

**Minutes of the 0-25 Health and Wellbeing Board Meeting
20 September 2016
10.00am – 12.00noon
Swale Room 1 Sessions House**

Present:			
Andrew Ireland	AI	-	Social Care Health & Wellbeing Corporate Director, KCC (Chair)
Patrick Leeson	PL	-	Education and Young people's Services Corporate Director, KCC
Roger Gough*	RG	-	Cabinet Member – Education & Health Reform, KCC
Amanda Kenny	AK	-	Swale & DGS CCG Commissioner
Simon Thompson	ST	-	Head of Partnerships and Communities, Kent Police
Stuart Collins	SCo	-	Director of Early Help, KCC
Sam Bennett	SB	-	Public Health Consultant , KCC
Jane O'Rourke	JO	-	East Kent CCG Head of Children's Commissioning
Sue Chandler	SCh	-	SKC LCPG Chair
Penny Southern	PSo	-	Disabled Children, Adults learning Disability and Mental health Director, KCC
Allison Esson	AE	-	Children's Commissioning, KCC representing Helen Cook
Amber Christou	AC	-	Kent District Councils Joint Chief Executives Representative
Philip Segurola	PSe	-	Specialist Children's services Director, KCC
Naz Chauhan	NC	-	West Kent CCG
Mel Anthony*	MA	-	Commissioning and Development Manager, KCC
Pam McConnell	PM	-	Senior Administration Officer, Public Health, KCC (minutes)
* Present for part of the Meeting			
Apologies			
Karen Sharp	Head of Commissioning Public Health, KCC		
Helen Cook	Interim Commissioning Manager Early Help		
Michael Thomas-Sam	Head of Strategy and Business Support		

1. Welcome & Introductions

- 1.1 The Chair welcomed everyone to the meeting and introductions were made.
- 1.2 The Chair spoke about Stephanie Brown's unexpected death and the group acknowledged the contribution and support she provided to both this meeting and sent their condolences to the Children's commissioning team and her family.

2. Minutes from meeting held on 15 June 2016

- 2.1 The minutes were agreed as an accurate account after a minor adjustment to those attending the meeting.
- 2.2 In reviewing the actions the following were noted:
 - Action 8: Healthy Child Programme pathway and commentary – ongoing AK and AI to discuss after the meeting. **Action 1**

- Action 9: SB/JT to provide the link between SEND and the Healthy Child Programme related work. JT provides a link between the meetings and will share information across the groups. The Health Child Programme meetings are time limited groups and will be ending shortly. Reports from the groups will be discussed at future 0-25 health and Wellbeing Board meetings. **Action 2**

2.3 All other actions were noted as completed.

3. UASC Update

3.1 The Chair provided a detailed update on UASC, highlighting the following:

- New arrivals numbers are remaining at a more manageable level with most being placed at centres in Ashford and Cranbrook. Under16s' are being placed in foster care mainly within the County's.
- National Transfer Scheme is in operation however fewer local Authorities have signed up than expected which means that allocations are not quite keeping within the five day timescale stipulated. The concern is if there is a major increase in new arrivals or when assessments take longer than 20 days it becomes more complicated for the transferring local authority.
- In addition to transferring new arrivals the scheme is meant to support Kent with the 1000+ UCAS already placed in the county. This has yet to be established. The window of opportunity for moving children who are in the County is closing as these young people are now settled and there is potential for legal challenge. In addition a significant number of this cohort are now turning 18years old which creates more issues and cost implications for accommodation and funding issues for the holding local authority as the transfer scheme does not cover those 18 and over.
- Kent received a letter from immigration last week which is looking to use the NTS scheme to alleviate the pressures within refugee camps in Calais Work is now being done to identify those young people who have family within these camps. Assurance was given that as Kent has population of UASC over the threshold level, the County would not be expected to take on more young people. In order to address some of these concerns the Council is seeking a meeting with ministers to lobby for those USAC clients that have been awaiting transfer and support for those leaving care.
- Profile of refugees coming through is changing to the majority originating from the Middle Eastern region.
- Health is being proactive in its support with Health assessments. They will be up to date by the end of October and CCGs have also established a website to assist other Local Authorities in how they can support these children.
- For young people that remain the virtual school and college scheme is working well in providing structure and routine.

