

Document Pack



Mark James LLM, DPA, DCA
Prif Weithredwr,
Chief Executive,
Neuadd y Sir, Caerfyrddin. SA31 1JP
County Hall, Carmarthen. SA31 1JP

WEDNESDAY, 17TH JANUARY, 2018

**TO: ALL MEMBERS OF THE SOCIAL CARE & HEALTH
SCRUTINY COMMITTEE**

I HEREBY SUMMON YOU TO ATTEND A MEETING OF THE **SOCIAL CARE & HEALTH SCRUTINY COMMITTEE** WHICH WILL BE HELD IN THE **CHAMBER, COUNTY HALL, CARMARTHEN AT 10.00 A.M. ON WEDNESDAY, 24TH JANUARY, 2018** FOR THE TRANSACTION OF THE BUSINESS OUTLINED ON THE ATTACHED AGENDA.

Mark James CBE

CHIEF EXECUTIVE



PLEASE RECYCLE

Democratic Officer:	Michelle Evans Thomas
Telephone (Direct Line):	(01267) 224470
E-Mail:	MEEvansThomas@carmarthenshire.gov.uk
Ref:	AD016-001



YOUR COUNCIL **doitonline**
www.carmarthenshire.gov.wales

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

14 MEMBERS

PLAID CYMRU GROUP – 7 MEMBERS

- | | | |
|----|-------------------|-------------------------------|
| 1. | Councillor | Kim Broom |
| 2. | Councillor | Alun Davies |
| 3. | Councillor | Tyssul Evans |
| 4. | Councillor | Jean Lewis |
| 5. | Councillor | Emlyn Schiavone |
| 6. | Councillor | Gwyneth Thomas (Chair) |
| 7. | Councillor | Dorian Williams |

LABOUR GROUP – 4 MEMBERS

- | | | |
|----|-------------------|------------------------|
| 1. | Councillor | Ken Lloyd |
| 2. | Councillor | Andre McPherson |
| 3. | Councillor | Eryl Morgan |
| 4. | Councillor | Louvain Roberts |

INDEPENDENT GROUP – 3 MEMBERS

- | | | |
|----|-------------------|--------------------------------------|
| 1. | Councillor | Ieuan Wyn Davies (Vice-Chair) |
| 2. | Councillor | Rob Evans |
| 3. | Councillor | Edward Thomas |

AGENDA

1. APOLOGIES FOR ABSENCE
2. DECLARATIONS OF PERSONAL INTERESTS
3. DECLARATION OF PROHIBITED PARTY WHIPS
4. PUBLIC QUESTIONS (NONE RECEIVED)
5. DEPRIVATION OF LIBERTY SAFEGUARDS. 5 - 14
6. ADULT SOCIAL CARE COMPLAINTS AND COMPLIMENTS REPORT 01/04/17 TO 30/09/17. 15 - 26
7. SERVICE INTEGRATION, POOLED FUNDING AND REGIONAL GOVERNANCE ARRANGEMENTS. 27 - 38
8. SOCIAL CARE & HEALTH SCRUTINY COMMITTEE ACTIONS & REFERRALS UPDATE. 39 - 44
9. EXPLANATION FOR NON-SUBMISSION OF SCRUTINY REPORT. 45 - 46
10. FORTHCOMING ITEMS 47 - 50
11. TO SIGN AS A CORRECT RECORD THE MINUTES OF THE MEETINGS HELD ON THE FOLLOWING DATES:-
 - 11 .1 23RD NOVEMBER, 2017; 51 - 60
 - 11 .2 18TH DECEMBER, 2017. 61 - 68

This page is intentionally left blank

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

24TH JANUARY, 2018

SUBJECT: DEPRIVATION OF LIBERTY SAFEGUARDS

Purpose:

To update Members regarding the implementation of the Deprivation of Liberty Safeguards (DoLS) legislation, the effect of developing case law and the action being taken to mitigate the associated risks.

To consider and comment on the following issues:

Members are asked to consider the report and note the impact of the legislation.

Reasons:

To inform members of the current situation and future strategy to respond to the requirements of the DoLS legislation.

To be referred to the Executive Board / Council for decision: **NO**

EXECUTIVE BOARD MEMBER PORTFOLIO HOLDER:-

Cllr. J. Tremlett (Social Care & Health portfolio holder)

Directorate

Communities

Name of Head of Service:

Avril Bracey

Designations:

**Head of Mental Health & Learning
Disabilities**

Tel Nos.

01267 242492

E Mail Addresses:

Abracey@carmarthenshire.gov.u

EXECUTIVE SUMMARY
SOCIAL CARE & HEALTH SCRUTINY COMMITTEE
24TH JANUARY, 2018

SUBJECT:
DEPRIVATION OF LIBERTY SAFEGUARDS

1. Purpose

To advise Members of the ongoing impact of the Deprivation of Liberty Safeguards (DoLS) legislation and developing case law, and the action being taken to mitigate the associated risks.

2. Interface with key council strategies and partnership plans

The report supports key council plans such as the Corporate Strategy 2015-2020. The Mental Health and Learning Disabilities Business Plan also includes priorities to respond to the DoLS requirements.

3. Strategic context

3.1 The Deprivation of Liberty Safeguards (DoLS) form part of the Mental Capacity Act 2005 and were introduced in England and Wales in April 2009. They were introduced to give a legal framework to vulnerable people who lack mental capacity in care homes and hospitals. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable, in a person's own best interest. The responsibility for DoLS is held within the Safeguarding Team and a data base is held of all applications and authorisations. A statistical return is provided to Welsh Government on an annual basis.

3.2 The Deprivation of Liberty Safeguards has without doubt brought human rights to the fore. The spotlight has been focused on some of the most vulnerable people in our society. Because of this significant legislation, a light has been shone on the conditions of care, maximising empowerment and upholding the rights of the individual.

3.3 In March 2014 a Supreme Court judgment [P v Cheshire West and Chester Council; P & Q v Surrey County Council] effectively lowered the threshold for DoLS referrals. The Supreme Court confirmed that to determine whether a person is objectively deprived of their liberty there are two key questions to ask, which is described as the 'acid test':

- Is the person subject to **continuous supervision and control** (all three aspects are necessary).
 - Is the **person free to leave** (The person may not be asking to leave or making an attempt to leave but the issue is about how staff would react if the person did try to leave)
 - This now means that if a person is subject to both continuous supervision **and** control **and** is not free to leave, they are deprived of their liberty.
- 3.4** The Supreme Court also held that a Deprivation of Liberty can occur in a domestic setting where the State is responsible for meeting care arrangements. This will include a placement in supported living accommodation, foster placement, shared living accommodation (formerly known as adult placement schemes) and extra care housing. These cases must be presented and authorised by the Court of Protection.
- 3.5** Under the DoLS procedures referred to in 3.1 above, a duty has been placed on Local Authorities and Health Boards to act as Supervisory Bodies (SB) for the Deprivation of Liberty Safeguarding scheme. The Council is responsible for considering requests from Residential/Nursing Homes (who are known as Managing Authorities) for people they believe lack mental capacity and are deprived of their liberty.
- 3.6** The Supervisory Body (Carmarthenshire County Council) is responsible for managing the process and commissioning the assessments. Six individual assessments are required, three of which are undertaken by a Best Interest Assessor and three by an approved Doctor. All six must meet the legal criteria for the authorisation to be granted. If the assessments meet the requirements then the Supervisory Body is obliged to authorise the deprivation of liberty. The assessments must be completed and authorised within 21 days or 7 days if it has been submitted as urgent.
- 3.7** The Best Interest Assessor role is a statutory responsibility under the Mental Capacity Act 2005 and forms an integral part of the assessment process alongside the Medical Assessor. Best interest Assessors are the lynchpin on which the entire edifice of DoLS rests and they have a range of duties that fall to them within the operation of the safeguards.
- 3.8** Fundamental to the process is the appointment of a representative who can advocate for the person subject to the deprivation. This is usually an appropriate family member however in some instances an independent advocate will undertake this role.

