

Scrutiny Committee – 7 May 2013

10. Report of Task and Finish Group – Health Inequalities

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Background documents

All background documents referred to in this report can be found in the Members' Room.

- Stakeholder Engagement Wheel
- Completed Impact Assessment
- SCC Health Scrutiny report
- Stakeholder invitees

Introduction

All authorities in the South West were approached with details of a Health Scrutiny programme being facilitated by the Centre for Public Scrutiny. The Centre for Public Scrutiny (CfPS) was facilitating a Department of Health led, cross-government programme that looked to deliver a step-change improvement in health outcomes for groups that are vulnerable to the poorest health.

In the past, the programme has looked at the homeless, sex workers, Gypsies and Travellers and vulnerable migrants. The programme aimed to seek to drive improvements, mainly through system reform and clinical leadership, to ensure that everyone gets the care they need, regardless of their circumstance. It also strived to ensure policies and programmes across health and the wider social determinants of health consider the needs of those with multiple problems, and result in their equitable access to quality care.

In 2012, CfPS launched 'Tipping the Scales', a new model of scrutiny that captured the impact and potential return on investment that review and its recommendations could make. This new model had generated a great deal of interest from across the public and private sectors. It is seen as a simple but effective way of quantifying impacts and strengthening the role of scrutiny in tackling health inequalities. Building on this success, CfPS received funding from the Department of Health to continue to refine the model and to use it to work with more vulnerable groups in society. Working with the Inclusion in Health Programme and the Department of Health, CfPS has supported six Scrutiny Development Areas to understand the health inequalities faced by these vulnerable groups.

Following discussions with members of both Scrutiny and the Executive, it was agreed that South Somerset's Scrutiny function should bid to take part in the programme based on our already well developed working relationship with our Gypsy and Traveller Community. Our bid was successful and along with the authorities below, we formed part of the CfPS programme phase 3 (you will see that SSDC was the only district authority to take part in this programme):

The groups and areas were as follows:

Homelessness and rough sleeping	- Adur and Worthing - Warrington
Gypsies and Travellers	- South Somerset - Southwark
Sex Workers	- Newham - Westminster

Undertaking any form of Health Scrutiny represented a significant challenge for us as it was not something we had formally done before. As part of the programme, the CfPS provided an expert adviser and it was this input in an unfamiliar area that held the greatest appeal for members. This was a good opportunity to gain new skills and experiences and further enhance our Scrutiny function.

Our review was supported by Paul Cutler. Paul has worked for the Centre for Public Scrutiny for a number of years and has supported a variety of overview and scrutiny committees, LINKs and Local Healthwatch. He specialises in working with a range of groups and communities including children and young people, mental health service users, Gypsy and Traveller communities and adults with complex additional needs. He has a background in NHS governance, social work and participatory approaches to development.

This short report sets out the process the review Task and Finish Group followed and summarises their findings. All key documents are listed and can be found in the Members' Room for reference.

Review Process

A Task and Finish Group was established to conduct this review and involved the following members:

Cllr Cathy Bakewell (review Chair)
Cllr Paul Maxwell
Cllr Carol Goodall

Under the guidance of Paul Cutler, this review followed the Return on Investment Model. The model is quite prescriptive and has clearly defined 'review stages'.

The model has four key stages:

- Identifying and shortlisting topics
- Prioritisation
- Stakeholder engagement and scoping
- Measuring impact – processes and outcomes.

The individual actions or processes within the stages that ensure that a review focuses on achieving cost and resource effective outcomes are:

- *producing impact statements* – to be used for prioritising issues
- *Considering what to measure* – to help focus the Return on Investment (ROI)
- *Defining the ROI Question* – to focus the review and the data needed

- *Stakeholder mapping* - identifying who needs to be engaged and how
- *Use of the Stakeholder engagement wheel* – to identify what works and what doesn't
- *Process measures* – identifying and measuring what the review achieves that may be difficult to measure (soft outcomes)
- *Outcome measures* – measuring what will change as a result of the review
- *Return on Investment* – Estimating the overall return on investment of the review.

Whilst the members and officers undertaking this review were familiar with these stages – acknowledging them as part of a formal review process was an early learning point for the review team. Using the Return on Investment model established an early focus on the need to demonstrate the value that these piece of work could add to SSDC a practice that members of the Task and Finish Group feel should be adopted for all scrutiny work.

