

Ashford Health & Wellbeing Board (AHWB)

Lead Officer Group (LOG) Report

Priority Setting

1. Since the last meeting of the Board, the LOG has met twice to discuss the key areas of work that we need to focus on for the coming year. A review was undertaken of the current health & wellbeing priorities of Board members with the aim of identifying those areas under greatest pressure (e.g. where a relevant indicator, such as those within the JSNA, suggests performance is worse than the national average). The LOG also considered those areas that are most likely to benefit from collaborative activity.
2. The following key areas were examined:
 - Obesity
 - Smoking
 - Road safety
 - Avoidable admissions to hospital
 - Homelessness
 - Workforce pressures
 - Domestic abuse
 - Mental health
 - A&E pressures
3. At the same time as the LOG discussions have been taking place, Public Health have been developing their commissioning strategy. Further information on this can be found within the Public Health Partner Update. The LOG is planning to discuss this strategy at its November meeting in order to inform the decision as to what the HWB's priorities should be. Into this mix we must also add the JSNA recommendations as relevant to Ashford.
4. In selecting the HWB priorities it is important that we don't attempt to reflect every poor indicator or service pressure. The purpose is to agree those areas that the Board will monitor and more importantly make clear those areas that it will work on collaboratively to improve.
5. The LOG suggests that the Board should consider what indicators/services are in the most precarious or deteriorating position and discuss what preventable early intervention work could be undertaken. It is suggested that in setting targets we focus on actual numbers rather than trends. For example, the Ashford Health Profile indicates that 292 year six children are obese and we need to reduce this figure by 34 to bring our performance in line with the current England average. The LOG felt this approach would really focus attention on supporting individual and very clearly indicate how well or otherwise we are doing.
6. The LOG has considered each of the areas in this light and suggests the HWB draws its priorities from the following list:

- **Obesity** – Reducing the number of obese children (year 6)
 - **Smoking** – Reducing smoking prevalence in manual workers
 - **Road safety** – Reducing the number being killed or seriously injured
 - **Avoidable admissions to hospital** – Reducing unavoidable admissions
 - **Homelessness** - High number of people presenting themselves homeless
 - **Workforce** – Shortages of key professions as reflected in the Kent HWBs recent discussions
 - **Domestic Abuse** – High number of those suffering domestic abuse
 - **Mental Health** – Service weaknesses as identified in the recent CQC report
 - **A&E** – Too many presenting at A&E
7. **The LOG is aiming to complete this piece of work and recommend to the Board at its January meeting what should be considered as its key priorities for 2016.**
8. **The LOG would appreciate feedback from the HWB on the suggested approach.**

Community Network Progress

9. The Community Networks were discussed at the last LOG meeting and it was suggested that Network Lead Officers be invited to the January HWB meeting in order to provide information on what activity is taking place and more importantly how partners could or are assisting.

HWB Membership Requests

10. At the last HWB meeting it was suggested that membership requests are initially considered by the LOG with a view to making recommendations to the Board. Currently we have requests from Annie Jeffery (Chair of the Ashford Mental Health Group) and Jane Burnett (Governor for the EK Hospital Trust).
11. These requests have been discussed by the LOG. The outcome being that the LOG felt that mental health is already well represented by existing Board members and that the HWB does not have individual representative for particular areas of illness. Were the Board to agree the appointment, it is important to stress it would be a non-voting position and it is recommended that it be linked to membership and nomination by the Ashford Mental Health Group.
12. With regard to the application linked to the Hospital Trust, it is noted that the HWB does not have providers as Board members. The fact the application has been made by a member of the Council of Governors however is an important distinction. The LOG felt that patients were well represented by existing Patient & Public Engagement and Healthwatch positions and therefore suggest that this request is also respectfully declined.

13. For the Boards information, the current guidance on membership is as follows:

“The local HWBs have similar membership to that of the Kent Health and Wellbeing Board.

Typically membership is as follows:

- District/Borough/City Council Leader/Senior Member
- Kent County Council Cabinet Member or Deputy Cabinet Member
- CCG Senior Officer
- CCG GPs
- Healthwatch representative
- Other representatives as identified and agreed by the local HWB, e.g. voluntary sector

Advisory Members

- District/Borough/City Council senior officers
- Kent County Council Families and Social Care Corporate Director (or their nominee)
- Kent County Council Public Health Consultant
- Chair of the Children’s Operational Group (when appointed)

In addition to the core membership, other people can be invited by the Chairman to attend the meeting to present as and when required.

14. The LOG asks the Board to consider the current applications taking into account the guidance and feedback provided above.