4 Risks

- 4.1** When an application for a DoLS is received by the Local Authority (Supervisory Body) there is an implied acknowledgement of the Deprivation of Liberty. If the deprivation is not assessed and authorised within the prescribed timescales and the person continues to be deprived of their liberty, then it is a clear breach of human rights (Article 5).
- 4.2** If an unlawful deprivation of Liberty is challenged in the Court of Protection, the Local Authority, as Supervisory Body, will be liable to pay between **£3,000 and £4,000** for every month the deprivation has continued without authorisation. The Managing Authority will not be accountable for any breaches in this process. The amount quoted above does not include any other penalties such as damages that a Judge feels it can and should award nor does it include legal fees or court costs. These additional costs could easily double or triple these figures.
- 4.3** A number of legal firms locally and nationally have identified delays in processing and authorising a DoLS application as a potential opportunity for challenge. The number of challenges is steadily increasing with neighbouring authorities also reporting concerns in relation to this. It is unfortunate that even if the Local Authority gets to a position where it is able to meet all the statutory timescales for DoLS, historical delays and gaps in authorisations can still be challenged.

5 Current Situation

- 5.1** Carmarthenshire continues to receive an average of 30 to 40 appropriate DoLS applications each month. The backlog list has reduced from **650** in November 2016 to **574** in November 2017 and continues to reduce on a monthly basis.
- 5.2** In April 2017 the local authority commissioned re-training for 15 Social Workers as Best Interest Assessors (BIA's) to meet its statutory obligations. This has also reduced our reliance on external, costly Best Interest assessors.
- 5.3** In November 2017 the local authority commissioned further Best Interest Assessor training for an additional 7 social workers. This cohort of trainees will commence assessment work in February 2018 after completing their shadowing work.
- 5.4** The 15 re-trained assessors are now regularly undertaking assessments on a two monthly rota basis which is having a positive impact on the completion of assessments within timescale. This approach has enabled the social work teams to effectively manage competing demands. The additional 7 Social workers will be added to the rota in February 2018.

- 5.5** As a result of the training investment, Carmarthenshire Council are able to report that over 95% of DoLS applications received since mid-September 2017 have been allocated and assessed within the 7 or 21 day timescale. The remaining 5% have not met timescale due to circumstances outside of our control e.g. family members unavailable for consultation.
- 5.6** In October 2017 a line was drawn under the assessment backlog and this is being addressed as a separate piece of work. As mentioned in 5.1 above, this list is steadily reducing and plans are being implemented to make further progress in this area.
- 5.7** Carmarthenshire council has secured commitment from a number of external Best Interest Assessors to undertake urgent and out of county assessments when necessary. This again has significantly improved our ability to undertake assessments within timescale.
- 5.8** Two full time temporary BIA's continue to be seconded to work solely on the DoLS assessments and again this is making a significant difference to managing the demand. Consideration will now be given to continuing these posts on a more permanent basis.
- 5.9** Regular forums have been established for Best Interest Assessors and Managing Authorities to ensure ongoing dialogue and understanding of legislation. These have proved to be a useful opportunity to share knowledge and identify improvement opportunities.
- 5.10** The Safeguarding and DoLS manager is currently leading a regional DoLS forum which reports to the Regional Safeguarding Board. This group are considering to make best use of shared resources and work more collaboratively.
- 5.11** The vacant post for DoLS Manager has recently been advertised however, due to lack of suitable applicants this will be readvertised. In the interim, senior managers have been trained as Supervisory body signatories and are undertaking this work alongside their existing roles. Due to this, the authorisation element of the process is experiencing delays, i.e. whilst the assessments are being completed within timescale, the authorisations are not.
- 5.12** The DoLS process is significantly bureaucratic and requires a large element of administrative work. As a result the DoLS team now has two full time administrative staff in post with an additional part time post currently advertised.
- 5.13** The Deprivation of Liberty Safeguards Annual Monitoring Report for Health and Social Care (CSSIW & HIW) records that Carmarthenshire County Council has one of the highest rates of referral per 100,000 population in Wales. This is attributable to the high number of residential/nursing establishments within the boundaries of the Council and the proactive work done with Managing Authorities to ensure they actively apply for authorisations. We anticipate receipt of the 2017/18 report in the spring of this year.
- 5.14** Local authorities have previously received small grants from Welsh Government to help manage the volume of DoLS referrals. During the financial year 2016/17 Carmarthenshire County Council received a total of £29,962.00 which consisted of £12,328.00 annual recurring funding and a one off non-recurring grant of £17,634.00. A decision on funding for 2017/18 and 2018/19 is still awaited from Welsh Government.

6 Costs

- 6.1 The current cost of appointing Section 12 Doctors to undertake the medical assessments is £174.00 per client together with mileage at 45p per mile.
- 6.2 The cost of using an Independent BIA is £126.00 (7.5 hours at £16.79 per hour) together with mileage at 45p per mile.
- 6.3 The total cost of commissioning a Section 12 doctor and external BIA is at least £300.00 per authorisation.

7 Future Strategy

- 7.1 To continue a programme of training for Social workers to ensure ongoing compliance and to assist teams to allocate resources equitably.
- 7.2 To train additional Senior Managers and Team Managers as Supervisory Body signatories who are able to scrutinise and authorise assessments.
- 7.3 To introduce robust quality monitoring systems to ensure consistent and lawful practice.
- 7.4 To continue to provide regular updates to Managing Authorities and BIA's to ensure ongoing compliance.
- 7.5 The Law Commission review of the current DoLS system has described it as "unsustainable and not fit for purpose." Although recommendations have been made to National Government, these are not expected to be implemented for some time. The current system together with its challenges and risks will therefore remain until the legislation is revised.

DETAILED REPORT ATTACHED ?

NO

IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report :

Signed: **Avril Bracey**

Head of Mental Health & Learning Disabilities

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
NONE	YES	YES	NONE	YES	YES	NONE

2. Legal

A failure to meet our legal responsibilities to assess and authorise in the required manner and within the statutory timescales could result in a legal challenge and the potential costs associated with this. In particular, a failure to ensure that a deprivation of liberty is properly authorised is unlawful and could give rise to a claim for compensation for a breach of human rights.

3. Finance

The Local Authority's requirements in relation to the DoLS legislation does present a number of financial challenges:

- Staff resource to undertake the assessments
- Legal costs associated with Court of Protection applications
- Potential costs of legal challenge

5. Risk Management Issues

Failure to meet our obligations in respect of the legislation would mean that vulnerable people lacking mental capacity in care homes may be subject to unlawful deprivation.

7. Staffing Implications

The Authority has trained 45 Social Workers as best interests assessors who are based in community teams. Pressures and demands within the community teams has impacted on their ability to undertake this role and subsequently on the number of outstanding referrals.

CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below

Signed: Avril Bracey

Head of Mental Health & Learning Disabilities

1. Local Member(s) - N/A

2. Community / Town Council – N/A

3. Relevant Partners - N/A

4. Staff Side Representatives and other Organisations - N/A

**Section 100D Local Government Act, 1972 – Access to Information
List of Background Papers used in the preparation of this report:**

THESE ARE DETAILED BELOW

Title of Document	File Ref No.	Locations that the papers are available for public inspection
Supreme Court Judgement / Deprivation of Liberty Safeguards		https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/485122/DH_Consolidated_Guidance.pdf
CSSIW National Review of the use of Deprivation of Liberty Safeguards		http://cssiw.org.uk/our-reports/national-thematic-report/2014/review-of-the-use-of-deprivation-of-liberty-safeguards-in-wales/?lang=en
Law Commission Consultation on Deprivation of Liberty Safeguards		http://www.lawcom.gov.uk/project/mental-capacity-and-deprivation-of-liberty/

This page is intentionally left blank

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 24TH JANUARY, 2018

Adult Social Care Complaints & Compliments Report 1st April 2017 to 30th September 2017

PURPOSE:

To enable members to exercise their scrutiny role in relation to the complaints and compliments received within Adult Social Care.

To consider and comment on the following issues:

The nature and number of complaints and compliments received in the Adult Social Care Team for the financial year 2017-18 to date.

Reasons:

- To enable members to understand and review the complaints and compliments received and identify any areas of concern or good practice.
- To enable Members to exercise their scrutiny role in relation to compliments and complaints.

