HEALTH SCRUTINY FORUM AGENDA

Tuesday, 7 April 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 held on 24 February 2009

4. **RESPONSES FROM LOCAL NHS BODIES, THE COUNCIL, EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM**

   No items

5. **CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**

   No items

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

   No items

7. **ITEMS FOR DISCUSSION**

7.1 Integrated Urgent Care Provision in Hartlepool Pilot – Update:-

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

(b) Presentation - *Director of Estates & Health Systems Development (Hartlepool PCT).*

7.2 Health Visitor Service - Update:-

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

(b) Presentation - *Director of Clinical Services (North Tees and Hartlepool NHS Foundation Trust).*

7.3 Reaching Families in Need – Draft Final Report - *Scrutiny Support Officer*

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 – to be confirmed

HEALTH SCRUTINY FORUM

MINUTES

24 February 2009

The meeting commenced at 3.00 p.m. in the Civic Centre, Hartlepool

Present:

Councillor: Jonathan Brash (In the Chair);

Councillors: Rob Cook, Alison Lilley, Michelle Plant, Chris Simmons, David Young and in accordance with Paragraph 4.2(ii) of the Council's Procedure Rules, Councillor Carl Richardson as substitute for Shaun Cook

Resident Representative: Linda Shields

Officers: Joan Wilkins, Scrutiny Support Officer
Sarah Bird, Democratic Services Officer

Others Celia Weldon, Richard Harrety, Sandra Hill, Karen Gator, Hartlepool Primary Care Trust
Carole Langrick, Carole Pearson, Jan Atkinson, Linda Watson, North Tees and Hartlepool Foundation Trust

Prior to the commencement of the main business, the Chairman referred in terms of regret to the recent death of Councillor Michael Johnson. Members stood in silence as a mark of respect.

125. Apologies for Absence

Apologies were submitted on behalf of Councillors Caroline Barker, Shaun Cook, Lilian Sutheran and Resident Representative, Mike Ward

126. Declarations of Interest by Members

Councillor Brash declared a prejudicial interest in item 7.2 Consultation Feedback – Local Procurement of GP Practices and GP Led Health Centres

127. Minutes

The minutes of the meeting held on 10 February 2009 were accepted as an accurate record.

128. Healthcare Commission Annual Health Checks for North Tees and Hartlepool National Health Service Foundation Trust and Hartlepool Primary Care Trust

(*Scrutiny Support Officer*)

The Scrutiny Support Officer introduced members of the North Tees and Hartlepool Foundation Trust (FT) who provided details of changes due to the Trust hosting Community Provider Services from 1 November 2008 until at least 31 March 2010 when a decision would be made following a tendering process. The Trust is the first in the country to host such services.

The 2008 Annual Health Check scores identified Good for Quality and exceeded the MRSA trajectory although the FT did not achieve a reduction in Smoking Cessation nor was the target for ladies breast feeding achieved. There was a problem as the Department of Health were calculating data completeness from their own formula which the FT had found to be an error, but the Health Care Commission were using the Department of Health figures and therefore there was a fail for the FT. The FT was unable to provide forward prediction at this stage against the priority indicators and 17 out of the 24 2008/09 indicator constructions were still to be released by the Health Care Commission for the Acute indicators as at 20 February 2009. Measurement indicators were still to be released although all Trusts were facing the same position nationally. The 32 questions of the patient and staff survey results were still to be confirmed and maternity data was still undergoing validation checks. The 18 week data completeness calculations were still under review and new cancer targets were still under construction with tolerance yet to be finalised. An appendix to the report which had been circulated to Members provided 1900 pieces of evidence for the Core Standards. The FT had received all 24 standards and were able to confirm compliance with 23 of these. One standard was currently under review and dependant on a final report from the Durham and Tees Audit Commission to determine the compliance. Once the final report was received, then the Health Scrutiny Forum would be advised in writing.

The timescale for the Annual Health Check was that the FT Board should receive a status paper on compliance on 27 February 2009 and the Scrutiny Forum were asked to provide evidence by 16 March which would be submitted verbatim as part of the declaration. The Chair confirmed that the narrative would be supplied by the Scrutiny Forum.

A discussion ensued during which the following points were raised:-

- Was it likely that targets would be met for cancer? It was unlikely that this year's target would be met but screening for under 25s was planned and this should address targets for next year.

- It was excellent that 23 standards were compliant despite the issue with the ability to carry out the review because of the dispute with the HCC and Department of Health figures. It was established that this

was a national problem, but on 1 April 2009 the HCC would become the quality commission. Until then it was the complaints authority.

- How many other Trusts had failed the 18 week GP to Hospital rule? There was no data from other Trusts available.

- When was the reduction in smoking target expected to be reached? The FT were currently working with the Primary Care Trust (PCT) and public health to support national targets. This was a challenging standard but currently all pregnant women were given promotional material and encouraged to attend smoking cessation clinics. It was noted that there seemed to be a national increase in smoking amongst young females.

The Scrutiny Support Officer then introduced members of the Hartlepool PCT who gave a presentation to Members regarding the Core Standards Declaration 2008 – 2009. There were two significant changes in that there were now externalised provider services and the PCT declaration was based on the PCT as Commissioner.

The PCT had from 1 November 2008 externalised its provider services in line with Department of Health Guidance and these services were now hosted by North Tees and Hartlepool FT. The PCT must submit a declaration from the following three perspectives; Corporate Body (how the organisation functions), Commissioner (carrying out their commissioning functions) and in relation to the quality and safety of its commissioned services (that it has taken reasonable steps with regard to its independent contractors and commissioned services). As a result of the vigorous application and monitoring of its internal assessment process, the PCT would be declaring compliance against all 24 core standards. Members were asked to provide comments on the declaration process and proposed compliance levels for submission with the declaration.

The following comments were made:-

- What 'reasonable steps' had been made with regard to its independent contractors and commissioned services? Contracts had been issued on an annual basis and follow up visits were organised and analysed. Contractors could not be forced to provide information and it was highlighted that GPs had a national contract and so there was no requirement to work with the PCT. If an independent contractor/private business entered into a contract with the PCT, then the contract would require them to comply with its standards.

Decision

The Forum noted the issues raised.

129. Consultation Feedback – Local Procurement of GP Practices and GP Led Health Centres (*Practice Based Commissioning Manager, Hartlepool PCT*)

As the Chair had disclosed a prejudicial interest in this item, he left the meeting and Councillor Young chaired the meeting for this topic.

The Practice Based Commissioning Manager informed Members that 2 new practices had been commissioned, one on the Fens Estate and a further one at Throston. A new health centre had also been commissioned in Stranton.

The practice commissioned for the Fens area was to be at the shopping parade in Catcote Road. Planning permission had been gained for a shop unit but until this could be made available a temporary unit would be used adjacent to the shops. It was hoped that this would open on 1 May 2009. A Member queried the exact location of the temporary unit and suggested that it would be a more secure option for tenants to have it sited at the dental surgery end of the units and have the existing stairway moved.

The practice commissioned for Throston would be sited in the Hartfields development and this was due to be considered at the planning meeting the following day for opening on 1 April 2009.

The Health Centre commissioned for the Stranton Ward would be in Victoria Road and should be operational on 1 May 2009.

Residents would be informed when these were open via press releases.

Decision

Members noted these developments.

130. Externalisation of Provider Services *(Hartlepool PCT and North Tees and Hartlepool NHS FT)*

The Scrutiny Support Officer introduced members of the Hartlepool PCT and North Tees and Hartlepool NHS FT who were to provide a progress report on the externalisation of provider services.

The PCT had externalised provider services to comply with the Department of Health policy for PCTs to put a division between commissioning and provider functions, to ensure that anti-competitive commissioning of services did not take place and that there would be a temporary hosting arrangement for 17 months with the North Tees and Hartlepool FT. Since the last visit to Scrutiny PCT provider services had been externalised to the FT on 1 November 2008. This was a historic transaction for the NHS and had received national press coverage. There was a business transfer agreement which dealt with the transaction of the transfer and a community services contract between the PCT and the FT. Currently the PCT was

carrying out service reviews which would determine the level of market testing required and nature of service specifications required prior to a competitive process for services to be let from 1 April 2010. The PCT was communicating with other PCTs around the country and managing the contracts. The Department of Health required all PCTs to develop skills to become world class commissioners and there would be an annual assessment of this. The PCT was in an ideal position to develop the skills and competencies and was the only commissioning-only PCT in the country. Since the last Scrutiny Forum, the PCT strategy, Organisational Development Plan, Communications and Engagement Plan and Financial Strategy had been developed.

The following matters were then raised by Members:-

- What other PCTs was the Hartlepool PCT in communication with? It was established that these were others in general who had approached Hartlepool PCT.

- How did the PCT intend to achieve world class commissioning standards? The representative of the PCT stated that there should be the best use of available resources and a strategy of vision had been developed. The PCT intended to commission as smartly as it could and had prioritised needs in relation to health outcomes. These would not necessarily be the cheapest but would have best value.

