

STAFFORDSHIRE MOORLANDS DISTRICT COUNCIL
HEALTH OVERVIEW & SCRUTINY PANEL MEETING

Minutes

WEDNESDAY, 11 SEPTEMBER 2019

PRESENT: Councillor B A Hughes (Chair)

Councillors R Alcock, C J S Atkins, B Cawley, K Flunder,
I Herdman, I Lawson, D Price, J Redfern, T Riley and
L Swindlehurst

IN ATTENDANCE: M Bowen Cabinet Member - Communities
H Sheldon MBE
M Gledhill

APOLOGIES: Councillors J T Jones, E Fallows, L A Malyon, T McNicol, J Salt and
P Wood

52 **NOTIFICATION OF SUBSTITUTE MEMBERS, IF ANY.**

Councillor Gledhill was substitute member for Councillor Salt.

53 **TO APPROVE THE MINUTES OF THE PREVIOUS MEETING.**

DECIDED: That the minutes from the meetings held on 25th June 2019 and the 17th July 2019 be **APPROVED** as the correct record and signed by the Chair.

54 **MINUTES OF THE LAST MEETING OF THE HEALTHY STAFFORDSHIRE SELECT COMMITTEE.**

That the minutes of the meeting Healthy Staffordshire Select Committee held on 15th July 2019 be **NOTED**.

55 **URGENT ITEMS OF BUSINESS, IF ANY. (24 HOURS NOTICE TO BE PROVIDED TO THE CHAIRMAN).**

No urgent items of business were raised.

56 **DECLARATION OF INTERESTS:**

Agenda No.	Member Declaring Interest	Nature of Interest
	Cllr K. Flunder	Other – David Pearson is known to the Councillor in his role as the Chair of a Parish

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Agenda Item 8 – Together We're Better		Council.
	Cllr J. Redfern	Other – Employed by University Hospitals of North Midlands.
	Cllr T. Riley	Other – Family member is employed by the NHS.

57 QUESTIONS TO PORTFOLIO HOLDERS, IF ANY.

Question from Councillor Swindlehurst:

Q1. A report compiled by Healthwatch Staffordshire, (reference below), concluded from interviews with 101 patient and staff, that there were some negative impacts on patients and staff related to waiting times for transport. This included lack of facilities for patients waiting and increased workload for staff.

The transport provider E-zec and the C.C.G. as commissioner recommend action in four areas, **communication, logistics, facilities and customer service**. The response from members of the commissioning team stated they met with E-zec on a monthly basis and reported to the Shropshire and Staffordshire Quality Surveillance Group.

What improvements have taken place since February 2019 in the four areas noted as requiring improvement?

Response:

I wish to make you aware that as this is not a service delivered by SMDC your question should be directed to the commissioning team.

Question from Councillor Atkins raised on behalf of Councillor Salt :

Q2. SMDC will only pay a max of £30000 for disablement grant to make adaptations to homes. When was the last time this figure was reviewed & what scope is there for change? A recent local case had a figure of £56000, leaving people with significant disabilities facing incredible shortfalls.

Response:

The £30,000 limit on Disabled Facilities Grants is set by the Government nationally and was last reviewed in 2012. This limit is for mandatory grants which can be claimed as a right by eligible clients. Since the Housing Regulatory Reform Order of 2002 Local Councils have been able to set Housing Assistance Policies that enable the use of discretionary funding to top up the mandatory grant limit or provide additional assistance over and above the standard grant eligible works. At SMDC,

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we currently offer a maximum grant of £35,000 to all eligible clients as a matter of course, and we have the option of providing additional top up funding in cases where clients require large scale adaptations but do not have the means to contribute to the balance between the maximum grant and the overall cost of the works. Bearing in mind that DFG Funding is public money, grant authorities are held accountable for the decisions they make around additional funding and so each case must be considered on its merits and we must balance the applicant's ability to pay with the harm that would arise from the adaptation not proceeding for lack of funding. We have recently come to an agreement with our Service Provider, Millbrook Healthcare Ltd that the Council will consider any proposal for additional assistance where the costs of the work far exceed the grant limit, following a fair assessment of the applicant's means and a confirmation that the additional works are grant eligible and will meet the client's needs not just now, but for the foreseeable future. This can be a significant cost-effective solution, as it means that all the necessary works can be completed in one go and there is subsequently less likelihood of a second or third grant application in the future. When you consider that there is no limit to the number of applications an eligible client can make, and that each application can be up to £35,000, it makes perfect sense to spend an extra £20-25k on the first application.

