

HEALTH SCRUTINY FORUM AGENDA



Tuesday, 9 December 2008

at 3.00 pm

**in 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 4 November 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

Reaching Families in Need Investigation

7.1 Children's Service Department Activities / Issues – *Director of Children's Services*

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

(b) Presentation by the Director of Children's Services.

7.2 Evidence from the Authority's Portfolio Holder for Children's Services:-

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

(b) Verbal Evidence from the Portfolio Holder for Children's Services.

7.3 Adult and Community Services Department Activities / Issues – *Director of Adult and Community Services*

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

(b) Presentation by the Director of Adult and Community Services.

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

Thursday, 8 January 2009 at 3.00 pm in the Council Chamber, Civic Centre, Hartlepool.

HEALTH SCRUTINY FORUM

MINUTES

4 November 2008

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

Present:

Councillor: Jonathan Brash (In the Chair)

Councillors: Caroline Barker, Rob Cook, Shaun Cook, Alison Lilley, Michelle Plant, Chris Simmons, Lilian Sutheran and David Young.

Resident Representatives:

Jean Kennedy, Linda Shields and Mike Ward

Officers:

Sally Forth, Anti-Social Behaviour Co-ordinator, Anti-Social Behaviour Unit

Nicola Dunleavy, Interventions Co-ordinator, Anti-Social Behaviour Unit

Jacqui Gofton, Youth Offending Service

Ronnie Checksfield, Youth Offending Service

Penny Garner-Carpenter, Strategic Housing Manager

Joan Wilkins, Scrutiny Support Officer

Angela Hunter, Principal Democratic Services Officer

Also Present:

Councillor Geoff Lilley

Inspector Peter Knights, Cleveland Police Authority

Andy Powell, Director of Housing Services, Housing Hartlepool

70. Apologies for Absence

None.

71. Declarations of Interest by Members

None.

72. Minutes of the meeting held on 14 October 2008

Confirmed.

73. Matters arising

In relation to minute 61, clarification was sought on whether an update had been provided by the North Tees and Hartlepool Primary Care Trust in relation to the operation of the integrated urgent care provision located adjacent to the Accident and Emergency Department at the University Hospital of Hartlepool. The Chair indicated that this had not yet been received but would be followed up.

74. Responses from Local NHS Bodies, the Council, Executive or Committees of the Council to Final Reports of this Forum

None.

75. Consideration of Request for Scrutiny Reviews Referred via Scrutiny Co-ordinating Committee

None.

76. Consideration of Progress Reports/Budget and Policy Framework Documents

None.

77. Reaching Families in Need Investigation – Factors/Issues Affecting Families in Need – Social Factors/Issues – Presentations by the Anti-Social Behaviour Unit and the Family Intervention Project (FIP) (Scrutiny Support Officer)

The Scrutiny Support Officer presented a report which requested that a definition of “families in need” be agreed for the purpose of the investigation, for example, should a “family” include children. Members were asked to note that at the previous meeting, the Director of Public Health made reference to the fact that around 2% of families nationally had not benefitted from increases in living standards and opportunities. It was noted in that presentation that in Hartlepool this could be in the region of around 20%. However, Members were asked to note that although it was clear that this figure was higher in Hartlepool than the national average, it was not exactly clear by how much.

A discussion ensued on the suggested definition of a family for the purpose of this investigation and the consensus of opinion was that a family would include children up to the age of 16 in the first instance. However, Members withheld the prerogative to broaden this remit as the investigation

progressed.

Representatives from the Anti-Social Behaviour Unit and Family Intervention Project (FIP) gave detailed and comprehensive presentations which examined how their particular areas interacted with hard to reach families including partnership working with each other and other organisations. Members were informed that a national Vulnerable Localities Index was a measure used by the Police and Crime and Reduction Partnerships to identify neighbourhoods that require prioritised attention and had become more widely applied to Neighbourhood Policing. The Index assessed neighbourhoods using crime, deprivation, education and demographic statistics.

It was highlighted that the Community Assessment Framework (CAF) was a 'common tool' used to help identify families in need and what level and type of support was required for the whole family. Members were given details of the multi-agency contracts undertaken with families as part of the FIP approach, with families being made aware that failure to change their behaviour would have consequences. Each family involved with the FIP had the support of a lead key worker who co-ordinated activity and ensured that families kept to the agreements made as part of the contract. Members welcomed the FIP and congratulated the officers on the success of the project across the town.

A discussion ensued which included the following issues:

- (i) Clarification was sought on how the promotion of parenting skills was undertaken? The FIP representative indicated that parenting skills covered such a wide remit and that this project was not aimed at 'bad' parents but was available to everyone.
- (ii) A Member questioned how the link between Council departments could be improved? The FIP representative explained that Children's Services and Adult Services Managers were working together to improve the links between the two departments and the accessibility of additional funding.
- (iii) A Member asked how many families were involved in the FIP currently and how many of these were third generation families to be in this position? The FIP representative indicated that it was possible that all the families currently involved with FIP were third generation families. It was confirmed that there were seven families involved at the moment in the FIP, three of which had a sibling link.
- (iv) A Member sought clarification on how the lead key workers were chosen to work with which families? The FIP representative indicated that current staffing amounted to herself and two key workers. The key workers had experience working with drug and alcohol abuse and the youth offending service. Although every effort was made to match the key worker with the family, current staffing levels meant that this may result in the commissioning of services subject to funding availability.
- (v) A resident representative questioned how the targeted areas were chosen and how was the privately rented sector targeted? The ASB

Unit representative indicated that the areas which were being concentrated on currently represented the three highest levels of deprivation across the town. It was noted that a good tenants' scheme had been introduced which would provide references for tenants to encourage people to maintain their tenancies.

- (vi) In view of the number of families currently involved in the FIP, a Member questioned how many more families it was estimated could benefit from this project? The FIP representative responded that around 20-25 additional families could benefit from the FIP should sufficient resources be made available. Members were asked to note that the Government was looking at introducing a Poverty FIP which would generate additional funding in this area.
- (vii) Members queried what impact the FIP project was having and were advised by Officers that FIP services were successful in Hartlepool. They were also advised that preventative services in Hartlepool were strong/effective, however, helping harder to reach families in need was made more difficult due to staffing levels.
- (viii) It was noted that there were a growing number of families who were not involved in crime or anti-social behaviour but who still did not interact with services, this was a particularly hard to reach group of families.
- (ix) A Member questioned if a family had a number of problems, how was this dealt with? The FIP representative responded that a number of agencies could be involved, including Hartlepool MIND, CAMHS (Child and Mental Health Services), Hartlepool PCT and Hartlepool Intervention Panel and they were all co-ordinated through the FIP.

The representatives from the Family Intervention Project and Anti-Social Behaviour Unit were thanked for their presentations and for answering Members questions.

Decision

The presentation was noted and would be used to inform Members during the investigation.

77. Reaching Families in Need Investigation – Factors/Issues Affecting Families in Need – Housing Factors/Issues – Presentation by the Youth Offending Team and Cleveland Police *(Scrutiny Support Officer)*

The Prevention Manager from the Youth Offending Service (YOS) gave a detailed and comprehensive presentation which examined the YOS service and how this interacted with the whole family. In looking at the young persons needs, any parenting issues were identified and a number of parenting programmes had been introduced including a 10 week nurturing programme, building family relationships and coping strategies. Members were asked to note that a multi agency Youth Inclusion Programme (YIP)

had been established in 2000 and operated across three areas in the town; Owton Manor, Dyke House and North 1. All young people referred onto a YIP had been identified as being the most at risk of offending, truancy or social exclusion. As well as providing an opportunity to identify families in need through home visits, this programme helped engage with hard to reach families at an early stage.

Inspector Knights from Cleveland Police gave a detailed presentation to Members looking at Hartlepool Neighbourhood Safety and the key issues affecting this including domestic abuse, anti-social behaviour, youth/juvenile offending and licensing issues. The Inspector highlighted the excellent partnership working undertaken with HARBOUR which looked at intervention initiatives. In relation to issues affecting families in need, the Inspector commented that health and policing issues were inextricably linked with substance abuse being a key driver. It was added that education and recognition of roles along with the need for heavy involvement in the youth agenda were key issues faced in making a difference to families in need.

