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Ask For: Sue Glover
Direct Dial: 01843577459
Email: sue.glover@thanet.gov.uk

THANET HEALTH AND WELLBEING BOARD

28 NOVEMBER 2013

A meeting of the Thanet Health and Wellbeing Board will be held at **10.00 am on Thursday, 28 November 2013** in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

Membership:

Councillor Dr Tony Martin (Chairman); Councillors: C Hart (Vice-Chairman), Johnston, Sue McGonigal, Andrew Scott-Clark, Councillor Gibbens, Mark Lobban, Hazel Carpenter and Dominic Carter

SUPPLEMENTARY AGENDA NO.1

Item

No

3. **CHILDREN'S AGENDA** (Pages 1 - 18)

Children's agenda

- ratification of write up from September summit
- Governance/ToR
- Report to Kent HWBB

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To: Thanet Health and Wellbeing Board – November 2013

Subject: Thanet Children’s Summit

From: Andrew Scott-Clark, Director of Public Health Improvement Kent
County Council;
Hazel Carpenter, Accountable Officer

Classification: Unrestricted

Introduction

The last Thanet Health and Wellbeing Board held on the 26th September 2013 was a joint meeting with the Thanet Local Children’s Trust Board and entitled “Thanet Children’s Summit”

The purpose was a follow on from the previous Health and Wellbeing meeting where a report on Children’s health and wellbeing was received and agreed that a dedicated meeting should be held to consider the agenda further. In particular partners wanted to explore and test our joint ambition to make a difference to the health and wellbeing of the children in Thanet.

Work shop results

The Summit took the form of a workshop in which the Thanet Health and wellbeing Board members and Thanet Children’s Trust Board members, along with other relevant commissioning stakeholders considered a range of questions relating to children and young people in Thanet.

The following sets out a brief summary of findings, themes and recommendations:

Discussion 1:

What is working well in Thanet?

There were many services which participants felt were working well along with some of the Thanet multi-agency work including

- Pie Factory,
- local Children’s Centres,
- Health Visitors,
- Thanet MASH
- Comments about the proactivity of the Voluntary sector, Connecting Communities and multi-agency working such as Margate Taskforce and KIIASS.

What are the gaps?

Most common sited gaps included:

- Overall approach or framework to strategic integration

- Information sharing protocols and communication between agencies
- Short term funding, particularly in the voluntary sector
- Diversity of Population (i.e. need for English Classes)
- Lack of shared research and analysis within and between organisations

Discussion 2

Different case studies were used, some positive, others not so positive.

The key themes coming out of the case studies include:

Barriers and Challenges

- Access to services, this included lack of knowledge of service availability through to no self-referral routes and service restrictions
- Care system and services (can be) disruptive to living arrangements
- Signposting culture means various contacts with individuals
- Short term nature of some interventions (are they too short?)

Strategic Approach

- A partnership and joint strategic framework and approach to commissioning which enables:
- Building resilience and aspirations
- More preventative investment
- Select specific themes/outcomes and identify specialist to universal elements and map impact.
- Look at transition of care.

Discussion 3

The relationship to the Kent Health and Wellbeing strategy was explored in terms of what needs to change and what will make a difference. Also included in this section is how the local governance around children's service commissioning could work.

Key themes include:

- Bring together agencies and focus on particular issues with a view to solving them jointly
- Reconfigure resources so as to avoid duplication, map pathways and develop information sharing protocols

In relation to governance the key themes were:

- To clarify the relationship with the Kent Joint Commissioning Board
- Local Children's Trust board should become the delivery arm
- The local H&WB Board to set the local children's' and young people's strategy and hold the local children's trust board to account for delivering improved local children's outcomes.

In summary

We met as a group of leaders in children's health and social care to test our joint ambition to make a difference to the health and wellbeing of the children in Thanet.

We found:

- Strong partnerships and a real willingness to work together.
- Some 'good news' and 'best practice' in Thanet
- Acknowledgement that needs were not always being met
- A real ambition to do something better

Setting out to deliver a greater ambition in Thanet:

We must:

- Align governance of all commissioners so that it 'happens' in one place with a single leadership. 'Thanet children's Board'
- Align our resources and where it gives better results we 'pool' budgets
- Increase the aspiration of the outcomes we expect from the delivery of services. – we want the best in health , social care and education
- We set challenging highly aspirational goals and realistic annual plans
- Agree mutual agency support for delivering each other's targets

In short – Single leadership of joint governance to do joint commissioning which takes mutual responsibility for supporting delivery of all sectors statutory targets through a joint plan

Recommendation

Thanet Health and Wellbeing Board are asked to note and discuss the report and to agree:

- To establish the local children's Trust Board to be revised to become a sub-committee enabling it to full fill the role of.
- To ask partners to establish the necessary integrated infrastructure to enable the LCTB to fullfill its new role to lead the joint children's agenda.

