Buckinghamshire County Council

Agenda

OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES

Date Friday 2 March 2007

Time 10.00 am

Venue Mezzanine Room 2, County Hall, Aylesbury

9.45 am Pre-meeting Discussion

This session is for members of the Committee only. It is to allow discussion of matters such as; what line of questioning should be pursued and by whom, which areas of discussion should be covered, what members wish to achieve from the meeting etc.

10.00 am Formal Meeting Begins

Agenda Item		Time	Page No
1	**APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP**	**10.00am**	
2	**DECLARATIONS OF INTEREST** To declare any personal and/or prejudicial interests	**10.05am**	
3	**MINUTES** of the meeting held on 2nd February 2007 to be confirmed as a correct record	**10.10am**	**1 - 6**
4	**SOUTH CENTRAL AMBULANCE TRUST** The Chief Executive Officer and Director of Service Delivery of the newly formed South Central Ambulance Service NHS Trust will present to the Committee the recent performance of the Trust against national targets and will outline the key challenges facing the organisation in delivering ambulance services in Buckinghamshire. **Chief Executive Officer: Will Hancock** **Director of Service Delivery: Lisa Dawson**	**10.15am**	**7 - 16**

5	**WORK PROGRAMME** Following the completion of the task group looking at Eating Disorders the Committee will discuss the themes for the work programme and agree the membership of a task group. Two areas of interest were identified in the Committee's November meeting, relating to Older People and Continuing Care and Teenage Pregnancy. **Introduction: Policy Officer / Chairman**	**11.15am**	
	a) Continuing Care The Head of Joint Care Commissioning from Buckinghamshire Primary Care Trust will present an overview of the Continuing Care for the elderly in Buckinghamshire and the key issues. **Head of Joint Care Commissioning: Jane Taptiklis**	**11.20am**	**17 - 24**
	b) Teenage Pregnancy The Committee will receive an overview of the current achievements versus the LAA target for Buckinghamshire. Main issues will be identified and discussed with a view to scoping the review. **Young People's Sexual Health and Teenage Pregnancy Co-ordinator- Buckinghamshire: Lynda Ayres**	**11.45am**	**25 - 30**
6	**PATIENT AND PUBLIC INVOLVEMENT FORUMS (PPIF)** To gain agreement from the Committee that a brief update and summary of the work of the PPIF for each of the NHS Trusts is included as a regular agenda item at each meeting, effective from April 2007.	**12.10pm**	
7	**COMMITTEE UPDATE** An opportunity to update the Committee on relevant information and report on any meetings of external organisations attended since the last meeting of the Committee. This is particularly pertinent to Members who act in a liaison capacity with NHS Boards and for District Representatives.	**12.15pm**	**31 - 32**
8	**DATE AND TIME OF NEXT MEETING** The date and time of the next meeting is 10.00am on Friday 13th April 2007.	**12.45pm**	

For further information please contact: Sheilah Moore on 01296 383602
Fax No 01296 382538, email: smoore@buckscc.gov.uk

Members

Mr M Appleyard (C)
Mrs P Wilkinson MBE (VC)
Mrs M Aston
Mr S Adams
Mrs P Bacon
Mrs M Baldwin
Mrs T Birchley

District Council Members

Mrs M Royston, South Bucks District Council
Mr D Rowlands, Aylesbury Vale District Council
Mrs W Mallen, Wycombe District Council
Sir J Horsbrugh-Porter, Chiltern District Council

Buckinghamshire County Council

Minutes Overview & Scrutiny Committee for Public Health Services

MINUTES OF THE MEETING OF THE OVERVIEW AND SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES HELD ON FRIDAY 2 FEBRUARY 2007, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY COMMENCING AT 10.00 AM AND CONCLUDING AT 12.15 PM

MEMBERS PRESENT

Buckinghamshire County Council

Mr M Appleyard (In the Chair)

Mr S Adams, Mrs M Aston and Mrs P Wilkinson MBE

District Councils

Sir John Horsbrugh-Porter	Chiltern District Council
Mrs W Mallen	Wycombe District Council
Mrs H Wilkinson	Wycombe District Council

Officers

Mrs A Macpherson, Policy Officer
Mr C Parker, Democratic Services Manager
Mr T Piker, Wycombe District Council

Others in Attendance

Judith Dean, Director of Commissioning, Buckinghamshire PCT
Martha Kingswood, Clinical Lead Buckinghamshire CAMHS
Yvonne Taylor, Service Director, CAMHS and Specialist Services, Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust

1 APOLOGIES FOR ABSENCE/CHANGES IN MEMBERSHIP

Apologies for absence had been received from Mrs P Bacon, Mrs M Baldwin, Mrs P Birchley, Mrs M Royston and Mr D Rowlands.

2 MINUTES

The minutes of the meeting of the Committee held on 1 December 2006 were confirmed as a correct record.

