



SOCIAL CARE HEALTH AND WELLBEING SCRUTINY COMMITTEE

2.00 pm THURSDAY, 25 JULY 2019

COMMITTEE ROOMS A/B - NEATH CIVIC CENTRE

PART 1

1. Declarations of Interest
2. Minutes of the Social Care, Health and Wellbeing Scrutiny Committee held on 10th June 2019 (*Pages 5 - 10*)
3. Forward Work Programme 2019/20 (*Pages 11 - 14*)

To scrutinise information and monitoring issues being reported by:

4. Children And Young People & Adult Services - Revised 2019-20 Performance Reporting Arrangements (*Pages 15 - 30*)
5. To select appropriate items from the Cabinet Board Agenda for pre-scrutiny (Cabinet Board reports enclosed for Scrutiny Members).
6. Any urgent items (whether public or exempt) at the discretion of the Chairman pursuant to Section 100B (4) (b) of the Local Government Act 1972
7. Access to Meetings to resolve to exclude the public for the following item(s) pursuant to Section 100A(4) and (5) of the Local Government Act 1972 and the relevant exempt paragraphs of Part 4 of Schedule 12A to the above Act.

PART 2

8. To select appropriate private items from the Cabinet Board Agenda for pre-scrutiny (Cabinet Board Reports enclosed for Scrutiny Members).

S.Phillips
Chief Executive

Civic Centre
Port Talbot

Friday, 19 July 2019

Committee Membership:

Chairperson: **Councillor L.M.Purcell**

Vice **Councillor C.Galsworthy**
Chairperson:

Councillors: A.P.H.Davies, O.S.Davies, J.Miller, S.Paddison,
S.H.Reynolds, D.Whitelock, A.N.Woolcock,
C.Edwards, W.F.Griffiths, H.C.Clarke and
N.J.E.Davies

Notes:

- (1) If Committee Members or non-Committee Members wish to have relevant items put on the agenda for future meetings, then please notify the Chief Executive/Chair eight days before the meeting.*
- (2) If non-Committee Members wish to attend for an item of interest, then prior notification needs to be given (by 12.00 noon on the day before the meeting). Non-Committee Members may speak but not vote, or move or second any motion.*
- (3) For pre scrutiny arrangements, the Chair will normally recommend forthcoming executive items for discussion/challenge. It is also open to Committee Members to request items to be raised - though Members are asked to be selective here in regard to important issues.*

- (4) *The relevant Cabinet Board Members will also be invited to be present at the meeting for Scrutiny/ Consultation purposes.*
- (5) *Would the Scrutiny Committee Members please bring the Cabinet Board papers with them to the meeting.*

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SOCIAL CARE HEALTH AND WELLBEING SCRUTINY COMMITTEE

(Committee Rooms A/B - Neath Civic Centre)

Members Present:

10 June 2019

Chairperson: Councillor L.M.Purcell

Vice Chairperson: Councillor C.Galsworthy

Councillors: A.P.H.Davies, O.S.Davies, S.Paddison,
S.H.Reynolds, D.Whitelock, A.N.Woolcock,
C.Edwards and N.J.E.Davies

Officers In Attendance A.Jarrett, A.Thomas, A.Bradshaw, J.Hodges,
C.Frey-Davies, C.Howard, S.Waite, N.Jones
and J.Woodman-Ralph

Cabinet Invitees: Councillors A.R.Lockyer and P.D.Richards

1. **MINUTES OF PREVIOUS MEETING**

That the Minutes of the previous meeting held on the 2 May, 2019, be approved.

2. **FORWARD WORK PROGRAMME 2019/2020**

The Committee was noted that the Forward Work Programme for 2019/20 would be subject to consideration at a future meeting. Date to be confirmed. The Committee would have the opportunity to develop the programme for the next 12 months.

