

DRAFT
MINUTES OF KENT CHILDREN'S TRUST BOARD
Held on: Wednesday, 15 December 2010
At the New Line Learning Academy

Present:	Joy Ackroyd (JA), Alan Barham (AB), Stephen Bell (SB), Graeme Brown (GB), Barry Clout (BC), Judy Doherty (JD), Rev Nigel Genders, (NG), Roland Gooding (RG), Lorraine Goodsell (LG), Karen Graham (KG), Elizabeth Green (EG), Ruth Herron (RH), Guy Hewett (GH), Sarah Hohler (SH), Amanda Honey (AH), John Mitchell (JM), Anthony Mort (AM), John Moss (JM), Peter Nicholls (PN), Nikki Patient (NP), Meradin Peachey (MP), Jay Pye (JP), Richard Samuel (RS), Stuart Skitton (SS), Rosalind Turner, Chair (RT), Joanna Wainwright (JW), Marisa White (MW), Laura Steward (LS)
Apologies:	Zena Cooke, Helen Davies, Richard Eason, Marion Dinwoodie, Jayne Faulkner, Steve Griffiths, Stephen Grix, Merril Haeusler, Sean Heslop, David Hughes, Neil Jerome, Sean Kearns, Jennie Lansberg, Trevor Lawry, John Littlemore, Oliver Mills, Bob Porter, Leyland Ridings, Angela Slaven, Ann Sutton, Martin Vye, David Warlock, Andrew Wickham
In Attendance:	Jackie Marks, James Harman, Jenni Wisdom

1.	Welcome and opening address - Rosalind Turner (RT)
	<p>Rosalind Turner opened the meeting and welcomed all present. Introductions were made and RT summarised the objectives of the meeting as outlined in the agenda. These can be viewed at: agenda</p> <p>Introduction to New Line Learning: RT thanked Guy Hewitt, the Headteacher of New Line Learning for hosting the meeting and invited him to say a few words about the school. He welcomed members and gave a brief background about the school's approach to teaching and learning which focussed on flexible use of resources, high level technology and creative use of spaces. Students are taught in large groups - classes are between 70-110 pupils with 4-5 teachers working as a team. The teachers plan the delivery together. This approach means there is constant teacher training. This is a very different approach to traditional education methods and has been very successful.</p>
2.	Vision for Kent, the Kent Forum and Health and Wellbeing Groups - Graeme Brown, Kent Agreement Manager, Kent Partnership
	<p>Graeme Brown gave an overview of the presentation given by Paul Carter, Leader of KCC, at the annual Kent Partnership (KP) Conference on 18 November, regarding the proposed changes to the Kent Partnership structure and the future of partnership working. He outlined the core elements of the new structure, which included the Kent Forum and locality Boards and the draft Vision for Kent. Key points:</p> <ul style="list-style-type: none"> The new Kent Forum would include democratically accountable representatives from across the public sector including leaders of the County and District Councils and Chairman of the Kent Fire and Rescue Service. The Kent Forum would assume the responsibilities of the Kent Leaders Group and the Kent Partnership and thereby replace these groups. It would have overall responsibility for co-ordinating and agreeing shared priorities and progress, encouraging community leadership and supporting new initiatives. These shared priorities would be expressed in the new Vision for Kent.

- The Joint Kent Chief Executives would replace the existing Public Service Board and the Kent and Medway Chief Executives Group. Members of this group would use their collective expertise and knowledge to support the Leaders to enable good judgement and decision making.

GB explained that the relationship between the Kent Forum and the Kent Joint Chief Executives would be similar to a Cabinet and its respective Chief Officer Team. He pointed out that there were some risks in the new structure and that the breadth of membership of the Joint Kent Chief Executives was still being debated. A balance needed to be struck between keeping the membership tight so that it mirrored that of the Kent Forum, whilst encouraging other partners not represented to continue. The Kent Forum was looking at how to mitigate this risk and he asked the KCTB for their views. He stressed that it was important that all partners had a chance to endorse plans and strategies and felt part of the delivery of public services in Kent.

