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**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 6<sup>th</sup> October 2009**

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Present

|                                |                                     |
|--------------------------------|-------------------------------------|
| Stephanie Ramsey (SR)          | Associate Director, NHS SC, (Chair) |
| John Bridge (JBr)              | Youth and Children's Services, SCC  |
| Natasha Bye-Brooks (NBB)       | Healthy Schools, SCC                |
| Annabel Hodgson (AH)           | Children's Alliance                 |
| Liz Taylor (LT)                | Parenting Forum representative      |
| Lucy Carter (LC)               | Contracting Manager, NHS SC         |
| Steve Humphreys (SH)           | Development Manager                 |
| Cheryl Harding-Trestrail (CHT) | Locality Lead                       |
| Jenny Boyd (JBo)               | Special Heads representative        |
| Sam Davies (SD)                | GP/NHS SC Clinical Leadership Board |

Apologies

|                        |   |
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| Lesley Hobbs (LH)      | Principal Officer for Inclusion, SCC                          |
| Charlotte Bemand (CB)  | Teenage Pregnancy Lead  |
| Mary Higgins (MH)      | Senior Inspector School Standards<br>Southampton City Council |
| Andrea O'Donovan (AOD) | Senior Commissioning Accountant                               |
| Donna Chapman (DC)     | Joint Commissioning Manager                                   |
| Jennifer Davies (JD)   | Public Health Nutritionist and Fit for Life<br>Lead           |
| Amanda Dixon (AD)      | Team Leader, Youth Offending Team                             |

| <b>HEADLINE ISSUES</b> |  |               |
|------------------------|--|---------------|
| <b>6.1</b>             | <b>Development of Parenting Commissioning Manager (in attached paper)</b>                            |               |
| <b>6.2</b>             | <b>Development of the Early Support Programme will require embedding cultural change in services</b> |               |
| <b>7</b>               | <b>Family Support Review is underway.</b>  |               |
| <b>9.3</b>             | <b>The Poverty Bill, when passed, will have an impact on the Joint Commissioning Strategy</b>        |               |
|                        |  | <b>Action</b> |
| 1                      | <u>Minutes and matters arising</u>   |               |
| 1.1                    | The minutes were agreed as a true reflection of the meeting.   |               |

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| 1.2  | SR to send email regarding apologies and poor attendance – members who cannot attend should send a representative where possible                              | SR          |
| 1.3  | 1.5 Speech and Language Commissioning Pathfinder: Jan Baerselman appointed as Project Manager   |             |
| 1.4  | 3.1 Should read Southampton Community Healthcare not NHSSC  |             |
| 1.5  | 4 Terms of reference for the Be Healthy Quality group are being revised. To come to next meeting.   | CB/SH       |
| 1.6  | 4.5 SD queried what Primary Care representation on the BH Quality Group would be. Agreed this did not need to be a GP, could be Practice Manager for example. |             |
| 1.7  | 6.3 Safehouse closure: SR/DC have progressed. Vic Trimble will contact AH   |             |
| 1.8  | 6.2 Emotional First Aid funding: LC to follow up £6000 from Choosing Health money. LC to pick up through contract element. Money has gone to Provider arm.    | LC          |
| 1.9  | 8.2 JIGSAW: Jamie Schofield (JS) is pulling together Person Centred Planning paper. SR/DC to take to CYPTE.   | JS<br>SR/DC |
| 1.10 | 10.3 Aiming High funding: JBr to contact JS for information.  | JBr         |
| 1.11 | 11.1 SRE Policy was not approved at Trust Board as some of the amendments had not been incorporated. To be revised and resubmitted.                           | CB          |
| 1.12 | 13.1 Specification for services targeted at vulnerable young people has been approved, some elements of the service out for bid.                              |             |
|      | PERFORMANCE   |             |
| 2    | <u>Performance feedback Q1</u>  |             |
| 2.1  | SR circulated Quarter 1 Performance and CYPP/APA Monitoring from Children and Young People's Trust Board (attached).  |             |

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| 2.2 | Issues around breastfeeding reporting to be discussed (see item 8 below). Chlamydia screening: consideration to be given to target for number of positive screens. As national target will not be set until 10/11, local target to be established for next year. Consideration to be given to the potential for Chlamydia screening to be included in a potential Sexual Health LES.    |    |
| 2.3 | SD checked that all opportunistic screens from Primary Care are being recorded. SR confirmed that all lab results are being counted.  |    |
| 3   | <u>Quality, KPIs and outcomes</u>   |    |
| 3.1 | LC working on getting together group to look at establishing community metrics; to meet early November.   | LC |
| 4   | PROGRESS ON BE HEALTHY ACTIONS<br><u>Healthy Schools (LAA stretch target)</u>   |    |
| 4.1 | To come to next meeting   | SH |
| 5   | <u>Dental (LAA stretch target)</u>  |    |
| 5.1 | SH has contacted Dental who making good progress against targets.   |    |
| 5.2 | SR to talk to Lindsay Voss re children with poor dental health being neglected and this being a safeguarding issue (this should be raised by dentists as per recent NICE Guidelines)  | SR |
| 6   | <u>Early Support</u>  |    |
| 6.1 | Paper circulated by LT (attached)   |    |
| 6.2 | LT updated progress on Early Support. The aim of this programme is to create a support network, working with the whole family and identifying key workers who will lead on working holistically with families. Sharon Powis has produced report on first year (attached). Priorities identified (p7). Includes detailed description of how services will be implementing Early Support. |    |

