



## DISTRICT COUNCIL

Despatched: 25.11.14

### **HEALTH LIAISON BOARD**

**03 December 2014 at 2.00 pm**

**Conference Room, Argyle Road, Sevenoaks**

### **AGENDA**

#### **Membership:**

Chairman: Cllr. Mrs. Cook Vice-Chairman: Cllr. Davison  
Cllrs. Mrs. Bosley, Brookbank, Clark, Fittock, Mrs. George and Searles

	<b><u>Pages</u></b>	<b><u>Contact</u></b>
<b>Apologies for Absence</b>		
1. <b>Minutes</b> To agree the Minutes of the meeting of the Board held on 1 October 2014, as a correct record	(Pages 1 - 6)	
2. <b>Declarations of Interest</b> Any interests not already registered.		
3. <b>Actions from Previous meeting</b>		
4. <b>Updates from Members</b>		
5. <b>Specialist Support for Alcohol and Drug Misuse - Presentation by Kenward Trust</b>		Kenward Trust
6. <b>The Care Act 2014</b>	(Pages 7 - 16)	Hayley Brooks Tel: 01732 227272
7. <b>Draft Kent Emotional Wellbeing Strategy for Children, Young People and Young Adults (0-25) - Consultation</b>	(Pages 17 - 46)	Hayley Brooks Tel: 01732 227272
8. <b>Work plan</b>	(Pages 47 - 48)	

#### **EXEMPT ITEMS**

(At the time of preparing this agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public.)

To assist in the speedy and efficient despatch of business, Members wishing to obtain factual information on items included on the Agenda are asked to enquire of the appropriate

Contact Officer named on a report prior to the day of the meeting.

Should you require a copy of this agenda or any of the reports listed on it in another format please do not hesitate to contact the Democratic Services Team as set out below.

For any other queries concerning this agenda or the meeting please contact:

**The Democratic Services Team (01732 227241)**

**HEALTH LIAISON BOARD**

Minutes of the meeting held on 1 October 2014 commencing at 2.00 pm

Present: Cllr. Mrs. Cook (Chairman)

Cllr. Davison (Vice Chairman)

Cllrs. Mrs. Bosley, Brookbank, Clark, Davison, Fittock, Mrs. George and Searles

Cllr. Fittock was also present.

10. Minutes

It was brought to Members' attention that Cllr. Davison was listed as twice in attendance.

Resolved: That the minutes of the meeting held on 9 July 2014 be approved and signed by the Chairman as a correct record.

11. Declarations of Interest

No additional declarations of interest were made.

12. Actions From Previous Meeting

Members were advised that the notifications of the Annual Community Grant scheme had been sent to the relevant bodies. Members note that the Clinical Commissioning Groups (CCG) would be invited to speak at the February 2015 meeting not February 2014.

13. Updates from Members

The Chairman advised that she had attended a meeting with members of Patient Participation Groups (PPGs), who were concerned that the Groups needed to create better links with partners including the Council. Mr. Young who was a member of the Edenbridge PPG addressed the Committee and advised that there were 67 different PPGs across Kent, which were trying to encourage the use of local cottage hospitals rather than travelling to Pembury or Maidstone and were actively pursuing service provision in local areas to improve health. The Chairman suggested that it would be interesting to hear from Mr Young and the PPGs in more details at a future meeting.

Cllr. Davison advised that he had a copy of the NHS Constitution and that the Chief Officer Communities and Business would get additional copies for the Board. He had attended 8 health meetings recently. The West Kent CCG were concerned with the progress that Children's Mental Health Services (CAMS) were making, however the service was improving under the leadership of the Sussex Partnership with waiting and treatments waiting times reducing. The hospital patient transport services

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### Health Liaison Board - 1 October 2014

commissioned to Primary Transport Service (PTS) were not reaching the contract standards and the contract was being investigated to make improvements. Comments had been fed into the West Kent CCG's 'Mapping the Future' Plan. Edenbridge PPG were also working with Edenbridge League of Friends to arrange for a TV screen to be put into the surgery waiting room to inform patients of local services and updates about the surgery.

The Board were advised that at the South East Ambulance Trust AGM they were informed that the response time targets had almost been achieved and there would be rest centres for ambulance crews to use for short break within more isolated communities. Currently each crew had to return to one central base each day. It was hoped that a refurbishment at Maidstone Hospital would provide additional parking facilities. Kent County Council (KCC) Health Overview and Scrutiny Committee (HOSC) were concerned mainly with East Kent hospital issues but also about the amount of time taken to implement new contracts.

Cllr. Searles provided an update to the Board, detailing the 12 health meetings that he had attended. Hextable PPG were working with the Swanley Dementia Friendly Forum to make Swanley town more dementia friendly. The visit to the food bank on Friday 29 September 2014 had shown Members how the food bank operates and they had a greater understanding of people's need for food banks during crisis and how this support could help people.

He advised Members that he had attended the Dartford, Gravesham and Swanley CCG's AGM which was in a similar position to West Kent's CCG. The Government's target for A&E waiting time was 95% to be seen within 4 hours. Darent Valley Hospital were achieving 96.3% of the 4 hour waiting time, with Medway only achieving 80% and were also in special measures for under performance. Ambulance response times were also not being met. Darent Valley Hospital also had an intake from Bromley and Bexley. He advised that there was a Better Care Together Seminar for the North of the District on the 5 November 2014. Darent Valley were no longer merging with Medway however, a merge with the South East London Foundation Trust was being investigated. Members were in agreement that it was good that a merge between Medway and Darent Valley was no longer happening. Concerns were raised over bed blocking.

The Board was advised that 60% of Doctors were at retirement age and nationally there is a shortage of newly trained GP's. To reduce costs, many surgeries were looking to merge administration functions. Information was being promoted to encourage people to visit their GP's first rather than going to A&E unless it was an emergency.

Members discussed whether the CCGs were aware of the pressures of trying to get an appointment with a GP and whether consideration had been given to providing additional funding. Cllr. Searles advised that Dartford, Gravesham and Swanley CCG were aware and that a second round of commissioning would take place within the next 6 months.

Cllr. Brookbank informed Members that HOSC were looking at Medway Hospital because it was in special measures relating to their performance. This was affecting Maidstone and Pembury as more people were visiting these hospitals. He advised that he had been involved with Care Quality Commission (CQC) inspection to monitor improvement plans within hospitals. As part of this work, hospitals had been asked to look at improving end

of life care as much of this was left to hospices with no consistent approach. He advised that he had also attended the Dartford, Gravesham and Swanley CCG Board meetings.

Cllr. Clark advised that he had attended a Dartford, Gravesham and Swanley NHS Trust meeting. The Queen Mary hospital in Sidcup had experienced some financial difficulties and had been taken over by Oxley Trust with Darent Valley also providing some specialist services. The Dartford Gravesham and Swanley NHS Trust had 39 intermediate care beds at the Bupa Care Home in Elm Court to try and prevent bed blocking at Darent Valley. These beds were helping to rehabilitate patients further before they were sent home after surgery. The Sevenoaks District Seniors Action Forum had worked to install over 40 defibrillators across the District including a new one in New Ash Green. Members were encouraged to support the Sevenoaks District First Responder Unit who were working with the Seniors Action Forum to attract funding to continue to meet the defibrillator needs of the District.

Cllr. Fittock advised that Kent Health Watch were now allowing Councillors to be members. More people were using pharmacies for advice and pharmacies were keen to take on a bigger role in relation to advice and health. In response to a question, Members were advised that if you attended a community Pharmacy rather than a private one in a supermarket then you do not have to pay for a health check.

Members discussed the visit to the Swanley food bank and how they needed a larger location. 3400 tonnes of food was distributed from the small warehouse, most of the foods were non perishables and toiletries were also provided. People suffering a personal crisis used the Food Bank and were given a supply of food for 3 days and were also referred to a local support organisation or Social Care Services for an assessment of their situation. Storage for the food had been offered to the Food Bank at Swanley White Oak Leisure Centre and the Chief Officer Communities and Business had been involved in supporting the Food Bank. The need for a new venue was urgent and it was suggested whether looking for a new premises was something that Economic and Community Development Advisory Committee could look into. The Health and Communities Manager advised that it was a voluntary organisation, and the Council are working with them to support them to find new premises to operate their Food Bank.

#### CHANGE IN AGENDA ITEM ORDER

With the Board's agreement the Chairman brought forward consideration of agenda item 8.

#### 14. Workplan

Members discussed the work plan and agreed that PPGs should be included for the December meeting. The Health and Communities Manager advised that Kenwood Trust would also be attending the December meeting as they could not attend the October date. It was noted that the CCG would be attending the February meeting and that Ian Ayres, West Kent CCG Accountable Officer would be invited to explain how the Voluntary Transport Service and Ambulance service worked. Members were advised that if they wanted to scrutinise the service this was something that would be appropriate for the Scrutiny Committee and conversations were already taking place.