- What was the relationship between the PCT and FT and the PCT with the Local Authority? It was established that there was a commercial relationship between the PCT and FT. There was also a relationship between the PCT and the Mental Health Trust.

- Is there the same relationship with independent providers? Contractually relations should be the same.

- As there was less money available how did this affect provision? The PCT had a funding allocation of £½ Billion for North Tees and Hartlepool which should be used wisely. There was a tender and bidding process for all services.

- Did the dental sector staying private affect the PCT? It did not affect the PCT but did affect patients. Allocations were given yearly and allocated on the basis of needs regarding data submitted.

- How was best value criteria measured? Is it considered by Board Members? Yes, it is based on the Darsi review and annual operating plan was in the process of being developed by officers but it would be a board decision.

The NHS FT representative then gave a presentation outlining a number of issues. This included why the FT wanted to host and then integrate services i.e. in order to provide greater integration in patient care along pathways of care. The FT already provided part of the patient pathway so

providing more was a logical extension. It was completely in line with Momentum: Pathways to Healthcare which was sponsored and supported by the FT as well as both PCTs, a vision of integrated services with a wider range of care being delivered closer to home. It was clear that community based services were at the centre of the health system of the future and the FT wished to facilitate the transfer of more services into community locations. A number of integrated services for Adult Services were provided and social care teams were managed jointly with the Local Authority. Services were also provided for Children and Families although these social care teams were not jointly managed with the Local Authority. A number of specialisms which were formerly hospital based were now based in the community.

The FT representative re-iterated that this was the first transfer of its type in the country and covered initially the 17 month period from 1 November 2008 until 31 March 2010. There had been a legal transfer including Head of Terms, Business Transfer and Community Services Contract. There had been a TUPE transfer of staff and a maintenance of services, staff and arrangements at the point of transfer. There had been no asset stripping as the PCT had retained the premises. The FT representative outlined what had been happening since 1 November 2008 which included continuing to provide services as contracted, reviewing the services and arrangements and identifying any issues or areas for development. The benefits so far due to the changes in management were outlined and the staff perspective on the changes. It was stressed that the change had been seamless for patients.

Members made a number of comments including:-

- Community based services were the way forward and were a way of keeping people out of hospital.

- Health Visitors were a key way of discovering what was happening in family life.

- Members would like to see a closer relationship between the FT and Children's Services Department of the Local Authority. Members of the FT are on the Children's Trust Board and Safeguarding Board and there is a good partnership relationship.

- Members would like a seamless fully integrated service and want clients to notice a difference with a better service.

- A Member queried care for prisoners in custody at the Police Office and asked who was responsible for their wellbeing.

- A Member asked whether there was a gap in service for 19 year olds and was informed that there was a handover between children's services and adult and they would work together.

- If there was an issue with a service would it be taken up with the

provider or commissioner? It should be taken up with both. It was stressed that there was a good relationship between the FT and PCTs and Members hoped that if there were private sector services taken up in future, it needed to be built into the tendering factor that good relationships were necessary.

- Pleased that staff satisfaction is being focussed upon but is the FT doing as much as it can to keep staff happy? This is something that comes up in staff meetings and the biggest anxiety was during the hosting period as it is unclear who will be the next employer after this.

- Staff are bound to be worried by uncertainty as to who will be their next employer. Staff should get credit for the good work they do.

Decision

Members noted the content of the presentations given by members from the FT and PCT.

131. Six Monthly Monitoring of Agreed Health Scrutiny Forum's Recommendations *(Scrutiny Support Officer)*

The report was presented to provide Members with the six monthly progress made on the delivery of the agreed scrutiny recommendations.

Decision

Members noted the content of the report.

132. Tees Valley Health Scrutiny Joint Committee *(Scrutiny Support Officer)*

The report was presented to inform Members of issues discussed at meetings of the Tees Valley Scrutiny Joint Committee since the meeting of the Health Scrutiny Forum on 20 January 2009.

Updates had been given on Cancer Screening Services and Community Based Arrhythmia Service and the upcoming public consultation on the North East Ambulance Service Foundation Trust Application. There were issues about representation on the Board. Two options had been put forward, either one large Trust covering Durham, Northumbria and the Tees Valley or smaller blocks covering each area, e.g. Tees Valley, Darlington etc.

Decision

Members noted the report.

133. Date and Time of Next Meeting

Members were reminded that there was an informal Health Scrutiny Forum scheduled for 3 pm on Tuesday, 17 March 2009 in the Council Chamber, Civic Centre, Hartlepool.

The next formal meeting of the Health Scrutiny Forum was scheduled to take place on Tuesday, 7 April 2009 at 3.00 pm in the Council Chamber, Civic Centre, Hartlepool.

The meeting concluded at 5.00 pm.

CHAIR

HEALTH SCRUTINY FORUM

7 April 2009

Report of: Scrutiny Support Officer

Subject: INTEGRATED URGENT CARE PROVISION IN HARTLEPOOL PILOT – UPDATE – COVERING REPORT

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1. PURPOSE OF REPORT

1.1 To inform Members that a representative from Hartlepool Primary Care Trust (PCT) will be in attendance at today's meeting to update the Forum on the current position in relation to Hartlepool's Integrated Urgent Care Provision Pilot.

2. BACKGROUND INFORMATION

2.1 Members will recall that back in June 2008, the Forum was informed of the circumstances surrounding the delay to the implementation timescale of the new integrated urgent care provision in Hartlepool. A further position report was received by the Forum on the 9 September 2008 with an indication that a further update would be provided at today's meeting.

2.2 Consequently, Director of Estates & Health Systems Development will be in attendance at today's meeting to present a further update to Forum on the current position of the pilot scheme.

3. RECOMMENDATION

3.1 That Members note the update provided.

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

BACKGROUND PAPERS

No background papers were used in the preparation of this report

Integrated Urgent Care Centre

6 Month Pilot Evaluation

Background

- Service commenced on 1 September 2008
- NTHFT commissioned to deliver service
- Based adjacent to A & E Department of UHH
- One local number – Trust commissioned NHS Direct to deliver telephony triage for service
- Operational hours – 6 p.m. until 8 a.m. Monday Friday, all weekend including bank holidays

How it works

- Patient rings local number or can be directed via NHS Direct national number
- Telephony service carry out initial triage – outcomes may include direct referral to A & E or 999, referral to another more appropriate service, self-care/management, referral to IUCC service

IUCC

- Telephone patient back within priority timescale
- Determine what is required – maybe signposting to another service, self management, a home visit or appointment at the centre
- Transport is provided for those patients who are required to come to the centre

Purpose of the evaluation

- Help determine whether objectives have been met
- Make recommendations for future procurement of out of hours care services which could be sustainable across Hartlepool – taking into account future developments
- Help inform Tees-wide future procurement
- Share lessons from this pilot to aid implementation of future provision

Patient Satisfaction

- No written complaints were received during the evaluation period
- One questionnaire survey was completed during the evaluation period – another to commence in April
- Satisfaction generally high
- Only 4% of patients required transport to the IUCC
- Main problems – Repeating information a number of times through triage process and communication of telephone number

Performance

- All Carson standards met apart from Priority 2 – commencing face to face consultations within 2 hours (being addressed – nurses tending to prioritise by receipt of call!)
- More patient contacts are closed following advice than anticipated leading to overall reduction in face to face contacts
- The number of home visits has decreased in accordance with contract (better able to assess patients in clinical environment)
- Percentage of patients directed to A & E and 999 at initial triage greater than Primecare – 34% of those patients referred to A & E fail to turn up
- Recording of where patients are signposted has not been robust

Risks/Issues

- Had to commission Primecare to deliver some home visit activity
- Difficulties in recruiting to the service – both GPs and other urgent care practitioners
- Information to GPs has been improved – worked in partnership to achieve this
- Further communication of telephone number

Risks/Issues cont..

- Improvements required in passing information from GPs to OOH providers on patients who are likely to access the service frequently, eg end of life, mental health patients
- Improvements in signage made
- Poorly integrated IT system
- Further training in confirming expected death implemented for nursing staff – avoiding unnecessary delays for relatives
- GPs thought more AB were being prescribed – not able to prove this – audit carried out
- Potential for better value than previous contracts

Professional Experience of Service

- General satisfaction after 'ironing out' initial teething problems
- Recognition that changes to the model are required – especially around telephone triage
- The service would benefit from additional GP leadership
- Good working relationships developed with other community services

Sustainability

- Difficulty in recruiting staff
- Some changes required to model
- The model is cost-effective
- Compatible IT systems required

Recommendations

- Pilot to continue until March 2010 to align to Tees-wide procurement of OOH services
- Lessons learnt from model are applied to future specification
  - Single triage by highly skilled professional
  - One single access national telephone number (may take some time to achieve!)
  - Service to be staffed and led by a mixture of GPs and specialist nurses/urgent care professionals

Recommendations cont..