A discussion ensued which included the following issues:

- (i) How were the areas currently being targeted by the Youth Inclusion Programme (YIP) chosen? The representative from the YOS responded that areas were chosen by the levels of deprivation in those areas and although other areas had been identified as areas that would benefit from the YIP, additional resources needed to be identified to enable this to be undertaken.
- (ii) Looking at the areas selected for the provision of YIP services against those identified by the Anti-social Behaviour Unit for services, Members were concerned that different criteria was being used and different areas of focus being identified. Members were of the view that there needed to be continuity in the future for the targeting of intervention services/schemes if they were to be truly effective.
- (iii) It was noted that key workers who undertake home visits and the Police were in a prime position to identify family problems, and Members queried how were these families referred? The representative from YOS informed Members that a Community Assessment Framework (CAF) was completed for all families visited and where appropriate referred to the Hartlepool Intervention Panel (HIP) to ensure a multi-agency approach should that be necessary. Inspector Knights added that a number of referrals were made from the Child Protection Unit and although a CAF was not completed by the Unit, the same criteria was used for all referrals. Members were informed that Cleveland Police were currently looking at the creation of a mini-CAF for use in these situations.
- (iv) Members were aware of a number of premises who were selling alcohol to young people who were under age, was this being tackled? Inspector Knights informed Members that there were a number of approaches that were being used in this situation including speaking to the proprietors and gathering of evidence.

The representative from the Youth Offending Service and Inspector Knights from Cleveland Police were thanked for their presentation and for answering Members' questions.

Decision

The presentation was noted and would be used to inform Members during the investigation.

78. Reaching Families in Need Investigation – Factors/Issues Affecting Families in Need – Housing Factors/Issues – Presentation by the Strategic Housing Manager *(Scrutiny Support Officer)*

The Strategic Housing Manager gave a presentation which looked at how housing played a key role in reaching families in need. It was noted that housing played a major part in people's health, both good and bad and the importance of a Housing Strategy which included partnership working across all agencies and Registered Social Landlords (RSLs) was stressed. Members were asked to note that private sector renting was a key area in reaching families in need and that the housing staff were very well placed to access this sector and identify such families.

A discussion ensued which included the following issues:

- (i) The Strategic Housing Manager indicated that although there were some good examples of partnership working, there were some concerns that there were instances of silo working across some agencies therefore reducing the effectiveness of the multi-agency approach.
- (ii) It was noted that referrals tended to be generated and transmitted through informal networks, which effectively rely on individual contacts. With this in mind, a view was expressed that the most effective way to relay referrals would be at the top of organisations. It was also suggested that the establishment of an overarching organisation/body to co-ordinate referrals would be beneficial for partners who some times had to rely on informal networks for referrals.
- (iii) The Strategic Housing Manager that consideration should be given to the Housing Section becoming more involved with the Family Intervention Panel (FIP) and that a Joint Community Framework could be created as the way forward to improve partnership working and ensure that all appropriate agencies were involved and at the correct level.
- (iv) The Director of Housing from Housing Hartlepool (HH) informed Members of its involvement in working with families in need and whilst HH were developing a strategy to roll out across the town to look at reaching families in need, it was acknowledged that there was still a lot of learning to do in relation to long term outcomes. The Connected Care model currently being operated was for the most excluded people

in the Owton Ward and the early signs of the operation of this model were favourable.

- (v) A Member questioned whether the housing employees who made home visits used the Community Assessment Framework (CAF)? The Strategic Housing Manager responded that housing staff did not use the CAF in its current form, but the earlier suggestion of a mini-CAF which was being examined by Cleveland Police would be interesting, but would need the support of all agencies involved. The Director of Housing from HH indicated that its employees did use the CAF although it was felt that it was a complex document to use. It was suggested that the service provision required from all agencies involved in reaching families in need was there, although whether it actually reached everyone that needed it was questioned.
- (vi) Clarification was sought on when the Connected Care model was to be reviewed. The Director of Housing responded that a review was ongoing throughout the commissioning process with the local authority, PCT and provider. It was noted that the operation and effectiveness of the Connected Care model may be looked at as part of this investigation.

The Strategic Housing Manager and Director of Housing from Housing Hartlepool were thanked for their presentations and for answering Members' questions.

Decision

The presentation was noted and would be used to inform Members during the investigation.

79. Issues Identified from Forward Plan

None.

80. Feedback from recent meetings of the Tees Valley Health Scrutiny Joint Committee

None.

81. Any Other items which the Chairman considers are Urgent

The Chair referred to the recent Momentum Consultation which had taken place during the summer months in relation to the siting of the new hospital. It was confirmed that the formal announcement was made last week that the siting of the new Hospital was to be Site A, Wynyard Business Park.

The meeting concluded at 5.30pm.

CHAIRMAN

HEALTH SCRUTINY FORUM

9 December 2008



Report of: Scrutiny Support Officer

Subject: REACHING FAMILIES IN NEED INVESTIGATION –
EVIDENCE FROM THE AUTHORITY'S CHILDREN'S
SERVICES DEPARTMENT – JOINT
PRESENTATION: COVERING REPORT

1. PURPOSE OF THE REPORT

- 1.1 To inform Members that representatives of Hartlepool's Children's Services Department, will be in attendance at today's meeting to deliver a joint presentations in relation to the 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, representatives from the Children's Services Department have been invited to provide evidence on the following issues, to further enhance the Forum's understanding of the department's activities and issues in relation to reaching families in need. Those in attendance at the meeting will be the Children's Fund Manager, Extended Services and Early Years Manager and Head of Business Unit (Family Support):-
- (i) Information – Families Information Service (FISH) and Children and Young People's Service Directory;
 - (ii) Universal provision – Children's Centres and Extended Services through schools;
 - (iii) Targeted provision – Team around the schools/Common Assessment Framework (CAF)/ Hartlepool Intervention Panel (HIP); and
 - (iv) Specialist provision – Access to services document.
- 2.3 During this evidence gathering session it is suggested that it could be useful for Members to also seek responses to the following key questions, should they not become apparent during the course of the presentation:-

- (a) What are your roles and responsibilities in relation to the provision of targeted intervention for hard to reach families in need?
- (b) Evidence considered had so far shown that crime and anti-social behaviour were often used as trigger mechanisms for the identification of hard to reach families in need. What other trigger mechanisms are there and which one(s) do you use in your service area?
- (c) When hard to reach families in need are identified, with additional issues outside your service area, where and how do you refer then? Is there a co-ordinated approach to facilitating dealing with then?
- (d) 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?
- (e) What areas of improvement if any, would you suggest reducing health inequalities and encouraging hard reaching families to take up local health services?

3. RECOMMENDATION

- 3.1 That Members note the content of the presentation, seeking clarification on any relevant issues from the representatives in attendance, 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

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.

Access to Hartlepool Children's Services (Safeguarding & Specialist Services)

Practitioners' Guide to Categories & Priorities

CONTENTS

Introduction	1
Universal, Targeted and Specialist Services	1
Categories and Priorities	2 - 3
Access to Safeguarding and Specialist Services	3 - 5
Key Information Required	5 - 6
Management of Risk	6
Appendix 1 - Priorities and Categories Matrix	7 - 9
Appendix 2 - Request for Service Flow Chart (Where there are concerns about a child or young persons welfare)	11
Appendix 4 – Glossary of Definitions and Terms	12

Introduction

The Children Act 1989 introduced the concept of Children in Need and laid out the responsibilities of the Local Authority and other agencies. This concept was further developed with the introduction of the Children Act 2004, The Every Child Matters Report and the subsequent programme of reforms that introduced the term “vulnerable children”. The Children Act 2004 now places responsibility on professionals in different services to support children in need and to intervene early to help stop children’s needs becoming more severe.

Working Together

In 2006 the government published “Working Together to Safeguard and Promote the Welfare of Children”. This document sets out how partners must work together to safeguard and promote the welfare of children. A copy of the document can be found at www.everychildmatters.gov.uk.

