

**BARNSELY METROPOLITAN BOROUGH COUNCIL**  
**SAFEGUARDING SCRUTINY COMMITTEE**  
**15<sup>th</sup> SEPTEMBER 2015**

5. **Present:** Councillors Wraith MBE (Chair)\*, Davies, Frost, Hampson, Pourali, Saunders, and Parent Governor Representative Kate Morrill

\*In the absence of Councillor Worton (Chair of the Committee) - Councillor Wraith MBE consulted with the group as to who should chair the meeting, after which, it was moved by Cllr Davis and seconded by Cllr Frost that Cllr Wraith MBE, take the Chair.

6. **Declarations of pecuniary and non pecuniary interest**

There were no declarations of pecuniary and non pecuniary interest.

7. **Previous minutes**

Minutes of the meeting held on 14<sup>th</sup> July 2015 were approved as a true and accurate record.

8. **Commissioning of the 0-19 Healthy Child Programme (HCP)**

The Chair welcomed the witnesses to the meeting, which included:

- Julia Burrows, Director of Public Health, BMBC
- Carrie Abbott, Service Director, Public Health, BMBC
- Lisa Loach, Governance and Service Manager, Public Health, BMBC
- Rachel Dickinson, Executive Director, People Directorate, BMBC
- Richard Lynch, Head of Commissioning, Governance and Partnerships BMBC
- Brigid Reid, Chief Nurse, Barnsley Clinical Commissioning Group (CCG)
- Patrick Otway, Deputy Chief Finance Officer/Contracting, Barnsley CCG
- Councillor Jim Andrews, Deputy Leader of the Council (including Public Health)

J. Burrows gave an introduction to the 0-19 Healthy Child Programme (HCP) advising this is an early intervention service that is offered to all families within the Barnsley area. It is intended to provide preventative and early intervention support for families, and contribute to reducing health inequalities across the borough. This early intervention is possible through the use of a multi disciplinary team that includes amongst others Health Visitors and School Nurses.

The Executive Commissioning Group is overseeing the commissioning of this programme including consultation with the public and other stakeholders over the summer.

Barnsley Council is one of the first Councils to commission this service which is enabling it to explore the providers within this market and also to ensure the best value for money is achieved. This commissioning exercise will enable services to be developed and adapted to meet local needs.

The formal procurement started on the 2<sup>nd</sup> September 2015 when it was loaded onto YORtender, which is the Yorkshire and Humber procurement system.

The service welcomes both the scrutiny and challenge of this new programme, in particular identifying areas that could be improved.

Members proceeded to ask the following questions:

- i) How will you ensure targeted intervention takes place amongst vulnerable, hard to reach groups and for those with complex needs?

The committee were advised that during the commissioning process there have been specific requirements that have been included in the specification. This incorporates best practice as well as findings from the consultation which enables services to be tailored to the needs of Barnsley.

The service is universal; however there are several levels of intervention which should ensure the most vulnerable families are identified.

The commissioning process ensures that providers will need to incorporate and adhere to locally approved policies and procedures to make sure service delivery is aligned to other processes. The Executive Commissioning group has overseen the work, which sits under the Children's Trust Executive Group (TEG) which helps ensure services will be integrated. For example, within the service an integrated review is undertaken at age 2 involving a number of different agencies. Previously we have not performed well in Barnsley with regards to ensuring the integration of these services; therefore we should see an improvement in this as a result of the commissioning of the new integrated model.

- ii) Following the reduction in the budget of £1.063M will this affect the number of Community Nurses, including the target for the number of Health Visitors?

The group were advised that this is an important area, as from the 1<sup>st</sup> October 2015 both Health Visiting and the Family Nurse Partnership will transfer from NHS England to the Council. There has been a national cut to the Public Health grant, the service is however being commissioned within the expected budget allocation.

The target for the number of Health Visitors has not always been maintained, but they are part of a wider team that is responsible for visiting families. The reduction in the budget will mean the service is operating within tight constraints.