- A robust integrated IT system required
- More robust collation of patient outcomes-dispositions
- Development of a workforce plan

- Future services aligned to extended hour health centres and Momentum Developments
  - Located in one area adjacent to extended hour health centres, minor injuries unit
  - Operational hours reduced to fit in with the above
  - Requirement for less GP input in OOH service due to extended hour health centres open at weekends

Next Steps

- Continued monitoring of the service – another questionnaire survey planned for April plus patients asked to complete questionnaire after visits to the centre
- Prepare Tees-wide specification for future procurement
- Work towards integrated facilities in Hartlepool

HEALTH SCRUTINY FORUM

7 April 2009

Report of: Scrutiny Support Officer

Subject: HEALTH VISITOR SERVICE - UPDATE – COVERING REPORT

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1. PURPOSE OF REPORT

1.1 To inform Members that a representative from North Tees and Hartlepool NHS Foundation Trust will be in attendance at today's meeting to update the Forum on the current position in relation to the Health Visitor Service in Hartlepool.

2. BACKGROUND INFORMATION

2.1 Members will recall that during the course of their 'Reaching Families in Need' Investigation a number of issues were raised in relation to the Health Visitor Service in Hartlepool, culminating in a request for a further report or presentation to a future meeting of the Forum.

2.2 Consequently, the Director of Clinical Services Systems Development will be in attendance at today's meeting to present a further update to Forum on the current position in relation to the Health Visitor Service in Hartlepool.

3. RECOMMENDATION

3.1 That Members note the update provided.

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

BACKGROUND PAPERS

No background papers were used in the preparation of this report

NORTH TEES & HARTLPOOL NHS FOUNDATION TRUST

Health Visitor Service - Update

Linda Watson

Acting Clinical Director
Community Services

Nick McDonaugh

Assistant Director Specialist Services

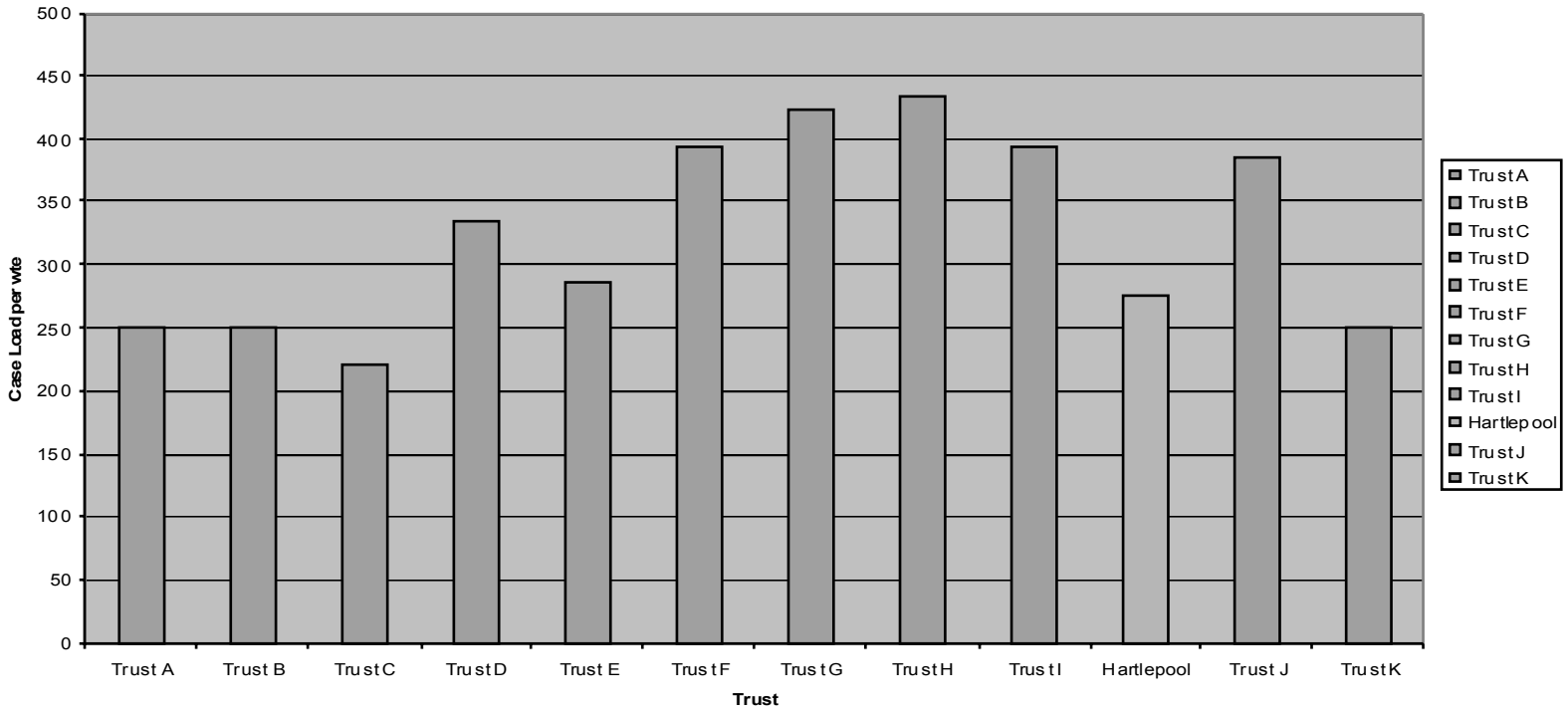
NORTH TEES & HARTLPOOL NHS FOUNDATION TRUST

Health Visiting Service In Hartlepool

Dimensions:

Budget	**£1,000,000**
Staffing:	**Health Visitors 20.0 wte** **Nursery Nurses 8.60 wte**
Location	**Locality teams in Children's Centres**

NORTH TEES & HARTLPOOL NHS FOUNDATION TRUST
Health Visiting Benchmarking



NORTH TEES & HARTLEPOOL NHS FOUNDATION TRUST

Health Visitor Service Update

Some of the issues:

- **Recruitment and retention**
- **Making the best use of resources**
- **Skill mix**
- **Investment decisions**

NORTH TEES & HARTLEPOOL FOUNDATION TRUST

Health Visitor Service - Update

Key messages from national guidance:

- **The Lord Laming report – March 2009**
- **Healthy lives, brighter futures – the strategy for children and young peoples health – February 2009**
- **Facing the Future – A review of the role of the Health Visitors – October 2007**

NORTH TEES & HARTLEPOOL FOUNDATION TRUST

Health Visitor Service - Update

What we are doing locally:

- **Reviewing the service against Facing the Future recommendations**
- **Gap analysis against Lord Laming's recommendations (CNO review)**
- **Transforming Community Services Programme**

HEALTH SCRUTINY FORUM

7 April 2009

HARTLEPOOL
BOROUGH COUNCIL

Report of: Scrutiny Support Officer

Subject: REACHING FAMILIES IN NEED – DRAFT FINAL REPORT

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1. PURPOSE OF REPORT

1.1 To inform Members of the Health Scrutiny Forum that they will be presented with the draft findings of this Forum's 'Reaching Families in Need' investigation.

2. BACKGROUND INFORMATION

2.1 As Members will be aware, between the 9 September 2008 and 10 February 2009, the Health Scrutiny Forum undertook a detailed investigation exploring the issue of 'Reaching Families in Need'. Following completion of the evidence gathering process, work has been ongoing on the preparation of a Draft Final Report for consideration at today's meeting, prior to its consideration by the Scrutiny Co-ordinating Committee and Cabinet.

2.2 It has, however, unfortunately not been possible to include the Forum's Draft Final Report for despatch with the agenda and papers for this meeting. As such arrangements have been made for the Health Scrutiny Forum's 'Reaching Families in Need' Draft Final Report to be circulated under separate cover, in advance of this meeting.

3. RECOMMENDATION

3.1 That Members note the content of this report and agree the Draft Final Report for presentation to Scrutiny Co-ordinating Committee on 24 April 2009.

Contact Officer:- Joan Wilkins – Scrutiny Support Officer
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Hartlepool Borough Council
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BACKGROUND PAPERS

No background papers were used in the preparation of this report.

HEALTH SCRUTINY FORUM

7 April 2009

HARTLEPOOL BOROUGH COUNCIL

Report of: **Health Scrutiny Forum**

Subject: **DRAFT FINAL REPORT – REACHING FAMILIES IN NEED**

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1. PURPOSE OF REPORT

1.1 To present the findings of the Health Scrutiny Forum following completion of its 'Reaching Families in Need' investigation.

2. SETTING THE SCENE

2.1 At the meeting of the Health Scrutiny Forum on 17th June 2008, Members determined their Work Programme for the 2008/09 Municipal Year. In identifying a topic for in-depth consideration, the Forum identified a need to explore the issue of social inclusion in Hartlepool, and its effects, as a very real, serious and multifaceted problem.

