

Minutes of the 0-25 Health and Wellbeing Board Meeting
10 October 2017
14:00 – 15:45
Medway Room Sessions House

Present:		
Andrew Ireland	AI	- Social Care Health & Wellbeing Corporate Director, KCC (Chair)
Peter Oakford	PO	- Cabinet member – Strategic Commissioning and Public Health
Roger Gough	RG	- Cabinet Member – Education & Health Reform, KCC
Penny Southern	PSO	- Director, Disabled Children, Adults with a Learning Disability and Mental Health, KCC
Patrick Leeson	PL	- Education and Young People's Services Corporate Director, KCC
Jess Mookherjee	JM	- Assistant Director Public Health, KCC
Claire Hayward	CH	- East Kent Clinical Commissioning Group
Dr Bryn Bird	BB	- Children's Clinical Lead, West Kent CCG
Wendy Jefferies	WJ	- Public Health Specialist, KCC
Matthew Scott	MS	- Police and Crime Commissioner
Amanda Kenny	AK	- Swale & DGS Clinical Commissioning Group Commissioner
Karen Sharp	KS	- Head of Transformation and Commissioning, KCC
Jo Tonkin	JT	- Public Health Specialist, KCC
Sue Mullin	SM	- East Kent Clinical Commissioning Group
Mark Janaway	MJ	- Programme & Performance Manager, KSCB (for Gill Rigg)
Stuart Collins	SC	- Director Early Help and Preventative Services, KCC
Patricia Denney	PD	- Assistant Director of Safeguarding and QA, CCC SCS (for Sarah Hammond)
Jo Hook	JH	- District Manager, Gravesham, KCC EHPS
Natalie Manuel	NM	- Maternity Commissioner, West Kent CCG
David Weiss	DW	- Head of HeadStart Kent
Apologies		
Sue Mullin		Thanet Clinical Commissioning Group
Sarah Hammond		Interim Specialist Children's Services Director, KCC
Gill Rigg		Kent Children's Safeguarding Board Independent Chair
Sarah Robson		Kent Housing Group
David Holman		West Kent Clinical Commissioning Group, Children's Lead
Debbie Stock		Swale Clinical Commissioning Group

1. Welcome & Introductions

1.1 The Chair welcomed everyone to the meeting and introductions were made.

2. Minutes from meeting held on 28 March 2017

2.1 The minutes were agreed as an accurate account subject to the update to Action No. 3 as below. The Board were also advised that on Page 6, Item 7.3 it is Ken Pugh and Not Kent Pugh.

2.2 Update on Actions:

- 2.2a Action No 1: This action is closed. The written confirmation from KMPT that they do accept patient from overseas according to the DHS guidance was circulated with the meeting papers
- 2.2b Action No 3: Christine Jackson-Haywood, Transforming Care Children's Co-ordinator will present the paper.
- 2.2c Action No 4: Complete - the Human Trafficking Presentation will go to the next meeting of the KSCB.
- 2.2d Action No 5: This action related to the paper that came to the last meeting around progressing the Children's commissioning arrangements with partners. There were a series of actions in the paper that were to be picked up at the summit organised by East Kent CCG. The Board were advised that the Summit took place and went well. Hazel Carpenter will be taking forward the work that was in the paper with the commissioning leads and the STPs. Some of the specifics that came to the last Board included:
- establishing a plan and programme of integrated commissioning
 - the establishment of an SRO within the STP
 - CCGs in the East and West of the County to develop a report on integrated commissioning arrangements
 - Development of an integrated plan and bringing that back to this Board in the Autumn

It was suggested and agreed that this be fed back to Hazel and that she be invited to give an update at the December meeting of the Board. **Action 1 – Hazel Carpenter**

The Chair advised that the key is how it is all pulled together and driven forward through the STP. A query was raised as to whether Hazel was taking this forward for the whole of the Kent's Children's agenda or is it for East to talk to North and West. It was felt it would be for the whole but clarity on this was to be sought.

North Kent were not represented at the meeting so there will need to be additional discussions.