Universal Targeted & Specialist Services

Hartlepool Children’s Services Department provide services and interventions within the continuum of **Universal**, **Targeted** and **Specialist** services, see **Appendix 1**. Safeguarding & Specialist Services provide interventions for complex and acute needs based on statutory duties derived from legislation namely the Children Act 1989 supported by guidance from central government and the development of case law within the context of the planning, commissioning and reviewing of services within the Children’s Trust

Purpose of the Guide

The purpose of the guide is to ensure that children & young people can be directed or supported to access the most appropriate services as quickly and effectively as possible.

Aims of the guide

- To promote a common understanding of categories for assessment across the continuum of **Universal**, **Targeted** (vulnerable) and **Specialist** (complex or acute) Services
- To encourage the appropriate targeting of interventions to children & young people in need
- To promote the implementation of the Common Assessment Framework, Team around the Child and the role of the Lead Practitioner

Categories and Priorities

Entitlement to Services

All children and young people resident within the boundaries of the unitary authority of Hartlepool are entitled to **Universal** services, **Targeted** services as **vulnerable** children and **Safeguarding & Specialist** Services if their needs are assessed as being **complex** or **acute**. Children and young people who live outside the Borough but attend school in Hartlepool will also have their welfare safeguarded at school by Safeguarding and Specialist Services

Continuum of Need

At the most serious end of the continuum for children and young people is priority **1 acute** and priority **2 complex needs**. If a child or young person's needs are complex or acute it is likely that they will meet the category and threshold for assessment by a practitioner from Safeguarding & Specialist Services (guidance appendix 1). There are a significant number of children who at any given time may be considered **vulnerable** or have a priority **3** need and meet the criteria for targeted services. These are children & young people for whom the aim is to increase the ability of partner agencies to provide interventions at an early stage to prevent needs escalating to become complex or acute.

The route in to services for these children and young people will be via the **Common Assessment Framework**, The Team around the Child and an identified Lead Practitioner where two or more agencies are involved.

Categories of Children and Young People in Need – Complex or Acute

The List below is intended to assist practitioners and their managers to clarify whether children & young people should be assessed by Safeguarding & Specialist Services for interventions:

- A child or young person who has been abused or neglected or identified as being at risk of physical, sexual, emotional abuse or neglect
- A child or young person who is likely to have their health or development significantly impaired, or further impaired, without the provision of interventions
- A child or young person who has a disability or serious medical condition that significantly threatens their health or development and where the provision of interventions would minimise the effect of that disability or medical condition
- A child or young person who lives away from home via a private fostering arrangement
- A child or young person who is an unaccompanied asylum seeker
- A child or young person who is at demonstrable risk of offending where there is evidence that they have complex or acute needs
- A child or young person who has been looked after by the local authority or a young person who has left care who requires additional interventions to make the transition to living successfully in the community
- A young person or young adult up to the age of 21 years (24 if in higher education) who ceased after the age of 16 to be:

- a. looked after by a local authority other than Hartlepool
- b. accommodated by or on behalf of a voluntary organisation
- c. accommodated in a registered children's home
- d. accommodated by a Strategic Health Authority, N.H.S. Trust, residential education placement, or in a residential care home, nursing home or mental health nursing home
- e. privately fostered

Access to Safeguarding & Specialist Services

Prior to Requesting a Service

Before making a request for a service every effort should have been made to work with the child or young person from your professional practice base and within your organisation involving other practitioners as necessary using the Common Assessment Framework and the Team around the Child. If you are in doubt about whether or not to request a service you should in the first instance consult with your line manager and then if still in doubt contact the Duty Team for guidance on **01429 266522**.

In all instances you will have undertaken your own assessment using the Common Assessment Framework and be clear about the needs of the child or young person and the outcomes expected from the request for services.

The consent of the Parents or Guardians (or the young person's consent if competent to give this) must always be sought.

The only exception to the above is where a child or young person is at immediate risk of or is being harmed (abused). Then practitioners must follow their agencies own child protection procedures and where in existence forward the Common Assessment Framework document within 24 hours. Where a Common Assessment Framework is not in existence those referring should provide as much information as possible on a Common Assessment Framework.

The practitioner requesting a service from Safeguarding & Specialist Services for a child or young person is expected to have reached a **considered judgement** about the category and priority of need and risk within the context of the information contained in **Appendix 1**. The Common Assessment Framework should be used in the process of requesting a service to enable a broad view to be formed about the interventions required and assist with judgements about, what, if any additional interventions may be needed.

Professionals who request a service often have a great deal of information and assessment material regarding the children and young people known to them. It is important that all relevant information is shared when requests for services are made to Safeguarding & Specialist Services. Fuller details and assessment information will enable speedier decisions, swifter action and prevent duplication in gathering information.

How to Request a Non Urgent Service

You should make non urgent requests for a service in writing accompanied by a completed Common Assessment Framework assessment. The Duty team will accept the assessment provided it contains all the key factual personal data required, outlines the issues for intervention and outcomes and the documentation contains the informed consent of the Parent/Guardian or Young Person if deemed competent.

Non urgent requests for a service may also be made by telephone on **01429 266522**. However you will still need to confirm your referral in writing with a completed Common Assessment Framework assessment. It is only when the correct information is provided to make an informed decision that the Duty Team manager in collaboration can agree to accept the request and decide the next steps to be taken.

Urgent Requests for a Service

If you know that a Social Worker is already involved with the child or family please contact them immediately. In their absence ask to speak to their Team Manager or Principal Practitioner. Please make it explicit that you wish to make an urgent request for an intervention service.

If you are not aware of any existing social work involvement make an immediate telephone referral to the Duty Team. The Council's Contact Centre will take the initial call via the telephone and you will be passed on to the Duty team.

Out of office hours you can contact the Emergency Duty Team for The Tees Valley on **08702402994**. The Emergency Duty Team only deal with immediate emergencies and will refer any other request for a service to the Duty Team or relevant Social Work Team, if a Social Worker is already involved, the next working day (Monday to Friday excluding Bank Holidays).

In order to assist the process of gathering information and decision making please be explicit and clear about the exact nature of your concerns when making a request for a service where you believe a child or young person is at immediate risk of significant harm (abuse). You will be required to provide basic details of the Child/Young Person and family members please have these to hand.

When you make a request for a service of this nature, staff will advise you of the need to confirm your request in writing within 48 hours. Where a Common Assessment Framework or other assessment exists please send this to the Duty Team or allocated social worker as well as the written account outlining the immediate and significant risk factors that led you to make the request for a service.

Key Information Required

Basic Details

Please provide the basic details via the Common Assessment Framework assessment. The Duty team will not be able to process the request for a service unless all the key information is available.

Reason(s) for the Request

Please give clear evidence based reasons for making the request for a service and the outcomes expected from the request. It is important that the parent or guardian, child or young person are made aware of the request and the informed consent of the parent or guardian or young person if deemed competent has been obtained to exchange the information you have provided.

The only exception to gaining informed consent is if it is an urgent request where there is evidence that a child or young person is at immediate risk of significant harm (abuse).

Referrer Details

Please provide your own details as fully as possible, including an e-mail address if you would prefer a reply by e-mail.

What to expect after you have made a request for a service

A decision will be made within **24** hours about what will happen to your request. A contact officer or duty social worker will probably need to clarify further your concern. Please ensure that you provide full information and check with other partner agencies such as G.P., health visitor or school about what other information, if any, is known.

Once the Duty Team Manager/Team Manager has made a decision, the person requesting the service should expect to receive feedback on what will happen next.

If the duty team or social work team decide, after initial enquiries, that the request for a service is not a priority **1 acute** or priority **2 complex** case feedback will be provided to the person who requested the service by the contact officer or social worker advising of the decision and reasons. Where the criteria for Safeguarding & Specialist Services are not met it may be appropriate to sign post to other services.

When a request for a service has been accepted by the Duty Team and Safeguarding & Specialist Services are planning to conduct an initial assessment this will take **7** working days. The Common Assessment Framework assessment will be particularly important in informing the initial assessment and supporting timely and effective assessments and any subsequent interventions.

