

## CHILDREN'S SERVICES

### CHILDREN'S BE HEALTHY PARTNERSHIP

#### Minutes and Actions

14 April 2011

Name	Initials	Division / Directorate / Organisation
Andy Roberts (Chair)	AR	Joint Health Commissioner, Children's Services
Tony McKenna	TMcK	Head of Leisure Services, NCC
Phil Hayden	PH	ITS Manager, Central
Jane Johnston	JJ	Newcastle and North Tyneside Community Health
Susan Nelson	SN	Newcastle Hospital Trust
<b>Apologies</b>		
Ruth Rogan	RR	Head of Strategic Partnerships
Jan Brown	JB	Senior Manager, Newcastle CAMHS
Judith Stonebridge	JS	Public Health Specialist

David Ward

DW

No.	Item	Action
<b>1.</b>	<b>Apologies</b>	
1.1	As listed above	
<b>2.</b>	<b>Minutes &amp; matters arising of previous meeting</b>	
2.1	The minutes of the previous meeting were read as a true and accurate record.	
<b>3.</b>	<b>Health Visiting / School Health</b>	
3.1	It was noted that from the 1 <sup>st</sup> April 2011 Newcastle & North Tyneside Community Health will now be know as Newcastle Hospital Community Health.	
3.2	Due to the transformation in health a lot of changes have happened,	
3.3	It was noted that GP's have asked for a review of the Health Visiting service and the LA are leading on this review. The review of the Health Visiting service is to be completed by June 2011 and it was discussed that the review would impact on school health.	
3.4	The Government have been prescriptive with regards to the workforce increase in that they expect to see an increase of 4,200 qualified Health Visitors, and not a general increase in HV Service	

	<p>'Skill Mix' capacity. The Government will maintain delivery of targeted increases through the Electronic Staff Record (ESR) system. The total North of Tyne increase by 2015 is 88.6 wte over a three year period with the Family Nurse Partnership implemented in year three, so in Newcastle there will be a total of 32 HV/FNP.</p>	
3.5	<p>AR raised that he will be attending the next CTB meeting and in his report he will go over where the trust think HV are best placed, go over school health targets, review of the HV role and expansion for the future. He will ask the CTB what's the best way to tackle these issues.</p>	
3.6	<p>It was noted that we need a new service spec and new model, how do we meet new requirements. We need to look at what we are delivering now and if we can identify any gaps.</p>	
3.6.1	<p><b>Action: JJ to forward service spec to JW</b></p>	
<b>4.</b>	<p><b>Children's Trust Board Report</b></p>	
4.1	<p>This will be covered in the CTB as an Agenda item.</p>	
<b>5.</b>	<p><b>Children and Young People's Plan (CYPP)</b></p>	
5.1	<p>It was brought to the group's attention that the CYPP is out for consultation and to feedback comments if we want to. It was noted that HV are not mentioned and there is nothing regarding Anti-natal. But it seems that we are making some head way on teenage pregnancy and obesity.</p>	
<b>6.</b>	<p><b>GP – Consortia</b></p>	
6.1	<p>It was noted where there used to be 3 areas that GP's fell into; there are now only 2, Bridges and Tyne. There seems to be a few GP's that are unwilling to move into either of the new areas but there are not enough numbers to create a new area, so they will have to join one of the new areas.</p>	
<b>7.</b>	<p><b>Health and Wellbeing Board</b></p>	
7.1	<p>AR went through the presentation "Re-thinking health and wellbeing in Newcastle" to the group which will then be presented at the CTB on the 18<sup>th</sup> April 2011</p>	
<b>8</b>	<p><b>Children's Heart Unit</b></p>	
8.1	<p>It was noted the number of units will go down from 11 to 7 areas where they remain are still uncertain. Newcastle are in 3 of the 4 options of where they are going to be based, we are hoping and pushing for option- A, which consists of Newcastle, Liverpool, Leicester, Birmingham, Bristol plus two in London.</p>	

<b>9.</b>	<b>TAMHS</b>	
9.1	It was noted that TAMHS are only going to be receiving 95% of its funding from the EIG this year which will have to maintain 3 clusters and develop 2 more. Overall there are 8 clusters that want to be part of TAMHS.	
<b>10.</b>	<b>Integrated and Strategic Operation plan.</b>	
10.1	The Partnership accepted this plan for information	
<b>11.</b>	<b>Date and Time of Next Meeting</b>	
11.1	12 <sup>th</sup> May 2011 Bevan House	

## Actions Summary

13<sup>th</sup> January 2011

Actions from Current Meeting						
Date Raised	Ref	Action	Action Owner	Progress	Completion	Status
13.02.2011	2.2 (a)	Therapies are a priority and a discussion is needed between NTW, Hospital Trust and Education to identify issues and define a process to identify need.	AR			
13.01.11	7.1	Discussion re Children's Health needs not being met if they are not on the school register	AR and Alan Carrick	To also include children not in education, due to being home educated, travelling children, etc.	<b>Alan Carrick to be invited back to meeting</b> <b>AR- To link with Jonathon Ord and School health</b>	
10.03.2011	1.3	It was identified that there has not been a joined up, strategic approach to the use of Thomas Bewick Residential provision. There appears to be no transparent process in which children receive service from this provision. Invite P.T. and J.T. to April meeting to discuss Thomas Bewick.	CC	To be re-scheduled for another date		

Children's Services

13<sup>th</sup> January 2011

10.03.2011	3.1	To speak to Jonathon Jamison re Finance to enable young people to receive equipment until finance is received for the new financial year.	PT			
10.03.2001	9.1	To contact information Services at PMRG to say what we need in terms of information and then to cascade to delivery partnerships	AR			
10.03.2001	9.1	To ask PMRG what structure of reporting they would require	AR			
10.03.2001	12.2.1	To identify someone to represent health on the FRESH group	SN			