

HEALTHY LIVING AND SOCIAL CARE SCRUTINY COMMITTEE

Minutes of a meeting held on 14th January 2020.

Present: Councillor Mrs. R. Nugent-Finn (Chairman); Councillor N.C. Thomas (Vice-Chairman); Councillors Ms. J. Aviet, Mrs. J.E. Charles, S.J. Griffiths, T.H. Jarvie, K.P. Mahoney, R.A. Penrose and J.W. Thomas.

Also present: Councillor B.T. Gray (Cabinet Member for Social Care and Health).

577 APOLOGY FOR ABSENCE –

This was received from Councillor O. Griffiths.

578 MINUTES –

RECOMMENDED – T H A T the minutes of the meeting held on 11th December 2019 be approved as a correct record.

579 DECLARATIONS OF INTEREST –

No declarations were received.

580 PRESENTATION – 12 MONTHLY PROGRESS UPDATE: CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) –

The Directorate Manager for Community Child Health at the Cardiff and Vale University Health Board (UHB) began her presentation by thanking the Committee for the opportunity to provide a further annual update on the Emotional Wellbeing and Mental Health Services for Cardiff and the Vale of Glamorgan and advised that since the last update, the Service had transferred from a Cwm Taff base back to the Vale of Glamorgan and had been able to access a number of funding streams to support children and young people as a responsive service.

The Directorate Manager then summarised the strategic vision and transformation of the Emotional Wellbeing and Mental Health Service by setting out the underpinning principles and the National Health Service (NHS) Mental Health Service for Children and Young People being delivered through a single point of access to include:

- Specialist CAMHS;
- Primary mental health;
- Emotional wellbeing service;
- Consultation and advice; and
- A digital platform.

The Manager then went on to describe the following methods in order to achieve the Service objectives:

- To provide a family help and support service;
- Adopting a locality wellbeing approach with skilled mental health workers providing consultation and advice and a conduit to NHS Mental Health Services; and
- To considering adverse childhood / developmental trauma.

The Directorate Manager then drew Members' attention to a network schematic as included within her PowerPoint presentation slides, which set out the routes of support to avoid service users having to duplicate appointments. The Emotional and Mental Health Service and subsequent support network had been designed under a "child's rights approach" using feedback gathered from both young people and their parents and the Manager noted that the Vale of Glamorgan was a very different Authority from that of Cardiff, however the principles of the UHB were universal.

The Directorate Manager then introduced the Service Manager for Emotional and Mental Health Services, who provided Members with information regarding processes that were either already in place, in the process of mobilising or requiring further development in order to achieve future progress and service delivery as follows:

In Place

- Administrative single point of access for referrals;
- Clinical multi-disciplinary referral triage between the Specialist, Primary and National Deaf Child and Adolescent Mental Health Services;
- Change, Grow, Live, UHB commissioned open access early support;
- Council Early Help hubs and advice line;
- Digital platform option for assessment and intervention as requested by young people (pilot commenced);
- CHAT help for School Nursing (text service for young people to obtain support);
- Child Psychology part of single point of access.

Mobilising

- Transformation programme (18 months). Resilience workers supporting adverse childhood experiences embedded with Psychology and Education Wellbeing teams;
- Embedded Mental Health Workers in the Council's Family Advise and Support Services (supported by the Regional Partnership Board Integrated Care);
- Additional roles within the single point of access to deliver clinical consultation, advice and triage to both professionals and parents;
- School Health Nurses with a focus on emotional health to undertake drop-in clinics;

- Parent Support Worker and third sector parent support offer for parents of children and young people experiencing emotional wellbeing and mental health issues and / or accessing services;
- New roles to support the delivery of an improved Eating Disorder Pathway;
- New roles for therapeutic support for Children in Care.

In Development

- Websites and information to be updated / developed.

The Service Manager then wished to refer to Part 1 of the Mental Health Measure and advised that the Service was currently achieving 80% of both Assessments being referred within 28 days and Interventions reaching assessment within 28 days. The statistical information provided to Members within the PowerPoint presentation set out that at the point of December 2019, the majority of assessments were referred on within 29 – 56 days and that the majority of interventions resulted in assessments taking place under 28 days and therefore work was still required in order to meet the Measure's 100% targets as the longest waiting time for the Service was currently at 95 days with an appointment booked for January 2020. As a supplementary point, the Manager advised that a recovery plan was already in place and the Service expected to see significant improvement in delivery against the target from February 2020.

The Service Manager then moved on to Part 2 of the Mental Health Measure which set out a requirement that 90% of patients who were in receipt of secondary mental health services had a valid Care and Treatment Plan (CTP) at the end of each month and advised that the current Service performance level was 88.9%. The current Specialist CAMHS waiting time was 10 weeks, however this had reduced over the last quarter from 24 weeks and recovery work was also in place to support and improve the access time in to Service.

A Member then began discussion by congratulating the Health Board Officers for the documented improvement in service delivery and passed on her best wishes for recruitment exercises in the future and queried how difficult the recruitment process would be. In response, the Clinical Lead for CAMHS advised that recruitment was a national issue and had historically been achieved by individuals moving between Health Board Services, so an increased emphasis was now put on to internal development of existing Health Board staff as well as concentrating on retention and staff wellbeing.