Where it is clear that there are or it emerges there are child protection concerns a child protection enquiry will begin. This will start with a strategy discussion or

meeting and automatically trigger a core assessment. This is a more complex multi agency assessment that takes up to **35** working days.

Upon completion of either an Initial or Core Assessment the social worker should discuss the outcome and agree what is to happen next. Partner agencies are expected to contribute to the assessments and cooperate with any child protection enquiry.

Management of Risk

The risk management decision about whether a child or young person is entitled to an assessment or intervention for acute or complex needs is managed by Safeguarding & Specialist Services. In making a decision over the level of priority the manager will use the priority guide **Appendix 1**, to consider the seriousness of the child or young person's situation, protective and resilience factors, statutory responsibilities, categories and thresholds. The manager will also consider the risk of deterioration in the situation if an intervention is not provided by Safeguarding & Specialist Services.

By the nature of risk management decision making there may be times when practitioners from other disciplines may have different opinions about a risk management decision. It is important that these views are openly shared and disagreements voiced and debated. These discussions should take place with the relevant Team Manager, duty or Social Work team. However on the rare occasion that a partner agency has significant issues about the decision, the matter in the first instance should be referred to the relevant Head of Business Unit. If agreement is not reached then the discussion will involve the Assistant Director Safeguarding & Specialist Services.

Process

A flow chart is attached as **Appendix 2** to help explain the main steps in requesting a service and how this request may proceed.

Feedback

If you have not received feedback or are in doubt as to what may happen next please contact the Duty team contact officer/social worker or the allocated social worker.

Appendix 1 - Categories, Needs and Priorities Pages

Pages 7 - 10



Appendix 2 – Flow Chart

Page 11


Appendix 3 – Glossary of Definitions and Terms

Page 12


APPENDIX 1

LEVEL OF RESPONSE & PRIORITY 	HIGH RISK (PRIORITY 1) <i>Also described as level 4 acute needs</i> <i>(Referral accepted for service/intervention)</i> Safeguarding & Specialist Services (Examples for illustrative purposes: not exhaustive)	MEDIUM RISK (PRIORITY 2) <i>Also described as Level 3 complex needs</i> (Request for service accepted as referral for assessment) Safeguarding & Specialist Services (Examples for illustrative purposes: not exhaustive)	LOW RISK (PRIORITY 3) <i>Also described level 2 vulnerable children</i> <i>(Decision taken at request for a service stage, give advice or signpost)</i> Targeted services (Examples for illustrative purposes: not Exhaustive)
Codes set by D.C.S.F. re: categories of need for Safeguarding & Specialist Services 	Child or Young Person's health/development likely to be significantly impaired without services OR statutory obligation to provide interventions	Child or Young Person at risk of their health/ development being significantly impaired	Child or Young Person at risk of not reaching a reasonable standard of health/development.
Actual or suspected abuse or neglect	<ul style="list-style-type: none"> • Unborn Child, Child or Young Person is suffering actual or likely to suffer significant harm: physical/emotional/sexual • Unborn Child, Child or Young Person suffering actual or likely serious neglect • Child or Young person who is the subject of a child protection plan • Child or Young Person who was subject to Child Protection Plan within last 3 months. • Child or Young Person at risk through exploitation and/or being trafficked • Child or Young Person witnessing extreme forms of physical and or sexual violence • Child or Young Person recently looked after, or subject of Care Order, Supervision Order, or Family Assistance Order as a result of abuse or neglect • Young Person/Adult 16-24 looked after by Hartlepool for 13 weeks after 14th birthday, inc. at 16th birthday. 	<ul style="list-style-type: none"> • Information that child or young person may be suffering significant harm from abuse or neglect • Concerning information about child or young person previously subject of S47 (child protection) enquiries • Sibling of child or young person subject of Child Protection concerns • Serious concern about risk to unborn child • Allegation of abuse by someone outside household • Child or young person subject of Child Assessment Order • Child or young person in contact with a adult that has been convicted of crimes against children • Child or young person whose health or development is at risk of being significantly impaired by exposure to domestic violence • Child or young person perpetrating sexual abuse. • Pregnant young women under 16 years old assess/decision under Bischoff rules 	<ul style="list-style-type: none"> • Pregnant 16-17 year old • Child of school age not known to education services


APPENDIX 1

LEVEL OF RESPONSE & PRIORITY 	HIGH RISK (PRIORITY 1) <i>Also described as level 4 acute needs</i> <i>(Referral accepted for service/intervention)</i> Safeguarding & Specialist Services (Examples for illustrative purposes: not exhaustive)	MEDIUM RISK (PRIORITY 2) <i>Also described as Level 3 complex needs</i> (Request for service accepted as referral for assessment) Safeguarding & Specialist Services (Examples for illustrative purposes: not exhaustive)	LOW RISK (PRIORITY 3) <i>Also described level 2 vulnerable children</i> <i>(Decision taken at request for a service stage, give advice or signpost)</i> Targeted services (Examples for illustrative purposes: not Exhaustive)
Child or Young Person with a disability or life threatening/life limiting condition	<ul style="list-style-type: none"> • Child or Young Person with acute care needs requiring 24 hr supervision/assistance • Child or Young Person looked after due to disability • Young Person/Adult 16-24 looked after for 13 weeks after 14th birthday, including at 16th birthday. 	<ul style="list-style-type: none"> • Child or Young Person with high level of complex additional day care needs • Parent/carer experiencing considerable difficulty in providing physical, emotional care, supervision or communication required due to child or young person's disability • Child or Young Person not being provided by parent(s) with appropriate levels of physical, emotional care or supervision required • Child or Young Person with high level of challenging behaviour • Carer of disabled Child or Young Person • Young Person in transitional planning in final 2 years of school • Child or Young Person in hospital for more than 12 weeks • Child or Young Person affected by HIV • Child or Young Person with life threatening /life limiting condition • Child or Young Person with recently recognised long term impairment/disability 	<ul style="list-style-type: none"> • Child or Young Person registered hard of hearing/deaf • Child or Young Person with significant health issues who may require hospitalisation • Child or young person with any medical illness not associated with learning disability • Sibling of child or young person with a disability or life threatening/life limiting condition • Young person requiring support into adulthood
Parental illness, impairment, or substance misuse	<ul style="list-style-type: none"> • Child or Young Person Receiving unacceptable level of physical or emotional care or supervision • Child or Young Person's health or development significantly impaired by regularly and inappropriately taking main caring role within family • Potential Mother with a viable pregnancy (currently 24 weeks gestation) who is or partner is a chaotic substance mis user 	<ul style="list-style-type: none"> • Child or Young Person intermittently receiving unacceptable level of physical or emotional care or supervision • Child or Young Person regularly undertaking substantial or inappropriate caring responsibilities • Child or Young Person looked after or subject of Care Order, Child assessment order, Supervision Order, or Family Assistance Order as a result of parental illness, impairment or addiction • Unborn baby with substance misusing mother 	<ul style="list-style-type: none"> • Parent unable to provide care for short period due to illness

