

HEALTH SCRUTINY FORUM AGENDA



Thursday, 8 January 2009

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 9 December 2008 (*to follow*)

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 Evidence from Hartlepool Primary Care Trust and North Tees and Hartlepool NHS Foundation Trust

- (a) Covering Report – *Scrutiny Support Officer*; and
- (b) Evidence from the Hartlepool Primary Care Trust's Practice Based Commissioning Account Manager; and
- (c) Presentation by the Foundation Trust's General Manager Family Services and Acting General Manager Emergency Care 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

Tuesday, 20 January 2009 at 3.00 pm in the Council Chamber, Civic Centre, Hartlepool.

HEALTH SCRUTINY FORUM

MINUTES

9 December 2008

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

Present:

Councillor: Jonathan Brash (In the Chair);

Councillors: Shaun Cook, Michelle Plant and Chris Simmons

In accordance with Council Procedure Rule 4.2 (ii), Councillor Stephen Akers-Belcher attended as a substitute for Councillor Lilian Sutheran.

Also present: Councillor Cath Hill, Portfolio Holder for Children's Services

Officers: Jill Harrison, Assistant Director Commissioning
John Robinson, Children's Fund Manager
Danielle Swainston, Sure Start, Extended Services and Early Years Manager
Sheila O'Connor, Head of Business Unit
Joan Wilkins, Scrutiny Support Officer
Angela Hunter, Principal Democratic Services Officer

82. Apologies for Absence

Apologies for absence were received from Councillors Caroline Barker, Rob Cook and Lilian Sutheran and resident representative Jean Kennedy.

83. Declarations of Interest by Members

None.

84. Minutes of the meeting held on 4 November 2008

Confirmed.

85. Matters arising from the minutes

The Chair confirmed that with reference to minute 73 of the Health Scrutiny Forum minutes dated 14 October 2008, a response had been received and circulated to Members of the forum from the North Tees and Hartlepool Primary Care Trust which included an update on the operation of the integrated urgent care provision located adjacent to the Accident and Emergency Department at the University Hospital of Hartlepool.

86. Responses from Local NHS Bodies, the Council, Executive or Committees of the Council to final reports of this Forum

None.

87. Consideration of request for scrutiny reviews referred via Scrutiny Co-ordinating Committee

None.

88. Consideration of progress reports/budget and policy framework documents

None.

89. Reaching Families in Need Investigation – Evidence from the Authority's Children's Service Department
(Scrutiny Support Officer)

The Early Years Manager, Children's Fund Manager and the Head of Business Unit gave a detailed and comprehensive presentation which looked at universal and targeted services as well as access to safeguarding and specialist services. It was noted that there were a number of information sources for families wishing to access services including the Families Information Service Hartlepool (FISH) and the Children and Young People's Service Directory (CYPSPD). In addition to this, the Government was currently considering the development of a national portal to provide information to families online. The Early Years Manager outlined the services provided across the Children's Centres and Extended Services through schools including the fact that multi-agency teams had been established in the north and south areas of the town and included midwives, health visitors and family support workers. Members were asked to note that work was underway to establish a similar team within the central area.

The Children's Fund Manager added that it was important for families to be aware that support was available for children across all ages and that the support did not stop at aged 5. Reference was made to the Community Assessment Framework (CAF) and it was highlighted that once fully developed and implemented this would become an extremely important tool in relation to the provision of services to families. Members were informed that the Children's Services Department had recently secured £625k of funding for a Poverty Family Intervention Project. This would be delivered alongside other funding to develop the team around school process which would focus on case work with families living in poverty with particular reference to domestic violence, substance misuse, poor parenting, mental

health issues and tackling worklessness. There would be three teams across 32 primary schools in the first instance to help implement the CAF through liaison with the Head Teacher. The Head of Business Unit provided information on the categories of children and young people in need and how the management of risk was undertaken. A number of strategies had been developed to assist families and they were identified in the presentation.