To be referred to the Executive Board / Council for decision: **NO**

EXECUTIVE BOARD MEMBER PORTFOLIO HOLDER:-

Cllr. J. Tremlett (Social Care & Health Portfolio Holder)

Directorate

Communities

Name of Head of Service:

Avril Bracey

Report Author:

Silvana Sauro

Designations:

Head of Mental Health and
Learning Disabilities

Performance, Analysis & Systems
Manager

Tel Nos.

ABracey@carmarthenshire.gov.uk

01267 228092

E Mail Addresses:

SSauro@carmarthenshire.gov.uk

01267 228897

EXECUTIVE SUMMARY

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

24TH JANUARY 2018

Adult Social Care Complaints & Compliments Report 1st April 2017 to 30th September 2017

The attached report sets out the Adult Social Care complaints and compliments that have been received for the first part of the 2017/18 financial year. The report summarises the number of complaints and compliments that have been received and provides information on the type of complaint and the service area relating to complaints and compliments.

DETAILED REPORT ATTACHED ?

YES

IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report :

Signed: Avril Bracey, Head of Mental Health and Learning Disabilities

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
YES	YES	YES	YES	YES	YES	YES

1. Policy, Crime & Disorder and Equalities

The implementation of an effective complaints procedure supports the Feeling Fine theme of the Community Strategy as well as the building blocks of equalities and social inclusion in giving a voice to vulnerable service users. The findings of complaints investigations inform policy development and changes. The annual report includes recommendations for the further improvement of the complaints procedure.

2. Legal

The production of an annual social services complaints report is a statutory requirement.

3. Finance

The report has no immediate financial implications, although the full implementation of the recommendations in the report may have implications for further investment. The outcomes of complaints investigations contribute to the effective use of resources.

4. ICT

The complaints procedure is currently managed via the department's Carefirst database. However with the planned introduction of the new WCCIS database, further information and testing will be required to ascertain whether WCCIS can accommodate complaints data.

5. Risk Management Issues

The effective management of complaints contributes to the management of risk in highlighting areas where improvements are needed. Dealing effectively with complaints can also prevent further action by complainants e.g. referral to the Ombudsman or legal action.

6. Physical Assets

The findings of some complaints have implications for the use of buildings e.g. the application of a no smoking policy.

7. Staffing Implications

The effective management of complaints requires the ongoing support and training of staff.

CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below

Signed: Avril Bracey, Head of Mental Health and Learning Disabilities

1.Local Member(s)

Not applicable

2.Community / Town Council

Not applicable

3.Relevant Partners

Not applicable

4.Staff Side Representatives and other Organisations

The report will be made available to staff

**Section 100D Local Government Act, 1972 – Access to Information
List of Background Papers used in the preparation of this report:**

THESE ARE DETAILED BELOW

Title of Document	File Ref No.	Locations that the papers are available for public inspection
Complaints records		Personal information not available for public inspection.

Department for Communities

Adult Social Care Complaints & Compliments Report

1st April 2017 – 30th September 2017

October 2017

Introduction

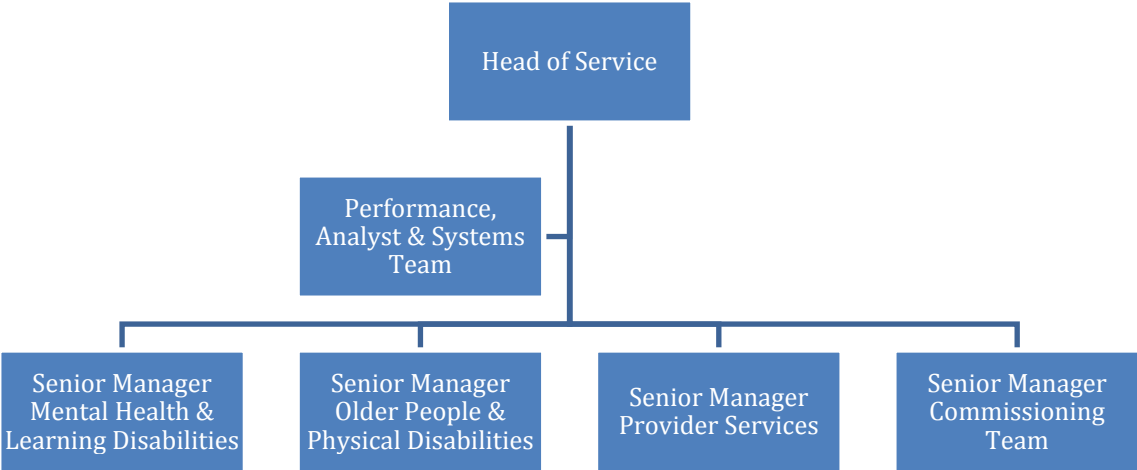
Carmarthenshire County Council welcomes complaints, compliments and comments as a way of improving service delivery. Complaints from customers are important to us and provide a valuable insight into the quality of the services we provide and commission.

The Council's Complaints and Compliments Policy was established on 1 August 2014 in accordance with The Social Services Complaints Procedure (Wales) Regulations 2014 and The Representations Procedure (Wales) Regulations 2014. This report provides a summary of the complaints received relating to Adult Social Services for the period 1st May 2017 to the 30th September 2017.

Service Improvement

As part of a recent re-structure, responsibility for Adult Social Care complaints transferred over to the Performance, Analyst & Systems Team within the Department of Communities. The transfer commenced on the 1st May 2017.

