

# Adults and Safer City Scrutiny Panel

10 October 2016

**Time** 6.00 pm **Public Meeting?** YES **Type of meeting** Scrutiny

**Venue** Committee Room 3 - 3rd Floor - Civic Centre

## Membership

**Chair** Cllr Paula Brookfield (Lab)

**Vice-chair** Cllr Patricia Patten (Lab)

### Labour

Cllr Ian Claymore  
Cllr Rupinderjit Kaur  
Cllr Linda Leach  
Cllr Lynne Moran  
Cllr Anwen Muston  
Cllr Rita Potter  
Cllr Daniel Warren

### Conservative

Cllr Barry Findlay

### UKIP

Cllr Malcolm Gwinnett

Quorum for this meeting is three Councillors.

## Information for the Public

If you have any queries about this meeting, please contact the democratic support team:

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# Agenda

## Part 1 – items open to the press and public

<i>Item No.</i>	<i>Title</i>
1	<b>Apologies</b>
2	<b>Declarations of Interest</b>
3	<b>Minutes of previous meetings (Pages 3 - 10)</b>
4	<b>Matters arising</b>
5	<b>Aids and Adaptations (Pages 11 - 16)</b>

# Adults and Safer City Scrutiny Panel

Minutes - 11 July 2016

Agenda Item No: 3

## Attendance

### Members of the Adults and Safer City Scrutiny Panel

Cllr Paula Brookfield (Chair)  
Cllr Rupinderjit Kaur  
Cllr Elias Mattu  
Cllr Lynne Moran  
Cllr Anwen Muston  
Cllr Patricia Patten (Vice-Chair)

### Employees

Deborah Breedon	Scrutiny Officer
Paul Dosanjh	Section Leader
Tony Ivko	Service Director - Older People
Karen Samuels	Head of Community Safety
Susan White	Section Leader

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## Part 1 – items open to the press and public

*Item No.*    *Title*

- 1 Apologies**  
Apologies were submitted on behalf of Cllrs Dr Michael Hardacre and Linda Leach.
- 2 Declarations of Interest**  
There were no declarations of interest.
- 3 Minutes of previous meetings**  
Resolved  
  
That the minutes of the meeting 22 March 2016 be approved and signed as a correct record.
- 4 Matters arising**  
Cllr Paula Brookfield, Chair referred to the items highlighted in the minutes to take forward to the work programme for 2016-17. She indicated that there were several priorities for the Panel to consider in the work programme including Adult Mental Health, aids and adaptations, implementing change and compliance and an update on Universal Credit.

The Chair and Cllr Patricia Patten, Vice-Chair indicated that Monday evening meetings were causing some issues for Panel members due to other commitments

and requested officers to investigate moving the remaining meetings for the municipal year to a Tuesday evening.

The Chair advised that she would raise the issues at Scrutiny Board meeting on 12 July 2016.

5 **Better Care Technology - Update**

Cllr Sandra Samuels, Cabinet Member Adults and Anthony Ivko, Service Director Older People provided an update on the progress of the Better Care Technology recommendations made at Cabinet in November 2015.

The Chair referred to the need to continue to monitor the equality implications that were included in the Cabinet report and to include the implication in full in future update reports. Cllr Ian Claymore agreed that every report should have a full equality explanation; he advised that this Authority was looking to excellence status for equality framework by 2018.

Cllr Elias Mattu welcomed the update and asked for further information about the current take up of technologies. Panel were referred to section 3.3 of the report highlighting that there had been 379 Telecare and Carelink referrals resulting in 279 installations since 17 March 2016. The Service Director advised that the Council was embarking on a huge change in service and the initial numbers during implementation are the start of an upward trajectory, there is confidence that the 3000 figure will be achieved.