In order to successfully complete the Return on Investment exercise – all members of the review team were asked to log all their activities relating to the review.

Choosing a review topic

Gypsy and Traveller communities in the UK have a rich history and culture, and the actual term Gypsies and Travellers covers a diverse group of communities. It is currently estimated that there are 300,000 Gypsies and Travellers in the UK¹. These communities live on a mix of settled Traveller sites established by Local Authorities, migratory and nomadic routes including informal sites, and settled housing.

After an initial desktop research exercise carried out by the Scrutiny Manager, looking at key documents such as the Marmott review into Health Inequalities, the Somerset Joint Strategic Needs Assessment and more general reports into the health and wellbeing of Gypsies and Travellers both nationally and regionally, the Task and Finish Group identified two main areas that would merit further investigation;

- Mental issues affecting young men (16-35) within the Gypsy and Traveller community as this group has a significantly higher level of suicides than the national average; and
- maternity and early years issues for Gypsies and Travellers as our data showed that these communities experience poorer outcomes than the majority of the population. Recent studies highlighted: high maternal death rates, high infant mortality and perinatal death rates, lower average birth weight, low immunisation uptake, barriers to access to primary care, maternity services and early years services

The Task and Finish Group completed the Impact Assessments as specified by the CfPS programme to help decide on a topic. Members also considered the 'do no harm approach' – i.e. our review should not have any negative impact.

Bearing in mind our limited experience of health scrutiny, the relatively short timescales involved and the sensitivities surrounding mental health issues, the members agreed that they should focus their review on exploring access to antenatal, perinatal and postnatal maternity services for the local Gypsy and Traveller communities in South Somerset.

¹ Commission for Racial Equality, 2003

Stakeholder engagement

The CfPS review model strongly advocates a structured approach to stakeholder engagement in Scrutiny reviews. This is something that our Scrutiny process has always done, and following the CfPS model allowed us to formalise our existing practices.

Stakeholder Engagement Event

A Stakeholder Engagement event was organised, to be facilitated by our expert Advisor, Paul Cutler. The facilitation plan and associated documents are part of the background papers to this report.

The event was well attended by representatives from the health sector, including leading clinicians and patient liaison officers as well as specialist Gypsy and Traveller Liaison officers from SSDC. Representatives from the Gypsy and Traveller Community were invited to attend the event, but their spokesperson advised that they would not find such a formal setting conducive and that members of the Task and Finish group would be better advised to attend the established South Somerset Gypsy and Traveller Liaison Forum.

Members of the Task and Finish Group agreed that the Stakeholder Event should be used to better understand the issues around maternal health within the South Somerset Gypsy and Traveller community. It is all too easy to make assumptions based on initial research and members wanted to test the theoretical assumptions against real experiences.

The notes of the Stakeholder event are included in the background papers to this report.

Other Stakeholder Engagement

Initial feedback from the Stakeholder Event seemed to indicate that there was no immediate concerns amongst health professionals about the maternal health of Gypsies and Travellers in South Somerset, members of the Task and Finish Group wanted to check this with members of the Gypsy and Traveller community themselves.

In South Somerset we are fortunate to have a well established Gypsy and Traveller Liaison Forum which is attended by several members of the Gypsy and Traveller Community. Members of the Task and Finish Group attended one of their meetings and had a very informative discussion with several mothers from the Gypsy and Traveller Community. These discussions confirmed that members of the community did not perceive there were any issues around their access to maternity services.

The CfPS review model advocates that members should aim to triangulate each fact before making any conclusions or recommendations. So in addition to the information received from the health sector professionals and the Gypsy and Traveller Liaison Forum, members of the Task and Finish group arranged to visit residents of the two Gypsy and Traveller sites within South Somerset. A letter was sent to all residents advising them that members would be visiting and explaining the purpose of their visit. All communication was via the South Somerset Gypsy Liaison Officer to ensure consistency and that correct procedures were followed.

Members were able to visit a small number of mothers within these communities and again, no specific issues relating to maternal health were identified.

Conclusions

Based on the work carried out by the Task and Finish Group, there are very few recommendations that can be made to improve access to maternal health services by members of the Gypsy and Traveller community in South Somerset. Members of the Task and Finish Group were initially disappointed with this, but discussions with the CfPS expert advisor helped to clarify that as a result of the work of Scrutiny members, we were now able to say that South Somerset does not experience the same issues as others in relation to this topic and to promote the positive work that is already done in our area.

