

Minutes of the 0-25 Health and Wellbeing Board Meeting
19 July 2017
14:00 – 16:00
Darent Room Sessions House

Present:			
Andrew Ireland	AI	-	Social Care Health & Wellbeing Corporate Director, KCC (Chair)
Peter Oakford	PO		Cabinet member – Specialist Children’s Services
Roger Gough	RG	-	Cabinet Member – Education & Health Reform, KCC
Aly Watson	DW	-	Kent Police in place of Simon Thompson
Helen Cook	HC	-	Children’s Commissioning Manager, KCC
Claire Winslade	CW	-	Interim Public Health Consultant , KCC
David Holman	DH	-	West Kent Clinical Commissioning Group, Children’s Lead
Penny Southern*	PSo	-	Director Disabled Children, Adults learning Disability and Mental health, Representing Penny Southern KCC
Hazel Carpenter	HC	-	Accountable Officer, Thanet CCG and South Kent Coast CCG
Gill Rigg*	GR	-	Kent Children’s Safeguarding Board Independent Chair
Patrick Leeson	PL	-	Education and Young People’s Services Corporate Director, KCC
A Lovage	AL	-	
Jess Mookherjee	JM	-	Assistant Director Public Health, KCC
Ken Pugh	KP	-	LCPG Chairs Representative
Nas Chauhan			West Kent CCG
Angela Dench	AG	-	Kent Police, for Tim Cook
Jane O’Rourke	J O’R		East Kent Clinical Commissioning Group Head of Children’s Commissioning
Claire Hayward	CH	-	East Kent Clinical Commissioning Group
Andrew Phillips	AP	-	
Apologies			
Stuart Collins	Director of Early Help, KCC		
Tim Cook	Kent Police		
Philip Segurola	Specialist Children’s Services Director, KCC		
Amanda Kenny	Swale & DGS Clinical Commissioning Group Commissioner		
Karen Sharp	Head of Transformation and Commissioning, KCC		

1. Welcome & Introductions

- 1.1 The Chair welcomed everyone to the meeting and introductions were made.
- 1.2 KP declared a potential conflict of interest as he attends this Board as a representative for the LCPGs but he also sits on HOSC and the Health Forum. The Chair advised that it is in order for a rep from the LCPGs to attend these meetings.

2. Minutes from meeting held on 28 March 2017

- 2.1 The minutes were agreed as an accurate account.
- 2.2 Update on Actions:
 - 2.2a Action Nos 4, 5, 7 and 13 on forward plan for 10 October 2017 meeting

- 2.2b Action No 1: This item can be closed. DH raised this with KMPT and the Trust advised that they do accept patients from overseas according to the DHS guidance. DH is happy to share the written confirmation received by him from the Trust. **Action: 1 - DH.**
- 2.2c Action No 2: Completed
- 2.2d Action No 3: This item can be closed. DH advised that there are links within primary care in relation to information provided about the Winterbourne programme but most in primary care, particularly the GPs, will not be aware of the programme. PSo advised that her understanding was that the action was related to how the transforming care programme links to the emotional health and wellbeing CAMHS work. It was felt that the outcome trying to be achieved by the Children's Transforming Care Programme will be delivered in the Health and Wellbeing agenda and it needs to be recognised that this is checked to ensure it delivers on transforming care. The Chair advised that he would welcome confirmation and a description on this and it was agreed that this would be covered in the CAHMS update to the October meeting. AD also requested that an update on the BDS contract is covered in that update. **Action: 2 - DH**
- 2.2e Action No 11: This is completed. In addition Item 6 on the agenda for this meeting is 'The Commissioning Arrangements for Children's Services across Kent' and not the Transforming Care Programme. The Transforming Care Programme will be brought to a future meeting. **Action: 3**
- 2.2f Action No 13: This will be covered later under Item 7.3.
- 2.2g Action No 15: This is covered under item 5 on the agenda for this meeting

2.3 Actions agreed:

- DH to share the written confirmation from KMPT that they do accept patients from overseas according to the DHS guidance. **Action 1**
- The CAHMS update to the October meeting to include an update on the BDS contract. **Action 2**
- PSo to bring a report on the Transforming Care Programme to a future meeting. **Action 3**

