

Children and Young People's Health and Wellbeing Commissioning Group

A meeting of Children and Young People's Health and Wellbeing Commissioning Group held on 27 November 2013.

Present: Peter Kelly (Chairman) Sarah Bowman, Kate Birkenhead (substitute for Hilary Hall), Ian Coates (substitute for Gordon Lang) , Shaun McLurg, Cllr Ann McCoy, Dr Paul Williams, Jane Harvey (substitute for Lynda Brown) and Simon Willson

Officer: Michael Henderson (LD).

In Attendance: Louise Okello (NECS), Dr Kamini Shah (NHS England)

Apologies for absence were submitted on behalf of Victoria Cooling, Lynda Brown, Gordon Lang and Hilary Hall.

CHW 35/13 Declarations of Interest

There were no declarations of interest

CHW 36/13 Exclusion of the Public

RESOLVED that the press and public be excluded from the meeting for the following item of business on the grounds that it involved the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1985.

CHW 37/13 School Nursing

Consideration was given to a paper that outlined three emerging potential commissioning process options, in readiness to agree commissioning intentions and a process for Healthy Child Services for school age children.

It was noted that this was an interim position as consultation on the services did not end until the end of November 2013. Risks included in the options presented had been informed by themes that were emerging through the consultation and mapping work to date. A final report would be tabled in December 2013, at which point more information might be available.

Members discussed the options presented and initial consideration pointed to Option C being the most appropriate proposal for the Council. This option would fit best with the CCG too

The group highlighted the need to remain engaged with staff and unions throughout the process.

Noted that engagement with primary schools had been good but engagement with secondary schools had been disappointing despite being given several opportunities. On line responses from Children and parents had been good.

It was suggested that the issue be placed on the agenda of all school governing bodies.

RESOLVED that the report and options be noted.

**CHW
38/13** **Early Help Strategy Implementation Plan**

The Group received an updated Early Help Strategy and Implementation Plan.

Members discussed the Plan and noted that there were significant amounts of work associated with the priorities and related tasks/actions.

Members were asked to provide any comments to Sarah Bowman.

RESOLVED that

1. The Plan be noted and any further comments passed to Sarah Bowman.
2. All CYPWHCG take forward the actions in the Plan.

**CHW
39/13** **Joint Health and Wellbeing Strategy – Gap Analysis**

The Group was provided with a report that outlined the areas of work in the Joint Health and Wellbeing Strategy, which were potentially not covered through existing strategic plans or groups across Health and Wellbeing Board partner organisations; and which should be picked up through the work of this Group.

The Group discussed the gap analysis and reference was made to mental health services for children and links with TEWV. It was explained that the CCG had agreed a high level specification and financing for CAMHS. The specification included an element relating to the transition from Children and Young People to Adults. It was agreed that progress on this should be reported to the Group.

It was suggested that, in respect of the Tees Sexual Health Strategy, there was also a role for the Adults' Health and Wellbeing Commissioning Group.

RESOLVED that

1. The report detailing the identified gaps, including those that were the responsibility of this Group be noted and used to inform the Group's work programme.
2. The Group receive details on progress relating to the CCG's commissioning of CAMHS.
3. The Gap analysis be amended

**CHW
40/13** **Healthy Start Initiative**

The Commissioning Group considered a report that outlined the national and local commissioning arrangements for the Healthy Start initiative and made recommendations for future improvements to the scheme.

Health Start was a statutory UK-wide government scheme aiming to improve the health of pregnant women and families on benefits or low incomes. This scheme includes vitamin supplements for those eligible.

In Stockton on Tees 87% of eligible families used the Healthy Start food vouchers, however, only 3.8% accessed the women's Health Start vitamin tablets and 2.3% access the children's vitamin drops. Uptake was low nationally but uptake in Stockton Borough was lower than the national rate.

It was explained that, historically, Public Health had been involved in the development of the Healthy Start initiative and it was suggested that this should continue. Following discussions with the CCG and NHS England it had been proposed that Public Health commission the distribution of vitamins to identified pharmacies and health centres that had previously provided vitamins to those who were eligible. The Group agreed with this proposal.

The Group noted that supplementary vitamins could be made universally available at an estimated cost of £37k per annum. Universal provision would negate issues associated with determining eligibility, help reduce stigma and would fit with local priorities.

The logistics of implementing universal provision would be progressed by Public Health, focussing on the role of pharmacies in accordance with the evidence base. It may also be appropriate to consider the role of midwives in distributing the vitamins to all children.

RESOLVED that:

1. Public Health continue to lead on the development of Healthy Start initiative locally and take the commissioning responsibility for the distribution of Healthy Start vitamins.
2. Universal provision be implemented.

CHW 41/13 Children and Young People's Dental Health

Members received a report relating to dental health in children and young people and significant inequalities within the Borough.

Members noted the importance of good dental health as, if it was not maintained, it could have long term impacts on health. There was evidence that gum disease could lead to complications including stroke, diabetes and heart disease. Dental health in children was a good indicator of deprivation in health. Details of significant inequalities in this regard, within Stockton Borough, were provided.

Members recognised that dental disease was entirely preventable. Evidence showed that the best way of protecting children was a diet low in sugar and regular effective brushing of teeth with fluoride toothpaste.

To address poor dental health among children and young people in the Borough the Council's Public Health team was working with Public Health England to plan a package of three types of intervention based on universal provision, supported by targeted intervention for those with the greatest need:

- Provision of toothbrushes and fluoride toothpaste to nursery, reception and all primary schools.
- Application of fluoride varnish in all quintile 5 primary schools (based on dmft prevalence) i.e. the 20% most deprived schools.