A Member then wished to clarify the age range for individuals using the Emotional Wellbeing and Mental Health Service and who was able to refer an individual to the Service. In response, the Clinical Lead for CAMHS advised that the Children and Young People Services upper limit was at the point of an individual's 18th birthday and referrals into the Service depended upon the type of service need which in turn would depict the type of individual making the referral. However, at the current time, referrals were made for a young person through their General Practitioner (GP).

As a supplementary question, the Member then wished to ask if teachers were able to approach the Service directly and the Directorate Manager for Community Child

Health advised that currently referrals were only made through General Practitioners however the Service recognised this avenue extended the referral process and therefore the single point of access process would make referrals more direct and allow school staff the opportunity to contact the Service directly and efficiently.

The Vice-Chairman also wished to congratulate the Health Board Officers on reducing the assessment times and in noting that 80% of assessments were referred within 28 days, queried the progress for the remaining 20% of individuals known to the Service. To which, the Service Manager advised that the longest waiting time for any individual within the remaining 20% was 95 days and the delays were mainly caused by staffing capacity issues, however the Service was continuing to work towards 100% of assessments being referred within the 28 day target which the Service was confident would be evidenced within the statistical data eventually available for February 2020.

The Chairman then wished to ask the Health Board Officers how many Vale of Glamorgan schools had direct access to a counselling service, to which, the Head of Children and Young People Services for the Vale of Glamorgan Council added that coordination of school based counselling sat within the remit of Learning and Skills.

The Officer also wished to add that CAMHS was a specialist service and it was important for the service to be recognised as part of a broader range of services for emotional wellbeing and mental health.

The Chairman then wished to applaud the UHB Officers for their recognition of the Vale of Glamorgan being a different and very much separate authority from the Cardiff Authority and queried if the UHB had conducted an Emotional Wellbeing and Mental Health Service launch event in April 2019 as advised at the last presentation update. The Directorate Manager advised that unfortunately the Service had not yet had a launch event as focus was put on gathering feedback from young people using the Service, however a launch event was still scheduled for the future once the single point of access and a telephone link service were fully operational.

The Chairman then wished to share the findings of her research into websites for the CAMHS service and found that the information provided online was out of date and therefore she was extremely pleased to hear that work was underway to recognise the digital gap and suggested to Health Board Officers that advice videos also be included as an online resource for young people to engage with as well as establishing a Mobile Application designed on the specific wants and needs as expressed by both parents and young people.

The Directorate Manager then wished to add that the Service was having extensive discussions with young people about their wants and needs and the Clinical Lead for CAMHS added that young people had clearly expressed that they did not wish to repeat their circumstances/issues several times at different contact points within a service and therefore the support network framework, as previously set out in the presentation, was a significant step in meeting the wishes of young people.

RECOMMENDED – T H A T all staff involved with the Emotional Wellbeing and Mental Health Services be thanked for their continued efforts to provide crucial

support to children and young people within the Vale of Glamorgan and that a further update on the work of the Service be presented to the Committee in 12 months' time.

Reason for recommendation

To ensure that the Committee is kept up to date with the progress being made within the Emotional Wellbeing and Mental Health Service for children and young people under the Cardiff and Vale University Health Board.

581 REVENUE AND CAPITAL MONITORING FOR THE PERIOD 1ST APRIL TO 30TH NOVEMBER 2019 (DSS) –

The Operational Manager for Accountancy presented the report to advise the Scrutiny Committee of the progress relating to revenue and capital expenditure for the period 1st April to 30th November 2019 and began by advising that it was anticipated that the services within the Committee's remit would outturn with an adverse variance at the end of year of £1.3m as tabled below:

Directorate/Service	2019/20	2019/20	Variance
	Revised Budget £000	Projected £000	(+)Favourable (-) Adverse £000
Children and Young People	16,195	16,795	-600
Adult Services	47,903	48,603	-700
Resource Management & Safeguarding	281	281	0
Unplanned use of reserves to fund overspend	0	(1,300)	+1,300
Leisure Services	1,120	1,120	0
Total	65,499	65,499	0

With regards to the Children and Young People Services budget, the major concern for the service was the continued pressure on the children's placements budget given the complexities of the children currently being supported and the high cost placements some of the children required to meet their needs. Work continued to ensure that children were placed in the most appropriate and cost effective placements, however in the context of the complexity of need and the national challenges in identifying placements this was challenging, however, some progress had been made and it was now projected that the budget could overspend by around £600k for the current financial year. The Officer also noted that due to the potential high cost of each placement, the outturn position could fluctuate with a change in the number of children looked after and / or the complexity of need. It was also noted that the position included the utilisation of £500k grant funding from Welsh Government which had been provided on a one-off basis in 2019/20, however, as part of the provisional settlement for 2020/21, it was indicated that grant funding

would also be provided in 2020/21. The service held a reserve that could be accessed at year end to fund high cost placements if required.