3. **PRESENTATION FROM SWANSEA BAY UNIVERSITY HEALTH BOARD**

Members received a presentation from Swansea Bay University Health Board (SBUHB) on the key health board developments, a recap and update on the quality improvements and service

transformation work, health services in valley communities and the joint working priorities.

Health Board colleagues thanked Members for the opportunity to attend today's meeting.

The Committee heard that there had been no impact on services to patients as a result of the Bridgend boundary change which took place on the 1 April, 2019.

Discussion took place on the impact of population and economic changes on communities that influences peoples' health. People were living longer but people in deprived communities lived 9.7 years less than more affluent areas. In addition, there was a 18/20 year gap in healthy life expectancy. Swansea Bay footprint had over a quarter of its communities categorised as deprived which was higher than the Welsh average. Also, the Health Board had the highest rate of suicide in Wales particularly in Neath Port Talbot.

Information was received on the vision for the Swansea Bay University Health Board and the quality improvements and service transformation being implemented by the Health Board. The aim of this work was to have the best outcomes for people within the resources available.

In addition, work was being undertaken to improve the health outcomes for frail older people who were the highest re-presentations at Accident and Emergency Units. Also, they were prone to the longest lengths of stay in hospital. Work was taking place with Neath Port Talbot Social Services, Health and Housing Directorate to enable patients to be discharged from hospital with the appropriate care packages in place at home. Community based services were also being developed to support older people with mental health problems to reduce the need for admission to hospital.

Discussion took place on the issues within some valley areas in accessing General Practitioner Services. It was noted that there were challenges in these areas in regard to recruitment and there were surgeries that overlapped two health board areas. A clinical review was undertaken in one particular area in the Amman Valley which confirmed the surgery was operating a safe model for patient care. A triage system was operating to ensure that patients were directed to the appropriate specialist in a speedy manner. In addition,

both health boards worked together to achieve the correct outcomes for their patients.

Confirmation was given as previously discussed that the Bridgend boundary changes did not impact on patients. If Members had any information that was contradicting this please forward to Health Board colleagues.

Following on, clarification was given that the outcome of a recent review in regard to the future of a surgery in the Cymllynfech area was not completed and the process was not finished. A request had been made by the G.P Practice to the Health Board to consolidate their Practice to a reduced number of sites. The Community Health Council has undertaken public engagement and concerns had been identified.

Members noted that the additional monies given to Health from Welsh Government was as part of the improvement measures and that the Welsh Government monitored Health to ensure it was achieving performance targets. In addition, if Health did not meet those agreed targets the Welsh Government recovered monies allocated to those targets which had been done previously.

In response to Members queries it was explained that SBUHB produced a three year strategic delivery plan which covered all areas including treatment waiting times but because SBUHB was currently in a targeted intervention by Welsh Government, the Health Board had to produce an annual report that the Welsh Government monitors the Health Board against on a monthly basis.

It was highlighted that performance had significantly improved in many areas, especially in waiting times and for outpatients was the lowest in Wales but there remained an issue with addressing the backlog in orthopaedics and general surgery. It was recognised that whilst there had been improvements, there was still significant work to do. It was noted that the area where performance had not improved as much as expected was in unscheduled care, and this was an area of focus for the Health Board with its partners.

Confirmation was given that assessments were undertaken on mental capacity when concerns were raised on admission to hospital.

Members received an update on the work that had been developed between the Health Board and Neath Port Talbot Social Services,

Health and Housing to strengthen the process for assessments prior to discharge that enabled care packages to be put in place.

Members were reassured that there was a commitment from SBUHB and NPT Social Services, Health and Housing to work in partnership to achieve the best outcomes.

Members asked for clarity on how hospitals operated during weekend periods. It was explained that patients who were admitted on weekends received treatment as required and if appropriate were discharged from hospital. Members were asked to highlight any cases to the Health Board where this did not happen.