Local Children’s Partnership Groups

15. Information on the Kent Local Children’s Partnership Groups (LCPGs) is appended below. Note in regard to governance the LCPGs will report to the HWB. This effectively replaces the Children & Young Person’s Health & Wellbeing Committee and no doubt we will receive Partner Updates from the Ashford LCPG in future. The first meeting of the LCPG is on the 16th October and ensuring robust and productive connectivity with the HWB and other strategic groups in Ashford is considered as fundamental issue.

16. It is recommended that the LCPG be included on the January 2016 HWB agenda so that a fuller discussion can take place and detailed reporting arrangements can be agreed.

KENT LOCAL CHILDREN'S PARTNERSHIP GROUPS

PURPOSE

Local Children's Partnership Groups (LCPGs) ensure a consistent approach to partnership working at district level across Kent. They provide a connection between countywide strategic bodies and those working with children and young people at a local level.

LCPGs' primary purpose is to drive improvement in specific outcomes for local children and young people. The work of each LCPG should be highly-focussed, data-driven and underpinned at all times by delivering a measurable improvement in selected indicators. The activity of the group will include:

- Sharing information to provide understanding of local services and their thresholds
- Providing a vehicle for identifying and addressing local needs and gaps in service provision
- Facilitating and pooling resources to meet the needs of local children and families.

The work of LCPGs will support both the development and delivery of Kent's Children and Young People's Plan which will be aligned with the aims and ambitions of Children's Health and Wellbeing Board (CHWB).

LCPGs play a key role in relation to safeguarding and promoting the welfare of children and young people, and as such provide an important link between the Kent Safeguarding Children Board (KSCB) and local services and organisations working with children and young people.

GROUP ROLES

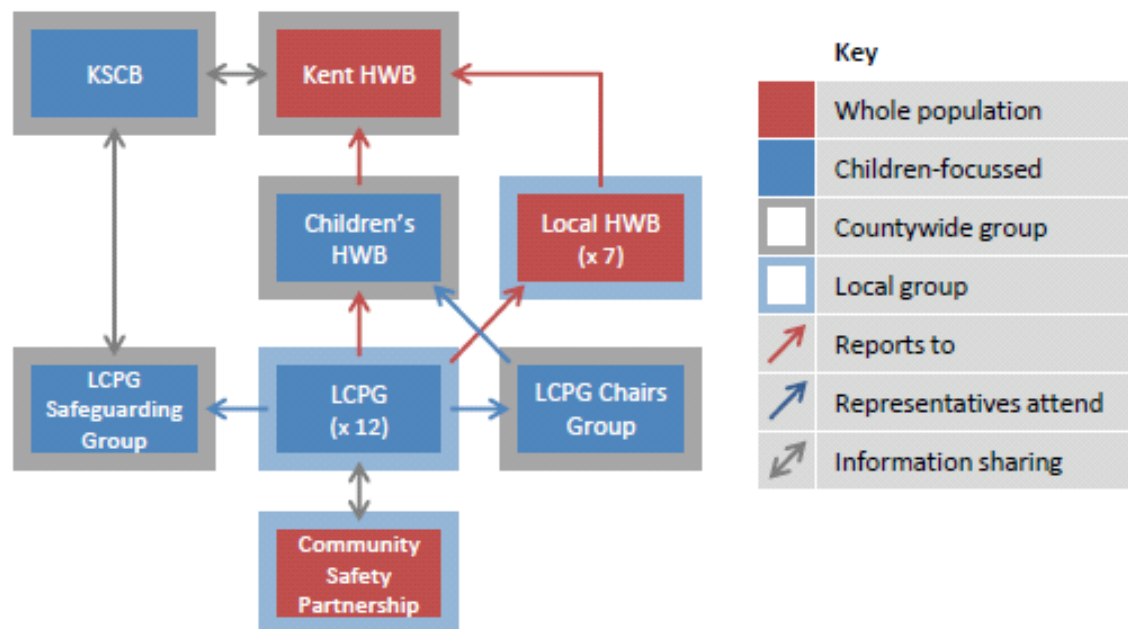
Each district will have an LCPG which represents a wide range of partners from across the public and voluntary sectors working with children (suggested membership is included). It is expected that each district's LCPG will be representative of the entirety of their district area.