The Officer then moved on to the Adult Services budget and began by advising that the pressure on the Community Care Packages budget was projected to have a net overspend at year end of around £700k. The outturn position was difficult to predict as the budget was extremely volatile. The service also continued to be affected by the pressures of continued demographic growth, an increase in the cost of service provision and the Community Care Packages budget would have to achieve further savings in the current financial year. The service would strive to manage growing demand and would develop savings initiatives which may be funded via regional grants. Welsh Government had continued to provide Intermediate Care Fund (ICF) grant to Cardiff and Vale University Health Board to allow collaborative working between Health and Cardiff and the Vale Councils, however the level of grant funding was not guaranteed on an ongoing basis and the service held a reserve that could be accessed at year end to fund any eventual overspend if required.

With regards to Leisure Services, the Parks element of the revenue budget could no longer be reported separately, as operationally it was an integrated part of the new Neighbourhood Services. It was therefore only possible to report the Leisure and Play element under the heading and as Parks capital schemes were separately identifiable, they would continue to be reported to the Committee.

As part of the Final Revenue Budget Proposals for 2019/20, a savings target of £545k was set for the Committee. A savings target, set for Neighbourhood Services, had now been allocated into specific projects and therefore a new target had been included in the report relating to the Single Use Sports Facilities. This now brought the total savings target for the Committee to £577k. The Officer then drew Member's attention to Appendix 1 of the report which was a statement detailing all savings targets for 2019/20 and it was anticipated that there could be a shortfall in the current financial year of £56k.

Appendix 2 to the report provided further detail of the savings within the Social Services Budget Programme and the Officer advised that the Corporate Programme Board and project teams overseeing the Plan would continue to monitor and ensure its delivery. As in previous years, ongoing progress updates would be reported to Committee as part of the overall financial monitoring report for the Directorate.

Appendix 3 to the report detailed financial progress on the Capital Programme as at 30th November 2019 and the following changes had been made to the Capital Programme since the last report to Committee:

Residential Home Refurbishment – Tenders that had been returned for the Integrated Care Fund (ICF) Ty Dewi Sant scheme had been significantly higher than originally anticipated due to additional and specialist elements of work required as part of the ICF project. It had been confirmed that funding currently allocated to the Residential Home Refurbishment project could be used to support the ICF scheme. It had been approved via Emergency Powers to vire £42k to the ICF Ty Dewi Sant scheme.

Various Ty Dyfan, Cartref, Residential Home Refurbishment schemes – For ease of procurement, it had been requested that the following schemes be amalgamated to create one single budget of £272k called Ty Dyfan and Cartref Dementia Improvements. Works would include hand rails, toilet upgrades and new fire and toilet doors:

- Residential Home Refurbishment £30k
- Ty Dyfan and Cartref Hand Rails £46k
- Ty Dyfan and Cartref Fire and Toilet Doors £138k
- Ty Dyfan and Cartref Toilet Upgrade £58k.

IT Developments in Homes – There had been an increase in BT installation costs at Ty Dewi Sant due to there being no fibre. A virement of £6k had been requested from the ICT Infrastructure scheme in the 2019/20 Capital Programme.

Cemetery Approach – Emergency Powers had been used to increase the 2019/20 Capital Programme by £139,818, to be funded £6,333 from the Barry Regeneration Partnership Project Fund and £133,485 contribution from Barry Town Council. £3,333 related to the park scheme and the remainder for the works to the community building.

Barry Leisure Centre Floor – The works to the floor would not be carried out until works to the dry changing rooms in Barry Leisure Centre were complete to prevent damaging the new floor. The works would not commence until the new financial year and it had been requested that £200k be carried forward into the 2020/21 Capital Programme.

Cowbridge Leisure Centre Roofing – As this work was seasonal it would not commence this financial year. It had been requested to carry forward £452k into the 2020/21 Capital Programme.

Barry and Penarth Leisure Centre Upgrade Changing Rooms – The scheme was estimated to be £320k overspent due to additional works required to address existing below drainage problems and the consequential delay that this caused to the project. The Barry and Penarth Leisure Centre electrical rewire project was anticipated to be underspent as the Council had received very competitive quotes for this work. A virement of £320k had been requested from the Electrical Rewire Barry and Penarth Leisure Centres scheme to the scheme in the 2019/20 Capital Programme.

Colwinston Play Area – The total cost of the scheme was £77k. The current budget for the scheme was £71k, and it had therefore been requested to increase the budget by £6k in the 2019/20 Capital Programme. The £77k was funded as follows:

Source of Funding	Amount £000
Section 106 monies	47
Colwinston Association	16
Stronger Communities Grant Fund	14
Total	77

A Member then referred to paragraph 2.12 of the Officer's report which set out a delay to works for the Barry Leisure Centre flooring until works to the dry changing rooms had been completed and queried who was managing the centre and therefore received all revenue generated. In response, the Operational Manager for Neighbourhood Services, Healthy Living and Performance advised that Legacy Leisure were currently managing Vale of Glamorgan Leisure Centres and that the company received all revenue generated however the works taking place as referred to in the report were being undertaken by Local Authority contractors.

The Member then referred to the approved savings for 2019/20 as contained in Appendix 1 of the report and questioned the meaning of the term "external procurement" with regards to the Resource Management and Safeguarding saving. In response, the Operational Manager for Accountancy advised that officers had examined the budget and identified resource savings which were back office savings and did not relate to a cutback on funding towards safeguarding measures.

