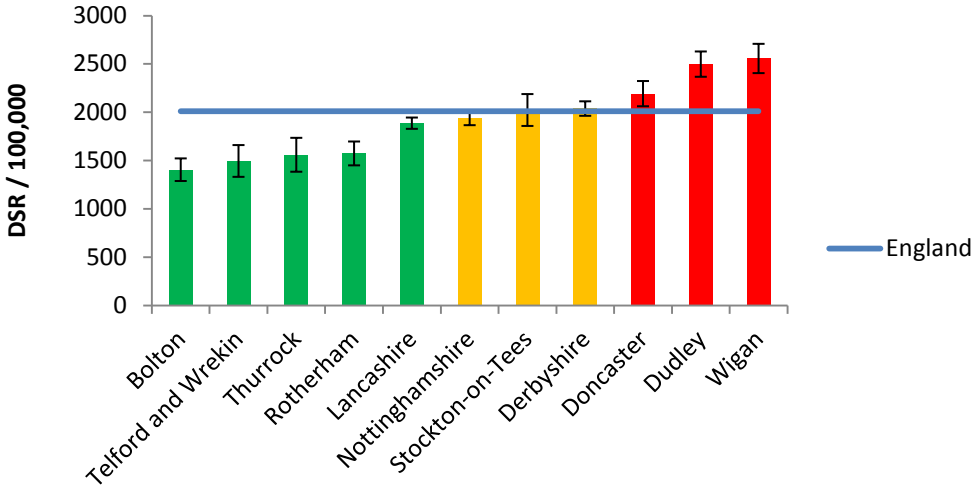


People Directorate Scrutiny Committee																									
<b>Portfolio</b>	Cabinet Member for Health and Wellbeing Cabinet Member for Adult Services																								
<b>Area for Scrutiny</b>	Falls Service																								
<b>Link to Council Plan</b>	Stronger Safer communities –Promoting Independence and keeping people well																								
<b>Context</b>	<p><b>Background to Falls</b></p> <p>Falls are a major cause of disability and the leading cause of death from injury in people aged over 75 in the UK. One-third to one-half of people aged over 65 fall each year.</p> <p>In 2012/13, Dudley had the highest rate of falls in the 65+ population compared to all the other West Midlands councils.</p> <p>For 3 years (2010/11 – 2012/13), Dudley has significantly higher rates of falls than the national average.</p>  <table border="1"> <caption>Estimated data from the bar chart (DSR / 100,000)</caption> <thead> <tr> <th>Council</th> <th>Rate (DSR / 100,000)</th> </tr> </thead> <tbody> <tr><td>Bolton</td><td>1400</td></tr> <tr><td>Telford and Wrekin</td><td>1500</td></tr> <tr><td>Thurrock</td><td>1550</td></tr> <tr><td>Rotherham</td><td>1550</td></tr> <tr><td>Lancashire</td><td>1850</td></tr> <tr><td>Nottinghamshire</td><td>1950</td></tr> <tr><td>Stockton-on-Tees</td><td>1950</td></tr> <tr><td>Derbyshire</td><td>2000</td></tr> <tr><td>Doncaster</td><td>2200</td></tr> <tr><td>Dudley</td><td>2500</td></tr> <tr><td>Wigan</td><td>2550</td></tr> </tbody> </table> <p>England</p> <p>Dudley's rate of injuries due to falls is worse than most of its statistical neighbours. (see above chart)</p> <p>A third of all deaths from accident and unintentional injuries in the borough were due to falls</p>	Council	Rate (DSR / 100,000)	Bolton	1400	Telford and Wrekin	1500	Thurrock	1550	Rotherham	1550	Lancashire	1850	Nottinghamshire	1950	Stockton-on-Tees	1950	Derbyshire	2000	Doncaster	2200	Dudley	2500	Wigan	2550
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	<p><b>Dudley MBC Falls Service</b></p> <p>Historically the service was commissioned by NHS through the PCT. Commissioning responsibilities transferred to Dudley Council public health team in 2013. The service is delivered and co-funded by the Council's adult services</p> <p><b>Service consists of;</b></p> <p><b>Central referral hub.</b> All referrals for falls in Dudley are received centrally, triaged and actioned appropriately i.e. through a home visit or appointment at a consultant led clinic. Triage is conducted by the community falls service in liaison with community health nurses, falls lead nurse and community falls coordinator.</p> <p><b>A Multifactorial assessment is undertaken which includes;</b></p> <ul style="list-style-type: none"> <li>• Strength and balance training; 12 week programme</li> <li>• Home hazard and functional assessment and intervention including Fracture risk assessment;</li> <li>• Vision assessment and referral;</li> <li>• Medication review and modification/review.</li> <li>• Education and information giving including signposting to appropriate services</li> </ul> <p>A range of outcome data is collected .</p>
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<p><b>Rationale</b></p>	<p>Dudleys performance on Falls prevention is poor compared to both the national and local average.</p> <p>Recognition that the Council's falls service is part of the overall falls and bone health pathway which sits across the whole health and social care economy. Although the council service is reflects NICE guidance, alone it will not have the impact that's required to make a reduction in falls that is required in Dudley.</p> <p>Dudley currently has a range of 'falls' services, but these are fragmented and not currently maximising their potential; opportunities to prevent falls are currently being missed.</p> <p>Recognition that strategic commitment and ownership to the agenda required across the local partnership.