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## **MINUTES OF A MEETING OF THE CHILDREN & LEARNING OVERVIEW & SCRUTINY SUB-COMMITTEE Council Chamber - Town Hall 18 February 2015 (19:00 – 21:05)**

**Present:** Councillors Gillian Ford, Jason Frost (Vice-Chair),  
Nic Dodin, John Glanville, Philippa Crowder,  
Carol Smith, John Wood, John Crowder and  
Keith Roberts

Co-opted Members: Lynda Rice and Alan Steward

Non-voting Member: Ian Rusha

The Chairman advised those present of action to be taken in the event of an emergency evacuation of the building becoming necessary

**Also present:** Bev Markham, Healthwatch Havering

**Officers:** Jacqui Van Rossum (NELFT) Pippa Ward (NELFT),  
Susan Milner, Kathy Bundred, Anthony Clements,  
Vicky Parish

### **68 ANNOUNCEMENTS**

The chairman gave details of the action to be taken in case of fire or other event that may require an evacuation of the meeting room.

### **69 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies were received from Councillor Joshua Chapman (+Councillor John Crowder as substitute), Philip Grundy; Margaret Cameron;; & Julie Lamb.

Apologies were also received from Ian Buckmaster (Healthwatch Havering). Bev Markham attended as a substitute.

### **70 DISCLOSURE OF PECUNIARY INTERESTS**

No disclosures of interest were received.

### **71 SCRUTINY OF CHILDREN'S HEALTH SERVICES**

A series of presentations were delivered by Jacqui Van Rossum & Pippa Ward from NELFT, Alan Steward from Havering CCG and Sue Milner, Interim Director of Public Health. These presentations all focussed on the impact to children's health services of the work undertaken by the separate organisations. There was some slight overlap within these areas as partnership working meant that they were working together on some initiatives.

#### **4.1- North East London NHS Foundation Trust (NELFT)**

One of Jacqui Van Rossum's functions was as facilities manager for NELFT. The Havering Children's Development Centre for 0-5s was closed in 2011, and no service had directly replaced it. Using capital funding NELFT had purchased a site in London Road, Romford, and had in the last week opened the new Acorn Centre at this location. The centre offered services for 0 – 19's, mainly with complex health needs.

The Health and Care plans had been revised, whereby children and families were involved in setting the plans. The plans included home, schools, and respite, not just the health care planning. The Health and Care plans were jointly developed and could be requested by any service working with the family. Any additional items that could not be provided through the organisations involved had to be jointly commissioned. This ensured that all aspects of the plan were covered.

The Health and Care plan process was in the process of being scrutinised by the Individuals OSSC. Once complete this would be brought back to this group.

High risk children with speech and language issues were being monitored, and support was being given from the schools, and from the Local Authority.

One hundred and twelve Looked After Children from Barking and Dagenham had been moved to Havering, adding extended pressure to the services for high risk and vulnerable children.

More children with even severe conditions such as muscular dystrophy were reaching adulthood and therefore were transferring from children's to adults services.

Only one specialist school nurse was employed within Havering, so huge pressure was placed upon the individual concerned. More school nursing posts being available would reduce the pressure and provide a more balanced service.

Due to limited staff and what was considered best practice, therapists were heavily involved in teaching parents how to care for and give

the therapeutic support to their child or children themselves rather than relying on a healthcare professional. .

Jacqui Van Rossum suggested that the limited number of health visitors was a possible cause for limiting the service's growth.

All children on statements would be transferred over to the new 'integrated' system within the next two years. The present focus was on those children at transition points.

## **4.2 Havering Clinical Commissioning Group (CCG)**

The CCG priorities were:

### *Urgent Care Pathways*

30 – 40% of children brought into A&E were not medicated or treated in any way. They were only there for parental reassurance. As such, measures had been taken to reduce the number of parents using A&E as initial care, including marketing and publicity of alternative services to Accident and Emergency, and 'hot clinics'.

### *Improving General Practice*

Some GPs were not always confident dealing with children's medical issues, so often referred children to A&E with relatively minor conditions including asthma, allergies and constipation.

Some of the methods of improving General Practice included ensuring all GPs were part of a federation, with shared resources and systems, including out of hours services.

Another method was setting up 'Hot clinics' which housed specialists, providing an almost immediate service via GP referral within Queens's hospital (which was not part of A&E).

### *Long Term Conditions*

#### *Special Educational Needs and Disabilities/ Learning Disabilities*

Havering CCG had been a large part of developing the local offer to promote personal budgets, combining health, social and personal care planning, focussing on continuing to regulate CAHMS speech and language therapies. Children's wheelchairs and mobility equipment were part of an improvement project with NELFT. Respite and short breaks were also part of this programme.

Alan Steward agreed to find the data for success outcomes, and to present the findings to a future meeting.

### **4.3 London Borough of Havering Public Health**

Havering was now responsible for Public Health services, which allowed a more joined up approach for services across the 'whole life' offer, rather than devolved areas of care and support.

Havering schools were all part of the London wide healthy schools programme

NHS England were responsible for the promotion of public health. From October 2015, the Local Authority would however be responsible for health visitors. There were a limited number of health visitors, too few to deliver the service that was required.

Overweight and underweight babies often led to overweight children, teens and adults; however most obesity was gained in adulthood. Obesity was levelling off, but at too high a level. It was felt that sugar was the main culprit, including too many fizzy drinks. There was significant obesity between the ages of 6 and 12 within the borough. It had taken 30 years to get to the current levels of obesity and it would take time to reduce this.

Breast-feeding was highlighted as a benefit as it improved infection control, reduction of cancer and obesity in children. Havering had low breast-feeding rates in the initial six weeks of birth. Within the 6-8 weeks age range for breast feeding, Havering was below the national average. The Council did not commission breast-feeding support, but the CCG provided some information and support. Maternity visitors promoted and supported breastfeeding for all mothers who could do so. Councillor Ford was previously the breast-feeding champion and she was willing to resume her role.

Sexual Health had been highlighted in the news regarding child protection within primary schools. More support was due to be given as part of the healthy schools programme. Sexual Health education was a topical subject. It was asserted by Dr Milner that it was far better to provide age appropriate education (at primary age this would be on relationships rather than the biology of sex), as good age appropriate education had been proven to delay the onset of sexual experience. Contraception was however provided as a sensible measure, not to encourage sexual conduct.

There were challenges in keeping children in treatment for drugs and alcohol misuse, including ensuring that they had no personal negative repercussions if they did not continue the programme. Many instances of drug and alcohol misuse in children were related to gang-culture and violence.

Funding for maternal mental health was desperately needed but was overlooked in budget planning in favour of other areas of health.

Havering was one of 8 pilot areas for the Amy Winehouse Foundation, focussing on the effects, prevention and treatment of drugs and alcohol for children.

More information on the Amy Winehouse Foundation was requested including inviting them to speak at the following meeting. Sue Milner agreed to follow this action up.

Phoenix Counselling for vulnerable children who had been exposed to sexual violence and exploitation was helping to support and help these children.

Havering was receiving one of the smallest budgets for these areas (£9.7 million) of all boroughs, and the partnership organisations were working together to provide the best possible service with the existing resources, but further resources would help support the work that was going on.

### **Going Forward**

Whilst the group would have a broad remit, the areas of particular focus for future scrutiny were:

- Healthy schools
- Health visitors
- Obesity

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**Chairman**

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