The Vice-Chairman then referred to paragraph 2.14 of the Officer's report which provided further information regarding the upgrade to changing rooms to Barry and Penarth Leisure Centres and in acknowledging that Members were already aware of possible delays, queried why the slippage in works had taken such a long time and as a supplementary point queried whether the drainage issues that had been experienced in the dry changing rooms of Penarth Leisure Centre due to pool users temporarily using the dry changing rooms had been rectified. In response, the Operational Manager for Neighbourhood Services, Healthy Living and Performance advised that the delay in completion for the changing rooms at Barry Leisure Centre had now been addressed and the said rooms were now in operation, however the additional works required at Penarth Leisure Centre were more complicated as it was necessary for the floors in the changing rooms to be re-laid. However, the additional works were at no extra cost to the Local Authority as the works were necessary due to the contractors' error. With regards to the drainage issues within the dry changing rooms at Penarth Leisure Centre, the Officer advised that he had not previously been aware of the issue, however with the completion of the changing rooms being due imminently, it was expected that both the wet and dry changing rooms at Penarth Leisure Centre would be fit for their specific purpose in the very near future.

A Member then referred to the Social Services Budget Programme All Projects Summary Highlight Report as contained at Appendix 2 to the meeting papers and expressed her reservations about the savings to be achieved through the operating model for the Older Persons Day Centres and requested further information regarding the waiting list for Rondel House. At the same time, the Member also requested further context as to what was meant by a "complex case" regarding the saving project reference SS5. In the absence of the Head of Adult Services, the Director of Social Services advised that a complex case could be considered as a case whereby University Health Board care funding was also applied for as well as that obtained through Local Authority funding and that complex cases also referred to those which involved a larger scale of care packages, for example cases whereby it was necessary for more than one member of staff to respond to necessary calls.

As a supplementary question, the Member expressed her concern about individuals who did not understand what was going on with regards to complex case reviews and that the individual could have concerns that their hours of care could be reduced. The Director then advised that the Local Authority would not be taking care away from individuals without thorough assessment and justification for doing so and it was not the Local Authority's intention to put an individual into any situation whereby they may lose independence due to the levels of care available to them and therefore it was crucial that the assessment process was carried out correctly and thoroughly as was standard practice.

As a final query, the Chairman asked the Operational Manager for Accountancy whether there was a confirmed figure regarding the Intermediate Care Fund (ICF), to which, the Officer advised that a final figure for the ICF had not yet been made available, however it was anticipated that the Local Authority would be aware of the figure by the end of the current financial year.

RECOMMENDED – T H A T the position with regard to the 2019/20 revenue and capital budgets be noted.

Reason for recommendation

That Members are aware of the projected revenue outturn for 2019/20.

582 AUTISTIC SPECTRUM DISORDER (ASD): ADULT AUTISM TEAM (DSS) –

The Autistic Spectrum Disorder Project Lead Officer presented the report to provide Members with an update on the work of the Adult Autism Team and to outline future actions to be undertaken. The Officer began by advising that the primary objective of the team was to empower individuals to become independent and active contributors to society.

Funding was originally provided in the form of a specific Welsh Government (WG) grant. When the grant funding was transferred into the Revenue Support Grant (RSG) sufficient funding was identified from the ring-fenced amounts for Cardiff and the Vale to continue providing the service. The service was staffed with two part time staff members and continued to operate in that form until the launch of the Integrated Autism Service (IAS) in September 2017.

The Officer advised that the Minister's original funding announcement for the IAS provided funding until 2021 and in September 2019 he made a further statement that *".....I am making available £3m recurrent funding without prejudice to any changes we may seek to make to the operating model of these services following the conclusion of our evaluation studies"*.

In addition to the development of the IAS, WG were also working on a Code of Practice on the Delivery of Autism Services. The code would underpin existing duties in the Social Services and Well-being (Wales) Act 2014 and the National Health Service (Wales) Act 2006. The Officer added that the Code of Practice and associated set of guidance had been out for initial consultation and had been subject

to scrutiny by technical groups. Current planning indicated that a pre-consultation copy of the draft Code would be sent to the Health and Social Care Committee (WG) by the end of the current calendar year for feedback. A public consultation on the Code, the accompanying guidance and the Regulatory Impact Assessment would be published early in 2020 and both the Code and associated guidance had the potential to move the current IAS of which the Adult Autism Advice Service was a part, onto a statutory footing.

A Member then wished to begin discussion by clarifying the adult age category, to which the Officer advised that the category for adults began at 18 years of age however, the service would react to the needs of each individual at the time of referral, for example, a person who was aged 17 and above would automatically be referred to an adult mental health service rather than CAMHS due to them shortly reaching the age of 18.

The Member then gave further context with regards to his query as within his electoral Ward of Sully, he was aware of several individuals whom attended Beechwood College which was an educational establishment for young adults aged between 16 and 25 with Autistic Spectrum Conditions. Therefore, the specialist support did not end for them until the age of 25. In response, the Officer advised that the new Adult Learning Needs Bill would specify support being available up to the age of 25 in the future.

