# 0-25 Health and Wellbeing Board

12 January 2016 Medway Room, Sessions House, County Hall

# **MINUTES**

# In attendance:

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

Thom Wilson (TW) KCC - Head of Strategic Commissioning (Children's)

Michael Thomas-Sam (MT-S) KCC - Strategic Business Adviser Peter Oakford (PO) KCC - Cabinet Member SCS

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

Supt Simon Thompson (ST) Kent Police

Samantha Bennett (SB) KCC – Public Health

Patrick Leeson (PL) KCC – Corporate Director – Education & Young People's Service
Jane O'Rourke (JO) Head of East Kent Children's Commissioning Support Team
Renny Southern (PS) KCC – Director of Disabled Children, Adults Learning Disability and

Mental Health

Amber Christou (AC) Swale District Council

Clare Hayward (CH) East Kent Children's Commissioning Support

Sue Chandler (SC)
Sari Sirkia-Weaver (SSW)
South Kent Coast LCPG Chair
Canterbury LCPG Chair

Angela Ford (AF) Ally Watson (AW)

**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

Abdool Kara (AK) Kent District Councils Chief Executives

Florence Kroll KCC – Director of Early Help

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

Gill Rigg (GR) Kent Safeguarding Children Board Independent Chair

Karen Sharp (KS) KCC - Head of Public Health Commissioning

		ACTION
1.	Welcome and introductions/apologies	
2.	Minutes of the last meeting and Matters Arising: Accuracy of minutes approved.	
	LCPG – meeting last week – indicators at initial level in slides today, proposal is to set up a virtual group.	
	JSNA – SB and PL met to discuss needs – this is progressing. Next is to identifying priority areas, undertake in depth work, and pulling together data. An update will come back to the next meeting.	SB

# 3. Item 3 – Children with Disability Lifespan Programme – Penny Southern

PS is now a member of this board.

PS is the Director Disabled Children, Adults LD/MH. Disabled children's service was together with SCS last year, but the re-structure merged services for children with Adults to ensure the pathway of care from children to adults. The Lifespan Programme covers all ages, looking at YP through to adulthood with no cliff-edge at 18.

Penny gave a presentation on Lifespan which is currently in a "design phase".

# Questions:

MTS – mentioned joint commissioning – how will it unfold in the immediate future?

PS - Hoping health colleagues will have similar thoughts, working with TW and Children's Commissioning. From April, will have an integrated commissioning model for adults with LD for 18+.

AC – pleased to see transition as often have to manage YP with MH and LD. Keen to support not putting YP in to residential care. Districts and housing need to be involved. If they are not involved, we will end up with more homeless YP.

Al – the reason for it to come to this meeting is in order to capture the whole aspect of people's lives, give greater continuity in terms of support. This issue is a key part of the agenda for 0-25 HWB, need to translate onto a wider platform to ensure it is being achieved.

Al – helpful introduction to board of what is going on, clearly new legislation for DC and YP with additional needs. At next meeting, resume of work going on under 0-25 HWB SEND Sub-Group and how this fits in.

PL

# 4. Item 4 – Headstart – Angela Ford

Angela Ford gave presentation.

5 year strategy to be funded up to £10m through Big Lottery. If successful there will be £6-8m coming into Kent.

At last meeting it was agreed for governance to the Board. The strategy is still in draft form – but CYP have been really engaged.

#### Questions:

ST- when talking from police point of view, is the social media aspect looked into?

AF – look at digital world in a positive way, needs further development. It's about how they behave online to get right skills to facilitate themselves online, same as in lives.

ST – opportunity for joined up working with police – "safer internet use".

AF – are the Board generally happy with the approach? AI – it is a huge project, clearly important to ensure linkages and communications with all other stakeholders.

# 5. Item 5 - LCPG/CYPP - Thom Wilson

Thom gave presentation.

It was agreed that feedback from the Chairs would be a standing item on the agenda going forward.

Outcomes & Indicators:

Hoping that this board happy to confirm the 4 outcomes. These encompass the things with aspire for C&YP in Kent.

AI – struggling with 0-25 year olds as language. If we leave that bit out the outcomes are sound.

SSW – there big challenges in Canterbury – all will fit into the outcomes.

#### **Indicators**

Do people have any views about those or other criteria?

SC – only one reported as a rate or % - some will be pretty small numbers when broken down. The lower in numbers you go, the more likely to get distortions as samples are so small. As long as broad data number is available. Don't know how increases workload or overcomplicated. Need to understand distortions.

SW – Data is available, but it is a lot of work.