3. Human Trafficking Presentation – Cristina Gavrilovic, Kent Police

- 3.1 The Board noted the presentation.
- 3.2 The Board were advised that the Home Office's 'Victims of Modern Slavery v3 – Frontline Staff Guidance' is critical guidance for Local Authorities.
- 3.3 It was felt that the Chair of the Health and Wellbeing Board might want to consider this as an item at a future meeting. There is a question on how this is embedded in normal business and all staff should be aware of this agenda and who they should contact. There is also an issue for both the Adult and Children's Safeguarding Boards around the familiarity with the agenda, prevalence and how individuals at risk come to the attention of other professionals. Whilst this has been presented to the Adult Board it was agreed that it should come to the Children's Board. **Action: 4.**
- 3.4 From a health perspective there is a need to explore this with Health providers and there might be priority areas that can be identified and targeted. The Board were advised that North Kent has the highest gang activity and there are also 18 Organised Crime Groups in the North. Section 54 of the Modern Slavery Act relates to transparency of the supply chain. Central Government are considering putting a clause in relating to the public sector.
- 3.5 Actions agreed:

- JR to have this presentation as an agenda item at the Children's Safeguarding Board. **Action 4 – Gill Rigg**

4. Item 4: UASC Update – Andrew Ireland

- 4.1 The number of arrivals is fairly low and easily containable within the existing provision.
- 4.2 The National Transfer Scheme is functioning and arriving children are being placed in foster care or being transferred to other areas within 5 days.
- 4.3 The Kent numbers are falling as result of the children becoming care leavers when they turn 18.
- 4.4 There are currently approximately 340 UASC and 1000 care leavers.
- 4.5 The Authority continues to try and negotiate with the Home Office around the funding arrangements.
- 4.6 There will be an issue in the New Year when the numbers of young people who have become care leavers increases to such an extent that Kent will be below the required 0.07/10,000 population children and Kent will be expected to start to take again.
- 4.7 One of the areas that Kent is in negotiation with the Home Office about is their proper recognition and funding of the Millbank Reception Centre as an integral part of the process. There is anxiety amongst other local LAs in the region around that resource being lost. If the Home Office are not prepared to recognise it as an integral part of the NTS and fund it, Kent will lose it and try to set up a smaller resource that better reflects the numbers that are in the centre.
- 4.8 If the arrivals significantly increase then the NTS will collapse because there are not enough LAs signed up to deal with it all and if it does collapse, Kent will be back to the start.

5. Item 5 Ofsted Update – Andrew Ireland

- 5.1 Ofsted concluded that Kent is delivering a good service to children and families. There is a strong leadership management and partnership and cross agency working.
- 5.2 The report has been published and Kent has to produce an Action Plan that addresses the 10 recommendations. It will go back to Ofsted.
- 5.3 The SIF is now moving to its conclusion and a number of re-inspections have taken place in authorities that received an inadequate judgement.
- 5.4 Kent is now in the top quartile and has been invited by the DfE to offer support to other LAs in difficulty.
- 5.5 A new Inspection Framework is being piloted and if it is done by risk based analysis, Kent is unlikely to be seen as a priority for an early ILAC. JTAs will continue and the SEND Inspection may be the next time that Ofsted visit Kent.
- 5.6 Some of the recommendations have greater cross agency implications than others with some applying to a very small cohort of people e.g. care leavers in custody and private fostering. The issue of homelessness and young people is pertinent to the Districts.
- 5.7 The judgement for the KSCB was 'requires improvement' and there is a separate action plan for the KSCB.
- 5.8 The Chair extended his thanks to all those who contributed to the Inspection.
- 5.9 Whilst Ofsted no longer needs to be on every agenda it would be beneficial to take some cross agency time to consider the initial reports from the new inspection framework and the emerging issues to ensure that Kent is inspection ready when the time comes.