The Member then asked whether the service conducted outreach activities within local communities or whether the service was dependent upon individuals approaching the service directly. To which, the Officer advised that any individual could refer a person to the service, or the individual could approach the service themselves. The service had conducted leafletting exercises in the past and in terms of public libraries, the service would always be willing to offer training to library staff on request. In conclusion, the Member then wished to further add that his initial queries were not necessarily made from a medical angle but more about how the Local Authority connecting with the autism community in Sully could further support individuals with autism by knowing about the Local Authority 's services.

A Member then noted that the Autistic Spectrum was a considerably large spectrum and queried how the service was able to connect with individuals who may not realise that their autism was impacting on individuals around them. In response, the Officer advised that it was quite common for individuals to present themselves to the service in order to obtain a formal diagnosis. However, if the individual was functioning within their day to day lives, then there would be no need for the service to engage with the individual unless the individual wished to.

Returning to the Member's original query of the large range of conditions and levels within the autistic spectrum, the Cabinet Member for Social Care and Health advised that he had recently had the opportunity to view a very informative film delivered at a Work Based Learners conference for people with autism which he found extremely helpful to understand the impact of autism on the individual as well as other individuals around them and the Cabinet Member suggested that the hyperlink to the video be passed on to Committee Members via the Democratic and Scrutiny Services Officer, following which, the Member acknowledged that autism was not

simply classed as a disability and that some great minds and achievements had been made by individuals who would categorised themselves as autistic.

A Member then asked after the youngest age for an individual to receive an autism diagnosis, to which the Officer advised that to his knowledge the average youngest age would be around 4 years of age, however the young person would usually display signs of profound autism and it was therefore easier to diagnose at such a young age. It was important to note that autism was a developmental condition and therefore it may not be helpful to label a child at such a young age as it could adversely affect future development and complicate clinical pathways in the future.

The Vice-Chairman then provided the analogy of the autistic spectrum being more of a web rather than a lineal spectrum however it was increasingly important for every person to be aware of autism as we were often in contact with individuals who would categorise themselves as being on the spectrum in some way.

The Chairman then wished to confirm where the Adult Autism Team was based and the Officer advised that the team was currently situated next to the Penarth Town Council building on Stanwell Road, Penarth. The Chairman concluded the item by recommending that the Committee send a letter of thanks and gratitude to the Adult Autism Team staff members who had worked tirelessly on a part time basis in order to ensure that the team received sufficient funding for their posts to be made Full Time Equivalents and that the Committee receive a future presentation from a medical professional with regards to the Autistic Spectrum Disorder.

RECOMMENDED –

- (1) T H A T a letter of thanks be extended to the Adult Autism Team.
- (2) T H A T a presentation on the Autistic Spectrum Disorder be added to the Committee's forward work programme.

Reasons for recommendations

- (1) To ensure that the Adult Autism Team is aware of the Committee's gratitude and thanks for their continued work to achieve funding and full time staffing for the Service.
- (2) To provide the Committee with the opportunity to receive further information from a medical professional standpoint regarding the Autistic Spectrum Disorder.

583 TELECARE SERVICES UPDATE (DSS) –

The Operational Manager for Locality Services presented the report to update Members on service developments made over the past 12 months by the Vale of Glamorgan Telecare Service.

The Officer began by advising that the Telecare Service provided an element of Care and Support to enable people to live independently at home for as long as possible.

It primarily provided significant reassurance to family carers by enabling timely access to emergency support when needed. These benefits were known to maintain and improve people's confidence and independence at home and thus reduce the ongoing need for statutory health and social care services.

The Council was committed to increasing the Telecare service to give more people the opportunity to benefit from the preventative interventions available. However, to keep up with customer expectations and maintain a high-quality service, the Telecare team would need to embrace new models of operation given emerging technologies.

The existing Telecare Service was based on analogue telecommunications systems which would no longer operate after the Digital Switch-over in 2025. Therefore, the service was keen to take the opportunity of the switch-over to enhance the range of Telecare options available to people, both inside and outside of their home by utilising a wider range of digital equipment. Although it was already true that many people were choosing to use their mobile phones instead of having a landline, the team was working with the Technology Enabled Care Services Association, a representative body, toward alternative Telecare provision post the digital switch-over to ensure a seamless handover for all existing customers

With regards to the costs surrounding the Service, the Welsh Government Supporting People Programme had supported the Vale of Glamorgan Community Alarm Service (VCAS) since 2003. From October 2018 it was extended to include all Telecare users acknowledging that Telecare complements housing related support by helping people to live independently at home. From April 2019, the Supporting People Programme Grant was combined with two other Welsh Government grants and was renamed the Housing Support Grant (HSG). Existing eligible alarm and TeleV customers were subsidised by £1.24 per week for monitoring costs; while new customers received the same £1.24, only if certain criteria were met, i.e. a person was at risk of slips, trips or falls.

Therefore, Council housing tenants had been required as part of their tenancy agreement to pay the charge for Telecare without any assessment or decision of their need for Telecare. Further to the decision not to charge people who had complained, it was proposed that all current and new tenants to Council housing, apart from those in sheltered housing schemes, were given the opportunity to withdraw from the service and have their Telecare devices decommissioned. This would mean that any subsequent tenant to the property would only have access to Telecare through either TeleV or TeleV+.