Cllr Anwen Muston asked for assurance that people were not being pushed towards Telecare, she added that some older people would be cautious about change. The service Director accepted that this was a concern also raised at previous meetings, but gave assurance that Assistive technology and Telecare give confidence to the individual and the families and carers. Cllr Paula Brookfield requested that all Councillors are invited to visit the Technology Centre in Wolverhampton when it is open to view technologies in use.

Cllr Ian Claymore voiced concern that the most vulnerable members of society may slip through the net as any change to technology may be too challenging. Cllr Patricia Patten asked who was using the service. The Service Director advised that many were being referred from the hospital and that Gwyn Nuttal from Royal Wolverhampton Trust (RWT) had equipment on the hospital wards to show how technology works. He welcomed the support RWT were giving to implement new technologies, working demonstrations and talking to people explaining the benefits of staying in their homes safely opposed to staying in hospital. Cllr Stephen Simkins highlighted that technology was important to reduce social isolation.

Cllr Rupinderjit Kaur asked for further feedback relating to capacity, the role of the fire service, how often reassessments will take place and enhanced better care technology. In response to questions about Telecare the Service Director advised that the Council has sufficient capacity and was working closely with the Wolverhampton Homes call centre. He clarified that some referrals from the Fire Service have not been about falls; the Fire Service are keen to check fire alarms and do a full fire safety check. Work is on-going to draw out the personal calls for help, he advised that fire officers are also paramedics and can often assess the person when on site. He informed the Panel that services are being extended to support non-fall calls are social workers working with the older isolated clients.

In response to the Chairs question about different costs for service, the Service Director agreed to circulate the tiers of cost. He advised that £7.7 million additional income had been raised by the Welfare Benefits Team to help individuals access the services.

In response to questions about the Clinical Commissioning Group engaging the Service Director advised that CCG are working closely with partners. Cllr Lynne Moran referred to paragraph 8.1 and highlighted the need to continue to consult with staff and unions.

Resolved

1. To note the update report and refer the panels comments to officers.
2. To circulate equality implications and the tiers of cost for services.

## 6 **Crime reduction and community safety and drugs strategy - Update**

Karen Samuels, Head of Community Safety provided a presentation of progress against current crime reduction and community safety strategy.

The Head of Community Safety outlined the four strategic priorities for 2014-17. She highlighted the following progress to date:

- Proven reoffending of youths and adults has reduced.
- Completion of sentences served in the community by adults has seen an increasing trend.
- The number of first time entrants to the youth injustice system has reduced.

The Head of Community Safety highlighted the progress against each strategic priority 2014-17:

- Substance misuse
- Violence Against Women and Girls (VAWG)
- Gangs and Violence/ Crime

The Drugs Intervention Programme (DIP) scheme is a successful component for delivering against a range of cross government targets and indicators concerned with re-offending and drug misuse. In Wolverhampton, we continue to engage DIP clients who are among the hardest-to-reach and most problematic drug misusers; significant work is underway locally to improve DIP outcomes with a performance improvement plan in place and support from all key agencies.

In Wolverhampton the Domestic Violence Forum (WDVF) has been instrumental in setting up a co-located multi-agency team that facilitates earlier intervention and risk reduction for adult and child victims. Wolverhampton Police, Housing and Independent Domestic Violence Advisers from WDVF and the Haven meet three times a week to assess and take action for the highest risk adult referrals, enhancing fortnightly full Multi-Agency Risk Assessment meetings (MARAC) into a business as usual model.

The Head of Safer Communities responded to questions from Panel relating to cultural domestic violence and advised that they are working with trusted individuals in communities to share what is acceptable and what is not. Cllr Anwen Muston

asked how the MARAC aligns to hate crime. The Head of Community Safety advised that the policy recognises all equality issues domestic violence issues including honour killings, LBGT and disabilities. Cllr Rupinderjit Kaur voiced concern that the Police are not giving support to victims of DV or forced marriages for people with disabilities and advised that for a female in these situations often it is forbidden for her to report the crime. She advised that in both cases in her ward she had had dealings with the police could not prosecute because the victim would not make a statement.

