Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 2 September, 2014 at 10.30 am in Cabinet Room 'C' - County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle Y Motala Mrs F Craig-Wilson B Murray

G Dowding R Newman-Thompson

N Hennessy M Otter M Igbal D Stansfield

Co-opted members

Councillor Brenda Ackers, (Fylde Borough Council Representative)

Councillor Carolyn Evans, (West Lancashire Borough Council)

Councillor Paul Gardner, (Lancaster City Council

Representative)

Councillor Bridget Hilton, (Ribble Valley Borough

Council Representative)

Councillor Roy Leeming, (Preston City Council)

Councillor Liz McInnes, (Rossendale Borough Council

Representative)

Councillor Asjad Mahmood, (Pendle Borough Council) Councillor M J Titherington, (South Ribble Borough

Council Representative)

County Councillors David Stansfield and Richard Newman-Thompson attended in place of County Councillors Andrea Kay and Niki Penney respectively.

1. Apologies

Apologies for absence were presented on behalf of Councillors Kerry Molineux, Hyndburn Borough Council, Julie Robinson, Wyre Borough Council and Julia Berry, Chorley Borough Council.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed

3. Minutes of the Meeting Held on 22 July 2014

The Minutes of the Health Scrutiny Committee meeting held on the 22 July 2014 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 22 July 2014 be confirmed and signed by the Chair.

4. Lancashire Children and Young People Plan: our starting well strategy

The Chair welcomed Richard Cooke, Children's Trust Manager from the Directorate for Children and Young People.

He explained that the Children and Young People's Plan (CYPP) 2014-17 was the key multi agency strategy for children and young people in Lancashire, which had been endorsed by the Health and Wellbeing Board and adopted as the Starting Well strand of the Health and Wellbeing Strategy. The CYPP was a three-year strategy that set out how the county council wanted to work alongside children, young people and families and in doing so, the outcomes the council wanted to achieve. It was a statement of collective ambition for how services, teams and individuals involved in improving the wellbeing of children and young people would work together in a way that provided the best support.

There was an emphasis on early intervention and working with the whole family.

The CYPP has been developed through analysis of data and information, through consultation with partners and most importantly, through talking to Lancashire's children and young people. Over 2,000 children and young people told the council what Lancashire is like now, what they would like it to be in the future, and what would help them to get there.

A short video, available via the link below, was played which explained the Plan's vision

http://www.lancashirechildrenstrust.org.uk/CYPPlan/?clickthr=home

Following the video, the Chair suggested that any questions relating to this item be held over until after the presentations for the following, related item on school nursing and health visiting.

Resolved: That the report now presented be received.

5. School Nursing and Health Visiting

As part of the ongoing scrutiny of the 'Starting Well' element of the Health & Wellbeing Strategy the Committee had agreed to look at the services relating to school nursing and health visiting.

To enable an effective understanding of the whole approach to these services officers representing both commissioners and service providers had been invited to attend Committee to provide members with information relating to the different roles and responsibilities they each carry out.

A number of appendices were included with the report to provide members with additional background:

- Appendix A Maximising the school nursing team contribution to the public health of school-aged children (guidance to support commissioning)
- Appendix B A two-page briefing aimed at Lead Members of Children's Services on School Health Service (produced by the Department of Health and Local Government Association)
- Appendix C The National Health Visitor Plan: progress to date and implementation 2013 onwards

The Chair welcomed the following officers:

From NHS England, Lancashire Area Team (service commissioners 0-5 years):

- Jane Cass Head of Public Health.
- Tricia Spedding Public Health Commissioning Manager.

From the **County Council** (service commissioners 5 -19 years):

 Sheridan Townsend, Public Health Specialist (Children, Young People & Families), Adult Services, Health and Wellbeing Directorate.

From Lancashire Care Foundation Trust (service providers):

- Michelle Cox Service Line Manager, Universal Services.
- Glenda Fox Service Integration Manager, Universal Services.

From **Blackpool Teaching Hospitals Trust** (service providers)

- Nicola Parry Head of Universal Children's Services.
- Maureen Huddleston Team Leader for School Nursing and Health Visiting North locality.

