

Children and Health Overview and Scrutiny Report 2012/2013

East Lancashire Hospitals NHS Trust (Foundation Trust Consultation)

The Committee received a presentation from East Lancashire Hospitals NHS Trust (ELHT). The presentation outlined why the East Lancashire Hospital NHS Trust had applied to have Foundation Trust Status.

The persons attending to present the information were: The Chief Executive and the Chair of East Lancashire Health Trust, supported by the Divisional Director and the Company Secretary of the East Lancashire Health Trust.

Key Topics/Issues

The key issues that were discussed were:

- What a Foundation Trust is
- Reasons why should it should become a Trust
- What the Regulator (Monitor) looks for
- How it would operate
- The Integrated Business Plan
- Key dates for implementation

The Committee were informed that the essential benefits of becoming a trust are that it would provide a clinically led model of support which would allow the flexibility that clinicians needed to provide local services. The information presented also stated that a Foundation Trust is an independent, public benefit organisation which would be free from central government control, allowing clinicians more control and therefore the clinicians could concentrate on providing a service that meets patient's needs. Members were further informed that the service would provide high standards of care and this would be in accordance with the core NHS principles and be locally represented.

The Committee were informed that the Foundation Trust would deliver against an integrated Business Plan, which would be legally constituted, governed by Member appointed Governors and financially viable with robust service delivery plans. The Foundation Trust would also be representative of the local population and local health, education and social care partners. Key themes of the strategy would be that patient quality would drive the clinical strategy, which would provide patient pathways, virtual wards and intermediate care combined with the following key service developments; the repatriation of orthopaedic activity, provision of urgent care, pathology, vascular centre, intermediate care, obstetrics and oncology.

Members were informed that the Trust had undertaken a consultation exercise, with service users across the area and partners which was ongoing. It was intended that the Foundation Trust would be operational with Governors appointed by the end March 2013.

Initial Impressions of Members based on the discussions

Members expressed a number of concerns on the rationale of the Health Trust becoming a Foundation Trust and their initial response was uncertain, questioning whether this would add another layer of unnecessary bureaucracy with regard to it becoming a Foundation Trust. However after further discussion, Members were generally happy with the feedback they had received, on learning that the consultation would help shape the services that are available in localities and that anyone could become a Member of the Trust in order to influence the service provided by the Foundation Trust in their area.

Update on Public Health and The Shadow Health and Wellbeing Board

Committee were provided with an update on both Public Health and the Shadow Health and Wellbeing Board. The presentation outlined the new NHS and Local Government Health and Care system arrangements, together with an overview of the Health and Wellbeing Board.

The Director of Public Health for Blackburn with Darwen Council, presented the information.

Key Topics/Issues

The key topics/issues were:

- The new structure of the NHS
- Health and Care system
- Key dates for implementation
- Three development phases of the Shadow Health and Wellbeing board.
- Health funding allocation

The Committee were informed that there will be a National Board which sets policy and performance manages all health expenditure. There would be four regional hubs, under this there would be 50 local offices of the board and 240 clinical commissioning groups, consisting of hospitals, mental health units community services, health and social care services, G.P's dentists and specialist services etc.

The Committee were informed that the Health and Wellbeing Board would be held to account for health improvement and delivery. The Board would also be a focal point for decision making on how to best improve health and wellbeing. The Committee received information on the vision and purpose of the Shadow Health and Wellbeing Board as follows:

- To provide a stakeholder governance Committee to drive improved health, social care, quality of life and wellbeing outcomes for local citizens.
- Provide rigorous examination and challenge of all stakeholders, at community, borough, sub-national and national level of service provision.
- Increase the integration equity, effectiveness and efficiency of public, private, voluntary and community resources within Blackburn with Darwen.

Initial Impressions of Members based on the discussions

Following the presentation, whilst the Committee expressed some concerns regarding the complexity of the new health care system, they also queried the powers that the Health and Wellbeing Board had in terms of influencing the Clinical Commissioning Group. However Members stated that they were happy that the local authority would be responsible for a number of Public Health services in the future.

NHS Reforms

The Committee received a presentation on the NHS Reforms. This was provided by the Director for Public Health to the Task Group and the Scrutiny Manager.

Key Topic/Issues

The Committee were informed that new structures and organisations had been developed and that the Clinical Commissioning Group has responsibility for planning and buying local health services, these included:

- Planned hospital care
- Rehabilitative care,
- Urgent and emergency care,
- Community health services
- Mental health and learning disability services.