The Officer added that the Team was working with the Council's Communication Team to develop the Telecare presence on the Council's website, which included an online application form and an enhanced presentation of the service as well as the team making ongoing presentations to social care teams, primary and secondary healthcare services and a range of local community groups to raise the profile of the service and seek feedback from customers.

Telecare customers and social workers reported that the lack of a mobile response to provide home visits to people who had fallen or had incontinence issues

presented a barrier to growing the Telecare service and placed additional demand on home care, residential and ambulance services. Individuals who had the service often had lengthy waits for the ambulance service to arrive, which could hinder their later recovery. Adult services currently provided a night time sitting service to a small number of citizens. It was proposed that the provision of a mobile response service may reduce the need for such night sits, offer an alternative to residential care, promote people's dignity through urgent personal care and provide better outcomes to individuals who had fallen.

A Member then wished to begin discussion by congratulating the service on the successful support offered to individuals within the Vale of Glamorgan and as a secondary point advised that during a recent visit to the Golau Caredig facility in Barry, she developed concerns that individuals did not fully understand how the system worked once activated.

The Officer advised that he would be more than happy to attend the Golau Caredig facility to further educate the individuals using the service on the process that would be undertaken once a call was generated and in response to another Member's question as to how many false calls were received, advised that because the call response was immediate, most false calls could be identified quickly and it was also beneficial for individuals to test their service was still working correctly from time to time. However, if the Telecare caller was not able to generate a response from the individual then the emergency procedures would be activated.

The Vice-Chairman then referred to Innovate Trust which was an organisation providing supported living services for people with disabilities since 1967 and was advancing with technology in the area and therefore suggested that the Committee may benefit from a presentation from the organisation in the future. In response, the Director of Social Services advised that the Local Authority was already in contact with Innovate Trust and exploring smart technology in future planning and the organisation had already agreed that they would be happy to attend a future Committee meeting.

In conclusion, the Chairman advised that through her own discussions with service users, it was evident that individuals wished to receive adequate training on the new technology made available to them as well as completing the process for the technology being made available to them in the first instance.

RECOMMENDED –

- (1) T H A T the work and future developments of the Telecare Service be noted.
- (2) T H A T the Scrutiny Committee continues to receive annual updates on the work of the Telecare Service.
- (3) T H A T the report be referred to the Homes and Safe Communities Scrutiny Committee.

Reasons for recommendations

- (1) To apprise Members on the challenges, opportunities and strategic direction of the Vale of Glamorgan Council's Telecare Service.
- (2) To update Scrutiny Committee on the developments within the Telecare Service.
- (3) For consideration and comment.

584 UPDATE ON THE CARDIFF AND VALE OF GLAMORGAN REGIONAL PARTNERSHIP BOARD (DSS) –

The Head of Children and Young People Services for the Vale of Glamorgan Council introduced the newly appointed Director of Health and Social Care, Integration at Cardiff and Vale Integrated Health and Social Care Partnership who advised that the report summarised the progress of the Regional Partnership Board (RPB) made since the last report in January 2019, particularly in relation to broadening its focus on children and young people, housing and demonstrating the work that had continued in relation to older people, people with learning disabilities, joint commissioning, carers, children with complex needs and capital developments.

The RPB also needed to prioritise the integration of services in relation to:

- Older people with complex needs and long-term conditions, including dementia;
- People with learning disabilities;
- Carers (including young carers);
- Integrated Family Support Services; and
- Children with complex needs as a result of disability or illness.

The objectives of the RPBs were to ensure that the partnership bodies worked effectively together to:

- Respond to the population needs assessment carried out in accordance with Section 14 of the Act;
- Implement the plans for each of the Local Authority areas which were covered by the Board, which Local Authorities and LHBs were each required to prepare and publish under Section 14 of the Act;
- Ensure the partnership bodies provided sufficient resources for the Partnership Arrangements; and
- Promote the establishment of pooled funds where appropriate.

The Director added that in the last year the Partnership had broadened the scope of the Board to include a focus on the needs of children and young people, in addition to its existing attention to improving outcomes for older people across the Region.

A multi-agency Health, Housing and Care Board had been formed to address the needs identified in the report commissioned by the RPB in 2017-18 from the Housing

Learning and Improvement Network (LIN) using ICF funding. The membership consisted of all Registered Social Landlords (RSLs) within the Region, Local Authority Housing leads, social care leads and the Health Board's primary and community care leads. Two RSL representatives from the Board had been selected to sit on the RPB.

The RPB had continued its commitment to improving the lives of older people by developing integrated services, utilising both the Integrated Care Fund and Transformation monies made available by Welsh Government.

Examples of the work of the RPB included a nurse-led multi-disciplinary triage team working as part of Contact One Vale which had successfully resolved 6,905 cases in 2018-19, enabling Vale residents to be supported within their community or to expedite discharge from hospital. This had contributed to 79% of all adult service enquiries being resolved without the need for further referral. Transformation Funding was now being used to trial the development of a single point of access for GP triage operating from the Vale of Glamorgan Council's contact centre, C1V. This would direct people to the right service to meet their needs, first time.