Considerable benchmarking of this kind of service has been done, which has identified that Barnsley's costs are higher, whereas other authorities have been able to provide a similar service for significantly less. This should be reassuring to show the desired level of service can be achieved within a reduced budget.

- iii) Will the Council be able to provide as good a School Nurse Service as when it was under the NHS?

Members were advised that the commissioning of the service has been undertaken by an expert in school nursing who works at a national level on this agenda. The work undertaken on the specification should therefore enable better provision of the services we want to see for 0-19s. Barnsley Clinical Commissioning Group (CCG)

have assisted in this work in both identifying the specific needs of Barnsley and ensuring the work is outcomes focused.

- iv) Are you working with other stakeholders to make sure that due to the reduction in the budget that work is not just pushed in other directions for example to Accident and Emergency Departments and GPs?

The committee were advised that work has been done to aim to raise the profile of both health visiting and school nurse services amongst other health services. The service also asked questions with regards to this during the consultation to ensure improvements are identified in the service specification and made once the contract is awarded.

- v) If the providers of these services are outsourced, would this then lead to redundancies?

The group were advised this situation has been identified and there is provision in place for TUPE (Transfer of Undertakings [Protection of Employment]) Regulations if this was required. At this stage no decisions have been made as the tendering process is still underway.

- vi) What affect will the £1.063M reduction in budget have on the services?

Members were advised that the potential service providers will have to show their proposed 'model of delivery' in detail and how they will operate within the cost envelope. We have a complex scoring mechanism to evaluate the tenders including costs, staff models etc., however our benchmarking has indicated that a good service can be delivered within the available finances. The new service should deliver improved outcomes, but we want providers to outline how they will do this.

- vii) Would the closure of Children's Centres make it more difficult to access these health professionals?

Members were advised the decision with regards to the future of Children's Centres will be made by Cabinet at the end of this month. However, this will not affect access to the services as there are a sufficient number of alternative places. Services will be made available according to the times and needs of communities within each Area Council area and work will be done to ensure services are joined-up.

- viii) Will there be the level of support to meet the demands of the borough for example access to CAMHS (Child and Adolescent Mental Health Services)?

The group were advised that School Nurses are essential in providing early help services to prevent the need for CAMHS. School Nurses are the right people to be referring to CAMHS however we need them to do more to prevent the need for escalation to CAMHS.

- ix) According to finding 6 in the report, 1/3 of people consulted were not satisfied with the services delivered therefore how will you ensure that improvements are made?

The committee were advised following the consultations that have taken place, the standard of the service should improve as the needs and requirements have been identified in the service specification. Part of the problem is that services users currently don't know what they could/should expect.

x) Are there safeguards in place to maintain the awareness of the services?

Members were advised there has been high staff turnover in relation to the number of School Nurses which has meant that schools have not necessarily known who their contact for support is, therefore we need to address this lack of communication.

The Family Nurse Partnership (FNP) is a licensed programme for first time parents aged 19 years or under and is not a universal service, therefore is only for the most vulnerable. Although the service is less well known, it does not mean that it is not being fully utilised.

xi) How do you ensure awareness of other services such as the Fitmums programme and those being delivered by voluntary agencies such as Home Start?

The group were advised that the visibility and awareness of the HCP needs to sit alongside these other services. As a result from feedback in the consultation we have incorporated Key Performance Indicators in the service specification with regards to the knowledge of other professionals in relation to the HCP.

The Family Information Service that is provided by the Council also has a key role to ensure information with regards to services in a locality is kept up to date and that people in localities are aware of them.

xii) How will information with regards to the HCP and other local services be fed into the Area Councils?

The committee were advised that the service should work closely with Area Councils to ensure the voice of local people is heard, particularly as needs vary across the Borough. An action plan will be in place and measured on a regular basis to ensure that knowledge sharing in local areas is taking place. For example we expect Health Visitors to be undertaking this knowledge sharing and linking with other organisations as part of their role.

xiii) What actions can be taken to help reduce the inequalities within the borough in respect of life expectancy?