3. Feedback from Kent Children and Young People Mental Health and Wellbeing Transformation Board

Item 3.1 – Sign off of Local Transformation Plan – Sue Mullin, Jo Tonkin

- 3.1 The Board noted the presentation
- 3.2 Commissioners and Public Health specialists have worked to pull together a transformation plan for 17/18. It is annual plan that has to be reviewed and is quality assured by NHS England.
- 3.3 Clarity was provided on the meaning of Emotional and Mental Health. Mental and Emotional Health includes externalising Mental Health Disorders which are sometimes referred to as behavioural and internalising mental health disorders which are often known as emotional. Children and young people often present with both but the interventions which address the symptoms are different and the role of Health Services and Local Authorities differ in relation to the different presenting issues.
- 3.4 In terms of Self-Harm, 22% of 15 year olds have and 32% of young women ever self harmed and there is an increasing trend of admissions to A&E.
- 3.5 The 17/18 Plan is a leap forward and the thinking, the governance process, communication within the system and identifying where investment is needed is

more robust than previously. It is an iterative live document about all children in Kent and all agencies in Kent.

- 3.6 The Plan comes with some money to CCG baselines. Some CCG areas have moved all the money into their specialist mental health provider. In Kent consideration is being given to what success would look like if investment could be moved from Tier 3 services to get the Tier 1 and 2 services right. The money will cease in 2021 and sustainability needs to be addressed.
- 3.7 The document is evaluated by NSPCC along with the National Audit Office and NSHE.
- 3.8 NSHE evaluated last year's document as the best in the SE Region whilst NSPCC advised that there was not enough in the document for vulnerable children.
- 3.9 Last year NSHE scored the document against 12 areas. This year it will be against 50/60 areas.
- 3.10 The Board were advised that in the last 12 months there have been 5 teenage suicides. Is it possible to reach these people as the suicides were quite unpredictable? The Health Needs Assessment that has been undertaken looks at the evidence (based on national work undertaken) of what works to prevent teenage suicide. There is a particular workstream in the plan that brings people together to write a suicide prevention strategy and this will take in the chronologies of these children. Increasing interventions around self-harm, earlier identification of emotional and mental health needs and increased access to mental health services are critical.
- 3.11 A query was raised as to how transition is captured going forward. It was felt a lead commitment from Social Care and the wider Health Economy is needed and PSo offered to be part of the conversation.
- 3.12 NSHE have advised that the sign off of the document is via the Health and Wellbeing Board although this Board might be a better forum because of the content and context. Formal agreement from this Board that they agree the iterations received at the meeting are suitable enough to be published as a point in time document was sought. Dave Holman will also ensure that it is tabled at the Health and Wellbeing Board. Following discussion it was agreed that:
- Any comments on the document should be sent to Sue Mullin by 20 October at the latest. **Action 2- All Members**
 - AI to ensure the final version is published on Kent.gov.uk. **Action 3 – Andrew Ireland**
 - DH to ensure the document is taken to the Health and Wellbeing Board in November for retrospective approval. **Action 4 – Dave Holman**

Item 3.2 – Update on Children & Young People's Mental Health Services

- 3.13 When it became evident that the procurement of the Children & Young People's Mental Health Services was necessary as the existing contracts were ending, the plans within the early work around transformation were aligned.
- 3.14 In the first iteration of the plan, the following were referenced:
- Single point of access
 - Equity across the system
 - Investing in targeted in mental health
 - Vulnerable groups
- 3.15 The Health Needs Assessment of 2014 lead to the development of a specification for a future Children & Young People's Mental Health Service by Committee.
- 3.16 A service that stretched up as well as down, that has a single point of access, and would be a strategic improvement partner was requested. The procurement went

ahead and the contract was awarded to the North East London Foundation Trust as from 1 September 17 who set up a single point of access from day one.

