

**Minutes of the Healthy Staffordshire Select Committee Meeting held on 8 August 2016**

Present:

**Attendance**

Philip Jones	Diane Todd
Ian Lawson	Conor Wileman
Shelagh McKiernan	Maureen Freeman
Trish Rowlands	Janet Johnson
David Smith	David Leytham
Stephen Sweeney	Stephen Smith

**Also in attendance:**

**Apologies:** Michael Greatorex, George Adamson, Charlotte Atkins, Chris Cooke, Ann Edgeller, Barbara Hughes, Andrew James and David Jones

**PART ONE**

**12. Apologies**

**13. Declarations of Interest**

There were no declarations on this occasion

**14. Minutes of the last meeting held on Tuesday 5 July 2016**

Minutes of meeting held on Tuesday 5 July 2016 were agreed and signed by the Chairman.

**15. All Age Disability**

The Cabinet Member for Health, Care and Wellbeing presented his report to the Committee, and advised that it would also be presented to Cabinet on 17 August 2016. He explained the purpose was to give members an opportunity to note and make comment prior to any subsequent decision by Cabinet.

Members were informed that a change in legislation meant that Staffordshire County Council had a statutory responsibility to provide separate children and adult social care. The legislation for Children's Social Work includes creating an accreditation system for Children's Social Workers and a new Social Work Regulator.

In order to discharge the responsibility it was necessary to change the way that Independent Futures (IF) delivered the All Age Disability Strategy. The proposed

reconfiguration of the operational structure and management of IF outlined would provide a financially sustainable service model.

He informed Members that he would be responsible for the delivery of Adult Social Care and the Cabinet Member for Children and Young People for the delivery of Children's Social Care. Ultimately the intention was to prepare children for adult life, fulfil their potential and live as independently as their condition allowed. He acknowledged that the attempted seamless transition process from child to adulthood had not been successful, and would be addressed by the reconfiguration of services. His view was that early investment would result in a decrease in trajectory of financial investment resulting in a decrease financial support in tandem with the age and development of the young person.

A Member voiced concern that the effective delivery of the Programme may have been affected by the number and frequency of the changes of the Lead Officer for the programme. The Cabinet Member acknowledged that there had been a number of changes that had resulted in inconsistencies in the early stages that had been rectified. He advised that problems identified following the Gateway Review had been addressed. A more consistent approach to the role of portfolio holder and a consistent financial trajectory had reduced problems arising from previous inconsistencies.

The County Commissioner for All Age Disability and Wellbeing explained that measures put in place had led to a marked all round improvement, particularly for the assessment process, timeliness of reviews and the advantage of a balanced budget. She advised of a changed and closer working relationship with social workers and greater knowledge of need when going to the market place to commission services. The changes had been well received by the Commissioners and Social Workers but there was still work to be done.

A Member raised the issue of cost of the programme and the impact on services by an overall reduction in expenditure. He asked how it was intended to change and improve services with less outlay and, in relation to 0-19 years, expressed concern that a reduction would have a negative impact on services.

The Cabinet Member responded that in relation to cost at the latter part of 2013 there had been an over spend of 5.5% that had been recovered and the budget balanced. In respect of driving efficiencies to reduce cost this had been achieved by excellent assessment and case management. Concerning 0-19 years as this related to the ring fenced Public Health Grant and the provision of health visitors it was not part of the programme.

In relation 0-19 years, the Commissioner for All Age Disability explained the in the event of the birth of a disabled child, that at an early stage the need for additional support to help the child to live as independently as possible would be recognised. She advised of communications and work with Public Health to provide support for children disabilities. This was important as given the opportunity they were often able to attend mainstream education and later train for and follow employment. The ultimate intention of the changes was to provide a well-defined signposted pathway to independent living .The Cabinet Member for Health, Care and Wellbeing advised of a simultaneous programme

running alongside a programme for the education and development of children with special educational needs.

Concern was expressed at the apparent lack of information contained in the report for support for people suffering more serious and severe disability. Members discussed the weakness in the delivery of service and the anticipated advantages provided by the proposed All Age Disability Strategy. The County Commissioner assured members that in very complex cases where people suffered serious severe disability there would always be a statutory care package. The need to improve the assessment process at 14 years was acknowledged, and that the inception and role of the Transition Team was further proof that the issue was being attended to.

In relation to the All Age Disability Strategy and the proposal to close gaps and provide a seamless transition from child to adulthood, a member questioned the need to separate services and stated that it was important to note that children's needs did not necessarily change when they became an adult. Also due to the possible effects on people's lives could the Committee be assured that there would be a significant consideration of all relevant issues before a decision was made? The Cabinet Member for Children and Young People acknowledged the request and confirmed that this would be the case.

Members debated a number of issues that included the trajectory of expenditure and the assertion that with age the needs of the child diminished, budget pressure, the very high cost of child placements, and that cost for looked after children and children in care did not reduce with the age of the child. The general consensus was that extra work was needed to reduce cost across all areas.