APPENDIX 1

LEVEL OF RESPONSE & PRIORITY 	HIGH RISK (PRIORITY 1) <i>Also described as level 4 acute needs</i> <i>(Referral accepted for service/intervention)</i> Safeguarding & Specialist Services (Examples for illustrative purposes: not exhaustive)	MEDIUM RISK (PRIORITY 2) <i>Also described as Level 3 complex needs</i> (Request for service accepted as referral for assessment) Safeguarding & Specialist Services (Examples for illustrative purposes: not exhaustive)	LOW RISK (PRIORITY 3) <i>Also described level 2 vulnerable children</i> <i>(Decision taken at request for a service stage, give advice or signpost)</i> Targeted services (Examples for illustrative purposes: not Exhaustive)
Family acute stress	<ul style="list-style-type: none"> • Child looked after as result of family crisis • Young Person/Adult 16-24 looked after for 13 weeks after 14th birthday, including at 16th birthday 	<ul style="list-style-type: none"> • Child or Young Person experiencing serious continuing harassment or abuse outside the home due to racism, disablism, homophobia, or other discrimination • Child looked after in the past as a result of family crisis • Unsupported pregnant Child or Young Person under 18 years old 	<ul style="list-style-type: none"> • Homeless family • Parental death • Child experiencing some harassment or abuse outside the home
Family dysfunction	<ul style="list-style-type: none"> • Child abandoned • Child emotionally rejected • Relationship with main carer broken down • Child looked after, or subject of Care Order, Supervision Order, or Family Assistance Order, as a result of family dysfunction • Young Person/Adult 16-24 looked after by Hartlepool for 13 weeks after 14th birthday, including 16th birthday 	<ul style="list-style-type: none"> • Child or Young Person receiving poor level of physical or health care • Child or Young Person living in unsafe physical environment: hygiene or safety • Relationship with carer at high risk of breakdown • Unborn child where there are significant concerns about the parenting ability of parents • Child or Young Person subject of Child Assessment Order or Family Assistance Order • Child Subject of Special Guardianship Order where relationship with carer(s) is at risk of breaking down 	<ul style="list-style-type: none"> • Frequent unplanned changes of carer • Inconsistent parenting • Child exhibiting severely isolated or withdrawn behaviour
Child or Young Person's socially unacceptable behaviour	<ul style="list-style-type: none"> • Child or Young Person remanded to LA accommodation or bailed to reside as direct by the local authority • Behaviour of Child or Young Person at high risk of causing serious harm to others or high risk of harm to themselves • Child or Young Person at significant risk of harm from substance misuse • Child or Young Person looked after, subject of Care Order, Supervision Order, Family Assistance Order, or Supervision Order with condition of residence as a result of offending behaviour <p>Cont'd overleaf</p>	<ul style="list-style-type: none"> • Behaviour of Child or Young Person likely to put their own and/or other life of others at risk of significant harm • Child or Young Person suspected to be at high risk from substance misuse • Child or Young person exhibiting sexually inappropriate behaviour 	<ul style="list-style-type: none"> • Child or Young Person at risk of offending or anti-social behaviour • Child or Young Person at risk of permanent exclusion or permanently excluded from pre school or school setting

APPENDIX 1

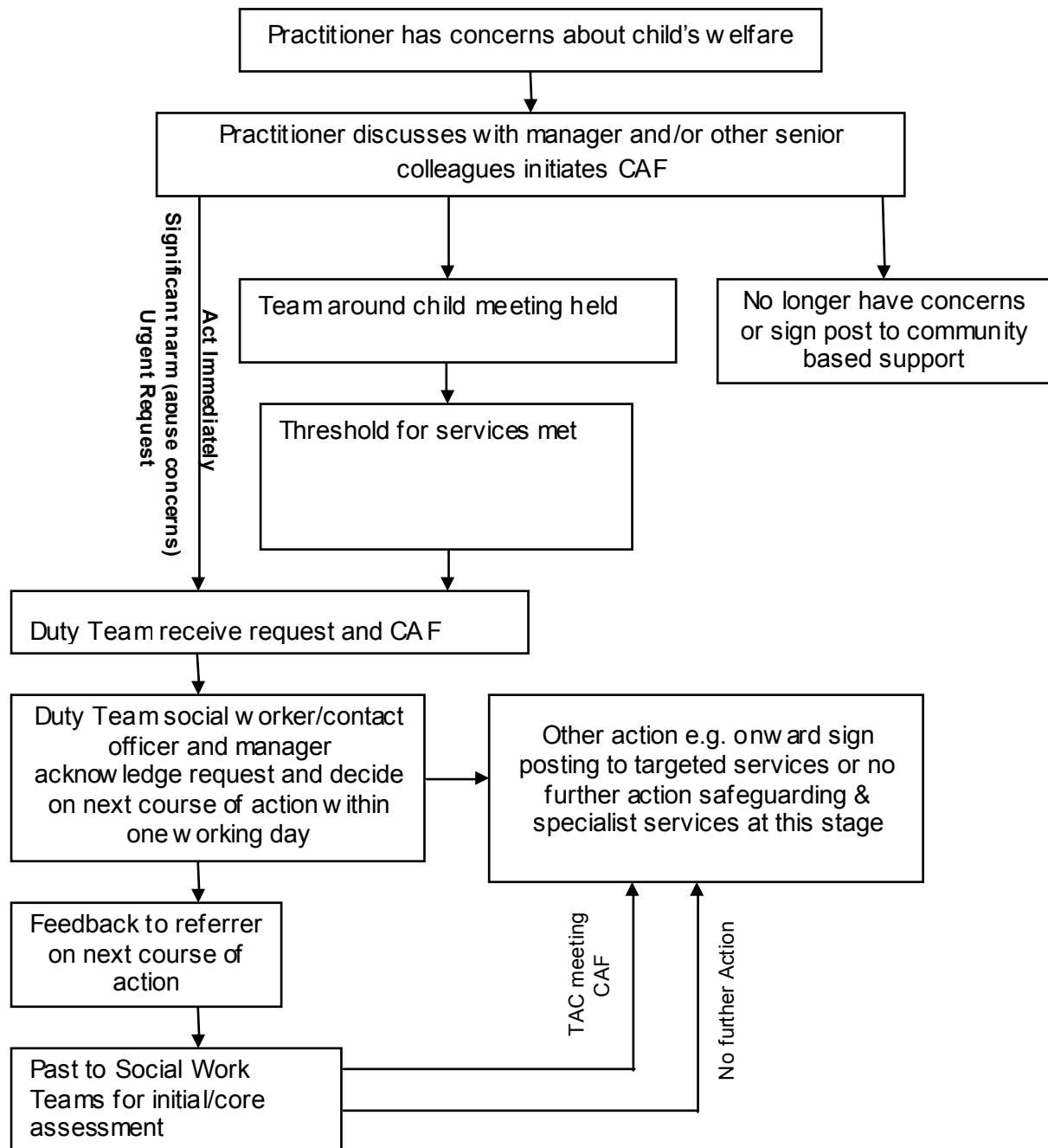
LEVEL OF RESPONSE & PRIORITY 	HIGH RISK (PRIORITY 1) <i>Also described as level 4 acute needs</i> <i>(Referral accepted for service/intervention)</i> Safeguarding & Specialist Services (Examples for illustrative purposes: not exhaustive)	MEDIUM RISK (PRIORITY 2) <i>Also described as Level 3 complex needs</i> (Request for service accepted as referral for assessment) Safeguarding & Specialist Services (Examples for illustrative purposes: not exhaustive)	LOW RISK (PRIORITY 3) <i>Also described level 2 vulnerable children</i> <i>(Decision taken at request for a service stage, give advice or signpost)</i> Targeted services (Examples for illustrative purposes: not Exhaustive)
	<ul style="list-style-type: none"> • Young Person/Adult 16-24 looked after by Hartlepool for 13 weeks after 14th birthday, including at 16th birthday due to socially unacceptable behaviour 		
Income below state entitlement	<ul style="list-style-type: none"> • Asylum seeking families currently receiving financial support through Children's Services 	<ul style="list-style-type: none"> • 16 & 17 Young Person homeless and at risk of their health or development being significantly impaired 	<ul style="list-style-type: none"> • Non habitually resident status (including EEC nationals) • 16 & 17 yrold actually or potentially homeless who is at risk of not reaching a reasonable standard of health / development as a result of homelessness
Absent parenting	<ul style="list-style-type: none"> • No one with parental responsibility • Lost or abandoned (including through imprisonment of parent) • Unaccompanied asylum seeker • Child looked after due to absent parenting or under 16 privately fostered • Young Person/Adult 16-24 looked after for 13 weeks after 14th birthday, including at 16th birthday, due to absent parenting 	<ul style="list-style-type: none"> • Child or Young Person left at home and at risk of harm due to their age and/or stages of development 	
Other-(legal & admin)	<ul style="list-style-type: none"> • Investigation of historical allegations or complaints against staff by adults who received services as children • Court reports: domestic/divorce cases • Inter-country adoptions • Access to files • S51 (post adoption) counselling • Step parent adoptions 	<ul style="list-style-type: none"> • Opinion required re adult convicted of crimes against children • Special Education Needs Team identify need for Social Work contribution to Statement Assessment 	

APPENDIX 2

FLOW CHART- Requesting a Service

(Where there are concerns about a child's welfare)

Based on "Working Together to Safeguard Children" (2006)



Where there are concerns about the child's immediate safety urgent action will be taken to safeguard the child. When the initial assessment is complete a decision will be taken as to what further action is required. (This is further explained in 'Working Together')

APPENDIX 3

Glossary of Definitions and Terms

Unborn Child/Child or Young Person/Young Adult

The term Unborn Child relates to a pregnancy that is classed as viable (currently from 24 weeks). The term “child or young person” relates to children and Young People aged 0 to 18th birthday. Young Adult refers to a care leaver cared for by Hartlepool aged 18 to 21st birthday or 24th birthday if in higher education.