Appendix One: Verbatim Comments from each table

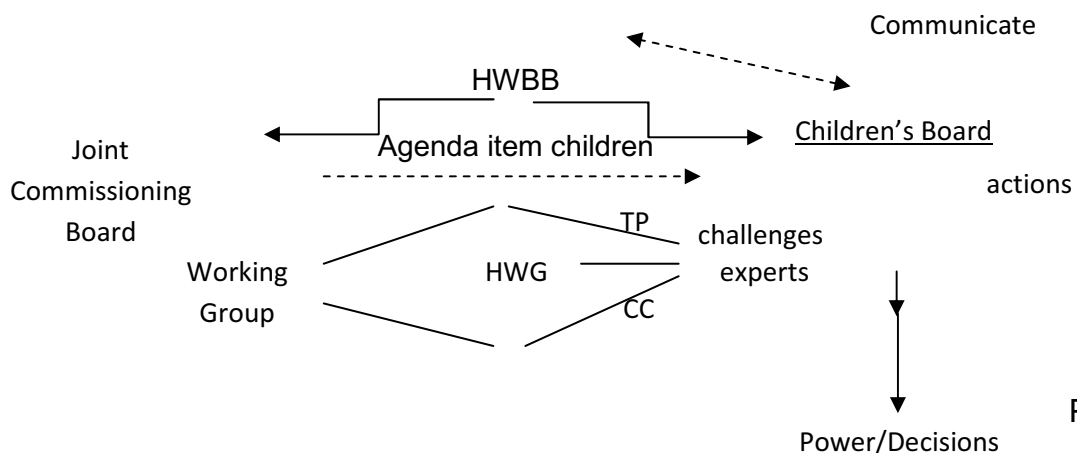
Works Well

- Pie Factory = Children's Centres
 - Children's Centres
 - Health Visitors
 - Proactive VS/CS
 - MTF
 - Connecting communities
 - MASH
 - Agencies working together
 - Good investment level
 - Opportunities 6-18 years
 - Universal services
 - KIASS
 - Maternity services
-

Gaps

- English classes
 - Joined up community outreach
 - VS/CS short term funding
 - Strategic integration/local
 - Information sharing
 - Shared research
 - Families/CYP who do not engage
 - Not making a change → change may destabilise
 - Work well in our own agencies
-

Structure Thanet



What is working well

- Same targets by agencies
- Multi-agency working
 - KCC/Health etc CCs → within clinics
 - KIASS later years
- EI working well in own areas – are they joining up
- Maternity services/social health nurses/breastfeeding support

Gap in EY & Reception

No transfer of skills



No communication from schools



Fathers – support



GPs awareness of EI source



Information following the child

What Works Well

- Pro-active VCs (but lack of funding)
 - Margate Taskforce – e.g. Integrated Team – 14 agencies co-located TDC
 - Connecting Communities – 2 – Newington and Cliftonville) / Public Health – empowering communities to tackle local health issues
 - Thanet MASH
 - Children's Centres
-