TW – the dashboard is the same across 12 districts, they have a number and then when looking at action planning, someone comes to meeting from PH or BI to inform and feed in.

AC – welcome the structure, but within what is set out, flexibility for autonomy.

TW – definitely opportunity for local indicators, question will always be will they go into dashboard. It would be straightforward to develop a dashboard with blanks.

AC – that sounds reasonable

SC – population groups

TW – not on these slides, but has been to this group previously

SC – data will relate to population groups, if facility is incorporated into dashboard would be beneficial

# **CYPP Public Consultation**

PO – 120 people have completed consultation. People are getting fed up with consultations and don't bother to do.

AC – not yet agreeing any changes, until then, nothing to consult on other than the document.

SC – in this case not going to get any valuable responses back, more likely to find it valuable if considered as a document.

Al – considerable amount of stakeholder engagement, but how much

have schools been involved?

PL – history of attending previous groups were pretty unproductive, know that AEO have been encouraging.

Al – issue of schools being part of stakeholder consultation is important, which could undermine case for public consultation. Is there a relatively easy mechanism?

PL – Need to know about it and have communications strategy, but don't need a consultation. Need to know about local boards etc and the plan, but think that if it is sent as a consultation would get 0 responses.

RG – link to further effort to get schools engaged in area groups in local children's groups. Communication about this and why they should be involved.

TW – there is a clear message not to do a public consultation and think about schools and how to communicate and engage.

Intention is to be annual. Next year informed by dashboard and based on relative performance.

Al – Grants - I would want to be clear that there is proper monitoring of where this gets reflected in budget as it doesn't rest with this board. TW – brief reassurance – existing grants, coming to an end, managed through CC with EH. New grants will continue to be EHPS budget and responsibility. Doesn't imply that this group becomes responsible for everything.

PS – when talk about 0-25 and CYP, I assume we're talking about children with complex disabilities – where is the voice of that and the families? Where is the measure that talking about all children – access, inclusion, bullying and going on to apprenticeships etc. There is no indicator to say a good job has been done. Not sure if specialist schools involved – no measure to say disabled child has a voice.

TW – once we have selected the indicators then we will have a better understanding of the ages ranges they cover. These will be selected using the approach outlined

An update will come back to the next meeting.

TW

# 6. Item 6 - UASC Update - Andrew Ireland

Al – position hasn't significantly moved on since last briefing given to this group. The number did break the 1000 UASC barrier but a large number became 18 on 1<sup>st</sup> January. The Rate of arrivals over last couple of months has slowed providing a period of respite and time to re-group.

Movement to national dispersal group is slow. Three secretaries of state wrote to all LAs with a national offer to take YP from Kent. Response has been disappointing, only 6/7 LAs have come in with an offer, most of which not signification, with 1 exception, 1 offer stipulated only able to take under 5s.

Ladesfield centre is now empty and will close in January. Appledore is still needed, and KCC is still operating 2 reception areas.

Over 450 YP managing as care leavers, living within the county, so significant issues around that. Pressure on resources is still significant and concern currently is that it will grow unless national system happens, and happens quite quickly. Members concerned, as are officers, need contingency plans to manage issue within the county.

Have started to get some English as 2<sup>nd</sup> language programmes underway with support from Patrick's division, but still some big gaps.

#### Questions/issues to be considered:

AC – would age change on 1<sup>st</sup> January be an issue every year? We are concerned about the potential for increasing homelessness if nothing changes; need to look at supported accommodation. Don't get a sense of working together to date

Al – regarding care leavers and accommodation, we are looking at getting forward projection – though it will be limited in value due to status. What we don't know is who will arrive. Growing sense that we are being left to manage it.

7. Item 7 – CAMHS Transformation & Governance – Ally Watson Ally Watson – PM from West Kent CCG gave update.

Kent TP approved by NHS England in December and released to CCGs. Kent Plan is being used by national team as a model of best practice.

Re-procurement of CAMHS contract. Working with current provider SPFT implementing some of the transformation work before re-procurement goes through. Extended until March 2017 to allow work to be implemented. Being overseen by procurement board. Co-chaired by Andrew Ireland and Ian Ayres – meets monthly. Looking to seek approval from this board to dissolve current board and in place transformation board and subgroup.

Some cross over of groups being set up – important to keep separate as huge complex area of work.

Al – draft specification should be finished by end of January. Available for people to peruse in the near future for whole EMHWB service. Work is on track to meet timetable. CCG/Karen and Al due to go to HOSC, get clarification for full consultation. Remain confident will stay on track and will be delivered.

8. **AOB** 

No AOB.