2.2 It was apparent to Members, in selecting the 'Reaching Families in Need' investigation, that a small minority of families exist in Hartlepool that continue to fail to benefit from rising living standards and increased opportunities. These families also experience a wealth of problems that cross a broad spectrum of issues with associated general well being and specific health problems. Moreover, the perpetual cyclical nature of these problems tends to have the effect of exacerbating health inequalities as well as pushing the individuals further into social isolation and away from possible help.

2.3 Problems these families experience include:-

(i) Health inequalities;
(ii) Overcrowded / unsuitable housing;
(iii) Being victims and perpetrators of crime;
(iv) Poverty, wordlessness, poor job prospects;
(v) Benefits and dependency;
(vi) Poor school attendance linked to poor attainment;
(vii) Poor academic and social skills;
(viii) Poor parenting;

(ix) Domestic violence;
(x) Drug and alcohol abuse;
(xi) The difficulties of young parenthood;
(xii) Unstable partnerships; and
(xiii) Low aspirations, low self esteem and aimlessness.

2.4 In looking at these families, the Forum recognised that their identification was a real issue and whilst there was a recognised formulae for the designation of a hard to reach family, being any five of the following indicators as laid down within the Families and Children Study, their practical identification and how they are encouraged to take advantage of the services available:-

(i) No parent at Work;
(ii) Poor quality or overcrowded housing;
(iii) No parent with qualifications;
(iv) Mother has mental health problems;
(v) At least one parent with longstanding limiting illness, disability or infirmity;
(vi) Low income (<60% of median); and
(vii) Cannot afford a number of food and clothing items.

2.5 The Forum also recognised the importance of providing care and assistance for families in need, with particular emphasis on:-

(i) Social Responsibility – Each Council under it's democratic mandate places a high priority on meeting the needs of all elements of the community, with particular emphasis on the requirements of the most needy;

(ii) Community Cohesion - Many families in the most deprived 3% have a marked negative effect on their communities. However, not all of these families are the same and whilst some may be involved in crime or anti-social behaviour many are not; and

(iii) A Strong Economic Argument - The most deprived families tend to be a significant pressure on the taxpayer, in terms of welfare benefits, social care, healthcare, criminal justice and educational support. By intervening more effectively to support them at an earlier stage, they are likely to become less dependent on these high cost services.

2.6 These families, and the problems they experience, exist not only locally but also on a national level. Government estimates are that approximately 2-3% of families nationally are in this position. In recognition of this, the Government has established a clear and ongoing social inclusion agenda, including the publication of "Think Family: Improving the Life Chances of Families at Risk" in 2008. As part of this agenda, and most clearly seen in the Local Government and Public Involvement in Health Act 2007, Councils are now required to work with their local partners and offer strategic leadership for service provision across their community. There is also a

clear indication that individual bodies acting in isolation cannot properly address the most pressing problems in society, such as social inclusion. To fully combat these problems, which are undoubtedly seen in Hartlepool, the public sector must work as one body, in conjunction with voluntary and independent sector, under the strategic leadership of the local authority.

3. OVERALL AIM OF THE SCRUTINY INVESTIGATION

3.1 The overall aim of the Scrutiny investigation was to explore the town's current approach to targeted intervention for hard to reach families in need and to make suggestions for improvement, where possible, that encourage the take up of local health services.

4. TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION

4.1 The Terms of Reference for the Scrutiny investigation were as outlined below:-

(a) To gain an understanding of the current multi agency approach to the provision of targeted wellbeing and preventative health services for hard to reach families in need in Hartlepool;

(b) To explore what strategies are in place that identify and offer assistance to hard to reach families who have specific and persistent issues in Hartlepool;

(c) To seek good practice from another local authority in relation to their approach to targeted intervention for hard to reach families in need; and

(d) To identify suggestions for improvement, with particular focus on partnership working and innovative practices of targeted intervention.

5. MEMBERSHIP OF THE HEALTH SCRUTINY FORUM

5.1 The membership of the Scrutiny Forum was as detailed below/overleaf:-

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

Resident Representatives: Jean Kennedy, Linda Shields and Mike Ward.

6. METHODS OF INVESTIGATION

6.1 Members of the Health Scrutiny Forum met formally from 9 September 2008 to 7 April 2009 to discuss and receive evidence relating to this investigation.

A detailed record of the issues raised during these meetings is available from the Council's Democratic Services.

6.2 A brief summary of the methods of investigation are outlined below:-

(a) Detailed Officer reports supplemented by verbal evidence;

(b) Evidence from the Children's Services Department and Adult and Community Services Department (Including the Family Intervention Project);

(c) Evidence from the Authority's Elected Mayor and Cabinet Member Portfolio Holder for Adult and Public Health Services;

(d) Evidence from the Director of Public Health;

(e) North Tees and Hartlepool NHS Foundation Trust and Hartlepool Primary Care Trust;

(f) Voluntary Sector and Community Groups (including Hartlepool Families First and Hartlepool Patch);

(g) Hartlepool Partnership;

(h) Housing Hartlepool;

(i) Job Centre Plus;

(j) Anti-Social Behaviour Unit and Youth Offending Team;

(k) Hartlepool New Deal for Communities (NDC); and

(l) The views of local residents.

FINDINGS

7 THE DEFINITION OF A 'FAMILY IN NEED'

7.1 As a starting point for the investigation the Forum explored, and identified, a clear definition of a 'family in need'.

7.2 In relation to the term 'family' Members agreed that for the purpose of the investigation it would be a family unit, including children up to the age of 16. This was, however, with the proviso that the definition could be expanded should it be necessary. In addition to this, the Forum agreed that a family 'in need', would be one of the small minority of families that continue to fail to benefit from rising living standards and increased opportunities, experiencing a broad spectrum of general well being and specific health problems (as outlined in Section 2.2 above).

8 ISSUES AFFECTING HARD TO REACH FAMILIES (FAMILIES IN NEED) IN HARTLEPOOL

8.1 Throughout its investigation, the Forum welcomed evidence from a variety of sources and obtained a clear understanding of what a 'family in need' was and the factors / issues that impact upon them (as shown in Section 2 above). Evidence provided was also of assistance in giving the Forum an understanding of the role health inequalities play in the lives of these families and the wider Hartlepool community.

8.2 It came as no surprise to the Forum that 'families in need' are more susceptible to the effects of health inequalities. Members were, however, interested to learn that in Hartlepool, and indeed across the country, a number of issues significantly impact upon the ability to address health inequalities and in turn deal with the problems experienced by these families. These include:-

(i) Family experiences that:

- Limit aspirations;
- Reinforce cycles of poverty;
- Provide poor models of behaviour; and
- Damage the ability of children to build up resilience to problems or to benefit from the opportunities they are given.

(ii) Complex factors that can be associated with a lack of engagement:

- Lack of understanding of services and how to use them;
- Don't think it is relevant to them;
- No mutual respect;
- Focus on crisis management rather than prevention;
- Inflexible and fragmented services;
- Intimidating environments where services are delivered; and
- May focus more on enforcement than help.

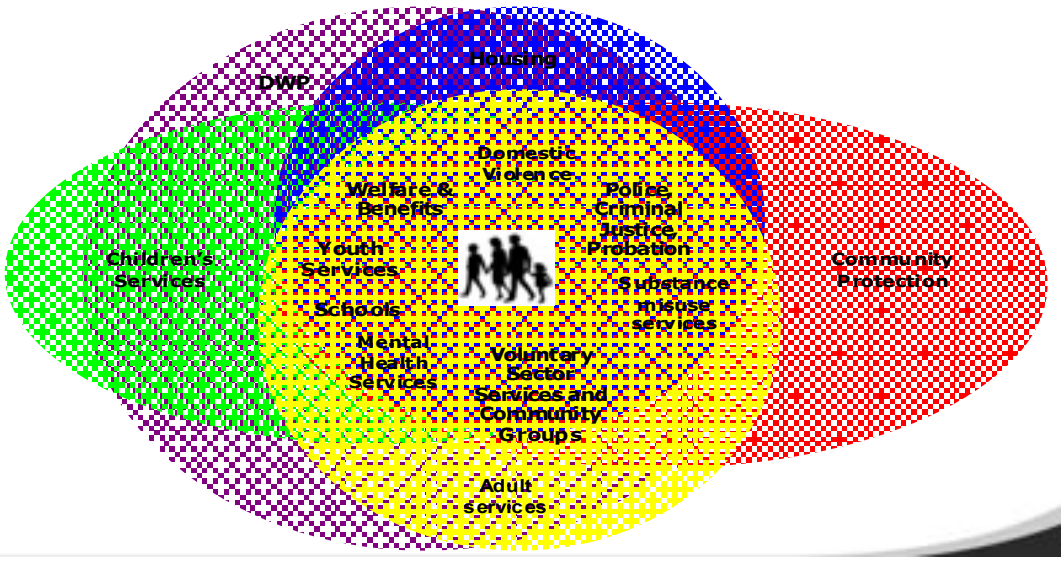
8.3 On a wider health inequality basis, Members were well aware that across the whole of Hartlepool cardiovascular disease, cancer and other major issues, such as mental health problems, are more prevalent than they are nationally. There was, however, concern regarding the differential in terms of the level of such these conditions across different sectors / areas of the community and disappointed that there seemed to have been extremely limited progress with regard to the following conditions in narrowing the gap between Hartlepool and the England average:-

(i) Breast Feeding Initiation;
(ii) Teenage Pregnancies;
(iii) Binge Drinking (including alcohol related hospital stays);
(iv) Drug Misuse;
(v) Smoking in Pregnancy;
(vi) Obese Adults;

(vii) Healthy Eating; and
(viii) Incapacity benefit for Mental Health.

