

No.

## HEALTHY LIVING AND SOCIAL CARE SCRUTINY COMMITTEE

Minutes of a meeting held on 6<sup>th</sup> November, 2018.

Present: Councillor K.F. McCaffer (Chairman); Councillor Mrs. R. Nugent-Finn (Vice-Chairman); Councillors Ms. J. Aviet, B. Brooks, Mrs. C.A. Cave, G.D.D. Carroll, S.T. Edwards, K.P. Mahoney, L.O. Rowlands and N.C. Thomas.

Also present: Councillors G. Kemp and Dr. I.J. Johnson

### 463 MINUTES –

RECOMMENDED – T H A T the minutes of the meeting held on 9<sup>th</sup> October, 2018 be approved as a correct record.

### 464 DECLARATIONS OF INTEREST –

No declarations were received.

### 465 PRESENTATION – 12 MONTHLY PROGRESS UPDATE: MRS. R. WHITTLE, CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) –

For this item, and representing the Cardiff and Vale University Health Board, the Committee welcomed Rosemarie Whittle, the Head of Operations for Community Child Health and Katie Simpson, the CAMHS Project Manager. This was the fourth update that the Committee had received in respect of development around mental health services for children and adolescents.

In beginning her presentation, Mrs. Whittle referred to local challenges and advised that it was recognised that there were excellent services in place but the system for clients requiring mental health support was difficult to navigate. She added that requests for help were sent to several services and so may bounce around the clinical system. In addition, the criteria for service access also made it difficult for clients to receive help and there was no route to specialist support except via a person's GP. Therefore, it had been recognised that there was a need to refocus Primary Mental Health services in order to meet assessment targets.

One of the key ways in which the Health Board could improve support available was through the creation of a single point of access. For this, clients would be referred via a range of agencies and would then be signposted to the appropriate service area.

In addition, there was greater collaborative working with the Third Sector and partner agencies and also a preventative Locality model, delivered around schools and Primary Care Clusters, would be developed. Furthermore, it was hoped that there

No.

would be facilitation of early intervention and access to specialist support which would be underpinned by a multi-agency resilience transformation project that was supervised by existing clinical staff from Primary Mental Health, Clinical Psychology and Specialist CAMHS.

Mrs. Whittle then referred to the implementation of new ways of working across agencies in order to increase resilience and awareness of Adverse Childhood Experiences through peer support, timely intervention and proper signposting. This new approach would be delivered by resilience workers employed by the Health Board but based in educational teams as part of a transformative approach to changing professional cultures and working practices. This would be provided on the basis of school clusters in order to support emotional wellbeing with a greater perspective on Adverse Childhood Experiences and mental health.

In terms of what was deliverable, Mrs. Whittle referred to an holistic service that brought together attachment, Adverse Childhood Experiences and mental health services across education, health and social care. The new resilience workers would work across Cardiff and the Vale of Glamorgan and an early intervention and preventative approach to workers based within the community would be introduced. In addition, there would be the development of peer support and increased volunteering.

With regard to the expected outcomes, Mrs. Whittle stated that these were:

- Improved mental health and wellbeing for children and young people;
- A decrease in referrals to specialist mental health services;
- Increased knowledge and skills of non-mental health professionals in the community;
- Adverse Childhood Experience / developmental trauma informed approach;
- Establishing an effective working model that could continue on a long term basis.

Katie Simpson then referred to the CAMHS Repatriation Project and advised that currently the specialist CAMHS Service was delivered by the Cwm Taff Health Board, but it had been agreed for this service to be brought back under the management and delivery of the Cardiff and Vale University Health Board on 1<sup>st</sup> April, 2019. For this, engagement work with service users was currently ongoing to find out and understand their perspective of what the service should look like. This would involve two workshops, one in Cardiff and one in the Vale. These would involve young people, parents and care professionals and would help the service get a flavour of what participants wanted to see happen.

