
**SOUTHAMPTON CHILDREN & YOUNG PEOPLES TRUST BOARD
PARTNERSHIP**

**BE HEALTHY STRATEGIC COMMISSIONING GROUP
(Children, Young People, Maternity and Sexual Health)
Notes of the meeting held on 8th September 2009**

Present

Stephanie Ramsey (SR)	Associate Director, NHS SC, (Chair)
Charlotte Bemand (CB)	Teenage Pregnancy Lead
Natasha Bye-Brooks (NBB)	Healthy Schools, SCC
Donna Chapman (DC)	Joint Commissioning Manager
John Bridge (JBr)	Youth and Children's Services, SCC
Annabel Hodgson (AH)	Children's Alliance
Mary Higgins (MH)	Senior Inspector School Standards Southampton City Council
Liz Taylor (LT)	Parenting Forum representative
Lucy Carter (LC)	Contracting Manager, NHS SC
Jennifer Davies (JD)	Public Health Nutritionist and Fit for Life Lead
Amanda Dixon (AD)	Team Leader, Youth Offending Team
Steve Humphreys (SH)	Development Manager
Andrea O'Donovan (AOD)	Senior Commissioning Accountant
Cheryl Harding-Trestrail (CHT)	Locality Lead
Jamie Schofield (JS)	Disabled Children's Services Manager
<u>Apologies</u>	
Jenny Boyd (JBo)	Special Heads representative
Sam Davies (SD)	GP/NHS SC Clinical Leadership Board
Lesley Hobbs (LH)	Principal Officer for Inclusion, SCC
Barbara Inkson (BAI)	CAMHS Manager
Claire Robinson (CR)	BRS Manager
Jo Belcher (JB)	Children's Services Commissioner

		Action
1	<u>Minutes</u>	
1.1	The minutes were agreed as a true reflection of the meeting.	
	<u>Matters arising</u>	
1.2	Apologies: CHT gave apologies to last meeting	
1.3	1.5 Substance misuse needs assessment is in stakeholder consultation and will not be completed until end September	
1.4	1.6 Agreement from NHSSC to move forward to develop alcohol commissioning strategy; to be completed in the next	

	<p>month. There will be no new money so will be a need to refocus the current allocation. Carole Binns will be working on this.</p>	
1.5	1.8 Advert out for Project Manager for Speech and Language Commissioning Pathfinder	
1.6	3 Parenting to be picked up at next meeting	
1.7	3 Sentence “Jo Ash...” delete “Jo Ash from” and begin sentence with “The voluntary sector”	
1.8	4 “Primary Care has been...” should read “Primary Care will be...” LT to pick up with Locality Leads.	
1.9	5 Clinical Leadership Board had not supported polysomnography decision at the time – now have done so.	
1.10	7 Joint Commissioning Strategy to go on next agenda	
1.11	7 Safeguarding update to go on future agenda	
	<p>PERFORMANCE</p>	
2	<u>Quarterly work programme/APA/CYPP monitoring</u>	
2.1	Healthy Schools will be on the agenda for the next meeting. There will be a need to pick up on the detail on stretch targets.	
2.2	Chlamydia: more work needs to be done to look at how to reach the target	
2.3	Teenage pregnancy: not going to hit national target despite improvement in latest figures	
2.4	LT circulated report on breastfeeding. CHT suggested using Read Code to obtain reports from GP practices. LT: looking at how to incorporate refreshed data into reports.	
3	<u>Quality, KPIs and outcomes</u>	
3.1	Need to develop KPIs for contracts with NHSSC. LC requests small working group to look at these: SH, someone from Early Support (LC/LT to discuss outside meeting).	LC/LT
3.2	MH raises non-attendance issue at schools being key	

