

# 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, 16th May, 2014.

**Present:** P Kelly (Chairman), Kate Birkenhead (substitute for Hilary Hall), Sarah Bowman, Lynda Brown, Dr Paul Williams

**Officers:** Jane Smith (PH), Jane Humphreys, Jane Harvey (CESC), Aishah Waithe (Catalyst), Emma Thomas (NECS), Michael Henderson (LD)

**Also in attendance:**

**Apologies:** Cllr Mrs Ann McCoy, Victoria Cooling, Shaun McLurg, Hilary Hall, Simon Willson, Chief/Supt Gordon Laing

## **CHW 8/14**      **Declarations of Interest**

There were no declarations of Interest.

## **CHW 9/14**      **Minutes of previous meetings**

The minutes of the meetings held on 31 March 2014 and 17 April 2014 were approved as a correct record and signed by the Chairman.

## **CHW 10/14**      **SEN Reform - Joint Commissioning**

The Group received a further report relating to the implications of the Children and Families Act Part 3 - Children and Young People with SEN and disabilities, and the potential role of this group in contributing to meeting local commissioning duties.

The Group was reminded that it had previously agreed to be the mechanism for executing strategic Joint Commissioning for children and young people with SEND.

The Group agreed to lead on the strengthening of the dataset contained within the current JSNA. It was agreed that a request be made to the Tees Public Health Shared service to review current JSNA content and ensure the use of the minimum dataset contained within the draft code of practice.

The Group requested that the SEN Project Team develop a joint commissioning statement describing how joint commissioning arrangements would be delivered. These arrangements would be published in the local offer.

Members noted that the Designated Medical Officer (DMO) would support the CCG in meeting its statutory responsibilities for children and young people with SEN and disabilities by providing a point of contact for local partners, when notifying parents and local authorities about children and young people they believed had SEN or disability and when seeking advice on SEN or disabilities. The DMO could advise schools on their duties under the 'Supporting Pupils with Medical Conditions' guidance. The DMO would not routinely be involved in assessments or planning for individuals, except in the course of their usual

clinical practice, but would be responsible for ensuring that assessment, planning and health support was carried out. The CCG would delegate agreeing the health services in an Education, Health and Care Plan (EHCP), unless there was additional resource required, or a request for a personal health budget.

It was suggested that the Group provided advice, as the new EHCP, process emerged and supported the sign off of partner engagement.

It was explained that the CCG were checking the legalities of the sign off delegation within its organisation.

The Group noted that the Development of personal budgets for children, as proposed, would have an impact on future commissioning arrangements. The Group agreed to support the SEN Project Team to develop local information that would outline clearly the scope of SEN Personal Budgets and how families could access them.

RESOLVED that

1. the report be noted
2. the Group leads on the strengthening of the dataset contained within the current JSNA and a request be made to Tees Public Health Shared Services to review current JSNA content and ensure the use of the minimum dataset contained within the draft code of practice.
3. the Group requests that the SEN reform project team develops a joint commissioning statement describing how the joint commissioning arrangements would be delivered and that these arrangements be described in the published local offer.
4. the Group provides advice as the new EHCP process emerges and supports the sign off of partner engagement.
5. the Group supports the SEN project team to develop local information that outlines clearly the scope of SEN Personal Budgets and how families could access them.

**CHW  
11/14**      **Fairer Start Update**

The Commissioning Group considered a report that provided an update on the Fairer Start partnership project in the Stockton Town Centre Ward.

Members noted the current funding arrangements for the project which was made up of 250 K from the Council, 200k from CCG and 38k from Catalyst. Further funding was being identified including Big Lottery money.

Members noted that the project would follow a Community Development model in the target area, to include training to build capacity in the community, to provide better information, advice and guidance, as well as peer mentors and community champions and support to access services.

Children's Centres would be used as the infrastructure and framework for the

initiative and the focus would be on the outreach from the centres into the community, and developing the links between the community and Children's Centres.

Work was being undertaken including:-

- a review of information and data sharing.
- utilisation of the CAF process to support the work.
- engagement of health visitors and midwives and sharing of information.

A copy of the draft project plan was provided to members.

It was noted that the plan had been developed based on recommendations from the WAVE Trust

It was envisaged that there would be reliable measures to show how successful the project had been. It was hoped that the project would have positive effects on many issues including smoking in pregnancy, domestic violence, ante natal nutrition, breastfeeding and school readiness. The key outcomes of the project were to improve nutrition, cognitive development and speech and language in children 0 - 3yrs in the target area.

RESOLVED that the update be noted.

**CHW  
12/14**      **Breastfeeding Update**

Members considered a report that provided an update on the local prevalence of breastfeeding and outlined the current commissioning arrangements for the provision of Breastfeeding Support and coordination services.