Parent and Guardian

This includes mothers, fathers, carers and other adults with the legal responsibility to care for a child or young person

Common Assessment Framework

The Common Assessment Framework has been implemented as the first level holistic assessment tool to prevent children & young people “falling through the net” in terms of access to interventions. The Common Assessment Framework helps to identify children and young people who require targeted support to ensure they achieve **a reasonable standard of health and development**

Other Assessments

The Common Assessment Framework will support and link to other assessment processes and statutory duties to investigate e.g. Youth Offending Service “Asset” assessment and core assessment/ child protection investigations carried out by Specialist Services under s.47 of The Children Act 1989.

Team around the Child

The Team around The Child is the group of practitioners who are involved in providing intervention(s) to a child or young person.

Lead Practitioner

The Lead Practitioner is agreed at the Team around the Child meeting where two or more practitioners are involved from different agencies. The Lead Practitioner acts as the main point of contact, ensures the support package is in place and organises review meetings.

Presentation to Health Scrutiny

9th December 2008

Universal services
Targeted services
Access to Safeguarding & Specialist services

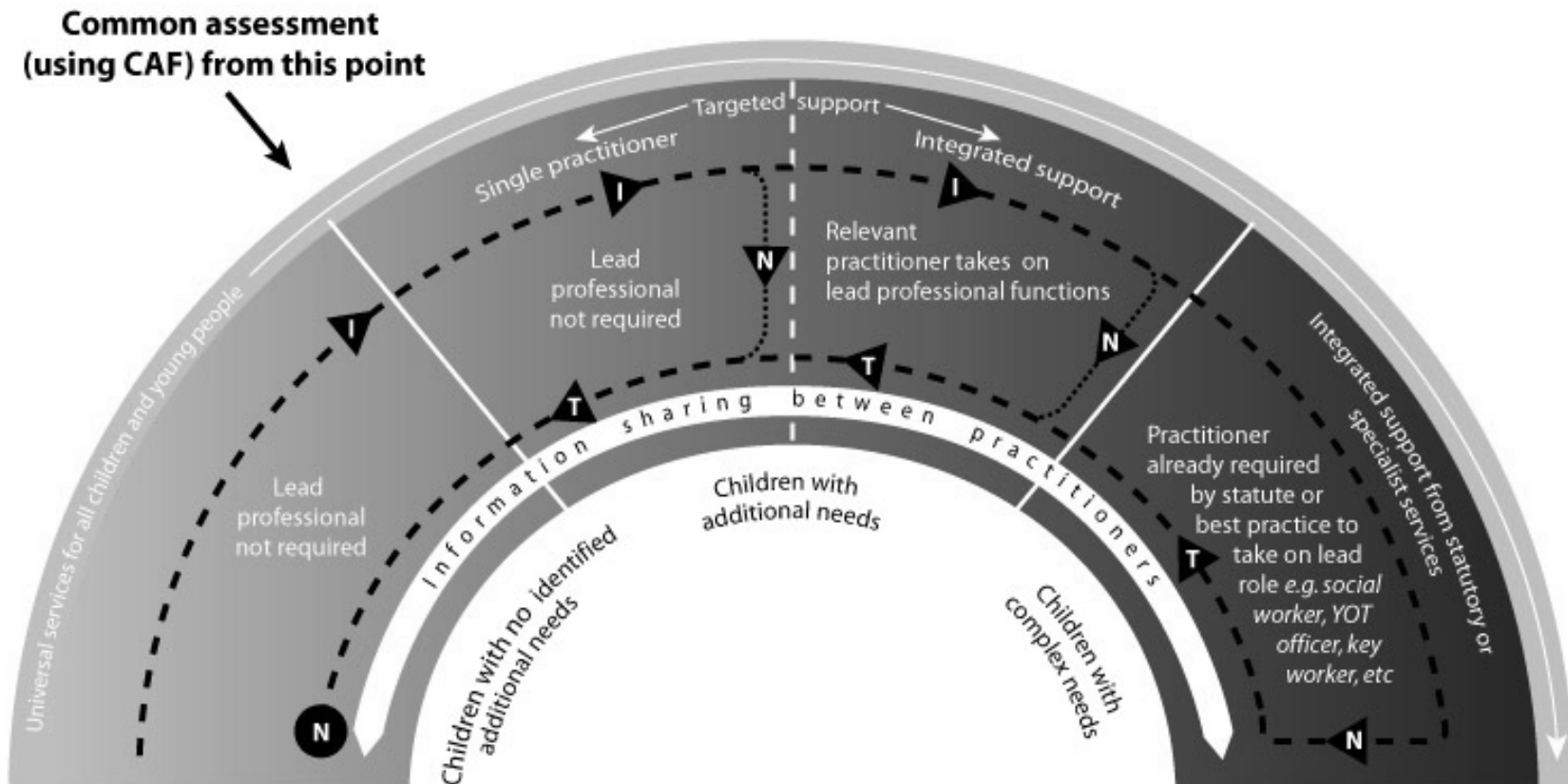
Danielle Swainston
John Robinson
Sheila O'Connor



CHILDREN'S SERVICES in Hartlepool

Every Hartlepool Child Matters

The Continuum of need - The Windscreen



CHILDREN'S SERVICES in Hartlepool

Every Hartlepool Child Matters



UNIVERSAL SERVICES

Information

Children's Centres

Extended Services through schools

CHILDREN'S SERVICES in Hartlepool

Every Hartlepool Child Matters

Information available to all families

Families Information Service Hartlepool (FISH)

- Based in the Central Library
- Offer information on all children's services – originally set up to promote childcare
- Outreach service to Children's Centres

Children and Young People's Service Directory (CYPSD)

- Online service directory
- <http://hartlepool.fsd.org.uk>
- Zones for children/ young people / parents and carers / practitioners

CHILDREN'S SERVICES in Hartlepool

Every Hartlepool Child Matters

Children's Centres

(children aged 0-5 years old and their families)

Children's centres need to provide a core offer:

- Integrated care and learning
- Health services
- Family support
- Jobcentre plus
- Childminding networks

CHILDREN'S SERVICES in Hartlepool

Every Hartlepool Child Matters

Extended Services through schools

Extended Schools core offer:

- A varied menu of activities (including study support and play) and childcare
- Community Access
- Swift and easy access to targeted and specialist services
- Parenting support

CHILDREN'S SERVICES in Hartlepool

Every Hartlepool Child Matters

Joint Children's Centres and Extended Services strategy

- Five localities – North 1, North 2, Central 1, Central 2, South
- Integration Support Managers
- Multi agency teams across North and South
 - Midwives
 - Health visitors
 - Family Support Workers

CHILDREN'S SERVICES in Hartlepool

Every Hartlepool Child Matters



TARGETED SERVICES

CAF

TEAM AROUND THE SCHOOL

CHILDREN'S SERVICES in Hartlepool

Every Hartlepool Child Matters

The Common Assessment Framework

- A common form;
- Can be used by all organisations across the Children and Young People's workforce;
- The child/young person is at the centre of the process;
- Families don't need to:
 - repeat their story;
 - undergo numerous assessments;
- It provides an opportunity to respond to unmet need at an earlier stage in a child or young persons' life;
- Supports multi-agency working;
- Consent to share information;
- CAF can support requests for services from other agencies.