3 BUCKINGHAMSHIRE PRIMARY CARE TRUST

Judith Dean, Director of Commissioning, gave a presentation on the following:-

- the progress on the financial recovery plan
- the process for 2007/08 budget setting
- priorities for the PCT based on health needs assessments and demand

Following a general introduction, Judith Dean, who had taken up her post in November last year, outlined the new PCT Structure which comprises five Directors reporting to the Chief Executive. As Director of Commissioning, Judith has five Heads of Service (Commissioning Development, Primary Care Commissioning, Head of Joint Care Commissioning, Directorate Support Co-ordinator) reporting to her.

The Local Delivery Vehicle is the PCT's statement of how it intends to improve services to meet national requirements, in other words the summary of the PCT's priorities and how it wants to spend its money. Judith explained the detail of the LDP process for 2007/08, the Baseline Review and the 2007/08 Finances. The net sum available for 2007/08 is £37.1m.

The National targets were explained. There are four big national priorities:-

- 18 weeks target (time from seeing GP to being seen at hospital/having operation)
- MRSA reduction
- Reducing inequalities
- Achieving financial health.

The 2006/07 "Selbie Six":-

- A and E four hour target
- Cancer 31 and 62 day waits
- Smoking cessation (as part of inequalities)
- Choose and book.

In the matter of Commissioning Rules, Judith mentioned that the Schemes that should be given priority should be those that:-

- Assist in achieving financial health
- Demonstrate clear clinical benefits, quality outcomes and clear standards
- Reduce the demand for NHS resources
- Deliver against key targets.

The PCT's Service Investment Requirements are:-

Delivery of 18 week target	£5.73m
High cost cancer drugs	£2.7m
Delivery of ambulance targets	£2m
Specialist commissioning pressures	£1.4m

Screening targets (chlamydia, newborn hearing, cervical and downs)	£646k
Estates	£460k
Reducing health inequalities/prevention/self-care agenda	£420k
Delivery of GUM access target	£400k
Other (including hospices, NPfIT, prisons)	£300k
Continuing Care	£230k

Cost improvements are as follows:-

Resource utilisation:	
PCT Provider arm	£1.5m
Secondary Care	£5.2m
Mental Health	£750k
Workforce reform	£1.3m
Prescribing	£1.5m
Continuing Care	£750k
Primary Care	£1m
SLA contract management	£3m

Judith gave some examples of Standard Pathway mapping and a One Stop Clinic. The area of Continuing Care was highlighted and Judith reported that the PCT and council will be working closely together in this area to improve their purchasing power.

In concluding her presentation, Judith outlined the PCT's focus for 2007/08 as follows:-

- Partnership working (through a Health and Social Care Partnership Board and a Health and Social Care Commissioning Group)
- Patient and public involvement
- Innovative new ways of delivering the same or improved outcomes
- Community Services development
- Thresholds for care – including follow up
- Better skill mix and integration of teams
- Focus on prevention and self-care
- Commissioning for quality

Questions were invited from Members of the Committee.

The Chairman commented that he didn't see any PCT strategy or mapping of potential treatment centre locations and this was of some concern. The PCT needed to promptly devise and implement a County-wide strategy. The Chairman gave the example of GP surgeries needing to be set up in appropriate locations. It was the responsibility of the PCT to find these appropriate locations. Members also mentioned their concerns about the lack of planning and communication in the recent changes involving Elmhurst Surgery, Aylesbury.

Judith Dean accepted that the PCT did need to put plans and a strategy in place. Richard Mills, newly appointed Director of System Reform was key to moving this forward.

The Committee discussed the various aspects of the PCT's financial position. In response to a question from Mr Adams, Judith Dean agreed to ask the PCT's Head of Finance to provide clarification on the £15.2m Fundamental Plan Issue.

The Chesham Health Zone was discussed, including accommodation issues. The Chairman mentioned the GP commissioning issues. The PCT needed to communicate what services it saw GPs providing and whether the strategy would be to combine surgeries, with a better possibility of wider services, and also to say where Community Hospitals fit. Judith Dean said she was meeting the GP from Chesham on Monday 5 February (note this was later clarified as 6 March). The matter was on the priority list. Although it is not as far forward as it would wish, the PCT was beginning to build a map of what is needed.

The Chairman emphasised that the Committee feels let down by the lack of strategy and plan for the future. Judith Dean accepted the points made by the Committee and looked forward to improved future working and communication.

The Committee thanked Judith Dean for her presentation.

4 EATING DISORDERS REPORT

The Committee received the report of the Task Group on "The Review into the Management of Care for 11-16 year olds in Buckinghamshire with Eating Disorders". In presenting the report, Mrs Aston thanked all those who had contributed to the work, including Martha Kingswood and Yvonne Taylor from the Oxfordshire and Buckinghamshire Mental Health Trust. Mrs Aston gave particular thanks to Sheilah Moore, Democratic Services Officer, for all her work in support of the Task Group.

The Committee discussed issues in the report and the recommendations made by the Task Group.

Yvonne Taylor from the Oxfordshire and Buckinghamshire Mental Health Trust welcomed the report and agreed that the Trust would be happy to nominate a lead officer for the partnership working group. Perhaps this would be in the context of existing partnership groups which exist around children and young people's mental health services. Yvonne addressed the concerns around the Highfield unit's provision for younger children and commented that the unit is currently creating a separate area for the 11 to 12 year old children and noted that they represented a very small proportion of patients.