A PowerPoint presentation was delivered on behalf of each of the organisations represented. A copy of all four presentations is appended to these minutes.

NHS England - the presentation explained which commissioning responsibilities were to transfer to local authorities from October 2015 and which were to stay with NHS England. It set out key milestones and progress to date, and also listed a number of 'unknowns' including contracting arrangements and how/when funding would be transferred.

LCC – the presentation briefly summarised the council's responsibilities for child health and relevant commissioned services. It set out what had been done so far in relation to school nursing services and complexities still to be addressed. It included details of health inequalities in Lancashire and relevant statistics.

The presentations from Lancashire Care NHS Foundation Trust and Blackpool Teaching Hospitals NHS Foundation Trust each explained what services were delivered by them as provider organisations, and in which parts of Lancashire, and included an explanation of the four levels of support;

- universal:
- universal plus;
- universal partnership plus; and
- safeguarding

Following the presentations the Chair commented that the video about the CYPP had communicated very effectively how closely connected health and wellbeing were and how important it was therefore for the county council to always consider the impact on health and wellbeing in connection with all it does.

Members then raised a number of comments and questions and the main points arising from the discussion are summarised below:

- In response to a question about how 'hard to reach' families were being engaged, the Committee was assured that families could always be found; they might not be found in the places traditionally expected, but they could be found.
- Members were referred to the 'Troubled Families Programme' launched by the government in 2011. The government was to work alongside local authorities to support them in working with families in ways the evidence showed was more effective, such as joining up local services and dealing with each family's problems as a whole rather than responding to each problem, or person, separately.
- It was explained that the approach being undertaken was to appoint a single key worker to get to grips with the family's problems and work intensively with them to change their lives for the better for the long term, and using a mix of methods that supported families and challenged poor behaviour. This one professional would work directly with the family and would co-ordinate all relevant agencies, ensuring that relevant information was shared.
- Regarding the at present 'unknowns' referred to in NHS England's
 presentation, the Committee was informed that there was currently a national
 team working on a sustainable, co-ordinated approach for the transfer of
 services; plans would become clearer over the coming months. In terms of
 funding, it was confirmed that at present funding matched the current contract
 values, however future funding following transfer of services was as yet
 unknown; the county council should expect to receive sufficient funding to pay
 for the services it had to provide.
- It was confirmed that commissioning support (not staff) would transfer from NHS England.

- Regarding staffing levels, the Committee was assured that the target number of health visitors would be achieved by both provider organisations and that staffing levels were closely monitored.
- The Committee acknowledged that it was important for members to understand the back office function, but it was important also to understand how services could be accessed, for example if a youngster was showing signs of anorexia or ADHD. Speakers explained in some detail how health visitors and school nurses could signpost people to other professionals such as a community paediatrician or GP. The Committee was assured that there was currently much focus on providing health visitors and school nurses with the skills to recognise issues and opportunities to then provide and/or signpost appropriate support.
- It was confirmed that all schools had in place means of ensuring that parents knew how to access the school nurse and many schools also held drop-in sessions to enable parents/families to seek advice and support.
- Members were assured that there were many streams of support for families and/or young people who fell outside the scope of the health visiting and school nurse services under discussion, for example if the youngster was no longer attending school.
- One member referred to recent publicity about child abuse in other authorities and sought reassurance that children in Lancashire were being listened to. In response the Committee was informed that school children knew who the school nurse was and that they could see her/him if they wanted to; and each child completed a questionnaire about their needs at regular intervals throughout their school lives. The nurse would work with the school to get a perspective on the child's needs and produce an action plan. It was recognised that it was not only important that children were heard but also that their concerns were responded to and acted on as appropriate. There were many ways through which young people could be heard and safeguarding roles were in many different guises with a variety of agencies gathering intelligence and working collaboratively.
- It was emphasised that the CYPP had been informed by young people and monitoring of performance was about capturing information from young people too. There was a strong culture in Lancashire of listening to families and then responding by delivering appropriate services; this view of Lancashire was supported by Ofsted and other relevant inspectorates.
- In terms of measuring the success of the strategies in place, it was explained that there were 39 measures behind the CYPP some of which were looked at monthly and some quarterly; these were shared with the Health and Wellbeing Board and the Children's Trust who were responsible for delivering the strategy. There would be pockets and pinch points that would present challenges, and a need to target resources at certain parts of the county where there were particularly vulnerable families. Many services were being brought together under one umbrella for commissioning purposes and to strengthen pathways. It was agreed that information about the 39 measures would be provided to the Committee (via Wendy Broadley).
- In response to a question about what training was being provided to staff to
 protect children from exploitation, it was explained that a newly qualified
 practitioner would have a dedicated specialist (preceptor) and mentor during