- 3.2 Assurance was given that there are no significant reports of criminality. The UASC board work with Kent Police in working on citizenship as part of the refugees' induction.
- 3.3 The group discussed the need for the UASC board to meet with housing colleagues in order to have a more co-ordinated approach to providing accommodation for those over 18, especially as the key issue will be their immigration status of whether they have right to remain. The group agreed that there is a requirement for intelligence sharing on what's available and for an understanding of the status of the children which needs to be incorporated as part of the homelessness strategy.
- 3.4 Actions agreed:
- AI/PSe to attend the next Kent Housing Group to invite them to attend the UCAS Partnership board. **Action 3a**
 - AI to speak to the Leader Paul Carter regarding the letter to Kent Leaders. **Action 3b**
- 4. Children's Partnership Needs Assessment – Sam Bennett**
- 4.1 The above presentation gave an overview of how the needs assessment is being developed to be used as a communicational tool to inform future service provision. This will include things like:
- Maintaining an overview of the demographics and information about particular populations
 - Using PHE child health profiles/indicator framework to a county level and reproducing where possible the most deprived family super output areas.
 - Bespoke JSNAs and refreshing existing JSNAs
- 4.2 This would then enable for an analysis so of issues such as:
- Trend analysis of child health indicators and hospital activity
 - Smoking in pregnancy
- 4.3 The group welcomed the developments and discussed the potential for crossover client analysis like school attendance with self-harm. This could be used to inform types of training provision. It was proposed that any future service developments, there needs to be evidence that any needs assessment work has been utilised to ensure that resource is targeted where it is most needed. This will also help inform LCPGs and in particular their grant funding decisions. .
- 4.4 The group agreed to the Chair's recommendation for the report presentation to be taken to the next Kent Health and Wellbeing Board.
- 4.5 Actions agreed:
- SB to investigate the possible to get any notable cross triangular analysis between school attendance, self-harm and CAMHS. **Action 4a**
 - The use of needs assessments to be discussed at the next Kent Health and Wellbeing Board. **Action 4b**
 - PM to send out presentation with minutes. **Action 4c**

5 Joint Reviews for Children at aged 2 Years – Patrick Leeson

5.1 The above paper provided an update on the progress in developments in extending the pilot of 2-2½ year old integrated reviews in the Thanet District, highlighting the following:

- A number of challenges in establishing the pilot, including staffing capacity, IT issues, information sharing and aligning timeframes for the health visiting and early years review.
- Since starting the reviews there has been positive feedback on the process from parents.
- Labour intensive to carry out with all children aged 2-2½ years
- Benefits of the integrated review include the ability to identify and provide support to those with children with greater needs.
- To address the labour intensity of the joint reviews, a targeted approach to focus on those children with greater need and those identified during the health visitor review has been proposed.
- To scale the approach up across Kent for those where there are concerns or developmental delay.
- Some additional funding costs for 16/17 with 17/18 potentially being covered by Early Years

5.2 The report's recommendations were agreed after assurance was given that there is a move towards a more targeted approach to identify those families with more complex needs and a more proactive approach in ensuring that all families take up the 2 year health visiting check. In addition other safeguards being developed are:

- Risk assessments at the antenatal stage and subsequent contacts by health visitors and midwives to ensure those with the greatest needs are identified early on.
- Greater information sharing and closer working between the midwifery service, health visitors and children centres.
- All developments are being put into the current working contract.
- The new Health Visitor service specification will include all the new working practices developed along with reflecting revised protocols, pathways and processes when the contract is recommissioned in 18 months time.