	challenge – mostly due to minor poor health. It may be useful to have an outcome related to poor attendance in with KPIs for appropriate services	
4	<u>Be Healthy Quality Group</u>	
4.1	Draft terms of reference circulated by CB	
4.2	JB pointed out that this group has a huge agenda – is there good practice elsewhere that we can draw on? CB: have looked at other children’s trusts, the idea is to have a group that will take on task and finish work on behalf of BHSCG, as well as establish overall quality for the range of activity covered under BHSCG.	
4.3	LT: currently in Early Years bringing together all those who have data – this could be useful function for this group – also looking at quality of initiatives.	
4.4	Will this be 5-19s – i.e. Healthy Child Group to do this work for under-5s – or “Healthy Young People Group” to do 5-19s? Where will Parenting fit?	
4.5	CB wants to include Provider representatives in this work. CHT points out the need to draw in an element of Primary Care	
4.6	CB agreed to incorporate above comments and revise terms of reference	CB/ MH/LT
	COMMISSIONING	
5	<u>Mental Health Act (age-appropriate care)</u>	
5.1	Draft action circulated. Detailed update in November. Action plan supported	JB
6	<u>CAMHS</u>	
6.1	Report by Barbara Inkson circulated.	
6.2	Actions identified by CAMHS Forum to achieve workplan included need for funding for Emotional First Aid. £6000 has been allocated for Emotional First Aid development by NHSSC.	
6.3	“Safehouse” for 16-25 year olds is looking likely to close	

6.4	<p>from November due to a member of staff leaving. DC to raise issue with Adult Mental Health Commissioning.</p> <p>There is need for Anger Management work – YOT supporting No Limits with training but there is gap in provision. AH pointed out that No Limits have many requests from schools. MH, JS raised that often services around children who are receiving anger management do not feel joined up, and that this needs to be addressed, including potential funding needs. CAMHS Forum requested to do initial work on scoping need. This can then be used to inform the Joint Commissioning Review of CAMHS.</p>	DC BAI
6.5	Ongoing work being done by CAMHS Forum on needs for support for sexually abused children – to report next time.	BAI
7	<u>BRS: Review of joint budget</u>	
7.1	Report circulated. Pressures noted. To inform CAMHS review	DC
8	<u>JIGSAW</u>	
8.1	JS circulated report	
8.2	Person Centred Plan report to be taken to CYPTE. JS to draft	SR/ DC/JS
8.3	Young people who fall between CAMHS and JIGSAW to be looked at by Disability Forum / CAMHS Forum, to be included in CAMHS review.	BAI/ JS
8.4	Review of capacity in team underway as pressures in team potentially pose a risk. To feed back to Be Healthy.	JS
9	<u>Disabled Children's Steering Group</u>	
9.1	Need to make sure that Disabled Children's issues go to all 5 ECM groups.	
9.2	To look at commissioning representation on Disabled Children's Steering Group.	DC
10	<u>Aiming High</u>	
10.1	Report circulated by JS	
10.2	Aiming High money has come down to the City Council: £219K this year, £700K next year. PCT funding allocated for specific areas including palliative care and therapies, but this	

10.3	<p>funding has not been ring-fenced. DC pulling together business case for £400K 2010/11 and £500K 2011/12. PCT financial contribution awaits clarification.</p> <p>City Council also has capital funding; bids are being encouraged against this. It is important that money needs to be spent to increase short breaks – there is a need to ensure all agencies are aware, including extended schools and youth services, children’s centres and voluntary sector. This needs to be included in wider planning around how services will be funded post-2011. Children’s Trust need to be aware of depth of data that is required and data sharing issues.</p>	JBr/ LT/AH
11	<u>SRE policy (for signing off)</u>	
11.1	Agreed to principle of Policy, to ask Trust Executive to approve with permission for minor amendments to be approved by Be Healthy	SR
12	<u>Prioritisation</u>	
12.1	SR to convene small group to look at financial issues and potential for disinvestment, refocusing investment	SR/DC
13	<u>Any Other Business</u>	
13.1	Specification for services targeted at vulnerable young people – comments are needed from non-provider services on proposed model.	All/DC
13.2	SR raised opportunities for improving this meeting. Reports must be submitted a week ahead. Could possibly extend this meeting by 30 minutes – maybe with a smaller subgroup at the end.	SH
13.3	TOR for subgroups to include relationship with this group. SH to circulate for inclusion in TOR.	SH
14	<u>DATE OF NEXT MEETING</u>	
14.1	13 th October 2009, 10:30 – 12:30, Oakley Road	