

Adult and Safer City Scrutiny Panel

Minutes - 31 January 2017

Attendance

Members of the Adult and Safer City Scrutiny Panel

Cllr Paula Brookfield (Chair)
Cllr Ian Claymore
Cllr Barry Findlay
Cllr Malcolm Gwinnett
Cllr Dr Michael Hardacre
Cllr Rupinderjit Kaur
Cllr Linda Leach
Cllr Elias Mattu
Cllr Lynne Moran
Cllr Anwen Muston
Cllr Rita Potter

Employees

Manjeet Garcha	Director of Nursing and Quality
Karen Samuels	Head of Community Safety
David Watts	Service Director Adult Social Care
Julia Cleary	Systems and Scrutiny Manager

Part 1 – items open to the press and public

Item No. *Title*

- 1 Apologies**
Apologies were received from Cllr Patten and Cllr Samuels.
- 2 Declarations of Interest**
Cllr Hardacre declared that he was a resident of Park Ward.
- 3 Minutes of previous meetings**
Resolved: (a) That the minutes of the previous meeting be agreed as a correct record;
(b) That the Clerk liaise with Councillor Muston in relation to wording in the minutes of the meeting held on 25 October 2016 before these minutes be approved.
- 4 Matters arising**
There were no matters arising from the minutes.

5 **Public Space Protection Order**

The Panel received a report requesting it to contribute towards the consultation on proposals to introduce a Public Space Protection Order to tackle alcohol-related anti-social behaviour in the city. The report provided information from a review of the existing city-wide Designated Public Place Order (DPPO) which had been in force since April 2013 and sought the Panel's views on the introduction of a Public Space Protection Order (PSPO) to address alcohol-related anti-social behaviour (ASB) in the city.

To date there had been 95 Responses to the consultation which centred on 5 questions including whether residents associated street drinking with nuisance and disorder (70% so far agreed that this was the case). The responses so far showed an overwhelming level of support for the proposals.

Officers stated that care was being taken to ensure that the proposals were enforceable and did not impact on any legitimate business activity. Officers also confirmed that the restrictions could be waived if there was an organised event taking place. The Panel expressed some concern in relation to the additional pressure that a city wide ban might place on the Police and it was agreed that a report be brought back in 6 months to update the Panel.

The Panel considered the issues relating to the possible inclusion of a street drinking ban for St Peter's and Park wards, which included the City Centre. The Panel considered that some of the issues seen in the wards could be linked to irresponsible licensees and that note needed to be taken in relation to the large numbers of HMOs and vulnerable people in high concentration. The Panel also noted that with regard to the Park ward the figures quoted related to a largely residential area whilst with regard to St Peter's ward the area was largely in the Town Centre.

Concern was expressed by some Members in relation to the restriction affecting residents who only wished to enjoy a glass of wine with a picnic in the park and whether the Police would have discretion to allow this. Officers stated in relation to the proposed drinking ban that there would be no discretion but that in relation to the city-wide Designated Public Place Order, officers had to link their actions to antisocial behaviour. Members considered that the Council did not want to keep people out of the parks but at the same time didn't want people to feel intimidated due to other people drinking in the parks.

The Panel also considered the possibility that a drinking ban in specific wards would not solve the problem and the issue would just be displaced. The real answer to the addictive behaviour was support and help.

The Panel considered the issue relating to licensees, especially those selling single cans and that if there was a way to legislate against this that it would be welcomed. Proposal (b) would have no effect on problematic licensees. Officers stated that issues around this had been considered by the Licensing Committee and that this could be looked at again along with refresher training for licence holders and premise supervisors where required.

The Panel were overall in favour of both proposals but did have some concerns in relation to 6.3 (b). The Panel considered that careful monitoring would need to be fed back and an update report provided in 6 months. The Panel welcomed the work

being done but considered that more information and clarification was required and that this approach represented one element of a much bigger piece of work.

Resolved: That the comments of the Panel be fed back as part of the consultation process.

6 **Supporting a Safe and Seamless Transfer From Specialist Care or Hospital Setting**

The Panel welcomed Manjeet Garcha, Director of Nursing and Quality to the meeting. The report sought to provide an outline of the systems and processes in place to support a safe, timely and seamless transfer of patients from a specialist care or hospital setting to their usual or new place of abode.

Over the last few years there had been many reviews and publications on the statistics and effects of delayed transfers of care. The majority of patients that were admitted to hospital for an acute episode of care or planned surgery returned to their usual place of residence with either very little or no required support. However, there were a growing number of a patients, in the main frail elderly but also patients with complex physical and mental health needs that did require discharge to be planned and executed in a safe and seamless manner for the best adjustment to their condition and surroundings.