As a result, this would result in the introduction of a single point of access for children and young people requiring emotional and mental health support for professionals, children and their families which it was hoped would improve the referral process. In addition, the health Board would be working together with its partner agencies to ensure that there was a fully integrated service delivery model that felt seamless for children, young people and their families. Importantly, feedback would be utilised in order to make improvements to the way that services

No.

were delivered so that they would be better able to meet the needs of children, young people and their families. The Health Board had recognised that there were a number of areas of the service that could be improved, some of which would be achieved through the Repatriation Project, some required further work and longer term strategies and some through the establishment of mechanisms to support the delivery of the key aims.

In clarifying the number of Resilience Workers to be employed, the Committee was advised that this was likely to be around ten.

A Committee Member in referring to the single point of access asked whether the telephone number for this would be shared with Councillors. In reply, Katie Simpson advised that the Health Board was working with the Council's Communications Team in order to introduce a more sophisticated system linked to a person's individual experiences.

The Committee noted that a large issue around support for young people was that not all would require the input of CAMHS and it was important not to label young people with a mental illness at a young age. It was therefore important to look at small improvements at an earlier stage which would hopefully mean that a person would not experience greater issues at a later stage.

In reply to the question about the ability of client's to self-refer, Mrs. Whittle advised that it was hoped to get to this point at some stage. This was a later phase of the Plan as there was a need to ensure that everything was properly joined up first. A key element for this was the initial conversation between the individual and health practitioner, and the early identification of mental health issues. This was still some way off and may also include the use of an on-line platform.

With regard to the rate of referrals, Mrs. Whittle stated that the rate for this year was about the same as last year, and she referred to a monthly report on those referrals that had not progressed through the system. In terms of waiting lists, she advised that for neurological referrals, the service was meeting the 26 week waiting target. For Primary Mental Health, the service aimed for 80% of referrals to receive support within 28 days. Performance for this fluctuated on monthly basis ranging from 91% to 67%. For Specialist CAMHS, the longest wait was currently 14 weeks. This was an improving picture.

In terms of avoiding crisis, Mrs. Whittle stated that there were still cases of young people with mental illness presenting at Accident and Emergency Units. Early crisis support and the ability to quickly speak to a psychologist were therefore key issues to address.

Following consideration of the update, it was subsequently

**RECOMMENDED –**

(1) T H A T the progress update on developments around the Child and Adolescent Mental Health Service be noted.

No.

(2) T H A T a further update report be presented in 6 months' time, following the analysis of outcomes from the engagement workshops.

Reason for recommendations

(1&2) Following consideration of the update on progress around the Child and Adolescent Mental Health Service.

466 THE VALE OF GLAMORGAN LEISURE STRATEGY (REF) –

The Operational Manager, Neighbourhood Services, Healthy Living and Performance, advised that on 1<sup>st</sup> October, 2018 Cabinet had endorsed the Vale of Glamorgan Leisure Strategy and agreed that it be referred to the Scrutiny Committee for further consideration, prior to its return to Cabinet for formal adoption.

Members were advised that the Council's absence of a Leisure Strategy was identified in the Wales Audit Office report "The Future of Leisure Services in Wales – Delivering with Less", which cited the Vale of Glamorgan Council as the only example of good practice in Wales for the procurement of its Leisure Management Contract and that following extensive consultation and the use of an external and independent consultant a Strategy had now been produced.

The Strategy contained at Appendix A to the Cabinet Report commented on eight key areas. These being outdoor sport, indoor sport and leisure, sports development, parks and open spaces, outdoor activities, play, exercise referral and community centres. The Strategy also detailed current provision, issues and future objectives. The Strategy was linked to both the Council's Corporate Plan and the Welsh Government's Well-being of Future Generations (Wales) Act and was designed to cover the next ten years and therefore was linked to the maximum time possible for the current Leisure Management Contract with Legacy Leisure.