The Head of Community Services advised that she was unable to speak on behalf of the police, but advised that there has been an investment in training and police have started to wear lapel communication systems to record events. She further explained that there were a range of options to make things happen such as specialist services and specialist court but that the Crown Prosecution Service deal with the incident by the crime not by the protective characteristics.

The Head of Community Safety outlined the Current crime levels and trends and the challenges to address the challenges as follows:

- To reduce levels of violent incidents, particularly against young people
- To reduce weapon enabled crime
- Address the threat and harm caused by Substance misuse, including NPS use
- To increase reporting of 'hidden' crimes
- To address and reduce vulnerability
- Increase reporting of Hate crime
- Continue to increase reporting and confidence of domestic violence particularly amongst new communities
- Increase levels of collaborative working
- Diversion from gangs

The panel heard that the top three priorities selected after applying the weighting criteria were:

- Reducing re-offending
- Violence Prevention
- Reducing / Preventing Victimisation

The Head of Community Safety advised that a strategy document would be developed July – September 2016 alongside a performance framework developed with partners.

She advised that the draft strategy would be circulated for consultation Oct – Dec 2016, the draft strategy considered in January 2017 and that the final strategy would be before Safer Wolverhampton Partnership Board for approval 3 February 2017 and approved at Cabinet February/March 2017.

Resolved

That the update is received and progress relating to the priorities reported to a future meeting.

## 7 **Neighbourhood Engagement Review**

Lynsey Kelly provided feedback relating to the review of neighbourhood level engagement and tasking arrangements.

She advised that the review was carried out to identify how communities would like to be consulted and engaged with about local crime and community safety priorities, how best to reach communities and residents and to work with partners to agree how we communicate and share actions with our partners.

In relation to data provided about City diversity the Panel highlighted that engagement with residents through the current PACT meetings was limited and mechanisms for engaging with residents did not appear representative. Lindsay Kelly advised that there was evidence to suggest this was the case with current methods of engagement. She highlighted that over 86% of residents have internet access and could be involved and she added that there was live screening of some PACT meetings widening the community engagement offer. She clarified that the review aims to consider alternative communication such as use of social media and engagement to expand the Councils reach. She advised that examples of best practice had been looked at on recent visits.

Cllr Paula Brookfield suggested that Councillors could play a useful role in the community consultation by manning information stalls at local events; she suggested that hearing about local concerns and talking to the community face to face would be re-assuring.

Cllr Anwen Muston highlighted that the equality characteristics focused on race and language and asked how officers would engage with the rest of the people represented in all equality groups. The Head of Community Safety clarified that officers had actively engaged a wide range community forums including faith sector and communities of interest as part of the consultation process. She confirmed that the update is demonstrating where officers are now with the consultation process and was a snap shot of the bigger report.

Cllr Elias Mattu indicated that people cannot be forced to come to PACT meetings and agreed that more can be done to go out to the public but that police resources had to be taken into consideration.

In response to questions from Cllr Patricia Patten the Head of Community Safety clarified that voluntary organisations had been mapped out and had participated in promoting the consultation.

Cllr Rupinderjit Kaur referred to her experience of PACT meetings and the need to reach out to and inform more people. She suggested engaging more people from different religions and races by holding the meeting in accessible places in the local community such as temples, churches and community centres.

Resolved

That the presentation is received and comments of the Panel arising from debate inform the consultation process.

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#### **Fatal contraband and alcohol**

Paul Dosanjh Service Lead provided a report and presentation relating to the work of Trading Standards Officers in dealing with contraband items and illicit alcohol enforcement in the City.

The Service Lead informed Panel about the work of the Wolverhampton Substance Misuse Alliance, recently formed Multi-agency alliance to look at tobacco, drugs and

alcohol issues in the City. He advised that that alliance works strategically and collaboratively to find a range of solutions to substance misuse problems.