A discussion ensued which included the following issues:

- (i) A Member questioned the use of the software system Carefirst and whether this could link into NHS information? The Head of Business Unit informed Members that an Integrated Child System was used across all local authorities and although it currently had no links with NHS information, in the next 6-10 months a national contact point system was being developed which would flag up if someone was already working with a child and allow interaction across all care professions.
- (ii) In response to a further question, the Children's Fund Manager indicated that an e-CAF was being developed through the Integrated Child System and it was hoped that a budget could be identified to appoint a CAF Manager to take this forward and support officers on when to instigate a CAF.
- (iii) A Member highlighted a concern at the lack of links to health professionals within the central area and asked whether referrals could be made to the health professionals within the north and south area teams? The Early Years Manager indicated that there was a health service provision within the central area and although this service provision was not currently co-located, work to rectify this issue was progressing.
- (iv) Clarification was sought by a Member on the robustness of linkages across all services and how progress was tracked? The Early Years Manager responded that multi-agency teams met regularly to discuss current CAFs with Children's Centres Managers taking the lead.
- (v) A Member questioned what role the local voluntary sector could play in ensuring that the appropriate services were promoted and available to families? The Children's Fund Manager indicated that there was a whole range of issues in relation to quality and standards and who was best placed to do what. Services were currently being developed in conjunction with the voluntary sector where feasible, including voluntary sector consortiums. Members were informed that a tender process was currently being carried out with the voluntary sector for a community based outreach package.
- (vi) Whilst it was acknowledged that the multi-agency working included the police and health services, whether the housing sector was included was questioned? The Children's Fund Manager responded that the Housing Strategy had been developed in conjunction with Housing Hartlepool and other social landlords as part of the Family Intervention Project (FIP).
- (vii) A Member sought clarification on the average level of caseload for a social worker. The Head of Business Unit indicated that at the

present time social workers had around 16-17 cases although it was acknowledged that the optimum level would be around 12. Measures were being examined to enable a more efficient distribution of workload.

- (viii) Where a family in need were identified, clarification was sought on how the process would start. The Children's Fund Manager indicated that teams in schools and teachers were in a good position to highlight any concerns and talk to the child and family in the first instance.
- (ix) A Member had concerns at the number of health visitors across the town. The Early Years Manager responded that health visitors were part of the outreach project and were committed to providing assessments and core visits only. However, the Children's Fund Manager added that true partnership working included pooling resources to enable the best outcomes to be achieved. The Early Years Manager indicated that the health staff were included within the NHS budget and that the working relationship across all services was operating through personal relationships which had been built up across the teams.
- (x) A Member sought clarification on the FIP and how departments were pooling resources. The Children's Fund Manager responded that several departments had identified a need to streamline the benefits of the FIP including Commissioning, Children's Trusts and Safer Hartlepool and were looking at restructuring the provision of services to where they were best provided.
- (xi) In relation to the CAF, a Member questioned what options were available to ensure a common approach from all agencies. The Children's Fund Manager responded with caution that there was a danger of completing forms for everything and that some families have short term needs that need dealing with quickly and efficiently.

The representatives from the Children's Services Department were thanked for their presentations and for answering Members' questions.

Decision

That the presentations and discussions that followed were noted.

90. Reaching Families in Need Investigation – Evidence from the Authority's Portfolio Holder for Children's Services (*Scrutiny Support Officer*)

The Portfolio Holder for Children's Services had been invited to the meeting to provide evidence in relation to this Forum's ongoing investigation into "Reaching Families in Need". The Portfolio Holder agreed that a multi-agency approach for the provision of services for families in need was the best way forward but that this should be monitored very carefully. One area of improvement the Portfolio Holder wished to highlight was that there should be improved promotion of breast feeding and contraception to

young mothers. Members were asked to note that poverty was not just a question of money and that children from all classes including children in care could be at risk of being deprived in some way. One of the difficulties faced by the agencies dealing with families in need was that families suffering from deprivation often did not want to engage with any agencies and this required specially trained staff to be persistent in their approach with families.

A Member had concerns that if young mothers were not receiving advice on breast feeding and contraception, what other advice were they not receiving. The Portfolio Holder agreed that more should be done in this area. Whilst it was acknowledged that cross-departmental working was operating quite well, it was felt that there was room for improvement across the area of partnership working with the NHS.