In Wolverhampton a multi-agency 'Discharge to Assess' programme of work had commenced and it was anticipated that this would further improve the discharge arrangements for individuals from acute care settings. The new programme meant that patients did not always need to attend hospital and that the aim was to get them home first so that they could be assessed there by a physiotherapist or occupational therapist.

Children's Services had also been streamlined and sometimes children had to be sent for specialist care including referral to the Birmingham Children's Hospital and there could be complex planning required to bring them back home.

The Panel considered mental health and learning disability issues relating to patients who had been in an institution and had to undertake treatment reviews and it was confirmed that at the moment all patients were in the right place and that no one in Wolverhampton was waiting for a bed.

Members expressed concern in relation to patients in hospital waiting but unable to be discharged and those who were sometimes discharged too early and then had to return to hospital. Multi agency working was commendable but it would only work if the right resources were in place. The Panel queried whether the number of patients being readmitted after being discharged too early was monitored along with those still waiting to go home.

David Watts, Service Director – Adults stated that daily reports were received and that approximately 40 patients were delayed at any one time (about 60% from Wolverhampton) which was consistent with the national target of 3.5%. Mr Watts stated that it was very important to ensure that patients were discharged in good time to prevent them becoming less dependent or picking up infections. Mr Watts stated that he and his team were very aware of the concerns raised and were working hard

to improve the service where possible through the multi-agency approach. Mr Watts confirmed that a report could be provided in relation to the figures along with readmissions and figures showing how many people were still at home 90 days after discharge.

The Panel queried what was working at the moment and whether the multi-agency approach appeared to be working. Mr Watts stated that the project was still in the planning phase and that the first set of results would not be available until the 91 days had passed.

The Panel questioned what needed to be done to support a reduction in bed blocking and a concern was raised in relation to the closure of forces rehabilitation homes and a lack of mental health provision with vulnerable residents with on-going addictions living in third sector landlord accommodation.

Mr Watts stated that his team were working with the CCG which had responsibility for this area of commissioning and that they were investigating the possibility of more large scale commissioning in relation to mental health provision. Mr Watts also stated that his team were aware of the importance of providing the appropriate resources for when a person was in a crisis.

The Panel also queried the situation regarding the Better Care Fund and requested an update on this for a future meeting.

Resolved: (1) That an update report be provided in 6 months to include detailed information on the discharge processes and up to date figures.

(2) That an update on the Better Care Fund be brought to a future meeting.

7 **Safeguarding Adults Board Annual Report**

The Panel welcomed Alan Coe, Independent Chair of the Wolverhampton Safeguarding Adults Board to the meeting.

Mr Coe presented a report providing the Panel with a copy of the Wolverhampton Safeguarding Adult Board's (SAB) Annual Report to inform the Panel of safeguarding activity 2015/2016 and to present the Panel with progress made against the priorities for 2014-15. Since April 2015 all Safeguarding Adults' Boards were statutorily required to produce an annual report.

Mr Coe presented the report and highlighted the importance of partnership working with organisations such as the police and local authorities and the importance of members of these organisations getting directly involved in reporting and highlighting concerns through mechanisms such as the MASH which had seen far more enquiries this year than previously.

Mr Coe highlighted the importance of prevention and praised the excellent work carried out by Trading Standards, especially in relation to vulnerable people.

A concern was raised by a member in relation to religion and belief and an example provided where a transgender woman had been denied access to children on religious grounds, the member also stated that she was aware of issues relating to people being bullied in their own homes on religious grounds due to being transgender or bisexual. Concern was also voiced in relation to the resources available to manage the increase in safeguarding concerns being reported.

Mr Coe stated that yes there were many implications for members of the LGBT community in terms of safeguarding but that statistics were only available if social care services had been required. Mr Coe stated that regarding resources it was often the case that staff had to go at the speed of the people concerned and that this could take a long time but that there had been a big rise in awareness and that matters were being managed well by agencies.

The Panel agreed that the MASH did a fantastic job and that the improvements were clearly visible. Mr Coe agreed and stated that it was vital to continue to raise awareness levels so that people knew how to respond to concerns from the professionals all the way down.

The Panel expressed their thanks for the work carried out by the Safeguarding Panel.

Resolved: (1) That the comments of the Panel be noted;
(2) That the Panel support the delivery of the key challenges for 2016-17.