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### Health Liaison Board - 1 October 2014

#### 15. Falls Prevention Pathway

The Health and Communities Manager gave a [presentation](#) on the Falls Prevention Pathway which detailed the work being undertaken by the Council in partnership with Kent County Council as part of the integration of health and social care services.

In response to questions the Health and Communities Manager advised that there was a focus on the prevention of falls which would reduce the number of people who were admitted to A&E. The initial home assessments were also carried out via Social Services and Occupational Therapists. The Council received government grants to do assessments for the home improvements and through Disability Facility Grants. Members were advised that this in future would be incorporated within the Better Care Fund.

Resolved: That the report be noted.

#### 16. Healthy Weight and Obesity

The Health and Communities Manager gave a [presentation](#) on healthy weight and obesity which showed the work being undertaken by the Council in partnership with KCC to reduce the amount of adults and young people who are overweight or obese in the District. Members were advised that the District had similar rates of obesity levels to the National figures for the number of obese and overweight adults.

The Chairman advised that she had received an email from Mr. Morrison from the Sevenoaks Cycling Forum and shared the email with the Board. The Health and Communities Manager advised that the Council had organised 12 cycle rides in the Summer with over 100 in attendance. In response to questions she also advised that Kent Public Health Team were doing a campaign to raise awareness of outdoor gyms, which were particularly useful in rural areas. It was not something that could be put into schools as there were restrictions around gyms due to children's development. Members were also advised that swimming was a success with many people and that Sencio Leisure Centres offered an advantage scheme for those on a low income which provided a discount on memberships including swimming. Those who also took part in the Why Weight Scheme also benefit from being able to use the facilities at the Sencio Leisure centres.

Members asked questions relating to public health working with planning teams. Members were advised that there were no restrictions around mobile food vans and these were able to pull up anywhere in the District and serve food. Members were concerned that they could stop near school and this would have a negative impact on encouraging children to eat healthily. The Health and Communities Manager advised that she was meeting with the Planning Department to discuss if there were any restrictions which could be imposed. A Councillor queried whether it was something that could be included under the Licensing Objectives which was to protect children from harm with food vans being near schools. Members were advised that there were some controls already in place with Environmental Health and Trading Standards.

Resolved: That the report be noted.

**Health Liaison Board - 1 October 2014**17. Health Prevention Annual Report 2013 - 14

The Health and Communities Manager presented a report which detailed the 2013/14 annual report for the health prevention programmes delivered by the Council. The work was commissioned and funded by KCC's Public Health Team as part of an annual Service Level Agreement. The report summaries the programmed achievements and outcomes which contributed to improving the health and wellbeing of residents and form part of the District Health Inequalities Plan, 'Mind the Gap.'

The Health and Communities Manager advised that case studies published in the Council's In-Shape magazine helped to recruit Members as it gave a personal feel. Up and Running were struggling to recruit numbers, however some of those who had completed the running course had found that there was a reduction in the use of medication. The weight management schemes were growing and proving to be a success, however these programmes are all externally funded by Kent Public Health and this Council continues to work with Public Health to secure future funding to continue this work.

The Board thanked the Health and Communities Manager and the team for their hard work.

Resolved: That the report be noted.

THE MEETING WAS CONCLUDED AT 4.05 PM

CHAIRMAN

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## CARE ACT UPDATE REPORT

### Committee – Health Liaison Board 3 December 2014

Report of Chief Officer Communities & Business

Status: For Consideration

Key Decision: No

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**Executive Summary:** This report summarises the 2014 Care Act in relation to adult health and social care law and details the impacts for this Council.

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**This report supports the Key Aim of** providing the right support at the right time, reducing health inequalities and improving health and wellbeing for all

**Portfolio Holder** Cllr. Hogarth

**Contact Officer(s)** Hayley Brooks Ext. 7272

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#### **Recommendation to Health Liaison Board:**

Members are asked to note the report.

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**Reason for recommendation:** Members are asked to note the report.

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#### **Introduction and Background**

- 1 The Care Act 2014 received Royal Assent on 14 May 2014 and the accompanying final regulations and statutory guidance were published on 23 October 2014. The majority of the changes to be implemented from April 2015 will overhaul and modernise the existing complex system of care and support that has evolved over the last sixty years.
- 2 The Care Act reforms the law relating to the care and support of adults and their carers by bringing together a number of existing laws and introducing new duties upon local authorities. These changes will affect people who need social care as well as their carers, local authorities and service providers.
- 3 Delivery of the principles of the Care Act are already being developed through integrated working within the Better Care Fund plans including looking at a whole systems approach and support services delivered through effective partnership working.
- 4 The purpose of this report is to provide Members with an overview of the new legislation, and provide a summary of how these changes impact services provided by this Council.

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- 5 Kent Cabinet Members presented a report to the Kent Health and Wellbeing Board on 19 November 2014. A copy of this report is set out at Appendix A for information.

### **Overview of the Changes to the Care Act 2014**

- 6 The Care Act 2014 aims to ensure that the wellbeing of individuals is at the heart of health and social care services. The changes will mean:
- Clearer financial arrangements
  - Better information and advice
  - Improved support for carers
  - Greater choice of services.
- 7 The majority of the changes will come into effect from April 2015 and are the responsibility of Kent County Council. These include:
- Introduction of a new national minimum care eligibility criteria so that the same rules apply across the country
  - New rights for carers and duties for local authorities to provide support to carers
  - Nationally defined universal deferred payments enabling care home residents to defer the amount they should contribute based on the capital value of their former home
  - A legal basis for personal budgets and for the integration of health and social care
  - Local authorities to provide information and advocacy to help plan and prevent care needs
  - Ability for local authorities to delegate social care functions to another organisation, except safeguarding, decisions on charging and integration.
- 8 Some changes relating financial implications relating to care will start from April 2016 including a cap on care costs, changes to residential means-test threshold and an extension to direct payments relating to care home residents.

### **Implications for Sevenoaks District Council**

- 9 Several key provisions of the Care Act have links to key priorities and actions within this Council's strategic documents including the Community Plan, 'Mind the Gap' Health Inequalities Plan and the Housing Strategy. These provisions include:
- Promoting individual wellbeing
  - Early intervention and prevention

- Targeted services
  - Integration, co-operation and partnership working
  - Good quality advice, advocacy and information
- 10 Wellbeing – discretionary and support services delivered by this Council such as support for debt advice, community grants, leisure facilities, independent living centres, housing repair grants, health improvement, community engagement and energy efficiency.
- 11 Early intervention and prevention – services to reduce hospital admissions, provide safe, warm and secure homes, falls prevention, ill health prevention and appropriate housing based on needs.
- 12 Direct payments – this Council has a statutory responsibility to administer Disabled Facilities Grant (DFG) funding, which people can purchase as part of their Direct payments. DFG will form part of the Better Care Fund for which the County Council is the accountable body; the working arrangements between the County and District Councils are yet to be agreed.
- 13 Integration and partnership working – reinforces the co-operation of organisations and the integration of services through good working relationships. This may include adult social care and housing services; GP referral schemes and leisure providers, hospital discharge teams and benefit and housing support services.
- 14 Housing – Provide integrated housing support, links with social care, details of local housing needs, accessible and affordable housing which is fit for purpose.
- 15 Safeguarding – Kent to set up a Safeguarding Adults Board. This Council has a duty to have a co-ordinated Safeguarding Policy and links will be put in place with the Kent Safeguarding Board.

### **Key Implications**

#### Financial

- 16 This report is for information only and does not recommend any financial or use of officer resources at this stage.

#### Non-Financial

- 17 Further implications of the Care Act will be considered as work with partners progresses through the delivery of the Better Care Fund. Any financial or other implications of the Act will be brought to Members for consideration.

### **Legal Implications and Risk Assessment Statement**

- 18 This report is for information only. There are no legal implications relating to this report. Any future agreed actions would be fully risk assessed.

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Risk	Mitigation
This report is for information only.	If any service changes need to be implemented as a result of Care Act changes, a full risk assessment will be carried out at that stage.

### Equality Impacts

Consideration of impacts under the Public Sector Equality Duty:		
Question	Answer	Explanation / Evidence
a. Does the decision being made or recommended through this paper have potential to disadvantage or discriminate against different groups in the community?	N/A	Report for information only.
b. Does the decision being made or recommended through this paper have the potential to promote equality of opportunity?	N/A	
c. What steps can be taken to mitigate, reduce, avoid or minimise the impacts identified above?		N/A

### **Conclusions**

19 Members are asked to note this report.

### **Appendices**

Appendix A – Kent Cabinet Member Health and Wellbeing Report

**Background Papers:** <http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/care-act>

**Lesley Bowles**

**Chief Officer – Communities & Business**

From: Roger Gough, Cabinet Member for Education and Health Reform  
Graham Gibbens, Cabinet Member for Adult Social Care and Public Health  
Andrew Ireland, Corporate Director Social Care Health and Wellbeing

To: Health and Wellbeing Board – 19 November 2014

Subject: CARE ACT 2014 – A NEW LEGAL FRAMEWORK FOR ADULT SOCIAL CARE

Classification: Unrestricted

**Summary:** The Care Act 2014 establishes a new legal framework for adult care and support services. It marks the biggest change to care and support law in England since 1948 and it will replace over a dozen pieces of legislation with a single consolidated modern law. The new legal framework will come into effect from April 2015; however the key funding reforms (including the cap on care costs) are scheduled to come into effect from April 2016.

