

Minutes of the People Services Scrutiny Committee

Tuesday 22nd September, 2015 at 6.00 pm
in Committee Room 2 at the Council House, Dudley

Present:

Councillor M Attwood (Chair)
Councillors N Barlow, C Baugh, R Body, P Bradley, D Hemingsley, C Perks, S Tyler and D Vickers; Mr D Tinsley and Mr A Qadus.

Officers:

M Williams - Chief Officer (Environmental Services) (Lead Officer) (Place Directorate); T Oakman - Strategic Director (People), M Bowsher - Chief Officer (Adult Social Care), D Harkins - Chief Officer (Health and Well Being), S Asar-Paul - Head of Integrated Policy and Performance, B Kaur - Consultant in Public Health, Dr M Abuaffan - Consultant in Public Health, Mr T Mtemachani - Commissioning Manager (Dudley Clinic Commissioning Group) (People Directorate) and H Shepherd - Democratic Services Officer (Resources and Transformation Directorate).

7 **Apologies for absence**

Apologies for absence from the meeting were submitted on behalf of Councillor M Mottram, Mrs M Ward and Reverend A Wickens.

8 **Declarations of Interest**

No member made a declaration of interest in accordance with the Members' Code of Conduct.

9 **Minutes**

Resolved

That the minutes of the People Services Scrutiny Committee meeting held on 6th July, 2015, be approved as a correct record and signed.

10 **Public Forum**

No issues were raised under this agenda item.

11 **Additional Item for Inclusion in the People Services Annual Scrutiny Programme for 2015/16**

A report of the Lead Officer was submitted on the inclusion of an additional item into the Annual Scrutiny Programme for 2015/16.

Resolved

That, the inclusion of an additional item in relation to School Improvement and Performance Data in the Annual Scrutiny Programme for 2015/16, be noted.

12 **Change in Order of Business**

Pursuant to Council Procedure Rule 13(c) it was:-

Resolved

That the order of business be varied and that the agenda items be considered in the order set out in the minutes below.

13 **Integration of 0-5 Services with focus on Health Visiting and Children's Centres**

A report of the Chief Officer (Health and Wellbeing) was submitted on the 0-5 integration work stream and planned approach to provide 0-5 seamless services to children and families in Dudley.

B Kaur, Consultant in Public Health, was in attendance at the meeting and presented the report, together with a detailed presentation on the impact and opportunities that the transfer of the responsibility for commissioning public health services for 0-5 year olds from NHS England, would have on Local Authorities.

During the presentation, B Kaur made particular reference to the Health Visiting Service and the role of its specialised workforce and the Family Nurse Practitioner Service, which Members were advised would remain unchanged, but learning and staff good practice would be shared.

B Kaur stated that the number of Health Visitors and Family Nurse Practitioners in Dudley was currently 72, however, she could not confirm whether this number would remain the same following the transfer as it would depend on the allocation given to Dudley which would be calculated using a national formula. Members were reminded that the transfer was for the responsibility only and that staff would continue to be employed by their provider organisations and that one of the outcomes from the integration would be to develop a mixed skill workforce, so that services could be delivered at the appropriate level by a range of appropriately skilled staff, provided that the right resources were available.

The new service model was outlined and B Kaur explained to Members what each element would entail. In response to a question raised in relation to the number of families that would require universal plus support, B Kaur confirmed that exact figures were unknown, but suggested that Black Country Partnership Foundation Trust, who was the service provider, be invited to attend a future meeting to provide statistical information.

Arising from a question raised in relation to the benchmarking of performance data of Health Visitors and Family Nurse Practitioners, B Kaur confirmed that the provider used by Dudley did not provide services in any other area so data was benchmarked against the equivalent service that was provided by the other Local Authorities. She also stated that Dudley's performance on a national level was currently doing quite well and that a national dataset would enable statistical information to be available in the public domain.

In continuing with the presentation, B Kaur provided members with an overview of the importance of Children Centres within the borough; their objectives and key priorities and their role in providing seamless 0-5 services to families and children. She also highlighted the aims and objectives of the 0-5 integration and the next steps that needed to be taken.