9 SERVICES PROVIDED AND STRATEGIES INPLACE TO ASSIST HARD TO REACH FAMILIES (FAMILIES IN NEED) IN HARTLEPOOL

9.1 Over the course of the investigation the Forum was surprised to discover the wide variety of agencies, organisations and service areas required for the effective provision of services for families in need, as illustrated below.



9.2 Looking specifically at the work being undertaken in Hartlepool, Members were encouraged to see that a wealth of targeted wellbeing and preventative health services are already being provided to help reach families in need. Evidence provided broke these services down for ease of reference into those provided by the Council and those provided by other agencies and bodies.

Services Provided by the Council

9.3 At various meetings throughout the investigation, the Forum welcomed detailed evidence from key Council departments with a role in the provision of services for families in need:-

(i) Adult and Community Services;
(ii) Children's Services; and
(iii) Regeneration and Planning Services (i.e. Strategic Housing)
(iv) Neighbourhood Services (i.e. the Family Intervention Project, the Anti Social Behaviour Unit and the Youth Offending Service).

9.4 <u>Adult and Community Services Department</u> - Members welcomed clarification of the impact of work being undertaken at many levels through the Adult and Community Services department, in particular activities with

vulnerable adults and the wider health and wellbeing agenda. This included universal services, prevention, early intervention and low level support.

9.5 It was evident from the evidence provided that the services needed by families in need were in place across various departments and other bodies, however, there was an issue around difficult to reach families (with multiple problems) knowing and being able to access all of the various strands of what they need. In exploring this issue, the Forum welcomed confirmation that systems were already in place whereby self assessments can be completed by service users. It was also clear that there is a key role for the lead practitioner in each case, with recognised benefits for the development of relationships with families and individuals, something that was crucial for the identification and engagement of families. In addition to this, Members were delighted to find that the development of an adult CAF was now being pursued and were supportive of the identification of funding, with the proviso that the adult and children's CAF's be designed in such as way as they can work together.

9.6 Referring back to concerns in terms of how families who do not want to take advantage of services can be encouraged to do so, whilst Members were disappointed they acknowledged that where there were no significant concerns there was no way of identifying and contacting families. The Forum was, however, encouraged to find that processes were in place to monitor families through their Health Visitors, who had first hand knowledge of the families and the services that have been accessed. As part of this, a Children's Centre Database was in the process of being developed for the retention of information, tracking visits and interventions to support the identification of families not engaging.

9.7 The Forum was very interested in the role and purpose of the new Children's Centre Database, however, it was recognised that the utilisation of the information contained within it would be limited by access to information and privacy laws. Despite this the Forum was keen to see this explored as a way of further accessing vital information to help identify families in need.

9.8 <u>Children's Services Department</u> - The Forum, at its meeting on the 9 December 2009, gained a full understanding of the work undertaken within the Children's Services Department in identifying and engaging families in need. Members noted detailed evidence in relation to the provision of universal, targeted and specialist services with particular attention drawn to the ongoing development and use of the Common Assessment Framework (CAF).

9.9 During the course of discussions, a number of issues were raised regarding the existence of formal arrangements for the sharing of information between the various agencies and bodies involved. The Forum welcomed assurances that processes were in place to share information through, means such as the Common Assessment Framework (CAF) and the up and coming E.CAF (both devised with the purpose of identifying any areas where support was required within a family at an early stage). The Forum agreed

that once fully developed the CAF would be an extremely useful tool in relation to the provision of services for families, however, it had come to light through the investigation that there were some mixed views in terms of its ultimate usability by some bodies or groups of staff. This was primarily on the grounds of its size and complexity and is discussed further in Section 9.11 of the report.

9.10 In terms of the CAF and the issues raised during the course of the investigation, further information was provided by the Children's Services Department in relation to its format and use. Members were please to learn that Hartlepool was a trail blazer in terms of its activities in tying the CAF to Special Assessment Guidance and was in fact being approached by other local authorities in relation to this.

9.11 Attention was drawn to the pre-CAF (a much smaller document) and Members suggested that this could be used as an alternative where the full CAF was felt to be too difficult. Members' views were, however, reiterated in terms of the need for all forms of the CAF, whether that is the Pre CAF, Full CAF or E.CAF to be able to be used together. Members were also supportive of a pilot project for an Adult CAF that was ongoing and the need for full and effective training in relation to the use of any and / or all versions of the CAF for it to be an effective means of gathering and sharing information.

9.12 Regeneration and Planning Services Department - At the meeting held on the 4 November 2008, Member's views were reinforced regarding the intrinsic importance of good quality housing to the health and wellbeing of all families, in particular in relation to families in need.

9.13 Evidence from the Strategic Housing Manager confirmed that there were good examples of partnership working going on, for example between the Council and Housing Hartlepool. However, the Forum welcomed confirmation of its suspicions that there was still room for improvement with some instances of silo working across agencies, reducing the effectiveness of the multi-agency approach. The Forum learned that whilst there are mechanisms in place for the transmission of information there was concern that:-

(i) There appeared to be some reliance on the informal networks that rely on individual contacts; and

(ii) There was a view that when health information was flagged up it was not always taken forward.

9.14 There was also an indication that whilst the CAF was an exceptionally useful document, housing staff and the Police did not use it in its current form as they found it to be too long. Members noted that Housing Hartlepool staff did use the CAF, however, they held similar views to those expressed in terms of its complexity and size.

9.15 In light of the views expressed, the Forum:-

(i) Welcomed a suggestion that the feasibility and effectiveness of 'mini' CAF should be explored;

(ii) Reiterated the benefits of a single co-ordinating point for the collection and relaying of information and referrals. The ideal place for this being at the top of the Council organisational structure from where a system could benefit partners who sometimes have to rely on the informal networks; and

(iii) Supported a suggestion that it would be beneficial for consideration to be given to the development of greater involvement between the Council's Housing Division and the Family Intervention Project (FIP).

9.16 Neighbourhood Services Department – In exploring the relevant areas of work undertaken by the Neighbourhood Services Department, the Forum learned that many of the factors impacting on health inequalities are generational and that efforts were being made to trying to be dealt with them through projects such as the Hartlepool Intervention Project (HIP) and Family Intervention Project (FIP). The Forum looked in some detail at the work being undertaken by the HIP, FIP, Youth Offending Service and the Anti-Social Behaviour Unit. Whilst at first sight seemed like the activities of these groups would be relevant to the issue under investigation, it very quickly became clear that the aims of projects fit perfectly with reaching out to the families that are not currently taking advantage of the services. Examples of this being the FIP's focus on:-

(i) The most problematic families persistently perpetrating anti social behaviour who are at risk of losing their homes;

(ii) The implementation of a 'whole family' approach which considers the needs of the whole household and assesses the underlying problems driving the family's behaviour; and

(iii) The provision of key workers who co-ordinate activity and provide continuity.

9.17 In looking at how these projects could be best used to reach families in need, the Forum welcomed indications that the Common Assessment Framework was already being used and information relayed to other departments. The Forum also:-

(i) Noted a recurring theme in the evidence provided regarding emphasis on the importance of partnership working and communication. It was, however, clear that communication links could be improved between these projects and the Adult and Community Services Department, although it was noted that work was already ongoing to do this;

(ii) Expressed its satisfaction with the work of the HIP, FIP. Also the work of the:-

- Youth Offending Service, in terms of its Parenting Programmes in helping addressing health issues, encourage engagement and in particular the Strengthening Families Programme; and

- Youth Inclusion Project, in its provision of an opportunity to identify families in need through workers home visits.

(iii) In relation to the work of the Anti-Social Behaviour Unit, was impressed with the level of partnership working and information sharing that was undertaken. It was, however, interesting for the Forum to learn in terms of possible future improvements that there was a view from the Unit that the CAF could be used more and increased use of the Vulnerable Localities Index to better focus resources in areas of most need.

9.18 The Forum supported the ongoing work to improve routes of communication between departments and was encouraged to see that strategies for the future included the continuation of the 'every family are unique' approach and provision of a persistent key worker. In particular the Forum recognised the importance of a recognised key, especially with families in need, and this view was further reinforced by the effectiveness of the work being undertaken through the Connected Care project, as discussed later in the report.