Vision for Kent: GB informed the meeting that a working draft of the Vision for Kent had been presented at the KP conference. This vision focussed on three county-wide ambitions:

- Grow the economy
- Tackle Disadvantage
- Put People in Control

He presented diagrams which proposed 3 ambitions boards and potential links with existing partnerships to deliver the ambitions.

He explained that the role of the Ambition Boards was being scoped and could include:

- Agreeing priorities for each Ambition
- Setting outcomes
- Focussing on delivery
- Overseeing performance management.

The composition of the Ambition Boards would include both officers and members and they would be managed through the Kent Joint Chief Executives and be accountable to the Kent Forum.

He explained that locality boards would be set up at a district level which would consist of District Council Cabinet Members and local County Councillors. These would link with other local partnerships e.g. LCTBs/Community Safety Partnerships.

The presentation can be viewed [here](#).

He posed the following questions and invited comments from the KCTB:

- In driving forward the changes how do we look at the territory of each partnership and ensure they work better together?
- How do we bring partnerships together towards a more sensible realignment?
- How do we make sure the boards support each other?

The following observations and comments were made:

- Meradin Peachey, Chair of Public Health Board & Director of Public Health circulated a paper on the **Health and Wellbeing Boards** and drew the KCTBs attention to Chapter 5 regarding GP Consortia. MP informed the KCTB that there would be a Health and Wellbeing Board which would have a scrutiny function. The Board would be set up from next April and would be statutory from April 2013. Kent could apply to be an early implementer.
- There was concern that the voluntary sector was not involved in the Kent Forum and that it was important to consider the progress and contribution the voluntary sector could make.
- A question was raised with regard to the independence and democratic accountability of

	<p>the Kent Forum and Kent Joint Chief Executives Group.</p> <ul style="list-style-type: none"> • The KCT Board agreed that it had a particular role to champion the needs of children and young people in these arrangements. This agenda was cross cutting and did not fit neatly under one of the ambitions. <p>Graeme Brown advised that the Kent Forum aimed to be inclusive, bringing in members from other agencies as the agenda dictated. The Kent Forum would be open and transparent - all papers and minutes would be open to the public scrutiny.</p> <ul style="list-style-type: none"> • Rosalind Turner underlined the desire to retain focus and input from the voluntary sector. • Joy Ackroyd commented that the changes were intended to improve partnership working to improve outcomes. Within the process the KCT had a particular place as a champion for children and young people and this was underlined in a recent announcement from the DfE about Children’s Trust Boards: <p>http://www.education.gov.uk/inthenews/inthenews/a0066362/more-freedom-and-flexibility-a-new-approach-for-childrens-trust-boards-children-and-young-peoples-plans-and-the-duty-to-cooperate</p> <p>Although the statutory base for the KCT Board is being removed, the duty to co-operate in the Children Act 2004 remained and the county and local trust boards are a key mechanism for ensuring this duty is fulfilled.</p> <p>Action: The Board agreed the following feedback to the Kent Partnership/Forum:</p> <ul style="list-style-type: none"> • The overall aim to streamline and focus the partnership was welcomed but the restricted membership of the new Kent Forum was not felt to be supportive of effective partnership working particularly with the voluntary and community sector. • The Board were committed to ensuring a relentless focus on the needs of children, young people and families and felt this should not be restricted to ambition 2 of the new V4K. <p>GB was asked to communicate this feedback</p>
3.	<p>CYPP Development - Marisa White, Head of Strategic Planning, Partnerships & Democratic Services, KCC</p>
	<p>Marisa White informed the KCTB that the KCT Executive continued to focus on the development of the CYPP. The CYPP would provide a steer for strategic and local action within the framework of the V4K ambitions. It was agreed that the top priorities for the CYPP at county and local levels would be:</p> <ul style="list-style-type: none"> • Safeguarding • Emotional Health and CAMHs <p>The remaining five areas of need would also be a focus for years two and three of the CYPP.</p> <p>MW informed the Board that work had started within the 12 districts to develop draft district plans as part of the CYPP. The LCTBs were currently consulting about the 7 areas of need and how partners can address these needs locally. Within the district plans all 12 LCTBs must prioritise the 2 areas above. MW asked for members of the KCT to commit to championing and supporting the work around these two areas both at county and local levels to ensure they are being addressed.</p> <p>The key points raised in the debate focussed on Safeguarding issues and support for the most vulnerable children and young people:</p> <ul style="list-style-type: none"> • Robust performance management needs to be in place both within the children’s social service and across the partnership.

