

Safe and Strong Communities Select Committee

Thursday, 8 November 2018

10.00 am

Oak Room, County Buildings, Stafford

NB. Members are requested to ensure that their Laptops/Tablets are fully charged before the meeting

John Tradewell
Director of Strategy, Governance and Change
31 October 2018

A G E N D A

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the Safe & Strong Communities Select Committee meeting held on 3 September 2018** (Pages 1 - 6)
4. **Children and Young People who go Missing from Home and Care in Staffordshire** (Pages 7 - 8)
5. **Trading Standards, Rogue Traders & Doorstep Crime**

Presentation on behalf of the Cabinet Member for Communities
6. **Deprivation of Liberty Safeguards** (Pages 9 - 20)

Report of the Deputy Leader and Cabinet Member for Health, Care and Wellbeing
7. **Work Programme** (Pages 21 - 30)
8. **Exclusion of the Public**

The Chairman to move:-

“That the public be excluded from the meeting for the following items of business which involve the likely disclosure of exempt information as defined in the paragraphs of Schedule 12A (as amended) of the Local Government Act 1972 indicated below”.

Part Two

(All reports in this section are exempt)

9. Exempt Minutes

(Pages 31 - 32)

Committee Membership

Ann Beech	Jason Jones
Mike Davies	Natasha Pullen
John Francis (Chairman)	Paul Snape
Syed Hussain	Conor Wileman (Vice-Chairman)
Trevor Johnson	Mike Worthington

Note for Members of the Press and Public

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Scrutiny and Support Manager: Tina Gould Tel: (01785) 276148

Minutes of the Safe and Strong Communities Select Committee Meeting held on 3 September 2018

Present: John Francis (Chairman)

Attendance

Ann Beech	Paul Snape
Mike Davies	Conor Wileman (Vice-Chairman)
Syed Hussain	Mike Worthington
Jason Jones	

Also in attendance: Gill Burnett

Apologies: Trevor Johnson and Natasha Pullen

PART ONE

18. Declarations of Interest

There were none at this meeting.

19. Minutes of the Safe and Strong Communities Select Committee held on 10 July 2018

RESOLVED – That the minutes of the Safe and Strong Communities Select Committee held on 10 July 2018 be confirmed and signed by the Chairman.

20. Quarterly Performance Update against Safeguarding Indicators

The Select Committee had requested Key Performance Indicator data on adult safeguarding to help inform areas for future work. The Cabinet Support Member for Adult Safeguarding introduced the report, highlighting the increase of 18% in the number of concerns referred around abuse or neglect and that 45.1% of these converted to a Section 42 enquiry. Whilst Staffordshire had seen a significant increase in referral rates it had seen a decrease in conversion, leading to Staffordshire's conversion rate being more in line with national data.

Members queried why Staffordshire's trend in the number of concerns of abuse or neglect referred was three times that of the national figure, with an increase of 6% nationally and 18% in Staffordshire for 2015/16. In part this was due to differences over the point at which cases were recorded, with Staffordshire recording very early in the process, when a concern may end up being a quality rather than a safeguarding issue. Examples of quality issues could be a late call by carers, or a missed visit, or overcharging by a provider. Issues of quality still needed to be recorded and monitored but needed to be recorded differently.

With regard to the 18% increase in referrals and the 20% in conversions to a Section 42 enquiry, Members asked whether this was due to a cohort of third party organisations making referrals without understanding the thresholds or if Staffordshire's thresholds were too high. An internal audit had taken place this year, and an external audit had been completed in 2016, with both of these finding that Staffordshire was working in line with the Care Act 2014, and therefore working with appropriate thresholds. The manner of recording did, however, vary significantly. Attempts were being made to address this lack of recording consistency, both locally and regionally, including work with the local Safeguarding Board to ensure policies and protocols work well and that consistency of application is improved. The Select Committee requested that they be kept informed of developments in improving consistency of data recording. Members also noted the intention to undertake an audit identifying repeat referrals and the underlying reasons behind these, with a view to developing multi-agency guidance that will set thresholds for appropriate referrals. This audit was expected to start in January 2019 and would be completed by another independent local authority.

Some of the frustrations in using Care Director were discussed. There was an issue around the inability to update a certain screen which meant that in some circumstances cases remained recorded as "open" on Care Director and this then led to an increase in indicator SA6, recording the number of safeguarding referrals and enquiries that remained open after 12 months. Members were also informed of a "bolt on" to the system used for the children's services that was now being requested for adults which should see improvements. Care Director gave access to current and accurate data and Members requested three year comparative data on the safeguarding indicators, which would be circulated after the meeting.

Both children and adult services used Care Director and Members asked whether there was the ability to share information between systems where this was appropriate for the individual. Historically adult social workers had not had access to children's records, however there was a move now to allow the five adult safeguarding officers "read only" access. This would help in identifying the risks to young adults to be identified by the Adult Safeguarding Team.

On querying whether there was enough staff resource Members were informed that the Adult Safeguarding Team had been able to maintain their staff team, however they were under increasing pressure. The Team had one of the lowest sickness rates within the County Council.

RESOLVED: That:

- a) the Select Committee receive details of developments in improving consistency of data recording, including the work undertaken both locally and regionally and the results of the audit on the underlying reasons for repeat referrals; and,
- b) three year comparative data on the safeguarding indicators be circulated to Members after the meeting.

21. Customer Feedback and Complaints Service, Adult's Social Services Annual Report 2017/18

The Select Committee considered the Annual Report of the Customer Feedback and Complaints Service, Adults Social Services 2017/18. The report provided information about complaints made during the twelve months between 1 April 2017 and 31 March 2018 under the complaints and representations procedures established under the NHS and Community Care Act 1990 and the Local Authority Act 1970.

From April 2012 Adult Social Care services were transferred to Staffordshire and Stoke-on-Trent NHS Partnership Trust, now known as the Midlands Partnership Foundation Trust (MPFT). From April 2017 the Partnership Trust co-ordinated all statutory complaints relating to adult social care services that they are commissioned to provide. Complaint documentation is shared with the County Council's Complaints Team for reporting purposes and Members received details of these.

In line with the previous year there had been a 28% increase in complaints received by the County Council, due to an increase in complaints regarding financial re-assessments for non-residential care. The number of complaints going to independent investigation had increased by 60%, with two complaints concerning the care provided by a home care agency and three complaints around residential care. The number of complaints investigated by the Local Government and Social Care Ombudsman had risen by 58% from the previous year, with complaints around couple's financial re-assessment for non-residential care.

The main theme for Stage 1 complaints had been changes in domiciliary care contracts. As in previous years, resulting from care charges not being discussed with service users prior to a care package/respite being arranged, 20% of complaints received resulted in charges being waived. 11% of complaints received were in respect of the Brokerage Service.

