Decisions and Actions Log of the Nottinghamshire Children's Trust Executive
Held on 29 June 2017

Present:
Colin Pettigrew (CP) – Nottinghamshire County Council (Chair), Dr Kate Allen (KA) - Nottinghamshire County Council (Public Health), Cathy Burke (CB) – Bassetlaw CCG, Marion Clay (MC) – Nottinghamshire County Council, Dr David Hannah (DHa) – Nottinghamshire Clinical Commissioning Groups, Tracey Lindley (TL), Nottingham West CCG, John Robinson (JR) – Gedling Borough Council, Ed Seeley (ES) – Edgewood Primary School, Kerrie Adams (KAd) - Nottinghamshire County Council (Public Health), Sean Kelly (SK) – Nottinghamshire County Council

Tina Bhundia (TB) - Nottinghamshire County Council (Public Health) Item 3, John Wilcox (JW) and Kathy Holmes (KH) - Nottinghamshire County Council (Public Health) Item 4

Apologies: Steve Edwards (SE) – Nottinghamshire County Council, Chris Few (CF) – Independent Chair NSCB, Derek Higton (DHi) - Nottinghamshire County Council,

Key:
Complete
Ongoing but in-hand
Requiring action/attention

Date of Meeting	Action Point	Lead	Progress Update
29.06.17	**Commissioning of an Integrated Healthy Child Programme and Public Health Nursing Service for 0-19 year olds**		
	KAd explained that the responsibility for children's public health nursing services for 0-5 year olds transferred from NHS England to Nottinghamshire County Council on 1 October 2015. The drive has been to ensure value for money whilst providing an efficient and effective service delivering positive outcomes for children, young people and their families. Ensuring a seamless transition has required a lot of work from both parties. The focus is on practitioners working with families across the age range rather than with a defined age group, promoting early intervention and reducing duplication. Additional targeted support is offered for key topics as detailed in KAd's report and safeguarding remains a priority. Quality and performance of the Healthy Families Programme is managed by the commissioners as part of the contract management process and the outcomes framework monitors performance		

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	against key outcomes in line with the Department for Health's high impact priority areas for public health nursing services. It was noted that there had been a lot of media interest both locally and nationally focussing on disquiet within the workforce but this had diminished since the programme had been launched. It was acknowledged that change can create anxiety but the situation is settling down and there is an understanding that the changes are a logical way forward and in the long term will make things better. Some initial 'teeting problems' have been resolved. KAd explained that the changes made in Nottinghamshire are in line with the national direction of travel. Nottinghamshire has been in the forefront of changing to this model as it recognises it as a way of protecting provision to children, young people and families across the age range. It was clarified that everyone who was in a substantive post in the old structure has secured a post in the new structure and that any posts lost have not been through redundancy but have been fixed term or short term posts. CB expressed concern about reported increases in mothers presenting at GPs with issues with babies that would normally have been seen by a Health Visitor. DHa commented that he had not noticed any increase. KAd said that young babies are still seen by Health Visitors not by the Skill Mix Team so this should not have impacted on attendance. KAd suggested to CB that the GP who had reported the increase should go to the NHS Foundation Trust to resolve this. KAd added that overall the workforce is bigger and there will always be a larger skilled workforce in the 0-5 years' area; it is unlikely that school nurses will see 0-5s and the greater challenge will be for 0-5 practitioners starting to work with children and young people up to the age of 19. There was a discussion regarding the availability of school nurses. School nurses are located in the Skill Mix Team but it was noted that they have not been based in schools for some considerable time. ES commented that schools are still willing to facilitate a meeting place if parents wish to see the School Nurse. The importance of support in relation to emotional health and wellbeing was discussed. ES pointed out that within his own family of schools they use their own resources to employ a counsellor. DHa noted that there are different approaches to mental health provision in different areas but there is a view that GPs should refer young people to CAMHS as school nurses no longer have the capacity to see young people. DHa felt that it should be a priority for the		

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	Children's Trust Executive to ensure that better provision is made to promote children and young people's emotional health and wellbeing and that more joined up thinking is needed. CP noted that there are issues regarding communicating and marketing the provision that is currently available; for example Kooth. There was a discussion around how the impact of intervention is measured. KAd explained that the programme is monitored using the NHS Quality Framework and that regular checks are also made with stakeholders. It was noted that because of the recording systems that are in place it is only possible to monitor contacts within the same service. It was acknowledged that this is not ideal. MC enquired about how the impact of intervention is measured. KA explained that services will do an evaluation pre and post contact but they are only able to judge the impact of their service not look at the broader picture because of the lack of joined up clinical records. CB noted that the CQC had identified issues with record sharing between community health and mental health provision and said that providers should have this information. DHa commented that in adult services there is a scoring system to evaluate the impact of mental health service interventions and this information is shared with GPs; he suggested something similar could be put in place for children and young people. CP agreed that mechanisms are needed to track impact; as a Children's Trust there is a need to think about how we know that interventions are making a difference. He suggested something similar to the Looked After Children's emotional health and wellbeing questionnaire. It was suggested that KAd, KA and MC could look outside the meeting at how there can be more effective, evidence based tracking of the impact of interventions on children and young people's emotional health and wellbeing.	KA/KAd/ MC	MC has shared information re tracking mechanisms used in education.
29.06.17	**Update on ASSIST Smoking Prevention Programme**		
	TB explained that the ASSIST Smoking Prevention Programme is provided by the Youth Service and is now well into its second year. She referred to the statistics relating to smoking prevalence noting the variation in different areas of the county. TB outlined the aims of the programme as described in her report and explained that selection of the Year 8 peer supporters used to deliver the programme is made by analysis of the results of a		