In addition, the Committee was asked to raise any concerns in relation to patients accessing physio equipment or any similar issue to share with the Director of Social Services, Health and Housing who would identify with the Health Board. As previously stated the Health Board and Neath Port Talbot worked in partnership to achieve the best outcomes for patients at home or to enable them to return home.

Members identified the inequality in some areas in regard to G.P surgeries working with voluntary organisations to provide support services for communities. In addition, engagement with patient groups was encouraged in some areas but not others. It was explained that with the new multi-agency cluster plans being developed this would enable a better understanding of what mattered to people. Cluster Networks would have access to funding that could support voluntary organisations to provide services that were identified as a need in communities. In addition, this monies could be used to support preventative initiatives.

The Committee thanked the representatives from Swansea Bay University Health Board for attending today's meeting and invited them to attend a future meeting.

Members noted the presentation.

4. **PRE-DECISION SCRUTINY**

The Committee chose to scrutinise the following Cabinet Board items:

Revised Adult Services Respite Allocation Policy

The Committee received an overview of the revised Adult Services Respite Allocation Policy which was subject to a 90 day public consultation.

Members asked that the focus of the policy should not solely be for the benefit of Carers receiving respite, but to give the opportunity for services users to use the respite as a holiday.

Members queried whether there was an opportunity to re-look at other respite provisions eg day centres. It was explained that all avenues would be considered but would depend on the availability of budgets.

Concern was expressed at the emphasis in the policy of seeking family, friends to undertake the respite caring duties. What happened if this was not an option? In addition, what safeguarding measures were in place. Currently family/friends were the main carers and respite breaks took place on an informal basis. There was no register held on family/friends who were also carers. In addition, the Council was not made aware of all cases where care was undertaken. Also, if this was not an option the service user would be able to access the existing commissioned services.

Members asked for assurances as the suitability of a carer was paramount in these situations. Officers explained that if there were any safeguarding issues they would be acted on. Not all carers or people receiving care were known to the Council. These would be undertaken on an informal basis by family and friends which was encouraged by the implementation of Direct Payments by the Welsh Government.

Clarification was given that service users in receipt of Direct Payments were able to access commissioned respite beds if the beds were available. Figures would be circulated on the number of respite beds available to Neath Port Talbot.

In response to Members queries, it was explained that the policy was developed to ensure that all who required respite were treated fairly and consistently. Also, respite care was not just residential care. A report would be brought to a future meeting of the Social Care, Health and Wellbeing Scrutiny Committee identifying the variety of respite care available.

Following scrutiny, the Committee was supportive of the proposals to be considered by the Cabinet Board.

West Glamorgan Regional Strategic Framework for Mental Health

The Committee received an overview of the West Glamorgan Regional Strategic Framework for Mental Health Services for Adults as detailed in the circulated report.

It was explained that West Glamorgan was previously known as the Western Bay Partnership.

Confirmation was received that a six monthly report would be brought back to Committee detailing how the model had progressed and what impact it had had on the negative feedback contained within the feedback report.

Concern was expressed at how Valley Communities would not be impacted by the proposal as detailed in the circulated report. Officers were asked to consider fully the impact on Valley Communities when drafting reports and to ensure that there was an explanation explaining the impact contained within the report so that Members could see that Valley Communities had been considered.

The Committee was pleased that the report was presented for consideration at today's meeting.

Following scrutiny, the Committee was supportive of the proposals to be considered by the Cabinet Board.

CHAIRPERSON

**Provisional
Social Care, Health and Wellbeing Scrutiny Committee
Forward Work Programme 2019/20**

Date of Meeting	Agenda Item	Officer
10 June 2019	Presentation - Swansea Bay University Health Board	Tracy Myhill/ Sian Harrop-Griffiths and Hilary Dover
25 July 2019		
5 September 2019	Youth Offending Service	Andrew Jarrett
17 October 2019		

5 December 2019	West Glamorgan Regional Strategic Framework for Mental Health – 6 monthly reports	Andrew Jarrett

To be built in:

