CONFIRMED MINUTE
OF THE CHILD HEALTH MANAGEMENT TEAM
HELD ON THURSDAY 17 JANUARY 2013
AT 9.15am IN CONFERENCE ROOM 4 LYNEBANK HOSPITAL.

Present:
Roz Barclay Service Development Manager
Rhona Brown Lead Nurse, Dunfermline Locality
Lesley Bruce Head of Service, Paediatric Physiotherapy
Dr Aysel Crocket Lead Clinician, Child Protection
Judith Gemmell Lead Nurse Kirkcaldy & Levenmouth
Janie Gordon Head of Service, Dietetics
Val Hatch Depute General Manager [Chair]
Nancy Little Head of Service, Speech and Language Therapy
Fiona Lornie Lead Nurse / Team Leader Child Protection
Alan Roberts Project Manager
Sarah Mitchell Thain Head Paediatric Occupational Therapy
Belinda Morgan Head of Health Improvement
Mary Paris Business Manger, Children’s Services
Alan Roberts Project Manager
Fiona Robertson Management Accountant
Lorraine Ronalson Senior Nurse Advisor, Glenrothes & North East Fife CHP
Lorna Watson Consultant in Public Health
Jackie Young Nurse Team Manager, Paediatric Home Care

Apologies:
Sean Ainsworth Consultant Neonatologist
Dr Saba Masood Consultant Paediatrician
Marie Renaud Consultant Psychologist

In Attendance:
Sally Anderson Consultant Psychologist
Alexis Chalmers Psychologist representing Marie Renaud
Christine McCafferty PA to Val Hatch [Minutes]

1. WELCOME & APOLOGIES:  
   Val Hatch (VH) welcomed everyone to the meeting, apologies were noted as above.

2 MINUTES OF PREVIOUS MEETING [20.12.2012]:
   
The minutes of the last meeting were accepted as a true and accurate record with exception the following amendment:

   Item 4.1.1, 2nd paragraph to read G&NEF did not receive any forms.

3 SERVICE ITEM
   Teenage Sexual Health:

   Lorna Watson (LW) gave a presentation on Teenage Sexual Health in Fife. This highlighted the current issues and risk factors for teenage pregnancy. LW reported on recent developments and evidence based intervention to support
positive behaviours and thereby reduce teenage pregnancy. LW highlighted the importance of local sponsorship from all key partners, Health, Education, Social Services Youth Support Services and the Voluntary Sector, ensuring that we target the most at risk especially looked after children LW and Dr Eddie Coyle are currently working on this topic. Recent developments include engagement with young people, supporting parents and carers and targeted work, specifically in 4 high school areas which are: Lochgelly, Auchmuty, Kirkland and Buckhaven High.

VH thanked LW for a very informative presentation. VH stated that this subject is a priority for all the Getting It Right Groups and suggested that we share this presentation with the Getting It Right Working Group. A copy of the presentation is attached.

4 MATTERS ARISING:

4.1 Family Nurse Partnership:

Rhona Brown (RB) reported that the service is going well and that the team are moving into their new office space within QMH. The 2 new FNP nurses had commenced their training in Stoke. The service has been recruiting the required number of mothers/families. The FNP Board meets every 3-4 months, the next being end January / beginning February 2013.

4.2 QMH Development – Children’s Services:

Roz Barclay (RBy) reported that a meeting would be held that afternoon to progress the service brief. A workshop was being held on Tuesday 22 January 2013, to look at the future development of the unit and to agree priorities.

The unit is working well, however there are still some underlying issues with regards to medical records storage. Meetings have been arranged to address this.

The AHP’s are still unsure as to where they fit in, this will become more clear following the workshop.

4.3 Looked After Children:

RBy reported that the Corporate Parenting Board (CPB) is in the process of agreeing its action plan, which includes the improvement of access to health services for children and young people who are looked after to support improved health outcomes. This will require development of monitoring reports to ensure Health is meeting this. These reports would be submitted to CHMT for approval in advance.

It is anticipated that School Nurse health assessment, utilising the BAAF (British Association of Adoption and Fostering) forms will support improved access building on their relationship with the young person, facilitating earlier onward referral to other services.

The pre 5 form for local GIR groups was being finalised. Aggregated data will be forwarded to CHMT.
RBy indicated that a paper which reiterated information previously described to CHMT was being presented later that day to the Child Protection Health Steering Group for information.

The Health and Wellbeing Alliance funding has been used to fund Health Improvement work; this funding will reduce over the next 3 years. Hannah Dale is currently doing this work although her hours are being reduced, therefore LW will need to take on some of the workload. We need to ensure that we keep lines of communication open with the CPB.

4.4 Fairer Scotland:

Belinda Morgan (BM) reported little change since the last meeting. An Early Intervention / Prevention meeting to be held next week, this will look at additional parenting such as the “Mellow” parenting approach and apprenticeship schemes. Education are keen to make the direct link to local community planning groups, however this requires further discussion. Joe McGuinness to meet with VH. BM to update CHMT in February 2013.  

4.5 Information Sharing:

RBy, Lesley Bruce (LB) and Alan Roberts (AR) were working on developing guidance; to date they have been unable to link in with Una Hill, DPA / Caldicot Co-ordinator. CHMT to be updated in February 2013.  

4.6 Parenting Model:

The group noted that the Early Years Strategy group had agreed a paper. This reiterated the Early Years Framework emphasis on the importance in encouraging partnership working to deliver a shared commitment to giving children the best start in life. This included a 3 tier model of provision. The Early Years Steering Group (EYSG) has a sub group looking at training. Funding is available to train all partnership staff.