The work of the SSDC Gypsy and Traveller Liaison officer has gone a long way to overcome the usual communication barriers faced when dealing with the Gypsy and Traveller Community and because of this and other established systems (such as the Gypsy and Traveller Liaison Forum), members of the Gypsy and Traveller community have better access to many services (including maternal health) than in many other areas of the country.

Scrutiny does not always need to be about identifying problems, sometimes, it is equally important for us to identify what we do well and share this best practice. However, our research did find that the Somerset Joint Strategic Needs Assessment made no explicit reference to the health inequalities faced by the Gypsy and Traveller Communities – something members thought should be addressed. The Chair of the Task and Finish Group ensured that the matter was raised through the Shadow Health and Wellbeing Board and the newly refreshed JSNA does not include more detailed references to the health and wellbeing needs of the Gypsy and Traveller Communities within Somerset.

An unintended outcome of this review has been the realisation that Health Scrutiny arrangements in Somerset need to be urgently developed. Prior to this review, SSDC had had limited involvement in the world of Health Scrutiny as Somerset County Council has statutory responsibility for this function as the Social Care authority.

Members identified that Somerset is the only County / unitary authority in the South West (and almost certainly in England) that does not have a dedicated health Scrutiny function. Current arrangements allow for one or two meetings per year of the County council's Scrutiny Committee to be designated as Health Scrutiny meetings. There are no dedicated health scrutiny resources within the County Council to support this.

From 1 April 2013 Somerset County Council will take on responsibilities across all 3 public health domains. Current NHS public health functions including Directors of Public Health and their teams; Sexual Health; Substance Misuse and School Nursing Services will become the responsibility of Somerset County Council.

The new Local Authority (Public Health, Health and Well-being Boards and Health Scrutiny) Regulations 2013, come into force on 1 April 2013, with provision for the Health and Wellbeing Board to be held to account through a recognised Health Scrutiny function.

The relatively brief contact that members of the Task and Finish Group had with local health care providers indicated that they would be more than willing to fully engage with a better developed Health Scrutiny function as they appreciated the benefits critical friend challenge could bring to their work.

The Task and Finish Group initially agreed to submit a report to Somerset County Council urging them to adopt more robust Health Scrutiny arrangements as soon as

possible. However, in the meantime, a report has been submitted to the County Council's Scrutiny Committee advising them of the need to establish a dedicated Health Scrutiny Committee (a copy of the report can be found in the background papers to this report).

Therefore, members of this Task and Finish group recommend that South Somerset's Scrutiny Committee strongly support any Health Scrutiny development proposals made by the County Council and that any resulting Health Scrutiny Committee should formally involve the district councils.

Paul Cutler, the CfPS expert adviser, summarised this review as follows, including the Return on Investment calculations.

Review Success

- Highlighting areas of good practice and sharing the lessons and learning to improve cultural appreciation and access
- Building relationships between the Gypsy and Travellers communities, their specialist organisations and NHS Trusts
- Understanding and communicating the value of district council health scrutiny
- A refresh of the Somerset Joint Strategic Needs Assessment to include more explicit reference to the needs and issues of Gypsy and Traveller communities

Learning Points

- Recognition of the diversity in the local Gypsy and Traveller populations in South Somerset including a range of families who are part of the nomadic and yearly migratory routes in and out of the district
- The review was able to highlight and appreciate the different needs and experiences of these small groups
- The Task and Finish group received positive feedback from the NHS participants in the review about their support for improved health scrutiny arrangements in the county and the impact that such arrangements could have a critical friend of local arrangements.

Qualitative benefits

- Gypsies and travellers more explicitly referenced in the JSNA
- Positive partnership working with the NHS
- Raised the profile of the debate on improved Health Scrutiny arrangements

Return on Investment

What is the return on investment for a Scrutiny project exploring access to ante-natal, perinatal and post natal maternity services for the local Gypsy and Traveller communities in South Somerset?

This was calculated by the CfPS expert advisor and looked at the following points:

- The value of increased access to maternity services and improved patient experience
- The value of improved access to GP and primary care services and

- The value of increased networking and awareness building of the needs of the local Gypsy and Traveller communities.

Inputs: review costs	£1,599 (staff and member time and resources)
Outcomes – potential savings	£5,440
Financial Return: for each £1 spent on the review	£3.40