- 3.17 The Trust has over 300 members of staff in Kent and caseloads of 8 – 9000 children and the transition must be safe and secure. There will not be a change in how the service is delivered for some months. They have just released the restructure document to their staff and it is understood that there is a real increase in band 6/7 posts and a reduction in the number of the highly expert posts. The new structure will be in place by Jan 18 and by March it is expected that every aspect of the new contract will be implemented and up and running including a new ASC/ADHD assessment pathway, a new complex needs pathway which includes vulnerable groups and different ways of working.
- 3.18 The various steps and stages must be communicated once the consultation is finished.
- 3.19 It was agreed that an update on Children & Young People's Mental Health services be received at the next meeting with particular reference to communication. **Action 5: Sue Mullin**
- 3.20 A bulletin has been developed and it was agreed that all Board members should be signed up and receive it as it is published. **Action 6: Sue Mullin**

Item 3.2 – Update on HeadStart

- 3.21 The Board noted the presentation.
- 3.22 The Board were invited to attend a HeadStart conference taking place on 17 October.
- 3.23 A query was raised as to whether any work has been done with disabled children? The Board were advised that in each school grouping includes a Special School and the 10,000 young people referenced includes young people from special schools and the information gathered and the evaluation of the survey will be shared. In addition Kent has recommended a specific focus in the research programme around how children with disabilities benefit from this.

4. Item 4: Local Maternity Strategy (LMS) – Claire Haywood, Natalie Manuel

- 4.1 The National Maternity Review was published in February 2016 and sets out the five year forward view for maternity services. It includes a section on national recommendations that have to be adopted in their entirety. In order to do this Kent and Medway had to come together as a local maternity system to look at how maternity services could be transformed across the footprint. In addition West Kent won the pilot with choice and personalisation so they are able to pilot some of the recommendations and the LMS will be able to learn from that.
- 4.2 The LMS intends to reduce variation across Kent and Medway, ensure women have unlimited choice and services are safe. There will be shared policies and protocols
- 4.3 The LMS is the maternity element of the STP. The current plan goes up to 2021 and is very high level and does not currently have any detail. It needs to be submitted to NHS England by 31 October.
- 4.4 The governance structure reports directly into the STP but 0 – 25 Health and Wellbeing Board, the CCGs and Trust have also been sited
- 4.5 Some funding has been received from NHS England for a Project Manager and a Clinician Chair and the work will progress once the posts are filled.
- 4.6 A question was raised as to whether the LMS is fully integrated into the Early Years Children Centre settings. The Board were advised that once the workstreams are up and running, Children's Centres will be allocated into them. It was agreed that there needs to be a seamless link through midwifery to health visiting and other services across into children's centres. There are also several public health related

issues including breast feeding that need to be fully integrated into this. In terms of child protection and safeguarding there are issues in terms of foetal alcohol and foetal drug syndromes and there needs to be a very clear process of identification of risk at the pre-birth stage.

- 4.7 Following discussion it was agreed that an update should come to the Board in 6 months' time once the workstreams have started. **Action 7: CH/NM**

5. Item 5 Ofsted Action Plan – Patricia Denney

- 5.1 The overall grading was good but with Help and Protection and KSCB areas of improvement.
- 5.2 10 recommendations were given and the LA produced an action plan in relation to these. The actions are completed or in the process of being completed with the exception of Action 3: Adolescent Risk Management and Child Sexual Exploitation (CSE) and Action 4: Adolescent Risk management and return home interviews.
- 5.3 There is a need to formulate a plan for how adolescent risk is recognised. ARM panels are complicated and there needs to be a more strategic meeting where those that attend are of the right grade and level and have an understanding of their community.
- 5.4 There is a challenge for KCC in that the Police have just been reorganised and clarity is needed on the MCET and CCET teams. The PCC agreed to take this up with Jon Sutton, Kent Police. **Action 8: MS**
- 5.5 Partner agencies need to be engaged in both understanding and formulating the management of adolescent risk and participating in the strategic management of adolescent risk.
- 5.6 A number of the issues are also being progressed through the Safeguarding Board.
- 5.7 Ofsted will test the action plan and in January 2018 a self-evaluation will need to be completed which will need to address the areas picked up in the Inspection.
- 5.8 It was agreed that an update should come to the Board in 6/9 months' time.
Action 9: SH

Item 6.1: Special Educational Needs and Disability (SEND) Update – Patrick Leeson

