

Children and Young People's Health and Wellbeing Commissioning Group

A meeting of Children and Young People's Health and Wellbeing Commissioning Group was held on Friday, 28th February, 2014.

Present: Professor Peter Kelly(Chairman),

Cllr Mrs Ann McCoy, Sarah Bowman, Shaun McLurg, Simon Willson, Kate Birkenhead (substitute for Hilary Hall), Dr Paul Williams

Officers: Michael Henderson (LD)

Also in attendance: Louise Okello (NECS), Paul Moffat (Consultant)

Apologies: Lynda Brown, Victoria Cooling, Chief/Supt Gordon Laing,

CHW 84/13 **Declarations of Interest**

CHW 85/13 **Minutes of the meeting held on 29 January 2014**

The minutes of the meeting held on 29 January 2014 were confirmed as a correct record.

CHW 86/13 **School Nursing - immunisations**

The Group received an update on immunisation and the School Nursing Service.

It was noted that responsibility for commissioning immunisation sat with the NHS England Area Teams. Immunisation had been undertaken by GPs and the School Nursing Service. However, a new School Nursing Contract would not include immunisation.

NHS England explained that it had arranged a 1 year contract with ???? Trust to provide immunisation.

Capacity issues were raised and it was agreed that this needed to be raised with the Trust by the Council's Public Health Service and NHS England Area Team, as both were commissioners of services from the Trust.

It was noted that next year there would be an extension of immunisation to 4 year olds. The Area Team had declined to be involved in a pilot to provide immunisation in secondary schools

It was queried if areas of low take up could be identified. It was agreed that it would be helpful to consider any patterns from this year's programme to identify possible targeted work next year.

RESOLVED that the the update and discussion be noted.

CHW **Health Visiting Update**

87/13

Members received a report on the Health Visiting Service and future commissioning arrangements for the service.

The report provided background and issues that the Group may wish to consider.

It was noted that responsibility for Commissioning the Health Visiting Service would transfer, from NHS England, to the Council's Public Health Service, in October 2015.

Prior to the transfer NHS England would ensure that the level of Service met the National Specifications and it had an Action Plan in place to achieve this.

It was indicated that there were inequalities of distribution of Health Visitors between Stockton and Hartlepool with Stockton fairing worst. The Area Team would look into this issue.

Members agreed that Health Visiting could be targetted but it was a universal service and should be available to families across the board.

It was agreed that Safeguarding issues must be a high priority in the new commissioning arrangements.

It was felt that support to mothers in the first few days after giving birth could be improved. It was noted that work on mapping pathways had been undertaken and this could be made available to the Group.

Members agreed that the change to the Health Visiting Commissioning should be reported to the Local Safeguarding Children's Board before transfer.

The Group agreed that there were lots of opportunities in this area, chances to reflect the Marmot Principles in future provision.

Implications for the Fairer Start project would be discussed outside the meeting between the Council and Public Health England.

RESOLVED that the report and discussion be noted.

CHW
88/13

CAF Progress report

The Group noted a report that presented the roles and function of an enhanced CAF team. The Group noted the agreed enhanced team

Existing roles within the CAF Team:

CAF Coordinator (K) – continues with current role, but with less direct involvement with families. Raise profile of CAF and early help strategy

CAF DQSO (H) – continue with current role, but with less administration duties and enhancing the quality control role within the service

New roles within the CAF Team:

CAF Support Officer (estimated H grade) – working directly with professionals and families to initiate the CAF process. Will chair initial TAC meetings prior to the identification of a Lead Professional.

CAF Admin Officer (estimated D grade) – to offer direct support to the DQSO with day to day tasks, database searches, telephone queries and general admin duties.

The proposed service delivery model would be 'patch' based, loosely corresponding to school clusters.

The impact of the team would need to be demonstrated to Corporate Management Team.

The Group noted that the enhanced arrangements were not about undertaking CAF for others but providing support to them. This was an enabling role.

It was queried if the Clinical Commissioning Group could assist. It was suggested that potential roles of GPs could be discussed outside the meeting.

The Group discussed Children with Special Educational needs and links to CAF. It was accepted that CAF may not be appropriate for some SEN children. It was noted that a report on the SEN reforms was being presented to the Group's next meeting.

It was queried if the enhanced team would have a role in identifying situations where CAF 2 was used, but CAF 1 could have been used by an agency at an earlier opportunity. It was noted that the CAF Board looked at such issues and provided quality assurance.

RESOLVED that

1. the report be noted.
2. that discussions regarding the potential for GP involvement in CAF be discussed outside this Group.

**CHW
89/13**

Forward Plan

The Group considered its current Forward Plan and made a number of amendments.

RESOLVED that the Forward Plan be approved subject to the agreed amendments.