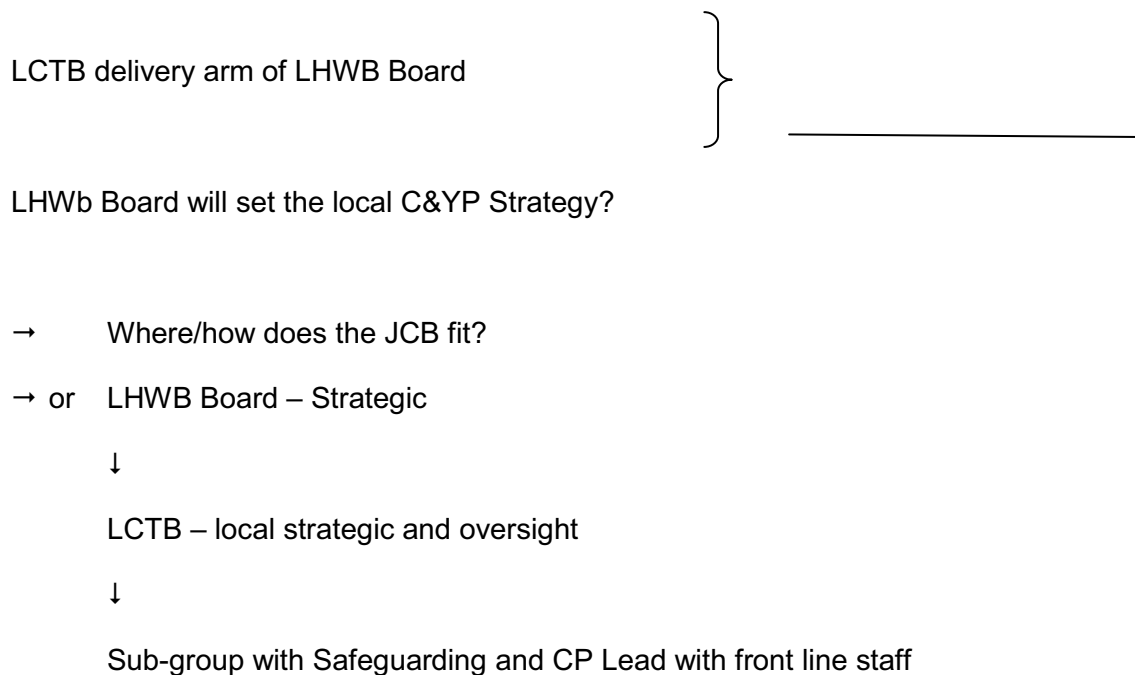
Gaps/Barriers

- Overall strategic integration – addressing service/need, gaps and duplication
- Information sharing protocols – preventing shared strategic approach, piecemeal commissioning and duplication
- Lack of shared research and analysis within organisations and between organisations
- Elective Home Education – how many – how managed?
- The situation is not getting better – despite meeting like this and long-term investment

Discussion 3

| | |
|--------|--|
| PLACES | Need an Integrated Community – Estates Strategy - Includes MASH, schools, children’s centres, hospitals, youth provisions, TDC |
| PEOPLE | Need to reconfigure ‘resources’ so that we can find capacity to: 1. Avoid duplication 2. Make savings e.g CAF= KCC CAF Team, CCG CAF Champions, KIASS resource, CAMHS screening - Confused pathway – could be reconfigured...? Apply ‘Common Sense’ principle. |
| IT | Info Sharing protocols – We need to remove Barriers to sharing info when it is for the benefits of C&YP and families |

How would you like the strategic direction to be set in Thanet?





How will we ensure that C&YP agenda is set with a well-rounded/holistic approach (and is not driven by individuals)

What outcome do we want to achieve and work back – e.g. to administer the group

- Need resource
 - Need to talk
 - Need to work to actually make change
 - Devolve authority (and some budget) to do so
- } right people and right conversations

Outcome 2

What needs to change?

- TDC 'sport for energy team'
- Promote national initiatives 'stoptober' in youth centres
- Develop more peer advocates – YP smoking cessation service
- Kent Health & Wellbeing week
- Forum Theatre productions re: living healthy lifestyles
- Sport activities
- Master Chef competition amongst schools
- Young inspectors
- Public gyms in the park
- Teenage gyms
- Walking bus
- Thanet Youth Forum engaged
- More community outreach – mobile clinics
- Thanet score card – Baseline data improved
- A&E attendances – drug and alcohol related admissions
- Children & YP making informed decisions to change their behaviour/lifestyle
- Review prescribing budget re: personal budgets → anti-depressants → close community activity/gym membership

Local Co-ordinated Delivery

- Local Champions for specific initiative – fewer initiatives but do more with them
- Audit of what is already available and share it.

What is working well

- Pie Factory - music sessions in children's centres (music making and makaton)
 - I CAN Early Talk Scheme
 - Share best practice re: teenage pregnancy from other districts
 - Early support – Early support keyworkers – Portage
 - Children's Centres
 - Health Visitors – continuity of care
 - Virtual schools Kent
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Gaps

- English as a foreign language classes
- Options- teenage pregnancy service now closed (very effective – lost funding)
- Portage once a child reaches nursery age
- Community outreach – getting the information out there about what is available

Session 1

Good info, sharing at a local level. Need to join this up at county/strategic level.

Thanet as a culture of a shared approach and joint working amongst agencies.

Areas to improve

Question – how to deal with those who do not engage us/services?

How to maintain universal services and a preventative approach?

Session 2

Is a C.I.C.? Possibly attracts additional funding, support and focus at school

Barrier:

- Care system is (can be) disruptive to living arrangements
- Poor attachment does not respond well to short-term interventions
- Signposting culture means various contacts with individuals and interventions
- Who helps manage the system at point of transition?
- Are services offering the support the family wants
- Interventions tend to be 3-6 months and need to be longer
- How can a positive relationship develop grow and be sustained? With whom?

Strategic:

- Co-ordinated assertive approach to engaging with 10-15 year olds in and outside of school.
-

Session 3

Outcome 4

Issues:

- Waiting lists and times
- Links between unemployment and mental health

Mental Health services need to engage with young people and professionals quickly and in their environments.