This report seeks to raise the awareness and understanding of the Health and Wellbeing Board regarding the main changes that have implications for the constituent organisations of the Board.

**Recommendation:** The Health and Wellbeing Board is asked to note the key issues set out in this report and discuss the main implications as they may impact on the future development of Joint Strategic Needs Assessment (JSNA) and the implementation of Health and Wellbeing Strategy.

## **1. Introduction**

- 1.1 The Care Act 2014 received Royal Assent on 14 May 2014 and the accompanying the final regulations and statutory guidance were published on 23 October 2014. The changes to be implemented from April 2015 will overhaul and modernise the existing complex system of care and support that has evolved over the last sixty years. The changes will have significant implications for Kent residents, Kent County Council and partners.
- 1.2 The majority of changes to the legal framework will come into effect from April 2015. The main exceptions are the cap on care costs (£72,000 for people over pension age) and the increase in the capital threshold for people in residential care whose former home is taken into account (from the current £23,250 to £118,000).
- 1.3 Several key provisions of the Care Act such as, promoting individual wellbeing, preventing needs for care and support, promoting integration of care and support with health services, cooperating generally and in specific

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areas, all have strong association with the both the JSNA and the implementation of the Kent Joint Health and Wellbeing Strategy.

- 1.4 The purpose of this report is to provide the Health and Wellbeing Board with the essential overview of the new law, drawing out the main implications for the Health and Wellbeing Board members so that they are better informed about the changes that will take place and by when.

## 2. Overview of the Care Act 2014

### Changes that will take place from April 2015

- 2.1 **Wellbeing, Prevention, integration, personalisation, diversity and quality in provision of services** – Local authorities will have to address new or extension of existing statutory responsibilities in respect of the core duties listed in this paragraph. The concept of wellbeing is described in relation to nine factors (1) personal dignity, (2) physical and mental health and emotional wellbeing, (3) protection from abuse, (4) control by the individual over day-to-day life), (5) participation in work, education, training or recreation, (6) social and economic wellbeing, (7) domestic, family and personal, (8) suitability of living accommodation and (9) the individual's contribution to society. In addition, local authorities must have regard to 8 other key principles and standards. Local authorities must also promote a diverse and high quality market of care and support services (including prevention services) for people in their local areas. In addition local authorities must ensure there is adequate provision of good quality information, advice and independent advocacy.

- 2.2 **National minimum eligibility criteria** - One of the key provisions of the Care Act is the introduction from April 2015 of a new national minimum eligibility criterion which all councils must follow (section 13 of the Act). The detail of the new criteria is contained in The Care and Support (Eligibility Criteria) Regulations 2014. As a consequence of this provision a person will be deemed to have eligible needs if they meet all of the following:

- Condition 1: They have care and support needs as a result of a physical, mental condition or illness; because of the
- Condition 2: because of those needs, they are unable to achieve two or more of the outcomes specified in regulations
- Condition 3: as a result, there is a significant impact on their wellbeing.

It should be noted that councils may be able to provide services above the minimum threshold if they so wish.

- 2.3 **Carers' rights** – The Act places local authorities under a duty to assess carers' need for support, where the carer appears to have such needs. This replaces the existing law, which requires that the carers must be providing "a substantial amount of care on a regular basis" in order to qualify for an assessment. It is expected that more carers may come forward for assessment. In Kent alone, we estimate that the additional carers' assessment in 2015/16 could range from 5,000 to 8,000 and in 2016/17 it could range from 6,000 to 8,000. There is an eligibility criterion for carers comparable to the right of the people they care for.

- 2.4 **Universal Deferred Payments** – The Act extends the current Deferred Payment scheme whereby people in permanent residential care (including nursing) with property can delay payment of some of their care home fees, subject to certain conditions.
- 2.5 **Transition** - Local authorities will be under a legal duty to cooperate and to ensure that all the right services work together to ensure an effective transition for children to adult care and support. Local authorities must also consider whether children are likely to have care and support needs on turning 18 and they must continue to provide support during the assessment process until adult care and support is in place or it is decided that adult care and support is not required.
- 2.6 **Safeguarding** – The Care Act sets out provision for local authorities to make enquiries or cause others to make enquiries if they considered that an adult with care and support needs may be at risk of abuse or neglect in their area to find out what, if any, action may be needed. The Act also requires local authorities to set up a Safeguarding Adults Board (SAB) in their area. The SAB must include, but not limited to, the local authority, the NHS and the police. The Board must arrange a Safeguarding Adult Review under defined situations. The SAB can request information from an organisation or individual in relation to abuse or neglect.
- 2.7 **Prisoners and people in approved premises-** The Care Act makes it the responsibility of local authorities to assess the care and support needs of prisoners and people in approved premises and, if they meet the eligibility criteria, meet their need for care and support. Prisoners and people in approved premises will be subject to financial assessment to determine how much they will have to pay towards their care, just like people living in the community.
- 2.8 **Delegation of local authority functions** - Councils will have the power to authorise a third party to carry out specified care and support functions with the exception of promoting integration with health services, cooperating, deciding which service should be charged, and safeguarding adults at risk of abuse or neglect and delegation function itself.

### **Changes that will take place from April 2016**

- 2.9 **Cap on care costs** - there will be a total cap on care costs for people in receipt of residential and non-residential services. The cap for people of state pension age and over will initially be £72,000. There will be a lower cap for people of working age and people who turn 18 with eligible needs will receive free lifetime support for their care costs. The total reasonable amount determined by the local authority to meet eligible needs will count towards the cap regardless of whether the person pays all of this or only contributes a proportion of the cost (following a means-test). People in care homes will still be responsible for their living costs (e.g. food, energy bills and accommodation), if they can afford to pay them. The contribution to living costs will be set at a maximum of about £12,000 a year but will be subject to a means-test so will be significantly less for many people.

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2.10 **Extended means-test** - there will be significant changes to the financial support available to people under the new means-test capital limits. People will receive help with their care home costs if they have up to £118,000 (including the value of their home). Currently people with more than £23,250 have to pay full cost of their care without any state support. Where the value of the home is not taken into account because a partner or dependent is living in the home, financial help will be available to those who have up to £27,000. This will also apply to people receiving non-residential care.

2.10 **Direct Payments in residential care** – it is expected that care home residents will be able to use direct payments for some or all of their care and support.

### 3. General operational and financial implications

3.1 The reforms will lead to a significant increase in the number of people coming forward for needs and financial assessments. There may be as much as 21,000 additional assessments in 2016/17.

3.2 The potential impact on the care market should self-funders exercise their right to request the council to meet their needs is yet to be fully determined. (The right to 'request' is being delayed until April 2016). The Department of Health has stated that this will lead to greater transparency in the prices paid by local authorities and "will change the care and support market, although it is not clear whether pressure may fall on commissioners, care and support providers or both".<sup>1</sup>

3.3 There are significant challenges in ensuring that the public understand the reforms and for individuals to know when the changes will apply and more importantly how they may be affected.

3.4 The reforms provide opportunities for more prevention and early intervention work, thus supporting the wider integration agenda.

3.5 The Government has announced funding for the first year (2015/16) of the implementation. Councils do not know the level of funding that will be made available for 2016/17 and beyond thereby raising the issue of affordability and sustainability of the implementation for local authorities.

3.6 Some costs will impact in 2015-16 and some in 2016-17 and the years after. The main impact in 2015-16 is for costs related to the assessment and provision of support to carers, prisoners and the introduction of the national minimum eligibility criteria. In 2016-17 the main impacts will be on the assessment and review of service users particularly self-funders, associated financial assessments and then the increased provision of services due to the increased capital thresholds.

### 4. Specific implications for JSNA and the Health and Wellbeing Strategy

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<sup>1</sup> DH 'Caring for our future: Consultation on reforming what and how people pay for their care and support', July 2013



4.1 There is a strong alignment of key statutory provisions and principles of the Care Act with the agreed outcomes in the Kent Joint Health and Wellbeing Strategy. The Act emphasises the role of prevention and increased focus on the promoting the wellbeing of individuals as outlined in paragraphs 2.1 above. The guidance defines primary, secondary and tertiary prevention which gives prominence to support systems intervening early to support individuals to help them to retain or regain their skills and confidence as a result, prevent need or delay deterioration whenever possible.

4.2 The following key outcomes of the Health and Wellbeing Strategy closely relate to the key provisions of the Care Act as mentioned above:

Outcome 2

- Effective prevention of ill health by people taking greater responsibility for their health and wellbeing

Outcome 3

- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support

Outcome 4

- People with mental ill health issues are supported to live well

Outcome 5

- People with dementia are assessed and treated earlier

4.3 Primary prevention and promoting wellbeing is locally best expressed through the building community capacity discussion, in particular, the concept of 'Community Agents' as catalysts who will work with individuals to avoid developing needs for care and support, or to avoid a carer developing support needs by maintaining independence, good health and promoting wellbeing.

