

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 17 December 2012.

PRESENT: Councillor Dryden (Chair), Councillors Biswas, Cole, Harvey, Junier, S Khan and P Purvis.

ALSO IN ATTENDANCE: E Thomas, Childrens Business Manager, NHS Tees
Dr H Waters, Chair of South Tees Clinical Commissioning Group.

OFFICERS: J Bennington, J Dalby, J Ord and N Pocklington

AN APOLOGY FOR ABSENCE was submitted on behalf of Councillor Mawston. .

DECLARATIONS OF INTERESTS

There were no declarations of interest made at this point of the meeting.

1 MINUTES - HEALTH SCRUTINY PANEL 5 DECEMBER 2012

The minutes of the meeting of the Health Scrutiny Panel held on 5 December 2012 were submitted and approved as a correct record.

2 CHILDREN WITH COMPLEX NEEDS - EVIDENCE FROM DIRECTORATE OF WELLBEING, CARE AND LEARNING

The Scrutiny Support Officer submitted a report the purpose of which was to introduce senior representation from the Directorate of Wellbeing, Care and Learning to present evidence relating to children with complex needs.

In order to assist deliberations a series of questions had previously been circulated to Officers as outlined in the report submitted.

The Chair welcomed the Deputy Director, Safeguarding and Specialist Services who focussed on the key points of the responses to the questions as outlined in the report submitted.

From the outset it was acknowledged that definitions of disability varied and covered a very diverse group. The Children Act 1989 defined a disability as 'A child is disabled if he is blind, deaf or dumb, or suffers from mental disorder of any kind, or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed.'

In response to Members' questions the reasons for NHS Tees not having an agreed definition were explained in that it was very difficult to identify boundaries given that children with complex needs used multiple services and there was a need for certain flexibility in determining a package of care. It was confirmed that a lack of such a definition did not necessarily cause problems between the two organisations although a view was expressed that it would be helpful if there was a definition but indicating that in certain cases it could cause delays and be too restrictive. From the point of view of a CCG in commissioning services it was acknowledged that in general terms there needed to be further clarity around the different roles and responsibilities of service providers.

Although Health, Education and Social Care services defined children's needs in different ways there was an agreement that there was a significant rise in the number of children and young people in the region with a disability. It was noted that this was particularly so in Middlesbrough where there was an increase in the number of children diagnosed with severe visual and hearing impairments; motor disorders; severe intellectual disability; complex language disorders; complex mental health disorders and severe emotional and behavioural disorders. Middlesbrough also had higher than national average incidences of children with autistic spectrum disorders which again were causing assessment and school placement

pressures.

The Children with Disabilities Service in Middlesbrough currently provided support to 274 children and young people. The Authority would normally become aware of children with complex needs by a family making a referral themselves or from health staff with the consent of the family unless there were safeguarding issues. In some cases it was pointed out that some families may take time to accept a diagnosis and may not be ready to seek support at an early stage whilst some families managed within their own resources. It was acknowledged that it would be different in each case sometimes at birth or shortly after when disabilities emerged and from a range of health professionals.

The difficulty in trying to quantify the number of children with complex needs given the multiple of services involved was acknowledged. Although further details were awaited regarding implementation reference was made to a database within the NHS Information Centre relating to a set of indicators including special educational needs under the Children and Young People Secondary Use Data Set. Such information was seen as useful and beneficial if provided to Public Health resources within local authorities.

The Panel was advised that there were currently seven young people with complex needs in residential placements and only two were significantly further than 20 miles away from Middlesbrough. It was noted that following a recent review of residential commissioning evidence had shown that there were low numbers of children/young people in independent residential placements. It was stated that the Children with Disabilities Team had developed some excellent services that allowed children/young people to remain at home.

The outcome of the children's residential homes review had highlighted a need to develop more local capacity. It was anticipated that NHS Tees would agree to release some capital that had been held by Middlesbrough to be used to allow Gleneagles to deliver short break services for young people with complex health needs. The remainder of the capital would be released to Middlesbrough Council to develop or commission a small home for young people with complex needs in Middlesbrough.

In response to Members' questions regarding costs it was explained that the short break resource within Middlesbrough was fairly priced and following an analysis of the potential costs of an in-house facility it was considered to be fairly matched. It was pointed out that if local capacity could be increased which would avoid the current use of an expensive resource in the locality there would be potential savings of £120,000 per year, per placement.

In terms of the residential market it was reported that it was not fully developed in the North East for every category of need and commissioners were continually trying to work with providers in order to evidence the need and potential for developing the market. The Panel was advised that the local provider in Middlesbrough had a good working relationship with the Council and that in releasing the capital that was available to the Council there could be potential to offer the provider the opportunity to develop the service in partnership with the Council subject to formal procurement guidance. It was also pointed out that there could be opportunities for joint commissioning with other Tees Valley/North East Authorities.

Significant work had been undertaken over a number of years to encourage more providers in support services such as those used for short breaks or domiciliary care that prevent family breakdown and the need for costly placements.

