Minutes of the Healthy Staffordshire Select Committee Meeting held on 6 June 2016

Present: Kath Perry (Chairman)

Attendance

George Adamson	David Smith
Charlotte Atkins	Stephen Sweeney
Chris Cooke	Ann Edgeller
Philip Jones	Andrew James
Ian Lawson	David Jones
Shelagh McKiernan	Stephen Smith
Trish Rowlands	

Apologies: Michael Greatorex, Diane Todd, Conor Wileman, Maureen Freeman, Barbara Hughes, Janet Johnson and David Leytham

PART ONE

1. Declarations of Interest

There were no declarations of interest on this occasion

2. Minutes of the last meeting

Minutes of the meeting on10 May 2016, were confirmed and signed by the Chairman

3. Staffordshire's Child Health and Wellbeing Programme (0-5 years)

The Cabinet Member for Children and Young People introduced the report. He advised members that it was intended to inform them of the plans to integrate commissioning of the national Healthy Child Programme (HCP) which is delivered currently by health visitors and the Family Nurse Partnership with SCC's statutory responsibilities for children centres with effect from April 2017 when the current contracts came to an end.

The Head of Child Health and Wellbeing explained to members that providing children with the best start in life was a priority for the Staffordshire Health and Wellbeing Board and the County Council. In 2014 that there were approximately 45,600 children aged 0-5 years within Staffordshire. She informed members of the long term of benefits and positive outcomes arising from effective prevention and early help as delivered by these services. She explained that the programme formed part of SCC's Families and Communities portfolio of work. The budget for commissioning the HCP is funded by the public health ring fenced grant for which the Director of Public Health and Care has accountability. The Cabinet Member for Health, Care and Wellbeing was the lead and was responsible for the children's centre element of the programme and Cabinet had approved the transformation of public health in September 2013.

Members were informed that in 2014 the County Council had reviewed how support was delivered to young families delivered through children's centres. It had been agreed with consultees that there would be different levels of support offered dependant on the need of the family, and importantly early help would be targeted at families with most need.

In relation to the HCP members were advised that in 2013 the County Council had assumed commissioning responsibility for children and young people aged 5-19 years which is delivered by school nursing services. Universal and targeted and specialist provision is provided.

The Local Authority became responsible for commissioning the HCP for children aged 0-5 years from October 2015. It was explained that the programme was delivered locally by health visiting teams and the Family Nurse Partnerships (FNP) in some districts. Ultimately this presents an opportunity to integrate services for children and young people aged 0-19 years.. Members were advised of the proposed model for delivery and that it would mirror the National Healthy Child Programme, which sets out the continuum of support for children, young people, families and also applied to children centres.

A member referred to the procurement process for 0-5 years and asked for more information and would there be a place for Home Start and the Harvey Girls programmes in East Staffordshire.

The Head of Child Health and Wellbeing responded and explained that the procurement model to date had not been prescribed but that it is unlikely that one provider alone would not be able to deliver this service. A market engagement event had been held and all providers were encouraged to attend. Local voluntary and community initiatives and providers would have a role in the delivery of the programme particularly linked to children's centre delivery. The recognition of the need for a mixed market was explained and that this issue would be facilitated through future bidder events.

A member asked if the new programme would impact on the delivery of the Staffordshire Council for Voluntary Youth Services (SCIVYS) contract. The Committee were informed of ongoing work with SCIVYS had been linked into the events and was an important element for strengthening community social action and it was also to help families who were able to self-support.

In respect of the current service provider, a member asked had the County Council carried out assessments to determine the level of performance. If so what form did the process take, what were the outcomes in terms of success and failure? Had lessons learnt featured in the negotiation for the new contract and could they be shared with the Committee?

Members were informed that contract management mechanisms were in place across the services in scope. Performance data is received across the contracts and this would be considered as part of service review and future plans. The Committee were informed of work with the health visiting and of a difference in the service delivered across the county. Meetings were held with providers to determine strengths and weaknesses and to identify where change, improvement was possible how better outcomes could be

achieved. A constant analysis across all areas and market place events for use in the development and specification of the model for delivery for FNP was explained.

Discussion followed in respect of the contractual obligations of service providers and in particular the introduction of measures to prevent providers abandoning the service in the face of a market failure. A member offered a recent incident in the Moorlands and was anxious that lessons should be learnt and should not be allowed to happen again.

A member referred to the statutory responsibilities delivered within the Children Centres and in particular the provision by local authorities of sufficient Children's Centres, so far as is reasonably practicable to meet local need. It was asked was there an intention to reduce the numbers of children's centres, how local need was assessed what would be the effect on the delivery of services.

Members were advised that reductions had been made during a previous review of services and that there were no plans make further reductions. At the moment there was a sufficient number to deliver targeted care and support in line with statutory responsibilities.

A member referred to the imminent closure of the initial engagement period and the use of the market feedback to determine development plans. Could this be shared with the Committee?