4.4 The implementation of the Health and Wellbeing Strategy has to be seen in the context of promoting integration between local authorities and health services, cooperating between councils and other public bodies including the Care Quality Commission. Improving the range and quality of services available locally is important to the Health and Wellbeing Board in respect of sustainability of high quality health and social care services in Kent.

## **5. Conclusions**

5.1 The Care Act gives new rights to certain people (for example, carers and self-funders) as well as providing statutory underpinning to a number existing policies will be implemented in two phases. Phase 1 (April 2015) is largely to do with the care and support reforms and the introduction of the new and consolidated legal framework. Phase 2 (April 2016) is about the main changes linked to the 'Dilnot' funding reforms.

5.2 The critical outline of the new law has been brought to the attention of the Health and Wellbeing Board. Furthermore, the broad implications for the local authority as well as the specific links with the Health and Wellbeing Strategy have also been sketched out. It is expected that Health and Wellbeing Board members would be better informed about the changes which will soon take place.

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### 6. Recommendation

6.1 The Health and Wellbeing Board is asked to:

- (a) **DISCUSS** the contents of this report.

### Contact details

Michael Thomas-Sam  
Strategic Business Adviser to Social Care  
Tel: 01622 696116  
Email: [Michael.thomas-sam@kent.gov.uk](mailto:Michael.thomas-sam@kent.gov.uk)

## **DRAFT KENT'S EMOTIONAL WELLBEING STRATEGY CONSULTATION**

### **Committee – Health Liaison Board 3 December 2014**

Report of Chief Officer Communities & Business

Status: For Consideration

Key Decision: No

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**Executive Summary:** This report sets out details of a Kent wide consultation on 'The Way Ahead: Draft Kent's Emotional Wellbeing Strategy for children, young people and young adults' from the Kent Children's Health and Wellbeing Board.

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**This report supports the Key Aim of** improving outcomes for children and young people and improve health and wellbeing for all

**Portfolio Holder** Cllr. Hogarth

**Contact Officer(s)** Hayley Brooks Ext. 7272

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### **Recommendation to Health Liaison Board:**

Members are asked to give their views on the consultation and note the report.

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**Reason for recommendation:** Members are asked to give their comments as this Council is a key partner in delivering services to improve the health and wellbeing of residents.

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### **Introduction and Background**

- 1 Emotional well-being plays a crucial role in the journey from childhood to adolescence and adulthood, shaping a person's ability to learn and develop, to form and maintain healthy relationships, and to achieve a range of positive long-term outcomes.
- 2 Children and young people's emotional wellbeing (which includes mental health) is an area of concern at both national and local levels, and across the country there is increasing demand for support from specialist mental health services.
- 3 The most common mental health problems faced by children of a school age (5-16 year olds) in Kent are conduct disorders. Boys are more susceptible than girls (5% of boys compared to 2% of girls); in Kent the numbers of boys with this disorder is higher than girls, with conduct disorder in boys increasing with age.
- 4 The second most common mental disorder for Kent children is emotional disorder including anxieties, phobias and depression. According to the 2011 Kent Joint

## Agenda Item 7

Strategic Needs Assessment for Children in Kent, it is estimated that 1% of children and 3% of adolescents suffer from depression in any one year.

- 5 In Sevenoaks District, 27% of children of school age are reported to have Special Educational Needs (Source: May School Census 2010), fourth highest in Kent. The total number of inpatient admissions due to a mental health disorder for those aged 19 and under from 2007-2010 is 48 for Sevenoaks District. This is the third lowest in Kent.

### **Draft Emotional Wellbeing Strategy for Kent**

- 6 The Kent Children's Health and Wellbeing Board (which draws together partners including Clinical Commissioning Groups, Kent County Council Education and Young People's Services, Social Care Health & Wellbeing, District Councils, and Voluntary and Community Sector groups) have been working to develop a new draft Emotional Wellbeing Strategy for children, young people and young adults in Kent. The draft Strategy is set out at Appendix A.
- 7 Part 1 of the draft Strategy sets out four key outcomes which have been identified by children, young people and families in KCC's initial consultation exercises. These four outcomes have been identified as being key to improving the offer and overall experience of support around emotional wellbeing:
  - Early Help
  - Access
  - Whole Family Approaches
  - Recovery and Transition
- 8 A fifth 'overarching' outcome is proposed that will centre on 'promoting emotional well-being' at every developmental stage and level of need.
- 9 Kent County Council has opened a consultation to gather the views of partners about the principles set out in Part 1 of the draft Strategy. They are also asking for thoughts about how these principles could be put into practice within a Delivery Plan (which will form Part 2 – not yet available).
- 10 The draft Strategy and a consultation questionnaire are available online on the Kent consultation website, see link below. The consultation opened on 15 October 2014 until 5 January 2015. A copy of the consultation questions are set out at Appendix B.

### **Key Implications**

#### Financial

- 11 In 2014/15, Sevenoaks District Council receives a total of £130,741 from Kent County Council to deliver health prevention programmes. As part of this funding, £14,000 is spent on interventions to support the emotional health of young people. This includes £5,000 for the SAFE (Suicide Prevention for Everyone) project in schools, delivered by Voluntary Action Within Kent. It also includes

£9,000 for the Family Weight Management Programmes which have dedicated sessions for emotional wellbeing as part of the programme.

**Legal Implications and Risk Assessment Statement**

12 There are no legal implications relating to this report

Risk	Mitigation
Funding withdrawn for Health Prevention Programmes in 2015/16 resulting in interventions being significantly reduced or no longer running	Alternative external funding may be sourced to deliver healthy weight interventions targeted at those of greatest need, depending upon external funding criteria's and availability

Equality Impacts

Consideration of impacts under the Public Sector Equality Duty:		
Question	Answer	Explanation / Evidence
a. Does the decision being made or recommended through this paper have potential to disadvantage or discriminate against different groups in the community?	No	This work has a positive impact in reducing health inequalities across the District.
b. Does the decision being made or recommended through this paper have the potential to promote equality of opportunity?	Yes	
c. What steps can be taken to mitigate, reduce, avoid or minimise the impacts identified above?		N/A

**Conclusions**

13 Members are asked for their comments on this consultation and asked to note this report.

**Appendices**

Appendix A – Emotional Wellbeing Strategy (Part 1) – Draft for Consultation

Appendix B – Draft Strategy Consultation Questions

**Background Papers:**

<http://consultations.kent.gov.uk/consult.ti/EWStrategy/consultationHome>

**Lesley Bowles**

**Chief Officer – Communities & Business**

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September 2014

# The way ahead

## Kent's Emotional Wellbeing Strategy

for children, young people and young adults

**DRAFT**

**Part one:** Strategic Framework



Published by Kent County Council on behalf of the  
Kent Health and Wellbeing Board



**Part one:** Strategic Framework

**The  
way ahead**  
Kent's Emotional  
Wellbeing Strategy  
for children, young people and young adults

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## Foreword

*Emotional wellbeing is a vital factor in each of our lives, shaping the way in which we understand ourselves and one another, and influencing a range of long-term outcomes.*

In the journey from childhood to adolescence and early adulthood, it becomes even more vital. Enjoying positive **emotional wellbeing** (which includes mental health) opens the door to improved physical and cognitive development, better relationships with family members and peers, and a smoother transition to independence.

As partners in Kent, we want to support children, young people, young adults and their families as they make this journey, and work together in helping them respond to and overcome specific challenges that they may face.

This first part of our strategy describes the **principles** we will follow to do this, and lays the foundation for part two: a multi-agency delivery plan (expected in January 2015).

prospects and reduced physical health<sup>3</sup>. Until we have effective support embedded at an early stage, we will continue to see specialist mental health services across the country overwhelmed by demand, and children exposed to these poor outcomes.

In Kent, we are also responding to a real **call to action** at this time from children, young people, families, professionals and politicians to focus our attention on securing a **comprehensive Emotional Wellbeing offer** for children, young people (up to 25) and their families. We have made significant progress in recent years, but we know that more is needed if we are to fully respond to the needs of our families in Kent: and the solution is far bigger than any individual organisation.

### Why now?

Emotional wellbeing is an area of both national and local concern, with studies suggesting a marked decline in children and young people's satisfaction with their lives within the last five years<sup>1</sup>. The Good Childhood Report (2013) found that around 20% of children now experience below average levels of wellbeing, and 10% will have a diagnosable mental health condition: that translates to around three children in every class.

***The case for change is both moral, and economic.***

We know that the long-term consequences of inadequate support for children and young people with emotional difficulties can be enormous: one study suggests that half of all adults with mental health problems were diagnosed in childhood – but less than half were treated appropriately at the time<sup>2</sup>, leaving them at an increased risk of disengagement from school, poor employment

<sup>1</sup> Rees, G., Goswami, H., Pople, L., Bradshaw, J., Keung, A. and Main, G. (2013) *The Good Childhood Report 2013*, The Children's Society, London.