5.3 Action agreed: SB to present a Health visitor report including the new specification and how issues are being addressed to support the joint reviews at the next meeting. **Action 5**

6 Kent Integrated Domestic Abuse Service Commissioning Plan Presentation – Mel Anthony

6.1 The above presentation provided members with an outline of the proposal for an integrated service, highlighting:

- What domestic abuse is, its effects and impact it has on families especially children.
- Current funding and service provision and the need for change
- The objectives and benefits for an integrated service.

6.2 In discussing the proposed service the group supported the proposal and welcomed the emphasis on the 'Toxic Trio', but queried if there was any

provision for a perpetrator programme. Assurance was given that even though this was currently not within the scope of this service intelligence would still be gathered to be reviewed and inform any future commissioning.

6.3 Actions agreed:

- MA to send PSe the Domestic Abuse service specification. **Action 6a**
- PM to send out the presentation with minutes. **Action 6b**

7. LPCG/Dashboard updates – Allison Esson

7.1 The above presentation gave a summary of how these new dashboards have been designed as central information and monitoring mechanism for the key performance indicators to support the finalised Children and Young people's framework.

7.2 The group discussed how the indicators were grouped and the need for it to include indicators for the disabled child, along with data on the number of children statemented to show the level of need. This was thought to be crucial to supporting the integrated children's service.

7.3 Actions agreed:

- SCh to raise the need to include indicators that ensure inclusive opportunities for disabled children. **Action 7a**
- AE to speak to KS to confirm the finalised version of the Kent Children and Young People's framework. **Action 7b**
- SCh/AE to present the outcomes from the LPCG's 'Turning the Curve activities' at the next meeting. **Action 8**

8. Group Membership and Contact Arrangements

8.1 In reviewing the terms of reference it was agreed for AI/KS to update them and to consider the membership of the group to reflect the Board's role.
Action 9

9. Any Other Business

9.1 Update on the position paper in response to NHS England's integrated transformation requires a collective sign off. Action agreed: PSo to meet with KS to discuss. **Action 10**

Next meeting: 21 November 2016, 2.00pm Medway Room Sessions House

Action List

Action Number	Action Required and By Whom	By When
1	Outstanding Actions from 15 June 2016 Action 8: Healthy Child Programme pathway and commentary – ongoing AK and AI to discuss after the meeting.	20 September 2016
2	SB to bring Health Child Programme reports to a future meeting	
	UCAS update	
3a	AI/PSe to attend the next Kent Housing Group to invite them to attend the UCAS Partnership board.	21 November 2016
3b	AI to speak to the Leader Paul Carter regarding the letter to Kent Leaders.	21 November 2016
	Children's Partnership Needs Assessment	
4a	SB to investigate the possible to get any notable cross triangular analysis between school attendance, self-harm and CAMHS.	21 November 2016
4b	Kent Health and Wellbeing Board to discuss the use of needs assessments.	22 November 2016
4c	PM to send out presentation with minutes.	With minutes
	Joint Reviews for Children at aged 2 Years	
5	SB to present a Health visitor report including the new specification and how issues are being addressed to support the joint reviews.	21 November 2016
	Kent Integrated Domestic Abuse Service Commissioning Plan Presentation	
6a	MA to send PSe the Domestic Abuse service specification.	21 November 2016
6b	PM to send out the presentation with minutes.	With minutes
	LCPG/Dashboard updates	
7a	SCh to raise the need to include indicators that ensure inclusive opportunities for disabled children.	21 November 2016
7b	AE to speak to KS to confirm and send out the finalised version of the Kent Children and Young People's framework.	31 October 2016
8	SCh/AE to present the outcomes from the LPCG's 'Turning the Curve activities' at the next meeting.	21 November 2016
	Group Membership and Contact Arrangements	
9	In reviewing the terms of reference it was agreed for AI/KS to update them and the membership of the group to reflect the board's role.	21 November 2016
	Any Other Business	
10	PSo to meet with KS to discuss the position paper in response to NHS England's integrated transformation requires a collective sign off.	31 October 2016