Members were advised that a key theme of the Strategy was the need for the Council to continue to develop over the next ten years as an enabler and facilitator as opposed to a direct funder of leisure services. This would involve the continuation and development of partnerships and alliances to provide opportunities for people to enjoy physical activity. The action plan detailed areas of work such as fees and charges, raising awareness of services, opportunities to promote physical activities outdoors, potential for Community Asset Transfers, increased community access to education facilities, exploring future partnership opportunities and greater long term planning.

A Committee Member referred to the Committee's previous meeting when a report was considered around single use sports facilities. The Member stated that the Committee referred the report to Cabinet requesting that the Committee receive an update on progress. The Member queried whether this was indicated within the Cabinet resolution. In reply, the Cabinet Member for Health Living and Social Care, with permission to speak, advised that a report would be coming back to Cabinet and

No.

that the nothing had been closed. In addition, the Operational Manager stated that meetings with clubs and organisations had been held in order to discuss the proposals and the outcome of these would be reported back to Cabinet and there was then the potential for this report to be referred back to Scrutiny. He stated that he would need to clarify the Cabinet minutes for the relevant meeting.

In referring to page 32 of the Strategy and fees and charges, a Committee Member stated that increasing fees was at odds with increasing participation. In reply, the Operational Manager stated that most fees and charges were in relation to the Leisure Centre Contract, but what was also being considered was where Council subsidies applied were these reaching the right people. The Operational Manager added that the proposals were meant to increase participation and it was right for the Council to review where the subsidies were being allocated. In terms of single use facilities, the Operational Manager advised that the definition of this was not used by most clubs and organisations. It was hoped that following a review, this may lead to resources being made available and he highlighted that some subsidies were disproportionate to the number of people using the facilities. He added that some sports clubs presented no barriers when it came to participation and most had open membership and the key question for the Council was whether the Council was making the right use of resources.

With regard to the initiative for a Railway Walk in Penarth, the Operational Manager advised that this related to improving people's cycling skills as opposed to it being a sports track.

A Committee Member queried the overall vision of the Strategy. In reply, the Operational Manager stated that he would have liked the Strategy to be more specific in terms of Leisure Centres, but in light of the budgetary situation and the ten year period that the Strategy covered, the actions that were included were those that could be monitored and more likely to be progressed successfully. The Operational Manager, in commenting on the performance of the Vale, stated that the Vale of Glamorgan was ranked first in Wales in terms of public participation in sport and the Vale was one of the most efficient providers in Wales. The key aim of the Strategy was to bring all the Council's key priorities into one document and under its own umbrella.

With regard to marketing, a Committee Member stated that the Strategy could include greater detail. In reply, the Operational Manager stated that Legacy Leisure would say that it had been proactive around the use of social media but this was linked to the Leisure Centre Contract. Representatives of Legacy Leisure would be attending the next Scrutiny Committee meeting and the Operational Manager advised that the need for greater marketing could be raised then.

In reply to a query regarding reference to play, the Operational Manager advised that play came under sports development but he considered that more mention should've been given to play. He referred to the difficulty around funding and the need to secure additional money in order to ensure that the play schemes in place could continue. For this, Leisure Services would speak to colleagues in Social Services and Education. The Committee noted that this linked to play schemes organised at

No.

Ysgol Y Deri, with a Member stating that some families had commented on how difficult it had been to get there.

A Committee Member then raised two points. The Member's first point related to whether it was realistic that it would cost the Council £19k for a person to maintain sports pitches as, when he had spoken to individual clubs, they had advised him that the costs did not go anywhere near this amount. In reply, the Operational Manager stated that the Strategy needed the involvement of clubs, which was important if the Strategy was to be reactive on the needs of service users. The associated costs would be considered where clubs agreed to take over the running of facilities. The Member's second query was in relation to consultation and the Member queried whether the consultation exercise had been carried out before the Strategy had been developed. In reply, the Operational Manager stated that service users were one element of the consultation exercise which was carried out before the Strategy had been pulled together. He also advised that in terms of clubs and individual organisations, opportunity was there for them to contribute. With regard to the single use sports clubs, the Operational Manager advised that the Council had received mixed feedback. Some organisations felt that they could take over management and some were keener than others to meet the costs that the Council provided. It was likely that some organisations would be self-sufficient but there was a wide and varied picture with a need for consolidation. He referred to other Local Authorities that were undertaking the same course of action and he stated that these were difficult questions to answer and it was not an easy process to go through.