It was explained that services currently included:

- Breastfeeding Coordination and Support - this included the provision of training of volunteer peer supporters.
- Breastfeeding Welcolme Scheme - which will aim to facilitate greater acceptance and promotion of breastfeeding in commercial and community settings across the borough.
- Work with Partners - particularly Children's Centres

The Group noted that a small scale research project had been undertaken in the Borough to explore women's knowledge, attitudes, values and personal experiences of infant feeding choices. The Group noted some of the recommendations that had come from the project.

It was noted that a review of the Breastfeeding Coordination and support services was due to commence in October 2014.

During consideration of the report a number of issues were raised, these included.

- it was noted that 9 Children's centres offered weekly support groups. Details of

this would be forwarded to Lynda Brown.

- it was agreed that mothers who started breastfeeding, but stopped because of a problem they encountered, needed specialist help to overcome any such problem. Many mothers stopped breastfeeding soon after leaving hospital, or even before discharge. This situation needed to be managed and further planned support provided. Antenatal provision was already being increased by health visitors making antenatal visits and work was underway to develop and improve the emphasis on training around breastfeeding through maternal and antenatal pathways.

- midwives had an important role in encouraging breastfeeding and maintaining it.

- noted that part of NHS England's Health Visitors contract would include offering support to mothers around breastfeeding.

- peer support volunteers would also provide help to mothers and would have hopefully already established a relationship that would assist. Peer support workers/Health Visitors could escalate where more specialist help was needed.

- 46% of new mothers were not making the choice to breastfeed and this needed to be understood (also the differences in areas of deprivation), so that interventions could take place during the ante natal period.

- Noted that Hull had used Peer Support and this had been very effective and it was suggested that contact be made with those involved in that initiative.

- breastfeeding groups should be open to those not breastfeeding to attend. This may encourage a switch to breastfeeding.

- Reference was made to the messages received by new mothers immediately after giving birth and there was concern that the breastfeeding message could be obscured by other, sometimes commercial approaches. CRB concerns were also raised. It was agreed that a letter be drafted to the relevant Trust raising such concerns.

- it was agreed that challenging targets should be set in terms of mothers choosing to breastfeed and mothers continuing to breastfeed at 6 to 8 weeks. Performance data would need to be considered by this group in due course. Jane Smith would look at this further.

RESOLVED that:-

1. the report be noted.
2. a draft letter be prepared as described above.
3. consideration be given to appropriate targets and reporting of performance data.

The Group was provided with the paper on Autism it had considered at its last meeting. At that meeting it had agreed that representatives from NECS and TEWV be invited to this meeting to provide additional information on this matter.

The Group noted that there was no set time for how long a family could expect to wait for an Autistic Spectrum Disorder diagnosis. There were lots of issues to consider. NICE guidance indicated that people with possible autism should have the diagnostic assessment started within 3 months of their referral and this was happening locally. However, to the point of diagnosis was taking considerably longer (13 months school age and 23 months pre school).

It was explained that the lengthy wait to diagnosis was a particular problem in Stockton and other areas were not affected to the same extent.

Members agreed that whilst being assessed, some support was being given, however, until diagnosed certain interventions would not take place. It was important that the time to diagnosis be reduced.

Members noted that co ordination of the multi agency pathway across all ages was led by TEWV and the problems in Stockton had been highlighted and would be addressed.

It was agreed that thought should be given to what sort of service partners would like to see for ASD. This could be considered in detail outside the meeting.

It was explained that a Children and Young People's Mental Health and Wellbeing Strategy was under development (lead by NECS) and would come back to the Group in September.

It was suggested that some benchmarking and discussions with colleagues in authorities in the region may be beneficial.

RESOLVED that the update be noted.

**CHW  
14/14**      **Key Indicators and priorities**

Consideration was given to an updated report that highlighted performance on indicators from the Child Health Profile 2014 for Stockton Borough and from the Public Health Outcomes Framework (at March 2014).

The Group noted the proposed long list of priorities that would be presented to the Health and Wellbeing Board for consideration. The Group agreed that the long list should identify the key partners responsible for each priority.

The long list must cross reference with the Early Help Strategy. Smoking Cessation should be added to the list.

Members considered the Child Health Profile data and specific reference was made to hospital admissions as a result of self-harm. It was noted that the CCG were considering commissioning a service that would provide support to children, presenting at A and E, with Mental Health related issues. It was agreed that there may be joint commissioning opportunities in terms of support

and follow up across a number of the indicators involving attendances at A and E and stays in hospital (i.e indicators 22 - 32). Paul Williams, Emma Champley, Jo Heaney and Jane Smith would discuss further.

Members agreed that data provided should include a narrative indicating when it had been compiled and any other contextual information.

Issues arising from the data had been used to construct the group's Forward Plan and it was agreed that Sarah Bowman would pull out any further issues.

