</p>
<p>8.</p>	<p>AOB:</p> <p>Date of next meeting: 25th November 2015</p>	