Members noted that MPFT had chosen to use the Patient Advice and Liaison Service (PALS) to handle complaints made to them rather than the statutory complaints process, with PALS handling 138 complaints. Members had some concerns about the decision to use PALS and understood that the Ombudsman had also raised some concerns.

RESOLVED: That the Annual Report of the Customer Feedback and Complaints Service, Adults Social Services 2017/18, be received.

22. Customer Feedback and Complaints Service, Children's Social Services Annual Report 2017/18

Members considered the Customer Feedback and Complaints Service Annual Report for Children's Social Services in 2017/18. There were 54 Stage 1 complaints during this period, 5 considered to Stage 2 and 3 considered to Stage 3. Members also received a breakdown of 130 Corporate Complaints considered at Stage 1.

The Complaints Service had excellent relationship with colleagues within Children's Services and valued their co-operation when investigating complaints. Lessons learned from the complaints made helped to inform practice across the Service.

Members asked why complaints would be sent straight to the Local Government Ombudsman (LGO) and were informed that some complainants may feel that making

their complaint to the LGO was the most appropriate. The LGO has started to suggest this is premature and refers complaints back to the local authority.

Members noted that of the 5 Stage 2 Independent Investigation findings 11% of complaints made were partially upheld. In most instances each individual complaint had a number of complaints within it. Within the 5 Stage 2 complaints investigated there were 55 individual complaint elements made. The investigation may feel that some elements of the complaint should be upheld whilst other are not and may therefore return a finding of “partially upheld”.

All learning from complaints was collated, including learning from serious case reviews. This detail was cross referenced to try and identify themes and trends which then informed practice and service improvements.

The Select Committee noted the percentage of complaints that cited “staff conduct” as the reason for the complaint and asked for clarification on this. Most of these complaints were either: where an individual didn’t do what they said they would or when they said they would; or, where the service user hadn’t understood the action to be taken. The Specialist Safeguarding Teams were the teams that picked up all children referrals. They worked in sensitive and complex situations, often delivering information to families that they didn’t want to hear and where circumstances were very difficult. The volume of work continued to increase. Members heard that these teams picked up 850 new pieces of work in a month. The number of complaints in comparison to the volume of work was small. Fortunately a recent agreement had been reached for more investment in children services for 20 additional social workers, which should help with the increasing work loads.

RESOLVED: That the Customer Feedback and Complaints Service Annual Report for Children’s Social Services in 2017/18 be received.

23. Edge of Care Inquiry

The Head of Families First had reported to the Medium Term Financial Strategy Working Group in 2016/17 that there was a projected overspend of £3.5m in the Looked After Children budget. A significant number of initiatives had been developed to prevent those on the cusp of care from coming into the care system. At their meeting of 26 September 2017 the Select Committee agreed both the scope, terms of reference and membership of the Inquiry Group to consider this issue.

The Inquiry set out to understand why there had been a rise in the number of children becoming looked after in Staffordshire, the preventative measures in place and whether further initiatives could be developed to prevent children from coming into the care system.

The Chairman of the Inquiry Group, Mr Conor Wileman, presented his report and recommendations. He outlined some of the challenges the Inquiry Group had faced and noted that some of the data identifying the reasons for children becoming looked after had been 2015/16, before the rise in number in 2016/17, making it difficult for the Group to establish the reasons for the rise in numbers. Whilst current data was always

available, this was not validated until the end of each year and therefore there was some anxiety about publishing non validated data.

The Select Committee congratulated the Inquiry Group Members on their report and thanked the officers for their support. They agreed both the report and recommendation for submission to the Cabinet Member for his executive response.

A number of recommendations had also been made to the Corporate Parenting Panel and Members proposed that the Inquiry Group Chairman attend the next meeting of this Panel to present this report.

RESOLVED: That:

- a) the report and recommendations be endorsed and submitted to the Cabinet Member for Children and Young people for his executive response; and
- b) The Inquiry Group Chairman attend the Corporate Parenting Panel to present his report.

24. Work Programme

The Select Committee had received two briefing notes, requested at their July meeting, on Post 18 Transition Services and Direct Payments.

Two following items were to be added to the Work Programme:

- Vulnerable Adults Peer Review; and
- Domestic Abuse Contract.

RESOLVED – That the work programme be amended to include the items listed above.

25. Exclusion of the Public

RESOLVED - That the public be excluded from the meeting for the following items of business which involve the likely disclosure of exempt information as defined in the paragraphs of Part 1 of Schedule 12A of the Local Government Act 1972 indicated below

The Committee then proceeded to consider reports on the following issues:

PART TWO

26. Child Sexual Exploitation - Learning From Reviews

The Committee then proceeded to consider the following report:

Child Sexual Exploitation – Learning from Reviews
(exemption paragraph 7)

Chairman

Local Members' Interest
N/A

**Safe and Strong Communities Select Committee –
Thursday 08 November 2018**

**Children and Young People who go Missing
from Home and Care in Staffordshire**

Recommendations

1. Members are recommended to receive this report to help understand how the County Council is working with key partners in respect of children and young people who go missing from home or care.

Report of Cllr Mark Sutton, Cabinet Member for Children and Young People

Summary

What is the Select Committee being asked to do and why?

This report has been produced at the request of the Staffordshire's Safe and Strong Communities Select Committee with reference to children and young people who go missing from a variety of places including independent children's homes

The report will provide a transparent account of the work undertaken with Catch 22 who have been commissioned to provide this Statutory Duty on behalf of the Local Authority. It will identify proactive measures taken to reduce missing episodes and to protect children when they do going missing. It will identify areas of good practice and highlight key areas in need of further development and our plans in relation to these.

The Safe and Strong Communities Select Committee is asked to read the information detailed in the report which provides them with a clear understanding of the statutory requirements and local commissioning arrangements to safeguard and promote the welfare of children and young people who go missing from care and home. Members are invited to offer scrutiny of this activity.

Report

Background

1. Prior to September 2017, Children who go missing from home services were delivered by Staffordshire County Council (SCC), Families First and Brighter Futures. Whilst there was a high quality of practice in some areas this created inconsistency in model of service, quality, reporting methods and challenges for other partners across the sector, such as Police, Schools, Health and other providers.

2. In 2017 Catch 22 were commissioned to deliver Child Sexual Exploitation (CSE) and Missing Services across Staffordshire and Stoke on Trent, the link between missing children and CSE was highlighted by the Children's Commissioner's enquiry (2012) and further strengthened by recommendations outlined in the 2014 Statutory Guidance on Children who run away or go missing from home or care. The first year of operation has focussed on transitioning to the new delivery models, gathering a baseline of data, working with partners to ensure consistency and protecting and safeguarding children at risk.
3. For the purpose of this report analysis has been provided by both SCC and Catch 22; it reflects the current transition period.