The Panel received an overview of the issues:

- Illicit alcohol, tobacco and New Psychoactive Substances (NPS, previously known as 'Legal Highs') pose a danger to health
- Provide financial rewards to sellers, and a health risk to users
- Illicit cigarettes do not have Reduced Ignition Propensity (RIP)
- Very few people complain as people believe that they are getting a bargain
- Trading Standards have to wait for the intelligence to come to them
- Illicit alcohol, tobacco and NPS are known to be distributed through local shops

The Service Lead highlighted the need to gather intelligence, get communities involved and get people involved in the awareness campaigns to show counterfeit goods and the dangers to health from using illicit materials. He circulated examples of seized goods to the Panel.

In relation to enforcement action the Service Lead advised that intelligence was helping to target distributors of illicit goods in the City. He played a you-tube extract showing a police and trading standards raid of a shop in Wolverhampton. Illicit alcohol and tobacco products were found in concealed spaces in the premises, behind false walls and in wall cavities.

Panel was advised that the work trading standards carries out in relation to this problem has impact on other issues such as Modern Slavery, links to product counterfeiting, Child Sexual Exploitation (CSE) and social media.

They were advised that the next steps would be:

- Empowering Local residents
- Tobacco licensing
- Proceeds of crime – taking the money out of the crime
- Civil injunctions
- Working with landlords
- Sharing intelligence with the police

The Chair thanked trading standards officers for the work they do and are developing in relation to this issue. She acknowledged that this was a big problem for the City with knock on effects for crime and health partners and requested an update back to this Panel in the scrutiny work programme.

Resolved

That the report and presentation are received and an update report is included in the work programme for ASC Scrutiny Panel.

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### **Safeguarding from Scams and Rogue Traders**

Susan White, Service Lead provided a report and presentation to consider the programme of action currently undertaken by Trading Standards to protect Wolverhampton residents by pursuing offenders and increasing awareness of scams and rogue trading.

She advised that Wolverhampton trading Standards is actively working with local groups and initiatives across the City to increase the awareness of scams and rogue trading and that an Intelligence Operating Model (IOM) has been adopted for effective and efficient sharing of intelligence in order to identify and tackle emerging threats.

Panel welcomed the informative presentation and were particularly interested in the new National Initiative 'Friends against Scams' which aims to:

- Highlight the scale of the problem by getting communities and the Nation talking about scams.
- Change the perceptions of why people become scam victims.
- Prevent people from becoming or continuing to be a scam victim by providing more adequate support.
- Recruit people to join the fight against scams to make this a scam-free nation.

Councillors welcomed the suggestion for all councillors to become 'SCAMBassadors' to use their influence to get the message of the initiative across, to raise the profile of scams within their local area and to encourage people to take action by reporting scams.

Resolved

1. That the report and presentation were received.
2. That an invitation email be circulated to all Councillors to advise of the Friends Against Scams initiative and how to become a SCAMBassador.

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# Adults and Safer City Scrutiny Panel

10 October 2016

<b>Report title</b>	Aids and adaptations provision	
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels Cabinet Member for Adults	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Jayne McNulty, Head of Service	
<b>Originating service</b>	Older People	
<b>Accountable employee(s)</b>	Jo Turnbull	Service Manager, Therapy Services
	Tel	01902 551528
	Email	Jo.Turnbull2@wolverhampton.gov.uk
	Abby Vella	Graduate Management Trainee
	Tel	01902 551726
	Email	Abigail.Vella@wolverhampton.gov.uk
<b>Report to be/has been considered by</b>	N/A	

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## Recommendation(s) for action or decision:

The Panel is recommended to:

1. Receive an update and comment on provision of aids and adaptations in the City.

## **1.0 Purpose**

- 1.1 To update the Panel and obtain feedback about the provision of aids and adaptations to the elderly and disabled in the City.