The Portfolio Holder highlighted the work already undertaken by the Children's Services Department on providing parenting classes and suggested that it may be an idea to ask people who have already participated in the sessions to attend additional sessions and pass on their experiences to others.

The Portfolio Holder was thanked for her attendance and for answering Members' questions.

Decision

The Portfolio Holder's presentation and discussion that followed were noted.

91. Reaching Families in Need Investigation – Evidence from the Authority's Adult and Community Services Department *(Scrutiny Support Officer)*

The Assistant Director gave a detailed and comprehensive presentation on the contribution of Adult and Community Services to Reaching Families in Need. The presentation examined the work undertaken with vulnerable adults including the support available. In addition, an outline of the wider health and well-being agenda was provided and the ways in which this was met including the various project and training programmes in place.

A discussion ensued which included the following issues:

- (i) The Chair highlighted that the investigation had found that although the services were available, it was sometimes difficult for hard to reach families to access these services. He then asked if a family had a number of problems, how would the appropriate services link together? The Assistant Director indicated that funding was being sourced to enable the Adult CAF to be developed further, however, adults can complete a self-

assessment. In relations to the different services linking together, links between the different systems used by Children's and Adult Services and the Health Service was being examined. The Early Years Manager added that a lead practitioner would be identified for each case and they would help navigate the whole family through the relevant services. This system worked well as it allowed the lead practitioner to develop a relationship with the family.

- (ii) It was noted that the links with Adult and Community Services and the NHS appeared to be stronger because of the more natural understanding of the service provision. The Assistant Director informed Members that from 1 January 2009 her appointment would be a joint appointment between the Council and the PCT and it was hoped that this would forge better links between the PCT and Children's Services.
- (iii) A Member was concerned at the different approaches from Adult and Children's Services on how best to meet a families needs. The Children's Fund Manager recognised that the major issue with children was risk and the recent media attention surrounding the Baby 'P' case from Harringay pushed local authorities to act in a certain way. However, the protection of children was about understanding risk and the fact that specialist services may sometimes need to take the lead with all other services taking step back.
- (iv) In relation to direct payments, a Member questioned whether there was likely to be a loss in expertise in some services and highlighted the need to maintain links to traditional services. The Assistant Director commented that whilst some service users opt for creative solutions, the traditional services were still preferred by some and it was therefore important to maintain the option of choice for service users. Members were informed that a Risk Enable Panel had been set up to look at training issues and CRB checks where people were employing people for example as personal assistants, although it was acknowledged that this was a more complex issue when members of the family were employed.
- (v) A Member asked what support was available to people using direct payments? The Assistant Director responded that the Council currently had a contract with three agencies to provide support in relation to payroll provision and interviews.
- (vi) The Scrutiny Support Officer sought clarification on the budget implications for the provision of the multi-agency team within the central area. The Early Years Manager responded that a sure start grant was available for office based locations but funding was an issue.
- (vii) In relation to families who do not want to take advantage of any of the services, the Scrutiny Support Officer asked what was available to encourage participation? The Early Years Manager commented that if there were no significant concerns with the family, there was no means to contact the family. This had been highlighted by Surestart and an outreach service had been developed to monitor families through their Health Visitors who

would know what services had been accessed. The Children's Centre data base which was being developed from this information would track visits/interventions to support identification of families not engaging.

- (viii) Members did have concerns that families would not contact Social Services due to the myth that their children would be taken into care. It was acknowledged that this was a huge public relations issue nationally and that the public needed reassurance about the services provided to support families in need.

The representatives from the Children's Services Department were thanked for their presentations and for answering Members' questions.

Decision

That the presentations and discussion that followed was noted.

92. Issues Identified from the Forward Plan

None.

93. Feedback from recent meeting of Tees Valley Health Scrutiny Joint Committee (TVJHSC)

The Chair informed Members that the issue of the North East Ambulance Service was on the agenda for the Council meeting later that week. It was noted that the Secretary of State agreed with the NEAS decision to relocate its service with no reference to the deficiencies that Members felt were part of the statutory consultation. The Chair of the TVJHSC has written to the Secretary of State and was awaiting a response.

