

CANNOCK CHASE COUNCIL
MINUTES OF THE MEETING OF THE
HEALTH SCRUTINY COMMITTEE
THURSDAY 14 NOVEMBER 2013, 4:00PM
IN THE CIVIC CENTRE, BEECROFT ROAD, CANNOCK

PART 1

PRESENT: Councillors:

Gamble, B. (Chairman)
Ball, B (Vice Chairman)

Rowley, J

Freeman, Miss M.A.
Sutton, Mrs. H.M

20. Apologies

Apologies were received from Councillor Mrs. S. M. Cartwright

21. Declarations of Interests of Members in Contracts and Other Matters and Restrictions on Voting by Members

There were no interests declared.

22. Minutes

The Chair reported that the CCG were concerned that there was no money to pay for the proposed services for the TSA. At a public meeting Andrew O Donnell had declared he would not take on the £8 million deficit. Therefore, the TSAs final report would be delayed further.

AGREED:

That the Minutes of the meeting held on 03 September 2013 be approved as a correct record and signed by the Chairman.

23. Disabled Adaptations

A verbal report was given by Mell Adams–Watts, Senior OT for Staffordshire County Council on disabled children’s adaptations and the processes that were followed.

It was explained that there were two ways for a referral to be made:

- If the child already had a social worker they would raise the necessary request on the child’s behalf
- If there was no social worker then the referral would come through

the First Response Team. Anyone can make a referral through this route eg parent, doctor or school as long as the child meets the eligibility criteria.

The referral inbox for the First Response Team is checked on a weekly basis. These referrals are then prioritised against a set of criteria with the children who had the greatest need being deemed a Priority 1.

The referrals are placed on the County wide OT waiting list which comprises of the 8 districts. The referrals are firstly prioritised in date order and by the priority it was assigned eg Priority 1, 2 or 3.

Members enquired as to how long a Priority 1 would be on the waiting list before being seen by an OT. The Officer responded that it was hard to put a time limit on due to staffing levels but it would be approximately several months even for a Priority 1 to be seen. This was quantified with the explanation that if the Priority 1 was at the end of life care then they would be seen immediately.

Members asked where the referrals from the First Response Team were allocated. The Officer explained that anyone could make a referral to the First Response Team who were based at Stafford and that this team put the referrals through to the OT team at Staffordshire County Council.

Members were concerned as to whether the waiting list is increasing. The Officer replied that the list had been extended over a number of years and that agency staff had been brought in to reduce the backlog.

Members understood the issue with the waiting list but wanted to know how dialogue with the referrals was kept open. The Officer responded that the referral would be contacted after being put on the initial waiting list. However, due to capacity of the staff no regular contact from the office would be maintained. The onus would fall on the family of the child who was being referred to up date the OT's as this could alter their priority on the list. A number of families used this as a way of remaining constant on the list knowing that the priority might change with a change in circumstance.

Members queried whether this would generate more work because of the number of phone calls that could come in about updating details. The Officer agreed that was a difficulty but they did have other ways of updating the referral via the Social Worker if one was assigned. The officer explained that the service was going through a restructure which also had implications on numbers of staff.

Members asked what it was that the parents asked from the service. The Officer explained that all needs were different eg one parent could be asking for a bath lift due to physical problems whereas another may have cognitive problems. There could be a request for minor works eg shallow steps with a rail to more complex major adaptations for a wheelchair eg

widening of doorways or even an extension because due regard would need to be given to the dynamics of the family.

When a child had been allocated an OT an assessment would be undertaken with the child which would cover all aspects of daily life eg bathing, feeding, lifting. This would be a robust assessment. The parent would be issued with a copy of the assessment which they would sign. If the child required equipment to assist them with their daily routine the OT would source this for them. Mediquip are the preferred contractors for equipment who supply stock items. However, due consideration had to be given to the needs of children whose needs could warrant bespoke equipment.

If bespoke equipment was required the OT would contact other companies and ask for quotes and assessments to ensure that the equipment would meet the child's needs and it was value for money. Bearing this in mind this would mean a further delay of the child receiving the assistance they require as a risk assessment would also be undertaken. When an assessment was first carried out the OT would look to see which simplest items could aid and assist the child first before moving onto larger pieces of equipment.