</p> <p><b>A number of new developments ;</b></p> <p><b>Better Care fund-</b> The falls prevention service has a key role in delivering and demonstrating outcomes in relation to prevention of unnecessary hospital attendance/ admissions.</p> <p><b>Falls Needs Assessment</b> (public health team) is almost complete and will provide a better understanding of needs, gaps and the evidence base locally.</p> <p><b>Council falls service redesign</b> is ongoing with a number of changes made to the service.</p> <p><b>Review of the falls pathway</b> is being undertaken across the NHS and Social care economy led by the public health team in partnership with Adult Services and the CCG.</p> <p>Opportune time to strengthen the Council's Falls service.</p>
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<p><b>What are we asking from the Scrutiny Committee?</b></p>	<p><b>Is the service effective?</b></p> <ul style="list-style-type: none"> <li>• Are we receiving the appropriate referrals into the service?</li> <li>• Are the right people receiving the appropriate falls reduction interventions?</li> <li>• Are the pathways in place to signpost referrals into other prevention services or other appropriate services?</li> </ul> <p><b>Consider resource implications.</b></p> <ul style="list-style-type: none"> <li>• Do we have the resources to increase the number of falls risk assessments and consequently deliver falls risk reduction interventions in a timely manner?</li> </ul> <p><b>Consider the role of the both DMBC and wider partnership in falls prevention.</b></p> <ul style="list-style-type: none"> <li>• How well is falls prevention embedded in the rest of the local authority?</li> <li>• Does the programme have effective exit routes into other services which will help maintain the impact of falls service interventions and continue to prevent falls in the longer term ?</li> </ul> <p><b>Agree to the development of Dudley Falls and Bone Health strategy, related action plan and partnership commitment to its implementation.</b></p>
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People Services Scrutiny Committee	
<b>Portfolio</b>	Cabinet Member for Adult Social Care
<b>Area for Scrutiny</b>	Implementation of the Care Act
<b>Link to Council Plan</b>	Caring for the elderly and vulnerable
<b>Context</b>	<p>Aspects of the Care Act come into force on 1<sup>st</sup> April 2015. The DACHS scrutiny committee considered preparation for the Care Act in some detail. Scrutiny focused on</p> <ul style="list-style-type: none"> <li>- Legal Implications</li> <li>- Financial Implications</li> <li>- Programme Management</li> <li>- Implications for Carers</li> <li>- Implications for Market Shaping and Commissioning</li> </ul>
<b>Rationale</b>	<p>Measuring the ongoing implementation of the Care Act is important. It is important that the people of Dudley access the full range of care and support they are entitled to under the legislation and that the quality of care and support is high. It is important that the level of demand arising from the Care Act is monitored. It is important that the financial implications of the Care Act and attendant impact for the Council's Medium Term Financial Strategy are clear.</p>
<b>What are we asking from the Scrutiny Committee?</b>	<p>To consider evidence in relation to all the points defined under "rationale." To ensure the appropriate changes have been implemented and any risks arising are understood and responded to.</p>

People Services Scrutiny Committee	
<b>Portfolio</b>	Cabinet Member for Children's Services
<b>Area for Scrutiny</b>	Safeguarding Children Annual Report/Child Sexual Exploitation/MASH
<b>Link to Council Plan</b>	The area of scrutiny is an integral part of the Council's priorities. All three elements are critical to the delivery of effective services to the public and will be major areas of scrutiny by OfSTED during 2015.