Link to Strategic Plan – “Ensure Children and Families have a network of support to help manage their own problems and stay safe and well.”

Link to Other Overview and Scrutiny Activity – N/A

Community Impact – N/A

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List of Background Papers:

Appendix A - Full Report (Background Document)

Appendix B - <https://www.staffsscb.org.uk/Professionals/Procedures/Section-Four/Section-4-Promoting-the-Welfare-Safety-of-Children-in-Specific-Circumstances.aspx>

Appendix C – Catch 22 – Quarter 4 and Annual Report (January-March 2018)

Appendix D - Catch 22 – Quarter 1 (April-June 2018)

Local Members' Interest
N/A

Safer and Stronger Select Committee – 8 November 2018

Deprivation of Liberty Safeguards

Recommendation

1. The Select Committee to consider and provide their views on the Deprivation of Liberty Safeguards: update on the impact of central government cuts on assessments.

Report of Cllr Alan White, Deputy Leader and Cabinet Member for Health and Wellbeing

Summary

What is the Select Committee being asked to do and why?

The Safe and Strong Communities Select Committee is being asked to provide their views on the Deprivation of Liberty Safeguards: update on the impact of central government cuts on assessment and updated on progress relating to the Deprivation of Liberty Safeguards.

Report

Background

1. The Deprivation of Liberty Safeguards (DoLS) provide protection for the most vulnerable people living in residential homes, nursing homes or hospital environments; the safeguards enshrine in law the requirement that care will always be provided in a way that is consistent with the human rights of people lacking capacity, who are not otherwise protected or safeguarded through the use of the Mental Health Act or Court of Protection powers.
2. DoLS apply to anyone:
 - a. aged 18 and over
 - b. who suffers from a mental disorder or disability of the mind – such as dementia or a profound learning disability
 - c. who lacks the capacity to give informed consent to the arrangements made for their care and / or treatment and
 - d. for whom deprivation of liberty is considered, after an independent assessment, to be necessary in their best interests to protect them from harm.
3. The safeguards cover patients in hospitals and people in care homes registered under the Care Standards Act 2000, whether placed under public or private arrangements.
4. The safeguards are designed to protect the interests of an extremely vulnerable group of service users and to:

- a. ensure people are given the care they need in the least restrictive way
 - b. prevent arbitrary decisions that deprive vulnerable people of their liberty
 - c. provide safeguards for vulnerable people
 - d. provide them with reviews and rights of challenge against unlawful detention
 - e. avoid unnecessary bureaucracy
5. If there is no alternative but to deprive such a person of their liberty, the Safeguards say that a hospital or care home (the Managing Authority) must apply to the local authority (the Supervisory Body) for authorisation.
 6. Good practice dictates that DoLS should only be put in place where it is absolutely necessary and for the shortest period of time, with a maximum authorisation of 12 months.
 7. On 19th March 2014 the Supreme Court delivered its judgment on P v Cheshire West and Chester Council and P & Q v Surrey County Council in which it considered Deprivation of Liberty. The ruling means that substantial numbers of people who lack the capacity to make a decision about their admission to hospital or placement in a care home will now be considered to be deprived of their liberty.
 8. It is clear that the intention of the Court was to extend the safeguard of independent scrutiny. They said that “a gilded cage is still a cage” and that “we should err on the side of caution in deciding what constitutes a deprivation of liberty”.
 9. The Court has now confirmed that there are two key questions to ask, which they describe as the ‘acid test’:
 - a. Is the person subject to continuous supervision and control? and
 - b. Is the person free to leave? (This is no longer just about a person saying they want to leave or attempting to leave and now includes if they would be stopped if they did try to leave).
 10. This means that if a person lacks capacity, is subject to both continuous supervision and control and not free to leave they are deprived of their liberty and an authorisation from the local authority should be sought.
 11. The Court also indicated that the following are no longer relevant when deciding if a person is deprived of their liberty:
 - a. The person’s compliance or lack of objection;
 - b. The reason or purpose for the placement / admission or restriction;
 - c. Comparison with what you would expect for someone in a similar situation.
 12. Referrals for DoLS up until March 2014 had been steadily increasing; this increase was met by training additional assessors across all the partner agencies.

The DoLS Process:

13. An assessment, carried out by a Best Interest Assessor (BIA) can take a number of hours depending on the complexity of the assessment. A Section 12(2) doctor has to assess the citizen to ensure they have an eligible mental health condition. The BIA then has to go to assess the citizen, whilst discussing them with paid carers, read relevant case notes, speak to the family, and meet with the citizen themselves. If there are communication issues, interpreters may be required – if the citizens first language isn't English or has a sensory impairment for example. In addition, it may take a number of visits to enable a thorough assessment of the citizen, depending upon their physical health, impact of their disability, and whether an independent advocate is involved. The BIA then needs to complete a comprehensive report which needs to be authorised senior managers within Staffordshire County Council. This can mean that an assessment could take anywhere between 6 and 30 hours dependent on the above concerns/issues.

DoLS Application Data

2009-2010	69
2010-2011	123
2011-2012	168
2012-2013	208
2013-2014	289
2014/2015	2213
2015/2016	3341
2016/2017	3388
2017/2018	2927
2018/2019 (6months)	1613

Additional DoLS Grant

14. As a response to the surge in DoLS referrals (nationwide) the Department of Health provided a grant in 2015/2016 in Staffordshire this amounted to £377,000 and this allowed the Council to commission assessments through a social work agency and the backlog of outstanding assessment was kept to a minimum. This grant did not continue into 2016/2017.

National Picture

15. Data published by NHS Digital 2nd October 2018 relating to 2017/2018.

Key Facts

16. There were 227,400 applications for DoLS received during 2017-18, with almost three quarters relating to people aged 75 and over. This represents an increase of 4.7% on 2016-17 although the rate of increase is slowing compared to previous years.
17. There were more DoLS applications received than were completed (181,785) in 2017-18. The number of DoLS applications that were completed increased by 19.6% from 151,970 in 2016-17. The proportion of these that were granted was 61.1% in 2017-18.
18. The reported number of cases that were not completed as at year end was 125,630. Of these just under 40% (48,555) were received prior to 1 April 2017.
19. Analysis of the 2017-18 local authority data again shows a wide range of variation across the country in the volumes of DoLS applications, their outcomes and how they were administered.
20. In 2013/2014, pre-the Cheshire West Supreme Court decisions, **13,715** DoLS applications were received.

Prioritisation Tool

21. ADASS issued a guidance note in November 2014 regarding DoLS and gave guidance on using a prioritisation process in order to identify the risk and complexity of DoLS applications. Staffordshire uses a prioritisation tool which classifies applications into three strands high, medium and low priority. This is completed by examining the application data and matching this information to the prioritisation tool.

