

HEALTH SCRUTINY FORUM AGENDA



Tuesday, 14 October 2008

at 3.00 pm

**in the Council Chamber,
Civic Centre, Hartlepool**

MEMBERS: HEALTH SCRUTINY FORUM:

Councillors: Barker, Brash, R W Cook, S Cook, A Lilley, Plant, Simmons, Sutheran and Young

Resident Representatives: Jean Kennedy, Linda Shields and Mike Ward

1. **APOLOGIES FOR ABSENCE**
2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
3. **MINUTES**
 - 3.1 Minutes of the meeting of the Health Scrutiny Forum held on 9 September 2008
4. **RESPONSES FROM LOCAL NHS BODIES, THE COUNCIL, EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM**

None
5. **CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**

None

6. CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS

None

7. ITEMS FOR DISCUSSION

7.1 Externalisation of Primary Care Trust (PCT) Provider Services – Update:-

(a) Covering Report – *Scrutiny Support Officer*, and

(b) Presentation by the Assistant Chief Executive, North Tees and Hartlepool PCT.

Reaching Families in Need Investigation

7.2 Setting the Scene:-

(a) Covering Report – *Scrutiny Support Officer*, and

(b) Presentation by the Acting Director of Public Health.

7.3 Evidence from the Authority's Portfolio Holder For Adult And Public Health:-

(a) Covering Report – *Scrutiny Support Officer*, and

(b) Verbal Evidence from the Portfolio Holder for Adult and Public Health

8. ISSUES IDENTIFIED FROM FORWARD PLAN

9. FEEDBACK FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

10. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ITEMS FOR INFORMATION

Date of Next Meeting

Tuesday, 4 November 2008 at 3.00 pm in Committee Room B, Civic Centre, Hartlepool.

HEALTH SCRUTINY FORUM

MINUTES

9 September 2008

The meeting commenced at 3.00 pm in the Civic Centre, Hartlepool

Present:

Councillor: Jonathan Brash (In the Chair)

Councillors: Caroline Barker, Shaun Cook, Chris Simmons and Lilian Sutheran.

Resident Representative:

Michael Ward

Officers: Margaret Hunt, Development Manager, Adult and Community Services Department
Karen Burke, Senior Procurement & Support Officer
Joan Wilkins, Scrutiny Support Officer
Laura Starrs, Scrutiny Support Officer
Angela Hunter, Principal Democratic Services Officer

Also Present: Celia Weldon, Asst. Chief Executive, North Tees and Hartlepool PCT
Ali Wilson, Deputy Director of Health Systems and Estates, North Tees and Hartlepool PCT
Alex Zielinski, Head of Strategic Service Development, North Tees and Hartlepool NHS Foundation Trust

50. Apologies for Absence

Apologies for absence were received from Councillors Rob Cook and Michelle Plant.

51. Declarations of Interest by Members

Councillor Jonathan Brash declared a non-prejudicial interest in minutes 54 and 55.

52. Update on the development of Local Involvement Networks (LINKs) in Hartlepool *(Head of Procurement, Property and Public Protection)*

The Development Manager, Adult and Community Services presented a report which provided Members with an update on the development of LINKs in Hartlepool and the results of the procurement process. As Members were aware Hartlepool Voluntary Development Association

(HVDA) was the newly appointed Host and commenced work on 1 September 2008.

Members agreed it was important for the Scrutiny Forum to develop a close working relationship with LINKs including ensuring that the organisation was aware of the Scrutiny Forum meetings, provided with an open invitation to attend and had access to agenda documentation. It was, however, recognised that further discussions were needed with the host to ensure effective LINKs involvement in the scrutiny process. In recognition of this, and the cross cutting nature of LINKs activities, it was suggested that the Chairs of the Health Scrutiny Forum and Adult and Community Services Scrutiny Forum should meet with LINKs support officers and the host to further discuss development proposals and reporting mechanisms. The outcome of these discussions would then be reported back to the Health Scrutiny Forum for consideration, with input from the new host (HVDA).

The report indicated that the Council had been allocated a budget of £99,000 per annum for 3 years for the provision of the LINKs Service and a Member questioned how the administration of this would be monitored. The Development Manager responded that the usual contract monitoring was in place which identified clear deliverables.