Arising from the presentation, Members asked questions and made comments and responses were given as follows:-

- Mandated elements of the service are those that are required to be provided by the Local Authority, however, these services could not be forced upon individuals. In cases where there was a concern for the welfare of a child, these concerns would be discussed with social work colleagues to ensure support was provided and that the child was on their radar.
- It would be difficult to measure the impact that the service would have on the community in the short term, but users of the service would be requested to evaluate their experiences. The service did capture information on activities and new data recording tools had been introduced to help Health Visitors record the necessary information. Work was being undertaken to identify whether the new assessment introduced at ages 2 and 2.5 years could be repeated at school entry to measure the progress in a child's development.
- Local GP Practices would continue to be consulted with, to avoid isolation and to develop a good working relationship.

- All children, at birth, were allocated an individual Health Visitor to help families engage in the services and to develop a trusting relationship. A Health Visitor was allocated when the person became pregnant or prior to the mother being discharged from hospital and a handover from the midwife to the Health Visitor was provided to ensure that all individuals were contacted.
- That the integration of services was not just to achieve cost efficiency savings but to eliminate duplicated services, to re-focus the work that was provided at a locality level and to fill identified gaps within the service.
- The integration of the services would enable the Council to utilise the multiagency approach and provide those much needed families with the required support. The learning from the Family Nurse Practitioners programme had shown that developing a bond and trusting relationship with families had positive outcomes for both child and parent. Giving more time to families that needed support could have a positive impact on the parent's relationship with their child which was very important.
- NHS England had developed an awareness campaign on the health visiting services. A targeted awareness campaign was more suitable, with particular focus on pregnant ladies. Alternative ways of communicating and raising awareness in the Community of the services would be explored.
- Every child is issued with a 'red book' and their individual details are input into a child health system, so systems were in place to allow information to be automatically transferred when a child moves in or out of the borough.
- The stabilisation of funding was unclear, however, the integration would ensure a broader range of skilled workforce.

The Strategic Director (People) commented that in addition to the services referred to in the presentation, a Multi Agency Safeguarding Hub (MASH), would be shortly implemented which would create a one 'frontdoor' approach and incidents could be reported to one number and a coherent response would be provided. It was anticipated that by April, 2016, West Midlands Police, Public Health and local Schools would all be incorporated and sharing information.

In summing up, the Chair thanked B Kaur for the presentation and suggested that future updates be provided to the Scrutiny Committee, providing positive and negative comments; the identified gaps in the service; staff retention; case studies and statistical information provided by Dudley's provider, so that the service could be scrutinised further in the future.

Resolved

- (1) That the information contained in the report, the presentation and the comments made at the meeting, in relation to the integration of 0-5 services with focus on Health Visiting and Children's Centres, be noted.

- (2) That future updates be provided to the Scrutiny Committee providing positive and negative comments; the identified gaps in the service; staff retention; case studies and statistical information provided by Dudley's provider, so that the service could be scrutinised further in the future.

14 **Implementation of the Care Act**

A report of the Chief Officer (Adult Social Care) was submitted to the meeting and a detailed presentation was given on the progress in implementing the 2015/16 aspects of the Care Act in Dudley and for the Scrutiny Committee to review and challenge the evidence provided and consider the recent changes to the Care Act Implementation in 2016/17.

The Chief Officer (Adult Social Care) together with the Head of Integrated Policy and Performance, presented the report and presentation and stated that the Care Act topic had previously been scrutinised by Members of the Adult, Community and Housing Services Scrutiny Committee, and it was by their request that a further report be submitted addressing the changes to the legislation, the impact to the people and the financial implications arising from the implementation.

During the presentation the Head of Policy and Performance provided Members with a background to the Care Act and the reason for the implementation of the legislation; the National eligibility criteria for support and care which all Local Authorities were required to adhere to; the huge amount of work that had been undertaken by Dudley to ensure that the Council was fully compliant and consistent with their approach.

The Chief Officer (Adult Social Care) then referred to the financial aspects and impacts of the Care Act, in particular referring to the Deferred Payments scheme, which enables individuals to delay selling their home to pay for care bills, as long as they have assets under £23,250 and that Dudley fully supported this scheme and had received approximately 70 cases; the emerging pressures on the Council due to the growing demand for carers assessments, a total of 406 referrals for carers had been received in the first quarter; the financial implications to the Council if demand in Carers Assessments were to continue and the risk that additional costs could not be met through the allocated grant and additional resources would need to be identified.