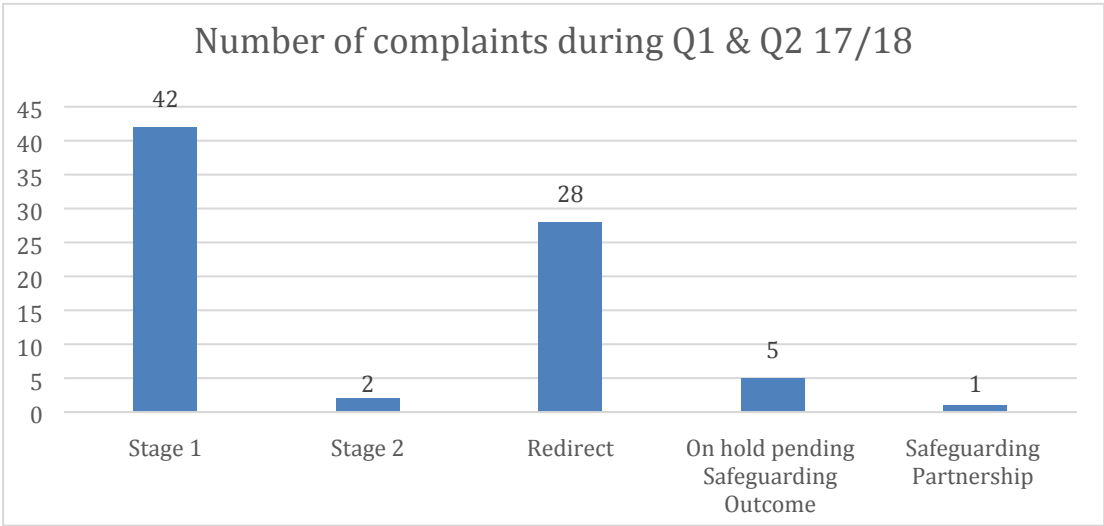
Governance Arrangements



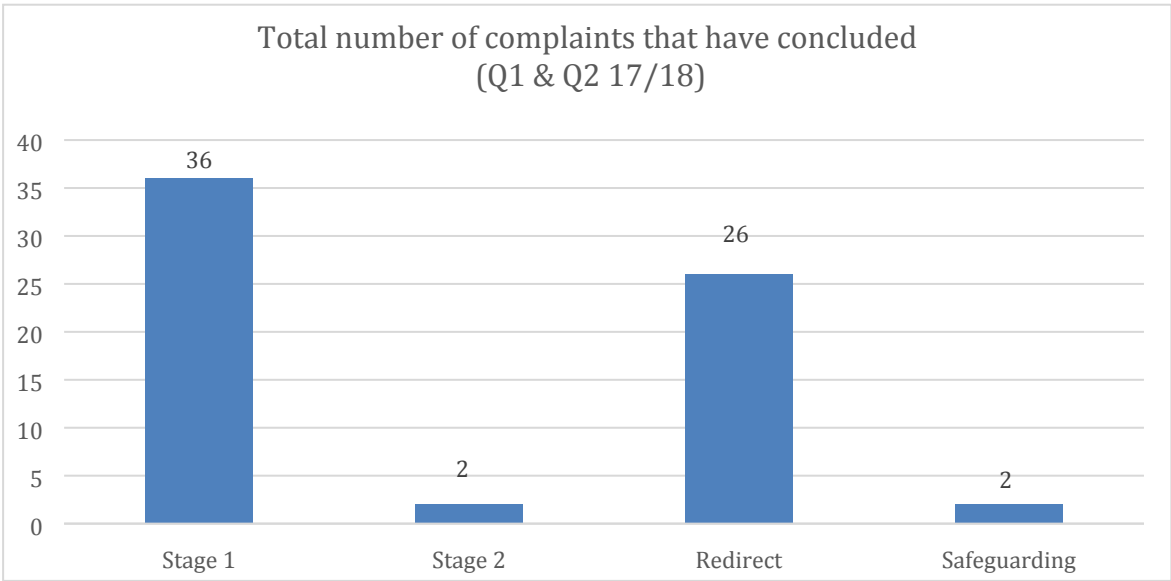
Summary

During Q1 and Q2 there were a total of 78 complaints received in relation to Adult Social Care.

- 42 of the Adult Social Care complaints were resolved at the local resolution stage 1.
- 2 were resolved under the formal investigation of stage 2 and following these investigations an action plan has been created and all the recommendations are currently being addressed
- 28 were recorded as 'Redirected' which meant the complainant did not wish to make a formal complaint or the complaint did not fall under the WG guidelines for complaints.
- 5 complaints have been put on hold whilst an ongoing safeguarding investigation is ongoing.
- 1 complaint was being dealt with under the safeguarding partnership



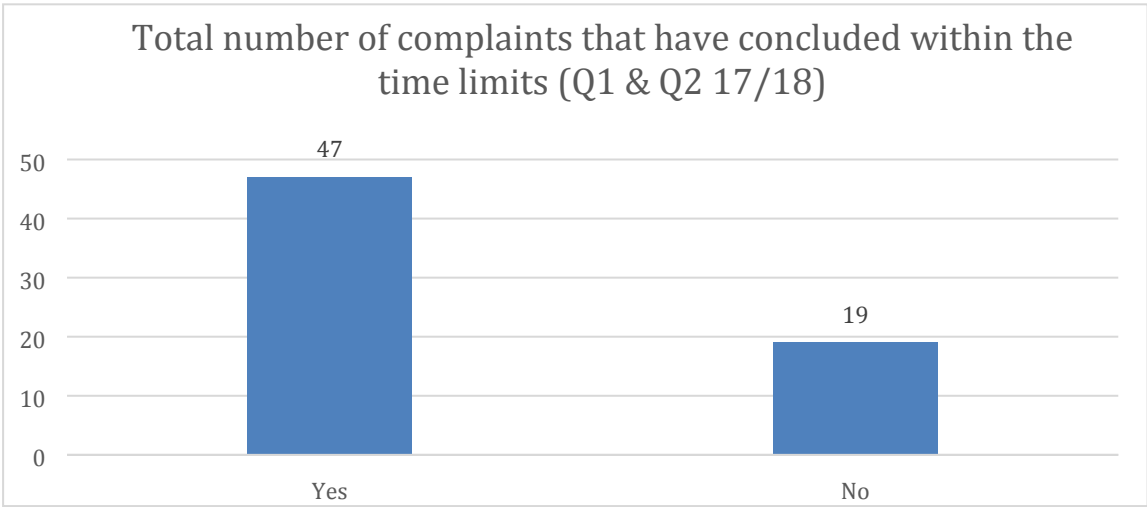
Complaints that have been concluded



At the end of quarter 2 we have closed a total of 66 complaints, there are a total of 12 ongoing cases. These cases include a complaint being dealt with alongside the Health Board as well as complaints that are on hold as a safeguarding investigation takes precedence.

Response to complaints within statutory time-scales

The statutory timescales for all stage 1 complaints (local resolution stage) is 10 working days from the date that the complaint is acknowledged. This timescale may only be extended in exceptional circumstances with the agreement of the complainant.



Of the 66 complaints that have concluded , the number concluded on time were 47 and the number not concluded on time were 19.

A small number of complaints were delayed due to un-foreseen circumstances. For example the complainants were unable to meet the investigating officer until after the 10 working days had passed.

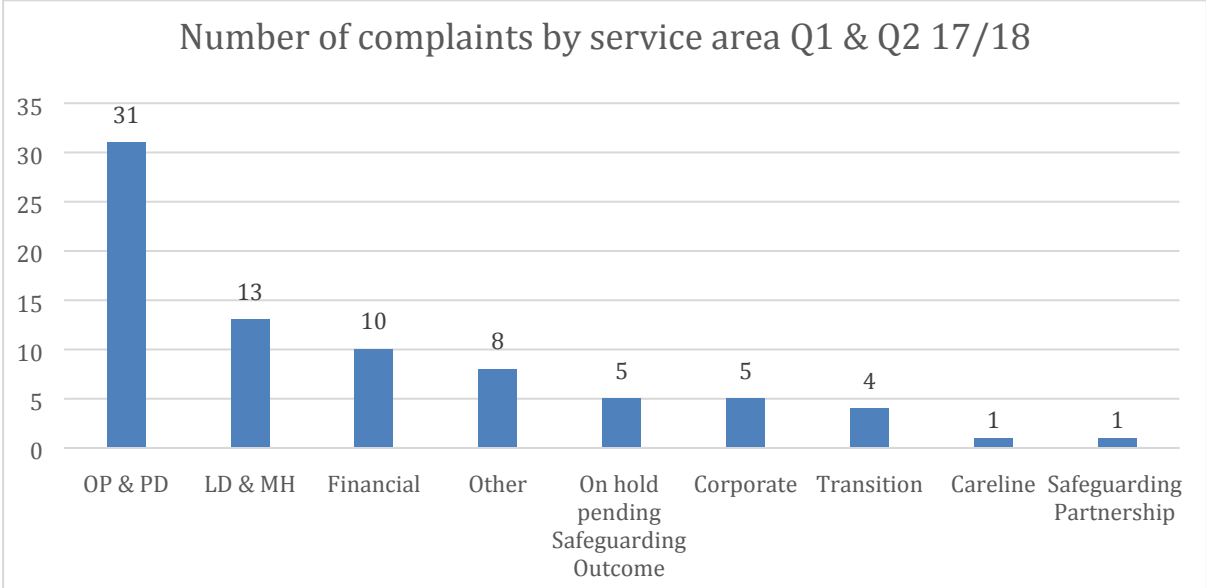
We had a few instances where the investigating officer requested an extension to the complaint as they needed more time to investigate the complaint. These extensions were approved by the complainant.

There have also been issues in achieving the 10 day target date when a complaint is forwarded to private care providers to investigate

It must be noted that complaints can often be complex, requiring multi-agency co-operation to resolve the complaint. Complaints regularly require lengthy investigations including information gathering, setting up of meetings and action plan agreements.

The new arrangements are working satisfactorily, we are gathering data and reporting more effectively and we will strive to improve upon timescales during the course of the year.

Complaint by service



Examples

Older People

The majority of complaints received have related to Older People. These complaints cover a wide range of issues including missed calls for clients receiving domiciliary care, lack of continuity with domiciliary care workers and complainants feeling that they are not being listened to in relation to their care.

One complainant stated they hadn't been sent carers when they arrived home from hospital, whilst another wanted their grandmother's care needs re-assessed.

Finance

Complaints were received relating to the length of time it had taken to produce an invoice for care that had been provided. Service users were unhappy with 'late' invoices they had received for care which was provided some time ago. Also a number of families were unhappy to pay outstanding invoices as they felt the care their family member received was not up to standard.

Corporate complaints

A number of these complaints were in relation to neighbours, and carers parking in front of people's houses. We also had a number of complaints regarding the blue badge process, one complainant was unhappy with the 28 day flexibility process and another regarding the renewal process.