Decision

- (i) Members noted the progress;
- (ii) That the Chairs of the Health Scrutiny Forum and Adult and Community Services Scrutiny Forum meet with LINKs support officers and the new host (HVDA) to discuss development proposals for future LINKs involvement in the Scrutiny process; and
- (iii) That HVDA be invited to a future meeting of the Forum.

53. Minutes of the meetings held on 17 June 2008 and 11 August 2008

Confirmed.

54. Hartlepool Primary Care Trust's Response to the Withdrawal of Emergency Care Practitioner Services at Wynyard Road Primary Care Centre Final Report (*Hartlepool Primary Care Trust*)

The Scrutiny Support Officer introduced the Assistant Chief Executive and the Director of Health Systems and Estates Development from the Hartlepool Primary Care Trust (PCT) who were in attendance to present the formal response to the recommendations arising from the investigation into the 'Withdrawal of Emergency Care Practitioner Services at Wynyard Road Primary Care Centre in Hartlepool'. The proposed actions were detailed within the Action Plan which was attached at Appendix A of the

report.

The Director of Health Systems confirmed that an on-going dialogue had been established between Hartlepool PCT and the Scrutiny Forum which provided regular updates as and when appropriate. A full consultation process had been undertaken in relation to Momentum: Pathways to Health Care, GP Practices and Urgent Care although the outcome of this consultation was not yet available. In relation to the development of integrated urgent care provision in Hartlepool, the Director of Health Systems indicated that intensive media communication had been undertaken as well as the production of flash cards being made available within GP surgeries and community facilities. The Assistant Chief Executive indicated that in relation to the creation of a formal set of protocols for consultation, regular update meetings were taking place with the Chair of the Scrutiny Forum to facilitate a proactive approach to the PCT involvement at health scrutiny meetings.

A resident representative indicated that on a recent visit to a GP surgery and pharmacy, there was no information available on the new integrated urgent care provision, acknowledging however that it was the first day of operation of the new service. The Director of Health Systems commented that all GP surgeries and local community facilities should now have received the necessary publicity information.

The Chair confirmed that a rolling programme of full engagement in relation to primary care issues between the PCT and the Scrutiny Forum was now established with bi-monthly meetings arranged with the PCT to examine the creation of a formal set of consultation protocols. The Chair added that he was extremely pleased with development of such a good working relationship between the Health Scrutiny Forum and the PCT over the last 12 months and hoped this would continue.

Decision

The proposed actions detailed within the Action Plan were noted.

55. Overview of the Role and Responsibilities of Hartlepool Primary Care Trust (PCT) and North Tees and Hartlepool NHS Foundation Trust *(Scrutiny Support Officer)*

The Chair introduced the report and commented on the importance of clarifying the roles and responsibilities of Hartlepool PCT and North Tees and Hartlepool NHS Foundation Trust in view of the changing role of the PCT. The presentation which examined the role of the PCT including the relationships and accountability to Overview and Scrutiny Committees and the Strategic Health Authority. Following guidance from the Department of Health's Annual Operating Framework, the PCT Board had taken the decision to externalise PCT Provider Services to North Tees and Hartlepool

NHS Foundation Trust. Members were asked to note that during the period of externalisation, market testing and service reviews would be undertaken to be followed by a competitive process for service providers.

One of the driving principles behind externalisation was to instil a competitive edge and drive up standards and efficiencies. The Director of Health Systems indicated that the decision had been taken to introduce a Tees Strategic Procurement Board working alongside the 4 statutory PCT Boards to achieve World Class Commissioning and ensure that best value health and social care was achieved across the Tees area.

It was noted by Members that the relationship between the PCT and the local authority was complex and clarification was sought on how to further develop this relationship and avoid duplication. The representatives from the PCT jointly responded that a close working relationship with the local authority to create a long term vision with a common purpose and aim was a key issue in improving the health and well-being of the community. Members were asked to note that the PCT would be assessed on the level of World Class Commissioning achieved and this would be carried out by a Panel which would include local authority Members.

Members highlighted that many of the issues in respect of health did not come under the direct control of the PCT, one example was poor housing. Members felt very strongly that some form of co-ordinated leadership across different providers, including both the Council and Health Authorities was required so as to ensure a systematic approach to tackling health inequalities in the town.

