

HEALTH SCRUTINY FORUM

MINUTES

8 January 2009

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, Lilian Sutheran and David Young

Resident representatives:

Jean Kennedy, Linda Shields and Michael Ward

Officers:

Joan Wilkins, Scrutiny Support Officer
Angela Hunter, Principal Democratic Services Officer

Also Present:

Councillor Geoff Lilley
Richard Harrety, Commissioning Manager, Hartlepool PCT
Linda Watson, Bev Carwell, Anne Carey, Jackie Downes, Joan Stephenson and Vic Priestly, North Tees and Hartlepool NHS Foundation Trust

95. Apologies for Absence

None.

96. Declarations of Interest by Members

Councillor Jonathan Brash declared a non-prejudicial interest in minute 99.

97. Minutes of the meeting held on 9 December 2008

Confirmed – subject to the addition of the attendance of resident representatives Linda Shields and Michael Ward.

98. Matters arising from the minutes

A resident representative informed Members that on Monday 12 January 2009, representatives from Hartlepool Primary Care Trust (PCT) were giving a presentation on the Out of Hours Service at the Historic Quay at 10.00am and all interested parties were invited to attend.

99. **Reaching Families in Need Investigation – Evidence from Hartlepool Primary Care Trust** (*Scrutiny Support Officer*)

The Chair introduced the representatives from Hartlepool Primary Care Trust and North Tees and Hartlepool NHS Foundation Trust who were in attendance to provide evidence in relation to the Forum's ongoing investigation into 'Reaching Families in Need'.

The Commissioning Manager gave a detailed and comprehensive presentation which provided an outline of the approach the PCT were taking to target hard to reach families in need when providing preventative health services. The aim being to remove barriers to healthcare and ensure that there was equitable access to these services irrespective of an individual's background. It was noted that Hartlepool PCT commission a variety of services from a wide range of providers such as:

- Primary Care, eg GPs, pharmacies, dentists
- Acute Trust, eg North Tees and Hartlepool Foundation Trust
- Community Services eg district nursing, health visiting, school nursing and speech and language services
- MEND (Mind, Exercise, Nutrition...Do it!)

Members had identified a number of key questions and the Commissioning Manager provided detailed answers to these questions within his presentation.

A discussion ensued which included the following issues:

- (i) The Community Assessment Framework (CAF) had been referred to by a number of organisations during this investigation, how do the PCT envisage it being used? The Commissioning Manager indicated that more information was needed about how the CAF was co-ordinated and added that as a commissioner, the PCT could ensure the use of the CAF was an integral part of the service provision procured.
- (ii) Clarification was sought on how the CAF linked into triggering mechanisms and whether connected care could be utilised for this purpose. The Commissioning Manager responded that there were a couple of case studies where a co-ordinated approach had ensured a positive approach and additional information could be provided to a future meeting if Members wished.
- (iii) There were a number of concerns around the effectiveness of the current partnership arrangements. The Commissioning Manager commented that there were a number of jointly funded posts between the PCT and local authority. In addition, the Acting Clinical Manager from North Tees and Hartlepool NHS Trust confirmed that there were fully integrated co-located teams working across the health and social care service for adults and work was underway to develop a similar provision for children. It was noted that Stockton Borough Council

was slightly ahead in developing this service provision for children although issues around the governance arrangements and pooled budgets were still being examined.

- (iv) A Member questioned how problems within families were identified? The Acting Clinical Manager indicated that the CAF should trigger any necessary mechanisms to offer appropriate support and once initiated, a Lead Officer was identified to co-ordinate all the support required for that family.

The representatives from Hartlepool PCT and North Tees and Hartlepool NHS Foundation Trust were thanked for their informative presentation and answering Members' questions.

Decision

The presentation and ensuing discussion were noted.

100. Reaching Families in Need Investigation – Evidence from North Tees and Hartlepool NHS Foundation Trust *(Scrutiny Support Officer)*

A number of representatives from North Tees and Hartlepool NHS Foundation Trust (FT) were in attendance at today's meeting to provide evidence in relation to the Forum's ongoing investigation into 'Reaching Families in Need'. A detailed presentation was given and included how the FT were aiming to break the spiral of aspirations and promote health education across families. Several areas were suggested to improve the co-ordination of activities and approaches to help reach families in need including:

- Thresholds of other agencies – consistency of the threshold of the care requirement needed to be examined
- Streamlining referral mechanisms through the CAF
- Examination of the gap in transition to adult care (16-19)
- More defined pathways needed for complex cases
- Scrutiny of the gap in multi-agency training
- Strengthening links and communications between agencies – ie one stop shop telephone number

A number of key areas of achievement and positive outcomes were outlined and included the operation of the Children's Centres in the town, relationships between care providers, care co-ordination and the fact that once triggered, the service provided was very responsive.