<sup>2</sup> Kim-Cohen, J., Caspi, A., Moffitt, T.E., et al (2003): *Prior juvenile diagnoses in adults with mental disorder. Archives of general psychiatry*, Vol 60, pp.709-717.

<sup>3</sup> Richards (2009): Sainsbury Centre for Mental Health: *Childhood Mental Health and Life Chances in post-war Britain*.

## What is our vision for Emotional Wellbeing in Kent?

This strategy focuses on the groundwork needed to envision and establish a '**whole-system**' of support for children, young people and young adults experiencing emotional and mental health difficulties - because we simply can't meet all of the needs from individual commissioned services.

In the first instance we depend hugely upon **skilled and supportive professionals** working with children, young people/ adults and families in schools, community groups, health settings and beyond. However, these people also have a wider day-job to perform, and there is a need to build capacity, knowledge and confidence among those who work with children and young people every day, **promoting and protecting emotional wellbeing**.

Confidence, in particular, will also rest upon knowing that there are **effective services** available to offer extra support to those children and young people who have a higher level of need. We need much greater collaboration in designing and resourcing Emotional Wellbeing services to ensure that what we put in place meets need **swiftly, flexibly and effectively** – and that it will be understood and valued by those professionals referring to it.

***In partnership with children, young people, young adults and families, we need to define what a 'good' system of Emotional Wellbeing support would look like – and this strategy is the first step.***

We've been listening to children, young people and families over the last few months and they have given us some clear messages about the way that they want to see – and experience – support being delivered. They aren't necessarily surprising, but we underestimate their importance at our peril.

*This strategy is therefore:*

- i. Purposefully focussed* on the messages we have been given by members of the public and professionals, responding to the issues raised and improving the overall experience for children, young people and families who are seeking support;
- ii. Mindful* of the journey that we have been on in recent years as professionals aiming to improve our local offer: the progress we have made, the areas where improvement is still needed, and the learning we have gained about the best ways to target our efforts;
- iii. Committed to a partnership-approach:* overcoming organisational boundaries and individual agendas to articulate and bring to life our vision of a 'good' system of emotional wellbeing support for 0 – 25 year olds in Kent.

As partners on the Children's Health and Wellbeing Board, we will work together in implementing this strategy, and the four key principles which follow, through service re-design and commissioning to take place from 2014/15 onwards. Success will depend upon leadership and commitment from a wide range of agencies, and on our continuing dialogue with the children, young people, young adults and families that we seek to support.

**Andrew Ireland,**  
**Corporate Director, Health and Social Care**  
Chair of Kent Children's Health and Wellbeing Board

September 2014

## What is 'The way ahead'?

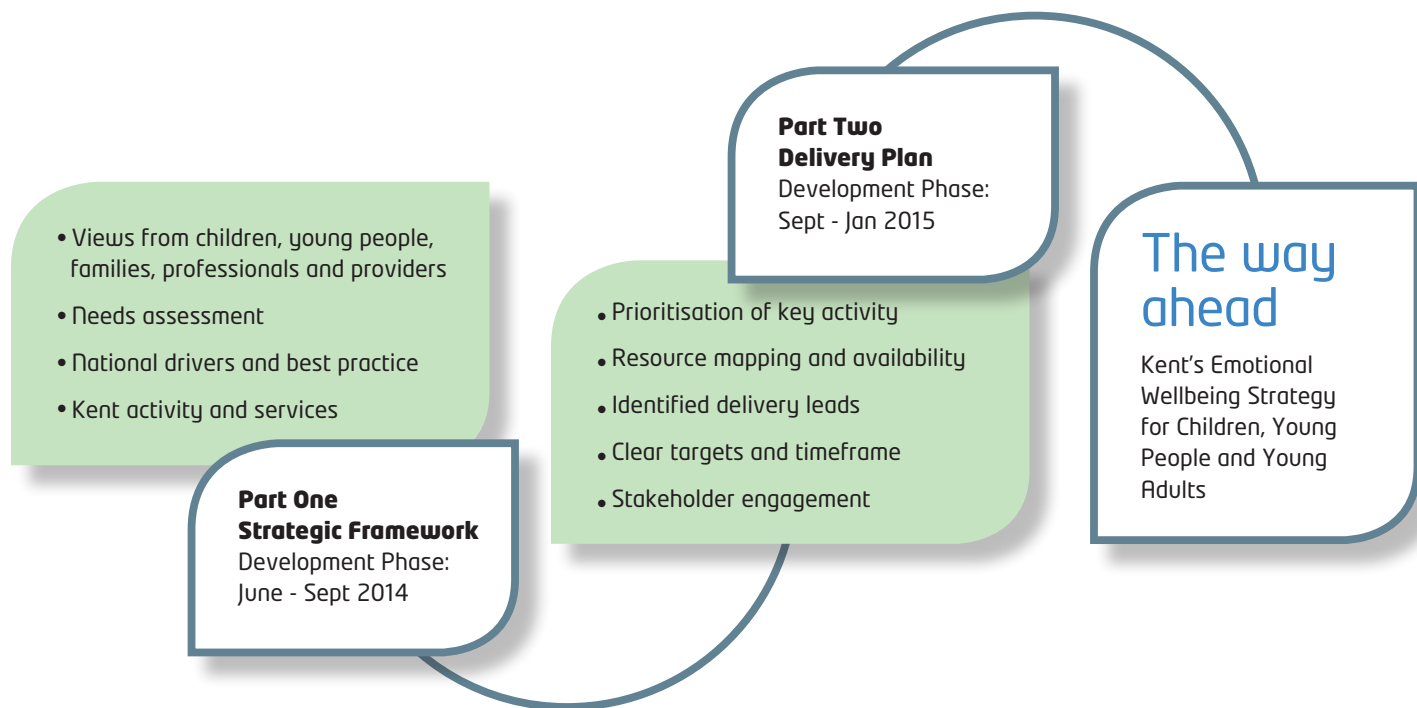
*This is the first of two documents which together will form our vision as Kent partners for improving the emotional wellbeing of our children and young people.*

**Part One**, outlined in this document, articulates the *outcomes that we are seeking and the principles we will follow* to achieve them. These outcomes respond directly to views expressed by children, young people, families, professionals, and providers, as well as the findings of local and national data and best practice.

**Part Two** will translate these outcomes and principles into a *practical, multi-agency delivery plan*. This will identify

key performance measures, delivery leads, resources and timeframes within which actions will be implemented.

The complete Strategy, comprising both elements, is expected to be presented to the Children's Health and Wellbeing Board in February 2015.



## Where have we come from?

*Although there is still work to do, we've made significant progress in the last few years.*

Since the Child & Adolescent Mental Health Services (CAMHS) National Support Team visited Kent in 2010, we've put in place a number of key recommendations which have led to:

- The introduction of a county-wide Emotional Wellbeing Service for children and young people aged 4-18. This has enabled us to respond earlier to emerging emotional health needs and deliver complementary support to families and frontline professionals.
- The development of a broader, countywide Early Help offer to support children, young people and families who are at risk of experiencing poor outcomes;
- A single service and service provider in place to deliver Tier 2 and 3 mental health services, offering more unified and consistent approach across the county.
- A reduction in waiting times for assessment and treatment from mental health services – but we know there is still more to do.
- An improved partnership between Health and Kent County Council around emotional wellbeing, which has enabled greater sharing of skills and knowledge: to the extent that we are now ready to plan and commission the next generation of these services from a shared viewpoint, together with our wider partners.

We know there is still improvement needed to achieve the ambitions we set ourselves in 2010, and our strengthened partnership now puts us in the right place to do this. This strategy will identify some of the key priorities that we will address together over the coming years.

## What do we know?

*The following summary is based upon emerging priorities from the Joint Strategic Needs Assessment in Kent, led by KCC's Public Health Department. The full needs assessment will be available from November 2014.*

"Emotional wellbeing is defined as a positive state of mind and body: feeling safe and able to cope, with a sense of connection with people, communities and the wider environment."

**World Health Organisation, 2004**

Emotional wellbeing fluctuates, often rapidly for children and young people, in response to life events – and their ability to overcome these challenges without long-term harm is determined by the interplay of **risk and protective factors** available to them. As professionals working in children's services, we have a unique opportunity to influence this balance.

- **Universal settings, particularly schools, play a crucial role** in supporting children and young people to be resilient and emotionally healthy, identifying children or young people who show early signs of difficulty, and knowing when and how to request additional support - as recognised in the recent 'Mental Health and Behaviour in Schools' guidance (DfE, 2014). Many schools in Kent place real emphasis on whole-school approaches to emotional wellbeing, and offer additional pastoral support, counselling, or therapeutic services. **We need to support these efforts and continue building capacity and skill, as well as knowledge of what is available locally and how to access it, among the children's workforce.**

- **The vast majority of children, young people and young adults will not need any additional support** beyond the reach of universal services – however, it is estimated that approximately 15% (approximately

34,000) in Kent will display a higher level of need. Many of these can be supported with some additional '**early help**': an evidence-based approach<sup>4</sup> which seeks to minimise the risks of problems occurring (particularly among at-risk groups) and to act quickly to improve outcomes where there are signs of difficulty. The success of these approaches, particularly around emotional wellbeing, often depends upon **working in partnership with families** – recognised in KCC's recent Early Help Prospectus (2014).

