

# **Child Health Commissioning Group (Be Healthy Lead Partnership)**

**Notes of meeting held on  
Thursday 11<sup>th</sup> September 2008**

## **Present**

Aileen Fitzgerald  
Linda Mason  
Pat Thompson  
David Jones

Andy Roberts  
Karen Simmons  
Ruth Rogan  
Jane Johnson

Danny Ruta  
Susan Nelson  
Louise Ray  
Helen Woods Waters

### **1. Apologies**

Jill Prendergast

### **2. Notes of the previous meeting**

These were agreed as a true record.

### **3. Matters Arising:**

#### **3.1 Nursing input to Hadrian School**

Aileen confirmed that this letter had been circulated to CHCG members.

#### **3.2 Key Worker Pilot**

**Outstanding action: Explore NMET funding to  
implement training (JP)**

**Action: Agenda for further discussion November  
2008 (AF/PT)**

#### **3.3 Leadership and Partnerships**

Andy requested that the January meeting start at 2.00 thereby extending the meeting to allow time for discussion of this item.

**Action: Check room booking for extended  
meeting and inform members (AF/MA)**

#### 4. **Child Health Promotion Programme**

Aileen reported that the Child Health Promotion Programme is the overarching delivery mechanism for key targets around breast feeding, obesity prevention and the 12-week maternity assessment. It is an umbrella for all preventative health services for children and requires a joint commissioning approach. It needs to be included in contracting arrangements, requires local leadership, falls within the responsibility of health visitors and the goal is to ensure integrated delivery in children's centres and GP practices. The key messages are to support transition to parenthood and to provide additional support for families in need. It is underpinned by the principle of progressive universalism and midwives and health visitors are key to successful delivery. It is however a complex programme to deliver.

The CHCG are asked to:

1. initiate discussion of how this programme can be implemented between key partners
2. agree a lead for the programme and the appropriate co-ordination/ delivery mechanism
3. agree the commissioning arrangements

Jane Johnston confirmed that the CHPP was fundamental to the work of health visitors but a current gap exists in how well primary care are integrated with children's centres within each locality. Helen Woods Waters confirmed that the Early Childhood Services Partnership is the vehicle for delivering this programme. David Jones reported that the current quality outcomes framework for general practice is almost exclusively adult focussed. There is a need to raise awareness of GP's on children's centres but there is an opportunity to develop a fully integrated model. It was noted that the family doctor role of GP's is fundamental to this process. Aileen reported that central practice based commissioning group (PBC) are looking at reviewing the input of the health visitor service in general practice and the outcome of this work is as yet unknown.

**Action: Link with Trevor White (DJ)**

The outcomes of the debate were:-

- the Early Childhood Services Partnership is the vehicle for delivering the CHPP
- an action plan for implementation will be developed as part of the children centre review and will be lead by Helen Woods Waters and Jane Johnston

It was agreed that this partnership receive a regular progress update as part of the reporting arrangements on the Be Healthy Outcome stream.

## **5. Chief Medical Officer Report**

Danny provided an overview of the annual Chief Medical Officer Report. This year the report focussed on teenagers. The key points that arose from this report are:

- the issue of accessibility to NHS services
- a significant minority engage in risk taking behaviour and the numbers have grown
- there have been 1600 deaths
- 690,000 have long term illness
- Increased number of admission to hospital around asthma, epilepsy and diabetes.

However despite this increase this age group is less likely to go to the GP when they have concerns. Recommendations from the report are that the NHS engage with the youth parliament, there is a high level of chronic disease and transition to adulthood, a drug and alcohol unit is considered a key and a young people's panel should advise parliament. On discussion the group felt that the implementation for You're Welcome initiative provides an opportunity for more effective engagement with young people. David Jones reported some practices had looked towards achieving the Investing in Children award in the West End of Newcastle but recognised there were some significant obstacles to young people coming into general practice for example they meet relatives there or be known to the receptionists and therefore have concerns a round confidentiality. He did suggest that there is a need to maintain current information on accessing alternative services for example those provided by voluntary and community sector in surgeries. Andy raised the issue around tobacco control and how the smoking cessation service had less success in reaching under 18's. Although new guidance is awaited opportunities to offer services in a different way for this age group for example having

surgeries within schools or drop in services was considered essential. It was suggested that some work be undertaken to assess the numbers of young people accessing the walk in centre rather than general practice.

## **6. CAMHS Strategy**

The CAMHS Strategy and Needs Assessment had been developed through the CAMHS Partnership and was presented to the meeting for ratification prior to submission to the C&YPSP Executive. The Programme Budgeting Marginal Analysis (PBMA) exercise was a fundamental part of this process. It was however noted that although £90,000 worth of savings were identified, the government reduced the Local Authority CAMHS grant by £89,000. As the grant supports the CAMHS service for looked after children, which was identified as one of the major priorities for action, resources were not available to support redesign this year. The process did however effectively prioritise service developments and business cases in partnership with C&YP and the voluntary and community sector.

## **7. CAMHS Tier 4 update**

Aileen reported that en suite facilities will be included in all but one ward in the new development planned for Prudhoe hospital site. It is expected that the business case be progressed and planning approval sought. To compliment this work the development of the community based specialist Tier 4 services model is being developed. This Partnership will be involved in further debate about this in due course.

## **8. Be Healthy report to C&YPSP Executive**

This report was circulated for information. The next report will be due in March by which time it is expected that a joint approach to performance management between the PCT and Local Authority will be established and appropriate reporting against each NSF standard will be included.

## **9. NHS North of Tyne 5 year Strategic Plan**

Aileen reported that the initial draft of the strategic plan had been submitted to the Strategic Health Authority. A series of stakeholder events had been held to inform this process and once approved by the Strategic Health Authority it will then be put out to consultation to which all partners are encouraged to contribute to. Aileen is giving an overview of the strategic planning process to the Joint Commissioning workshop for the Partnership on 2<sup>nd</sup> October.

**10. Guidance on determining the responsible Commissioner**

This guidance relates to children who are within the looked after service who are placed outside the local area. Queries have been received as to whether the PCT should re-imburse receiving primary care trusts where Newcastle children are placed in another authority area. Linda reported that a quid pro quo arrangement was in place for education services. Aileen reported that for patients who require acute health services the money follows the patient under payment by results automatically however the guidance appeared unclear as to whether the originating PCT is actually responsible for additional funding or whether the responsibility lies in ensuring that an appropriate package of care is received by the young person. It was agreed that until the guidance was clarified no further action would be taken.

**11. Any other business**

Susan Nelson reported that the issue of training for those transporting very ill children between school and home had again been raised in that the drivers don't always feel well equipped to deal with emergencies should they arise.

**Action: Consider further and bring back to next meeting (SN)**

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

Thursday 9<sup>th</sup> October 2008, 3.00pm, Benfield Road