It was clarified that the Health Visiting workforce did not currently have training in Incredible Years. It was agreed that this would require to be addressed via the Health Early Years Strategy Group.

5  BUSINESS ITEMS:

5.1 Child Protection update:

Fiona Lornie (FL) indicated that she was looking at role development within the CP Nursing Team. A review of the Child Protection Team by the Public Health Nurses was to be undertaken through Survey Monkey, responses would be anonymous. Once completed the review would be widened out across the services, results will be reported back to CHMT. FL reported that IRD’s are still causing some concern in relation to their closure.

A New Data Collection Tool (drawing on MARACs experience) had commenced
on Monday 14 January 2013, with positive feedback to date. Timescales for returning forms being within 24 hours, this is being achieved.

FL has trained as an Associate Inspector, the training was very good and thorough, and this is seen as a useful resource to NHS Fife for future inspections.

5.2 GIRFEC / LAC
Members were asked to submit their comments on the Draft Health Implementation Plan.

5.3 Early Years Collaborative (EYC):

It was noted that a paper had been submitted to FPEG in December 2012 on how the funding identified within Fife Council for Early Years would be used to deliver the Family Nurture Approach. It proposed 7 Family Nurture Centres. However it was noted that this model had not been developed in partnership and that Carrie Lindsay would therefore be arranging a workshop, date to be announced, to enable full partnership discussion, CHMT members to attend. VH would be meeting CL to discuss the programme for the workshop.

It was noted that the Scottish Government would be hosting a series of two workshops, the first being on 24-25 January 2013 in the SECC, Glasgow, to support the utilisation of improvement methodology to support the EYC. The second session will be 28-29 May 2013 confirmation to be circulated when available. The methodology includes an ‘Away-Team’ attending the central workshops and cascading their learning to the ‘home team’. Some pre-workshop work to be undertaken before the events. Training will be provided on a multi-agency basis.

VH indicated that consideration of Organisational Development input across the partnership would be dependent on the outcome of these 2 workshops.

VH suggested that for February’s CHMT agenda the service update slot should be allocated to a discussion around the EYC.

5.4 Finance:

The finance papers were not available in advance of the meeting, but are attached with this minute. A brief overview of the current financial situation was reported. Overall NHS Fife were overspent by £2.5million at the end of December 2012. The CHP is performing reasonably well, with an underspend of £517,000 (managed service under by £447,000 and PCES under by £70,000) this being after achieving savings of £650,000. The CHP is making its contribution to the overall NHS Budget. Discretionary spending arrangements remain in place.

5.5 E-Health

RBy reported progress is being made although slowly. A meeting would be held to look at the paperwork with a view to considering what would be made available electronically. RBy to update CHMT as more information becomes available.
5.6  ASD / ADHD Pathways:

AR reported the following points:
- 40% of triaged referrals were being returned for a variety of reasons.
- each of the elements of the ASD Pathway would now be collated into a single pathway diagram.
- Waiting times from referral to diagnosis were circa 20 weeks in D&WF and K&L. However G&NEF times were considerably longer, discussions were being pursued to look at how resources might be reallocated to equalise the situation. No monies have been diverted.

ADHD – AR noted that the only issue outstanding element of the pathway implementation related to continued delivery of Tier 3 on Acute sites. Administrative arrangements continue to be worked on to enable a date to be agreed to move to Community settings.

5.7  Hall 4:

RB reported that;
- The Hall 4 group will meet next week.
- The preferred assessment tool had been identified and would be ordered and rolled out.
- The new 27 month guidance to be circulated.

5.8  Young Carers Strategy: Draft Action Plan for Comment update:

BM reported that some comments had been received. BM request that all comments are submitted to Tara Irvin as soon as possible.

The potential to include issues related to young carers in the Child Protection training / vulnerable groups training would be included in the action plan.

5.9  Fife Advocacy Strategy:

AR reported that the paper had been previously circulated for comment and concerns noted. Some work / assessment needing done around funding for Barnardo’s around Advocacy. Dianne Williamson, Senior Health promotion Officer is slightly involved and looking at gaps in the system. All comments to be submitted to AR by next Friday.

6  CLINICAL GOVERNANCE;

6.1  Clinical Governance paper

VH noted that the report demonstrated a collaborative response, was concise and well received at Clinical Governance. VH indicated that clinical Governance was considering how they develop the CHP action plan. VH suggested that Children’s Services pick up on issues as they progress throughout the year via our service updates and build up this element of the action plan accordingly. All work will be done locally.

Children’s Services are part of the Health & Social Care Partnership. RBy and
VH to liaise with A Hatton.

7 ANY OTHER ITEMS OF INTEREST:

7.1 Children’s Services Inspection:

The ethos of the inspection was now self evaluation, within Children’s services there is a need therefore to consider what this will involve and what is in place to build upon. Fiona Lornie to update CHMT in April.

8 ANY OTHER BUSINESS:

8.1 Adults with Incapacity Act:

JY reported having attending a meeting last week regarding the implications of the Adults with Incapacity Act on children’s services. Young persons over age of 16 in receipt of services from Children’s Services require to give their consent or where they do not have capacity for their carers to have guardianship / practitioners to utilise appropriate paperwork.

JY indicated that she would be arranging a meeting including Lead Nurses and bring back to CHMT.

8.2 Child Protection Core group meetings:

LR reported that practitioners had indicated their concern around being asked to take minutes. VH stated that if they were asked to minute the meeting, individuals are within their right to decline. It was reported that the letter issued will be amended and reissued. This will also be discussed within the CPHSG.

9 DATE AND TIME OF NEXT MEETING:

Date: Thursday 21 February 2013
Time: 9.15am
Venue: Conference Room 4 Lynebank Hospital