<b>Context</b>	The activities of local authorities to coordinate safeguarding and child protection are areas of major importance in terms of the services that are provided to vulnerable families. Media and public interest in this agenda has increased markedly in recent years and the demand for services to protect vulnerable children and young people has also risen exponentially. The annual report of Dudley's Local Safeguarding Children Board will give the committee with a detailed insight into current issues and practice in our own borough and provide an opportunity for members to scrutinise and challenge the work of all relevant agencies. Child sexual exploitation is a strand of this work that is causing major concern nationally as a result of serious problems with the performance of various public bodies in areas such as Rotherham and Oxfordshire. Exploring the development of a Multi Agency Safeguarding Hub (MASH) is one of the initiatives that is currently under consideration to ensure a more coherent response to these challenges.
<b>Rationale</b>	Given the current context and prominence of the safeguarding and child sexual exploitation agenda, and the level of Council resources that are needed to support our work in these areas, it is logical that these themes should be important areas of focus for the People Services Scrutiny Committee.
<b>What are we asking from the Scrutiny Committee?</b>	To scrutinise the work going on to promote effective safeguarding. To contribute to the debate about the way in which the Council can support these agendas To endorse the overall direction of the SafeguardingBoard.

People Services Scrutiny Committee	
<b>Portfolio</b>	Cabinet Member for Adult Social Care
<b>Area for Scrutiny</b>	Deprivation of Liberty Safeguards and Annual Safeguarding Report
<b>Link to Council Plan</b>	Caring for the elderly and vulnerable
	<p><u><a href="#">Deprivation of Liberty after Cheshire West</a></u></p> <p>On 19 March 2014 the Supreme Court ruled unanimously that P, a profoundly disabled man was deprived of his liberty by virtue of the complete and effective control exercised over his life by those looking after him. The Supreme Court rejected the decision and the factors that were introduced when the case was heard by the Appeal Court and re-affirmed the original decision that had been previously reached in the Court of Protection. The relevant caselaw is:</p> <ul style="list-style-type: none"> <li>• P v Cheshire West and Chester Council</li> </ul> <p>In reaching this decision the Supreme Court identified that to determine whether a person (without the mental capacity to consent to the arrangements) is being deprived of their liberty, the following 'acid test' should be applied: Is the person subject to continuous supervision and control?</p> <ul style="list-style-type: none"> <li>• All of these factors are necessary. You should seek legal advice if intensive levels of support are being provided to any person as part of a package of care or treatment.</li> </ul> <p>Is the person free to leave?</p> <ul style="list-style-type: none"> <li>• The focus is not on the person's ability to express a desire to leave, but on what those with control over their care arrangements would do if they sought to leave.</li> </ul>

<b>Context</b>	<p>In all cases, the following are not relevant to the application of the test:</p> <ol style="list-style-type: none"> <li>1. The person's compliance or lack of objection</li> <li>2. The relative normality of the placement (whatever the comparison made); and</li> <li>3. The reason or purpose behind a particular placement.</li> </ol> <p>This ruling has increased the number of people who use care and support services who now fall within the scope of what constitutes a deprivation of liberty and where this occurs [legal] authorisation is required.</p>
<b>Rationale</b>	<p>There are over 14,000 adults who access care and support in Dudley. The proposed focus for scrutiny is whether or not the Deprivation of Liberty Safeguards have been appropriately applied for the People of Dudley.</p> <p>The second topic for consideration is a review of the annual business plan; whether objectives have been delivered and key performance considerations</p>
<b>What are we asking from the Scrutiny Committee?</b>	<p>To consider whether the process for DOLS is robust</p> <p>To consider resource implications</p> <p>To consider timeliness of response by Safeguarding in Dudley.</p> <p>To consider the effectiveness of the Dudley Safeguarding Adults Board (DSAB) business plan</p>

People Directorate Scrutiny Committee	
<b>Portfolio</b>	Cabinet Member for Health and Wellbeing Cabinet Member for Children Services
<b>Area for Scrutiny</b>	Integration of 0-5 services ( with focus on health visiting services and children's centres)
<b>Link to Council Plan</b>	Develop integrated health and well-being programmes to give every child the best start in life