## **2.0 Background**

- 2.1 The provision of aids and adaptations to the elderly and disabled forms part of the Independent Living Service at the City of Wolverhampton Council. It aligns with the following corporate plan aims:
- Promoting independence for Older People
  - Promoting independence for People with Disabilities
- 2.2 The service is provided through the Neville Garratt Centre, which is the Council's independent living centre located on Bell Street, Wolverhampton comprising the Independent Living Occupational Therapists and Adaptations Team and the Community Equipment Stores located on Racecourse Road, Dunstall. The Community Equipment Store is jointly commissioned with Health with the split of funding focusing on health and rehabilitation equipment.
- 2.3 Assessment for local authority equipment is undertaken in a variety of ways, starting at self-assessment for low level equipment, clinic assessments and home visits from Occupational Therapists (OT's) and Occupational Therapy Assistants (OTA's). Assessment for health equipment is undertaken by therapists, nurses and therapy assistants.
- 2.4 Equipment provided by the Local Authority for adults is given to individual's residing within the City and to individual's outside of the City where the City of Wolverhampton Council are the responsible authority.
- 2.5 Equipment provided by health is available to all individual's with a Wolverhampton (General Practitioner) G.P.
- 2.6 Equipment is given under a variety of legislation and the City of Wolverhampton Council have guidance on the legal framework of issuing equipment and adaptations, developed by industry expert Michael Mandelstam.
- 2.7 A recent review of the Local Authority stock list has recommended that standard stock (i.e. that which is on the stock list) is available to adult individual's under section 2 of Care Act 2014 to support the prevention agenda.
- 2.8 Manual Handling equipment on the standard stock list is also issued under Health and Safety Legislation.
- 2.9 Non- standard equipment will be issued to individuals who meet the eligibility of Sections 9 or 18 of the Care Act 2014 or who demonstrate a significant health need:

determination of eligibility is made by the assessing therapist or nurse and ratified at an equipment panel attended by the CCG (Clinical Commissioning Group) clinical staff and the local authority.

2.10 The Neville Garratt Centre works to provide the elderly, disabled and carers with impartial advice and information. Residents can visit the Neville Garratt Centre to receive help and support with living safely and independently in their own home through the use of home adaptations and equipment. The service offers self- assessment, clinic assessment or home assessment, depending upon the issues that are identified. The Centre is in need of refurbishment but plans for this have been put on hold as the Centre is sited in an area due for regeneration.

2.11 The centre offers a drop-in service where residents can:

- call into the centre to enquire about equipment or adaptations
- replace small items of equipment if broken
- collect small items of equipment if appropriate, such as walking aids and toilet frames
- view and try out equipment like stair lifts and talking alarms
- get advice on where to buy equipment independently
- receive independent and impartial advice for free

2.12 An appointment is necessary if:

- an assessment by the Occupational Therapy Team to determine if suitable equipment is required
- a client has more complex needs.

### **3.0 Assessment**

3.1 Approximately 4,500 referrals are received each year and the Occupational Therapy service typically deal with between 43 and 45% of all adult social care referrals.

3.2 For all assessments, clients will need to be referred to the Centre either by another professional or have completed a self-assessment form. These can be obtained from the centre or sent through the post. It is a detailed form because it may enable quick provision of equipment or minor adaptations without being called in for an initial assessment appointment. Examples of these items include commodes, walking sticks and bath equipment.

3.3 Timescales for assessment vary dependent on need with the most urgent situations being assessed within seven days and routine assessments being completed within 90 days.

All OT assessments are outcome based and an independence score is taken at the start and on completion of treatment. Analysis of these outcome scores show that 85% of people who receive a service have improved function following treatment. Further analysis of the 15% that do not improve requires work but the working hypothesis is that for these individual's, intervention has prevented a deterioration.