A discussion ensued on the possible pitfalls of commissioning and the Director of Health Services indicated that services may prove undeliverable if a robust system of engagement with the service providers was not undertaken. A Member raised the issue of postcode prescribing and what problems were associated with this. The Director of Health Services informed Members that the PCT did look at best value through benchmarking exercises to develop a market across a range of different providers whilst ensuring that local needs were met. Although the PCT had discretion on what treatment could be funded, there were systems in place to examine special cases to enable a considered view to be formed to make a decision on what additional services were required.

The Head of Strategic Service Development from the North Tees and Hartlepool NHS Foundation Trust (FT) gave a detailed and comprehensive presentation which drew attention to the role of the FT including the provision of health care services, unplanned and planned care and their key role in clinical education and training. Members were asked to note the FT provided hospital based care to 400,000 people across Easington, Stockton, Hartlepool and Sedgefield and employed 4,200 staff. The key strategic objectives were outlined within the presentation, the aim of which was to create a new way of providing health services across the region, including the development of new community facilities with the provision of care as close to people's homes and communities as possible, as well as

the development of a new hospital. The issues to be faced by the FT during 2008/09 were also outlined in the report.

A discussion ensued in which clarification was sought of the working relationship between the FT, as a competitor for the provision of services, and the PCT as a commissioner. The Head of Strategic Service Development acknowledged that although it was a difficult relationship to balance, the FT and PCT were working closely to develop a relationship to ensure a common strategic aim was adopted to ensure that patients' needs were met. A Member questioned what measures the FT would have in place to retain the provision of services, once the PCT had the freedom to commission services elsewhere. The Head of Strategic Service Development indicated that the FT welcomed competition within the health care services market as this could only encourage service providers to provide the best possible quality care for its patients.

A Member sought clarification on whether the PCT could commission services from outside the region. The Director of Health Services responded that services could be commissioned from outside the region and that there was a patient choice element to this, with any allocated patient funding following that patient to their choice of service delivery. A Member questioned what obligation the PCT would have to the FT as a service provider as opposed to looking for a more cost effective approach elsewhere. The Director of Health Services indicated that robust management arrangements would be in place to ensure that appropriate negotiations were undertaken and if reports of poor quality of care were received, it would be the PCT's duty to respond through the management of its contracts, service reviews and listening to patients' views. However, the PCT would continue to work closely with all its service providers to ensure that a high level of service was provided and that the integrity of the whole contract system was maintained. However, although some specialist services may need to be provided elsewhere, the FT needed to ensure that it provided the best possible health care service to reduce the likelihood of patients looking for treatment elsewhere.

Clarification was sought on the number of people attending Accident and Emergency (A&E) rather than their GP surgery. The Head of Strategic Services indicated that up to 60,000 patients who should have received treatment in an alternative setting had attended A&E. The Director of Health Services commented that awareness needed to be raised of the alternative service provision for example, integrated urgent care which was referred to in the next item on the agenda.

The issue of consistency of service provision across GP practices was discussed and the Director of Health Services acknowledged that whilst there was a variation in service provision across GP practices, there were mechanisms in place for sharing good practice.

A Member made reference to patient referrals to the private sector health care providers and questioned how the providers were monitored to ensure an appropriate service delivery was undertaken. The Head of Strategic

Services responded that on occasions the private sector could provide treatment by way of cutting edge technology but that any equipment used was subject to stringent quality tests.

The representatives from the PCT and FT were thanked for their informative presentation and for answering Members questions.

Decision

The report and presentations were noted.

56. Integrated Urgent Care Provision in Hartlepool *(Scrutiny Support Officer)*

The Director of Health Services presented an update on the development of the pilot provision of integrated urgent care in Hartlepool. The service would be located adjacent to the Accident and Emergency Department at Hartlepool Hospital and patients would access the service through a single Hartlepool telephone number. The service also aimed to provide an alternative to Accident and Emergency management for those patients who present themselves directly to the A&E Department. The service commenced on 1 September for a period of 12 months to enable a robust evaluation to be undertaken. Members were informed that at least two formal patient satisfaction surveys would be carried out during the evaluation period, however feedback from the public and staff would be constantly sought and acted upon appropriately. In May 2009 based on the service evaluation, a decision would be made whether to continue with the service model. If this was the case, the service would be subject to a tendering process. The Director of Health Services indicated that updates would be reported to the Scrutiny Forum on a regular basis.

There was some concern that September 2008-May 2009 may not be long enough to undertake a full evaluation of the service provided. However, the Director of Health Services responded that the service would be monitored regularly in this period to ascertain what services should be provided in the future and identify any areas for development or improvement.