From the NHS Tees perspective it was explained that further needs assessment were required to gain a better understanding of the resilience of current services in terms of future demand arising from a higher number of children with complex needs and greater complexity of conditions. As personalisation increased careful consideration needed to be given to ensure that families who qualified for and chose to use a personal budget had access to services that met their needs from a provider of their choice and that appropriate assurances were available on the quality and skills of providers outside of the NHS so families were able to make safe choices.

In terms of engagement with families and the children involved an assurance was given that

the Council Department worked very closely with the parents' forum, Parents4Change. Reference was made to several mechanisms in place for seeking the views of children and families, including information /consultation days and user feedback questionnaires. From a NHS Tees perspective it was confirmed that patient experience gathering was encouraged as a key quality requirement for all healthcare contracts. An indication was also given of ways in which the South Tees Hospitals NHS Foundation Trust strategically prioritised the involvement of children, young people and families.

The Panel's attention was drawn to circumstances in which the Council had encountered difficulties in securing continuing healthcare funding from NHS sources. It was explained that there were distinct differences between the Children's Continuing Health Care Guidance and the Adult Continuing Health Care Guidance across the Tees and nationally which had resulted in very few young people meeting the criteria for funding or where the NHS had already commissioned services in place, for example, CAMHS and funding had not been provided. In terms of the future it was noted that there was a need for the Service to engage with CCG's in order to ensure that children/young people remained a priority. It was also pointed out that there was a need to consider requesting assessments for children young people where the Council were providing in-house services to ensure that opportunities to secure funding were not missed. In the absence of a national model it was accepted that inevitably there would be differences at a local level and one suggested explanation of the difference between north and south of the Tees related to the higher number of community hospital beds in the south of the area.

In relation to future demand on the Safeguarding and Specialist Service it was reaffirmed that there were many factors which had contributed to rising numbers of children with complex needs. Such factors included low birth weight (above national average), increased numbers surviving trauma and growing numbers from ethnic groups. In relation to a growing number of children from BME group an indication was given that whilst historically such groups did not access such services evidence had shown in recent years that following significant work with parents there appeared to be increased communication with the Local Authority in this regard. Environmental factors included foetal alcohol syndrome, drug abuse and smoking during pregnancy, along with poor diet and nutrition. Given the importance of any smoking cessation programme especially in areas of Middlesbrough, Members supported ongoing discussions between healthcare organisations and the Council's Director of Public Health regarding the joint commissioning and for re-introducing smoking cessation programmes. The Panel also referred to the need organisations to continue to work jointly to pursue measures in raising awareness to the importance of immunisation programmes. As part of such work reference was made to the role of GPs, midwives and health visitors in this regard and also the potential for future joint working between the CCG and Directors of Public Health.

AGREED that representatives be thanked for the information provided and contribution to deliberations which would be incorporated into the overall review.

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CHILDREN WITH COMPLEX NEEDS - EVIDENCE FROM NHS TEES AND THE CLINICAL COMMISSIONING GROUP

The Scrutiny Support Officer submitted a report the purpose of which was to introduce senior representation from NHS Tees and the Clinical Commissioning Group to present evidence relating to children with complex needs.

In order to assist deliberations a series of questions had previously been circulated to representatives as outlined in the report submitted following which a written response had been received from NHS Tees a copy of which had been forwarded to the Panel.

It was reiterated that there was no agreed standard definition of complex needs in policy or across professional groups although NHS Tees and CCG used recommended guidance and professional tools to determine a child's ongoing needs.

As previously indicated calculating exact numbers of children with complex needs and associated costs was difficult as there was no agreed definition and many children used

multiple services on an ongoing basis and at underdetermined levels. It was agreed that to determine approximate costs would require further engagement with a range of health professionals from across both acute and community settings and with children, young people and families. The report outlined some examples of services such as Children's Continuing Care, Paediatric Therapies and Speech and Language and the various ways that complex needs were defined.

As reported in the briefing paper NHS Tees had a positive working relationship with the Council's Children's services both commissioning and operational functions and was fully engaged with Middlesbrough Children Trust arrangements.

In terms of future demand on services in the light of demographic changes the Panel was advised that it was difficult to model at such a time as current data collection was not aligned to inform future planning though the introduction of maternity and children's secondary uses data set would inform future planning. It was pointed out, however, that excellent neo natal care and continually improving medical care would impact more on services locally but required further assessment.

Reference was made to related work on Maternal Health with a particular focus on Low Birth Weight the subject of earlier debate by the Panel and changes related to Special Education Needs legislation. Draft legislation required data sharing across agencies to support early identification, intervention and integrated assessment 0-5.

In overall terms representatives referred to the current local health economy and the new structures such as the CCGs and the Health and Wellbeing Board and the importance of focussing on preventative measures and early identification which were supported by appropriate funding.

AGREED as follows:-

1. That representatives be thanked for the information provided and contribution to deliberations which would be incorporated into the overall review.
2. That the Chair and Vice-Chair together with the Scrutiny Support Officer refine the terms of reference for the current scrutiny topic in the light of information received for consideration by the Scrutiny Panel.