

# **Child Health Commissioning Be Healthy Partnership**

## **Notes of meeting held Thursday 12<sup>th</sup> February 2009**

**Present:** Aileen Fitzgerald, Andy Roberts, Danny Ruta, Pat Thompson, Tony McKenna, Jane Johnston, Louise Ray (minutes)

### **1. Apologies for absence**

Jan Brown, Susan Nelson, Linda mason

### **2. Notes of previous Meeting**

Agreed as a true record

### **3. Matters Arising**

There were no matters arising

### **4. Be Healthy Report for C&YPSP Executive**

AF/AR wrote to the chairs of all Be Healthy partnerships with regards to information for this report. Some replies are awaited. The executive wants reports to be more focussed on performance and the report format has been revised accordingly. The report must include current performance, key statistics and reference to performance relating to vulnerable groups. The report is outcome focused and reference must be made as to how communities are being engaged. Given the volume of supporting information, it was agreed to focus on the top three priorities - obesity, teenage pregnancy and breast-feeding. It was noted that the Joint Strategic Needs Assessment (JSNA) follows almost the same format.

**Action: Email partnership chairs that have yet to respond requesting information by Friday 13<sup>th</sup> February (AF)**

A document relating to assessment of progress on each of the eleven NSF standards has been sent to officers for each work stream. An audit of current position and updated action plans, detailing how the standards will be fully met by 2014 is required. A Red/Amber/Green assessment will be included in the Be Healthy report.

The report will also refer to smoking cessation, Aiming High for Disabled Children, NHS Life Checks, National Child Health Mapping, and following the successful bid for funding – the Targeted Mental Health in Schools programme.

**Action: Email draft report for comment by 9 March (AR)**

## **5. JSNA**

The website has been launched and a series of road shows are about to begin. Senior managers are responsible for updating it at least once a year. It was noted that the JSNA is very health focused and members felt it would be helpful if the remit was broadened e.g. to include educational attainment as this would increase use of this helpful tool.

## **6. High Care Needs – protocol for agreeing joint packages**

PT circulated a protocol in flowchart format for agreeing joint funding. This follows a similar approach to that currently used for agreeing tripartite funding through the high care needs system. It was suggested that any future requests for funding must follow this pathway, which would sit under high care needs arrangements. It was queried whether this pathway could include Child and Adolescent Mental Health (CAMH) issues as well as physical health requirement. The group agreed that the pathway should be implemented with immediate effect and further consideration given to including CAMH issues once the process became fully operational.

## **7. Aiming High Needs Assessment**

PT reported that the needs assessment for short breaks for disabled children was taken to the Children and Young People's Strategic Partnership Executive in January. The report summarised the current position against national readiness criteria. The project manager ensured active participation of parents, carers, children and young people in the needs assessment. PT suggested that there was a potential gap in defining how leisure services can contribute to the offer. TMcK advised that The Fusion Project provides access to free leisure facilities for under 18s. PT reported that a service provider's day has been arranged –

provisional date is 10 March – so a more comprehensive picture of what is currently available will be secured.

**Action: Progress business case for joint funding (AF/PT)**

## **8. Key Worker Pilot**

PT provided an update on the key worker pilot. Parental and practitioner feedback has been very positive and there is a need to roll this out further. However, this would be very difficult to do without additional resources. A number of options were considered. Given current financial constraints it was agreed that an interim solution be implemented and sustainability to be considered as part of the 2009/10 business planning process. The process needs to be viewed as apart of a continuum following on from the Common Assessment Framework (CAF).

**Action: Consider feasibility of interim funding (AF)**

**Consider potential funding via bid to NHS Non medical training budget (JJ)**

**Discuss with Linda Mason and Becky Dunn (PT/AR)**

## **9. Transition Planning**

The recent transition-planning day involved parents, young people and professionals/managers from all relevant agencies. Five areas for action were identified. The need to ensure effective transition planning between children and adult health services is identified as an important objective in the NHS North of Tyne Strategic Plan.

## **10. PCT provider priorities**

JJ reported that the main priority is workforce development across children and families services. A pilot on integrated work with maternity services had proved to be very successful in the east of the city. JJ reported that there was a need to shift the focus of service delivery from a risk and reactive approach to delivering more proactive and preventative public health services.

The service has completed a piece of work in the inner west focusing on early intervention in infant mental health. The school health advisor

service is also trying to move from term time only to 52 week cover which in school holidays will be delivered in collaboration with children's centres.

## **11. Daslne**

A further request has been made for PCT and local authority funding for this database. Following discussion the group reaffirmed the previous position that this database did not provide a comprehensive data set on children with autism, as parents must opt into the process. The CAMHS needs assessment suggested that there will be over 400 children in Newcastle with autism spectrum disorders. Daslne currently has 125 children registered. In addition, there is no link between this database and CAF or ContactPoint.

Concern was expressed that Daslne had been asked by the Autism planning group to undertake some work with parents to identify what services need to be developed for this group of children in Newcastle. Members understood that this planning group has been disbanded some time ago, with the Children with Disabilities Management Group providing a clear governance route to the C&YPSP Executive via this partnership. There is also a potential for unnecessary duplication as the planning day held in February in partnership with Thomas Bewick school, which was led by parents and young people had identified service gaps and suggested actions required to address these gaps.

**Action: Write to Daslne to confirm funding decision (AF/PT)**  
**Request further information on the planned work with parents (AF)**

## **12. 2009/10 AOP update**

AF updated the group on progress with the NHS North of Tyne Strategic Plan and Annual Operating Plan. Proposals have been submitted in support of key objectives around breast feeding, Aiming High, equitable access to therapies, and CAMHS.

## **13. Substance Misuse Plan**

**Action: Invite Di Robertson to present at March meeting (AF)**

**14. AOB**

The invoicing issue between the PCT and Local Authority, relating to obesity work has been resolved.

**15. Date and time of next meeting**

Thursday 12<sup>th</sup> March 2009, 3-5, Benfield Road.