- 6.1 An inspection is still anticipated and work is being undertaken to prepare for that. It will be a multi-agency inspection about the local area arrangements.
- 6.2 Work is being undertaken on putting together the multi-agency self-assessment. There are still gaps and Health partners still need to respond.
- 6.3 Part of the Inspection will be around lack of equal access to health provision in Kent. There are good examples of recommissioning – speech and language service, CAHMS, and there are helpful steps being taken in the recommissioning of Health Visiting to make sure that joint assessments at age 2 and 2½ will help with the early identification of SEN.
- 6.4 There are still on-going issues re assessing the need for and delivery of specialist service across special schools. This is a safeguarding issue as many children in special schools have life threatening medical conditions and staff need support, advice and training in order to feel confident and compliant with providing the support required.
- 6.5 Demand on resources to support SEN and disabilities continue to increase. Whilst most parents are satisfied with the process many complaints are received in relations to timeliness. The target for assessment and completion of plans is 20 weeks and the current rate within the 20 weeks is 74%. This will be an issue in the Inspection.

- 6.6 There is a 16% increase in requests for statutory assessments mostly from parents who are aware of their entitlements and rights. There is evidence that sometimes this is recommended to them by professionals and there is a need for clear messages to be communicated.
- 6.7 The high needs funding has been reviewed in terms of where the money is being spent and changes are being made as a result.
- 6.8 There is an aim to achieve more awareness raising, training and confidence in terms of supporting children with autism.
- 6.9 Parents continue to say that professionals are not joined up around the child and family when the child has ASD and this needs to be addressed.
- 6.10 The area where there is most pressure and challenge in terms of provision, especially in terms of education and training for young people with SEN, is post 16 and the opportunities for post 19. Several 100 young people are now post 19 and Kent has the responsibility to continue to support them but there is a challenge re bespoke provision for these individuals.
- 6.11 Siblings who do not get so much focus and how they are supported is something that needs to be considered although out of school support is important. There is also an offer from Early Help and Young Lives.
- 6.12 It was agreed that the most pressing issues is filling the gaps in the self-assessment and health partners were asked to chase to ensure the information is provided.

Action 10: Health Partners

Item 6.2: LCPG update – Jo Hook

- 6.13 The last LCPG Chairs meeting was held on 26 September and discussion included:
 - a. LCPG Early Help Grants – All partnership groups will be setting priorities for the Early Help Grants for 18/19. These will also include consideration to meeting the Troubled Families objectives as the two financial pots re coming together.
 - b. LCPG Chairs Meetings – Whilst work is being undertaken to improve the governance routes between the local Health and Wellbeing Boards and the LCPG, the LCPG will moving to a twice yearly ½ day meeting where the focus will be on Priorities and Impact. These will be chaired by the Director for Early Help who bring a more strategic overview. The meetings will be consist of two sessions, one for the chairs and one incorporating the co-ordinators.
 - c. Childhood Obesity - Public Health delivered a presentation to the Chairs highlighting the importance of the continued focus on childhood obesity (something that was picked up through many of the districts in their 17/18 priorities). There is a proposal for the governance of childhood obesity work streams to be taken on by the LCPGs and Val Miller from Public Health will work with the DPMS to see what structures there are locally to agree a direction of travel for local delivery of childhood obesity prevention and care. Where there are no existing structures Val will work with the LCPG to develop these.
 - d. Kent Transformation Plan – Jo Tonkin gave a presentation asking how the LCPGs want to be involved? Chairs/co-ordinators will contact their local CCG rep to ensure that this comes to the next round of meetings.
 - e. Dashboard – Dashboard discussions are still continuing and some potential improvements to the dashboard were presented including wider comparison with England data. Considerable discussions were prompted within the Group around the use of the dashboard, its usefulness or otherwise in setting priorities and different opinions were voiced. Common themes included the

need and importance of analysis and interpretation of data. This is lacking at the LCPGs and the resource to undertake this work is deemed unavailable.