A Committee Member stated that the Operational Manager should be heartened by the level of interest of the Committee's debate as this was an extremely important area. The Member referred to the use of technology in order to ascertain the level of exercise and participation that individuals undertook. The Member queried whether there was such a mechanism available. In reply, the Operational Manager stated that the focus of the service was increasing opportunity for play, activities and participation and he referred to the success of the National Exercise Referral Scheme, which was well used. He also stated that technology was an important element and the Council worked very closely with Sport Wales as they were a key funding partner. In regard to school participation, the Operational Manager referred to the half post of Sport Development available to every secondary school and the duty to provide intensive opportunity for exercise at primary schools. He also advised that he was disappointed that it was likely for the digital school survey to be removed from the school curriculum as this was a way of showing children what was available, particularly in a coastal Authority. This, he stated, was one issue with the Strategy as it was linked to the ten year contract with Legacy Leisure and so was less specific than it may have been. In terms of monitoring people's individual exercise regimes, the Operational Manager stated that this was something that the service was attempting to do but this would only be for people who had registered for a service.

In clarifying investment planned for Cliff Walk in Penarth, the Operational Manager stated that this could potentially include golf, but also other activities that linked to what was currently available at that location.

No.

The Chairman queried the wording on page 21 regarding good quality provision and the wording of operation issues which was "Limited resources for Exercise Referral as a result of the grant; programme driven by specific criteria, and funded externally by Public Health Wales and the Welsh Government Funding and inclusion". The Chairman stated that this seemed confusing. In reply, the Operational Manager stated that this needed to be spelt out more clearly. The Chairman then queried action on page 36 and missing information around the need to promote awareness of the physical activity opportunities. This, the Operational Manager stated, could now be included.

The Committee then discussed the need for the Strategy to be reported back and it was agreed that the Strategy should be revised and for the amended document to be made more user friendly and for the amended version to be reported back to the Scrutiny Committee prior to its formal adoption by Cabinet.

Subsequently, it was

RECOMMENDED –

(1) T H A T the Vale of Glamorgan Leisure Strategy be referred back to Cabinet for revision.

(2) T H A T the revised and amended Strategy be reported back to the Scrutiny Committee prior to formal adoption by Cabinet.

#### Reason for recommendations

(1&2) That Committee felt that the Strategy was not very easy to read and some wording and terminology could be more user friendly.

#### 467 THE VALE OF GLAMORGAN AND CARDIFF INTEGRATED FAMILY SUPPORT SERVICE ANNUAL REPORT 2017/2018 (DSS) –

The Integrated Family Support Service (IFSS) Manager presented the report, the purpose of which was to ensure that the Committee had considered the 2017/18 Annual Report for the Vale of Glamorgan and Cardiff Integrated Family Support Service before it was submitted to the Welsh Government as required.

The IFSS programme was intended to provide holistic support to families by breaking down boundaries between local government and health, and between adult services and children's services. It was delivered by a combination of highly skilled professionals from social care and health, acting as a single workforce.

The IFSS was based at the Alps and it had been operational since the end of February 2012. The service had five principal functions:

- undertaking intensive direct work with families through the application of time-limited, family focused interventions;

No.

- providing advice and consultancy to practitioners and agencies on engaging complex families with parental substance misuse;
- working jointly with the case managers and others to ensure that the family could gain access to the services they needed;
- spot-purchasing services not otherwise available; and
- providing training on evidence-based interventions for the wider workforce.