Members were advised that this was included within the service specification as there are different needs within different areas. Service delivery will need to be targeted to those who need it the most. This will also include a focus on stop smoking services and on increasing breast feeding.

xiv) How will you ensure the voice of children and young people is heard with regards to service delivery, particularly those from vulnerable, hard to reach groups and for those with complex needs?

The committee were advised that there are a lot of vulnerable children and young people and the service want their opinions to be heard.

Strategies are in place to engage young people, for example the service has helped children and young people to be part of the consultation by encouraging them to complete their response online. As a result of this, a third of the responses were from people aged 18 and under. The service has also sought legal advice to enable young people to be involved in evaluating bids. This will utilise a scoring matrix which will carry the same weight as the adult panel.

The service advised they have committed for children and young people to be involved in the ongoing monitoring and review of the service, however accept there is always more that can be done.

xv) How will you ensure that staff are trained effectively and consistently deliver high quality services?

Members were advised when the procurement process has been concluded and the preferred provider has been decided, the specification of their service delivery will be detailed in their contract. Their performance will be monitored quarterly through Key Performance Indicators, and should these fail to be achieved they will be held to account.

xvi) Has the letter that is issued to parents in respect of the child measurement programme been altered as the content was considered to be impolite?

The committee were advised that no confirmation could be given as to whether the letter had been amended, however they would forward a copy to Members to consider.

xvii) Are all key stakeholders on board and engaged in the HCP to ensure integrated service provision?

The group were advised there has been consultation with the other stakeholders and there is general engagement with the programme. Following the conclusion of the procurement process there will not necessarily be a new provider. The service is undertaking a procurement process against a service specification and that will guide which provider is awarded the contract.

xviii) Has there been consultation with schools and Health Visitors?

The committee were advised that the consultation has included these agencies and has gone wider including input from Public Health England, Barnsley CCG and the General Medical Council. The online consultation also obtained responses from school staff, GPs, Health Visitors and the general public.

xix) Why is there not much emphasis within the specification with regards to early intervention and smoking such as the Breath 2025 aspiration, particularly as preventing smoking at a young age reduces the likelihood of people smoking later in life?

The committee was informed that the programme provides an ideal opportunity to raise awareness with regards to stopping smoking particularly in relation to during

pregnancy. Part of the HCP is to try to create a smoke free environment and the service would expect all the staff to support this agenda.

Members were advised there are Key Performance Indicators in relation to the numbers who are smoking under the age of 19, which also takes into account the wellbeing of the child and whether there are any other underlying issues. The service advised they would provide Members with the list of performance indicators in relation to smoking from the service specification.

- xx) Does the payment of £400,000 that was made to SWYPFT (South West Yorkshire Partnership NHS Foundation Trust) to help stop people smoking represent good value for money when the target is only to obtain 240 quitters?

The group were advised that the 0-19 HCP does the early intervention/prevention work in relation to smoking and the service hope to change the culture in relation to smoking. The Stop Smoking Service within the Be Well Barnsley contract mentioned is required to help those who are already smoking, to stop.

From the investment that has been made there needs to be an improvement in the number of young people who cease smoking. There are Key Performance Indicators to assist in monitoring the success of the scheme including the number of peer support groups; however specific targets for these are yet to be agreed.

Members however continued to raise concern that that the £400,000 investment in the stop smoking service would be better targeted at early intervention.

- xxi) How will you ensure the right levels of intervention, particularly for those who reject intervention or are the most vulnerable?

The committee were advised that many young people who are in need of help will often reject what is being offered to them. It will be for the provider of the service and front-line staff to determine the levels of intervention that will need to be in place.

Barnsley CCG visited Barnsley Youth Services and sought feedback from young people with regards to how they wanted to access services. The young people particularly emphasised that they wanted services to be non-medicalised.