Decision

The update provided was noted.

57. Draft Scoping Report – Scrutiny Investigation into Reaching Families in Need *(Scrutiny Support Officer)*

The Scrutiny Support Officer presented a report which set the scene for the Forum's investigation into 'Reaching Families in Need'.

The proposed overall aim for the investigation was "explore the town's current approach to targeted intervention for hard to reach families in need

and to make suggestions for improvement, where possible, that encourage the take up of local health services”. The following terms of reference for the investigation were proposed:-

- (a) To gain an understanding of the current multi agency approach to the provision of targeted wellbeing and preventative health services for hard to reach families in need in Hartlepool;
- (b) To explore what strategies are in place that identify and offer assistance to hard to reach families who have specific and persistent issues in Hartlepool;
- (c) To seek good practice from another local authority in relation to their approach to targeted intervention for hard to reach families in need;
- (d) To identify suggestions for improvement, with particular focus on partnership working and innovative practices of targeted intervention.

The following timetable for the investigation was also set out within the report.

9 September 2008 - Consideration of Draft Scoping Report to be considered.

14 October 2008 - Setting the Scene Presentation.

4 November 2008 - To receive further evidence, yet to be identified.

20 January 2009 - To receive further evidence, yet to be identified.

24 February 2009 - To receive further evidence, yet to be identified.

7 April 2009 - To agree the content of the Draft Final Report before being presented to the Scrutiny Co-ordinating Committee.

24 April 2009 - Consideration of Final Report by the Scrutiny Co-ordinating Committee.

To Be Confirmed - Consideration of the Final Report by the Cabinet and relevant health service bodies.

A discussion ensued in which the following were suggested for inclusion within the potential areas of enquiry/sources of evidence:

- Youth Offending Team
- Director of Children’s Services (the role of education)
- Development Officer, Adult and Community Services (foster carer’s viewpoint)

Members were concerned that generations of hard to reach families were now in existence with no role models to look up to. The Scrutiny Support Officer indicated that the voluntary sector/community groups would be able to provide information on this issue and any initiatives being undertaken to deal with this.

It was suggested that as part of this investigation, Members may wish to undertake a site visit to a local authority identified for carrying out best practice in reaching families in need. However, a Member suggested that it may be feasible for officers who deliver best practice to visit Hartlepool and present to Members at a meeting of the Health Scrutiny Forum. The Chair indicated that as part of this investigation a site visit or an invitation to a local authority implementing best practice would be considered depending on the nature of the evidence to be provided.

Decision

- (i) That the report be noted.
- (ii) That the following be included within the potential areas of enquiry/evidence:-
 - a) Youth Offending Team
 - b) Director of Children's Services
 - c) Development Officer, Adult and Community

The meeting concluded at 5.10pm

CHAIRMAN

HEALTH SCRUTINY FORUM

14 October 2008



Report of: Scrutiny Support Officer

Subject: EXTERNALISATION OF PRIMARY CARE TRUST
(PCT) PROVIDER SERVICES - UPDATE
PRESENTATION - COVERING REPORT

1. PURPOSE OF THE REPORT

1.1 To advise Members that an update on the externalisation of PCT provider services will be delivered at today's meeting by the Assistant Chief Executive, North Tees and Hartlepool PCT.

2. BACKGROUND INFORMATION

2.1 Continuing the development of strong working / communication links between the PCT and the Health Scrutiny Forum, a request has been received from the Assistant Chief Executive, North Tees and Hartlepool PCT to attend regular meetings of this Forum to provide updates on the externalisation of PCT provider services.

2.2 Arrangements have subsequently been put in place for the Assistant Chief Executive to be in attendance at today's meeting, and the meeting on the 20 January 2008, to give a brief presentation on progress in relation to the externalisation of PCT provider services.

3. RECOMMENDATION

3.1 That Members note the content of the presentation, seeking clarification on any relevant issues from the Assistant Chief Executive North Tees and Hartlepool PCT, where felt appropriate.

CONTACT OFFICER

Joan Wilkins – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.wilkins@hartlepool.gov.uk

BACKGROUND PAPERS

No background documentation was used in the preparation of this report.