Current Situation in Staffordshire

22. A report was presented to SLT on the 25th April 2016 and Informal Cabinet on the 4th May 2016 with an options appraisal. The decision taken by Cabinet was to focus resources on those individuals who meet the criteria to be considered high priority; noting that all other applications were unlikely to be assessed.
23. The Local Government and Social Care Ombudsman has raised a concern about DoLS that is currently being investigated and which may have implications for our prioritisation approach.

Current Data April – September 2018

Applications – 6 months April 18 – Sept 18	1613
High priority	490 (30%)
Medium priority	374 (23%)
Low priority	749(47%)

Assessments completed	516
Unallocated high priority referrals at end September 2018	33

Mental Health Assessors

24. Since 2009 the NHS has funded the Mental Health Assessors (MHA) who complete part of the DoLS assessment process this was initially through PCT's then NHS England and latterly the CCG's. The CCG's are indicating that they do not intend to continue to fund these assessments. The Council has sought legal guidance, which has confirmed that this is our responsibility. We are currently identifying a process to commission this work for 2019/2020. The cost of these assessments is currently not clear but is in the region of £130,000 per annum based on the current number of assessments completed. This is built into the MTFs as a cost pressure.

Plan agreed by SLT and Cabinet

25. **Recruitment of substantive Best Interests Assessor (BIA) roles** – Completed three full time posts. – **236** assessments completed in 2018/2019 (six months)
26. Increase performance of BIA rota from current 20 assessments a month from in partnership with SSOTP, both Mental Health Trusts and Independent Futures BIA rota - Not achieved
27. The partnership agreement with SSOTP is for a minimum of 200 BIA assessments over a 12-month period. Current performance BIA rota Data until end September 2018 (6 months). Please note, the rota is shored up by the WTE BIA's directly employed by SCC so the numbers identified below are by the BIA's on the rota.
- SSOTP – 65 assessments completed
 - SCC – 11 assessments completed
 - SSSFT – 8 assessments completed
 - ALDT (IF) – 10 assessments completed
 - NSCHT (North Staffs) – 1 assessment completed
28. Total **95** completed assessments in 2018/2019 an average of 16 assessments per month. This was lower than expected due to performance from SSOTP, ALDT and NSCHT.
29. Increase the numbers and capacity of independent BIAs.
30. Currently we have 8 independent BIAs with another 6 who have expressed an interest, including 2 who will be starting soon. The rules around IR35 have caused some challenges however we have now established that currently SCC is compliant with IR35 rules. **185** assessments have been completed in 2018/2019.

Budget

31. Financial Pressure 2018/2019

- a. Mental Health Assessors £130,000
- b. Best Interests Assessments pressure £23,000 due to maternity leave of full time BIA and lower than expected performance from SSOTP, NSCHT and ALDT.
- c. Total £153,000 in 2018/2019

S21A Appeals

32. Anyone deprived of their liberty has a statutory right to appeal against the deprivation of Liberty. Staffordshire currently has 6 ongoing cases. SCC work in partnership with partner agencies including the CCG's and partnership agencies to ensure the most efficient use of public financial resources to respond to these appeals.

S21a appeal example

33. Article 5(4) of the European Convention of Human Rights is at the heart of the DoLS appeal process. It provides that *'Everyone who is deprived of his liberty by arrest or detention shall be entitled to take proceedings by which the lawfulness of his detention shall be decided speedily by a court and his release ordered if the detention is not lawful'*. In the context of a DoLS s.21A MCA is the mechanism in domestic law to ensure P's Article 5(4) rights are met. It permits the Court of Protection, upon an application, to determine the lawfulness of P's detention and to vary or terminate the Standard Authorisation. P and his or her representative can make an application to the Court of Protection at any time without permission.

34. Mrs X currently in Hospital having been admitted from home. A complex family situation meant further assessment was required and decision was made in Mrs X best interests to discharge from hospital for further assessment on a short term basis. Mrs X wished to return home and representative supported Mrs X. An application made by representative to appeal the DoLS.

35. The complex family dynamics and complex nature of the appeal necessitated two court hearings and the use of an external legal support (QC). The outcome was that the appeal was dismissed and Mrs X moved for further assessment.

36. There was no award for costs however legal expenditure, SCC officer time and partnership resource meant the total cost of this one appeal was in excess of £12,000

37. The number of DoLS appeals is currently a very small percentage of the current DoLS which are granted. However the impact of current investigation into Staffordshire's DoLS process by the Local Government and Social Care ombudsman (which is likely to lead to reputational damage and significant publicity) has the potential to increase risks in reputation and finance to the LA. This is due to the potential adverse publicity which will be in the public domain leading to increased awareness by both the public and legal profession. An additional factor is the risk relating to these individuals in which through the triage (prioritisation) process have not been assessed and remain unlawfully deprived of their liberty. Currently Staffordshire has 3207 cases (end September 2018) which are low and medium priority and unallocated. Based on adverse publicity should

cases be challenged this would lead to significant legal costs per case and compensation to the individual. The cost of assessing 660 medium priority cases £285,780 and the 2547 low priority case £1,102, 581 based on £260 BIA assessment and £173 for the MHA assessment a total of £1,388,531.

Deprivation of Liberty (outside of care home/hospital)

38. DoLS applies to care home and hospitals only. To authorise a Deprivation of Liberty in other accommodation settings an application is required to the Court of Protection Staffordshire legal services continue to make applications to the court. This work is completed by the Adult Learning Disability Service, SSOTP and the Mental Health Trusts. This work has been included within the Section 75 agreement for SSOTP but otherwise is not resourced or identified with current partnership agreements.

Future changes to the law (End of DoLS)

39. The Law Commission published a report and draft bill in March 2017 which put forward proposals to change the legal framework for Deprivation of Liberty. The government introduced proposed legislation in July 2018, which is currently in committee stage in the House of Lords with an expected implementation date of April 2020 (not confirmed). The new legislation will apply to all settings where individuals who lack capacity may be deprived of their liberty. Currently the Council is the supervisory body for DoLS across Staffordshire (excluding Stoke) in the new legislation it is proposed the responsible bodies will be the Local Authority, CCGs and Trust Boards hospitals. (See attached fact sheets)

Link to Strategic Plan

40. The Deprivation of Liberty Safeguards supports the County Councils vision for a connected Staffordshire by ensuring that appropriate prevention and assessment mechanisms are in place to support people's health, wellbeing and independence.