Careline

We received one complaint which was dealt with as a redirected complaint in relation to Careline. This was a communication error and a delay in responding to the complainant's query.

Transition Team

A service user's family complained about a review the Transition Team had carried out and was unhappy with the outcome.

Learning Disability and Mental Health

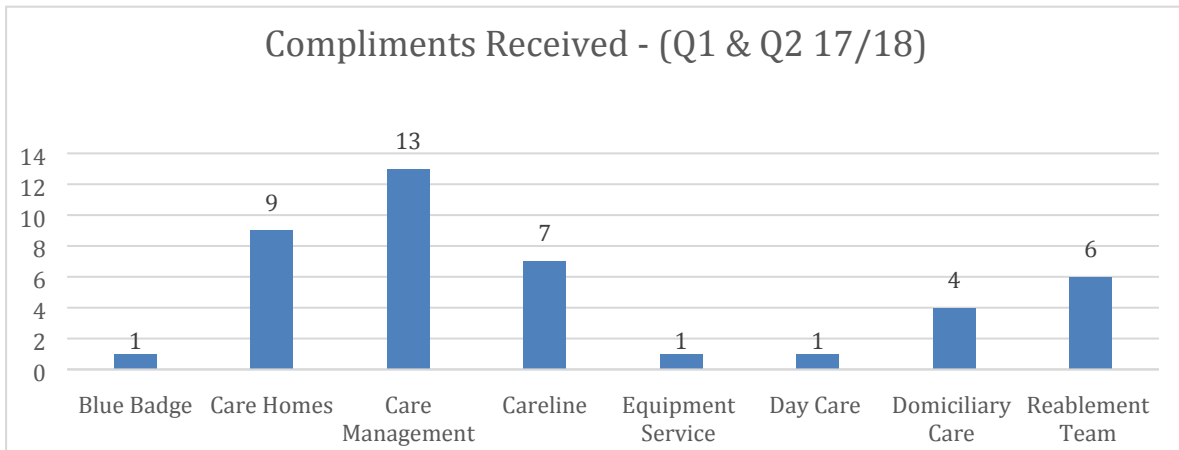
We have received a number of complaints requesting a change of social worker.

Other

These complaints included a family complaining about gaining access to Ty Elwyn for an appointment and another requiring the social care records changed as they were getting nuisance calls.

Compliments

A Total of 42 compliments were received in Q1 and Q2.



Examples

Care Management

"Thank you again for all your support and care over the last year. You have always been at the end of the telephone and responded so quickly to our calls when we have been worried and uncertain about what to do"

Care Home

"Just a few words to thank you so much for the wonderful care you gave my mother"

whilst she was a resident. Your job is not an easy one but I can honestly say you were always cheerful and ready to please so thank you again”

Domiciliary Care

“From the time she was referred to the team last December until her death in April of this year, their dedication and support was invaluable. Not only were they professional and experienced, but they were always kind and caring both to my mother and to the family members who were looking after her. Without their wonderful support, we could not have kept my mother at home until the end of her life. Please thank all the care staff involved. You provide a wonderful service and should be proud of the difference you make to people's lives”

Careline

“Each time I contact them, they answer within a couple of rings, and are always 'spot on' with the service they provide”

Reablement

“We have been privileged to receive a daily visit from members of the excellent reablement team. I for one will never forget their kindness”

This page is intentionally left blank

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 24TH JANUARY, 2018

SERVICE INTEGRATION, POOLED FUNDING AND REGIONAL GOVERNANCE ARRANGEMENTS

To consider and Comment on the Following Issues:

To note-

- Arrangements for the establishment of a regional pooled fund for older adults care home accommodation
- Proposals for regional governance arrangements

Reasons:

The project will improve service integration across health and social care. In particular, it will help meet strategic objectives relating to:

- Legislative compliance
- Facilitating service transformation
- Integrated working across health and social care
- Effective and democratically accountable regional governance arrangements

To be referred to Executive Board/Council for decision: NO

EXECUTIVE BOARD MEMBER PORTFOLIO HOLDER:-

Cllr. J. Tremlett (Social Care & Health Portfolio Holder)

Directorate: Communities	Designations: Director of Community Services	Tel Nos. 4697 / 2777
Name of Head of Service: Jake Morgan	Programme Manager – Service Integration and Pooled Funds	E Mail Addresses: JakeMorgan@carmarthenshire.gov.uk Kpett@carmarthenshire.gov.uk
Report Author: Kevin Pett		

EXECUTIVE SUMMARY
SOCIAL CARE & HEALTH SCRUTINY COMMITTEE
24TH JANUARY, 2018

**SERVICE INTEGRATION, POOLED FUNDING AND
REGIONAL GOVERNANCE ARRANGEMENTS**

Service integration and pooled funding arrangements for older adult care home placements

Under the 2014 Social Services and Well-Being (Wales) Act (SSWBA), councils and health boards have a statutory obligation to establish and maintain pooled fund arrangements in relation to:

- The exercise of their care home accommodation functions (by 6 April 2018)
- The exercise of their family support functions
- Specified functions exercised jointly in response to Population Assessments, where such arrangements are considered appropriate

The West Wales Care Partnership established under Part 9 of the Act, has prioritised the establishment of pooled fund arrangements for older people's care homes by the statutory deadline. This approach is consistent with elsewhere in Wales.

Main Issues

The headline issues are 1) regional arrangements for the care home pooled fund; and 2) the governance structures necessary to support integrated regional arrangements (including the care home pooled fund).

In relation to 1, Members are asked to note that-

The regional approach is to develop a **single regional pooled** fund for care home accommodation (older adults, initially), in accordance with the statutory deadline. The approach has been informed by the positions of Welsh Government, the WLGA, Regional partners; and in the light of Counsel Advice commissioned by Carmarthenshire County Council.

The arrangements will be designed to ensure cross subsidy – across local authority areas, or between Health and Social Care – will not occur. Due to reporting requirements, the single fund arrangement will improve the availability of financial and performance information about the sector, enhancing the ability of commissioning organisations to positively shape the care home market.

Alongside the regional pooled fund itself, the Regional approach is to secure gains through **integrated commissioning arrangements**. Of particular note is work to develop a single regional Pre-Placement Agreement contract for care homes, which will ensure more consistent engagement with the market, in terms of contractual arrangements, service specification and quality assurance. Further work is being undertaken to align and, where possible, streamline care assessment and placement processes, to achieve greater consistency across the Region - yielding service efficiencies and improved outcomes for users.

In relation to 2, Members are asked to note that-

The necessity of pooled fund arrangements presents a timely opportunity to consider **governance structures**. Discussions are taking place between the statutory partners (Local Government and Health), regarding appropriate structures to oversee this work and other parts of the regional programme.

A **Governance Working Group**, with representation from across the statutory partners, is being established to consider, and develop proposals in relation to:

- Reviewing the present Regional Partnership Board partnership structure
- Considering arrangements for a regional Joint Committee of the statutory partners
- An overarching Integration Agreement and a specific agreement for the regional care home pooled fund

An **Executive Board** of local authority social services and Health Board Directors - acting by unanimous decision within delegated authority - has been established in shadow form.

Summary

Members are asked to note-

- The requirements regarding integrated working and partnership arrangements under Part 9 of the Act
- The approach being taken in respect of pooled funds for care homes in West Wales
- The establishment of the Executive Board of directors in shadow form
- The establishment of the Governance Working Group, to undertake the review of current regional governance and partnership arrangements. The Group will include officers from Carmarthenshire County Council
- That a formal decision paper setting out detailed provisions of the Integration Agreement and Agreement for care homes pooled funds will be prepared for ratification by Carmarthenshire County Council in early 2018.

DETAILED REPORT ATTACHED ?

YES

IMPLICATIONS

Policy and Crime & Disorder	Legal	Finance	ICT	Risk Management Issues	People Management & Performance	Physical Assets
YES	YES	YES	YES	YES	YES	YES

1. Policy, Crime & Disorder and Equalities

The establishment of pooled fund arrangements for older people's services support the commitment of the Council to promote the integration of health and social care services, as set out in the Integrated Community Strategy and as articulated through *Carmarthenshire's vision for Sustainable Services for Older People*.