The Committee agreed that the amendments discussed should be included in the final report, to be approved by the Chairman and Task Group representative.

RESOLVED:

1 **That a small partnership working group is formed representing agencies and stakeholders to implement and track the agreed recommendations. A lead officer from each organisation is nominated to co-ordinate the implementation of recommendations within their own organisation and to report back to the OSC on 7 September 2007.**

2 **That education, awareness and support for those at risk of eating disorders should be greatly increased. Proposed actions arising (paragraphs 26-28) Findings (paragraphs 14-25).**

3 That early identification and intervention is crucial and steps should be taken to facilitate this. Proposed actions arising (paragraphs 35-37) Findings (paragraphs 29-34).

4 That clear and transparent routes to relevant services and support should be made available. Proposed actions arising (paragraphs 51-54) Findings (paragraphs 38-50).

5 That resources should be reviewed and targeted to areas of prevention, awareness raising and early intervention to ensure cost effectiveness. Proposed actions arising (paragraphs 64-67) Findings (paragraphs 55-63).

5 COMMITTEE UPDATE

Mr Adams reported that the annual "health check" on the Ambulance Trust had just started.

Mrs Aston and Mrs Wilkinson reported that they had visited Thame Cottage Hospital and would be visiting Waterside as part of the Annual Health Check work for the Primary Care Trust.

The Chairman reported that the work for the Annual Health Check for the Hospitals Trust would focus on the implementation of the action plan for the management of hospital acquired infections, namely Clostridium Difficile and MRSA.

The Chairman reported that the Chief Executive of the South Central Strategic Health Authority is proposing to meet all Chairman and Support Officers for Scrutiny across the South Central Area on a quarterly basis.

The Scrutiny Chairmen from the County Council had met with their counterparts from the District Councils in Buckinghamshire to pursue some co-ordinated scrutiny. A report would be made back as appropriate. The first meeting had been very positive.

6 DATE AND TIME OF NEXT MEETING

The date and time of the next meeting was agreed as Friday 2 March 2007 at 10.00 am in Mezzanine Room 2, County Hall, Aylesbury.

CHAIRMAN

South Central Ambulance Service NHS NHS Trust

Update to Buckinghamshire Overview and Scrutiny Committee

2nd March 2007

South Central Ambulance Service NHS NHS Trust

Presentation by
Will Hancock
Chief Executive
South Central Ambulance Service NHS Trust

South Central Ambulance Service NHS NHS Trust

- **Introducing SCAS**
  - new structure of the service
  - Buckinghamshire overview
- **Operational Performance Update**
  - current performance
  - delivery against key national targets
- **Future Strategy Issues**
  - key challenges for service delivery
- **Partnership working with the acute trust**

South Central Ambulance Service NHS NHS Trust

Introducing SCAS

- New structure of the service overall

South Central Ambulance Service NHS NHS Trust

Introducing SCAS

- One of ten new regional Ambulance Services established 1st July 2006
- Coterminous with SHA except Isle of Wight, Fleet and Shrivenham
- 2500 staff overall
- 65 sites, 179 A&E vehicles, 120 cars, 253 PTS
- 4 Control centres (and admin/corporate departments)
- 999 annual call volume –387,122 approx
- GP Out of Hours – National Pilot Site for NHS Pathways
- Non Emergency Services

South Central Ambulance Service NHS NHS Trust

Baseline

	2005/6 Rating	VFM	Vehicles	Estates	Staff	Resourcing
Bucks	Fair	98	Poor	Poor	Excellent	Fair
Hants	Fair	108	Good	Poor	Excellent	Poor
Oxon	Fair	95	Poor	Good	Excellent	Poor
Berks	Fair	101	Fair	Fair	Excellent	Good

South Central Ambulance Service NHS
NHS Trust

Introducing SCAS

- Buckinghamshire Overview

South Central Ambulance Service NHS
NHS Trust

Buckinghamshire

- External Report across whole of South Central (and most country)
- Found Buckinghamshire deployment strategy could be improved
- Standby points need establishing
- Estates strategy requires attention
- Requirement for increased relief establishment
- Part of "Call Connect" project – negotiations with commissioners
- Remain "on financial targets" for 2006/07
- Overall performance improving

South Central Ambulance Service NHS
NHS Trust

Operational Performance

South Central Ambulance Service NHS

Operational Performance – Response Times

- **Category A:**
  Definition: "Presenting conditions which may be immediately life threatening"
  Target: 75% receive emergency response within 8 minutes
  Target: Where transport required must back up with ambulance in 19 minutes 95% of the time
- **Category B:**
  Definition: "Presenting conditions though serious, not immediately life threatening"
  Target: 95% responded to in 19 minutes
- **Category C:**
  Definition: "Presenting condition neither immediately serious or life threatening"
  Target: Local agrees appropriate response