- Fissure sealant programme in year 6 in all children needing this in quintile 4 and 5 primary schools (based on dmft prevalence) i.e. the 40% most deprived schools.

The total estimated cost of the packages was approximately £75,000 (to be confirmed) and would be met through the public health ring fenced grant.

It was noted that Children's centres could also support the work in providing parents with the knowledge and skill to maintain their children's dental health.

The Group agreed that it was essential that the children's parents were engaged with during the process. It was suggested that there should be some publicity surrounding the plan and Stockton News could assist with this.

RESOLVED that the proposals be endorsed.

**CHW
42/13**

Special Educational Needs Reforms

Members considered a report that was intended to update the Group on the current situation in respect of the implementation of the requirements of the Children and Families Bill Part 3 – Children and Young People in England with Special Educational Needs.

Members noted that SGMT acted as the Project Board and there was a project team that met monthly. There were 5 task and finish groups with key tasks:

- Joint Commissioning
- Local Offer
- Education Health and Care Plan
- Personal Budgets
- Information/data

Each group reported back to the project team on a monthly basis.

It was noted that the Council received £75k from the Government to support the reform.

A fixed term SEN reform support officer was to be appointed.

Members considered the report and noted the Governance arrangements.

The Group agreed that it was important to ensure that there were no gaps for the children concerned and there were links with the CCG.

It was confirmed that the needs of Looked after Children were being considered throughout the process.

RESOLVED that the report be noted.

**CHW
43/13**

Health Needs Assessment : Mental Health and Wellbeing of Children and Young People

Members considered a report that provided an interim report on the health needs assessment (HNA) regarding mental health and wellbeing of children and young people, the outcomes of which would inform service development and future commissioning intentions.

The Group noted that a task and finish group had been set up to progress the assessment. Details of the scope of the group and the work it had undertaken to date was provided.

Service mapping had taken place as had stakeholder mapping and some consultation.

Key points from the consultation work to date included

- There was a lack of clarity about population need and existing tier 1 and 2 service provision for children and young people (the focus of this HNA).
- Schools were seeing an increasing need for mental health support, particularly around issues such as depression and anger, which they did not always feel fully equipped to offer themselves.
- Schools, as the gateway to services for many children, were unaware of what services were available and wanted information on what services did, who were they aimed at and cost. Schools also wanted easy access to services and some needed further training support.
- There were a number of services being offered by the VCS and some commissioned services, ranging from services directly focussed on mental health and wellbeing to services with a broader remit but a consequent impact on mental health and wellbeing.
- VCS organisations were not always aware that the services they offered support mental health and wellbeing and were not all aware of the market for such services. Work was needed to build capacity in the sector and support coordination between organisations to form an 'offer'.
- Children and young people consulted to-date stated mental health and wellbeing as a priority and did not always know where to access support
- Children and young people and their parents felt frustrated when trying to access support for services when the young person did not fit the criteria for CAMHS.

It was explained that the final HNA report would be submitted to the March 2014 meeting

During discussion of the report the following points were noted/raised:

- The CCG would shortly be considering options with regard to its commissioning of CAMHS.

- There would be data on children and young people's mental health within primary care.
- Parental training needed to be considered in the assessment
- Children, and their parents, who did not fit the criteria for the CAMHS service, must be signposted to other services. The Group noted that CCG tier 3 specifications required TEWV to work with other providers to help children who didn't meet criteria. Personal Health Budgets may also be an option for children and young people in purchasing their own mental health support and treatment.
- Children with autism must be considered in the assessment.
- There were increased pressures on police and ambulance services dealing with people with mental health issues.
- Work is almost complete to develop a new service specification for the TAMHS service, which will also link closely with CAMHS provision.

RESOLVED that the interim report and Group discussion be noted.

**CHW
44/13 Corporate Parenting Strategy**

Members received a copy of the current Corporate Parenting Strategy. The strategy would be reviewed and refreshed and the Group was asked to provide any comments on the purpose and priorities.

The overall purpose of the strategy was to maintain a high level strategic focus and set out the ambitions of the Council and partners, as corporate parents, to improve outcomes for children and young people in care.

It was explained that the strategy would need to be supported by an action plan which would continue to be monitored by the Multi-Agency Looked After Children Partnership (MALAP) as part of its scheduled work programme, with updates (e.g. twice a year) to this Group. It was proposed that the strategy should have the following as key priority areas:

- Access to health services (to include CAMHS).
- Development of local placement support and resources (in line with developments as part of the Council's 'Big Ticket' review of Children's Services).
- Improving educational outcomes.
- Engagement and participation of children and young people in care.
- Improving employability.

It was agreed that the draft version of the Strategy be presented to a future meeting of the Group. The final Strategy would be presented to Cabinet and would be available to all members from that point.

RESOLVED that

1. the proposed purpose and key priority areas be approved.
2. the draft strategy be submitted to a future meeting of the Group.

CHW Common Assessment Framework Progress Update

45/13

The Group considered a report that provided Members with details of the progress of the Common Assessment Framework (CAF) in the Borough and future plans.

It was explained that this report had been considered by the Stockton on Tees Local Safeguarding Children Board and it had agreed that it would receive a report at its January meeting, relating to the use of CAF 1, for agencies working in children's services.

RESOLVED that the report be noted.