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| 6.3 | Suggestion to include communication with Primary Care. Issues with GPs not being able to communicate effectively with Health Visitors. Potential to look at other ways of reporting issues to Practices. Community Health Nurses who are working with families would be in good position to communicate with GPs. To be incorporated into Health Visiting Review |        |
| 6.4 | Early Support can be introduced antenatally; work being done on introducing Early Support at point of diagnosis.   |        |
| 6.5 | The Early Support Programme is slowly working out across all eligible families in the city. LT pointed out that Early Support is for support from diagnosis; need to look at how it fits with follow up e.g. JIGSAW  |        |
| 6.6 | SD suggested use of nhs.net address as a way of sending out updates to Primary Care. Agreed that this would be useful – could also be used in communication with City Council colleagues   | LT     |
| 6.7 | Any comments to LT in next two weeks, then will be circulated to stakeholders.   | LT/All |
| 6.8 | Summary: group has approved report in principle, with amendments as noted and agreed priorities for future development. Areas for service development noted.   |        |
| 7   | <u>Health and Family Support Review update</u>   |        |
| 7.1 | LT circulated paper (attached).  |        |
| 7.2 | LT emphasised that this is a big subject; this document is initial recommendations.  |        |
| 7.3 | Agreed that this paper should also include Family Nurse Partnership  |        |
| 7.4 | SD raised issue of GPs doing pre-CAF for teenage parents aged 16+ and queried whether this would routinely be necessary  |        |
| 7.5 | The group noted that this paper is an interim draft. Comments to go to LT. This is not a formal consultation.  | LT/All |

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| 8   | <u>Breastfeeding recording report</u>  |    |
| 8.1 | LT circulated paper by Phil Lovegrove looking at reporting methods for breastfeeding (attached).   |    |
| 8.2 | Agreed to record women who are not breastfeeding at 10-14 days as not feeding at 6-8 weeks if no 6-8 week information was received.  |    |
| 8.3 | When there is no 6-8 week information, Health Visitors to do telephone contact only on women who are recorded as breastfeeding at 10-14 days.  |    |
| 8.4 | Data to be refreshed every 6 months  |    |
| 8.5 | Issue noted that by only targeting women who were breastfeeding we may lose some smoking data that is currently being collected, but this is unlikely to have a significant effect on data.  |    |
| 8.6 | LT to take this forward with Provider arm.   | LT |
|     | COMMISSIONING  |    |
| 9   | <u>Joint Commissioning Strategy</u>  |    |
| 9.1 | Joint Commissioning strategy sets out principles and practices of joint commissioning between PCT and City Council. Will include children's commissioning plan and adult and older people's commissioning plan. Includes details on services to be commissioned. |    |
| 9.2 | SD raised idea of including transition between children's commissioning and adult commissioning as a separate strand.  |    |
| 9.3 | LT suggested that Poverty Bill, when passed, will include requirement for Local Authority to produce Poverty Strategy, which will need to be included in commissioning strategy.   |    |
| 9.4 | SH to circulate copies of papers (attached)  | SH |
|     | FINANCE/RESOURCES  |    |

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| 10   | <u>Prioritization</u>   |        |
| 10.1 | PCT and City Council are looking at modeling for three options: no increase in funding, small decrease and large decrease in funding.   |        |
| 10.2 | Subgroup to look at refreshing commissioning plan. Suggestions to be circulated to this group for comment next week. To take themes to Children's Alliance and Parenting Forum for comments. Prioritization event on 2 <sup>nd</sup> November with PCT Trust Board and clinical leadership board. | All/SR |
|      | CHILDREN'S TRUST  |        |
| 11   | <u>Workforce</u>  |        |
| 11.1 | New workforce strategy group for Children's Trust met for the first time. Looked at how to refresh strategy, will appear as annex to the current CYPP. To consider having one team to look at training needs across City Council departments and to look at joint training with health.           |        |
| 11.2 | Agreed to take to Clive Webster about whether this group is a commissioning group. Currently LT and Lindsay Voss are representing provider arm.   | DC/SR  |
| 11.3 | LT wants to look at demographics of the child population with the demographics of the children's workforce.   |        |
| 11.4 | SR shared example of shared induction pack for all children's workers in the city.  |        |
| 12   | <u>Health and Wellbeing Partnership</u>   |        |
| 12.1 | Health and wellbeing strategy has been launched; to be circulated to group members.   | SH     |
| 13   | <u>Feedback from CYPT</u>   |        |
| 13.1 | Locality working arrangements were raised. Further work to be done, including work on future of Health Visiting.  |        |
| 13.2 | Foundation Stage results are improving; Key Stage 2 results continue to show room for improvement.  |        |

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| 13.3 | CYPT minutes are on Southampton Partnership website. All are encouraged to look at these.  |       |
| 14   | <u>Any Other Business</u>  |       |
| 14.1 | Parenting Support advisors for schools being interviewed next week. Investors in families: 12 schools now involved.                                      |       |
| 14.2 | SD is working with SHA re developments in adult mental health which may have an impact on Parenting work.  |       |
| 14.3 | AH asked what advice is being given re HPV vaccine following a recent high-profile fatality. The message from Public Health is that the vaccine is safe. |       |
| 14.4 | Re 6.6 above: AH queried whether nhs.net email could be used for referrals through to DASH. AH to talk to SR.  | AH/SR |
| 15   | <u>Date of Next Meeting</u>  |       |
| 15.1 | 10.30 – 12.30 10 <sup>th</sup> November 2009<br>Room 1, SCPCT HQ, Oakley Road  |       |