- an intense period of support, and all staff had access to dedicated supervision. It was agreed that more detail about this aspect of training would be provided to the Steering Group to consider who would report back to the Committee as appropriate.
- It was suggested that the majority of health visitors and school nurses were likely to be female and that, in light of the increasing number of lone parent families without a male role model, there was a need for more men in these roles. This was recognised and much was already being done to involve fathers from the outset; it was important also to consider all relevant services and various 'touch points' and how more men, not just fathers, could be encouraged to get involved. It was confirmed that there were some male health visitors with an additional one starting this September. It was agreed that statistics relating to male school nurses and health visitors would be provided to the Committee (via Wendy Broadley).
- In response to a question how quality of service would be maintained when services were transferred from NHS England to the County Council, the Committee was assured that much work was ongoing to achieve a fully integrated approach and to ensure that there was a connected pathway for 0-19 year olds.
- It was confirmed that the Director for Public Health would be the accountable
 officer responsible for commissioning and delivery; plans for procurement of
 services had not yet begun, however there would be an opportunity for private
 sector providers to tender. The Chair made the point that it was important that
 providers hoping to tender had a 'level playing field' and be given the
 opportunity to provide the best service possible.

Resolved: That,

- The report be noted; and
- Further information as set out in the minutes above be provided to the Committee, via the Steering Group or the Scrutiny Officer, as appropriate.

6. Report of the Health Scrutiny Committee Steering Group

It was reported that on 4 July the Steering Group had met with:

- Tony Pounder, Head of Care Act Implementation Adult Services, Health and Well Being Directorate
- Khadija Saeed, Senior Business Partner County Treasurer's Directorate
- County Councillor Tony Martin, Cabinet Member for Adult and Community Services

The Steering Group had received an update on the implications of the Care Act, Home Care Procurement and Telecare.

The Steering Group had also met with a number of officers from Lancashire Teaching Hospitals Trust (LTHT):

- Carole Spencer, Strategy & Development Director
- Steve O'Brien, Assistant Director Quality

Paul Howard, Trust Secretary

They attended Steering Group to discuss a presentation to be provided to the Care Quality Commission at the start of the inspection process and receive feedback on a draft bulletin for scrutiny members. A summary of the meeting was at Appendix A to the report now presented.

On 25 July the Steering Group had met with Mark Youlton, Director of Finance - East Lancashire Clinical Commissioning Group and David Rogers, Communications & Engagement – Commissioning Support Unit, to discuss Clinical Commissioning Group's commissioning of services from Calderstones NHS Trust. A summary of the meeting was at Appendix B to the report now presented.

Resolved: That the report be received.

7. Work Plan 2014/15

Appendix A to the report now presented set out a draft work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews.

Resolved: That the work plan be noted.

8. Recent and Forthcoming Decisions

The Committee's attention was drawn to forthcoming decisions and decisions recently made by the Cabinet and individual Cabinet Members in areas relevant to the remit of the committee, in order that this could inform possible future areas of work.

Recent and forthcoming decisions taken by Cabinet Members or the Cabinet can be accessed here:

http://council.lancashire.gov.uk/mgDelegatedDecisions.aspx?bcr=1

Resolved: That the report be received.

9. Urgent Business

No urgent business was reported.

10. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 7 October 2014 at 10.30am at County Hall, Preston.

I Young County Secretary and Solicitor

County Hall Preston