HARTLEPOOL PCT

Externalisation of PCT Provider Services –
Update

Celia Weldon – Assistant Chief Executive

Policy Background - reminder

- 2006/07 NHS Operating Framework
- 2007/08 NHS Operating Framework
- Our Health, Our Care, Our Say
- Commissioning a Patient Led NHS
- World Class Commissioning

North East SHA approach - reminder

Provider Services Development, including:

- Building a whole 'foundation trust' health economy
- Independent sector provision
- Community Provider Services
- Service Reviews

Definition of Provider Services

'all services directly provided by the PCT'

- Clinical Services Directorate (CSD)
- Support services to the CSD
- Some public health provider services

Externalisation

- PCT Board decision in principle April 2008 to externalise PCT provider Services to North Tees and Hartlepool Foundation Trust
- Detailed work via Project Oversight Group and Task Groups – joint project between PCTs and FT
- Target date for transfer of services 1 October 2008
- Best estimate of actual date of transfer 1 November 2008

Legal process

- Heads of Agreement
- Transfer of Business Undertaking
- Contract for Services

- FT – Due Diligence process

What next

- PCT – entirely commissioning organisation developing the requirements of World Class Commissioning
- Community Services provided and managed by the FT on a host basis until April 2010 under contract from the PCTs
- Service reviews and market testing of community services
- Competitive process ahead of tender exercise

HEALTH SCRUTINY FORUM

14 October 2008



Report of: Scrutiny Support Officer

Subject: REACHING FAMILIES IN NEED INVESTIGATION –
SETTING THE SCENE PRESENTATION –
COVERING REPORT

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an introduction to the 'Setting the Scene' Presentation, which will be delivered at today's meeting by the Acting Director of Public Health, as part of this Forum's investigation into the 'Reaching Families in Need'.

2. BACKGROUND INFORMATION

- 2.1 The Acting Director of Public Health will be in attendance at today's meeting to deliver a presentation, as part of this Forum's investigation into the 'Reaching Families in Need' in relation to the following issues:-

- (a) Health Inequalities - a review of the main issues in Hartlepool;
- (b) Actions implemented to reduce health inequalities;
- (b) How "hard to reach families" impact on our ability to address health inequalities;
- (c) What has been tried here and elsewhere; and
- (d) Suggestions for further consideration.

3. RECOMMENDATION

- 3.1 That Members:-
- (i) Note the content of the presentation, seeking clarification on any relevant issues from the Acting Director of Public Health, where felt appropriate; and
 - (ii) Suggest any further evidence that could be beneficial to the investigation.

CONTACT OFFICER

Joan Wilkins – Scrutiny Support Officer
Chief Executive’s Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.wilkins@hartlepool.gov.uk

BACKGROUND PAPERS

The following background paper was used in the preparation of this report:-

- (a) Report of the Scrutiny Support Officer entitled ‘Reaching Families in Need – Scoping Report’ Presented to the Health Scrutiny Forum on 9 September 2008.



Hartlepool **NHS**
Primary Care Trust

Reaching Families in Need Setting the Scene

Madeleine Johnson

Acting Locality Director of Public Health

Hartlepool Borough Council/

Hartlepool Primary Care Trust



What is a family in need?

“The small minority of families (Government estimates around 2-3% nationally – but could be 20% in Hartlepool) who have failed to benefit from the rising tide of living standards and increased opportunity.

These families remain in real poverty with highly complex needs, multiple problems and low aspiration”



- Families and Children's Study (FACS) indicators
 - no parent in work,
 - poor quality or overcrowded housing,
 - no parent with qualifications,
 - Mother has mental health problems,
 - at least one parent with longstanding limiting illness, disability or infirmity,
 - low income (<60% of median)
 - cannot afford a number of food & clothing items



Health Inequalities in Hartlepool

- Wider family problems such as poverty, parental worklessness, lack of qualifications, parental mental health, substance abuse, poor housing, and contact with the criminal justice system can cast a shadow that spans whole lifetimes and indeed passes down the generations.
- The big killers - cardiovascular disease and cancer – are much more prevalent in Hartlepool, as are other major issues such as mental health problems
- Hartlepool has significantly worse rates than the England average for:
 - Breast feeding initiation
 - Smoking in Pregnancy
 - Teenage Pregnancy
 - Obese Adults
 - Binge Drinking
 - Healthy Eating
 - Drug Misuse
 - Incapacity benefit for mental health
 - Alcohol related hospital stays