The Chief Officer (Adult Social Care) also referred to the wider pressures for the Council and stated that budget allocations had continued to be significantly cut over the last four to five years, but demand for services continued to increase. There had been a significant increase in services provided to individuals diagnosed with dementia, learning difficulties, as well as an increase in safeguarding concerns and the number of Deprivation of Liberty Safeguarding assessments. He stated that he was satisfied that Dudley was complying with all aspects of the legislation and meeting requirements and would continue to work and develop partnerships with provider organisations to meet service demands.

Arising from the presentation, Members raised questions and made comments and were responded to as follows:-

- That the increase in the number of Deprivation of Liberty cases was due to the lowering of the threshold of which constitutes deprivation of liberty and now includes care provided in the community, as well as the care services provided to individuals in care/residential homes and hospital beds.
- A small number of reported cases had resulted in criminal prosecution and these were related to financial abuse, physical abuse or neglect.
- The number of assessments had increased significantly and the Council was required to do more with fewer resources. A breakdown of the waiting time lists for all services could be provided to a future meeting, together with benchmarking information, but on average a waiting time would depend on the type of service that was required and be based on individual needs. However, all safeguarding issues that were received would be dealt with as a priority.

In summing up, the Chair requested that performance data, together with any complaints or feedback from users, good and bad, be provided to a future meeting so that Members could develop a fuller understanding of the impact of the Care Act.

Resolved

- (1) That, the information contained in the report and presented at the meeting, together with Members comments as indicated above, on the demands arising from the Care Act, the robustness of local processes and the financial and capacity requirements arising from the implementation of the act, be noted.
- (2) That, performance data, complaints and user feedback, be provided to a future meeting of the Scrutiny Committee so that Members can develop a fuller understanding of the impact of the Care Act.

15

Falls Service

A report of the Chief Officer (Health and Well Being) was submitted on the Falls Service and the magnitude of falls among older adults in Dudley and suggested mechanisms to address the problem.

In presenting the report, Dr M Abuaffan, Consultant in Public Health and Mr T Mtemachani, Commissioning Manager, Dudley Clinical Commissioning Group, was in attendance at the meeting and gave a detailed presentation on Falls Prevention and Bone Health and the multiagency system wide approach that was being taken.

During the presentation, Dr M Abuaffan referred to falls being a major cause of disability and stated that one third of people aged over 65 would fall each year, which could lead to physical and psychological harm resulting in poorer quality of life, longer stays in hospital and one of the leading reasons for admission to residential care. She stated that in comparison with similar Authorities, Dudley currently had the highest rate of falls.

She referred to ways of preventing falls and stated that evidence had proven that residents with increased activity, good nutrition and optimised medication had all resulted in a decrease in the number of falls.

Arising from a question raised by a Member, Dr M Abuaffan stated that at the current time, a breakdown of where falls had occurred could not be provided.

An explanation of the range of falls services available and their individual roles was provided and a breakdown of how funding was allocated across the services was highlighted.

Dr M Abuaffan admitted that Dudley's current performance on falls prevention was poor and to enable the service to improve and for fall figures to decrease, a system wide approach was required with linkages between services. Possible ways for the service to move forward was to focus on encouraging residents to improve their bone health from an early age, through activity and healthy eating.

She stated that a system wide Strategy Group had been created, inviting members from a variety of partnerships to develop a strategy and to identify assessment needs, visions, action and monitoring plans.

Mr T Mtemachani, Commissioning Manager, Dudley Clinical Commissioning Group, provided Members with the Clinical Commissioning Group's perspective and details in relation to the impact falls had on their resources and reiterated the need for collaborative working. He referred to the development of a fracture liaison service and the need for a mechanism to identify those people that are most at risk of falling.