The Committee were also informed that the Clinical Commissioning Group and the Council were exploring new options for joint working, including integrating some public health, adult's and children's social care and NHS commissioning functions, together with an outline of funding arrangements. A range of 22 specific services could become the responsibility of the Council from April 2013, however only 4/5 are mandatory and these are marked with an asterix as follows:

- tobacco control smoking cessation
- **alcohol and drug misuse***
- public health services for children and young people aged 5 – 19

- **child measurement programme**
- obesity services
- locally led nutrition initiatives
- increasing levels of physical activity
- **NHS health check assessments***
- Public mental health services
- Dental public health services
- Accidental injury prevention
- Interventions to reduce and prevent birth defects
- Cancer and long term conditions campaign
- Workplace health
- Immunisation and screening programmes
- **Comprehensive sexual health services***
- Reducing excess deaths as a result of seasonal mortality
- Health protection incidents, outbreaks and emergencies
 - Public health aspects of community safety, violence prevention and response
 - Public health aspects of local initiatives to tackle social exclusion
 - Reducing public health impacts of environmental risks.

The Committee were informed that the key issue was how the Local Authority reacted to the challenges regarding the transformation of services and that the most important aspect were the outcomes of those services. A consultation was being undertaken on the Health and Wellbeing Strategy which provided an opportunity for all partners to contribute to the development of services, with a view to this being aligned as far as possible with the Joint Strategic Needs Assessment.

Initial Impressions of Members based on the discussions

Members welcomed the changes in the NHS reforms and the move of some public health services to the Council, however they expressed their concerns about other local authority services working together, such as planning and the granting planning permission of fast food outlets. Additionally Members were concerned over how the services will be monitored and suggested working with other Local Authorities to benchmark Healthwatch and to take account of lessons learned.

The Children and Health Overview and Scrutiny Committees Work Programme

Children's Task Group - Topic – Safeguarding Children and Young People

Children's Task Group Meeting 1

The Children's Task Group met initially to gather information and have an overall discussion on the topic of Safeguarding Children and Young People. The persons attending the meeting were the Executive Member for Children's Services, The Assistant Director of Children's Services, The Head of Service Safeguarding Unit, Task Group Members and the Scrutiny Manager.

Key Topic/Issues

Members were provided with information on The Think Family pilot that the Council has undertaken, together with an overview of the Local Children's Safeguarding Board, (LSCB) partner organisations involved in safeguarding, the Engage Team. Members were also provided with a description of the Continuum of Need and response undertaken by the local authority and partners, the required outcomes for children, how the authority works with schools together with the new Ofsted requirements.

Initial Impressions of Members based on the discussions

Whilst Members were happy with the Think Family approach they were concerned that it was hard to measure the outcomes, therefore they wanted to receive national and local evaluation reports of the Think Family Model service. Members were also concerned that the Local Safeguarding Children's Board was too wieldy and potentially could lack focus, therefore Members wanted an opportunity to review the work of the Board in depth. Members expressed concerns over the new Ofsted requirements and wanted to ensure that information was being shared by other local authorities who had already learned lessons from recent inspections.

Children's Task Group Meeting 2

The Children's Task Group met to review in depth the work of the Local Children's Safeguarding Board. The people attending the meeting were the The Head of Service Safeguarding Unit, Service Leader, Safeguarding and Child Protection, the Children's Task Group and the Scrutiny Manager.

Key Topic/Issues

Members received information on the LSCB's strategy and their policy framework. Members were informed that the LSCB was undergoing a review to streamline the Board and Committees to ensure that their focus is aligned with the Vision, and that delivery meets the required outcomes. Members

also received information on the Board's resources, quality and performance, risks, staff training and supervision.

Initial Impressions of Members based on the discussions

Whilst Members were happy with the work being undertaken to review the LSCB and its development plan, however concerns were expressed regarding the overlap between the LSCB and the Local Safeguarding Children's Trust and sought clarity on this. Members also wanted clarity on the wide range of organisations involved in the LSCB and requested a schematic of whose who and how they worked together. Additionally Members expressed a desire to see the work of the Board on the ground and requested arrangements be made for Members to observe LSCB Board meetings.

Children's Task Group Meeting 3

Members received an in depth presentation on what is significant harm to children and the Continuum of Need and Response of the authority. The people who were involved were Head of Service – First Response Early Intervention and Support Team, Service Leader, Safeguarding and Child Protection, Safeguarding Lead from Lancashire Care (NHS), DCI Mark Whelan from Lancashire Police and the Scrutiny Manager.

Key Issues/Topic

Members received information from all partner organisations on how they view significant harm, what their role is and how they perform and work together. The presentation included the pressures of safeguarding, numbers of cases, referral mechanisms and how alerts are raised and the thresholds used, information on the Multi-Agency Safeguarding Hub (MASH), First Response Early Intervention and Support Service Structure and a list of key partners. Members were informed that the numbers of cases referred to social care are on the increase and that in the north of England, where poverty is a feature, many such cases are raised as problems with the police. Members were informed that there were deficits in families which are further impaired the longer they are left in chaos, therefore early intervention is important.

Initial Impressions of Members based on the discussions

Members were happy with the comprehensive information they had received but were concerned as to whether all partners were fully involved at all times where appropriate. Members also sought further information on how risks were managed and outcomes for children were measured. Members also wanted clarity on why cases were transferred to different Social Workers to enable a better understanding of case load handling.