- However, some young people will remain at particularly **high risk of emotional ill-health due to on-going circumstances** in their lives, including children in care, those with learning difficulties or disabilities, children of parents with mental health or substance misuse problems, and young carers. Of these groups, statistics indicate that in Kent, we particularly need **to secure more support for children in care/care leavers and young offenders**.

- **Specialist services** exist to meet the needs of children, young people and young adults experiencing acute or prolonged periods of complex emotional, behavioural or relationship difficulties. **Our local needs assessment in Kent suggests that we particularly need to place more focus on the following groups:**

- Presentation of self-harm at A&E among the 16-24 year old group
- The high predicted number of children with Autistic Spectrum Disorder (ASD).
- Children of parents, particularly mothers, who have mental health problems (among whom there is a 37% higher incidence of developing problems themselves)
- Young people and young adults who have a 'dual diagnosis' and need support with substance misuse and emotional wellbeing difficulties.

We also know that emotional wellbeing difficulties present as the most common health issue among young people from 16 to 25 – but traditionally services have been divided into a 'child' and 'adult' offer at age 18, with differing resources available. This can cause real difficulty and distress for young people and their families who need consistency at a key point of transition. Research suggests that we need instead **an integrated offer and pathway that extends from birth to age 25**<sup>5</sup>.

### Levels of need <sup>6</sup>

**1%**  
**Severe**

of children and young people will experience episodes of being seriously mentally ill requiring intensive support from specialist services and potentially inpatient care.

**9%**  
**Complex**

of children and young people will experience significant emotional and behavioural difficulties which are complex and / or enduring, and will require support from specialist services. Signs may include anxiety, conduct or behavioural problems, attachment issues and eating disorders.

**15%**  
**Early Help**

of children, young people and young adults may need some additional help from services. Indicators may include responses to bullying, low mood, behavioural problems, relationship difficulties and school non-attendance.

**75%**  
**Prevention**

of children, young people and young adults will not need any additional support from emotional wellbeing services. This doesn't mean that they won't experience periods of emotional instability - but that they will receive sufficient support from their families, peers, schools, and the wider children's workforce to overcome challenges that they face.

<sup>4</sup> See *Our Children Deserve Better: Prevention Pays – Annual Report of the Chief Medical Officer 2012*.

<sup>5</sup> *Supporting Young People's Mental Health: Eight Points for Action: A Policy Briefing from the Mental Health Foundation (2007)* and *International Association for Youth Mental Health: International Declaration on Youth Mental Health (2013)*

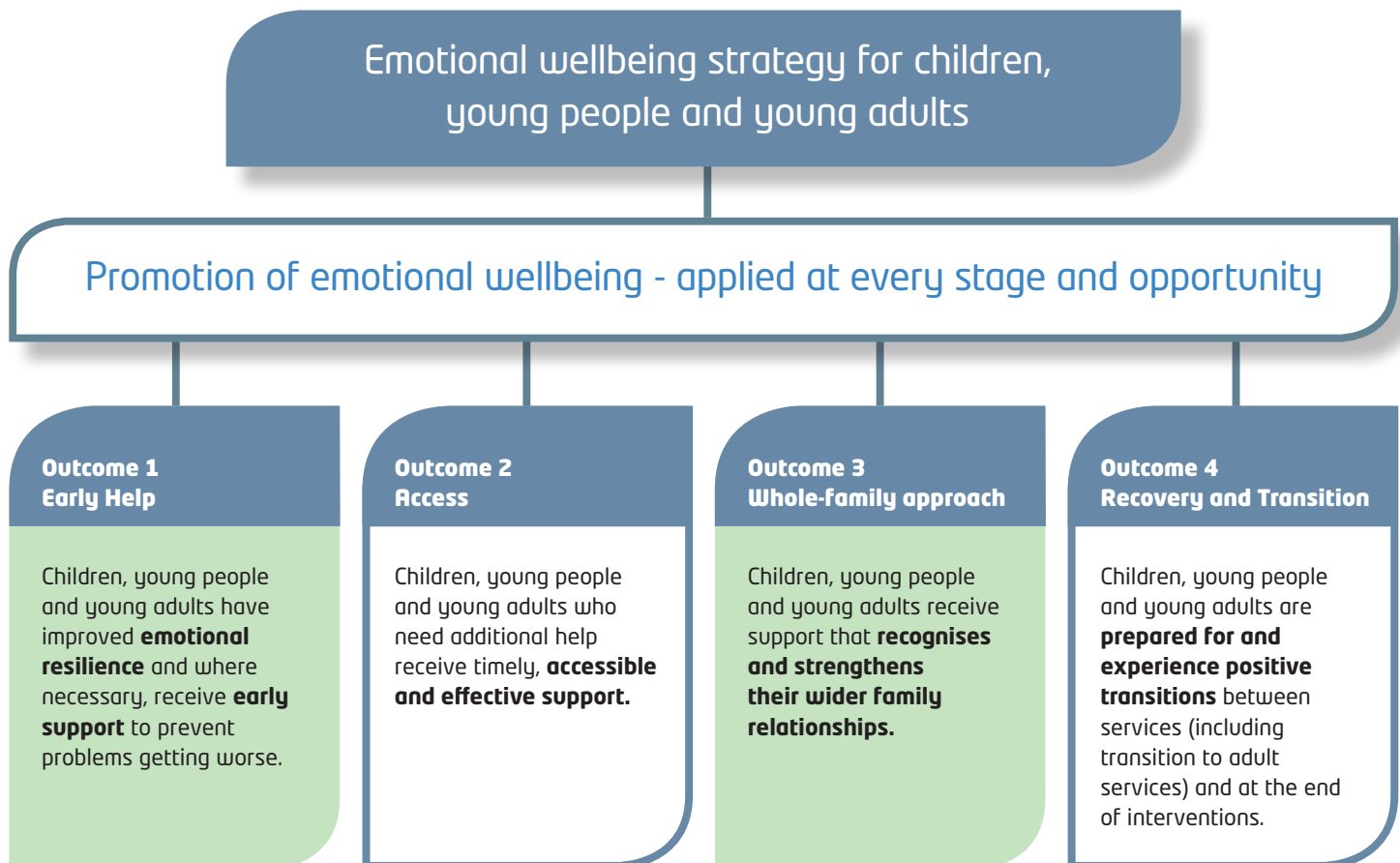
<sup>6</sup> Diagram based on Health & Social Care Advisory Service (HASCAS) model; all percentages approximate.

## What do children, young people and families think a 'good' system would look like?

This strategy has been designed in response to the messages we have heard from children, young people, young adults and their families about the principles that matter most to them about the ways in which they are supported, whether in universal settings or from targeted and specialist services.

Over 200 responses have been gathered between May – July 2014 through surveys, focus groups and interviews,

with a further 50 frontline professionals offering the benefit of their experience. The feedback has been analysed and grouped into priorities that fall within **four overarching outcomes**, which will form the basis of our strategy and the guiding principles for future service design. These outcomes are shown in the following diagram and discussed in more detail over the next few pages.



## Outcome 1: Early help

Children, young people and young adults have improved **emotional resilience** and where necessary receive **early support** to prevent problems getting worse.

**Early Help means doing all we can to prevent or minimise the risk of problems arising, and responding early if difficulties do emerge.**

This is the definition at the heart of KCC’s recent Early Help and Preventative Services Prospectus: a document which sets out the broader offer of preventative support available to children, young people and families where there are risks of poor outcomes.

Efforts to improve emotional wellbeing are a vital part of this offer, and so the two strategies are intrinsically linked, and we will specifically share the following aims:

- To **develop self-esteem and resilience among children and young people**, particularly those who are most at risk of poor outcomes due to circumstances in their lives.
- To **support schools and early years settings** in improving the emotional resilience of children and young people.
- To **support parents who are experiencing mental health issues**.

In addition, we want to respond to the following priorities identified by children, young people, young adults and families:

- 1** To support children, young people, young adults and families in **developing and securing their own emotional wellbeing**, and where necessary, in navigating and negotiating access to support that meets their needs.
- 2** To **improve skills and confidence among staff in the children’s workforce at all levels**, through training in identifying and responding to the needs of children and young people who have emotional wellbeing difficulties.
- 3** To build upon our work to date in **developing a high-quality, flexible and visible Emotional Wellbeing offer** within schools and community settings, linked to the broader suite of Early Help support.

“We need more ‘drop-in’ provision available locally, where we can access help quickly, preferably without an appointment.”

“Parents/carers, teachers, and other front-line professionals need more support to identify and work with children and young people who have emotional wellbeing difficulties.”



## Outcome 2: Access

Children, young people and young adults who need additional help receive **timely, accessible and effective support**.