Following the presentation, Members made comments, raised questions and responses were provided when appropriate:-

- That Dudley was comparing practises and service models with better performing Authorities including Telford & Wrekin, as well as Authorities further afield.
- Members had difficulty in seeing what impact the service would have on residents and preventing falls, particularly as there was no data establishing where and when the majority of falls had occurred.
- Medication can sometimes be a cause for a fall, so it was considered important for the service to work in close partnership with local GP's so that they could identify and refer individuals that were most at risk.
- Concerns were raised for individuals that had experienced isolation following a fall and ways to alleviate this problem needed to be explored.
- Members were pleased to see that West Midlands Fire Service were included in the Strategy Group as they undertook work around falls prevention.

- Gaps in the service had been identified as there had been no consecutive approach, however a shared approach and working together would now address these issues and help to work smarter and reduce expenditure.
- That focus was made on ensuring residents over 50 remained active and healthy, but services such as free swimming for the over 60's were to be disband. Free travel passes were also considered a good way of keeping residents active, but could also impact on the number of falls.

Resolved

That the information contained in the report on the proposed developments in falls prevention and the scrutiny mechanism, be noted and supported.

16 **Questions from Members to the Chair under Council Procedure Rule 11.8**

Pursuant to Council Procedure Rule 11.8, three questions was asked by Councillor P Bradley and responded to by the Lead Officer as follows:-

Question 1

How many cases of Child Sexual Exploitation have been reported in the Dudley Borough in the last five years (whether there was a conviction or not) and is the Council supporting these cases?

Response

We have a record of 62 children reported to Dudley Borough with concerns regarding Child Sexual Exploitation since April 2013. We are unable to retrieve any reliable information prior to this date. Where appropriate these children will have received an assessment of need. From January 2013 - September 2015, 117 children have been referred to the Young People at risk of Sexual Exploitation Panel (YPSE). No data is available prior to the inception of this panel. All cases brought for consideration at YPSE Panel are supported by one or more agencies. The panel membership is made up of Police, Children's Social Care, Health, Youth Offending, Teenage Pregnancy as well as voluntary partners who work with young people.

Question 2

How many Council officers are dedicated to the investigation of Child Sexual Exploitation and is there sufficient sharing of information between ourselves, social services, Taxi-services, Police et al to tackle this potential situation ?

Response

We have developed a Child Sexual Exploitation Team (CSE) that was launched on the 14th September. This is a dedicated multi-agency team that consists of a Child Sexual Exploitation Co-ordinator, Youth Worker, Runaways Worker, Voluntary Sector representatives (Phase Trust, Barnardos, Street Teams), Police, Social Worker and Sexual Health Nurse. The team will support all children who are at risk of Child Sexual Exploitation.

The Dudley Child Sexual Exploitation strategy and action plan sets out the expectations around information sharing between all partner agencies. The strategy was approved by Dudley Safeguarding Children's Board on 11th September. The opportunities to share information between agencies are substantially enhanced by the multiagency Child Sexual Exploitation team.

Following our review of the Casey report into Rotherham we have issued mandatory Child Sexual Exploitation training for every taxi licence holder. This has been coordinated through a Special Taxis focus Group that will be responsible for reinforcing the important Child Sexual Exploitation messages to the trade.

As part of the regional "see me hear me" campaign, thousands of hackney carriage and private hire drivers are being given information about child sexual exploitation (CSE), the warning signs to look out for and what to do if they are concerned about a child. Postcards they can carry around with them saying 'we need your eyes and ears' highlight signs such as noticing strange behaviour in a child or seeing young people or groups of men being dropped off at certain locations.

Children's Services continue to work closely with the licensing taxi team to develop the Dudley Pledge, which will include training for all taxi drivers linked to their taxi conditions. The Licensing team currently sit on YPSE.

Question 3

How many children are on the 'at risk' register and what is the procedural system that social workers abide by to help them make a decision in putting children into care?

Response

We currently have 340 children subject to a Child Protection Plan. These children will have been identified as at risk for a number of reason that will include, neglect, physical harm, sexual abuse and emotional harm. In terms of bringing children into Local Authority care, Social Workers are required to attend the Access to Resource Panel, which is chaired by the Chief Officer. The panel reviews and takes decisions about all children and young people who are in care or are in need of care. Children accommodated in an emergency outside of the panel process will require authorisation from the Chief Officer.

The meeting ended at 9.00 pm.

CHAIR

PS/13