Section 64 of the Children and Families (Wales) Measure 2010 required an annual report on the effectiveness of the IFSS to be submitted to Welsh Government. The report for 2017/2018 was attached at Appendix I to the report. The annual report summarised:

- key achievements and outcomes;
- summary of the past six years;
- effective partnership working;
- challenges faced by the service; and
- priorities for 2018/2019.

In being asked to outline the key highlights from the annual report, the IFSS Manager referred to the following points:

- With regard to referrals received, 59 had come from Cardiff and 51 were from the Vale.
- Referrals received were below target but this had meant that the target for those awaiting a decision had been exceeded.
- In terms of families worked with, during 2017/18, 28 families were from the Vale compared to 34 from Cardiff.
- The service used the Warwick-Edinburgh scale to measure a family's happiness over the course of support. This included regular measurements at initial referral, one month, three month, six month and 12 monthly intervals. There would also be a measurement when the case was closed.
- The aim around family happiness was to achieve a success rate of 75% against goals set. For 2017/18, the service had exceeded this, as was illustrated on the goal containment table on page 24 of the Appendix.
- In terms of families accessing other services, it was reported that for 94% of families supported, this had resulted in a child remaining at home. Eight children were accommodated as a child looked after.
- Around training, the service provided specialist courses for practitioners in Adult and Children's Services and also to the Voluntary Sector including substance misuse agencies.
- Service challenges were highlighted on page 32, Section 10, these included recruitment and staffing, an increase in family stability, a continuation to deliver training, a review of safeguarding procedures and to further develop the model of service delivery.

A Committee Member queried why more females than males were referred for substance misuse. In reply, the IFSS Manager stated that this was mainly as a

No.

result of a single parent family. She also referred to difficulties around male partners not wanting to be involved in the process.

With regard to evidence of impact following support, a Committee Member queried whether this had been looked at. In reply, the IFSS Manager advised that happiness would be measured up to 12 months after the intervention, but a key challenge was receiving the consent of families. One area that the service could look at was the rate of re-referrals.

The Chairman queried the proposal for a Cardiff and Vale of Glamorgan Unborn Children's Service. In reply, the IFSS Manager stated that this was a pilot project, the outcome of which showed, that in the Vale, the number of families and demand for such a service was not there. Support through Specialist Midwives was still available.

The Chairman also queried the Apprenticeship Levy, with Members advised that as yet no apprentice had been taken on. In addition, the Chairman highlighted paragraph 7.4 of the appendix and referring to other services, which showed the benefit that the IFSS had brought.

#### RECOMMENDED –

(1) T H A T the contents of the Integrated Family Support Services Annual Report for 2016/2017 be noted.

(2) T H A T the work being undertaken to provide intensive support to families, especially those where children were adversely affected by parental alcohol or drug dependence, be endorsed.

#### Reason for recommendations

(1&2) To ensure that the Council's statutory functions in relation to providing an Integrated Family Support Service are fully met in accordance with Welsh Government guidance.

#### 468 THE ANNUAL REPORT OF THE VALE, VALLEYS AND CARDIFF REGIONAL ADOPTION COLLABORATIVE, 1<sup>ST</sup> APRIL 2017 TO 31<sup>ST</sup> MARCH 2018 (DSS) –

For this item, the Committee welcomed the Regional Adoption Manager.

As a background summary, the report outlined that on 28<sup>th</sup> November, 2014, Cabinet approved the business case, service delivery model and implementation plan for creating the Vale, Valleys and Cardiff Regional Adoption Collaborative. The recommendations in the report were resolved also by the Cabinets of Cardiff, Rhondda Cynon Taf and Merthyr Tydfil during December 2014. The Vale of Glamorgan Council acted as host Authority for the Collaborative, which became fully operational on 1<sup>st</sup> June, 2015.