CHILDREN'S SERVICES in Hartlepool

Every Hartlepool Child Matters

Team Around the Primary School

- Is a response to requests made by headteachers over a number of years for more integrated services focussed on school communities.
- Will be funded by a number of grants including the “Poverty Family Intervention Project” and the “Children’s Fund”.
- Funding is secured until March 2011.
- Focus of case work will be families living in poverty with particular reference to domestic violence, substance misuse, poor parenting and mental health issues. Tackling worklessness is a major aim of this project

CHILDREN’S SERVICES in Hartlepool

Every Hartlepool Child Matters

Team Around the Primary School

- Will include a Team Leader (Interventions Co-ordinator)
- 3 teams across the 32 primary schools (inc Springwell)
- Each Team will have a Social Worker and initially 3 Project Workers each with a specialist skill relating to the key outcomes
- Will provide support to schools in completing Common Assessment Framework forms
- Links with the Parenting Support strategy

CHILDREN'S SERVICES in Hartlepool

Every Hartlepool Child Matters

Team Around the Primary School

- Will provide an initial consultancy contact for the Designated Teacher for Child Protection.
- Will meet on a regular basis with school staff to identify families in need of support
- Will connect to Social Care at an appropriate level
- Is designed to be a bolt on service that will facilitate the involvement of partners.
- (Police and School Nurse service have indicated an interest in joining the project).
- Could provide a base for Parent Support Advisors if schools agree
- Will provide a link to parenting programmes

CHILDREN'S SERVICES in Hartlepool

Every Hartlepool Child Matters

Team Around the Primary School

- Initial project to be in place January 2009
- Development of effective process needs to be done in short timescale
- Project now has Headteacher/school input to refine process
- First meeting with Heads very positive
- We will group schools across South, Central and North
- Need schools to offer office space for team members to use



Access to Safeguarding & Specialist Services

CHILDREN'S SERVICES in Hartlepool

Every Hartlepool Child Matters

Categories and priorities

ENTITLEMENT TO SERVICES

CHILDREN'S SERVICES in Hartlepool

Every Hartlepool Child Matters

CONTINUUM OF NEED

- At the most serious end of the continuum for children and young people is:
- **Safeguarding and Specialist Services**
 - Priority 1: Acute Needs
 - Priority 2: Complex needs
- **Common Assessment Framework**
 - Priority 3: Services for vulnerable children

CHILDREN'S SERVICES in Hartlepool

Every Hartlepool Child Matters

Categories of children and Young People in Need – Complex or Acute

- A child or young person who has been abused or neglected or identified as being at risk of physical, sexual, emotional abuse or neglect.
- A child or young person who is likely to have their health or development significantly impaired, or further impaired, without the provision of interventions.
- A child or young person who has a disability or serious medical condition that significantly threatens their health or development and where the provision of interventions would minimise the effect of that disability or medical condition.

CHILDREN'S SERVICES in Hartlepool

Every Hartlepool Child Matters

- A child or young persons who lives away from home via a private fostering arrangement.
- A child or young person who is an unaccompanied asylum seeker.
- A child or young persons who is at demonstrable risk of offending where there is evidence that they have complex or acute needs.
- A child or young person who has been looked after by the local authority or a young persons who has left care who requires additional interventions to make the transition to living successfully in the community.
- A young person or young adult up to the age of 21 years (24 if in higher education) who ceased after the age of 16 to be looked after.

CHILDREN'S SERVICES in Hartlepool

Every Hartlepool Child Matters

Management of risk

- The risk management decision about whether a child or young person is entitled to an assessment or intervention for acute or complex needs is managed by Safeguarding and Specialist Services.
- The manager will consider the seriousness of the child or young person's situation;
- protection and resilience factors, statutory responsibilities, categories and thresholds.

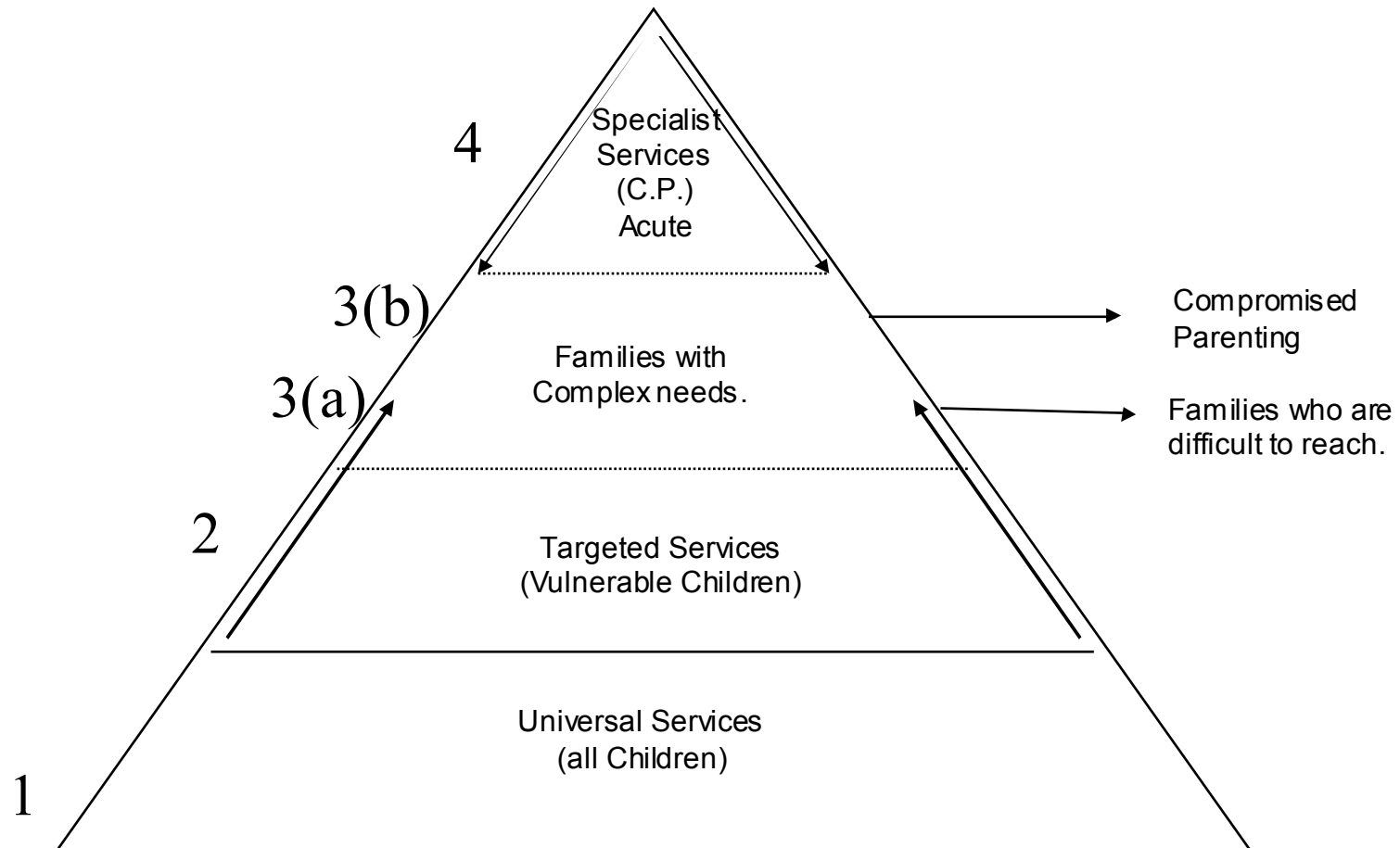
Strategies developed to assist families

- Parenting Strategy
- Early Years Strategy
- Hidden Harm Strategy
- Domestic Violence Strategy
- Alcohol Strategy
- Adult Drugs Strategy
- Young People's Substance Misuse Strategy
- Participation Strategy
- Public Health Strategy.-

CHILDREN'S SERVICES in Hartlepool

Every Hartlepool Child Matters

Thresholds



CHILDREN'S SERVICES in Hartlepool

Every Hartlepool Child Matters

HEALTH SCRUTINY FORUM

9 December 2008



Report of: Scrutiny Support Officer

Subject: REACHING FAMILIES IN NEED INVESTIGATION –
EVIDENCE FROM THE AUTHORITY'S PORTFOLIO
HOLDER FOR CHILDREN'S SERVICES –
COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To inform Members of the Forum that the Portfolio Holder for Children's Services 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 Children's Services 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 Children's Services 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) Evidence considered had so far shown that crime and anti-social behaviour were often used as trigger mechanisms for the identification of hard to reach families in need. What other trigger mechanisms are there and which one(s) do you use in your service area?
- (c) When hard to reach families in need are identified, with additional issues outside your service area, where and how do you refer then? Is there a co-ordinated approach to facilitating dealing with then?

