## Children's Health and Wellbeing Board

25<sup>th</sup> November 2015 Darent Room, Sessions House, County Hall

### **MINUTES**

### In attendance:

Andrew Ireland (AI) KCC – Corporate Director – Social Care, Health & Wellbeing

Colin Thompson (CT)

Karen Sharp (KS)

Thom Wilson (TW)

Gill Rigg (GR)

Consultant in Public Health (Children)

KCC - Head of Public Health Commissioning

KCC - Head of Strategic Commissioning (Children's)

Kent Safeguarding Children Board Independent Chair

Michael Thomas-Sam (MT-S) KCC - Strategic Business Adviser

Philip Segurola (PS) KCC - Acting Director Specialist Children's Services

Peter Oakford (PO) KCC - Cabinet Member SCS

Abdool Kara (AK) Kent District Councils Chief Executives

Roger Gough (RG) KCC - Cabinet Member Education and Health Reform

Florence Kroll KCC – Director of Early Help

Supt Simon Thompson Kent Police

Samantha Bennett KCC – Public Health

Patrick Leeson KCC – Corporate Director – Education & Young People's Service Jane O'Rourke Head of East Kent Children's Commissioning Support Team

**Apologies:** 

Lee Russell (LR) T/Supt Kent Police

Ally Hiscox (AH) Deputy Chief Operating Officer

NHS Swale and NHS Dartford, Gravesham and Swanley CCGs

Mark Lobban (ML) KCC - Director of Strategic Commissioning

Debbie Stock (DS)

NHS – Dartford, Gravesham, Swanley and Swale CCG Chief Operating

Officer

Penny Southern KCC – Director of Disabled Children, Adults Learning Disability and

Mental Health

		ACTION
1.	Welcome and introductions/apologies	
2.	Minutes of the last meeting and Matters Arising:	
	Accuracy of minutes agreed.	
	Proposed name change: In order to make the title of this Board compatible with the 0-25 Portfolio Board in Kent County Council, and a number of strategies, the Chair proposed that the name changes to the "0-25 Health and Wellbeing Board". This proposal was agreed by the Board.	
	The Chair proposed that Penny Southern (Director Disabled Children Adult LD/MH) become a member of the Board. This proposal was agreed by the Board.	
3.	UASC Update (Andrew Ireland)	
	There are currently 980 Unaccompanied Asylum Seeking Children, plus an additional 401 UASC Care Leavers. Arrivals have reduced over the last 4-5 weeks, with only 18 last week. This is a significant reduction for Kent, but still significantly more than any other LA. There is now greater stability in terms of placements – all three reception centres functioning and currently have capacity. The reduction in arrivals appears to be due to changes in police activity in and	

around Calais.

Central government have agreed a significantly improved financial settlement for KCC which goes a considerable way to closing the financial gap and largely meets costs of increased activity. A letter has been sent today to all LAs signed by the Home Secretary and Secretaries of State for Education and Communities Local Government asking other LAs to take children from Kent, stating that current numbers taken by other LAs are "not good enough". The letter also addresses the financial situation in relation to care leavers. The letter is a significant milestone, but operational responsibility remains with KCC. There is still a need to continue to pursue a permanent dispersal scheme.

AK – asked for clarification on which tier LA would receive letter – AI: upper tier only.

PO added that the letter contains a weak financial statement, no commitment beyond April and this may temper the response of other LAs.

FK – has had discussions with Nick Wilkinson around potential risks to community safety, CSE, Prevent agenda – and best way to co-ordinate and make links, e.g. with education around NEETs. There was a suggestion that a Strategic Partnership Group to be developed. PS agreed collective dialogue needs to be considered as more UASC young people move into community. PS will consider this.

PL – stated that 6-8 hubs have been developed around the county to support UASC with English language, independence and employability skills.

# 4. Children & Young People's Plan and Local Children's Partnership Groups (TW)

TW presented on development of CYPP using Outcomes Based Accountability including looking at contributions so far from 12 LCPGs, consideration of population groups and development of outcomes and indicators. Missing from areas raised by LCPGs is school achievement/educational attainment, achievement gap (in addition to FSM), indications of distress – e.g. school exclusions/behavioural issues. AI & RG reminded the group that looking at universal indicators for all children and young people is part of the remit of the Board.

FK – sought clarification around how CYPP in relates to other strategies (e.g. HWB Strategy) as well as its link to LCPGs. Al – CYPP is replacement for Every Day Matters. Development of this plan will be a more inclusive process and final product will be more recognisable and greater ownership.