A Regional Commissioning Board had been established, chaired by the Director of Social Services for the Vale of Glamorgan Council on behalf of the Partnership. Significant progress had been made to establish more aligned approaches to commissioning where this achieved benefits for the partners and local people:

- In response to the requirement set out in the SSWW Act, a pooled budget arrangement between the two Local Authorities and the Health Board had been established in relation to the provision of care home accommodation for older people. This had come into effect on 1st April 2018 and a twelve-month deed of extension was approved by the partners in March 2019;
- The Partnership now sought to align provider engagement, fee negotiations and uplift for care home accommodation services and domiciliary care services across the region. In March 2018, Vale of Glamorgan Council and Cardiff and Vale UHB communicated their respective uplifts using a common letter to providers. This supported partners when entering negotiations for 2018/19 with providers and enabled each to maintain their position;
- Partners would now seek to share learning from the methodology used to negotiate fee uplifts and engage with providers, then explore the necessary steps to align this process. Partners were working together to jointly communicate fee uplifts to providers across the region for 2020/21;
- A common service specification for care home accommodation services for older people had been developed so that it reflected recent legislation, best practice and local need. This draft specification was in the process of being developed through consultation with stakeholders;
- Mapping of existing commissioning processes for domiciliary and residential care of the three partners took place over 2018/19. This had shown that over 40% of Vale's brokerage case load for domiciliary care was on behalf of Cardiff and Vale UHB. A decision had been taken to streamline processes between the Vale of Glamorgan and UHB;
- During 2018/19 the partnership had also focused on the Escalating Concerns and Home Closure policies. These had been updated to reflect the changes

in requirements brought about by Regulation and Inspection of Social Care (Wales) Act 2016. A toolkit would now be developed to include a risk matrix, checklist, templates, pro forma letters and a training programme to ensure consistency across the region.

The Director then went on to advise that it was clear that current Ministerial intentions were to develop RPBs as the key vehicle to drive a more integrated form of working in all regions across the Wales. Most recently, every RPB was given responsibility for oversight of Winter Funding monies, newly announced Preventative Fund and funding to support continuous engagement with local people. In recognition of this increased responsibility and the need to ensure effective working with other functions, RPBs had also been asked to broaden the range of member representation with colleagues from Housing and Education now joining as permanent members.

As the RPB looked to the future, its intention was to revisit the existing Area Plan during 2020 with the aim of refreshing and clarifying the overall priorities for delivery. This would include the development of programmes centred on significant strategic enablers such as:

- Workforce development;
- Digital innovation including information sharing, digital inclusion, AI and assistive technology and enabling integrated assessment and care planning;
- Joint commissioning; and
- Business intelligence and insights.

The RPB would also refresh its governing and reporting arrangements to ensure that they were proportionate whilst providing assurance to all stakeholders. The development of co-production principles to facilitate ongoing engagement with service users and other stakeholders would form a fundamental part of that process. The RPB would also ensure robust involvement and consultation in relation to service changes, developments and improvements. Developing strong links with both Public Service Boards in the region would be a fundamental part of this process in order to ensure the effective alignment of all available resources to improve health and wellbeing outcomes for people. NHS and social care services could only influence a small proportion of this, and it would become increasingly important to align strategic planning with education, housing, the environment and employment to have an impact on the health and wellbeing of the population.

In conclusion, the Director of Health and Social Care Integration at Cardiff and Vale Integrated Health and Social Care Partnership advised that relevant case studies for the ongoing work of the Regional Partnership Board were also available on the RPB website for Members' information.

The Vice-Chairman then referred to paragraph 2.28 of the Officer's report which discussed ongoing engagement with service users and other stakeholders to ensure robust involvement and consultation in relation to service changes and advised that he was extremely surprised to be contacted by one of his constituents on 2nd January, 2020 who received a letter from the University Health Board stating that from 7th January, 2020 Stanwell Surgery calls would divert to the C1V centre at the

Vale of Glamorgan Council and that it was extremely disappointing for an Elected Member to only hear about the roll out five days before the pilot began to impact constituents within his local Ward.

The Member also wished to note that the service currently offered at the Stanwell Surgery was sub-standard and therefore the change itself was welcome, however the communication around the issue had been discourteous. It had further come to his attention that the launch of the pilot had been delayed however he was not aware of how long the delay would be and therefore when the pilot would eventually commence.

In response, the Director of Social Services acknowledged the Member's concerns and advised that the pilot had been activated following confirmation of funding bids being obtained and therefore the turnaround window to implement the pilot was a short period of time. It was also important to note that the Council was very successful in its engagement and consultation processes with the public and it also welcomed any improvements to the services the Health Board offered to the public. With regards to the new launch date for the pilot, the Director advised that he was not aware of the exact date, however to his knowledge it was expected to be sometime during February 2020. In addition, the Cabinet Member for Social Care and Health advised that as the Vice-Chair of the RPB, he was keen to ensure that processes were structured to ensure that the Board was aware of ongoing works taking place under the umbrella of the RPB and that the newly appointed Director would be focusing on governance for the RPB and that he would be happy to discuss the Vice-Chairman's point with the University Health Board on the Committee's behalf.

The Vice-Chairman thanked the Cabinet Member for his offer to correspond directly with the Health Board, however recommended that a letter also be sent on behalf of the Committee to the Chair of the Health Board that is also referred to the RPB setting out its concerns and that the Health Board be invited to attend Committee in person to justify the lack of communication regarding the pilot.