- Monitoring of Direct Payments
- Valleys Action Plan
- Income Generation/Budget Monitoring
- Community Transport Element of Asset Based Approach
- Learning Disability Service and Mental Health Service Strategic Business Plan Monitoring
- Inequality of Health Provision in Valley Communities
- Autism

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Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL Social Care, Health & Well-Being Scrutiny Committee

25th July 2019

Report of the Heads of Children & Adult Services (Keri Warren & Angela Thomas)

Matter for Monitoring

Wards Affected: All

Report Title: CHILDREN AND YOUNG PEOPLE & ADULT SERVICES – REVISED 2019-20 PERFORMANCE REPORTING ARRANGEMENTS.

Purpose of the Report:

The purpose of this report covers the following three specific areas:

- a. To inform Members of the revised reporting arrangements for the Statutory Performance Indicators across Children and Adult Services for 2019-20.
- b. To inform Members of the revised reporting arrangements for the High Level Measures across both Children and Adult Services for 2019-20.
- c. To advise Members of the arrangements for reporting progress against the 2019-20 Strategic Priorities for the Directorate.

Executive Summary:

This report provides Members with information regarding the revised performance reporting arrangements for both Children and Young People and Adult Services for 2019-20 namely: -

- a. The list of 2019-20 Strategic Priorities for the Directorate to be reported on a six monthly basis to the Social Care, Health & Well-Being Scrutiny Committee during 2019-20.
- b. The list of both Children and Young People and Adult Services Statutory Performance Indicators (including Complaints and Compliments) to be reported quarterly (where appropriate) to the Social Care, Health & Well-Being Scrutiny Committee during 2019-20.
- c. The revised list of both Children and Young People and Adult Services High Level Measures for quarterly reporting to the Social Care, Health & Well-Being Scrutiny Committee during 2019-20.

Background:

The 2019-20 Children's and Adult Services Business Plans set out the Strategic Priorities for the coming year. These can be seen at

Appendix A

The Heads of both Children and Young People Services and Adult Services believe that the quarterly reporting of relevant Statutory Performance Indicators and High Level Measures will provide Members with a more balanced overview of performance within the Directorate. Supplementary progress update information against the 2019-20 Strategic Priorities will also be provided to Members of the Social Care, Health & Well-Being Scrutiny Committee during 2019-20. This information will afford Members the opportunity to fully scrutinise the Directorates progress against the prescribed priority areas.

Financial Impacts:

No Implications

Integrated Impact Assessment:

There is no requirement to undertake an Integrated Impact Assessment as this report is for monitoring / information purposes.

Valleys Communities Impacts:

No Implications.

Workforce Impacts:

No implications.

Legal Impacts:

No implications

Risk Management Impacts:

There is little or no risks associated to the implementation of the revised performance reporting arrangements for Children and Adult Services. However, failure to implement the revised arrangements may result in the Local Authority lacking the knowledge of progress against the Directorates Strategic Priorities during 2019-20.

Crime and Disorder Impacts:

Section 17 of the Crime and Disorder Act 1998 places a duty on the Council in the exercise of its functions to have “due regard to the likely effect of the exercise of those functions on and the need to do all that it reasonably can to prevent:

- a) Crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment); and
- b) The misuse of drugs, alcohol and other substances in its area; and
- c) Re-offending the area”

There is no impact under the Section 17 of the Crime and Disorder Act 1998 through the implementation of the revised performance reporting arrangements for 2019-20.

Counter Terrorism Impacts:

The proposals are likely to have no impact on the duty to prevent people from being drawn into terrorism.

Violence Against Women, Domestic Abuse and Sexual Violence Impacts:

Section 2(1) of the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 introduced a general duty where a person exercising relevant functions must have regard (along with all other relevant matters) to the need to remove or minimise any factors which -

- (a) increase the risk of violence against women and girls, or
- (b) exacerbate the impact of such violence on victims.