<b>Context</b>	<p><b>Health Visiting Service</b> -The final stage of Public Health transfer to LA's will be the Healthy Child Programme (HCP) for 0-5 year olds, which includes the commissioning of health visitors and family nurses and will transfer to local government on the 1 October 2015. Unlike the previous public health transfer it is only the commissioning that will transfer and not the workforce. Health visitors and Family Nurses will continue to be employed by their provider organisations.</p> <p>The transfer of commissioning responsibilities will join up commissioning for 0 to 19 (and up to 25 years for young people with Special Educational Needs and Disabilities) and will improve continuity for children and their families.</p> <p>The Health Visiting Service is a workforce of specialist community public health nurses who provide expert advice, support and interventions to families with children in the first years of life, and help empower parents to make decisions that affect their family's future health and wellbeing. The service is central to delivering public health outcomes for children.</p> <p><b>Children's Centres</b> - There are 5 clusters of Children's Centres in Dudley .</p> <p>The Children's Centres cover three themes: Community Support Development, Child &amp; Family Health Improvement, and Learning and Skills.</p> <p>The core purpose of Children's centres is to improve outcomes for young children and their families, with a particular focus on those in greatest need. They work to make sure all children are properly prepared for school, regardless of background or family circumstances. They also offer support to parents.</p> <p><b>Public Health and Children's Services</b></p> <p>The Public Health team provide and commission a range of services that are delivered in Children's Centres which focus on the wider determinants of health, addressing issues of social exclusion, improving access to support services, promoting physical activity and healthy eating, work related skills and information and advice.</p> <p>The transfer of the commissioning of 0-5 public health services presents a unique opportunity for local authorities to transform and integrate health, education, social care and wider council led services for young children and their families and to focus on improving outcomes for children and young people.</p>

<p><b>Rationale</b></p>	<p><b>Opportunities for integrated 0-5 services</b></p> <p>There is evidence that where there is good integration of health services and programmes, Children's Centres function better and get better outcomes.</p> <p>There has been a history of good joint working between the NHS, the public health team and children's services in Dudley. In Children's Centres there are examples of joint working on antenatal care, the Healthy Child Programme (Health Visitors), breastfeeding, healthy eating and physical activity, emotional health and wellbeing, and so on. There is now a further opportunity to integrate and avoid duplication of service provision.</p> <p><b>Increased Workforce opportunities - The Health Visitor Implementation Plan 2011-2015</b> set out a call to action to expand and strengthen health visiting services. Locally numbers of Health Visitors have increased from 56.7 fte in May 2010 to 74.3 currently, an increase of 17.6 Health Visitors.</p> <p>This provides the opportunity to work with a new and energised workforce with a strong remit to contribute to public health outcomes and with the ability to use a targeted locality /community leadership approach.</p> <p><b>Alignment of Children's centres and public health priorities</b> – There are opportunities for aligning public health resources to Children's Centres as well as opportunities to broaden the range of services delivered through the children's centre clusters. For example the public health team has de-commissioned an external provider and integrated breastfeeding support into the current job role of Children Centre staff.</p> <p><b>Update on Integration work</b></p> <ul style="list-style-type: none"> <li>• A small project group has been set up to start scoping opportunities for the integrated approach.</li> <li>• Pieces of work to support integration, avoid duplication and develop pathways are ongoing.</li> <li>• A review of evidence base and good practice being undertaken</li> <li>• The public health team chairs the 0-5 Programme board prior to the transfer of the contract to the Council</li> <li>• The Health Visitor service contract places an obligation on the provider to support integration and explore opportunities for co-location in Children's Centres .</li> <li>• The public health team is working with the Health Visitor workforce to develop the community offer and locality leadership role</li> </ul>
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<p><b>What are we asking from the Scrutiny Committee?</b></p>	<p>The proposition is that the Scrutiny Committee contributes to both the policy and development needed to deliver an integrated 0-5 offer with a key focus on Children's Centres and Public Health programmes that span the 0-5 range and which champion the transformational changes that will be required.</p> <p>The Committee may wish to follow a process that includes</p> <ul style="list-style-type: none"> <li>• Scoping the scrutiny by examining the current service delivery and draft proposals for integration and example of good practice benchmarks to determine key lines of enquiry and expert witnesses.</li> <li>• Issuing open invitation for submissions.</li> <li>• Receiving written and oral evidence from Council Officers; expert external witnesses; community witnesses.</li> </ul> <p>Synthesising evidence received and making recommendations</p>
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