South Central Ambulance Service NHS

Performance Profile A8

	Berks	Bucks	Hants	Oxon
Ambulances	56	63	47	49
Response cars	11	7	18	11
Direct Resources	**67**	**70**	**65**	**60**
Com responders	1	0	6	9
Managers	3	0	0	5
GPs/Other	7	1	4	7
Total indirect	**11**	**1**	**10**	**21**

South Central Ambulance Service NHS

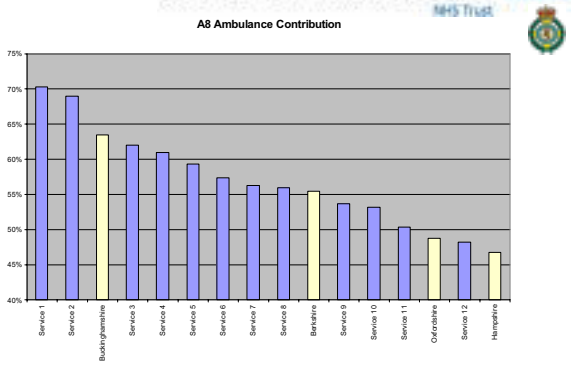
South Central Performance – April-June 06 (pre-merger)

	A's in 8 mins	A's in 19 mins	B's in 19 mins
Berks	**79%**	**99.8%**	**96.5%**
Bucks	**69.3%**	**94.5%**	**94%**
Hants	**73.87%**	**93.9%**	**90.2%**
Oxford	**85.4%**	**93.4%**	**89.1%**
South Central	**75.4%**	**94.8%**	**92.6%**

South Central Ambulance Service NHS
NHS Trust

Operational Performance
- current performance

South Central Ambulance Service NHS
NHS Trust



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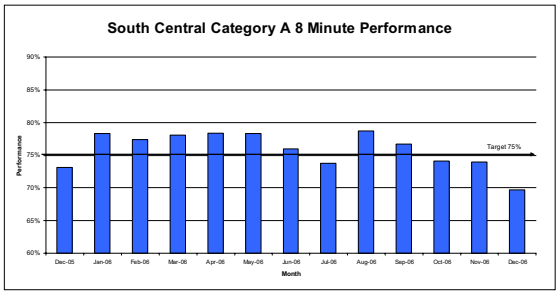
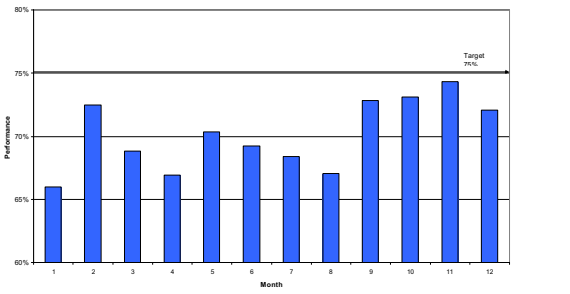


South Central Ambulance Service NHS
NHS Trust

Operational Performance
- current performance Buckinghamshire

South Central Ambulance Service NHS
NHS Trust



South Central Ambulance Service NHS
NHS Trust

Future Strategy Issues

South Central Ambulance Service NHS

Strategy Issues

- Merger and Integration
- Call Connect – clock starts earlier in the call cycle
- Control Centre Review
- National Radio System and Electronic Patient Report Form
- Transformation : 1 million fewer patients to A&E
  Hear and Treat
  See and Treat

Recovery Plan

- Detailed recovery plan with trajectories produced for SHA
- Call Cycle
  - Dispatch
  - Activation
  - Drive time to scene
  - Time on scene
  - Drive time to hospital
  - Time at hospital

South Central Ambulance Service NHS

Key challenges for service delivery – Buckinghamshire

South Central Ambulance Service NHS
NHS Trust

The Main Issues

- Create One Division
- Two Headquarters
- Two Control Rooms
- Two sets of support services and infrastructures
- One still serving another Trust
- A merger within a merger, following a demerger

South Central Ambulance Service NHS
NHS Trust

Short Term

- Virtually joining Control Rooms
- Review call take process to consider bottlenecks and improvement opportunities
- Matching operational staffing levels to demand – rota review – modular self governing team concept – relief percentage
- Review deployment locations
- Establish community responder schemes

South Central Ambulance Service NHS
NHS Trust

Medium Term

- Unpick, rework and recost SHS provision to Bucks Hospitals
- Modernise fleet and move to better type mix
- Station Estate – Business Case
- Single Divisional HQ
- Single Control Room

South Central Ambulance Service NHS
NHS Trust

Actions Taken – In hand or complete

- Divisional "Top Operations team" meetings
- VPN between HQs (intranets) established
- Both controls have real time access to each CAD (3 phase)
  - View real time activity
  - Interrogate each CAD for information
  - Input "jobs" onto each CAD
- Joint Demand map being "run"

South Central Ambulance Service NHS
NHS Trust

Partnership working with the acute trust

South Central Ambulance Service NHS
NHS Trust

- Re-work SHS Ambulance provision
- Joint Bed-Manager/PTS Control
- Provision of IT into Acute Trust
- Re-visited PTS contractual arrangements

Proposal for a Joint Investigation into Continuing Care in Buckinghamshire

Continuing (or 'long-term') care is defined as 'all forms of continuing personal or nursing care and associated domestic services for people who are unable to look after themselves without some degree of support, whether provided in their own homes, at a day centre or in an NHS or care home setting'.*

In recent weeks the national media has highlighted a potential shortfall in the ability of public services to meet future demand for continuing care services. The national demographic growth in the numbers of older people in the next 10-20 years is amplified in Buckinghamshire where there is a greater proportion of older people than the national average.