The governance structure of the Collaborative involved a Joint Committee and a Regional Management Board. The Joint Committee involved the Lead Cabinet Member from each of the four Local Authorities and Heads of Service; it meets twice a year. The Management Board meets bi-monthly. It comprised the Heads of Service from the four Local Authorities which made up the Collaborative and representatives from Healthy, Education and the Voluntary Sector. The Management Board was chaired by the Director of Social Services from Merthyr Tydfil until July of this year when the role transferred to the Director of Social Services for Rhondda Cynon Taf. In line with the Partnership Agreement, this position will rotate on a yearly basis between the Directors of the four Local Authorities. The Regional Adoption Manager reports to the Management Board and Joint Committee.

The report outlined the performance and work of the service for the period 1<sup>st</sup> April, 2017 to 31<sup>st</sup> March, 2018. It summarised the progress, achievements and areas for development against the Regional Plan put in place to deliver the service and the priorities set by the National Adoption Service.

The report included information on:

- staffing and service development;
- Adoption Panel functioning and membership
- advertising and marketing;
- performance in relation to children referred and placed for adoption;
- placement disruption;
- adopter enquiries and approvals;
- adoption support, service user engagement and consultation;
- external monitoring and governance;
- complaints and compliments.

During the period for this report, a Best Value Review was undertaken, commissioned by the Directors of the four Local Authorities. This provided an opportunity to look at the strengths and weaknesses of the service and to look at potential remedies to address some of the presenting difficulties. The findings of the Review validated the earlier work undertaken by the RAC detailing capacity and resourcing issues and options to address the shortfalls in the service.

In respect of regional performance, the increased number of children being placed for adoption during the period, the number being adopted and the reduced time taken to place a child for adoption from Placement Order are positive improvements. Some improvement had also been noted in the provision of Life Journey materials for children placed and in respect of the take up of birth parent counselling. These improvements would be considered against the increase in the number of children waiting for placements and the number waiting over six months to be placed. This was set against the decrease in approvals of adopters and delays in timely recruitment of adopters makes recruitment an ongoing and clear priority for the service.

No.

The service had also been proactive in developing new initiatives during the year to more effectively support adopters and prepare them for placement. There was evidence that the increased permanent resource in adoption support was having a positive effect in improving performance and reducing pressures on the service. The priorities set for the 2017-18 had been met in part but some were ongoing due to the need to continue to concentrate on core business.

The priorities set for 2018-19 focused upon completing the actions arising from the Best Value Review which had been endorsed by the Management Board. Particular emphasis for the remainder of the year would be upon driving up the conversion rate of adopter enquiry to application with the intention of increasing the rate of adopter approvals. Some systems had already been put in place to improve the initial response following the recent appointment of the Marketing and Recruitment Co-ordinator and so it was hoped that these could be developed further once the additional resources in Recruitment and Assessment were also in place.

The other priority for the RAC during this current year had been managing the recent relocation of the service to Barry. In order to achieve as smooth a transition as possible and to minimise service disruption, this had required careful planning and preparation by the RAC staff and the development of some new systems of working to meet the needs of the whole region. The permanent location would have benefits longer term but the service was still in a settling in period so it was important that priorities remained delivering core business and service improvements.

A Committee Member queried whether there were particular ages for which it was difficult to find prospective adopters. In reply, the Regional Adoption Manager advised that 8 or 9 year olds would represent a high percentage of challenging adoptions. She went on to advise that all prospective adopters were advised of the range of children waiting to be adopted, and prospective adopters would usually visit the website as their first point of contact.

The Chairman asked for an update on the Regional Marketing Plan. In response, the Regional Adoption Manager advised that the Marketing Co-ordinator had been in post since August and had made a good start. This included a stand being placed at the Cardiff and Vale Pride march and work in readiness to promote National Adoption Week.

Subsequently, it was

RECOMMENDED –

- (1) T H A T the contents of the report and the work undertaken to date be noted.
- (2) T H A T the Committee continues to receive annual reports in line with the requirements of the Partnership Agreement which underpins the Collaborative.

#### Reason for recommendations

(1&2) To enable the Committee to exercise scrutiny of this key statutory function.