Mental Health staff to support and train professionals on how to work with low level mental health issues. Can help develop triage-type services.

Identify key issues to address, bring together adolescent services and focus on solving them. Will bring focus on an issue, better relationship between agencies, problem solving approach.

We will see:

- Reduction in waiting times
- Improved understanding of shared issues
- Improved outreach services – seeing YP where they want to be seen when they want to be seen and with.
(better focus on work in schools, YOTs and Youth Services)

Health & Wellbeing Board to focus on CAMHS and Young Healthy Minds' performance every meeting. Get waiting times down for Tier 2 and Tier 3.

| Working Well and Gaps | How do we know we are making a difference |
|---|---|
| <p>Change expected – may be destabilising</p> <p>Not or low impact on outcomes despite resources</p> <p>Good investment levels</p> <p>High willingness</p> <p>Joint projects</p> <p>What is reasonable to expect – needs analysis</p> <p>Margate Taskforce</p> <p>Things to build upon</p> <p>Children’s Centres</p> <p>16-18 yr learning opportunities</p> <p>Universal services</p> | <p>←→</p> <p>→ Ownership by agencies</p> <p>→ Involve local community</p> |

| Barriers and Challenges for Child and Family | What integrated and strategic approach is required to improve outcomes |
|---|--|
| Deprivation Child in Care system Maternal drug addictions Young carers Care leavers No building on success to address future work life | <ul style="list-style-type: none"> → Building resilience/aspirations Provision of Co-ordinated early help and intervention (CAF, TAC, SPA) → Joined Health and partnership to address (need availability) commissioning issues → Greater identification → Educational opportunities close to home inc funding Transition to adult care Moving on to higher education |
| <u>Thanet stats</u> CIN 384.2 PER 10,000 CPP 75.9 | With these figures, how do we provide early intervention |
| LAC 81.8 per 10,000 | |

Outcome 1

| <u>What needs to change</u> | <u>What is agency commitment in Thanet. What are key outcomes in Thanet</u> |
|---|---|
| Smoking in pregnancy Breastfeeding rates Drugs and alcohol use/abuse Employment and education access and uptake Housing | <ul style="list-style-type: none"> Engagement improvement Community expectations The 'Thanet' effect – public services 0 build assets Targeting 'talk up' on key public health messages – positive image projection SMART ways of working as part of targeted intervention Long term planning Ownership by services users and population Rethinking and advertising positives |

How would we like to work together locally

- Longer term planning
- Pooling budgets or having those with a budget working together in the same room!
- Thanet focus for spending money at local level (titrated against outcomes)
- Direction of resources
- Tackle the root causes with investment??
- Chamber of Commerce and Private Investment to join
- Use untapped resources - land
 - people
 - buildings
- Regeneration
- Define the level of expectation

Outcome 1

Make more local – Thanet

The YP journey 0-19 is lost - follow/capture – services → schools
- life record – central database for all services

Improve on life skills - Yr6 residential

Early Years - Free services
- B....?

Parenting skills/courses

Normalising behaviours – changing people society

MTF – LARGER SCALE

Public more involved ‘our society’

Discussion 2

- Barriers; High level commitment
- Investing in Prevention/Universal services that grow resilience
- YP need support with transport, access, money – we need to realise that by supporting and investing we can grow community resilience

Strategic Approach

- Take a leap of faith – small investment early on could prevent long-term costs, find some money
- Pick specific themes/outcomes to work back from – identify what T4 → T1 (specialist → universal) services can do and map impact

Case Studies

- Access to services - cannot self referral
 - child will not access GP

 - services too restricted

 - Lack of knowledge to services – health etc, schools, PRU access services
 - Education/support for families
 - Identifying the need and outcomes
 - Schools – more ability/flexibility
-

ASD Case Study

1. Barriers and challenges

- Delays in diagnosis and dispute amongst professionals
- Poor training and joined up approach
- Lots of different professionals – telling story over and over again. Poor communication
- No one acting as a key worker to pull the information together
- Lack of services for children with sensory processing difficulties
- Long waiting lists

2. New strategic approach

- Range of professionals undertaking key working functions/Lead professional
- Children's and families Bill, new code of practice – Education Health and Care Plan
- Co-location of staff
- Implementation of NICE guidance on ASD – Kent wide group developed a new integrated pathway to meet this guidance on diagnosis
- Early support/training on sharing the news re diagnosis
- MASH
- Co-production parents/YP
- Improved training on a multi-agency basis
- More training with parents and professionals
- Two and a half year developmental check – (HV) joined up with early years foundation stage assessments
- Key working functions at group level

- Multi-agency commissioning framework for CYP with speech language and communication needs
- New local offer for SEN D
- Multiagency approach for disabled children & YP with challenging behaviour and families.