Contact Officer

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Appendices/Background Papers

Appendix A – Liberty Protection Safeguards: 20 Key Facts

Appendix B – Liberty Protection Safeguards: Overview

Liberty Protection Safeguards: 20 Key Facts



Note: A series of amendments to LPS have been tabled by members of the House of Lords. These will be debated and potentially inserted into the bill on the 5 September. For a list of the amendments go to: <https://services.parliament.uk/Bills/2017-19/mentalcapacityamendment/documents.html>

Information and resources on LPS are available at: www.edgetraining.org.uk/news. For updates on the progress of LPS join our mailing list. A detailed training day on LPS can be booked at: www.edgetraining.org.uk

- 1. Deprivation of liberty:** LPS does not define deprivation of liberty (just as DoLS does not). The Supreme Court's 'acid test' of 'complete supervision and control and not free to leave' will remain the benchmark. The government predicts there will be over 300,000 LPS applications per year.
- 2. Care and treatment:** LPS only authorises deprivation of liberty. It does not authorise care or treatment (just as DoLS does not). Care providers will still have to assess the person's mental capacity to consent to care and treatment and if they lack capacity, make and record best interests decisions under the Mental Capacity Act.
- 3. Detention:** LPS only authorises deprivation of liberty, it does not authorise breaches of private or family life (Article 8 ECHR) such as restricting contact with family or preventing a person living with their family despite serious safeguarding concerns. Court orders would still be required as they are at present.
- 4. Unsound mind:** LPS covers people with an 'unsound mind'. This is legal term taken from the European Convention on Human Rights. It has a wider definition than mental disorder (DoLS) so more people will be affected under LPS. There are no precise figures on how many more people could be affected.
- 5. Risk:** At present, LPS authorises detention of people who present a risk of harm to themselves and/or others. DoLS only covered harm to self so LPS could affect more people. It is not known how many more people this will affect.
- 6. Place:** DoLS was restricted to care homes and hospitals. LPS can be used in any care setting including supported living, extra care accommodation and domestic settings such as a person's own home.
- 7. Responsible body:** Under LPS the commissioner or funder of care will become the Responsible Body. This means NHS Trusts, CCGs, health boards and local authorities will have a far greater list of duties. The responsible body has to organise assessments, reviews, authorisations, renewals and monitoring.
- 8. Conveyance:** LPS includes the power to transport (convey) a person between places.
- 9. Timing:** LPS can be completed before a person moves into a placement or after they have moved (just like DoLS).
- 10. Assessments:** LPS requires 9 separate assessments to be completed and recorded (evidenced) prior to the responsible body carrying out its pre-authorisation review. For people in care homes who are not objecting, these will be arranged/undertaken by the care home manager. A specialist assessor (AMCP) is only required if the person is assessed as objecting to the placement or the care or treatment being given.
- 11. Pre-authorisation review:** After the assessments have been completed for LPS they are reviewed (pre-authorisation review). The reviewer can be any person from the Responsible Body not involved in the day-to-day care or treatment of the person. They do not meet the person but simply read the assessments.
- 12. Assessors:** under LPS the 9 assessments required can be carried out by any member of staff of an NHS Trust, CCG or local authority. In care homes, the assessors will be the care home staff/manager. A specialist assessor (AMCP) is only required if the person is assessed as objecting to the placement or the care or treatment.

<p>13. Appeals: If a person appeals under LPS it goes to the Court of Protection (just like DoLS). The government estimate (funding) is that 0.5% of LPS cases will be appealed however research by Cardiff University - <i>Welfare cases in the Court of Protection: A statistical overview</i>, September 2017 - shows the current rate for DoLS is 1% and Ministry of Justice statistics show the rate is growing year on year. The research is available from: http://sites.cardiff.ac.uk/wccop</p>
<p>14. Reviews: All authorised LPS must contain a programme of regular reviews over its duration. Reviews are carried out by care home managers or the Responsible Body (this could be any member of staff).</p>
<p>15. Duration: LPS can last for up to 1 year initially and then be renewed for another year and then for 3 year periods. Renewals can, at the discretion of the responsible body, be paper based only with no direct re-assessment of the person.</p>
<p>16. Advocacy (IMCA): Some people, but not all, will have a right to an advocate under LPS. If a person lacks mental capacity to request an advocate a care home manager or a responsible body will decide if one should be appointed in their best interests - depending on where the person is.</p>
<p>17. Appropriate Person: Some people, but not all, will have an Appropriate Person appointed by the responsible body whose role is to support and represent the person. They cannot be engaged in providing care or treatment for the person in a professional capacity. Not everyone will have an Appropriate Person.</p>
<p>18. Forms: LPS will require a form (like DoLS) to be completed to show the 9 required assessments have been completed and indicate the evidence they are based upon. A reviewer will read this for the pre-authorisation review and the Court of Protection (and lawyers) will scrutinise these forms in LPS appeals.</p>
<p>19. Inspection: The Care Quality Commission (or Welsh inspectorate bodies) will monitor and report on LPS as they did under DoLS. It is not clear how this will be done for those under LPS in supported living or domestic settings being cared for by families.</p>
<p>20. Funding: Government estimates for the cost of LPS (funding to be given to care providers and responsible bodies etc) is based on a series of estimates that are questionable including the total number of LPS assessments per year, the rate of appeal under LPS, the extra work involved for care home managers (this has been estimated as costing care homes £0.00). The preceding figure is not a typo!</p>
<p>What is missing?</p> <ol style="list-style-type: none"> 1. A statutory duty to inform the person of their rights 2. Conditions – the option to put conditions on the care home or hospital ie around covert medication 3. Mental health assessor 4. Professional assessments 5. Independent advocacy support for everyone under LPS 6. AMCP for every person 7. Consulting the person lacking capacity directly – they have not been listed in paragraph 17 of LPS 8. Best interests assessment – LPS does not involve an independent check on the best interests decision taken to place and keep a person in a care home or hospital 9. Independent reviews – under LPS, the reviewer may be the care home manager.

Liberty Protection Safeguards (LPS) – overview



The Liberty Protection Safeguards will replace DoLS. They are currently being debated in Parliament and there will be some changes to the details given below but many of the key elements (who, where, responsible body etc) will remain the same. Others may be strengthened such as the limited right to advocacy currently proposed.

Information and resources on LPS are available at: www.edgetraining.org.uk/news. For updates on the progress of LPS join our mailing list. A detailed training day on LPS can be booked at: www.edgetraining.org.uk

Who: 18 and over +
unsound mind + lacks mental capacity

Where: anywhere in England and Wales.

This could will include: hospitals, care homes, supported living, extra care provision and domestic settings ie a person's own home.

Duration: up to one year initially, renewed for a further year and then renewals of up to three years. Renewals may be paper based without the person being seen by the responsible body.

Assessors:

If the person is in a care home the assessment process is carried out by the care home manager/other staff in the care home. In all other settings it can be any member of staff from the responsible body.