Services Provided by Other Agencies / Bodies

9.19 Housing Hartlepool – The Forum received evidence from Housing Hartlepool at its meeting on the 4 November 2008. The Forum commended the Council's Strategic Housing Division and Housing Hartlepool on the way they worked together to relay information. The Forum was pleased to hear that dealing with families in need was a high priority for Housing Hartlepool and was in the process of developing a strategy for reaching these families that could be rolled out across the town. Attention was, however, drawn to the work being undertaken as part of the Connected Care model, which although in its early stages Housing Hartlepool representatives felt was looking favourable. Members were encouraged to hear positive feedback from an outside organisation in relation to this model and discussed it in more detail as part of the investigation, as shown later in the report.

9.20 Connected Care – The Forum discovered that this jointly funded local authority and PCT programme was established to provide a single point of entry, self referral and assertive outreach, whilst also providing care navigation with advocacy, support and co-ordination. The overall aim of the programme being to integrate health and social care, joining them up with strategies for social inclusion and linking connected care to locality based commissioning.

9.21 Members noted with interest the content of a very informative presentation from Connected Care representatives, at their meeting on the 10 February 2009. Following consideration of the information provided, Members were supportive of the programme and its positive effects in helping reach families that would not normally interact with either the council or engage with health services. Whilst it was recognised that there was still a core of hard to reach families that would never voluntarily engage, Members recognised the benefits of having one worker that would stay with a family, directing them through the different service areas that they might need.

9.22 Members were open in their support for the rolling out of the programme across other areas of the town and felt that it could have a significant role to play in reaching, engaging and keeping contact with these families. It was, however, recognised that there are funding issues attached to this which at the current time prohibit the expansion of the programme.

9.23 Hartlepool Primary Care Trust (PCT) – The Forum received assurances at its meeting on the 8 January 2009, that the PCT was committed to removing barriers to healthcare and to ensure that there is equitable access to these services irrespective of an individual's background.

9.24 Members noted with interest the selection of services that the PCT commissions from a wide range of providers, such as Primary Care, Acute Care and Community Services, and learned that whilst the PCT commissions its services primarily on the basis of how a service meets an individuals needs it does also where possible identify and commission services that would benefit from a family approach. Particular not was taken of the work of the PCT's Health Development Team, the purpose of which was to implement initiatives to reduce health inequalities and improve health and wellbeing.

9.25 Whilst most of the work of this team takes a universal approach it was noted that where possible geographical areas are targeted to work on health inequalities, with nearly .all work done in partnership with statutory or voluntary / community partners. In terms of the identification of families in need, children who are at risk of poor outcomes as defined by 'Every Child Matters' are assessed to help determine their individual needs and promote co-ordinated service provision. Children with more serious needs are given a Child Protection Plan, and whilst the PCT has its own child protection structure there are other processes in place for the referral of safeguarding incidents or concerns to Hartlepool Borough Council's Child Protection procedures.

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9.26 From the evidence provided it was clear to the Forum that the PCT has well defined arrangements in place to work with its partners i.e. the hospital trust, Cleveland Police, the Youth Service, Housing Services and many others. Members in fact took the opportunity to commend the PCT and the Council on the true nature of partnership working in place, particularly in terms of integrated adult commissioning where there are fully integrated co-located teams working across health and social care services for adults. Members

were impressed with the way in which this would facilitate even further improved information sharing and were encouraged to learn that the objective for 2009 was to develop similar provision for children's services. Members were supportive of this and looked forward to seeing it taken forward further cementing the routes of information transmission and sharing between the PCT and Council.

9.27 In terms of how things could be improved in the future, Members took on board the following suggestions for consideration in the formulation of their recommendations:-

(i) A single process needed to be developed across all agencies to identify and deal with families, with a clear criteria to ensure the identification of families in need;

(ii) Further work was required to identify the potential number of families in need;

(iii) There needs to be better incorporation and use of the CAF to allow for better feedback to commissioning to inform, redesign and develop future services (i.e. work with primary care services to incorporate the CAF);

(iv) Ways of utilising the vast amount of information retained by GP's needs to be explored, however, it was recognised that there are data protection issues; and

(v) A full social marketing strategy should be developed to ensure that there can be no stigma in being identified as a family in need. This may facilitate people coming forward rather than organisations having to go looking for these families.

9.28 North Tees and Hartlepool Foundation Trust (FT) – The Forum received evidence at its meeting on the 8 January 2009 from the FT confirming its commitment to ensuring all families receive the healthcare and assistance they require. A family in need defined by them as being 'any family that requires any intervention to enable a child to achieve all aspects of 'Every Child Matters'.

9.29 It was made clear to the Forum that the FT sees that it has a clear role in breaking the spiral of aspirations and health promotion. This being through the implementation of strategies for cross boundary and multi agency working, health promotion in terms of the transmission of advice and information (in the wider sense and through verbal advice at every visit) and accident prevention.

9.30 Members noted with interest that strategies are in place to identify any and deal with families in need. These include the implementation of processes / referral mechanisms, use of the pre CAF, pre-discharge meetings, robust training of staff, good relationships and targeted support. It was, however, apparent that the FT did at times find it difficult to implement these strategies

for cross boundary and multi-agency working given the current processes, although it was made very clear that the multi-agency process for the discharge of patients with complex needs worked well.

9.31 Members noted with concern that an example of the problems experienced related to with the use of the CAF, in terms of its complexity and the feeling that it limits the ability to give a complete picture. In light of this multiple forms were still being used and Members were of the view that this needed to be addressed and other agencies consulted and involved in the further development of the CAF and E.CAF.

9.32 The Forum asked a very simple question of the FT in terms of how could the co-ordination of activities and approaches be improved to help reach families in need. Members welcomed suggestions that:

(i) Referral mechanisms through the CAF need to be streamlined;
(ii) The gap in transition from child to adult care needs to be examined;
(iii) There need to be more defined pathways for complex cases;
(iv) The gap in multi-agency training needs to be explored; and
(v) Links and communication between agencies need to be strengthened (i.e. a 'one stop shop' telephone number or point of contact).

9.33 The Forum took in board the FT's suggestions and was keen to see the (i), (iv) and (v) explored further. In addition to this, the Forum took the opportunity to explore the role of individuals in the reaching families in need and whilst it was recognised that the Council departments have a key role particular attention in terms of the FT was drawn to the role of Health Visitor. Whilst the Forum expressed some concern regarding the number of Health Visitors and workload size, it was clear to Members that the position of trust these individuals have in entering homes would be extremely useful in the identification of families in need. As such, this needed to be looked into further in terms of their use of the CAF or Pre CAF and their inclusion in the reporting mechanism loop.

9.34 Other bodies and Groups – The Forum at its meeting on the 20 January 2009 received evidence from a number of other groups with an involvement in the provision of services for families who could fit the definition of a 'family in need'. These groups included Hartlepool NDC, Hartlepool Families First, Hartlepool Patch and Job Centre Plus.

9.35 During the course of discussions with representatives for **Hartlepool NDC**, Members were yet again impressed with the level of partnership working that was ongoing. Members were also impressed by the benefits of locating the NDC had found from the location of neighbourhood Management and Community Safety activities in joint premised. As with other instances when multiple services are provided in the locality, greater and easier transmission of information had been facilitated. In line with this, and ways of engaging with families, the Forum took on board the following suggestions from the NDC:-

(i) That where new buildings / facilities were being provided (i.e. perhaps the new health centre) an option should be put in place for the provision of a place where advice could be provided;

(ii) That Health Visitors and Midwives are the eyes and ears of the community had have a vital role in identifying and engaging with families in need;

(iii) That programmes which are not badged as being provided by 'official' bodies tend to be more successful with families that are reluctant to engage. This was also the experience of representatives from Connected Care and as such was something which the Forum felt should be considered as part of a package of measure the reach families in need;

(iv) That emphasis must be placed on the importance of the role of Voluntary Sector organisations in the delivery of services to families in need; and

(v) That for partnership working to be truly effective, it was essential to develop joint campaigns and common goals and targets.

9.36 During the course of discussion with representatives from **Job Centre Plus, Hartlepool Families First and Hartlepool Patch**, Members were pleased to find that the general feeling was that there was a good level of partnership working in Hartlepool, however, as with most things there was room for improvement. The issue of reporting mechanisms was also reiterated and whilst it was excellent news that they are well developed inform networks in existence, more formal and clearly defined routes are needed. There were also some issues expressed regarding the smaller organisations awareness of what is out there for the people they deal with (i.e. Hartlepool Families First were unaware of the assistance the Credit Union could be to its users). In response to this, it was suggested that a local authority seminar / event should be organised to showcase and transmit information to the various organisations in the town, raising awareness of what is available and what can be accessed by their service users.