To support consistency between the groups, there is expectation that each LCPG will ensure the following specific roles are fulfilled:

- **CHAIR:** Each LCPG will nominate or elect a chair from the membership of the group. The core purpose of this role is to ensure the group remains focused on improving the agreed priority outcomes for children and young people in their district. In addition to district LCPG meetings, there is an expectation that the twelve chairs will meet as a group to support and co-ordinate partnership working across districts. It is expected that two of these LCPG Chairs will attend each meeting of the Children's HWB to represent the group of twelve LCPGs.
- **SAFEGUARDING LEAD:** A group member should be nominated who will ensure the promotion of safeguarding within the group's work to improve outcomes. The Safeguarding Leads will meet as a group on a quarterly basis and link to the KSCB, ensuring up to date information is shared between county and district.
- **LOCAL HWB LINK:** A nominated group member who will attend Local Health and Wellbeing Board meetings and ensure communication and joint working between the two groups.

GOVERNANCE

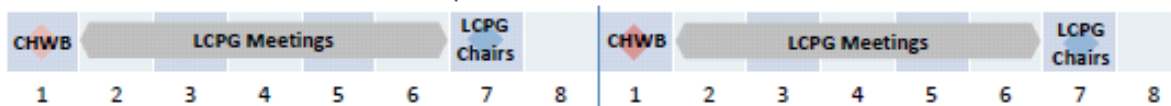
The diagram represents the relationship that Local Children's Partnerships Groups have with other key local and countywide groups, further explanation is provided below.



- Local Children's Partnership Groups (LCPGs) report to the countywide Children's Health and Wellbeing Board. The Children's HWB is the county's principle partnership group that brings partner agencies together to improve outcomes for children and young people. LCPGs are expected to report data relating to district outcomes and indicators alongside narrative and analysis on progress to the Children's HWB.
- LCPGs will also report to the Local Health and Wellbeing Board in their area. There are seven Local HWBs which are associated to CCG areas, therefore some LCPGs will be linked to more than one Local HWB. Reporting arrangements should be agreed at a local level accordingly.
- The Children's HWB and the seven Local Health and Wellbeing Boards report to the Kent Health and Wellbeing Board.
- The chair of each LCPG will be a member of the LCPG Chairs Group. Two members of the LCPG Chairs Group will attend each meeting of the Children's HWB providing the means for communication between the Children's HWB and the twelve LCPGs.
- Similarly, the safeguarding lead from each LCPG will attend the LCPG Safeguarding Group. This group will link with the Kent Safeguarding Children Board (KSCB) ensuring accurate and timely sharing of information between district and countywide groups in relation to safeguarding.
- In each local area, there is an expectation that the LCPG will develop and maintain links with the Community Safety Partnership and ensure that information is shared and joint working is encouraged where appropriate.

MEETING ARRANGEMENTS

- The CHWB meets every two months. Minutes from the CHWB will be shared with the LCPG Chairs.
- It is expected that each LCPG will meet every two months (six times a year), in the weeks following the CHWB so that key messages from the CHWB can be communicated and discussed at district level.
- The LCPG Chairs Group will also meet as a group every two months, after all of the 12 LCPGs and before the next CHWB.
- This suggests an approximate eight week (two month) cycle of meetings as demonstrated below:



- Similarly, the LCPG Safeguarding Leads should meet in line with KSCB meetings which take place four times per year.
- All LCPG member organisations are expected to contribute as appropriate to co-ordination, administration and meeting venues to ensure the smooth running of LCPG and associated meetings.

GROUP MEMBERSHIP

An LCPG is owned by its members, who are accountable to one another. It is expected that members will support the group in a way which reflects their organisation's responsibilities and resources by:

- Attending or being represented at every meeting;
- Responding to actions in a timely way as agreed by the group;
- Sharing data that supports the delivery of the group's priorities.

Each LCPG should include representation from the following organisations working in their district:

District Council	Local Schools & FE Colleges	Social Care
CCG	Police	Early Help
Community Safety Partnership	Voluntary Sector	Children's Commissioning
Public Health	Housing	Education

OUTCOMES & INDICATORS OF SUCCESS

The key driver of the activity of LCPGs will be the new countywide Children and Young People's Plan which will clearly set out the most important outcomes and associated indicators for children and young people in Kent. LCPGs will be key contributors to the plan's development, which will take place in parallel to the evolution of these groups.

In addition to the CYPP, each LCPG may have its own agreed set of locally determined outcomes, tailored to the needs of children and young people in the local area. Because of the LCPGs' extensive contribution to the CYPP, it is hoped that the need for additional local outcomes and indicators will be minimised.

Selection of outcomes and indicators should be data-driven, with partner members of LCPGs sharing relevant data to help understand local need. It is expected that consultation with local children and families will also be used to inform the selection of outcomes. Data should also be shared in order to monitor progress against indicators.