- It was felt that children up to 18 requiring services from CAMHs should be able to receive support regardless of where they live. Lorraine Goodsell informed the KCTB that there were two providers of CAMHs in Kent. There was a difference in provision between the two services, leaving a gap in service provision in some areas for 17 year olds. This gap was highlighted in Health's own Inspection and is now being addressed.
- The two top priorities should be automatically be embedded at foundation level in all services.
- The enormity of the safeguarding problem was highlighted. Alan Barham, Headteacher at Sittingbourne Community College informed the KCTB of the high numbers of child in need/protection cases at his school (approximately 1.5 per day). Cases were complex and there was a constant need to make quick decisions about which cases to refer to Social Services. The KCTB must accept that the needs of so many young people in vulnerable situations cannot be met unless more resources are invested. The working practices of Social Services also needed to be examined e.g. serious cases ongoing for a long time, the level of paperwork, etc.
- Although many organisations within the voluntary sector supported schools in this area, there is no overall planning or co-ordination to ensure the cases are supported most effectively.
- The new CYPP was based on a needs assessment. The KCT had benefited from extra scrutiny provided by the National Support Team and the Ofsted Inspection around Safeguarding which had projected these 2 areas into focus.
- It was recognised that the 7 areas of need were intertwined eg improving education outcomes linked with the poverty strategy; improving outcomes for teenage parents is part of safeguarding.
- Proposals to reduce housing benefit and the homelessness duty to be met outside of social housing would have a significant impact on many vulnerable/low income families, particularly those out of work.
- As the CYPP is developed there should be some testing of the new policy environment. The KCTB needs to check the reality of what is happening to families so that partners understand the experiences of vulnerable families.
- The KCT needs to look at investing in research to see what works on the ground
- Stephen Bell mentioned a pilot multi-agency project in Ashford to identify skills required by front line workers. He felt it was important to learn from front-line workers.
- An accredited course on CAF was suggested as well as investing in accredited courses involving research.
- The children who are worse affected live in families where children's needs are not a priority. All agreed that this was a challenge.
- The culture of working in partnership is the only way to make a difference.

Rosalind Turner drew the debate to a close.

The scale and complexity of the problems were noted. The KCTB agreed that sustainable change would require a change of culture and this would need to be underpinned by workforce development on a partnership basis.

Action/Outcomes:

- Partners recommitted to launching a new CYPP from April 2011 as the work plan of the Trust. The top CYPP priorities were identified as noted above and it was agreed that Local Children's Trust Boards would prioritise these areas in the local plan. **ALL/LCTBs**
- Most crucially partners agreed that the new plan must be underpinned by joint commissioning plans resourced on a multi agency basis. **KCT Exec. Commissioning Group**
- It was agreed that the new plan should be 'sense checked' against developing national policy and funding changes. **MW**
- It was noted that local work to identify district priorities was underway and the KCT Executive would review progress in January. **KCT Exec. Commissioning Group**
- All partners agreed to work together to support improvements in safeguarding vulnerable children and families. it was agreed to review this commitment in the light of the Safeguarding Improvement Plan when available. **ALL**