Rights for the person detained:

- 1. Appeal to the Court of Protection**
The person under LPS, their appropriate person or their advocate (some people may not have either) can appeal. The responsible body will have to attend court and present reports etc.
- 2. Appropriate Person**
Some people may have an appropriate person (not involved in providing care or treatment) appointed for them. Their role is to support and represent the person.
- 3. Advocate (IMCA)**
Some people may have an advocate appointed for them. The responsible body or care home manager will decide.
- 4. Review**
A review of the person's case to check the legal criteria is still met. This will be undertaken by the responsible body or the care home manager/staff.

Responsible Body:

NHS Trust, CCG, Welsh Health Board or local authority.

If an NHS Trust, CCG or Welsh Health Board are providing or commissioning care they will be the responsible body. Local authorities will be responsible in all other cases.

The responsible body organises and completes the LPS assessments* + undertakes the pre-authorisation review + authorises the LPS + monitors it + renews it + attends the Court of Protection for appeals.

* in care homes, the registered care home manager will be responsible for the assessments and reviews.

Procedure:

- 1. Assessment**
Any member of staff from the responsible body (or care home manager/staff) who complete the assessments listed below.
- 2. Pre-authorisation review**
Any member of staff from the responsible body not involved in the care or treatment of the person concerned. They do not meet the person but read the completed assessments below and decide if the criteria for LPS are met. If the person is objecting, an AMCP will undertake the review and should meet the person.
- 3. Authorisation**
The responsible body authorises the LPS. No specific process is required for this.

Assessments (legal criteria):

1. The person is aged at least 18 years old
2. The person lacks mental capacity to consent to (the objective) deprivation of liberty
3. The person has unsound mind
4. The restrictions are a deprivation of liberty
5. The restrictions are necessary and proportionate
6. Those interested in the person's welfare have been consulted
7. The Mental Health Act could or should be applied instead
8. The person is/is not objecting to living in that place or to the care or treatment
9. An appropriate person or advocate should be appointed

Note: these must all be recorded, and evidence provided for the responsible body to carry out its pre-authorisation review.

WORK PROGRAMME

Safe and Strong Communities Select Committee 2018/19

This document sets out the work programme for the Safe and Strong Communities Select Committee for 2018/19. The Safe and Strong Communities Select Committee is responsible for scrutinising: children and adults' safeguarding; community safety and Localism. The Council has three priority outcomes. This Committee is aligned to the outcome: The people of Staffordshire will feel safer, happier and more supported in and by their community.

We review our work programme at every meeting. Sometimes we change it - if something comes up during the year that we think we should investigate as a priority. Our work results in recommendations for the County Council and other organisations about how what they do can be improved, for the benefit of the people and communities of Staffordshire.

Councillor John Francis

Chairman of the Safe and Strong Communities Select Committee

If you would like to know more about our work programme, please get in touch with Tina Gould, Scrutiny and Support Manager on 01785 276148 or by emailing tina.gould@staffordshire.gov.uk

Membership – County Councillors 2018-19

John Francis (Chairman)
Conor Wileman (Vice Chairman)
Ann Beech
Mike Davies
Syed Hussain
Trevor Johnson
Jason Jones
Natasha Pullen
Paul Snape
Mike Worthington

Calendar of Committee Meetings 2018-2019

23 April 2018 at 11.00 am	Special meeting with the PCC & Chief Constable
8 June 2018 at 10.00 am	
10 July 2018 at 10.00 am	
3 September 2018 at 10.00 am	
8 November 2018 at 10.00 am	
11 December 2018 at 10.00 am	
22 January 2019 at 2.00 pm	
4 March 2019 at 10.00 am	

Meetings usually take place in the Oak Room in County Buildings.

Work Programme 2018-19

Date of meeting	Item	Details	Action/Outcome
Extra meeting 23 April NB meeting starts at 11.00 am	Safeguarding concerns over the Rise in Crime PCC – Matthew Ellis Chief Constable – Gareth Morgan	Following concerns raised at the 15 January Select Committee and discussions at the 10 January Triangulation meeting the Chairman requested all Members of the Council forward details of crime and safeguarding issues within their area with a view to this Select Committee meeting with the PCC and Chief Constable to address these safeguarding concerns.	The Chief Constable Gareth Morgan and the Police and Crime Commissioner Matthew Ellis responded to the questions raised by member around: <ul style="list-style-type: none"> • contact services, including call handling, emergency 999 calls, 101 calls and incident resources; • overall crime performance, acquisitive crime, violence against the person, public order and drug related offences; • use of body cams; • police and PCSO visibility; • PCSO powers; • Mutual aid deployment; • Cross boarder crime; • Motorway policing; • Crewing of police vehicles; and • Local issues.
8 June 2018 10.00 am	Children’s Centres 3 years on Cabinet Member: Mark Sutton Lead Officer: Mick Harrison	At the Select Committee meeting of 5 March 2018 it was agreed that the Children’s Commissioning Officer should attend the June meeting to update Members on progress since the Children’s Centres Working Group 4 years ago.	A working group will be set up to consider the current work of the Children’s centres in comparison with the findings of the 2014 Select Committee Review and the impact of the significant changes made as a result of the 2014/15 Best Start in Life consultation.
	Inquiry Group Report on Elective Home Education	Following a referral from the Corporate Parenting Panel a review group set up conflated with members of the Prosperous Staffordshire Select Committee. Its first meeting was held on 12 January where Members received a briefing from officers. Further meetings were held, including the inquiry session scheduled for 21 March. The final report and recommendations will be considered by the Select Committee in readiness for forwarding to the Cabinet Member for his executive response.	The Select Committee congratulated the Review Group on their report and endorsed both the report and its recommendations for submission to the Cabinet Member. As this had been a joint review submission would be after the Prosperous Staffordshire Select Committee had considered the report.
10 July 2018 10.00 am	Child Sexual Exploitation (CSE) in Staffordshire, to include progress against the CSAF Action Plan Cabinet Member: Mark Sutton Officer: Mick Harrison	The Committee has requested a six monthly update on this issue. The Chair of the Children and Young People’s Overview and Scrutiny Committee at Stoke City Council has been invited to attend this meeting and this arrangement is reciprocated.	The Select Committee: <ul style="list-style-type: none"> • wish to be informed of the outcome of the October SSRGB meeting to which Wolverhampton City Council representatives have been invited; • will write to the LGA outlining their concerns over inconsistency of licensing authorities practices and protocols and to request best practice guidelines; • asked for clarification on the advise and guidance given to taxi drivers/passenger assistants with regard to first aid.