On the issue of the contract for health visitors, Children's Centres and the Family Nurse Partnerships coming to an end in 2017, a member asked what role health visitors would have in the future. The Committee were informed that no assurances could be given about future employment and it would decision for the future provider under the terms of the future commissioning contract. They were aware of the concerns of the health visitors and a communication strategy was in place to keep the workforce informed

Members discussed the intention to exploit digital solutions to help to facilitate and empower communities to be socially active and provide support for each other. Concern was expressed as Home Start a successful support programme in Stafford, had disappeared and that the leadership necessary to implement the support proposed was not always present. It was acknowledged that targeted support would be essential. In relation to Home Start members were advised that it was important that it was registered on to the portal in order that it could form part of the procurement process.

In relation to the £8.8m investment in the Child Health and Wellbeing Programme for children 0-5 years old to be available annually from 2017/18, a member asked what measures were in place to ensure value for money. The Committee was informed of the development of an outcome based specification, of efficiencies built into the contracts with providers and that the importance of strong governance was recognised by all concerned. Regular assessment process and comparison with similar authorities would also be put into place.

A member referred to the annual expenditure and stressed the importance of empirical measurement of outcomes and not anecdotal. It was asked if there were any numbers or percentage figures in place upon which future success or failure would be measured. The Cabinet Member acknowledged the importance of having measurement in place

and members were informed of tangible measurable outcomes, a reduction in tooth decay and teenage pregnancies being examples.

A member raised the issue of the 45,600 children aged between 0-5 years in the county. He asked given the number, how many the County Council could have contact with and what was the attitude of parents having to attend children's centres when they were often suspicious of authority. The Committee were informed of the 5 statutory mandated checks that are delivered by health visiting teams universally; this meant most children were contacted. In effect the process meant families that needed most help received it as targeted support could be implemented where issues were picked up.

Discussion followed in respect of the importance of consistency of service across the county and the challenges presented when implementing Engagement Plans particularly in respect of teenage parents. A member asked how the County Council intended to meet these challenges.

The Head of Child Health and Wellbeing advised that in relation to consistency of service across the county. The specification had built in robust performance mechanisms that would provide that all providers work to the same level and achieve the same outcomes. In respect of engagement she advised that they use Healthwatch, visited places where families already attended and visited group's that were already in existence. In relation to Community Capacity it was acknowledged that it was difficult issue and would take time. There was a need to identify core needs and to get people from the areas of depravation to engage was also very difficult. It was anticipated that service providers would continue to explore and identify options and different means initiate engagement within the community.

Acknowledging the difficulty in certain areas to achieve community capacity and to engage, a member asked what processes would be put into place to ensure that the providers were trying to achieve community capacity and how performance would be measured. In respect of the effectiveness and performance of the providers robust systems would be put into place.

Members discussed the time scales involved, the engagement process and raised concerns as it often took longer to determine a service model than first thought and that it could be prolonged further by the different needs of certain areas. A tight time line was acknowledged but commissioning procurement plan has been set out with key milestones.

The level of teenage pregnancies in Tamworth and Newcastle and the difficulties when trying to engage with this group of young people was discussed. This difficulty made an effective engagement plan with preventative measures in place essential. The future role and retention of health visitors as part of the universal offer, the integration of school nurses into the programme and the source of funding for the building of community capacity was also discussed. There was concern that a child reluctant take up the universal offer would slip through the safety net. The Head of Child Health and Wellbeing, explained the universal offer in detail and how it linked in with the 5 mandated statutory responsibilities of the SCC. In effect that this meant that the offer was taken up by most families? In respect of the intended integration of school nursing members were informed this was an aspiration but that contractual timescales may not

align with the 0-5 year's scope. The Committee were informed of a number of pilot schemes across district and boroughs intended to progress and refine delivery.

RESOLVED:-that at the conclusion of the initial engagement period later in June, and following the analysis of the market feedback that the outcomes assessment and subsequent development plans be brought back to the Committee.

5. Work Programme 2016-17

The Scrutiny and Support Manager introduced the draft Work Programme for 2016/17 and advised members of the items forth coming meetings:-

In relation to Accountability Sessions members discussed and expressed concerns on the overall effectiveness of the process in its current form. The value and practicalities of adding to the number of hospital trusts held to account by the Committee was also discussed. Members were of the view that as large number of residents attends hospital trusts across the County border that there may be merit in holding the trusts to account. This was definitely the case with the Royal Wolverhampton Trust, the Royal Derby and to a lesser degree the Macclesfield General. The Scrutiny and Support Manager advised that he would research the issue and report back to the Committee in due course.

Members discussed the content the draft Work programme document and the suitability of other items for inclusion. A member requested the inclusion of water fluoridation to which the Committee voted on and the motion was not carried

RESOLVED: - the Scrutiny and Support Manager would research the case for inclusion of hospital Trusts in adjoining counties receiving Staffordshire residents. In the annual cycle of accountability sessions and report back to the Committee in due course.

6. Exclusion of the Public.

The Chairman moved that the public be excluded from the meeting for the following items of business which involve the likely disclosure of exempt information as defined in the paragraphs of Schedule 12A (as amended) Local government Act 1972

7. Exempt minutes of the meeting held on 10 May 2016

The exempt minutes of the meeting held on 10 May 2016 were confirmed and signed by the Chairman

Chairman