4.	<p>Improvement Planning for Safeguarding - Rosalind Turner/Joy Ackroyd/Penny Davies and Marisa White.</p>
	<p>Rosalind Turner outlined the findings in the Ofsted Safeguarding Report. Kent had accepted these and now needed to move forward.</p> <p>An improvement plan was being developed to address core social work issues and ensure that children are kept safe. This plan would be circulated shortly and KCTB Members would have an opportunity to contribute to the improvement plan.. Progress reports since the inspections showed that there were serious issues but work was on-going to improve child protection. An improvement board was being set up with multi-agency colleagues who would be independently chaired. RT advised that an Improvement team was also being drawn together which would be strengthened by external appointments - more information would follow.</p> <p>The following comments were made:</p> <ul style="list-style-type: none"> • A question was raised about the relationship between the KCTB and KSCB. It was felt critical that the links were strengthened and the respective roles were fully understood. A protocol had been circulated to KCTB Members to improve the working relationship between the KSCB and the KCTB. Work to implement the protocol was discussed. • A comprehensive operating procedure was needed. Some practices and policies prevented services from delivering the level of service expected and it was felt there were issues which should be challenged e.g. <ul style="list-style-type: none"> ○ the CAF process where schools cannot proceed with a CAF without parental engagement ○ the policy to keep young people in families at all cost. Some experience showed that LAC who fail are often the children who have gone into care too late ○ New government policy regarding casual admissions resulting in LAC being out of education too long • There should be less emphasis on assessment and stronger focus on action to meet needs. • There was a call for robust performance management with targets that the KCT and LCT Boards could monitor. • Roland Gooding shared that Kent had led work around the development of children's trusts and achieved national recognition. However the County had just had a devastating judgement on safeguarding. RG felt there was a disconnect between strategy and reality on the ground and the effect on children. The Inspection had identified that there were many children at significant risk. The KCTB should be focussing on what went wrong, why and how. <p>RT drew the discussion to a close by calling for more flexibility to change processes where current arrangements were not working for children. These issues would be considered in the Improvement Programme.</p> <p>Action/Outcomes:</p> <ul style="list-style-type: none"> • The Board agreed that addressing the safeguarding recommendations was a top priority for all partners. The scale and complexity of the issues was recognised and the Board called for a culture change across children's services to ensure that safeguarding is central to all decision making and delivery. They committed to supporting the Improvement Plan and the proposed Improvement Board to drive progress at strategic and local levels. Specific actions would be identified when the safeguarding improvement plan was available. ALL • A stronger working protocol to improve the working relationship between the KCT and the KSCB Boards was agreed. There was an agreement to share representative forums for the voluntary and community sector. JA and PD