In 2006, Derek Wanless highlighted the under-funding of continuing care in recent years and identified the need for significant investment in order to meet the demand for provision over the next two decades.

Buckinghamshire's public sector, like many other areas, is living with significant financial pressures, and members have learned of concerns for future continuing care provision from both within the public sector and from representatives of service users.

A recent Department of Health consultation proposed changes to continuing care criteria, with the aim of standardising the application of criteria across the country. This could have a significant implication for the provision of continuing care services within this financial framework in Buckinghamshire.

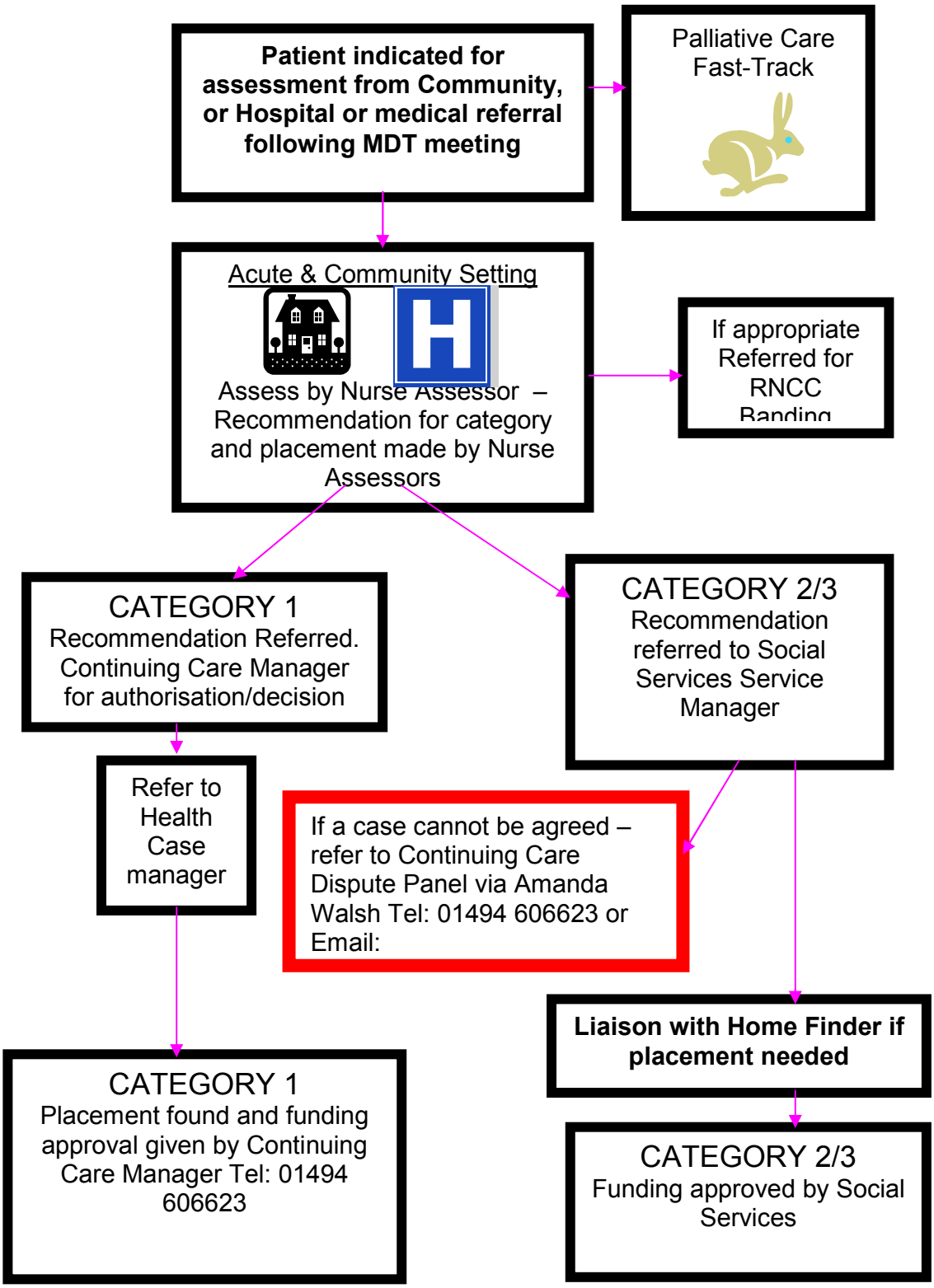
In view of local concern, the Chairmen of the Public Health OSC and the Adults' Services OSC are proposing that a joint working group is set up to investigate the state of continuing care for service users and patients in Buckinghamshire.