The proposals contained in this report are likely to have no impact on the above duty.

Consultation:

There is no requirement for external consultation on this item

Recommendations:

Not applicable.

Reasons for Proposed Decision:

Not applicable.

Implementation of Decision:

No decision to be made. For information only.

Appendices:

Appendices listed as follows: -

- a. **Appendix A** – The 2019/20 Strategic Priorities for the Directorate.
- b. **Appendix B** – Statutory Performance Indicators and Reporting Arrangements for both Children & Young People and Adult Services (including Complaints and Compliments data).
- c. **Appendix C** – Revised list of High Level Measures for both Children & Young People and Adult Services 2019-20.

List of Background Papers:

None

Officer Contacts:

David Harding – Performance Manager (Children’s Services)

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Mike Potts – Performance Manager (Adult Services)

Telephone: 01639 685367 Email: m.potts@npt.gov.uk

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Directorate Priorities
1. To enhance participation and engagement across the Directorate.
2. To further develop a shared “front door” provision to provide a single point of contact through which anyone in NPT can be referred.
3. To ensure effective Commissioning arrangements are in place to meet the needs of Children and Adults.
4. To ensure quality and timely support for Carers (including Young Carers).
5. To ensure only those children who need to be in care, remain in care.
6. To achieve consistent and quality safeguarding practice across Children and Adult Services
7. Building Safe and Resilient Communities.
8. To ensure appropriate Housing Provision is made available to vulnerable Children and Adults.
9. To improve the quality and responsiveness of service delivery to Adults within the County Borough.
10. To facilitate the disaggregation of the Youth Offending Service.
11. Hillside actively promotes wellbeing, good health and recognises the importance of enabling children and young people to achieve and to enjoy life in a safe way
12. To implement a Strategic Autism Plan across the Directorate.

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Children and Adult Services – Statutory Performance Indicators**Children Services**

PI Reference	PI Description	Quarterly	Annually
PAM/028	Percentage of child assessments completed on time	✓	
PAM/029	Percentage of children in care who had to move 3 or more times		✓
PI/239	Percentage of children supported to live with their family	✓	
PI/240	Percentage of looked after children returned home from care during the year		✓
PI/241	Percentage of re-registrations of children on the local authority child protection register	✓	
PI/242	Average length of time (in days) for all children who were on the child protection register during the year.	✓	
PI/243	Percentage of children receiving the core subject indicators at Key Stage 2		✓
PI/244	Percentage of children receiving the core subject indicators at Key Stage 4		✓
PI/245	Percentage of children seen by a registered dentist within 3 months of becoming looked after		✓
PI/246	Percentage of looked after children at 31 st march registered with a GP within 10 working days of the start of their placement		✓
PI/247	Percentage of looked after children who have experienced one or more changes of school during a period or periods of being		✓

	looked after which were not due to transitional arrangements in the 12 months to 31 st March		
PI/248	Percentage of care leavers who are in education, training or employment continuously at 12 months after leaving care		✓
PI/249	Percentage of care leavers who are in education, training or employment continuously at 24 months after leaving care		✓
PI/250	Percentage of care leavers who have experienced homelessness during the year		✓
PI/251	Percentage of children who felt their views about their care and support have been listened to.		✓
PI/260	Percentage of complaints at Stage 1 that were upheld/partially upheld	✓	
PI/261	Percentage of complaints at Stage 2 that were upheld	✓	
PI/262	Percentage of complaints dealt with by the Public Services Ombudsman that were upheld	✓	
PI/263	Number of compliments received by the public	✓	

Adults Services

PI Reference	PI Description	Quarterly	Annually
PAM/025	The rate of people kept in hospital while waiting for social care per 1,000 population aged 75+	✓	
PI/1	No. of adults who received advice or assistance from the information, advice and assistance service during the year	✓	
PI/2	No. of assessments of need for care and support undertaken during the year;		✓