Examples of actions to reduce health inequalities

- Commissioning or delivering services to address priorities
 - Smoking
 - CHD/CVD (e.g. CVD risk assessment, cardiac rehab)
 - Cancer
 - Obesity (e.g. Weight Management)
 - Alcohol
 - Accident Prevention
- Partnership work
 - Tobacco Control
 - Preventing seasonal excess deaths (e.g. fuel poverty)
- Community based approaches
 - Health Trainers
 - Social prescribing
 - Community Development
 - Healthy Schools
 - Voluntary sector commissioning
- Public Health communication strategy & social marketing
- Access to services & referral pathways



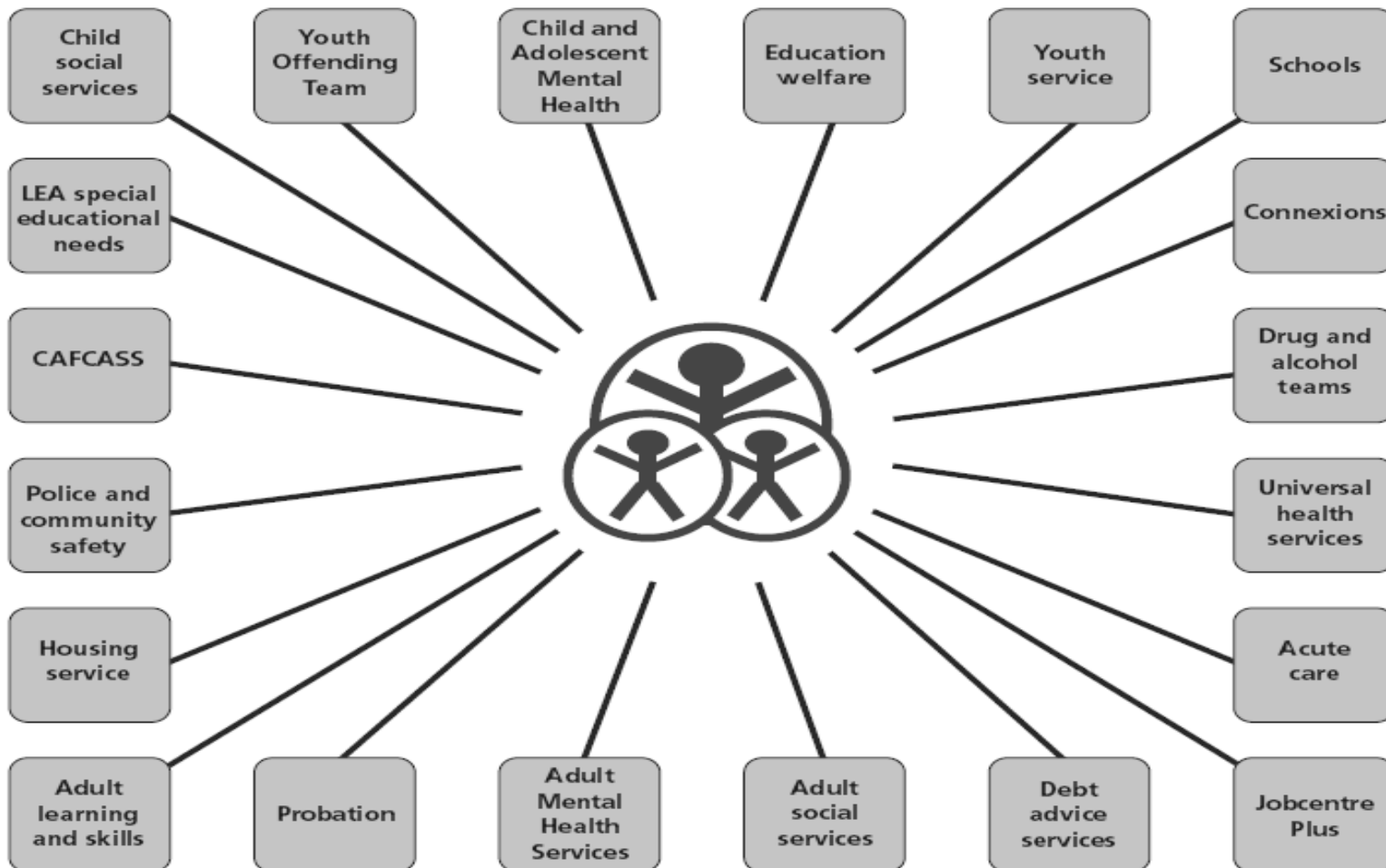
Issues that impact on our ability to address health inequalities