Again if minor works needed to be carried out for example a half step at the back door and hand rails a quote from the contractors on Mediquips list would be sourced. A Disabled Facilities Grant would only be progressed where a major adaptation would be required to extend or alter the house to meet the needs of the child.

Members asked how many cases were on the waiting list. It was explained that there were 114 county wide with 15 priority ones. Within Cannock Chase there were 31 cases with zero priority ones. All 31 cases were priority 2 the oldest of which dated back to 2011. This was qualified in that although this referral had received an assessment and been given some equipment if the child's parent called to up date the OT on the child's disability, the child would be put back on the waiting list but from the date of the initial referral. The only other oldest referral dated back to January 2012.

Partnership working has been encouraged with the Home Improvement Agency, Health colleagues etc.. The reason for this was that through partnership working the Health colleagues would received training which could assist them in ordering minor works. In the future there may be scope to look at the Disabled Facilities Grant and to work with the Home Improvement Agency.

One of the reasons for the long waiting list was in point of fact historical over the last eight years. There were 4 disability teams but one OT covered a double district. When the service was split between adults and children hotspots were discovered.

The officer reported that the proposed structure for the team was a flat structure with little or no progression afforded.

Members enquired whether the budget would be separate for the OT or whether it would be coming from Independent Futures. The officer was unable to answer this but offered to find out.

The members expressed concern that the waiting list had been inherited without enough staff and even with the restructuring there would not be enough officers on the ground to meet the needs of the service. Although they did appreciate how hard the staff work.

The Head of Environmental Health explained that was the reason for bringing these items forward on the work programme was to give Members a full picture regarding disabled adaptations for children and adults. The third and final presentation would be from Jane Chaplin, the Councils Private Sector Housing manager. This presentation would explain how Disabled Facilities Grants were assessed and delivered. The Committee may then be able to put some recommendations forward regarding this service.

With regard to adaptations for children with disabilities it was explained that these would be far more complex and costly due to the fact that they are for children whose needs maybe increased the older they get. This would mean that the assessment would be planning for a whole life adaptation. In addition, if the child was in a family unit then space would be at a premium and could mean that an extension is required however, there is a limit on the amount of money for a Disability Grant which would mean top up payments from other areas may need to be sourced. In some cases it could mean moving house and that an extension may still be required.

When the child reaches 18 they are then referred to the adult OT team. Work has been undertaken to ensure a smooth transition where possible with the child's OT team liaising with the adult OT team over a three month period before the child's 18 birthday. This can be hard for the child and the parent especially where a bond of trust had been built.

The Members expressed concern that the child could fall between the two services during the transition period. They were also concerned about how often the needs of the child were assessed.

The officer explained that they would like to review regularly as equipment may need altering or changing however this would be impossible to do with every child. The officer explained that they were reliant on the carer informing them of the child's needs. However, some of the disabilities that the children could potentially suffer from allow more manoeuvrability as the OT would be able to use past knowledge to understand timelines for the disability and what would be required at certain stages. Although not always the most cost effective way the OT would look at the worst case scenario and plan the aids and adaptations around this.

24. Update – HealthWatch Staffordshire

Due to there not being a representative of HealthWatch in attendance, no update was received. The Head of Environmental Health agreed to make contact with HealthWatch to determine who would be attending the Committee on their behalf, as no contact had been received recently.

25. Items Arising from the Staffordshire County Council’s Healthy Staffordshire Select Committee

The Chairman gave an update from the work of the County Council’s Healthy Staffordshire Select Committee.

There were programmes of accountability sessions being held in December. These would be looking at the trusts that were on the boarder and how people would be able to go to another trust for treatment.

The results from the Robert Francis report had specific proposals for Health Scrutiny. A piece of work had been undertaken by the Scrutiny Team at Staffordshire County Council which would be made available to members.

The Chairman reported that NHS 111 would be on the next agenda for the Healthy Staffordshire Select Committee.

26. Work Programme

The Head of Environmental Health updated the Work Programme reporting that there would be a presentation from Adults Adaptations on 26 November 2013.

27. Date of Next Meeting

Members noted that the date of the next meeting was scheduled for Tuesday 26 November, 2013.

The meeting closed at 5:00pm

CHAIRMAN