6. **Item 6: Lifespan Pathway Update – Penny Southern**

- 6.1 A very comprehensive assessment and design phase took place which led to the new Lifespan Pathway.
- 6.2 The new pathway covers 0 – 25 and has a new team for 16 – 25 year olds.
- 6.3 Whilst the new Lifespan Pathway Structure was implemented on 1 April 2017, there is still a huge amount of work to be undertaken around how the way things are done is changed going forward.
- 6.4 This work is really important for future inspections and particularly the relationship between education and the education health and care plans. The three need to be closely linked in the young person's journey up to the age of 25.
- 6.5 A year of implementation is now taking place and by the end of the 12 months it should be possible to report back on some real differences and outcomes for the young people.
- 6.6 A clear performance framework has been put in place to monitor this.
- 6.7 A query was raised as to how can Health be engaged in the further work as cases are now coming through where they may be one set of rules in one place and another set in another place? The Board were advised that the Agenda Item No 8 is looking at commissioning activity and where else changes can be made to push the commissioning agenda up to 25. If following the discussion at Item 8 there is some agreement, this could be a driver to this work. A collective Kent view of the other things that need to be done would be welcomed.
- 6.8 From a health perspective some of the things that would need to be considered in taking this forward include:
 - the culture within the clinical groups around what that would look like
 - the legal perspective of some of the professional groups

7. **Item 7.1: Children and Young People's Dashboard (CYPF) update – Helen Cook**

- 7.1 The layout of the Dashboard is being improved and England indicators as well as the Kent ones will be reported on.
- 7.2 The LCPGs have issues with the Dashboard: being able to get behind the date and a District picture. LCPGs look at and examine the Dashboard and set priorities but other groups within the District, such as DABs and YAGs, might be looking at the same/different data but doing the same things.
- 7.3 A query was raised as to whether it is possible for the LCPGs to have strong communication with the YAGs and DABs and is the performance framework still useful and is it consistent. The Board were advised that there is lack of uniformity in terms of the groups within the Districts. The mandate to make the reporting happen is not in place so it happens largely as a result of good will. The blueprint for LPGs is quite loose to enable them to be partner driven but the result is that it has become fragmented.
- 7.4 In West Kent there is health representation at all the LCPGs and there are real opportunities in terms of who attends, particularly education colleagues and the voluntary sector. They enable an understanding of what is taking place at a local level and this should not be lost, but it is the context and how they fit with the Health and Wellbeing Boards, merging into STPs and the local groups that compliment or duplicate each other that is of concern. Are they delivering meaningful plans that can be picked up at this Board?
- 7.5 It was suggested that this might be a good time to rationalise the LCPGs and other groups such as DABs and YAGs, the local Health and Wellbeing Boards and the

Local Partnership Boards into one meaningful local forum that has the required 'teeth'. In addition the resource of the people around the table could be better utilised.

- 7.6 A review is currently being undertaken on the Kent Health & Wellbeing Board and that includes the local Health & Wellbeing Boards. A lot of comment is being received on the value of the local boards and whether they continue will be decided in September.
- 7.7 It was felt that the process for the bids and whether it favours more professional organisations can be addressed by this Board. The wider issues are part of the bigger review.

Item 7.2: Special Educational Needs and Disability (SEND) Update – Patrick Leeson

- 7.8 The SEND Group is a multi-agency partnership group working together to deliver the joint responsibilities for supporting children and young people with special educational needs and disabilities.
- 7.9 It has a number of responsibilities and 2 of the most recent priority areas of work are:
- to deliver a multi-agency strategy/policy document for Kent on how the various responsibilities are discharged.
 - Provision of Specialist Nursing. Clear identification of designated clinical and medical officers across all parts of the health provision in Kent who are able to carry out some of the statutory duties in relation to education, health and care plans.
- Overall there is increasing demand, increasing numbers of children and young people and related increase in SEND.
- 7.10 The Strategy recognises 2/3 key responsibilities.
- 7.11 ASD continues to be the biggest area of growth and need across a wide range of the ASD Spectrum and as a result the education provision for these children needs to be increased and thought needs to be given to other provision that is necessary to support those children.
- 7.12 There is an increase in children coming into the system from birth onwards with Speech and Language difficulties, ASD and communication needs.
- 7.13 Parents have higher expectations now re what is available for their children. They want a local school, services wrapped around them and clarity on what these services are. There is now a local offer which sets out what is available. The provision generally across Kent is good although there are blackspots and gaps.
- 7.14 Preparations are now taking place for a full SEND Inspection and this is an important focus for the SEND Group.
- 7.15 Work has been undertaken around Early Years and trying to join up provision and the SEND group is focusing on how an earlier identification of SEN can be achieved and responded to.
- 7.16 Concern was raised that Swale is a blackspot as it does not have access to a Special School for ASD so children need to be transported by taxi. The Board were advised that a significant part of the SEND Strategy is to build and expand the provision for SEND.
- 7.17 It was felt that this is a partnership issue. Going forward the STP may facilitate an integrated approach and how commissioning takes place in the future. The Chair felt there was a key issue around urgency. All plans can't be equitable across Kent due to gaps in local provision but it is the delivery of services against those plans that becomes the central issue.