Equality Impact Assessment will be an integral part of the development of pooled funding arrangements.

2. Legal

The Social Services and Well-Being Act places a General Duty on the Council to implement pooled fund arrangements where this supports service integration. More specifically, the Act places a Duty on the Council to establish pooled fund arrangements for adult care homes by 6th April 2018. In line with elsewhere in Wales - the Regional approach is to focus initially on care home placements *for older people*.

A pooled fund between the Council and Health Board will give rise to a range of considerations. The Legislation stipulates the requirement for pooled funds to be governed by a legal agreement. The legal agreement will outline how the pooled fund will operate and how the interests of the Authority will be protected.

The agreement will require formal sign off.

3. Finance

Pooling funds for older adult's services will have significant – though mainly operational - financial impacts. The budget host will take on obligations for budget management and audit, whereas the other parties will have fewer commitments but also less direct control.

There are a number of further financial considerations, including: establishing the 'baseline' budget (based on spend); arrangements for under/overspends; spend profile and trajectory (i.e., away from resource-intensive support); unscheduled budget reductions (including PBBs); the treatment of user charges; and the process for accessing the fund. The impact on treasury management opportunities will also need to be considered.

4. ICT

Service integration across older people's services may suggest a need for integration of ITC systems, particularly in relation to commissioning and performance management. Opportunities may exist to pursue this through the WCCIS project.

5. Risk Management Issues

Possible risks include:

- Overspend within the pooled fund.
- Benefits being gained by one partner, at the expense of the other.
- Budget cuts/Priority based budgeting/ efficiency savings.
- Challenges relating to centralised direction on LHB budgets by Welsh Government
- Difficult end of year discussions focussing on who funded what instead of on the outcomes achieved.
- Democratically elected and Health Board members fear of losing their responsibility for budgetary control.
- Lack of consideration of impact on corporate services e.g., finance and / or governance to manage pooled funds.
- Unpredictable pressures on the system e.g., local political changes in the council, national political imperatives in the NHS.
- Change of leadership in the partnership.
- Cross subsidisation of services.
- Lack of culture and values alignment.

6. Physical Assets

The service delivered by Council-run care homes may be within the scope of the project. Council establishments offer scope and flexibility to enable the testing of innovative approaches to meeting user needs. It is important that close links are maintained with the Care Homes Capital Programme.

7. Staffing Implications

Should transferring staffing budgets to the pooled fund be under consideration, careful attention would need to be given to any possible changed status (intended or otherwise) this could give rise to. This particularly applies where the intention is to move staff into the management structure of another organisation.

CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below

Signed: Jake Morgan

Director of Community Services

1. Local Member(s) - N/A
2. Community / Town Council – N/A
3. Relevant Partners - N/A
4. Staff Side Representatives and other Organisations - N/A

Section 100D Local Government Act, 1972 – Access to Information
List of Background Papers used in the preparation of this report:

THERE ARE NONE.

Title of Document	File Ref No.	Locations that the papers are available for public inspection
-------------------	--------------	---

Service Integration and Pooled Funds

Background and context

Part 9 of the Social Services and Wellbeing (Wales) act 2014 requires the formation of partnership arrangements for the commissioning and delivery of care and support services. The Partnership Arrangements Regulations (2015) require the establishment of Regional Partnership Boards on LHB footprints which must ensure partnership bodies work effectively together to:

- Respond to the population assessment carried out in accordance with Section 14 of the Act
- Implement the plans for each of the local authority areas covered by the board which local authorities and Local Health Boards are each required to prepare and publish under Section 14 of the Act
- Ensure the partnership bodies provide sufficient resources for the partnership arrangements
- Promote the establishment of pooled funds where appropriate.
- Respond to the requirement within Part 10 of the Act to provide advocacy services and support to individuals
- Ensure the provision of appropriate Information, Advice and Assistance in their area

In addition Regional Partnership Boards must 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
- Children with complex needs due to disability or illness
- Over time, extend the provision of integrated services beyond these priority areas

Boards are also given the power to develop and coordinate formal and informal partnership arrangements to support integrated working, supported by written agreements where there is a delegation of functions.

Councils and LHBs have a statutory obligation under Part 9 to establish and maintain pooled fund arrangements in relation to:

- The exercise of their adult care home
- accommodation (residential and nursing) functions (by 6 April 2018)

- The exercise of their family support functions
- Specified functions exercised jointly in response to Population Assessments, where such arrangements are considered appropriate

The West Wales Regional Partnership Board was established in June 2016 and has identified service integration and pooled funds as one of its strategic priorities. A regional programme is in place through which partners are working collaboratively to meet the statutory requirements in relation to pooled funds, with an initial focus on care home accommodation for older people.

In a letter to the Minister for Social Services and Public Health dated 29 September 2017 the Regional Partnership Board reported continued constructive working across health and social care and summarised activity in relation to the care homes pooled fund as follows:

Integrated commissioning: Securing (1) agreement of shared commissioning intentions for the region based on the findings of a [regional market position statement for older people's services](#) completed in 2015, (2) development of a single care homes contract and specification for the region, (3) an integrated approach to quality assurance and escalating concerns and (4) working towards a consistent approach to fee setting across West Wales (it should be noted that actual convergence of fee levels will not be attainable in the short term due to variances in demand and provision across the region). This work will lay the foundations for broader integration of commissioning activity across health and social care over the medium term).

Financial: Scoping the parameters of the pooled fund (which will include commissioned and in-house services) and identifying partner agency contributions to form a baseline regional budget for 2018-19. It seems possible that if the aforementioned challenges are overcome, then an arrangement can be reached, subject to political agreement by each local authority and by the Health Board, in which each partner organisation will pay into a regional pooled fund but with the contractual security that they will receive services equal to the amount they pay in, be responsible individually for any overspend in their area/ discipline and receive a reimbursement for any underspend, except in instances where all partners agreed to pooling underspends to meet shared regional objectives. In developing the approach, a number of challenges will need to be overcome, including:

- The need to avoid cross subsidisation of services across counties and the requirement to retain a clear separation of social care and health funded services.
- The complication of income and charging when managing spend across health and social care
- Significant differences in accounting requirements/rules across health and local government.
- The challenge of establishing a budget for 2018/19 where there is no settlement yet for this financial year.

Assessment and eligibility: Mapping existing processes for assessing eligibility for residential care, Funded Nursing care and Continuing NHS Health care, and exploring opportunities for integrating these processes within the context of the pooled fund.

Governance: Agreeing appropriate partnership structures, including the potential establishment of a regional Joint Committee for social services, and the NHS, and drafting a formal partnership agreement setting out the governance and scrutiny/assurance mechanisms for partnership working at a regional level. Within this context, governance arrangements for the Care Homes pooled fund will also be established including:

- Hosting, budget monitoring, financial and performance reporting
- Mechanisms for the management of overspends and underspends
- Mechanisms to avoid cross-subsidy across health and social care and between local authority areas.

The letter also confirmed the ambition to establish similar arrangements for care homes for people with learning disabilities, with foundational work underway in the form of a regional market position statement which will be published later in 2017. It is our attention to adapt the regional commissioning arrangements for older people's care homes, including the single contract, service specification and quality assurance for learning disability placements, as a basis for a pooled fund. Timescales for this next phase of implementation are currently being identified.

The Minister subsequently made a statement to the Assembly on 10 October 2017, noting progress across Wales and confirming that if she was not satisfied with the way requirement to establish pooled funds for care homes had been delivered in each region by the end of the forthcoming financial year, she would need to consider options for more direct intervention.