5.	<p>Improvement Planning for Emotional Health and CAMHS - Lorraine Goodsell, Acting Director of Child Health Commissioning</p>
	<p>Lorraine Goodsell informed the KCTB that Health had been subject to a separate Inspection alongside the Ofsted inspection and issues for improvement had been identified. An improvement plan was being developed and would be submitted on 7th January. A number of areas for improvement would be dependent on strong partnership working. LG asked for commitment from Members of the KCTB to support the delivery of the plan.</p> <p>A paper was circulated to support this item. Link for paper and appendix.</p> <p>LG advised the KCTB of two stakeholder meetings on 16 December and 6th January and encouraged Members to attend. It was noted that there was significant risk to Tier 2 emotional health services. The Board were advised that a risk assessment is underway. It was important to maximise both health and partnership resources. A major concern was the number of funding streams at risk of not being ring fenced in the next financial year. This would impact on specialist services leading to longer waiting times. It would be critical to agree locality based pathways so that young people had quick access to services through a clear system.</p> <p>LG asked for Members to nominate lead officers to join a task group, particularly representatives from the voluntary sector, faith groups and schools. The task group would drive the delivery of the action plan.</p> <p>Action/Outcomes:</p> <ul style="list-style-type: none"> • The emotional health and CAMHS draft action plan was endorsed and partners agreed to nominate lead officers to join the task group. ALL • The Board requested clear targets and outcomes as part of the action plan to ensure progress could be tracked and mitigating actions agreed where necessary. LG
6.	<p>Common Assessment Framework (CAF) and Integrated Processes - Karen Graham, Head of Children’s Services, East Kent and Nikki Patient, Integrated Processes Team Leader</p>
	<p>Karen Graham presented a short paper setting out the key actions being taken to embed the use of the CAF to support early intervention. The paper to support this item is available at:</p> <ul style="list-style-type: none"> • Paper • Appendix • CAF • Core Skills • E-Learning <p>KG asked the KCTB to recommit to using the CAF framework as the first assessment tool of choice across preventative services in Kent. Since implementation of the CAF began in September 2008 use of this model had increased but it was still not being used universally. This was highlighted in the recent Ofsted Inspection. KG stressed that if used effectively, the model played a key role in ensuring children’s needs were identified early and support was co-ordinated efficiently.</p> <p>Research into the effectiveness of the CAF had been carried out in the summer of 2010 as part of the Local Authority Research Consortium (LARC) project, co-ordinated by NFER. Some key areas for development had been identified and there were good examples of the difference that could be made to outcomes for children and families by using the CAF process. In Kent the project was focussed in the Swale area. Nationally, the project was looking at the cost-benefits of early intervention. KG summarised examples of some of the findings outlined in the paper presented to the KCTB which showed differences made as a result of using CAF.</p>

KG outlined actions that have been identified to support integrated working which included:

- a training programme to support the use of CAF - including face to face and e-learning opportunities
- enhanced support for lead professionals to develop their skills and confidence in the role
- reducing duplication of assessments/agreed pathways to key services to support the 'Team Around the Child'
- work with the Preventative Services Managers to promote the use of CAF by in Early Years, children's centres and other local early intervention services
- work to improve performance management focussing on impact rather than number of assessments. This work will also look at processes such as information sharing and data protection

Nikki Patient reported that she had made a presentation to the C4C team about the role-out of training across the county.

There was debate about using CAF and making the lead professional role more effective. Discussion included:

- How to ensure the right lead professional is identified.
- The importance of clear outcomes and performance management/how to know what difference the intervention has made to vulnerable families.
- Challenges around engaging families and obtaining parent consent for a CAF.
- A request for an update for the KCTB on mechanisms and systems information.
- Benefits of using CAF to provide agencies with a framework to obtain more information about the wider circumstances surrounding a child.
- Working with different services to see how to align assessments processes with health visitors and family needs assessments to avoid duplication.
- Considering use of not for profit organisations as a way of working with families. It was noted that volunteers were very skilled and committed.
- The need for better linkages with adult services.
- The importance of embedding the process to ensure there is an audit trail behind each child, particularly those in families who have multiple problems. It was important not to think about a child in isolation, but it was necessary for the family to engage and have 'ownership'.

Concern was raised about the lack of resources to coordinate/support the CAF process and the KCTB was urged to support CAF through contributions in kind.

Rosalind Turner drew the debate to a close by asking for renewed commitment from the KCTB to using CAF as a first assessment tool of choice and for the Board to support the actions outlined in Section 3 of GB's report, particularly through the 12 LCTBs.

Actions/Outcomes:

Partners recommitted to the effective operation of the Common Assessment Framework, the lead professional and the team around the child as key mechanisms to meet the needs of children, young people and families. The Board recognised that we must improve the effective use of these tools and that this would require resources from across the Partnership. **ALL**

Specific actions were: follow up with Kent Fire and Rescue, all LCTBs to drive forward local action and a stronger push on training to build confidence across the workforce.