9.37 In addition to this, views were also reiterated that there was still some silo working occurring and this needed to be addressed if a truly integrated approach was to be taken to meeting the needs of families in need. The overarching view, and one that was shared by the Forum, was that it had to be the Local Authority's role and responsibility to co-ordinate activities to reach these families.

9.38 Looking at a number of key questions in relation to the variety of outside bodies involved in the provision of services for families in need, the Forum discovered that in terms of:-

(i) How different bodies identify families in need with specific and persistent issues or problems – Clear processes are in place to pick up families in need when they come in to take up services. However, encouraging

them to take up services over and above those they had originally presented themselves for was not always easy. In addition to this, there are also those who do not wish to engage at all and it is these families that it is difficult, of not impossible, to identify under current systems;

(ii) Whether specific strategies are in place for dealing with families in need – As above, strategies are in place;

(iii) The extent of partnership working – Partnership working is in the forefront of all bodies' minds and every effort is made to make it possible.

10 EVIDENCE FROM THE PORTFOLIO HOLDER FOR ADULT AND PUBLIC HEALTH AND PORTFOLIO HOLDER FOR CHILDRENS SERVICES

10.1 As part of the investigation the Forum was keen to hear the views of the Executive and in line with the cross cutting nature of the 'families in need' issue across multiple Portfolios received evidence from the Portfolio Holder from Adult and Public Health and Portfolio Holder for Children's Services on the 14 October 2008 and 9 December 2008 respectively.

10.2 Members were please to find that the Portfolio Holder for Adult and Public Health shared their view that the provision of a multi-agency approach was crucial in addressing the public health agenda, especially in targeting people in need of housing and financial inclusion (both of which were issues explored in greater detail during the course of the investigation). The Forum welcomed the view that the continuous improvement of links between health and social care services would be vital in helping reduce health inequalities, and encourage the take up of health services by 'hard to reach' families. In Forum also shared the view that the identification of any shortfall in provision between health and social care service was imperative, with the parallel running of services through partnerships working to be key in improving health inequalities in Hartlepool in the future.

10.3 It was clear to the Forum from the evidence provided that in terms of identifying families in need, and targeting of services, there continued to be a reliance upon people identifying their own need and coming forward to use services. The Forum felt that this further emphasised the importance of ensuring that all services are linked together with clear routes of communication. It also reiterated the importance of the local authority's role in identifying families who are not already engaged and the value of possibly having a single point of contact for local authority service provision and co-ordination.

10.4 Linking into this, the issue social inclusion spans multiple departments, as can be seen from the involvement of two Portfolio Holders, in this investigation. Given the importance of this issue and the suggestion that the local authority should take the lead in providing co-ordinated leadership across the different providers (as outlined in Section 9.36) the Forum was of

the view that the creation of a Social Inclusion Portfolio should be explored. This would facilitate the development and implementation of a strategy that could cut across all departments and provide outside organisations with a clear point of contact and accountability. This in turn would see the public sector acting as one under the strategic lead of the Council.

11 HOW OTHER LOCAL AUTHORITIES APPROACH THE TARGETING OF INTERVENTION FOR HARD TO REACH FAMILIES

11.1 As indicated in Section 2.6, Government has established a clear and ongoing social inclusion agenda, including the publication of "Think Family: Improving the Life Chances of Families at Risk" in 2008. As part of this agenda, the Department for Children, Schools and Families identified 15 Local Authority Pathfinder. The aim of this Pathfinder Programme being to improve the outcomes for families caught in the cycle of low achievement, particularly those effectively engaged and supported by existing services, exploring what actually works and sharing solutions.

11.2 In exploring examples of good practice by other local authorities, the Forum chose to select one of the 15 Pathfinder Authorities. Of the 15 authorities, Westminster City Council was selected Members as being of particular interest, with its overall aim through the Pathfinder Programme being to:-

(i) Improve outcomes for children;
(ii) Reduce disorder and crime in the community;
(iii) Strengthen families and improve outcomes for adults; and
(iv) Reduce the longer term cost to public Services.

11.3 Members recognised that the aims of the Westminster City programme were very ambitious and were keen to see how it was intended to achieve them. In providing information as to how this was bring progressed the Forum, at its meeting on the 20 January 2009, received evidence from a Consultant involved in the Westminster Programme.

11.4 Members noted with interest that Westminster's services problems mirror those of all other local authorities in that they have long struggled with the following families, often dealing with problems through separate services (with a narrow focus):-

(i) Families with entrenched multiple problems;
(ii) Families where the children do badly at school and get into trouble; and
(iii) Families where the parents have drink or alcohol problems and are depressed or violent creating anti-social behaviour issues.

11.5 It was encouraging for the Forum to discover that views expressed throughout the investigation, in terms of the need for the development of an integrated service that deals with the whole family and addresses all their problems in a single co-ordinated way, one Lead Professional, one assessment, one care plan and one review, had also come to the forefront in

Westminster City Council's work. Members were also very supportive of the key characteristics of the Think Family approach in that:-

(i) There is no 'Wrong Door';
(ii) There needs to be a whole family approach;
(iii) Family strengths need to be built upon;
(iv) Tailored support needs to be provided; and
(v) There needs to be family Involvement.

11.6 Members recognised that family focused work and multi-agency work were not new, however, noted that the Westminster approach was ground-breaking in that it aimed to:-

(i) Enable agencies who normally only work with adults are part of the core team to work alongside agencies who normally focus on children;

(ii) Ensure that work is based on individual packages of intervention and support, but with consequences for families who do not engage - contracts with consequences;

(iii) Provide an intensive service with several contacts/sessions per week when families need this; and

(iv) Ensure that each family (children and adults) has one care plan and that these plans reflects the needs of family members and when relevant the wider community.

11.7 Members were pleased to be able to say that in terms of a lot of the work being undertaken in Hartlepool the underlying principal of these aims was already being explored (i.e. links were already strong between the Adult and Community Services Department and the Children's Services Department. Work was ongoing for PCT integration with children's services as was already in place for adult services, the use of 'contracts' through the FIP and the Anti-Social Behaviour Unit). The Forum, however, took on board the suggestion that as in Westminster there was a need to build on progress in system reform by:-

(i) Extending the integrated approach of Every Child Matters to all of the services working with families at risk;

(ii) Ensuring that systems and services have the right incentives to focus their energies on families at risk; and

(iii) Capitalise on the reach and expertise of the public sector to identify and intervene earlier to better support families at risk.

11.8 The Forum was particularly interested in Westminster's approach to families with very particular needs (i.e. exhibit extreme anti-social and criminal behaviour or where children are suffering or likely to suffer significant harm

leading to the initiation of care proceedings) and their emphasis on early identification. Members were also impressed with their efforts in:-

(i) Trying to find effective interventions with non-engaging families - Building on the lessons of the Family Intervention Project and contracts with consequences (making clear that positive outcomes need to be achieved or a higher or enforced level of intervention will follow); and

(ii) Integrating services – To provide a wider perspective of need is shared to make "No Wrong Door" a reality (i.e. Children's Services being more alert to parents' individual needs; Adults Social Care Services taking more responsibility for identifying which of their clients are parents and what their children's needs may be; All services sharing responsibility for addressing benefit dependency / assisting people to return to work; All services sharing responsibility with Community Protection for the impact on neighbourhoods of criminal and anti-social behaviour);

(iii) Targeting the right families – testing and refining the 'referral/ screening criteria' and widening it to encompass different families from other agencies to learn more about which families to accept;

(iv) The introduction of a Multi-Agency Information Desk – Right at the heart of the team with the purpose of collecting and compiling a comprehensive multi-agency picture of a family and each individual within it. Information comes from social services, police, community protection, housing, youth offending, Action for Children, schools and education, health services amongst others; and

(v) Use a 'portal' to distribute and share information - This includes live 'alerts' to inform teams of the key events (i.e. continuous disturbances to neighbours and on-going anti-social behaviour).

11.9 The Forum concluded its consideration of Westminster's activities by considering the lessons they had learned, as detailed below:-

(i) Have all agencies involved at all levels directors to practitioners;
(ii) Use referrals from all partners to access their needs and learn from the families;
(iii) Referral criteria is hard to define and must be flexible to work with families who might not meet traditional criteria;
(iv) Action learning to redefine the process;
(v) The Information Desk is critical to success but resource hungry and has provided invaluable information;
(vi) Focus on outcomes;
(vii) Prioritise and phase interventions;
(viii) Lead professional; and
(ix) Break the barrier to adult services.

11.10 The Forum was impressed with the work being Members felt strongly that Hartlepool's approach should be to target services for families based on a

whole system approach, with in an idea world a single lead worker with responsibility for the co-ordination of interventions from the different agencies and professionals involved.

11.11 Members were also particularly interested in the undertaken by Westminster and felt that their view in terms of the need to move beyond straightforward partnership working into the more complex and demanding area of service integration was the way forward. The idea that multi-agency teams should be established at a local level, working under an integrated management structure, with shared budgets, programmes and objectives was also accepted as a way forward, however, it was recognised that there are practical / financial restrains to this.