Members were also informed that the TVJHSC would be considering the issue of cancer screening in the near future.

94. Any Other Business which the Chairman considers are urgent

The Chair referred to a letter received from the Momentum to Healthcare Programme in relation to the siting of the new hospital. It confirmed the NHS Joint Committee's decision that the new hospital location was Site A, Wynyard Business Park.

The meeting concluded at 5.30pm.

CHAIRMAN

HEALTH SCRUTINY FORUM

8 January 2009



Report of: Scrutiny Support Officer

Subject: REACHING FAMILIES IN NEED INVESTIGATION –
EVIDENCE FROM HARTLEPOOL PRIMARY CARE
TRUST AND NORTH TEES AND HARTLEPOOL
NHS FOUNDATION TRUST – REPORT AND
PRESENTATION

1. PURPOSE OF THE REPORT

- 1.1 To inform Members that representatives of Hartlepool Primary Care Trust and North Tees and Hartlepool NHS Foundation Trust will be in attendance at today's meeting to provide evidence 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 Hartlepool Primary Care Trust and North Tees and Hartlepool NHS Foundation Trust have been invited to provide evidence, to further enhance the Forum's understanding of their activities and issues in relation to reaching families in need. This evidence will take the form of:-
- (a) A report from the Practice Based Commissioning Account Manager for the Hartlepool Primary Care Trust. This report is nearing completion by the PCT and will be circulated to the Forum in due course; and
 - (b) A presentation from the Practice Based Commissioning Account Manager, and Acting General Manager Emergency Care Services, for the Hartlepool Primary Care Trust.
- 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 them? Is there a co-ordinated approach to facilitating dealing with them?
- (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) Evidence considered so far has 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?
- (f) When hard to reach families in need are identified, with additional issues outside your service area, where and how do you refer them? Is there a co-ordinated approach to facilitating dealing with them?
- (g) 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.

Scrutiny Investigation for Reaching Families in Need Hartlepool Primary Care Trust

1.0 Purpose of paper

To provide the Overview and Scrutiny Committee with an understanding of the approach Hartlepool Primary Care Trust takes when targeting hard to reach families in need when providing preventative health services.

2.0 Introduction

Hartlepool Primary Care Trust (PCT) is committed to removing barriers to healthcare and to ensure that there is equitable access to these services irrespective of an individual's background. The PCT regularly carries out health equity audits to ensure that services are being accessed by the people with the greatest need.

Hartlepool PCT commissions a range of services from a wide range of providers such as

- Primary Care e.g. GP's, Pharmacies, Dentists
- Acute Trusts e.g. North Tees and Hartlepool Foundation Trust
- Community services e.g. District Nursing Health Visiting, School Nursing, Speech and language

When developing and identifying Health Services to be commissioned, historically the focus has primarily been on how the service meets an individual patient's needs. This does not exclude families and carers from becoming involved in the planning of the care of the patient and over recent years services have been moving towards this approach. For example a patient requiring additional support for a mental health condition, the packages of care will be developed and put in place with the input of the patient's family/carer.

However, where possible the PCT does identify and commission services that would benefit from a family approach. For example MEND (Mind, Exercise, Nutrition...Do it!) is a service that provides resources to help children and families learn how to improve their health, fitness and the way they feel about their bodies.

3.0 Questions

3.1 Your role in breaking the spiral of aspirations and promoting health education;

Hartlepool PCT has a Health Development team who implement initiatives to reduce health inequalities and improve the health and wellbeing of the residents of Hartlepool. Most of the Health Development work takes a universal approach, but where possible geographical areas are targeted to work on inequalities in health. Nearly all work undertaken is done in partnership with

other statutory or voluntary/community partners. Some specific examples are;

- **Health Development Workers** – works with a wide range of agencies to influence the health improvement of children and young people in Hartlepool.
- **Smoking Cessation Services**- a small team of specialist advisors and a wide network of health professionals trained to deliver advice and support.
- **Health Trainers** - The Health Trainer Programme in Hartlepool provides individualised support to adults wishing to make behaviour changes around healthy eating, stopping smoking and increasing physical activity.
- **Teenage Pregnancy Support Service** - provides practical and emotional support to young people, age 13 – 19 years old, who think they may be pregnant, are pregnant or are parents.