Discussions have also been taking place between the statutory partners (Carmarthenshire County Council, Ceredigion County Council, Hywel Dda University Health Board and Pembrokeshire County Council), regarding appropriate partnership structures to oversee this work and other parts of the regional programme. Such structures will aim to deliver the following:

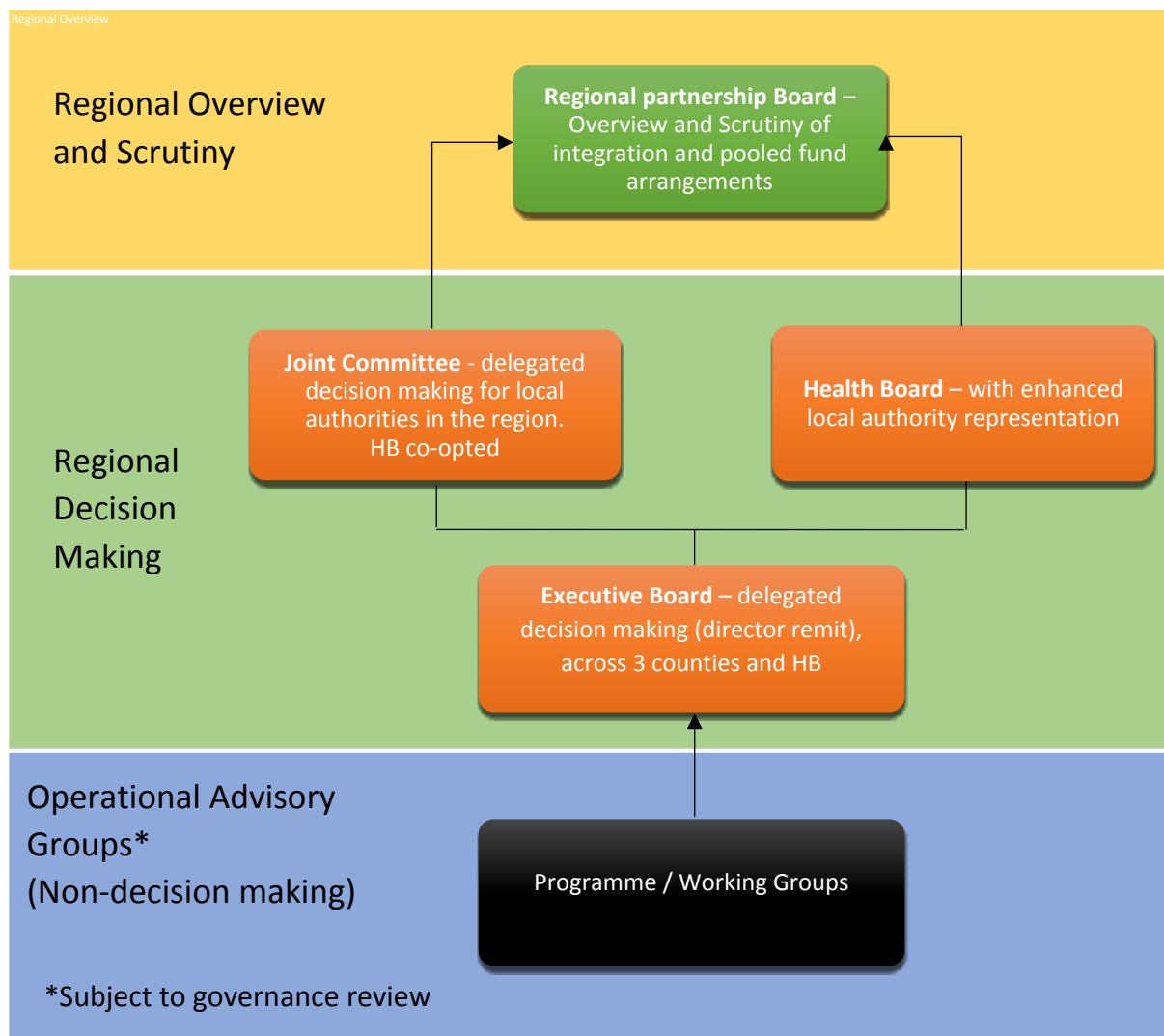
- Whole system approach to supporting our population
- Improving outcomes for the people we care for
- Far better value from the resources we have, delivered on a collective basis
- Single regional governance structure for regional integration of health and social care
- Streamlined decision making within delegated authority
- Collective assurance for regional integration
- Aligned performance management of arrangements, including: risk; performance outcomes; and financial management
- Clearer demarcation of authority, accountability and decision making
- Enhanced democratic accountability

- Establishment of a Joint Committee for health and social care
- Creation of an Executive Board of local authority and Health Board Directors, acting by unanimous decision within delegated authority
- Clarification of the role of the Regional Partnership Board in scrutinising delivery of legislative responsibilities by the statutory partners
- Reviewing the terms of reference and remit of regional programme boards sitting under the Executive Board and overseeing specific regional programmes
- Development of an over-arching 'Integration Agreement' setting out shared strategic vision, intent and shared outcomes in relation to integration, under which separate Agreements for the care homes pooled fund and future joint arrangements would sit. This would also specify agreed regional governance arrangements

The outcomes of this work could also be used to influence forthcoming local government legislation, particularly in respect of membership and functions of proposed Joint Governance Committees.

The intention is to establish appropriate arrangements by April 2018.

Proposed structure (simplified):



(The structure diagram is simplified and does not reflect the important inter-relationships that exist with county-level Public Services Boards (PSBs) and other regional structures, including, for instance, the Mid and West Wales Safeguarding Board and the Area Planning Board).

It is proposed that the Regional Collaboration Unit will fall within the direction of the Executive Board, with the relationship defined within the regional Integration Agreement.

It is proposed that the review is undertaken by a multi-agency regional governance working group which will report to the (shadow) Executive Board.

Recommendations

Members are asked to:

- Note the requirements regarding integrated working and partnership arrangements under Part 9 of the Act
- Note the approach being taken in respect of pooled funds for care homes in West Wales
- Note the establishment of the Executive Board of directors in shadow form
- Note the establishment of the Governance Working Group to undertake the current review of regional governance and partnership arrangements
- Note that a formal decision paper setting out detailed provisions of the Integration Agreement and Agreement for care homes pooled funds will be prepared for ratification by statutory partners in early 2018.

This page is intentionally left blank

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 24TH JANUARY 2018

Social Care & Health Scrutiny Committee Actions and Referrals Update

To consider and comment on the following issues:

- To scrutinise the progress made in relation to actions, requests or referrals recorded during previous meetings of the Committee.

Reasons:

- To enable members to exercise their scrutiny role in relation to monitoring performance.

To be referred to the Executive Board / Council for decision: NO

Executive Board Member Portfolio Holder: NOT APPLICABLE

<p>Directorate: Chief Executive's</p> <p>Name of Head of Service: Linda Rees-Jones</p> <p>Report Author: Michelle Evans Thomas</p>	<p>Designations:</p> <p>Head of Administration & Law</p> <p>Principal Democratic Services Officer</p>	<p>Tel Nos. / E-Mail Addresses:</p> <p>01267 224010 lrjones@carmarthenshire.gov.uk</p> <p>01267 224470 MEEvansThomas@carmarthenshire.gov.uk</p>
---	--	--

EXECUTIVE SUMMARY

SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 24TH JANUARY 2018

Social Care & Health Scrutiny Committee Actions and Referrals Update

During the course of a municipal year, several requests for additional information are made by the Committee in order to assist it in discharging its scrutiny role.

The attached report provides members of the Committee with an update on the progress made in relation to these requests.

DETAILED REPORT ATTACHED?	YES
---------------------------	-----

IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report.