The working group, which would have a membership drawn from the two Overview and Scrutiny Committees, would have the following purpose:

1. To clarify the provision of continuing care in Buckinghamshire by considering a 'care pathway' approach, using a number of 'typical' case studies
2. To understand and consider the direction of travel and strategy of partner organisations in meeting the challenges of future demand for continuing care services
3. To identify where there may be barriers to access or continuity of provision and to make recommendations for improvement

* Joseph Rowntree Foundation: Inquiry into Meeting the Costs of Continuing Care, 1997

FLOW CHART FOR APPLICATIONS FOR CONTINUING NHS HEALTH CARE IN BUCKINGHAMSHIRE



BUCKINGHAMSHIRE
CONTINUING NHS CARE PATHWAY IN THE COMMUNITY FOR TERMINALLY ILL PATIENTS

Patient identified as appropriate for
Continuing Care Funding
- under Terminally Ill rules
(see criteria)

↓

DN completes relevant paperwork available from nurse manager and ensures GP signature (see attached)

↓

Paperwork faxed to Health Case Manager,
Continuing Care Team to cost care package
(Tel: 01494 432328)

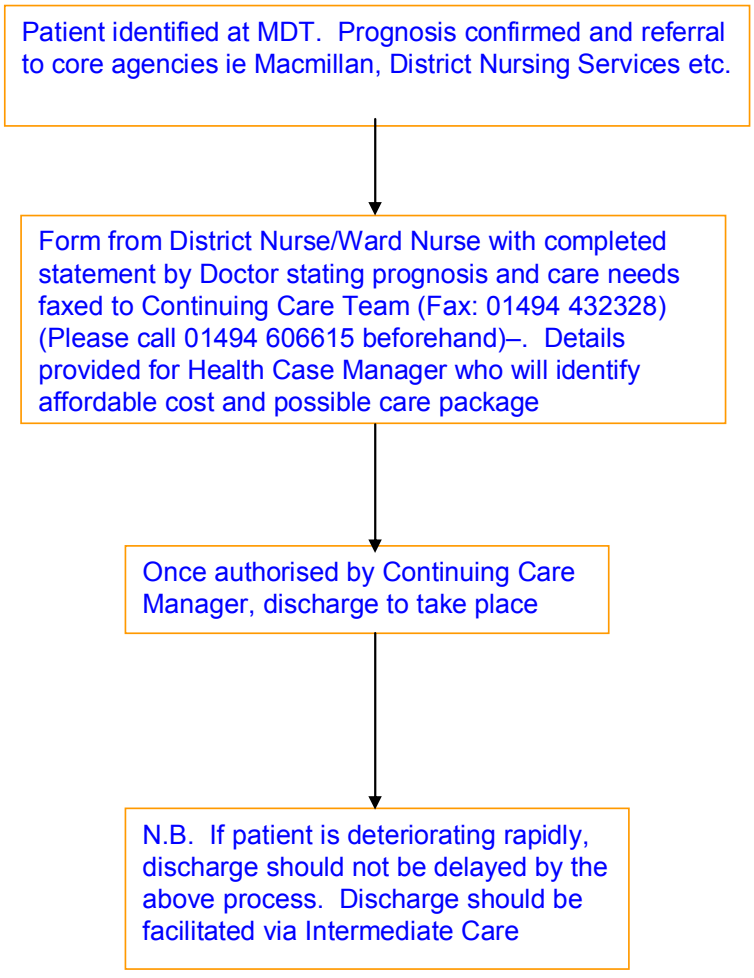
↓

Health Care Manager liaises with Continuing Care Manager for authorisation, sets up care, and reports back to DN

↓

Care commences – DN remains key worker at all times and reports any changes to Continuing Care Team (Tel 01494 606623)

CONTINUING CARE PATHWAY FOR DOMICILIARY CARE UNDER TERMINALLY ILL RULES FROM THE ACUTE SETTING



What is meant by continuing care?

Continuing care (sometimes referred to as "long term care") is a general term that describes the care some people need over an extended period of time as a result of a disability, accident or illness. The care is provided to address physical and/or mental health needs, and may require the services of the NHS and/or social services. It can be provided in a range of settings from a hospital to a care home (as registered under the Care Standards Act) to the service user's own home.

Continuing care needs to be distinguished from:

- ***Intermediate care***, which has specific rehabilitative or recuperative objectives, and is provided for a time-limited period, usually no more than 6 weeks.

- ***Transitional (or interim) care*** which is provided where the care setting is temporary and different to where the service user is expected to receive any continuing care they might need.

The following categories relate to packages of care which are provided to meet assessed needs. An assessment of need, which includes an assessment of health need, is an essential starting point for determining whether the NHS has a continuing responsibility to provide a full package of NHS services because the service user's primary need is for health care. An assessment is also essential in determining eligibility for other categories of care.