It is not the intention of the grant authority to unreasonably deny any eligible client the means by which they can remain living independently in their own home. If members are aware of any cases where disabled residents may be disadvantaged by the significant costs of larger adaptations, then the Private Sector Housing Team in Environmental Health will be happy to review the case with our service provider.

Cllr Atkins has asked the following additional questions:-

1. What percentage of eligible clients require top up funding?
2. Has the Council made representations to Government to raise the minimum amount of funding available, to be at least in line with inflation?
3. Have there been any cases of hardship due to the maintenance bills for the equipment, which the user is responsible for?

A response to these questions would be provided after the meeting.

58 TOGETHER WE'RE BETTER HEALTH AND CARE IN STAFFORDSHIRE AND STOKE ON TRENT - DAVID PEARSON (VICE CHAIR). (PRESENTATION)

The Panel received a presentation delivered by David Pearson (Vice Chair) of the Staffordshire and Stoke on Trent Sustainability and Transformation Partnership, which covered the following topics:-

- An Explanation of Together We're Better
- Five Major Service Areas
- Integrated Care System (2021)
- Our Journey
- Why Change is Needed
- Challenges and Opportunities
- Services Which Could be Delivered Differently
- One Conversation and Summary of Activities
- Emerging Themes – What's Worked Well and to be Improved
- Next Step and Discussion Points for Members

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A member of the Panel suggested that engagement with the public could be improved by attendance at community groups which already met. This helpful point was noted and the Officer advised that this type of engagement would happen in the future.

The Panel asked questions relating to the financial deficit, preventative work, dentistry, deaths attributed to drug abuse, mental health support for people after they had left prison and services being brought together. Discussion also took place around addiction to prescribed drugs and how this was audited.

In terms of the finances, the whole system had experienced unprecedented demand and it was vital for efficiencies to be delivered. The deficit had reduced and there had been some additional funding.

Details on the work stream relating to the Prevention Programme and Dentistry would be provided to members after the meeting.

David agreed with the concept of teams of medical professionals being brought together to provide holistic care and advised that strategies were being worked on. He advised the Panel that integrated care partnerships were the responsibility of the Clinical Commissioning Groups.

The point was raised that more services should be available to patients at the hospital in Cheadle and the Officer advised this was subject to another consultation however, the views on the types of services residents would like to see at this hospital had been established. It was also felt that there should be more services available locally for children with learning difficulties. In particular, there was a level of concern around the transitional period to adult services. Public transport from the Moorlands area to the main hospitals was highlighted as an issue. The Panel was of the opinion that generally better medical facilities were required in the area. David confirmed that transport was one of the key issues identified at the listening events and consideration needed to be given to this matter. He agreed that he wanted to see good community services in the area and gave assurance that the Moorlands wasn't being ignored. Work was required around the transition to adult services and Child and Adolescent Mental Health Services.

The importance of early intervention, prevention and well being was highlighted to members. David advised members that he would return to a future meeting of the Panel to present the completed plan and operational delivery plan.

DECIDED:

- 1) That the presentation be noted;
- 2) For further detail on the Prevention Programme, Dentistry and drug related deaths to be emailed to members.

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DECIDED: That the Panel's Work Programme for 2019/20 be agreed, subject to, the West Midland Ambulance Service being invited to a meeting of the Panel, in relation to the level of service provided at Biddulph.

The meeting closed at 3.35 pm

_____Chairman _____Date