

CANNOCK CHASE COUNCIL
MINUTES OF THE MEETING OF THE
HEALTH SCRUTINY COMMITTEE
TUESDAY 26 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

28. Apologies

Apologies were received from Councillor P. Fisher, and Staffordshire County Councillor Mrs. C. Mitchell

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

There were no interests declared.

30. Disabled Adaptations

A verbal report was given by Katy Baker, Allied Health Professions Neighbourhood Manager, Staffordshire and Stoke on Trent Partnership Trust on "Occupational Therapy Process for the Provision of Adaptations for Adults".

The areas covered were:

- What is a Disabled Facility Grant (DFG)
- How are People requiring adaptations identified?
- Standards against which assessments are made
- How are needs met
- Interactions with other agencies
- Barriers and Issues
- Customer Feedback
- Developments

Anyone can be referred but they will then be assessed by an Occupational Therapist. People are assessed against eligibility criteria whereby their disability is either permanent or substantial. If a grant was approved the client maybe liable for means testing and if the property where the

adaptation is taking place is private then the authority has the right to put a charge against the property. Last year there were 600 referrals with a third going on to need major adaptations.

When the assessment takes place with the Occupational Therapist (OT) the person being assessed can have anyone they want there for support. The OT will need to assess the person in their own home environment. When the assessment has been completed and adaptations are required the OT and the client discuss what is on offer. The client has to agree with the OT on the adaptations. Although basic adaptations are offered if the client wanted to upgrade the adaptation then they can pay the extra towards it.

If a major adaptation is required then the OT would refer the case as a DFG application. It is the District Council who would determine if the work was reasonable for the property. For example if the OT determined that a stair lift was a prerequisite then the District Council would assess the property and if, for example, the electricians were not of the correct standard they would have to make a decision on how to progress this.

After the adaptation had been installed the OT would revisit the client to review whether the adaptation met the needs of the client.

The OT's work with all partners, registered social landlords, housing associations, charitable organisations, community care providers and they would see if other people needed to be involved e.g physiotherapists.

Future developments to the service would be working with the commissioning group which would provide a single contractor which would enable consistency and efficiency. There was a policy in draft format regarding the countywide approach.

A reorganisation of the service had commenced looking at the integration of the OT's, district nurses and social workers. Through combining health and social care OT's it would enable more work to be covered and provide a seamless service. There would remain the need for the specialist OT role regarding major adaptations.

Members asked for clarification regarding the staffing levels for adult OT's as they had been concerned about the low levels of staffing for childrens OT's.

The officer indicated that Cannock Chase had a full staffing quota at the moment. This was further clarified that recruitment had been problematic and this may be the case in the future but for the time being the service was working at full strength. If there was a requirement for agency staff then this could be pursued but this would be costly and should be avoided where ever necessary.

The Members queried adaptations being undertaken on a house and then the client needing something more specialised and being re-housed. They

wanted to know what happened to the house that had already had the adaptation. The Head of Environmental Health assured Members that if it was Council owned the house with the adaptations would be used to re-house someone who also had disabilities. Notwithstanding there may still need to be some slight alterations but where ever possible the adaptation would not be removed.

The Members welcomed the idea of a more jointed up service which would benefit the people of the District. The Officer agreed that through this service it would allow the workload to be shared, still enable specialism and reduce duplication. It would enable the client to have a key worker from the start of their journey to the end.

Members wanted to know how long after the assessment (which would be undertaken in 6 weeks) would the decision be made to grant the funding for the adaptations. The Officer explained that timescales could vary due to the type of disability and the sort of adaptation required and its complexity. In addition sometimes when the adaptation is in place for one reason or another it does not suit the client's needs and further work with the client would need to be undertaken.

The officer agreed to find out some examples of timescales and send the information in.

Members enquired whether OT assistants were employed. The Officer explained that there were OT assistants who had certain responsibilities but clarified that only qualified OT's undertook clients that needed major adaptations.

Members were concerned what recourse the client had if they were not happy with the assessment. The Officer explained that no adaptations were ever forced on the clients it was very much a two way conversation with the OT listening to the needs of the clients and the clients being made aware of what the possibilities were available to them. The OT could only make suggestions/recommendations and would need the client to agree to them before anything could happen. However, sometimes the adaptations did not work which is primarily the reason for the OT to follow up on the client after the adaptations have been made to ensure they are fit for purpose.

The Members welcomed the new integrated approach that had been mentioned and asked whether for the time being the Social Worker invited the OT's when a care plan was being undertaken or a care package being put together.

The officer explained that it does happen but not routinely as the Social Worker may be looking at lots of different aspects of the clients needs when drawing up the care plan which would not impact on the OT. The Members thought it important that the client had a complete care plan.

31. Update – HealthWatch Staffordshire

A verbal update was given by Hester Parsons on the work of Healthwatch. Much work had been undertaken to grow the list of members/volunteers for Healthwatch. Work had been carried out to build the group of champions who could go out as ambassadors for Healthwatch into hospital and care homes to write reports on what they see.

The priorities for the year are GP appointments, Services (A&E) and carers. The current activities pertaining to these were the A&E survey at Burton Hospital. The CCG had been influenced by this piece of work and how they carry out acute assessments. Work regarding communication with Deaf People was also being carried out. Work was continuing with the visits to the care homes and nursing homes.

The Healthwatch representative reminded everyone that as she had a seat on the Healthwatch board she could be used as a route to raise issues.

Healthwatch continued to be involved with the TSA and chaired meetings for them. She reported that there were still problems regarding the funding and that the two CCG's would not proceed due to the debt.

Members asked whether the visits to the care homes were announced visits or unannounced. The Healthwatch representative confirmed that the visits were normally pre- arranged which allowed for the two way dialogue. If, however, there were real concerns then they could undertake an unannounced visit but this had to be handled delicately as the care home had the right to refuse entry. She explained as well that they could visit children on NHS but not if they were in social care. If there was a complaint though this could be taken to OFSTED.

Members referred to Burton Hospital and enquired what was happening there. The Healthwatch representative explained that a survey at Burton had been undertaken to find out why the people were in A&E and if they were aware of the other options/choices open to them without coming to A&E. It was agreed that the A&E department was under pressure and that the A&E were struggling to recruit doctors.

Members commented on the TSA and its engagement with the communities. At the Rugeley meeting transport was flagged as an issue and members wanted to know if this had been dealt with. The Healthwatch representative agreed to check on this and the equalities.

32. Items Arising from the Staffordshire County Council's Healthy Staffordshire Select Committee

The Chair reported that there had not been a meeting of this committee since his last report. The two items that were still being scrutinised were:

- Childrens Mental Health Service
- 111 contract

33. Work Programme

The Head of Environmental Health updated the Work Programme which was agreed by Members.

34. Date of Next Meeting

Members noted that the date of the next meeting was scheduled for Monday 13 January , 2014.

The meeting closed at 5.10 pm

CHAIRMAN