	<p>Provision of “places of safety” under section 136 MHA. Cabinet Member – Alan White Lead Officer – Jo Sutherland</p>	<p>Following the Triangulation meeting of 10 January the Deputy Leader and Cabinet Member for Health, Care and Wellbeing asked the Select Committee to consider undertaking an overview of the current provision of places of safety. A few years ago there had been circumstances where prison cells were being used, which was agreed as inappropriate. A review to assess the current provision was requested.</p>	<p>The Select Committee were reassured in the work undertaken to ensure those detained under Section 136 of the MHA are taken to health based Places of Safety and never routinely retained in police custody. They requested that the Chairman write to the PCC on their behalf to allay his concerns on this matter.</p>
<p>3 September 2018 10.00 am</p>	<p>Customer Feedback & Complaints, Adult Social Care Annual Report 17/18 Cabinet Member: Alan White Officer: Kate Bullivant</p>	<p>Adult’s Services have a statutory obligation to submit an Annual Report on complaints and representations to the relevant County Council Committee.</p>	<p>Concerns with Care Director were shared. Members congratulated the Complaints Services Manager on her report.</p>
	<p>Customer Feedback & Complaints, Children’s Social Care Annual Report 17/18 Cabinet Member: Mark Sutton Officer: Kate Bullivant</p>	<p>Children’s Services have a statutory obligation to submit an Annual Report on complaints and representations to the relevant County Council Committee.</p>	<p>Members were pleased to note the effective work with colleagues in Children’s Services which enabled any lessons learned to inform service developments.</p>
	<p>Edge of Care Inquiry Report of the Inquiry Group</p>	<p>To consider the final report of the Edge of Care Inquiry Group</p>	<p>The Select Committee endorsed the report and recommendations for submitting to the Cabinet Member for his executive response.</p>
	<p>Quarterly performance update against Safeguarding Indicators Cabinet Member: Mark Sutton & Alan White Lead Officer: Andrew Sharp</p>	<p>Requested at the 29 May Triangulation meeting – KPI data will enable scrutiny of a range of services and inform further work as appropriate.</p>	<p>Members requested a future report outlining progress with the developments in improving consistency of data recording, including the work undertaken both locally and regionally and the results of the audit on the underlying reasons for repeat referrals. They also requested three year comparative data on the safeguarding indicators, which will be circulated to Members after the meeting.</p>
	<p>CSE Learning from Reviews (previously taken to the 10 July meeting – exemption paragraph 7) Cabinet Member: Mark Sutton Lead Officer: Vonni Gordon</p>	<p>This had been taken as an exempt briefing note to the 10 July meeting but Members requested this be brought to their September meeting as an item for discussion with appropriate Officer/Cabinet Member.</p>	<p>Members noted the learning from these reviews.</p>

8 November 2018 10.00am	Missing Children/MISPERS Cabinet Member: Mark Sutton Lead Officer: Mick Harrison & Deborah Ramsdale	Suggested at the 29 May Triangulation meeting. To look at missing children in the broader sense, not just CSE.	
	Trading Standards, Rogue Traders & Doorstep Crime Cabinet Member: Gill Heath Lead Officer: Trish Caldwell	Suggested at the 10 January & 29 May Triangulation meeting. Consider the safeguarding issues following the service review in 2018.	
	Deprivation of Liberty Safeguards Cabinet Member: Alan White Officer: Peter Hampton	Last considered at their meeting of November 2017 where Members noted the difficulties with the number of referrals and the need to prioritise assessments. They had concerns that this meant the Council was effectively in breach of the law, but within the resource available they accepted this as the only current solution. (Previously considered by this Select Committee in July & November 2017)	
	Update from the October SSRBG meeting Cabinet Member: Mark Sutton Lead Officer: Robert Simpson	At the Select Committee meeting of 10 July Members were informed that representatives of Wolverhampton City Council had been asked to attend the October Staffordshire & Stoke-on-Trent Responsible Bodies Group to discuss their taxi licencing. They requested an update on the outcome of this meeting.	NB Deferred until January Select Committee as the October SSRBG was cancelled.
11 December 2018 10.00am	Care Homes Quality Assurance data Including the role of Healthwatch Cabinet Member: Alan White Lead Officer: Andrew Sharp	Suggested at the 29 May Triangulation. To consider the how our care homes are scrutinised and quality assured. Included in this is an understanding of the independent work of Healthwatch.	
	Children's & Families System Transformation including Independent Futures, Children Centres & 0-19 Family Support Contract	The Transformation programme for Children and Family Services has previously been considered by this Select Committee on 8 June, 8 July & 12 December 2016 & 13 July 2017 and 5 March 2018. Members request a report on the Transformation to include details of Independent Futures, the	

	Cabinet Member: Mark Sutton Officer: Mick Harrison/Helen Riley/ Janene Cox	work of the Health Visitors and Children's Centres, considering the Family Support 0-19 contract from a Safeguarding perspective.	
	Elective Home Education Review 2017 – Executive Response to the Review Group Final Report Cabinet Members: Mark Sutton & Philip White	This Select Committee agreed the submission of the Review Group's final; report and recommendations to the Cabinet Members at their meeting of 8 June. This is the Cabinet Member's Executive Response to the report and its recommendations.	
	Edge of Care Inquiry Executive Response Cabinet Member: Mark Sutton	The final report and recommendations of the Edge of Care Inquiry was considered by the Select Committee at their 3 September meeting. The report and recommendations were agreed by the Select Committee and endorsed for submission to the cabinet Member for his Executive Response.	
22 January 2019 2.00 pm	Child Sexual Exploitation (CSE) in Staffordshire, to include progress against the CSAF Action Plan Cabinet Member: Mark Sutton Officer: Mick Harrison	The Committee has requested a six monthly update on this issue. The Chair of the Children and Young People's Overview and Scrutiny Committee at Stoke City Council has been invited to attend this meeting and this arrangement is reciprocated. (Last considered at 10 July Select Committee meeting). Also included in the report is feedback from the SSRBG's meeting with Wolverhampton City Council about their taxi licencing (originally scheduled for 8 November Select Committee meeting).	
	Staffordshire & Stoke-on-Trent Adult Safeguarding Partnership Board Cabinet Member: Alan White Independent Chair: John Wood	This is reported to committee on an annual basis.	