### **Case Studies**

*Mr G lives alone in a sheltered accommodation scheme, he was referred by his daughter as his carer was beginning to struggle and it was thought two carers would be required. Mr G's carer's were bear hugging him into a standing position from his chair, commode and bed placing both themselves and Mr G at risk. The Occupational Therapist identified an alternative transfer method and ordered manual handling and mobility equipment that enabled Mr G to complete his own stand promoting his safety, the carer's safety and his dignity. The intervention prevented the need for the second carer and enabled Mr G to access the bathroom and toilet safely - Mr G was extremely pleased with his higher independence levels and his family described the service as 'fabulous'.*

*Mrs L was discharged from hospital to a nursing home where she stayed for many months as it thought her needs were too high to return home. A social worker referred her to OT for assessment following a review where she identified a desire to return home, in the placement it was reported that Mrs L was suffering from depression and her social contacts were limited. OT intervention included transfer practice within the home, training of care staff and provision of equipment and adaptations at home. Mrs L returned home where she is described as a totally different lady who is seen smiling and chatting on a regular basis.*

#### **3.4 In the Neville Garratt Centre:**

- the duty team is available all day Monday to Friday to answer telephone enquiries
- a duty Occupational Therapist is available Monday - Friday, 09.00 - 13.00 to answer general enquiries in person and by telephone
- an Occupational Therapy Assistant is available in clinic every day
- clinic appointments may be booked with Occupational Therapists or Occupational Therapy Assistants, dependent on need, following receipt of referrals

#### **4.0 Minor Adaptations**

- 4.1 At present minor adaptations are undertaken by one OT technician, Wolverhampton Homes or Discharge Link Workers employed by the Royal Wolverhampton Hospital Trust. Further minor adaptations are offered by the Handyperson scheme offered by the

Place Directorate. The outcome of the OT assessment is sent to Wolverhampton Homes and work is carried out within 28 days.

A major review of the assessment and provision of minor and major housing adaptations is currently being undertaken and a report being prepared for Cabinet to consider in October 2016.

## **5.0 Waiting lists**

5.1 In October 2015 the waiting list for Local Authority Occupational Therapy assessment stood at 548 which was leading to unacceptable delays. Formal comparative figures are not available but a recent regional Association of Directors of Adult Social Services (ADASS) meeting for lead OT's had waiting lists on the agenda and Wolverhampton had the lowest waiting list, as a comparison one neighbouring authority reported a waiting list of close to 1000.

5.2 Several steps were taken in order to reduce the waiting list and improve service delivery with existing resources. These included:

- The removal of OTs from the blue badge rota, maximising clinical hours with service user
- Introduction of clinic appointments at the Neville Garratt Centre for OT assessment
- Relocation of blue badge mobility clinics to local libraries

5.3 At the time of writing the waiting list stands at 52.

## **6.0 Financial implications**

6.1 The budgets for the Adaptations Team (£292,000) and the Independent Living Service (£1.9 million) are funded from the 2016/17 Older Peoples controllable budget of £28.5 million.

[AJ/28092016/M]

## **7.0 Legal implications**

7.1 There are legal implications associated with this report since the local authority has statutory responsibilities to meet regarding provision of equipment following implementation of the Care Act 2014. Provision of equipment is issued to clients in line with Care Act legislation.

[SB/30092016/X]

## **8.0 Equalities implications**

- 8.1 The service itself has positive equalities implications. By providing community equipment to residents, the service aims to ensure that equalities needs are met, particularly age and disability.  
Any other equality needs will be met through the referral process since provision of aids or equipment must follow consultation or assessment of the client by the Occupational Therapy Team.

## **9.0 Environmental implications**

- 9.1 There are no environmental implications arising directly from this report.

## **10.0 Human resources implications**

- 10.1 There are no human resources implications arising directly from this report.  
[HR/JF/JT/024]

## **11.0 Corporate landlord implications**

- 11.1 There are no corporate landlord implications arising directly from this report.

## **12.0 Schedule of background papers**

- 12.1 N/A