RESOLVED that:-

1. the report and data be noted.
2. smoking cessation be added to the list and key partners be identified for each priority.
3. the data be further reviewed/analysed and appropriate issues be identified on the Forward Plan.
4. consideration of any joint commissioning opportunities, as referred to above, be discussed outside the meeting.
5. performance data include a narrative indicating its context.

**CHW  
15/14**      **Early Help Strategy**

Members received a paper that presented the revised Early Help Strategy and implementation Plan.

The Group noted that there were some minor gaps but those present were happy with the direction of travel. The strategy would be reviewed by Paul Moffat and completed before being reported back to the Groups next meeting.

The Strategy would be reported to the Health and Wellbeing Board for approval before going to the Local Safeguarding Board for information.

AGREED that the direction of travel of the revised Early Help Strategy be supported and, following further review and amendment be presented to the Group's next meeting.

**CHW  
16/14**      **Childhood Immunisation**

The Group received a report that presented an update on the national NHS Childhood Immunisation Programme in Stockton and detailed the current work to increase vaccination.

It was explained that the overall aim of the national routine childhood immunisation schedule was to provide protection against preventable infections, including:

Diphtheria, Tetanus, Pertussis, Haemophilus Influenzae Type B (Hib), Polio, Meningococcal C (MenC) disease, Measles, Mumps, Pneumococcal disease,

Rubella, Rotavirus and Influenza. The selective immunisation programme allowed for BCG and Hepatitis B to be offered to those in at risk groups.

It was explained that a number of new vaccination programmes were introduced during 2013, including the introduction of the rotavirus vaccination; the implementation of the healthy child Influenza programme to 2 and 3 year olds and changes to the schedule of the MenC vaccination.

The group was provided with details of the vaccination coverage statistics of routine childhood immunisations in Quarter 3 in 2013/14 within Stockton compared to the Durham, Darlington and Tees Area, the North East and England. These figures were similar to the previous 2 quarters.

The Group noted current work to improve vaccination rates:-

- A Durham Darlington and Tees an Immunisations Programme Board had been established to provide a multi-agency partnership approach to deliver safe, effective and high quality NHS Immunisation programmes for the local population.

- An immunisation enquiry line had been established within Durham Darlington and Tees to address immunisation enquiries from GP Practices and other providers and to coordinate and manage vaccination related incidents.

- A Tees wide Influenza steering group met throughout the year to plan the seasonal influenza campaign and to coordinate the introduction of additional influenza programmes, for example the introduction of the influenza vaccination programme for healthy children aged 4 years old from September 2014 onwards

- Annual immunisation education events were coordinated by the Area Team to promote the immunisation programmes and support GP practices with the delivery of the programmes.

- The Screening and Immunisations team would commence working with individual GP practices to address any low vaccination rates using data obtained from the local Child Health Records departments.

It was suggested that NHS England plans to ensure good immunisation coverage and to target vulnerable groups would be brought to this Group to support the DPH in his role in providing assurance around health protection plans (particularly from the discussions and outcomes from the Immunisation Board meetings). Sarah Bowman would liaise with the Area Team.

With regard to education events it was agreed that Public Health could assist in disseminating the message.

RESOLVED that the update be noted and Sarah Bowman liaise with the Area Team as described above.

**CHW**  
**17/14**      **Child Poverty Scrutiny Review**

The Group considered a report that presented the final report of the Council's

Arts, Leisure and Culture Select Committee's (ALCS) scrutiny review of Child Poverty.

The Group noted the recommendations and the suggestion that this Group oversees the development, and delivery of the action plan. The Action Plan would be circulated in due course, once approved by ALCS.

It was noted that consideration would need to be given to where actions would be picked up, which partners would be involved and how actions could be linked to existing pieces of work/strategies.

RESOLVED that :

1. the Group oversees the development and delivery of the action plan to support the Arts, Leisure and Culture Select Committee.
2. the Group give consideration to where actions would be picked up, which partners should be involved and how actions could be linked to existing pieces of work/strategies.

**CHW 18/14 Ofsted - Single Inspection Framework**

The Group noted a briefing paper produced by the Association of Directors of Children's Services, relating to Ofsted's initial evaluation of the Single Inspection Framework. The briefing paper also provided information on the Integrated Inspections programme, that would start in April.

Details of how judgements in the Multi Agency Integrated inspections would be made were still being developed.

RESOLVED that the briefing paper be noted.

**CHW 19/14 Forward Plan**

The Group considered the Forward Plan and agreed a number of amendments:

- Smoking in Pregnancy slipping to July with representatives from midwifery being invited.
- Long List with identified Partners to be reported in July
- Autism Strategy to be presented in September
- Sarah Bowman to populate further as needed with proposed items coming from her review of performance data.
- Final Early Help Strategy to be presented at June meeting.

It was noted that the August meeting had been cancelled.

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