### **Effective support for emotional wellbeing isn't just about the quality of the service offered.**

It is about how easy it is to ask for help; how it feels to have your needs assessed; and (where necessary) how simple and responsive the pathway to getting the right kind of treatment in place. These experiential factors play a determining role in how successful the eventual intervention can actually be - and so they are a priority for us as we think about designing a 'whole system' approach.

In aiming to improve this overall experience, there are a number of priorities which we will need to address and which have been highlighted by children, young people, young adults and their families:

1. A range of options about the ways in which support can be delivered, whether face-to-face, over the phone or virtually.
2. A more flexible approach to service delivery, with more visible local facilities and (where appropriate) the potential for a 'drop in' offer available within the community.
3. Better understanding by professionals (including teachers and GPs) of the kind of support available locally – and a simpler process to access it.

In addition, our needs assessment and feedback underlines the need to:

4. Improve our specialist pathways, particularly for children and young people with Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Conditions (ASCO) and families.
5. Improve our targeted outreach to the most vulnerable groups, particularly young offenders, children in care, and care leavers.

"The adults working with us (teachers, GPs etc) need to understand the total offer of support available to meet our needs locally - and we need a simple process to access it."

"We need a range of different ways to access support: in person, peer-to-peer, in safe online spaces (including social media) and via text or telephone."

## Outcome 3: Whole family approaches

*There is a broad consensus of evidence to suggest that professionals and services make most impact on the lives of children, young people and young adults when they work in partnership with the wider family<sup>7</sup>.*

Parents/carers have a unique and critical opportunity to influence the emotional wellbeing of their children, and often understand their needs best. With this in mind, our priorities will be to:

1. Improve the ways in which services **work alongside and in partnership with parents/carers** and the wider family to manage their own risk and resilience (as far as this is safe to do and, particularly where young adults are involved, consent is given).
2. **Promote the importance of maintaining positive family relationships**, where this is appropriate, and encourage good communication within families.
3. Ensure that where interventions are offered to a child or young person, their parents and carers are engaged as much as possible in **understanding the work being done and what they can do to support it**. Within this, we will link to local parenting support opportunities where appropriate.
4. Finally, to pay particular attention to whether there are on-going support needs among families at the point at which services begin to **step back** – recognising that this can be a time of real pressure.

“Our wider families need support too: to understand what is happening to us, what work is being done, and how they can best help.”

“Stick with our families after the point of ‘stepping down’ - this is often when we (and they) need most help.”

<sup>7</sup> See *Think Family Toolkit: Improving Support for Families at Risk – strategic overview*. Department for Children, Schools and Families (2009).

## Outcome 4: Recovery and transition

Children, young people and young adults are **prepared for and experience positive transitions** between services (including transition to adult services) and at the end of interventions.

**The process of ending support from a service, whether goals have been achieved or needs have changed, is every bit as important as the beginning.**

If successful progress is to be sustained, then the partnership with children, young people, parents/carers, families, and schools is vital – and these key 'partners' need to be supported too, and prepared for the next step. In some cases, this may mean a more gradual 'stepping down' process – and a clear plan needs to be agreed, with routes 'back in' if concerns re-emerge.

When it becomes necessary to change the kind of support that is offered, then this too needs to be a carefully managed process, with children, young people and young adults involved wherever possible in decisions about how best their needs can be met: an overwhelming call from the young correspondents to our surveys <sup>8</sup>.

Through designing a 'whole system' offer that meets needs across a continuum from birth to 25, we will aim to ensure that support is no longer shaped by a watershed at age 18, but that it responds instead to the individual needs of a young person as they follow their own unique path into adulthood <sup>9</sup>.

**Our priorities are therefore:**

1. To work *in close partnership with children, young people, parents/carers and families, as far as possible, in preparing for and implementing transitions* whether at the end of an intervention or when another service becomes involved.
2. To set out *clear lines of communication and 'routes back'* if concerns re-emerge.
3. To design an extended offer that is led by the needs of young people as they approach and enter adulthood, with *consistency and continuity of support available post-18*.

"Make sure that there is a clear plan and clear communication between the different people working with us, especially when we need to move between services."

"Young people who are approaching 18 must be able to access the same level of support from adult services if they need it, and experience a smoother transition."

<sup>8</sup> See also *Report of the Children and Young People's Health Outcomes Forum 2013/14*

<sup>9</sup> A priority within: *Closing the gap: priorities for essential change in mental health* (Department of Health, 2014).

## Where next?

*This document sets out a framework of four key outcomes which will form the cornerstones of our vision to improve emotional wellbeing for all children, young people and young adults in Kent.*

The next stage of activity, to take place from September 2014 – January 2015, will involve wider engagement with the public, partners and professionals around the design of Part 2 – The Delivery Plan. This process will define the key actions needed to achieve our four outcomes, including service design, commissioning intentions, performance measures and resources.

The Children's Health and Wellbeing Board will continue to oversee this work and hold responsibility for ensuring that both elements of this strategy are widely understood and committed to by partners.

***For further information and updates*** on this work, please visit xxxxxxxx (TBC).

## Strategic links:

*The Way Ahead: Kent's Emotional Wellbeing Strategy for Children, Young People and Young Adults has been written in reference to the following key local strategies:*

*Kent Joint Health and Wellbeing Strategy* (Kent Health and Wellbeing Board, 2014).

*Every Day Matters: Kent County Council's Children and Young People's Strategic Plan.* (Kent County Council, 2013).

*Social Care, Health and Wellbeing Directorate: 2014/2015 Strategic Priorities Statement* (see p.23). Kent County Council (2014).

*Education and Young People's Services Directorate: 2014/2015 Strategic Priorities Statement* (p.14-16) (Kent County Council, 2014).

*Early Help and Preventative Services Prospectus* (Kent County Council, 2014)

*Joint Strategic Needs Assessment for Children in Kent 2011* (Kent Public Health, 2011)

## References:

Rees, G., Goswami, H., Pople, L., Bradshaw, J., Keung, A. and Main, G. (2013): *The Good Childhood Report 2013.*

Kim-Cohen, J., Caspi, A., Moffitt, TE., et al (2003): *Prior juvenile diagnoses in adults with mental disorder.*

Richards (2009): *Sainsbury Centre for Mental Health Childhood Mental Health and Life Chances in post-war Britain.*

Department of Health (2012) *Our Children Deserve Better: Prevention Pays – Annual Report of the Chief Medical Officer 2012*

Fraser, M., Blishen, S. (2007): *Supporting Young People's Mental Health: Eight Points for Action: A Policy Briefing from the Mental Health Foundation.*

International Association for Youth Mental Health (2013): *International Declaration on Youth Mental Health*

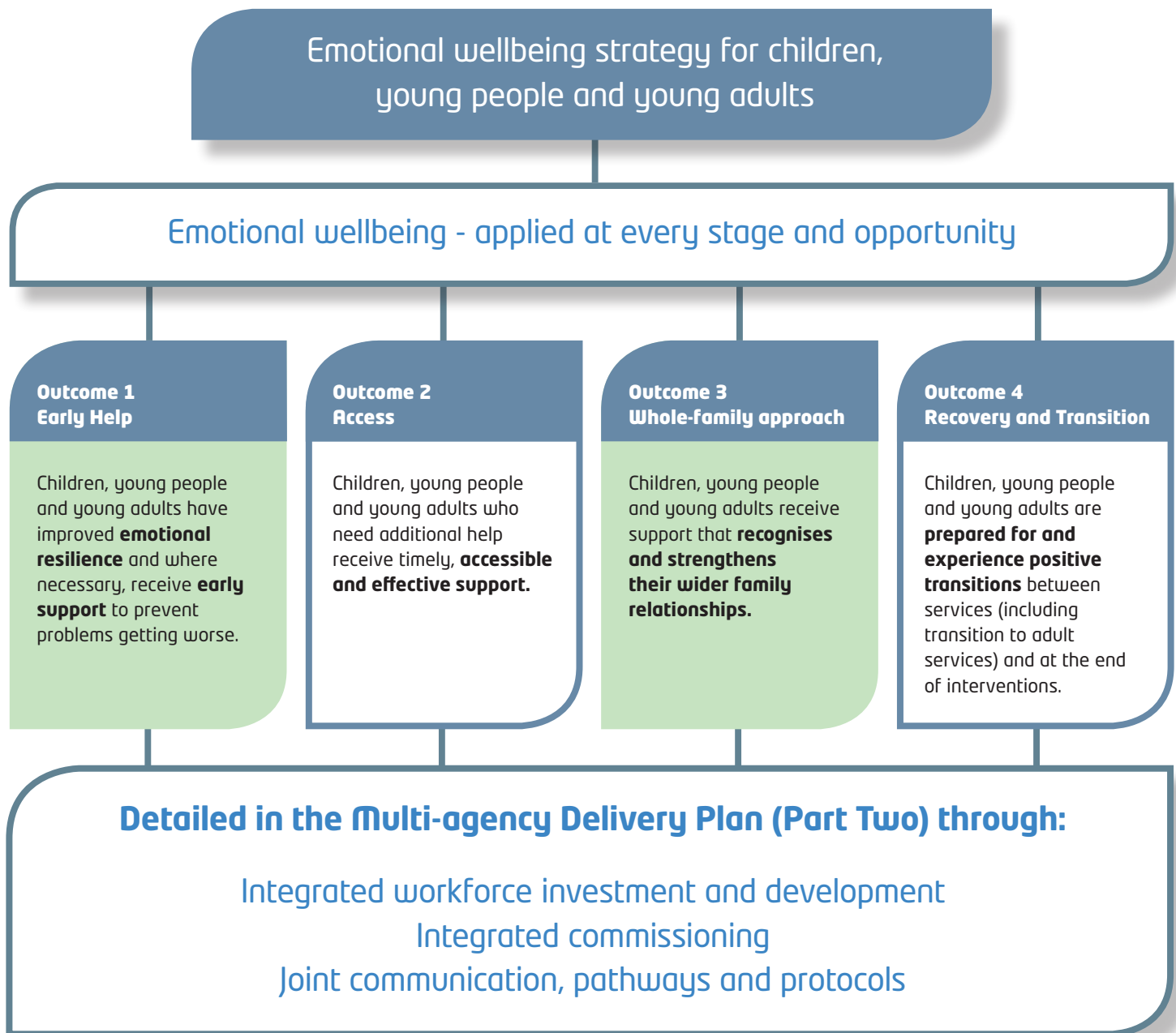
Department for Children, Schools and Families (2009): *Think Family Toolkit: Improving Support for Families at Risk – strategic overview.*