A Member expressed concern that IF had not met the Medium Term Financial Strategy for 2015 and also comparison of performance with similar authorities did not appear favourable. The Cabinet Member for Health, Wellbeing and Care responded that it was acknowledged that there had been problems with IF over a number of years attributed to a number of poor decisions and uncertainty caused by changes of leadership. This had an overall negative effect on the delivery of the programme, created additional stress that resulted in high levels of sickness, rising to 17days, reduced to 7 days following implementation of improved processes. In relation to comparison of performance, it was agreed that a fact finding visit to a similar authority would be useful. The overall impact of IF was discussed and Members were advised that as a result of social workers having more to manage the proposal to move to an assessment and review process outcomes and performance would be improved.

A Member referred to the Brokership Team and asked for more information concerning its role, team numbers, cost and day to day involvement and in relation to the sourcing of services. Were they confident that the market place was responsive enough to and could meet the need? The County Commissioner for All Age Disability and Wellbeing explained that the social worker was responsible for the initial assessment and sourcing of care to meet the need. She explained that the current process was time consuming and diverted social workers away from the assessment and review of care.

The purpose of the Brokership Team was to provide support for the social worker by sourcing and delivering the care. Members were informed that the Brokership Team

would be recruited from existing resources and would not affect social worker numbers. She expressed the view that the attitude of the market place was positive and local providers were supportive. Also that the change would provide an opportunity to develop the market place to meet the local need and ultimately manage cost more effectively. Members discussed a number other issues that included, implications of increased numbers of military personnel in the county, difficulties experienced by elderly carers looking after grown up children with disability, the management of transition and associated problems.

The statutory responsibility of the Council was to carry out an annual assessment for each person and the value of the Carer's Hub was discussed. Members were informed that the current funding of the Carer's Hub by the Better Care Fund would continue but that the intended additional investment would no longer take place.

In relation to the improved sickness records, and accepting that the workforce was the best asset, the most expensive resource and crucial for the provision and delivery of care a Member asked what measures were in place to recruit and train staff to ensure sufficient numbers to deliver services.

In response Members were informed of a robust process of recruitment, supplemented by appropriate training, asset based assessment to ensure compliance with the Care Act all of which was supported by a continuous programme of personal staff development. The Brokership Team as with Transition Team would be recruited from existing staff, be cost neutral and social workers would also be eligible to apply. The job specification was in the development stage and there was potential to recruit from the wide range and level of knowledge and expertise already available in Independent Futures.

A Member advised of doubts concerning the continued availability of self-advocacy services in the present form. The Cabinet Member informed Members of a wide range of ad-hoc self-advocacy services available to residents of Staffordshire. He noted concerns and acknowledged the importance of the services, but considered that it may be appropriate to review the number and effectiveness of advocacy services with a view to identifying a better more cost-effective system, but stressed no decisions had been made.

**RESOLVED:-** a) that the Cabinet Member takes on board the Committee's comments in regard to the All Age Disability Strategy.

b) that arrangements be made for a visit to a similar local authority to compare delivery of All Age Disability and to identify best practice.

c) that the Cabinet Member updates the Committee on the development of the Market Place and progress of assessment and commissioning processes in 6 months' time.

## **16. District and Borough Updates**

Members received and discussed the District and Borough Scrutiny Updates.

**RESOLVED:-** That the report and the scrutiny undertaken be noted.

## 17. Healthy Staffordshire Select Committee Work Programme 2016/17

The Scrutiny and Support Manager introduced the Work Programme for the Healthy Staffordshire Select Committee 2016/17.

Members were informed that the next meeting was on 19 September 2016, agenda items as follows:-

- Learning Disabilities Day Opportunities
- Domiciliary Care
- Commissioning Intentions for Long Term Conditions / Frail Elderly Care Services and
- Intermediate Care Services – East Staffordshire CCG

Meeting of the 7 November 2016 would include the following agenda items:-

- Staffordshire Sustainability and Transformation Plan
- Clinical Commissioning Groups Commissioning Intentions
- Transforming Cancer and End of Life Care Programme.

The Committee were informed arrangements were in hand with the North Staffordshire CCG to bring back the Hearing Aid policy before the Committee and, that following the summer holidays, Members would be invited to take part in a Working Group on Obesity as mentioned at the previous meeting of the Committee.

Members were advised that negotiations were still ongoing with Wolverhampton City Council to arrange for joint scrutiny of the Trusts located in that area who were receiving patients from Staffordshire.

In relation to the awaited updates from Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP) and the Better Care Fund the former would be included in the 19 September agenda and latter would be followed up.

The Borough Council Member for East Staffordshire Borough Council stated that the new management team had asked if they could introduce themselves to his scrutiny panel. The Chairman advised him to email her and the Scrutiny and Support Manager with this request.

**RESOLVED:-** a) that the Committee note the content of the Work Programme 2016/17.  
b) that the Borough Council Member for East Staffordshire email the Chairman and Scrutiny and Support Manager regarding Burton Hospitals request to attend the local scrutiny committee.

## 18. Exclusion of the Public

**Chairman**