KG was invited to come to a future KCTB meeting to report on progress. **JA/KG/NP**

All the actions outlined in Section 3 were dependent on grant funding. It was therefore agreed that an item on the impact of the recent cuts to grant funding would be brought to a future meeting of the KCT Executive Commissioning group. **JA/KG/NP**

7.	<p>Teenage Pregnancy - Ruth Heron, Senior Commissioning Officer</p>
	<p>Ruth Heron provided an update on progress relating to reducing teenage pregnancy in Kent and actions required by partners to drive forward the Kent Teenage Pregnancy strategy.</p> <p>Although significant progress had been made and rates were expected to continue to reduce, Kent had not reached its target and it remained a major challenge for both KCC and East and West Kent PCTs. In 2008 the under-18 conception rate had decreased by 13% since the baseline year of 1998 and teenage pregnancies were at their lowest rate since December 2003. As yet there was no clear directive from central government, but a continued focus on teenage pregnancy and sexual health is highlighted in the Public Health White Paper. More information was expected to be published in the Spring 2011.</p> <p>RH advised the Board that without a continued strategic commitment to reducing teenage pregnancy, there was a significant risk that teenage pregnancy rates would start to rise.</p> <p>RH summarised the key actions that needed to be taken by partners to drive forward further improvements and asked the KCTB to endorse these actions to ensure the embedding of the strategy from April 2011. These actions can be viewed in more details by following the link: Paper</p> <p>RH advised that the LCTBs were key partners in driving forward this agenda and that they were working with Teenage Pregnancy local implementation groups on local action planning and monitoring local delivery.</p> <p>RH raised the issue of funding - grant funding would cease to be ring-fenced at the end of this financial year which meant there was a risk that no further funding would be attached to the strategy. This funding supported a range of projects and interventions commissioned as part of the teenage pregnancy joint commissioning plan. She asked the KCTB to support proposals to allocate funding from April 2011 to support this plan. She advised the Board of proposals to mainstream some health services into core PCT operating plans to ensure their continuation.</p> <p>Actions/Outcomes:</p> <p>The Board noted progress in reducing rates of teenage pregnancy (TP) and providing more 'real time' data. The following actions were agreed:</p> <ul style="list-style-type: none"> • To support an application for future funding. ALL • Lead commissioner to write Health, CFE Specialist Services, Youth Offending Service and CFE Learning Service regarding specific actions. RH • LCT Boards to drive forward the district TP targets and report progress to KCT Executive. RH • The Boards recommended that the title Sex and Relationships Education be changed to Relationships and Sex Education. <p>The Board asked for a progress report in mid 2011.</p>
8.	<p>Appointing an independent Chair to lead a re-established KCT Board</p>
	<p>Rosalind Turner introduced this item by asking the KCTB to move towards the recruitment of an independent Chair to lead the KCT Board. It was felt that clarity was needed around this role and</p>

	<p>that the individual appointed should be a champion for children and young people in Kent. RT invited the KCTB to share their views. The following points were made:</p> <ul style="list-style-type: none"> • KCT arrangements need a strong leader. • Some members felt that the Chair should be independent from the KCTB in order to challenge systems effectively. • Joy Ackroyd reminded the KCTB that the LCTBs had been charged with moving towards appointing an independent Chair. The role description had been taken from research which suggested that the Chair should be someone who could operate from a position of independence, rather than any particular sector. <p>Actions/Outcomes:</p> <p>A vote was taken and it was agreed that the KCTB should appoint an independent Chair. The profile of the Independent Chair, developed by the C4C team for the LCTBs, would be used as a basis for developing the job description for the KCTB Chair. Rosalind Turner informed the Board that Katherine Kerswell, Group Managing Director of KCC, would be supportive of this move.</p>
9.	<p>Rosalind Turner closed the meeting by thanking everyone for their contribution. It was noted that the minutes of the previous meeting had not been agreed as part of the main meeting and the Board were asked if any Members had any comments to raise. The minutes were then approved as an accurate record of the meeting held on 8th October 2010.</p>
	<p>Date of next meeting: Friday 4th March 2011</p>