NHS Continuing Care (Category 1) is a package of care arranged and funded entirely by the NHS. It may be provided in a hospital, hospice, and care home registered to provide nursing care or in the service user's own home. Whatever the location, the NHS meets the full cost of the package which is free of charge to the individual. When considering eligibility for Category 1, the over-arching consideration is whether, looking at the totality of an individual's assessed needs, their primary need is for health care. Such needs may include, but are not limited to, the need for nursing care (in this context nursing care included care which is required from a registered nurse and/or non registered nursing care).

Continuing health and social care (Category 2) describes a package of care that involves services from both the NHS and social care where the prime need is for accommodation and personal care rather than for nursing or NHS care. It can be provided in a number of settings, for example:

- In a care home where accommodation and social care will either be funded by social services (for which the service user will be financially assessed to determine whether they will be required to make a financial contribution) or funded by the user themselves. Health care services (including registered nursing care see section 5 below) and other nursing

care which cannot lawfully be provided by the Local Authorities will be provided by the NHS in accordance with services user's assessed needs. **Local Authorities may only provide nursing care which is incidental or ancillary to the provision of accommodation and of a nature which it can be expected that a Social Services Department can provide. (This test is referred to as "the Coughlan test").** This will be based on an assessment of the totality of the individual's needs and a determination of whether the quantity and quality of nursing care (either alone or combined with other care needs) means that the Local Authority cannot lawfully provide it. In this context, nursing care refers to both nursing care required from a registered nurse and non-registered nursing care.

- In the service user's own home with a jointly provided (or jointly funded) package of care which could include personal care provided by social services, district nursing services provided by the NHS and input from the voluntary sector.

Continuing social care (Category 3) is where the service user is entitled to receive community and personal care services provided by social services subject to their eligibility within the Fair Access to Care Services (FACS) arrangements adopted by their local authority. As there are 9 SSDs within the TVSHA it is likely that this category may vary from one local authority to another.

This category describes a package of care that includes accommodation, personal care and non registered nursing care which satisfies the Coughlan test (as above).

Individuals who receive Category 3 care are also entitled to the full range of health care services provided by their PCT according to their assessed needs, the same as the rest of the population.

Teenage Pregnancy

Overview and Scrutiny Committee

2nd March 2007

Lynda Ayres

Young People's Sexual Health and Teenage Pregnancy Co-ordinator

(01296 387712 / layres@buckscc.gov.uk)

Why scrutinise teenage pregnancy?

- Cross cutting area of concern for health, local authority and other stakeholders
- One of the shared challenging targets set by Government within the ECM agenda
- Teenage pregnancy is the result of multiple factors which affect C & YP and families
- Useful topic of enquiry to support and review partnership working

Buckinghamshire Teenage Pregnancy Partnership - Membership

- Education Services
- Health Services
- Social Care
- Youth & Community Services
- Connexions
- Youth Offending Service (YOS)
- Drug & Alcohol Action Team (DAAT)
- Voluntary Services
- Early Years

*Shared Targets

- Reduce the conception rate of under 18 year olds by 45% by 2010 (from 1998 baseline)
- Reduce the incidence of Sexually Transmitted Infections (STIs) in young people
- Ensure 60% of young mothers are receiving Education, Employment and Training (EET) by 2010

* Local Authority / PCT / Connexions / Children & Young People's Plan (CYPP) / Local Area Agreement(LAA)

Who gets pregnant?

Factors associated with high teenage pregnancy rates:

- **Leaving school with low education attainment.**
- **Dislike of school & poor attendance.**
- **School exclusion.**

What can we do?

- **14-19 education agenda.**
- **Targeted prevention programmes.**
- **Targeted Youth Support.**
- **Personal teaching & support in schools.**
- **Fewer exclusions.**
- **Better support for excluded pupils.**

Who gets pregnant?

Factors associated with high teenage pregnancy rates:

- **Poor self-esteem & mental health problems.**
- **Conduct disorders.**

What can we do?

- **Work on self-esteem in schools**
- **Train all practitioners in Emotional Health & Well Being /mental health issues to T1/T2**
- **Support practitioners with advice.**
- **Have clear pathways to access T2/T3 services with clear thresholds.**

Who gets pregnant?

Factors associated with high teenage pregnancy rates:

- Poor contraceptive use.
- Poor knowledge of contraception.
- Second pregnancies to Under-18 mothers & repeat abortions.
- Some ethnic groups in some areas

What can we do?

- Improved SRE & CASH in & out of school.
- Joining up information on CASH services.
- Review care pathways for abortion & maternity to include contraception effectively.
- Good information & access to Long Acting Reversible Contraception (LARC) – targeted fast-track.

Who gets pregnant?

Factors associated with high teenage pregnancy rates:

- Children in Care & Care-Leavers.
- Daughters of teenage mothers.

- What extra can we do?
  - Improve SRE & access to contraception.
  - TPU training programme for Leaving Care Teams – to be published soon
  - Targeted Youth Support.
  - 14-19 education agenda –support for young mothers.

Who gets pregnant?

Factors associated with high teenage pregnancy rates:

- Living in deprivation.
- Low parental aspirations for their daughters.
- BME communities: Mixed White and Black Caribbean, Other Black and Black Caribbean groups. White British are also over-represented while Asian groups are under-represented.