- 7.18 It is clearly recognised in the SEND group that it is not just about more money but about reconfiguring some of the services to deliver in a different way. Joined up commissioning is about clever ideas.

Item 7.3: LCPG Update – Ken Pugh

- 7.19 This was covered in the discussion under the 7.1 – CYPF Dashboard

8 Sustainability Transformation Programme (STP) and the profile of children

- 8.1 Hazel Carpenter, as a representative of the Accountable Officers, outlined the STP programme and the workstreams that sit below this.
- 8.2 Of the 3 enabler workstreams, Workforce is the most critical in terms of children's.
- 8.3 The other key workstream is the assistance transformation workstream and how commissioning is better going forward.
- 8.4 Whilst tremendous strides have been made across the system in terms of the children's agenda there are on-going challenges and there is more work to do.
- 8.5 In terms of commissioning, the CCGs see the need for a Strategic Commissioner across Kent and Medway and there is an ambition to recruit to an accountable officer through Kent and Medway a.s.a.p. to ensure that the local co-element is enabled through strategic commissioning.
- 8.6 The complex commissioning issues need to be dealt with at a county level and the question is how is this taken forward from a health perspective. The Accountable Officers are suggesting that those key people who are leading on elements of the children's agenda across the system be asked to come together to look at the various elements of the STP through the children's lens and recommend a way forward.
- 8.7 There is an opportunity to take this forward at a Children's Summit which is taking place in East Kent on 22 September and the accountable officers suggested that Hazel Carpenter should take this work forward
- 8.8 The Board agreed that the Children's agenda within the STP environment needs focus and that there are opportunities around structures and how that is taken forward.
- 8.9 Concern was raised about the lack of information on workforce development.
- 8.10 The Chair clarified that there are a number of things that are reasonably well fixed hence why the STP is not focusing majorly in its discussions on children and it may never do so. This is the Board within that structure, along with the Safeguarding Board, that really needs to advocate for children. There are a number of issues that suggest there is some real urgency about this and the Chair felt that the solution presented was the right one.
- 8.11 The Chair questioned whether the recommendations in the paper still stood and HC advised that they were still valid apart from the establishment of an SRO. That should be changed to an AO responsible for establishing a programme for 0 – 25 year olds across all services.
- 8.12 The Board learnt that HC had offered to be the responsible Accountable Officer in lieu of an SRO and will take this work forward in conjunction with the DCS of both Kent and Medway.
- 8.13 J O'R advised that the paper which was driven by some of the feedback from parents and there was a real sense that the governance processes around Children's were so complicated that they were inhibiting some of that transformation that needs to happen. This should not be lost. **Action 5:** The recommendations of the paper to be picked up as the next steps of the Summit

8.14 Actions agreed:

- The recommendations of the paper to be picked up as the next steps of the Summit. **Action 5**

9 Drug & Alcohol Strategy Outcomes framework – Jess Mookherjee

9.1 This item was deferred to the next meeting of the Board in October 2017. **Action 6**

10. Any Other Business

10.1 None noted.

Next meeting:

12 December 2017, 3.00pm – 5.30pm Darent Room Sessions House

Action List

Action Number	Action Required and By Whom	By When
	<p>Item 2 – Matters arising</p> <p>1 DH to share the written confirmation from KMPT that they do accept patients from overseas according to the DHS guidance</p> <p>2 The CAHMS update to the October meeting to include an update on the BDS contract</p> <p>3 PSo to bring a report on the Transforming Care Programme to a future meeting</p>	<p>With minutes</p> <p>Next meeting</p> <p>TBA</p>
	<p>Item 3 – Human Trafficking Presentation</p> <p>4 GR to have this presentation as an agenda item at the Children’s Safeguarding Board</p>	<p>a.s.a.p.</p>
	<p>Item 8 – Sustainability Transformation Programme (STP) and the profile of children</p> <p>5 The recommendations of the paper to be picked up as the next steps of the Summit</p>	
	<p>Item 9 – Drug & Alcohol Strategy Outcomes framework</p> <p>6 This item deferred to the next meeting of the Board in October 2017 - JM</p>	<p>Next meeting</p>