- Family experiences can
 - limit aspiration
 - Reinforce cycles of poverty
 - Provide poor models of behaviour
 - Damage the ability of children to build up resilience to problems or to benefit from the opportunities they are given.
- Complex factors associated with lack of Engagement :-
 - Lack of understanding of services and how to use them
 - Don't think it is relevant to them
 - No mutual respect
 - Focus on crisis management rather than prevention
 - Inflexible and fragmented services
 - Intimidating environments where services are delivered
 - May focus more on enforcement than help



What has been tried here and elsewhere

- Family intervention Project
- Fostered Young people
- Sure Start Children's centres
- Family Nurse Partnerships
- Parenting Course
- Extended Schools
- Healthy Schools
- Tax credits
- Neighbourhood Renewal Fund
- New Deals for Communities
- Models of working with Families
- Trainee schemes for young people leaving care.
- Family Care planning
- Local Strategic Partnerships
- Common Assessment Framework
- Multi agency risk assessment conferencing
- Joint working
- Mental Health support work "Building bridges"
- Parenting contracts
- Workshops
- Using funding flexibly
- Step into learning
- Alcohol brief intervention
- Risk modelling





Suggestions for further consideration

- Clearly define what is meant by a “family in need”
- Can we identify who these families are – by post code? By name?
- Can we identify family needs, rather than individual needs?
- Review the way we work with these most at risk families who need a targeted, specialised, whole family approach. Do the different parts of the system work together around the family?
- Sharing of information, working within data protection legislation.
- Consistent review of how effectively current services are able to engage these families
- Extend the use of social marketing to help us to tailor support, but continue to provide population based interventions
- Use of incentives
- Identifying opportunities for earlier intervention
- Share information with local “Family Pathfinders” – Durham, Gateshead & Sunderland



References

- Reaching Out: Think Family.
http://www.cabinetoffice.gov.uk/social_exclusion_task_force/families_at_risk/reaching_out_summary.aspx
- Background analysis for the Families at Risk Review
http://www.cabinetoffice.gov.uk/social_exclusion_task_force/families_at_risk/review_analysis.aspx
- Meeting the challenge of converging issues for young people in the NDC area (NDC)

HEALTH SCRUTINY FORUM

14 October 2008



Report of: Scrutiny Support Officer

Subject: REACHING FAMILIES IN NEED INVESTIGATION –
EVIDENCE FROM THE AUTHORITY'S PORTFOLIO
HOLDER FOR ADULT AND PUBLIC HEALTH –
COVERING REPORT

1. PURPOSE OF REPORT

1.1 To inform Members of the Forum that the Portfolio Holder for Adult and Public Health has been invited to attend this meeting to provide evidence in relation to this Forum's ongoing investigation into 'Reaching Families in Need'.

2. BACKGROUND INFORMATION

2.1 Members will recall that at the meeting of this Forum on 9 September 2008, the Terms of Reference and Potential Areas of Inquiry / Sources of Evidence were approved by the Forum for this scrutiny investigation.

2.2 Consequently, the Authority's Portfolio Holder for Adult and Public Health has been invited to provide evidence to the Forum in relation to their views on reaching families in need.

2.3 During this evidence gathering session with the Portfolio Holder for Adult and Public Health it is suggested that responses should be sought to the following key questions:-

(a) What are your roles and responsibilities in relation to the provision of targeted intervention for hard to reach families in need?

(b) What are your views on the current multi agency approach to the provision of targeted wellbeing and prevention health services for hard to reach families in need in Hartlepool?

(c) What areas of improvement if any, would you suggest to reduce health inequalities and encourage hard to reach families to take up local health services?

3. RECOMMENDATIONS

- 3.1 That Members of the Forum consider the views of the Portfolio Holder for Adult and Public Health in relation to the questions outlined in section 2.3.

CONTACT OFFICER

Joan Wilkins – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.wilkins@hartlepool.gov.uk

BACKGROUND PAPERS

The following background paper was used in the preparation of this report:-

- (a) Report of the Scrutiny Support Officer entitled 'Reaching Families in Need – Scoping Report' Presented to the Health Scrutiny Forum on 9 September 2008.