What can we do?

- Parenting support.
- Capitalise on local area initiatives Extended Services, Children's Centres, GC2C,
- Children's Centres to work on aspirations.
- Work with communities who have culture of teenage pregnancy.

Who gets pregnant?

Factors associated with high teenage pregnancy rates:

- Youth offending.
- Alcohol & substance misuse.

What can we do?

- Crime diversion programmes.
- Cross-referral between Services.
- YOS staff trained in SRE & condom schemes.
- Improved alcohol & substance misuse education linked with sexual health awareness
- Tighter control on access to alcohol by under-18s.
- Parent education on alcohol issues.

Who gets pregnant?

Factors associated with high teenage pregnancy rates:

- Early sexual activity.
- Some ethnic groups in some areas.

What can we do?

- Ensure *Delay* training incorporated into SRE work by all practitioners working with Under-16s.
- Involve young people in developing & promoting *Delay* message.
- Identify particular trends & patterns locally among those Under-18s who become pregnant.
- Adapt SRE & services for BME issues where appropriate.

Research indicates that:

Where young people experience multiple risk factors,

their likelihood of teenage pregnancy / parenthood increases significantly

Activities in Buckinghamshire

- Sex and Relationships Education
- Sexual Health Awareness training for staff
- Access to Services
- Support for Teenage Parents

Sex and Relationships Education (SRE)

Healthy Schools SRE consultant:

- Schools have a named person for SRE issues
- SRE / Confidentiality embedded in Healthy Schools

Teachers & Nurses PSHE Certificate training:

- Cohort of qualified practitioners to deliver SRE in schools and beyond

Promotion of healthy, safer sexual relationships (e.g. Sex , Drugs & Alcohol campaign and Sex & Relationships Your Choice credit card):

- Cross agency working enhances understanding 'many hands make light work'
- Young people involved in development of materials

Sexual Health Awareness training for staff

Sex Matters training course for staff who work with children & young people:

- Training co-facilitated by Brook and Terrence Trust - only in Bucks
- 120+ staff trained annually (positive evaluations)
- Multi-agency training encourages networking and building alliances across service boundaries

Access to Contraceptive and Sexual Health Services (CASH)

Young People's Health Drop-Ins and Check-out services in schools, clinics and other settings:

- Young people receive Information, Advice & Guidance (IAG) in YP friendly environments
- Multi-agency working enables swift & appropriate referral

Pharmacy Emergency Hormonal Contraceptive Scheme:

- Free EHC available to <19yrs from 30+ local pharmacies across Bucks
- Enhanced community involvement and partnership working

Support for Young Parents

Development of Midwifery and Connexions TP Team :

- Comprehensive assessment process based on ECM outcomes
- Improved tracking of young parents
- Increase in number of young parents accessing Care to Learn childcare grant which enables them to continue in education / training
- Young parents participating in projects / workshops
- User satisfaction positive

References

- *Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care trusts on Effective Delivery of Local Strategies* (July 2006)
- *Teenage Pregnancy: Accelerating the Strategy to 2010* (September 2006)

Both available from:
http://www.everychildmatters.gov.uk/health/teenagepregnancy/

Report from the Buckinghamshire Primary Care Trust meeting on Tuesday, 13th February.2007.

Two issues arising from the minutes from questions from Margaret Aston were followed up from the last meeting; they were a report on the progress of the Eating Disorder Report, which I gave. ;I informed the Committee that the report had now been completed and presented to the Overview and Scrutiny Committee for Health and then would go to Cabinet. Following this the report would go to other interested parties.

The second issue I raised was on the provision of Dental Services in Aylesbury Vale. I had received some comments that it was difficult to find a NHS dentist. The comments were that there was adequate provision.
The Public were asked for questions and I queried the omission of the agreement from the PCT to do an assessment of problems following the move of the Elmhurst Surgery. This was accepted and they agreed that this had been omitted and would be in the next minutes. I also asked about the concerns over the lack of planning permission and what was happening. This I was told was the responsibility of the Elmhurst Doctors.

Another question asked was on the funding for neurological services .We were told that these services received 2.5% of the total sum allocated to the Mental Health Trust.

Another question was on the Chesham Health Zone. The response was that they were having to make sure that any decision made fitted in with the Strategic Plan.

The financial report was presented and the latest overspend is £18.125m.With the plans proposed optimism was expressed that this would be reduced to £15.2m by the end of the financial year.
All the Charitable Funds from all the PCT.s would now be amalgamated into one fund. These total £620.000. The Thame cottage hospital has the largest fund with £250.000 and the rest is divided among other small hospitals.
Approval was asked for for Project Abode. This was to agree to place the 8 homes that provide care from people with learning disabilities, which are presently owned by and run by Oxon and Bucks Mental Health Trust should be sold to a Housing Association and the services provided by a private provider. It is understood that these homes are in need of considerable improvement.
A discussion took place over the provision of Trust Headquarters. It was agreed to take a new lease on Rapid House in High Wycombe and use Verney House in Aylesbury. The latter has an existing lease to run till 2013.

Margaret Aston