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	questionnaire completed by Year 8 students. The benefits to the young people selected to act as peer supporters was also noted. The programme is targeted to areas of greatest smoking prevalence rather than a geographical spread. Delivery of the programme has exceeded targets in year one and the delivery of the programme for year two will be completed in January 2018. In response to a question from TL, TB explained that the list of priority schools had had to change due to engagement and neighbouring schools wanting to buy into the programme. DECIPHer IMPACT, the programme's licence holders with overall responsibility, rated the team as 'excellent' following a quality assurance visit after the first year of delivery. An evaluation of the programme is planned now that it has been running for a year and a half; the best way to do this will either be 'in house' or utilising a university research student. CB commented that it would be useful to be able to evaluate the sustainability of smoking cessation in those who have undertaken the programme. KA agreed that it would be useful to look at smoking prevalence in Year 10. ES raised the issue of smoking in primary aged children; it is a smaller number than at secondary level but is embedded and he speculated about the possibility of working with older primary age children; possibly across a family of primary schools. There is also the benefit of the influence that the children and young people exert on their families. CP echoed the importance of the message that the young people take back home. TB added that this was a factor that they wanted to include in the evaluation. CP commented on the pride experienced by the young people who participate in the programme that he had witnessed at a presentation event and asked if there was accreditation for participation; MC thought that it was included under the Duke of Edinburgh's Award scheme. CP noted the comparable cost of smoking prevention work against smoking cessation work. In response to a question from JR, TB explained that the programme is targeted at Year 8 students because research indicated that young people are most likely to start smoking just past Year 8 but peer supporters do talk to students in other year groups. There was discussion around being able to use the same model to encourage reduction in drug and alcohol use and also for support for those experiencing mental health problems.		

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29.06.17	**Update on data for the National Child Measurement Programme**		
	JW explained that the National Child Measurement Programme (NCMP) is a statutory annual programme. There are issues with the level of participation in the NCMP in Nottinghamshire at both Reception and Year 6. The rate of participation in Year 6 was the fifth worse in the country in 2015/16. The information in the report focuses on obesity although the programme collects data on all weights. The level of obesity has risen in the reception group in Nottinghamshire bringing it to a level similar to the national level; previously Nottinghamshire's obesity figures at reception stage were significantly lower that nationally and this is a change that needs to be monitored. JW drew attention to figure 4 in his report and highlighted the significant differences in different areas of the County. There has been a doubling of the prevalence of obesity between Reception and Year 6; no-one is clear on why this is the case. Public Health England have carried out individual tracking and, in part, this indicates this is due to maintenance of overweight/obesity from Reception through to Year 6. Historically overall obesity prevalence in Nottinghamshire has been lower than nationally but there is significant district variation; those in more deprived areas are more likely to be obese than those in less deprived areas. It was noted that figure 5 in the circulated report only gives data for the Gedling area; it was agreed that data for all areas would be provided and circulated. JW spoke about the work that is being done to improve participation in the NCMP as outlined in his report. The reasons that parents give for opting out of the programme have been collated and more work will be undertaken to address the concerns that parents raise. Increased training for members of the Healthy Families Team will be provided. Work is also being undertaken with partners including planners, the school health hub, transport planners and Health Development Officers at District Councils to promote the programme as part of a broader weight management strategy. ES asked if there is any group in the community who is more likely to opt out of the programme than others. KH explained that there has been no formalised work on this but there is local intelligence. DHa suggested that there can be cultural barriers. ES commented that schools have	JW	Data circulated

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	lots of data about the vulnerability of pupils and they would be able to share this information which may be useful in terms of removing barriers to participation. KH explained that she had been talking to schools and neighbouring authorities about ways to increase participation. JR said that it would be useful for District Councils to have obesity prevalence data. JW said it was possible to produce maps indicating patterns of prevalence and that links have been made with Health Development Officers at District Councils. It was noted that the strategies in place do not seem to be working and that it is possible that the data would be worse if those not participating were included. CP added the warning that there is a time lag in the data that is available. In response to a question from CB it was noted that weight management work in some Scandinavian countries has been successful but that any work needs to be seen as part of a whole system approach across the life course.		
29.06.17 Any other Business			
	CP took the opportunity, on behalf of fellow Children's Trust members, to thank DHa for his participation in the work of the Children's Trust over a number of years and to wish him well for his impending retirement. DHa thanked colleagues for their good wishes and wished the Trust well in its future endeavours.		