- (d) 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?
- (e) What areas of improvement if any, would you suggest reducing health inequalities and encouraging hard reaching families to take up local health services?

3. RECOMMENDATIONS

- 3.1 That Members of the Forum consider the views of the Portfolio Holder for Children's Services 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.

HEALTH SCRUTINY FORUM

9 December 2008



Report of: Scrutiny Support Officer

Subject: REACHING FAMILIES IN NEED INVESTIGATION –
EVIDENCE FROM THE AUTHORITY'S ADULT AND
COMMUNITY SERVICES DEPARTMENT –
PRESENTATION: COVERING REPORT

1. PURPOSE OF THE REPORT

- 1.1 To inform Members that representatives of Hartlepool's Adult and Community Services Department, will be in attendance at today's meeting to deliver a presentations in relation to the 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, representatives from the Adult and Community Services Department (Assistant Director of Commissioning) have been invited to provide evidence to further enhance the Forum's understanding of the department's activities and issues in relation to reaching families in need.
- 2.3 During this evidence gathering session it is suggested that it could be useful for Members to also seek responses to the following key questions, should they not become apparent during the course of the presentation:-
- (a) What are your roles and responsibilities in relation to the provision of targeted intervention for hard to reach families in need?
 - (b) Evidence considered had so far shown that crime and anti-social behaviour were often used as trigger mechanisms for the identification of hard to reach families in need. What other trigger mechanisms are there and which one(s) do you use in your service area?

- (c) When hard to reach families in need are identified, with additional issues outside your service area, where and how do you refer then? Is there a co-ordinated approach to facilitating dealing with then?
- (d) 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?
- (e) What areas of improvement if any, would you suggest reducing health inequalities and encouraging hard reaching families to take up local health services?

3. RECOMMENDATION

- 3.1 That Members note the content of the presentation, seeking clarification on any relevant issues from the representatives in attendance, 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

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.

Reaching Families in Need

The Contribution of Adult & Community
Services

Jill Harrison

Assistant Director of Commissioning

Roles of Adult & Community Services

- Work with Vulnerable Adults
(Mental Health, Physical Disabilities, Learning Disabilities & Older People)
- Wider Health & Wellbeing Agenda
(Universal Services, Prevention, Early Intervention & Low Level Support)

Work with Vulnerable Adults

- Identification of needs of the wider family:
- Check whether known to services
- Referral to Duty Team if appropriate
- Joint working with Children & Families
- Parenting needs identified within SAQ and Support Planning process
- Recognition of the role of Carers (including young carers)
- Parenting support for people with mental health and physical or learning disabilities.
- Supporting transitions from children's to adults services.

Support Available

- Direct Payments to support people in their parenting roles and to provide respite for parents and siblings.
- Hartlepool MIND deliver Parenting under Pressure Workshops, and have Human Givens Therapists linked to Family Centres.
- Primary Care Mental Health Workers lead Parent Management courses.
- Hartlepool Carers support informal carers through their adult and young carers projects.

Wider Health & Wellbeing Agenda

- Promoting Healthy Lifestyles
(smoking cessation, health eating etc)
- Promoting Emotional Wellbeing
- Health Trainers / Connected Care
- Employment Link
- Adult Education
(literacy, numeracy, access courses)

Examples

- Family learning sessions in libraries
- Moving Forward Project
- Positive Choices Project
- Improving Access to Physical Activities for people with Learning Disabilities
- Development of Sex and Relationships Training Programme



Programme Office
Room 407, 4th Floor, North Wing
University Hospital of North Tees
Hardwick
Stockton on Tees
TS19 8PE

Telephone: 01642 383234
Email: momentum@nth.nhs.uk

To: **Momentum Stakeholders**

26 November 2008

Dear Colleague

Momentum: Pathways to Healthcare Consultation

As you may be aware, the Momentum: Pathways to Healthcare consultation ran for 13 weeks from Monday 2 June to Monday 1 September 2008. If you contributed to the consultation during this time, may I take this opportunity to thank you for your input.

All contributions received as part of the consultation were collated and analysed independently and this report informed the decision taken by the NHS Joint Committee at a meeting held in public on Thursday 23 October 2008. The final consultation report, along with papers for this meeting are available to view or download from www.momentum-consultation.org.uk or on request from the Momentum Team by telephoning 01642 383234.

At this meeting the NHS Joint Committee agreed the following:

1. The Momentum service model to have health services in or as near to your home as possible, with only things which need to be done in hospital taking place there.
2. Integrated Health Centres to be located in central Stockton and central Billingham, Urgent Care services to be provided in or near to Hartlepool Town Centre development and extended facilities in Yarm.
3. New hospital location: Site A, Wynyard Business Park

Following the NHS Joint Committee's decision, it is now time to focus on planning and putting into action the service changes across the whole care pathway that we discussed as part of the service remodeling work.

The exciting next steps that are now progressing include:

1. Service Remodeling

a) Identifying the individual service / healthcare pathway change projects

A large number of pathway development areas were identified from the service redesign work, as well as the work to develop the new hospital and new community facilities.

We need to make sure that this list of potential projects has captured all of the things that need doing and maximise the benefits of the work already going on.

b) Prioritising the work

As you will appreciate, a lot needs to be done and put in place before the new hospital and community facilities can be opened, but some things need to be done earlier than others. This is a change for you to help us set the agenda and make sure we are doing the right things first to best get us from where we are now to where we need to be in the future.

c) Scoping and planning each of the projects

Each project will be different and have individual requirements but we are intending to take a systematic approach to the development of the project work. This will aim to support the widest range of engagement with people on the ground as well as appropriate use of existing groups, mechanisms, external support and expertise.

d) Implementing the Projects

It goes without saying that a great deal of work is needed over the next few years if we are to be successful and this work needs to be done in close partnership across the whole health and social care system.

2. Community Services

We will be continuing to review the range of community services we currently provide and their locations to secure the best integration of services within the new community facilities. As these become clearer, we will be encouraging stakeholders and the public to work with us to ensure that they provide the best arrangements to meet local needs.

3. Hospital Planning Consultation Exhibitions

As part of the planning application process we invite public comments about the proposed new hospital. Representatives acting for the Trust will be available at each exhibition to answer questions about the planning process, technical work undertaken and the proposed new hospital.

You are invited to come along and view the exhibition at the following venues:

- Hartlepool Leisure Centre
Tuesday 2nd December 2008 and Monday 5th January 2009
- Stockton Swallow Hotel
Thursday 11th December 2008 and Tuesday 13th January 2009
- Sedgfield Parish Hall
Thursday 4 December 2008 and Thursday 15th January 2009



- Peterlee Leisure Centre
Tuesday 9th December 2008 and Wednesday 7th January 2009

All sessions will take place at the above venues from 12noon to 8pm.

- Wynyard Rooms
Unstaffed display from Tuesday 2nd December 2008 to 16th January 2009
Staffed sessions on Wednesday 3rd December 2008 (10am to 2pm) and Monday 12th January 2009 (10am to 2pm)

Booklets containing exhibition material and contact details will also be available in local libraries in the area and will be available from the Momentum website, www.momentum-consultation.org.uk

We are intending to provide regular updates as we get on with the work as well as keeping in touch via the Momentum website. We are also intending to produce an update of the Momentum programme plan that details the scope, timetable and approach to this work by the end of the year. This is an exciting time and great opportunity to move things forward.

If you have any queries regarding the Momentum: Pathways to Healthcare programme please contact the Momentum Team on 01642 383234.

Yours sincerely

A handwritten signature in black ink, appearing to read "Carole", written over a horizontal line.

Carole Langrick
Director of Strategic Development /
Deputy Chief Executive