PI/2(i)	<i>Of which, the number of assessments that led to a care and support plan</i>			✓
PI/3	No. of assessments of need for support for carers undertaken during the year;		✓	
PI/3(i)	<i>Of which; the number of assessments that led to a support plan</i>		✓	
PI/4	No. of carer assessments that were refused by carers during the year		✓	
PI/5	No, of assessments of need for care and support for adults undertaken during the year whilst in the secure estate;			✓
PI/5(i)	<i>Of which; the number of assessments that led to a care and support plan</i>			✓
PI/6	No. of requests for re-assessment of need for care and support and need for support made by and adult during the year	<i>a) In the secure estate</i>		✓
		<i>b) All other adults and carers</i>		✓
PI/6(i)	<i>Of which, the number of re-assessment undertaken on;</i>	<i>a) In the secure estate</i>		✓
		<i>b) All other adults and carers</i>		✓
PI/6(ii)	<i>Of which; the number of re-assessments that led to a care and support plan or a support plan on;</i>	<i>a) In the secure estate</i>		✓
				✓
		<i>b) All other adults and carers</i>		✓

PI/7	No. of care and support plans and support plans that were reviewed during the year.		✓
PI/7(i)	<i>Of which; the number of plans that were reviewed within timescale</i>		✓
PI/8	No. of requests for review of care and support plans and support plans for carers before agreed timescales made by an adult during the year		✓
PI/8 (i)	Of which, the number of reviews undertaken		✓
PI/9	No. of adults who received a service provided through a social enterprise, co-operative user led or third sector organisation during the year		✓
PI/10	No. of adults who received care and support who were in employment during the year		✓
PI/11	No. of adults with a care and support plan who received adult social care during the year e.g. Homecare, Day Care, Respite, Reablement, Adaptations, Direct Payments, Adult Care Homes, Telecare etc.		✓
PI/12	No. of adults who paid the maximum weekly charge towards the cost of care and support or support for carers during the year		✓
PI/13	No. of adults who paid a flat rate charge for care and support or support for carers during the year		✓
PI/14	No. of adults who were charged for care and support or support for carers during the year		✓
Measure 18	The percentage of adult protection enquiries completed within 7 days	✓	
Measure 20a	The percentage of adults who completed a period of Reablement and have a reduced package of care and support 6 months later	✓	

Measure 20b	The percentage of adults who completed a period of Reablement and have no package of support 6 months later	✓	
Measure 21	The average length of time in calendar days, adults (aged 65 or over) are supported in residential care homes		✓
Measure 22	Average age of adults entering residential care home		✓
Measure 23	The percentage of adults who have received advice and assistance from the information, advice and assistance service and have not contacted the service for 6 months		✓
PAM/012 (PAM)	Percentage of households successfully prevented from becoming homeless	✓	
PI/264	Percentage of complaints at Stage 1 that were upheld/partially upheld	✓	
PI/265	Percentage of complaints at Stage 2 that were upheld	✓	
PI/266	Percentage of complaints dealt with by the Public Services Ombudsman that were upheld	✓	
PI/267	Number of compliments received by the public	✓	

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High Level Measure	High Level Measure Description
HLM 1	Adult services - The Number of Vacancies (including number of starters/leavers/agency staff/long-term sickness), Disciplinarys and Grievances across the Service
HLM 2	Adult Services - Summary of Agency Staff and Vacancies across the service
HLM 3	Adult Services – Percentage of supervisions completed within timescale
HLM 4	CYPS – Staff Supervision Rates.
HLM 5	CYPS – Average Number of Cases held by Qualified Workers across the Service.
HLM 6	CYPS – The Number of Social Worker Vacancies (including number of starters/leavers/agency staff/long-term sickness), Disciplinarys and Grievances across the Service.
HLM 7	CYPS – Quarterly Thematic Report on the findings of Case File Audits
HLM 8	CYPS – Looked After, Child Protection and Children Receiving Care & Support Numbers

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