11.12 Members were also particularly interested in the concept of a Multi-Agency Information Desk, and whilst it was recognised that the costs associated with a similar information desk in Hartlepool would make it infeasible it was felt that a similar way of gathering and sharing data should be explored.

12 CONCLUSIONS

12.1 The Health Scrutiny Forum concluded:-

(a) That as many of the issues in respect of health do not come under the direct control of traditional health services (i.e. housing), a co-ordinated leadership role is needed across the various different providers, including both the Council and Health Authorities to ensure a systematic approach to tackling health inequalities in the town;

(b) That in relation to (a) above, the local authority should take the lead in providing a co-ordinated leadership approach across the different providers in order to facilitate a systematic approach to tackling health inequalities in the town, culminating in the creation of a Family In Need Strategy and specifically designated Executive Portfolio with responsibility for Social Inclusion;

(c) That there will always be a core of hard to reach families that will never voluntarily engage, regardless of the benefits or incentives to them, and the issue of how they are encouraged to engagement is a real problem for which there is no easy answer. It was, however, unacceptable to do nothing, in light of the damage that is done to communities and children's lives, and all partners must be actively committed to identifying a solution;

(d) That the importance of lead officers / workers in the provision of support and continuity for families in need cannot be underestimated in not only helping them navigate through the various services they may require but also in maintaining engagement;

(e) That in light of this need to see the development of an assessment framework that can be used by across the board, other agencies / bodies should be consulted and involved in the further development of the CAF in whatever form it takes (Pre CAF, Full CAF or E.CAF);

(f) That links and communication routes between agencies need to be strengthened (i.e. a 'one stop shop' telephone number or point of contact) reinforcing the 'no wrong door' concept highlighted in section 11.5 of the report;

(g) That Health Visitors are the eyes and ears of the community with their privileged position in entering the homes of families across the board have vital role in identifying families in need and collecting / relaying information to the relevant service areas. As such, their use of the CAF or Pre CAF and their inclusion in the reporting mechanism loop needs to be explored further;

(h) That, over and above Health Visitors, all those who come into contact with families in need during the course of their duties need to be provided with appropriate training to enable them collect and rely information to appropriate bodies to ensure that the needs of these families are fully identified and met. This should include training on the completion of CAF's in whatever form they take;

(i) That Hartlepool's approach to reaching families in need should be to target services for families based on a whole system approach, within an ideal world a single lead worker with responsibility for the co-ordination of interventions from the different agencies and professionals involved;

(j) That poor health, inadequate housing, crime & anti-social behaviour, poverty, substance abuse and education / truancy are all linked both in their shared causal factors and their negative outcomes. Therefore, any strategy that seeks to deal with such problems but be similarly joined up, else it is designed to fail;

(k) That whilst it is recognised that the cost of a Multi-Agency Information Desk approach (as implemented by Westminster Council) would be prohibitive, a similar way of gathering and sharing data in Hartlepool should be explored;

(l) That all forms of the CAF, whether that is the Pre CAF, Full CAF or E.CAF to be able to be used together and the development of an Adult CAF supported;

(m) That the Connected Care Programme should be supported as a positive way of helping reach families that would not normally interact with either the council or engage with health services and the Forum was open in their support for the rolling out of the programme across other areas of the town;

(n) That ways of providing and promoting programmes, including those run by the Voluntary Sector, that are not 'badged' as being run by official bodies should be explored as a way of reaching families that are reluctant to engage;

(o) That where new buildings / facilities were being provided (i.e. the new health centre) the possibility of including an option whereby a place is provided where advice could be provided should be looked explored;

(p) That for partnership working to be truly effective, it was essential to develop joint campaigns and common goals and targets and that the Local Authority is the most logical and appropriate body to co-ordinate activities to reach these families, from the top down;

(q) That whilst the practicalities of identifying families in need and facilitating the delivery of services is complex, it is imperative that the implementation of an overarching strategy must be simple at the point of delivery and top level management; and

(r) That it must be clear in all activities undertaken or strategies implemented that there is no stigma attached to being identified as a family in need or in the take up of services.

13 RECOMMENDATIONS

13.1 The Health Scrutiny Forum has taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations. The Forum's key recommendations to the Cabinet are as outlined below:-

(a) That the local authority take the lead in providing a co-ordinated leadership approach across the different providers in order to facilitate a systematic approach to tackling health inequalities in the town, culminating in the creation of a Family In Need Strategy and specifically designated Executive Portfolio with responsibility for Social Inclusion;

(b) That subject to the implementation of recommendation (a) above, the local authority, acting as strategic leader, enter into formal arrangements with partner organisations (i.e. Police, PCT, FT, Housing Hartlepool and the Voluntary Sector);

(c) That the FIP Project be expanded in light of its effectiveness thus far in targeting hard to reach families;

(d) That the Connected Care Programme be rolled out across the town as a positive way of helping reach families that would not normally interact with either the council or engage with health services;

(e) That the use of the model of intervention implemented through the FIP Project and Connected Care Project be explored as a basis for a more

far reaching Families in Need Strategy, bringing together the activities of all partners / stakeholders with a dedicated Portfolio Holder taking the co-ordinating role;

(f) That other agencies / bodies be consulted and involved in the further development of the various forms of CAF (Pre CAF, Full CAF or E.CAF) in order to ensure the creation of an assessment framework that can be used by across the board;

(g) That in order to strengthen links and communication routes between agencies, the establishment of a co-ordinated, single point of contact for the referral of information and referrals from any source be explored (i.e. a 'one stop shop' telephone number or point of contact);

(h) That the feasibility of introducing a similar way of gathering and sharing data in Hartlepool, as has been implemented by Westminster Council (i.e. a Multi-Agency Information Desk) be explored;

(i) That ways of providing and promoting programmes that are not badged as being run by official bodies, including those run by the Voluntary Sector, should be explored as a way of reaching families that are reluctant to engage the Council, PCT, FT or other partner bodies; and

(j) That a system be put in place to ensure that where new public buildings / facilities are constructed (i.e. the new health centre) the inclusion of a place where advice / assistance and other integrated services can be provided is explored.

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Hartlepool Borough Council:

(i) Ian Merritt, Head of Commissioning and the Children's Partnership;
(ii) Keith Munro, Common Assessment Framework Systems Manager;
(iii) Geraldine Martin, Head of Adult Services;
(iv) Danielle Swainston, Sure Start, Extended Schools and Early Year Manager;
(v) John Robinson, Children's Fund Manager;
(vi) Jill Harrison, Assistant Director of Commissioning;
(vii) Sally Forth, Anti-social Behaviour Unit, Anti-social Behaviour Co-ordinator;
(viii) Nicola Dunleavy, Anti-social Behaviour Unit, Interventions Co-ordinator;
(ix) Louise Hurst, Youth Offending Team, Youth Offending Service Manager;
(x) Jacquie Gofton, Youth Offending Team, Prevention Manager; and
(xi) Penny Garner-Carpenter, Strategic Housing Manager.

External Representatives:

(i) Paul Thompson, Hartlepool Families First;
(ii) Sheila Tailorson, Hartlepool Patch;
(iii) Judith Hall, Advisory Services Manager, Job Centre Plus
(iv) Kevin McAuley, Connected Care;
(v) Paul Magee, Connected Care;
(vi) Ian Worthy, New Deal for Communities;
(vii) Carole Jones, New Deal for Communities;
(viii) Richard Harrety, Practice Based Commissioning Account Manager;
(ix) Bev Caswell, General Manager (Family Services);
(x) Anne Carey, Acting General Manager Emergency Care Services;
(xi) Inspector Knights, Cleveland Constabulary;
(xii) Andy Powell, Director of Housing Services, Housing Hartlepool; and
(xiii) Madeline Johnson, Acting Director of Public Health.

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BACKGROUND PAPERS

The following background papers were consulted or referred to in the preparation of this report:-

(i) "Think Family: Improving the Life Chances of Families at Risk";

(ii) Cabinet Office Social Inclusion Task Force. 'Reaching Out: Think Family (http://www.cabinetoffice.gov.uk/~/media/assets/www.cabinetoffice.gov.uk/socialexclusion_task_force/think_families/think_families_full_report%20pdf.ashx);

(iii) Cabinet Office Social Inclusion Task Force. 'Think Families: Improving the Life Chances of Families at Risk' (http://www.cabinetoffice.gov.uk/~/media/assets/www.cabinetoffice.gov.uk/social_exclusion_task_force/think_families/think_family_life_chances_report%20pdf.ashx);

(iv) http://www.westminster.gov.uk/onecity/families.cfm;

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

(vi) Minutes from the Health Scrutiny Forum meetings held on the:

- 9 September 2008;
- 14 October 2008;
- 4 November 2008;
- 9 December 2008;
- 8 January 2008;
- 20 January 2009; and
- 10 February 2008.