The committee were also advised that the front line services are guided by policies governed by Barnsley's Safeguarding Children's Board (BSCB), which acknowledges that front line professionals have the opportunity to develop ongoing relationships with children and young people which helps to understand them and the interventions required. Guidance talks about encouraging professionals to keep going with children so they can be aware of signs and symptoms that there may be problems, ensuring for example that the 'quiet ones' do not go 'under the radar'. There are checks and balances within the specification regarding making sure that different agencies are working together in relation to this.

- xxi) The HCP is there to support young people up to the age of 19, what happens as they get older?

The group were advised that a vulnerable child will not be abandoned when they reach the age of 19; there is a requirement to continue to respond to their needs. Barnsley services make a concerted effort to provide targeted support for children who are troubled and possibly showing signs of risky behaviour, therefore we need to make sure services are joined up to respond to this.

Vulnerable young adults are given a joint needs assessment in relation to both homelessness and safeguarding and we have provision to look after those in care up to age 25. It was highlighted that the purpose of a People Directorate is about making sure there is a smooth transfer from children's to adults' services and that this is the same for our partners.

xxii) What are the main future challenges for the programme?

The group were advised the main priority is the success of the programme and to move the service forward. Once the preferred provider has been identified there will be the challenge to mobilise the service from the existing arrangements to the new ones identified in the specification and this will need clear contract management.

The specification details the intended outcomes, including ensuring emotional wellbeing, reducing the numbers who start smoking and improving oral health.

The outcomes in the programme are challenging, the HCP alone will not be able to address all the health issues that affect the people of Barnsley; however there are lots of other things in the system to support this work and to continually make improvements.

Alongside the challenges there are lots of opportunities, therefore by bringing services together, the service hopes to do things better. The programme is not just about activity and numbers, but what changes are happening to improve outcomes.

xxiii) Are schools outside the borough contacted to promote the HCP?

The committee were advised there is communication with schools outside the borough and cross-border issues are covered within the service specification.

xxiv) What actions could be taken by Members to assist in the effectiveness of the HCP?

The service advised that as Elected Members are in close contact with communities, then if they identify issues please feed them back to the service e.g. via email to Julia Burrows so she can make sure this information gets passed on and dealt with as appropriate.

The service stated there will be changes made to the programme however would expect service users to see improvements and not experience interruptions. Therefore, the service asked that Members provide reassurance in relation to this and let the service know if there are problems they should be aware of.

xxv) Are there currently any problems in accessing both GP and dental services in Barnsley?

The committee were advised that there is currently an issue with accessing dentists however they are working with NHS England to address this.

With regards to GPs and concerns over replacement of those e.g. who are retiring, Barnsley CCG has recently commissioned a piece of work to look at the primary care workforce and how this is grown, particularly as there is a focus on out of hospital services.

The group were advised that during December 2015 'I HEART Barnsley' is looking to be introduced following a successful bid to the Prime Minister's Challenge Fund by the GP Federation in Barnsley. From two designated hubs within Barnsley there will be the capacity for additional out of hours care to be provided. The CCG informed the committee that they would provide information to Members with regards to the location of these hubs.

The Chair commended the service for a Safeguarding issue they had dealt with promptly on a recent occasion, thanked all the witnesses for their attendance and their helpful contribution and declared the meeting closed.

### **Action Points**

- 1) Service to provide Councillor Saunders with a copy of the letter sent to parents in respect of the child measurement programme.
- 2) Service to provide the Key Performance Indicators in relation to stopping smoking as part of the Healthy Child Programme.
- 3) Elected Members to email Julia Burrows ([juliaburrows@barnsley.gov.uk](mailto:juliaburrows@barnsley.gov.uk)) should they become aware of any concerns/problems in relation to the Healthy Child Programme.
- 4) Barnsley CCG to provide details of the location of the two hubs within Barnsley that are able to provide additional out of hours care as part of I HEART Barnsley.