- 6.14 The Chair suggested that it would be useful to have a lengthier discussion at the next meeting or the following and that one or two Chairs should be invited to attend for the discussion. The discussion should include exploration of the prioritisation and the work being undertaken on the Health and Wellbeing Board **Action 11: Helen Cook**

7 Drug & Alcohol Strategy Update – Jess Mookherjee

- 7.1 The Strategy is a combined Drug and Alcohol one as there is a desire to work much more closely with the Police Drug Strategy and capitalise on the successes of the Alcohol Strategy.
- 7.2 The Board were asked to comment and approve the Strategy. The Delivery plan will be available by the end of the month.
- 7.3 The pattern of drug use has changed and the landscape in terms of available drugs has also changed. For Adults there has been a concentration and complexity of both drug and alcohol abuses. In terms of young people there have been some notable improvements with young people responding to messages about alcohol use and more young people abstaining, although 1 in 4 deaths of 16-24 years olds are alcohol related, and there is a need to embed drug and alcohol issues in all of the strategies that relate to young people.
- 7.4 It was agreed that it was beneficial to join this up with the Police Alcohol Strategy. Some of the analysis around mental health shows that a growing proportion of people coming to police attention under S136 are intoxicated and the underlying issues of drugs, alcohol, mental health and police contact need to be considered.
- 7.5 The profile of drinking and drug use is changing across the Country with more young people not drinking at all but those who are still drinking are much more risky and vulnerable and the link between drugs and sexual behaviour is increasing.
- 7.6 Older people are also drinking more and so the issues of family need to be addressed.
- 7.7 A lot of young people turn to drink and drugs as a result of underlying insecurity and mental wellbeing problems.
- 7.8 Following discussion the Board approved the Strategy and agreed that the Delivery Plan, in particular the young people's element, should be presented at a future Board meeting. **Action 12: Jess Mookherjee**

8. Any Other Business

- 8.1 The Chair advised that this was his last meeting as Chair of the Board and he would be handing over to Matt Dunckley the incoming DCS
- 8.2 PL also advised that this was his last meeting.

Next meeting:

Monday 19 March 2018, 2.00pm – 5.00pm Medway Room Sessions House

Action List

Action No	Action Required and By Whom	By When
	Item 2 – Matters arising	
1	STP and the profile of children – Hazel Carpenter to give an update on the specifics that came to the July meeting of the Board at its December meeting	12.12.17
	Item 3.1 – Sign off of Local Transformation Plan (LTP)	
2	All Board members to send comments on the document to Sue Mullin by 20 October at the latest	10.10.17
3	Andrew Ireland to ensure the final version of the LTP is published on KNet	a.s.a.p.
4	Dave Holman to ensure the LTP is taken to the Health and Wellbeing Board in November for retrospective approval.	22.11.17
	Item 3.2 – Update on Children & Young People’s Mental Health Services	
5	An update on this, with particular reference to communication, to be received at the December Board meeting – Sue Mullin	12.12.17
6	All members to be signed up to receive the Bulletin – Sue Mullin	a.s.a.p.
	Item 4 – Local Maternity Strategy (LMS)	
7	The Board to receive an update in 6 months’ time once the workstreams have started – Claire Haywood/Natalie Manuel	23.07.18
	Item 5 – Ofsted Action Plan	
8	The PCC to raise the issue of clarity on MCET and CCET to be raised with Jon Sutton, Kent Police	12.12.17
9	An update on the self-assessment to come to the Board in 6-9 months’ time – Sarah Hammond	08.10.18
	Item 6.1 – Special Educational Needs and Disability (SEND) Update	
10	Health partners to ensure the information for the self-assessment is provided to Julie Ely	12.12.17
	Item 6.2 – LCPG Update	
11	A lengthier discussion to take place at the December meeting of the Board including exploration of the prioritisation and the	12.12.17

	work being undertaken on the Health and Wellbeing Board. One or two LCPG Chairs to be invited to attend for the discussion – Helen Cook	
12	Item 7 – Drug and Alcohol Strategy Update The Delivery plan and in particular the young people’s element, to be presented at a future meeting of the Board – Jess Mookherjee	19.03.18