On the same topic of communication, the Chairman took the opportunity to, highlight that the Committee was still waiting to hear back from the University Health Board regarding the outcomes of the consultation exercise undertaken with the public in relation to the Sam Davies Ward at Barry Hospital. This point would continue to be followed up by the supporting Democratic Services Officer.

RECOMMENDED –

- (1) T H A T the work being undertaken by the Cardiff and Vale of Glamorgan Regional Partnership Board, and progress made, including in particular, the outcomes being achieved for local people, be noted.
- (2) T H A T further annual updates on the work of the Board be received.
- (3) T H A T a letter of concern be passed on to the Chair of the University Health Board which is also referred on to the Regional Partnership Board setting out the

lack of communication regarding the pilot scheme for calls being referred to the Vale of Glamorgan Council's Contact Centre (C1V) from Stanwell Surgery, Penarth.

(4) T H A T the University Health Board be invited to attend a future meeting of the Committee.

Reasons for recommendations

(1) To increase awareness of the work of the Cardiff and Vale of Glamorgan Regional Partnership Board.

(2) To ensure Members continue to receive updated information regarding the progress of the Regional Partnership Board.

(3) To ensure that both the Health Board and Regional Partnership Board are aware of the Committee's concerns regarding discourteous communication with Elected Members whom support local constituents impacted by pilot schemes.

(4) To provide Members with further explanation as to the lack of communication regarding the pilot scheme being undertaken in partnership with the Vale of Glamorgan Council's Contact 1 Vale Centre.

585 3RD QUARTER SCRUTINY DECISION TRACKING OF RECOMMENDATIONS AND UPDATED WORK PROGRAMME SCHEDULE 2019/20 (MD) –

The Democratic and Scrutiny Services Officer presented the report to update Members on progress on the Scrutiny Committee's recommendations and to confirm the Committee's ongoing work programme for 2019/20.

Appendices A to C attached to the report set out the historical recommendations of the Scrutiny Committee and Members were requested to review progress against each recommendation, to assess whether further action may be required, to ensure the required action was undertaken and to confirm which recommendations were to be agreed as completed.

Members were also requested to confirm approval of the updated Scrutiny Committee Work Programme Schedule attached at Appendix D, it being noted that the schedule was a proposed list of items for consideration and may be subject to change depending on prevailing circumstances.

The Officer added that only three actions were labelled as ongoing due to the relevant results of consultation not yet being received, discussions still taking place with the Committee Chairman and relevant officers and a further report pending for Cabinet with the Committee's comments included.

RECOMMENDED –

(1) T H A T the views of the Committee on the status of the actions listed in Appendices A, B and C to the report be approved and that the following actions be agreed as completed:

15 October 2019	
<p>Min. No. 366 – Play Sufficiency Assessment and Action Plan (DEH) – Recommended (2) That the Play Sufficiency Assessment and Action Plan be endorsed for formal adoption by Cabinet.</p>	<p>Reference considered at the Cabinet meeting on 16th December, 2019. (Min. No. C173 refers) The Play Sufficiency Assessment and Action Plan was formally adopted at 5.00 p.m. on Friday, 27th December, 2019. Completed</p>
<p>Min. No. 368 – Annual Social Services Representations and Complaints Reports 2018/2019 (DSS) – Recommended (2) That the Committee continues to receive an Annual Report in relation to complaints and compliments received by the Social Services Directorate.</p>	<p>Added to work programme schedule. Completed</p>
12 November 2019	
<p>Min. No. 423 – Vale, Valleys and Cardiff Adoption Collaborative Annual Report 2018-18 (DSS) – Recommended (2) That the Committee continues to receive Annual Reports in line with the requirements of the Legal Agreement which underpins the collaborative.</p>	<p>Added to work programme schedule. Completed</p>
<p>Min. No. 424 – Development of a Locality Model of Community Mental Health Provision Across the Vale Of Glamorgan (DSS) – Recommended (2) That the Committee’s significant concern over the vulnerability of the current seven AMHPs in employment with the Vale of Glamorgan Council due to transport delays following Mental Health Act Assessments be referred to Cabinet.</p>	<p>Reference considered at the Cabinet meeting on 16th December, 2019. (Min. No. C174 refers) Letter sent to the University Health Board from the Leader and Cabinet Member for Social Care on 23rd December, 2019. Completed</p>
<p>Min. No. 428 – 2nd Quarter Scrutiny Decision Tracking of Recommendations and Updated Work Programme Schedule 2019/20 (MD) – Recommended</p>	<p>Uploaded to the Council’s website. Completed</p>

(2) That the updated work programme schedule attached at Appendix C be approved and uploaded to the Council's website.	
11 December 2019	
<p>Min. No. 525 – Corporate Safeguarding Summary Report – November 2019 (REF) – Recommended</p> <p>(2) That Committee continues to receive a six-monthly reference from Cabinet on work being carried out to improve Corporate Safeguarding arrangements and the effectiveness of relevant policies.</p>	<p>Added to work programme schedule.</p> <p>Completed</p>

(2) T H A T the updated work programme schedule attached at Appendix D to the report be approved and uploaded to the Council's website.

Reasons for recommendations

- (1) To maintain effective tracking of the Committee's recommendations.
- (2) For information.