Department of Health (2013): *Report of the Children and Young People's Health Outcomes Forum 2013/14*

Department of Health (2014): *Closing the gap: priorities for essential change in mental health.*

Department for Education (2014): *Mental Health and behaviour in schools: Departmental Advice for School Staff.*

## Quick reference: Outcomes Framework



## Notes

**Part one:** Strategic Framework

The  
way ahead  
Kent's Emotional  
Wellbeing Strategy

for children, young people and young adults

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can be explained in a range of languages.  
Please email: [fsccommissioningadmin@kent.gov.uk](mailto:fsccommissioningadmin@kent.gov.uk)



**Emotional Wellbeing Consultation Survey – Word Version:**

Please note that this survey can be completed online at:

<http://consultations.kent.gov.uk/consult.ti/EWStrategy/consultationHome>

This consultation is open from 15<sup>th</sup> October – 5<sup>th</sup> January 2014.

If you complete this Word version of the consultation, please return to

[fsccommissioningadmin@kent.gov.uk](mailto:fsccommissioningadmin@kent.gov.uk).

**About You:**

**Q1. Are you completing this survey as:**

*(please feel free to tick more than one box):*

**An individual:**

Aged 15 or under

Aged 16-25

Aged 26 or over

**A parent / carer / family member on behalf of a child or young person**

**An organisation (as the official representative)**

*Please tell us which:*

**A professional (please tell us):**

Teacher / Education worker

Social Worker

Clinician / GP / Health Worker

District / Borough Council staff member

Voluntary / Community Sector staff member

Other (please state):

**Q2. Thinking about the four outcome areas (Early Help, Access, Whole Family Approaches and Recovery & Transition) and the overall theme of Promoting Emotional Wellbeing – are these the right areas for partners in Kent to focus on, in order to improve emotional wellbeing?**

**Yes**

**No**

*If you have selected no, please tell us why:*

## Agenda Item 7

**Q3. These outcome areas include a range of needs and priorities which are explained on pages 10-13 of the draft Strategy. Do you feel that there are any needs or priorities not mentioned in the document?**

Yes

*If you have selected yes, please tell us more:*

No

### **Emotional Wellbeing Promotion:**

We would like to support parents / carers and all those who work with children, young people and young adults to promote positive emotional wellbeing.

**Q4. Which of the following groups do you feel need support in promoting positive emotional wellbeing to children and young people? (Please feel free to tick more than one box):**

**Parents / carers**

Need support

Do not need support

*If you have answered 'need support', what could we do to better support them?*

**Schools**

Need support

Do not need support

*If you have answered 'need support', what could we do to better support them?*

**Healthcare settings (e.g. GP surgery)**

Need support

Do not need support

*If you have answered 'need support', what could we do to better support them?*

**Please tell us of any other groups that may need support in promoting positive emotional wellbeing to children and young people, and what we could do to better support these groups:**

## Early Help

*Early Help means supporting children, young people and young adults to develop emotional resilience, and offering early support where necessary to prevent problems getting worse. Early help is currently delivered in lots of different ways, for example through schools, youth centres and commissioned services.*

**Q5: How can we best offer early help to children, young people and young adults who are experiencing emotional wellbeing difficulties?**

### Access:

*Improving access means ensuring that children, young people and young adults who need additional help receive timely, accessible and effective emotional wellbeing support.*

**Q6. How do you think we can make it easier for children, young people and young adults who need additional help to access appropriate support?**

**Q7. How can we improve the way in which we communicate to children, young people, young adults, families and professionals what support is available to meet different needs?**

*Improving access will also need to include a focus on vulnerable groups, and on specialist support for children and young people with learning difficulties or disabilities.*

**Q8. How do you think we can best improve access to support for the following groups? (Please answer for as many groups as you wish):**

Young offenders

Your ideas:

## Agenda Item 7

**Children in Care / Care Leavers**

Your ideas:

**Black and Minority Ethnic (BME) groups**

Your ideas:

**Children, young people and young adults affected by issues relating to **sexual orientation or gender identity****

Your ideas:

**Disabled children, young people and young adults**

Your ideas:

**Children, young people and young adults with learning disabilities** (*including Autistic Spectrum Conditions (ASC) or Attention Deficit Hyperactivity Disorder (ADHD)*)

Your ideas:

**Other groups** (*please tell us of any other groups who you feel need additional support around accessing appropriate services, and how you think we could do this*):

### **Whole Family Approaches:**

**Q9. When there are concerns about a child, young person or young adult experiencing emotional wellbeing difficulties, how can we improve the ways in which we work with parents/carers and the wider family?**

**Recovery and Transition:**

This means helping children, young people, young adults and their families to be well-prepared and supported through transitions between services and at the end of interventions. It also includes the need to consider how best we can offer integrated support up to age 25.

**Q10: How can we improve the ways in which we support children / young people / young adults and their families at the end of interventions, or when they need to move between services?**

**Q11. How can we best provide support for young people up to the age of 25?**

**Q12. Are there any other comments you would like to make about the draft Emotional Wellbeing Strategy?**

**Thank you for responding to this consultation.**

# Agenda Item 7

## Equalities Monitoring Information:

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we are asking you these questions. We won't share the information you give us with anyone else. We'll use it only to help us make decisions, and improve our services.

If you would rather not answer any of these questions, you don't have to.

Are you...?  Male  Female  I prefer not to say

What is your postcode?

To which of these ethnic groups do you feel you belong? (Source: 2011 census)

White	Mixed	Asian or Asian British	Black or Black British
<input type="checkbox"/> British	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Irish	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> African
<input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other*
<input type="checkbox"/> Irish Traveller	<input type="checkbox"/> Other*	<input type="checkbox"/> Other*	
<input type="checkbox"/> Other*	<input type="checkbox"/> Arab	<input type="checkbox"/> Chinese	<input type="checkbox"/> I prefer not to say

\*Other Ethnic Group - if your ethnic group is not specified in the list, please describe it here:

The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example), are considered to be disabled from the point that they are diagnosed.

Do you consider yourself to be disabled as set out in the Equality Act 2010?

Yes  No  I prefer not to say

If you answered Yes to Qxx, please tell us which type of impairment applies to you.

You may have more than one type of impairment, so please select all the impairments that apply to you. If none of these applies to you, please select Other, and write in the type of impairment you have.

- Physical impairment  Mental health condition  
 Sensory impairment (hearing, sight or both)  Learning disability  
 Long standing illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy  
 Other, please specify: \_\_\_\_\_  I prefer not to say

**Do you regard yourself as belonging to any particular religion or belief?**

- Yes                       No                       I prefer not to say

**If you answered Yes to Qxx, which of the following applies to you?**

- Christian                       Hindu                       Muslim                       Any other religion, please specify:
- Buddhist                       Jewish                       Sikh

**Are you...?**

- Bi/Bisexual                       Gay woman/Lesbian                       Other
- Heterosexual/Straight                       Gay man                       I prefer not to say

**Thank you for providing this information: your feedback is important to us.**

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**Health Liaison Board Work Plan 2014/15**

<b>3 December 2014</b>	<b>25 February 2015</b>	<b>29 April 2015</b>	<b>Summer 2015</b>	<b>Autumn 2015</b>
The Care Act  Specialist support for alcohol and drug misuse	Improving Mental Health and Wellbeing  Mental Health  CAMHS - (Sussex Partnerships)  Sevenoaks Mind	Support older people, to keep them safe, and independent living  Older people action group – priorities – West Kent Housing	Giving Children the best start in life  Children’s centres progress	

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