	Staffs Safeguarding Children's Board (SSCB) Annual Report 2016/17 Cabinet Member: Mark Sutton Independent Chair: John Wood	This is reported to committee on an annual basis.	
	Children's Centre Visits Report from the Select Committee visits to Children's Centres	Four years ago the Select Committee completed work to assess the role of the Children's Centre. Four years on the Select Committee re-visited this work, visiting the Centres to assess the current situation in comparison with the findings of the original working group report.	
4 March 2019 10.00am Page 26	Domestic Homicide Reviews & emerging themes Cabinet Member: Mark Sutton and Alan White Officer: Julie Long	To consider possible themes emerging from an overview of these reviews and considering these from both an adult and children's safeguarding view point. (suggested at the 29 may Triangulation).	
	Youth Offending Service Cabinet Member: Mark Sutton Officer: Vonni Gordon & Hazel Williamson	Consideration of the YOS Review	
	Prevent Strategy Cabinet Member: Gill Heath Lead Officer: Becky Murphy	To consider and be updated on the work of the Prevent Strategy	
Awaiting the final report of the APMG	Stresses within mental health service Cabinet Member: Lead officer:	Suggested at the 29 May Triangulation. To ensure duplication is avoided this work will be postponed until the report of the Innovation APMG has been published.	
tbc	Domestic Abuse Cabinet Member: Gill Heath Lead Officer: Mick Harrison	Update on how the new contract is working.	
tbc	Adult Safeguarding Referrals – result of audit & developments Cabinet Member: Mark Sutton	As part of their scrutiny of the Quarterly Performance data for adult safeguarding (at their 3 September meeting) the Select Committee requested a report on developments in improving	

	Lead Officer: Andrew Sharp	consistency of recording, including the work undertaken both locally and regionally and the results of the audit on the underlying reasons for repeat referrals.	
tbc	Vulnerable Adolescents Focused Visit Cabinet Member: Alan White Lead Officer: Toby McGregor	To update Members on progress with implementation of the Focused Visit Action Plan on the LA Arrangements for the Protection of Vulnerable Adolescents.	
Post March 2019	Mental Health North – Transfer Cabinet Member: Alan White Lead Officer: Jon Soros	To consider the safeguarding implications of the Mental Health North transfer.	

Standing Items 2018-19

Item	Details	Action/Outcome
Themes emerging from Serious Case Reviews Cabinet Member: Mark Sutton Lead Officer: Richard Hancock	Where Serious Case Reviews have taken place the Select Committee will consider any learning that can be taken from the Review	
MTFS Reforms and assessing the “no impact claims”	Suggested at the 29 May Triangulation meeting. To scrutinise those areas of the MTFS that promise “no impact” from the changes made to assess if this was accurate and/or whether the identified mitigating action has been effective. This is routinely scrutinised by Corporate Review, with that Select Committee referring to the appropriate Select Committee for further scrutiny as and when necessary.	

Briefing Notes/Updates/Visits 2018-19

Date	Item	Details	Action/Outcome
22 August 2018	Direct Payments Cabinet Member: Alan White Lead Officer: Andrew Jepps	Following the 15 January consideration of Home Care Members requested an item on Direct Payments to clarify how the system worked. The Chairman and Vice Chairman agreed that this should be dealt with via a briefing note in the first instance.	The Briefing note was emailed to Select Committee Members on 22 August 2018.
22 August 2018	Post 18 Transition Services	At the 10 July Select Committee Members requested a briefing note on this issue.	The Briefing note was emailed to Select Committee Members on 22 August 2018.

Cabinet Member: Mark Sutton Lead Officer: Andrew Sharp & Clare Owen		
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Working Group and/or Inquiry Days 2018-19

Date	Item	Details	Action/Outcome
Inquiry Day 30 January 2018 + follow-on meetings on 12 February 13 March	Preventing Children coming into Care- now called "Edge of Care" Cabinet Member: Mark Sutton Officer: Richard Hancock	This item was initially proposed by the Commissioner for Community Safety, Children and Families. The Chairman has met with the Head of Families First and a scoping report has been prepared for Members' consideration.	The 30 January Inquiry has been held. A further Member meeting on 12 February identified a range of further information they required. This detail will be presented by Officers at the 13 March meeting. The final report was agreed by the Select Committee at the 3 September meeting and has been forwarded to the Cabinet Member for Children & Young People for his executive response.
June and July 2018	Children's Centres – 4 years on Cabinet Member: Mark Sutton Officer: Mick Harrison	Three years ago the Select Committee completed work to assess the role of the Children's Centre. Three years on the Select Committee will re-visit this work, visiting the Centres to assess the current situation in comparison with the findings of the original working group report.	At the Select Committee meeting of 26 November Members agreed to a request that this review be put back until the current significant changes within Children's Centres were completed. At the 8 June Select Committee Members agreed to set up this working group, with Members visiting the Centres before the end of the 2018 summer term.
12 January 31 January 21 March Reporting to 8 June 2018 Select Committee	Elective Home Education	Referral from Corporate Parenting Panel – August 2017 (NB – also referred to Prosperous Staffordshire Select Committee)	A review group has been set up jointly with members of the Prosperous Staffordshire Select Committee. Its first meeting was held on 12 January where Members received a briefing from officers. A planning meeting was held on 31 January with the inquiry session on 21 March. The Inquiry Group then compiled their report and recommendations which were submitted to the 8 June Select Committee for their comment and/or endorsement. Both this Select Committee and the Prosperous Staffordshire Select Committee endorsed the report and recommendations. The report was therefore sent to the Cabinet Member for his executive response.

Page 28

Current & Related Work of Select Committees and/or All Party Member Groups 2018-19

Timescale	Area of Work	Details	Action/Outcome
30 May 2018 Special joint meeting	All Age Disability Strategy Cabinet Member: Alan White Officer: Martyn Baggaley	The Healthy Staffordshire Select Committee has the All Age Disability Strategy on their work programme with the original intention that this issue would be considered by them and their findings shared. However it has now been agreed that this will be considered at a special joint meeting between Healthy Staffordshire, Prosperous Staffordshire and the Safe and Strong	Detailed scrutiny took place at the joint meeting with the thoughts, questions, concerns and comments of members at the Meeting being taken into consideration by the authors and Cabinet Members in the preparation of the final version of the Whole Life Disability Strategy 2018-2023 Consideration is being given to whether a further joint meeting is needed

September 2017 - June 2018	Children's mental health & wellbeing Cabinet Member: Alan White Officers: Tilly Flannigan & Divya Patel APMG Membership Keith Flunder (Chair) Johnny McMahon Bernard Peters Ron Clarke Bryan Jones Ann Edgeller	Communities Select Committees on 30 May 2018. Innovation APMG: Terms of Reference 'how to promote children's emotional and mental wellbeing to reduce referrals to specialist services across SCC and other partners, by intervening earlier to ensure better long-term outcomes'	The final report of this APMG is due to be considered by Corporate Review in June 2018. The final report was considered by Corporate Review at its meeting of 3 September.
August 2017 – February 2018	Increasing S3 Capacity Cabinet Member: Gill Heath Officers: Angela Schulp & Adam Rooney APMG Membership Mike Davies (Chair) David Smith Kyle Robinson Maureen Compton Julia Jessel	Community APMG: How do we increase the capacity and utilise the services of S3 to deliver 'People helping people' and reduce the involvement of SCC	The final report of the APMG was considered by Corporate Review on 19 February 2018.

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