3.2 Whether / how you identify families that have specific and persistent issues or problems;

Children identified as having additional needs, which is all children at risk of poor outcomes as defined by 'Every Child Matters', will have an assessment to help determine that individuals needs and promote co-ordinated service provision.

Children with more complex needs are required to have a child protection plan. Hartlepool PCT is accountable for its own child protection structures and processes as well as for those in agencies from whom it commissions services.

Incidents or concerns identified in relation to safeguarding children would be referred as per the Hartlepool child protection procedures and can result in multidisciplinary meetings to determine issues and actions required.

3.3 Whether you have specific strategies for dealing with them;

- Safeguarding children strategy
- Long Term Condition strategy
- Health inequality work carried out with National Support Team
- Health equity audits
- World class commissioning standards ensure that PCT's must work collaboratively with community partners to commission services that optimise health gains and reduce health inequalities. This is done through the development of a Joint Strategic Needs Assessment

3.4 The extent to which you work in partnership and identify associated problems as they go and communicate with partners;

As per the Hartlepool Local Safeguarding Children's Board Child Protection Procedures a range of services are involved in safeguarding children examples include

- PCT services
- Hospital Trusts
- Cleveland Police
- Youth Services
- Housing Services
- Ambulance Trusts
- Children's services
- Youth Offending
- Drug and Alcohol

Hartlepool PCT work in partnership with a range of organisations some key areas are;

- Health & Wellbeing
- Children and Young People

3.5 How you feel things could be improved in the future to help co-ordinate activities / approaches to help reach families in need;

Development of a single process across all agencies with clear criteria to ensure identification of families in need. This would allow for greater consistency across all agencies.

Further work is required to identify potential number of families in need, government estimates around 2-3% nationally, however within Hartlepool 28% of households are classified as Municipal dependency (Mosaic); this is families on lower incomes who often live in large council estates where there is little owner occupation. Municipal dependency is characterised as much by low aspirations as by low incomes.

Better incorporation and use of the Common Assessment Framework (CAF) to allow for better feedback to commissioning to inform redesign and development of future services (CAF), e.g. working with primary care services to incorporate the CAF. This may have a resource implication and this would need to be considered

GP practices do have an enormous amount of information on the health of their patients and would help to identify families in need however; data protection issues would need to be considered.

Development of a full social marketing strategy. All efforts must be made to ensure that there is no stigma attached to being identified as a family in need, this may facilitate people to come

forward rather than organisations having to go looking for them. This will also support raising aspirations.

3.6 Achievements / positive outcomes;

3.6.1 Connected Care

The PCT & LA have jointly funded the establishment of a connected care centre within the Owton ward to provide:

- A single point of entry, self referral and assertive outreach
- Care navigation with advocacy, support and coordination

A special team of navigators are placed within the neighbourhood and are available to listen to the residents of the community to identify their problems and concerns and they will guide and support them and help them develop links to services to meet their needs.

The aim is to integrate health and social care and join them up with strategies for social inclusion and link connected care to locality based commissioning.

3.6.2 MEND (Mind, Exercise, Nutrition... Do it!)

MEND is an organisation dedicated to reducing global childhood overweight and obesity levels. MEND is a social enterprise, working with local, regional, national and international partners to achieve our shared vision of fitter, healthier and happier families.

In partnership with Hartlepool PCT and Hartlepool Borough Council, MEND provides local healthy living programmes and resources to help children and families learn how to improve their health, fitness and the way they feel about their bodies.

3.7 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;

- Safeguarding children
- Common Assessment Framework

3.8 When hard to reach families in need are identified, with additional issues outside your service area, where and how do you refer them? Is there a co-ordinated approach to facilitating dealing with them

Integrated community services regularly meet to discuss caseloads and are continuously developing this process to

identify, discuss and co-ordinate joint packages of support to patients.

Richard Harrety
Practice Based Commissioning Account Manager
Hartlepool Primary Care Trust