Discussion around process of challenge, in particular in relation to indicators and ensuring selections are evidence-based and informed by data. Suggestion from AI that this group need mechanism to challenge the process during each phase.

Action: Before next meeting, insert opportunity for challenge to outcome and indicator selection and process through a meeting of a sub-group of this Board. (TW)

Discussion around 'guiding principles' and ensuring process considers why things haven't progressed; what the barriers and obstacles are; what a whole system response looks like. Important to consider relationships between indicators - 'co-morbidity'.

Discussion around public consultation and final sign-off of CYPP. Sign off will be

TW

	from LCPG Chairs Group, KSCB, CHWB and HWB. TW suggested following completion of CYPP in March, a 6-8 week period of public consultation. Al asked	
	what form public consultation would take.	
	Action: Next meeting, bring plan for public consultation for decision from Board.	ALL
	FK – decision has been taken to use Early Help funding to form local grant pots to spend based on local priorities, sub-groups of each LCPG to evaluate use of grant.	
	Action: Next meeting, bring plans around local grants and involvement of LCPGs.	ALL
5.	JSNA (Colin Thompson)	
	CT introduced a JSNA Summary for Children and Young People. The document has already received feedback and input from a number of people and is leaner as a result. It is an amalgamation of chapters from the Public Health Observatory of issues with recommendations for each chapter. It starts with cross cutting themes, then age groups in turn. CT asked the Board for views on how to take it forward and to consider its usefulness in the commissioning cycle.	
	FK – clarification on page 6, number of CiC listed as 'OLA' is 13. Important to ensure demand from CiC from other local authorities is accurately captured.	
	PS – clarification on page 8, percentage of children living in households where there is parental mental ill-health 17.8%.	
	There was discussion around the status of recommendations and how they will be implemented.	
	PL – The document doesn't sufficiently identify gaps and priorities. The priorities and urgent issues don't 'jump out', the document needs further development. We know what they are – and they need to be clear.	
	RG – need to think about where it should sit within a suite of documents that is directly useful to commissioners (JSNA, HWB Strategy, and Commissioning Plans).	
	Action – comments on JSNA back to CT by 14 December and future iteration back to CHWB	ALL
6.	Emotional Wellbeing Strategy progress and next steps. (Thom Wilson)	
	TW presented update from Dave Holman. A new Collaborative Commissioning and Procurement Board have met for the first time to progress work. Intensive work is needed to finalise a number of aspects. Work needs to be co-ordinated with Future in Mind 5 year transformation. Leads have been decided for various areas of work.	
	The Collaborative Board is recommending an outcome based specification will support the development of a strategic relationship with provider.	
	Next meeting on 7 Dec and HOSC want to look at progress again in January.	
	Brief discussion around tight timescales, key to get out to market as soon as possible. Al reminded that it is an NHS procurement process. There may be a small number of potential bidders.	

### 7. NEET Strategy (Sue Dunn)

SD introduced the NEET Strategy. Aim is for no more than 1% NEET by Jan 2017. Strategy has a focus on targeting work to vulnerable groups based on characteristics of NEETs e.g. one third have had an SCS referral, one quarter known to YOT.

Looking at profiles at district level with focus on partnership in districts and key building blocks such as schools and colleges.

Work around 14-19 pathway ensuring appropriate support at transition points. E.g. importance of getting English and maths at GCSE and pathway into employment - transferring from school into work and apprentices PL – important to emphasise that it is everybody's business and be clear about expectations across services and partners. PL is chairing strategy group which is tracking data and young people so no one gets lost.

AI – important relationship with LCPGs – district focus on issues. Also consider relationship with JSNA, SEND, EHWB.

AK – welcomes district focus. Wants to emphasise that is important not to underestimate practical issues in certain areas – e.g. transport, local FE provision. Opportunity to use local knowledge of opportunities arising e.g. regen projects that may provide employment opportunities.

### 8. Head Start (Florence Kroll)

FK presented paper on Phase 3 Development of Head Start. Opportunity for further Big Lottery investment for 5 year programme starting in June. Big Lottery are pleased with progress in Kent, have observed need for tighter governance and strategic oversight.

Recommendation that HeadStart programme reports to CHWB. Also recommended that CHWB agree mission, goals and activities of programme.

Target populations – Big Lottery want us to start with small areas for programme and also influence system of change. Beginning with four clusters of schools and expand across whole county by end of 5 years.

The Board agreed the recommendations.

Action – FK to bring Case for Investment to next meeting for consideration.

FΚ

#### 9. **AOB**:

AK sends apologies for next meeting.

Date of next meeting: 22<sup>nd</sup> March 2016