A discussion ensued which included the following issues:

- (i) A Member questioned how a health professional in the Accident and Emergency Department would ensure that any concerns were dealt with by the relevant agency? The representatives from the FT

responded that a lot was to do with instinct and experience but there were robust pathways in place to deal with any concerns that medical professionals had, including contacting health visitors and social workers.

- (ii) What did the health professionals perceive as problems with the current systems and processes? The representatives commented that there were concerns about the CAF due to the complex nature and length of the CAF form. A number of individual forms were still being used for specific areas of care. However, when patients with complex needs were discharged, a multi-agency approach was used and worked very well.
- (iii) A Member commented that it may be beneficial to look at the possibility of the person instigating a CAF to be involved throughout the process and ultimately be the person responsible for discharging a case when it was deemed appropriate.
- (iv) A number of concerns were raised by the health professionals including the fact that the local FT was not always made aware when children were discharged from regional hospitals and were therefore unaware of any care requirements for that child.
- (v) In addition to the above, there were also a number of concerns about the transition of children with complex needs into adulthood and the gap that existed in the care provision for this transition, including support for parents. It was noted that this was a national issue with one of the main issues being that children were often in the care of range of specialists throughout their childhood, but once they reached adolescence, this care was transferred to their GP. However, it was noted that Catcote School were currently looking at providing an education service for children with complex needs up to the age of 23.
- (vi) Another area of concern was immigrants and the travelling community and how their needs were tracked. It was noted that a key theme arising was the need for a common approach across all agencies to ensure that families in need were flagged up to the relevant agencies.

The representatives from North Tees and Hartlepool NHS Foundation Trust were thanked for their informative presentation and for answering a range of Members' questions and queries.

Decision

The presentation and ensuing discussion were noted.

101. Any Other Business which the Chairman considers are Urgent - Reaching Families in Need Investigation – Evidence from North Tees and Hartlepool NHS Foundation Trust – Health Visitors *(Scrutiny Support Officer)*

The Acting Clinical Director, Community Services from North Tees and Hartlepool NHS Foundation Trust was in attendance to present to Members an overview of the health visiting service in Hartlepool. Members were

asked to note that there were 22 wte (whole time equivalent) health visitors and 8.6 wte nursery nurses. The core element and key aims of the health visitor service were detailed in the report. Members were asked to note that the average caseload per health visitor was 280 cases covering universal, targeted and specialist services.

A discussion ensued which included the following issues:

- (i) A Member questioned the figure of 22 wte and asked whether that figure was both accurate and up to date. The Acting Clinical Director indicated that it was. However, on further questioning she did concede that a combination of unfilled vacancies, sickness, maternity leave and impending retirement meant that the actual number of health visitors on the ground was fewer than that figure.
- (ii) A Member questioned the level of caseload for individual health visitors and the fact that this appeared to be high? The Acting Clinical Director indicated that additional resources were needed to re-examine the role of the health visitor to ensure the appropriate skill mix was in place and co-ordinated with other agencies. An additional time pressure placed on health visitors was the legal requirement to attend court in relation to child protection and safeguarding issues. A regional review was currently underway to formulate proposals to commissioners to fully resource the health visiting service.
- (iii) Clarification was sought on what was thought to be the optimum level of caseload for health visitors. The Acting Clinical Director responded that the health service profession would estimate around 200 as an optimum caseload. However, the issue was about balancing the service across the level of need across the town.
- (iv) A Member enquired whether there was an expectation that caseloads would continue to go up if no action was taken. The Acting Clinical Director confirmed that would be the case.
- (v) Reference was made to the fact that Hartlepool was a deprived area and a Member felt there were inequalities in service provision across the neighbouring authorities' areas. The Acting Clinical Director commented that the number of health visitors was not the only issue and that the quality of the service provided was also a major consideration.

Members expressed their concerns that average caseloads were too high and that the number of health visitors in Hartlepool was too low. Members were of the opinion that this needed urgent attention and welcomed the commitment to tackling the issue given by the Acting Clinical Director. Members gave the view that it was imperative that average caseloads were reduced and that they expected to see evidence of this occurring in the near future.

The Acting Clinical Director was thanked for her attendance and for answering Members' questions. It was requested by Members that an update on the situation with the health visiting service be provided to a future meeting of the Forum.

Decision

The presentation and ensuing discussion were noted.

102. Issues Identified from Forward Plan

None.

103. Feedback from Recent Meeting of Tees Valley Health Scrutiny Joint Committee

None.

104. Date of Next Meeting

The Scrutiny Support Officer confirmed that the next meeting would be held on Tuesday 20 January 2009 at 3pm in the Council Chamber. Members were informed that an officer from Westminster Council would be in attendance to provide evidence in relation to the current investigation into Reaching Families in Need from the 'Think Family' initiative being undertaken at Westminster.

The meeting concluded at 4.35 pm.

CHAIRMAN