Adult's Task Group – Topic – Safeguarding Across the wider Community.

Adult's Task Group Meeting 1

The Adult's Task Group met initially to get an overview on the Partnership and Commissioning Arrangements for Adult's Services. The persons present were the Adult's Social Care Commissioning (NHS), the Head of Adult Safeguarding, the Task Group Members and the Scrutiny Manager.

Key Topic/Issues

Members were provided with information on the Care Quality Commission, its commissioning programme, the funding arrangements for Adult's Safeguarding in relation to partner organisations and how and where this was spent locally. Members also received in depth information on the Multi-Agency Safeguarding Hub (MASH), how alerts are raised and the thresholds used, the Adult's First Response and Early Intervention Support Team (FREIST) and performance measures.

Initial Impressions of Members based on the discussions

Members were pleased with the depth of information provided and particularly the evidence regarding the Commissioning arrangements. Members raised queries regarding the referral systems and expressed concern as to whether people knew where to go to if they encountered vulnerable adults at risk of abuse. Members felt that there should be wider ownership of Corporate Parenting and the corporate family and that some awareness raising should be undertaken.

Adults Task Group Meeting 2

The Director of Adult Commissioning and Personalisation, the Director of Adult Services and the Independent Chair of LSAB, gave a presentation on the work of Adult's Safeguarding to the Task Group Members and the Scrutiny Manager.

Key Topic/Issues

Members received in depth information on the Adult's Safeguarding Board, its Vision, Strategy, Partnership Board Membership, the review on the Adult's Safeguarding Board that had taken place in 2010/11, Multi-Agency Policies, performance data and arrangements for monitoring, the commissioning arrangements and the safeguarding standards in care homes and domiciliary agencies. Members were informed that Adult's safeguarding is currently not a statutory requirement but that it is moving in the direction towards children's services. Members had a number of questions for the panel which were answered thoroughly.

Initial Impressions of Members based on the discussions

After receiving the in depth information on Adult's Safeguarding, Members expressed their satisfaction with the level of service being offered and the evidence provided to them regarding the Commissioning. This showed that Blackburn with Darwen's commissioning arrangements were high performing compared with neighbouring authorities.

Members still had some concerns that the service may not be reaching out to everybody who needs it and that individual members of the community were unable to raise awareness of adult abuse due to not knowing where to go to for advice. Therefore Members felt that some awareness raising was necessary in going forward and that the development of a Communication Plan/strategy for the promotion of services would be appropriate.

Adult's Task Group Meeting 3

The Members of the Task Group received detailed information on the Think Family Pilot. The people attending were Early Years Service Leader, Head of Early Intervention, Prevention and Partnerships, The Head of Service Safeguarding Unit, Service Leader Safeguarding and Child Protection, the Members of the Task Group and the Scrutiny Manager.

Key Topic/Issues

Members were informed on how the Think Family Model works. The Think Family pilot in Blackburn with Darwen deals with small numbers of families (30) and requires a willingness for change by the individuals involved. Some intensive group methods used are cognitive behavioural therapy, psychotherapy and systematic therapists. This can also be used on a one to one basis with individual members of the family. It helps families move the children on the Continuum of Need and response from 5 to 4 to 3 and so on once this begins to work. The methods used are very much guided by the family group in the direction but requires a comprehensive engagement of partnerships.

Initial Impressions of Members based on the discussions

Members were generally satisfied with the information received on the Think Family approach but were concerned about the scalability, cost and the lack of tangible outcomes that could be evidenced.

Adults Task Group Meeting 4

The Adult's Task Group received information on abuse of vulnerable adult's. The people attending were DCI Yates and Sergeant Hudson from Lancashire Constabulary, Members of the Adult's Task Group and the Scrutiny Manager.

Key Topic/Issues

Members were informed that Blackburn with Darwen authority is covered by a multi-agency safeguarding hub, where professionals work together from a wide variety of services.

Initial Impressions of Members based on the discussions

Members were very happy with the interventions being used and were confident that the MASH was working well.....

Adult's Task Group Meeting 5

The Adult's Task Group received information from Blackburn with Darwen Customer Complaints for Adult's Safeguarding. The people attending were the lead for Adult's Social Care Commissioning (NHS) Customer Complaints Manager and the Customer Care Engagement Facilitator, Task Group Members and Scrutiny Manager.

Key Topic/Issues

Members received information on the Blackburn with Darwen's Customer Complaints Policy (Safeguarding team), performance related data and the Risk Assessment tools used, this also included information sharing with Managers of Adult's Services, how to deal with issues and identify best practice. Members were also informed about how investigations in conjunction with the Police are undertaken when necessary. In addition to this Members discussed how referrals are handled with adults with mental health issues.

Initial Impressions of Members based on the discussions

Whilst Members were informed that the standards of the quality assurance team are higher than the national minimum standards, Members were not fully happy with the low numbers that had been recorded as complaints and Members felt that this needed further review. Members requested detailed quarterly customer complaints reports to be submitted to the Task Group.