Signed: Linda Rees-Jones Head of Administration & Law

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
NONE	NONE	NONE	NONE	NONE	NONE	NONE

CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below:

Signed: Linda Rees-Jones Head of Administration & Law

1. Local Member(s) – N/A
2. Community / Town Council – N/A
3. Relevant Partners – N/A
4. Staff Side Representatives and other Organisations – N/A

**Section 100D Local Government Act, 1972 – Access to Information
List of Background Papers used in the preparation of this report:**

THESE ARE DETAILED BELOW:

Title of Document	File Ref No. / Locations that the papers are available for public inspection
Community Scrutiny Committee Reports and Minutes	Meetings from September 2016 onwards: http://democracy.carmarthenshire.gov.wales/ieListMeetings.aspx?Committeeld=186

This page is intentionally left blank

Social Care and Health Scrutiny Committee Actions 2017-2018

Ref No	Meeting Date	Recommendation / Action / Referral	Description	Progress Update	Member / Officer	Status
SC&H 001-17/18	26th September 2017	Action	SC&H Scrutiny Committee Annual Report - Resolved that the report be endorsed subject to amendment (Reference was made to the first recommendation on page 11 of the report where the end of the sentence appeared to be missing. The Committee was advised that this would be rectified before the document was published.)	The missing text was included. The report has been translated and published on the Council's website.	Michelle Evans Thomas	Completed
SC&H 002-17/18	26th September 2017	Action	SC&H Scrutiny Committee FWP Programme 2017/18 - Resolved that the following be included in the FWP:- DoLs Update; Substance Misuse Update; Trading Standards Update; Carers Partnership Board Update (to include the Carers Strategy, Carers Assessments and Carers Forum); Welsh Language Services for Older People Update; Ambulance Service Standards Update. It was also agreed that representatives from the Community Health Council and Public Health Wales be invited to a future meeting.	The itmes were included in the FWP. Representatives from the Ambulance Service and Public Health Wales invited to the meeting held on 23rd November, 2017. Representatives from the Community Health Council to be invited to a meeting in 2018.	Michelle Evans Thomas	OUTSTANDING
SC&H 003-17/18	18th December	Action	Revenue Budget Strategy Consultation 2018/19 - 2021 A question was raised in relation to item 2.5 in the report on 46 of the 58 W.G grants not transferred into the settlement and information requested on the 12 outstanding grants. The Group Accountant advised that information was avaiolable on the WG's website and she would arrange for it to be provided to members		Andrea Thomas	OUTSTANDING
SC&H 004-17/18	18th December	Action	Revenue Budget Strategy Consultation 2018/19 - 2021 Information was requested on the Single Revenue Grant (formerly the Environmental Grant). Whilst that fell within the remit of the Environment Department, the Group Accountant agreed to forward the details to the members of the Committee for information		Andrea Thomas	OUTSTANDING

Social Care and Health Scrutiny Committee Actions 2017-2018

SCH 005-17/18	18th December	Action	Revenue Budget Strategy Consultation 2018/19 - 2021 The Group Accountant agreed to provide members of the Committee with details of the reducing reserves over the strategy period in relation to any potential impact on the capital programme		Andrea Thomas	OUTSTANDING
SCH 006-17/18	18th December	Recommendation	Revenue Budget Strategy Consultation 2018/19 - 2021 That the charging Digests as set out in Appendix C be endorsed	No update required – due process.	C. Moore	Completed
SCH 007 - 17/18	18th December	Action	Communities Departmental Draft Business Plan 2018/19 - 2021 As part of the discussion on risks on page 65 of the report relating to substance misuse, the Head of Mental Health and Learning Disabilities offered to submit a report on substance misuse to a future meeting		Avril Bracey Michelle Evans Thomas to include in FWP	OUTSTANDING
SCH 008 -17/18	18th December	Recommendation	Update on Trading Standards Initiatives - Protection of Elderly and Vulnerable Citizens in Carmarthenshire That a Members' Seminar be arranged on the Financial Exploitation Safeguarding Scheme		Roger Edmunds	OUTSTANDING

EXPLANATION FOR NON-SUBMISSION OF SCRUTINY REPORTS

SCRUTINY COMMITTEE : SOCIAL CARE & HEALTH

DATE OF MEETING : 24TH JANUARY, 2018

ITEM	RESPONSIBLE OFFICER	EXPLANATION	REVISED SUBMISSION DATE
LEARNING DISABILITY STRATEGY	Chris Harrison, Head of Strategic Joint Commissioning	The Learning Disability Strategy is being progressed, but is only in the early stages of development. The delay in the project has been due to capacity challenges and therefore not timely to bring to Scrutiny. Revised time line March 2018.	5 th March, 2018

This page is intentionally left blank

**SOCIAL CARE & HEALTH
SCRUTINY COMMITTEE
24TH JANUARY 2018**

**FORTHCOMING ITEMS FOR NEXT MEETING
5TH MARCH 2018**

Discussion Topic	Background
Budget Monitoring 2017/18	This is a standard quarterly item which enables members to undertake their monitoring role of the revenue and capital budgets within the Committee's remit.
Q3 Performance Monitoring 2017/18	This six monthly report allows members to undertake their monitoring role in relation to the relevant department's services.
Annual Safeguarding Report 2016-17	To provide information on the role, functions and activities undertaken by the Authority in regard to Adult Safeguarding.
Pooled Fund Agreements – <ul style="list-style-type: none"> ➤ Care Homes¹ ➤ Social Services Wales² ➤ Integrated Family Support Team¹ 	Scrutiny to consider the regional agreement necessary to satisfy – ¹ the relevant requirements of the Social Services and Well-being (Wales) Act (part 9) and ² Welsh Government pooled funding requirements in respect of this fund
Regional Governance Agreement	Scrutiny to consider the proposed governance agreement intended to ensure appropriate regional governance arrangements for pooled funding and integrated working.
Area Plan	Scrutiny to consider the Regional Area Plan, as required under Section 14a of the Social Services and Well-being (Wales).
Update on Mental Health Transformation	Following an extensive period of consultation, the report will provide details regarding the new model of mental health services as the transformation programme moves into the implementation phase.
Learning Disability Strategy	Members will have the opportunity to give their views on the new Learning Disability Strategy. The Strategy will be joint with the Hywel Dda Health Board. Members' views will be incorporated into the engagement process.

This page is intentionally left blank

SC&H Scrutiny Committee – Forward Work Programme 2017/18

23 June 2017 Joint with E&C	26 September 17	17 November 17 Joint with E&PP	23 November 17	18 December 17	24 January 18	5 March 18	19 April 18
Annual Report of Director of Social Services 2016/17	Q1 Performance Management Report for the Council's 2017/18 Well-being Objectives	Area Planning Board Drug & Alcohol Misuse Strategy Annual Report 2016/17	Review of Careline	3-year Revenue Budget Consultation	Pooled Budgets	Budget Monitoring 2017/18	Actions & Referrals Update
	Budget Monitoring 2016/17		Prevention & Information, Advice & Assistance	Communities Business Plan 2018/19-2021	Learning Disability Strategy	Q3 Performance Monitoring 2017/18	Carers Partnership Board Update (to include Carers' Strategy, Carers' Assessments and Carers' Forum)
	SC&H Scrutiny Annual Report 2016/17		DOLs Update	Mental Health Transformation Report (Post Consultation)	Actions & Referrals Update	Annual Safeguarding Report	Compliments & Complaints End of Year Report 2017/18
	SC&H Scrutiny Forward Work Programme 2017/18		Welsh Language Services for Older People	Trading Standards Update	DOLs update	Area Plan Part 9 SSWBA	
	Pooled Budgets (Initial report)		Ambulance Service Standards Update	Carers Partnership Board Update (to include Carers Strategy, Carers Assessments and Carers Forum)	Half Yearly Adult Social Care Compliments & Complaints Report 2017/18	Mental Health Transformation Report (Post Consultation)	
	Local Action Plan in response to Jasmine Report (including CSSIW Escalating Concerns Procedures)		West Wales Care Partnership Overview			Pooled Fund Agreements	

SC&H Scrutiny Committee – Forward Work Programme 2017/18

23 June 2017 Joint with E&C	26 September 17	17 November 17 Joint with E&PP	23 November 17	18 December 17	24 January 18	5 March 18	19 April 18
Page 50	Carmarthenshire County Council's Annual Report 2016/17		Public Health Board Presentation			Regional Governance Agreement	
						Learning Disability Strategy	

ITEMS CARRIED OVER FROM PREVIOUS WORK PROGRAMME:

- ~~TIC Project Update~~
- Community Health Council to be invited to a meeting
- Results of Service User satisfaction survey
- ~~Public Health Wales to be invited to a meeting~~

PROPOSED ITEMS:

- Are people safe and protected in Carmarthenshire Care Homes? (Including how risks are managed)
- Commissioning and workforce development in the care sector and the impact on the quality of the experience.
- ~~Welsh Language in Social Care "More than Just Words"~~

ANNUAL ITEMS (TBC)

- Ageing Well Plan Annual Report
- Hywel Dda Information & Consultation Strategy for Carers Annual Report
- Revised Charging Policy

DEVELOPMENT SESSIONS:

- Social Services and Well-being Act (4th September 2017)
- *To include consultation on Mental Health Transformation*
- Performance Information – identifying priorities
- Substance Misuse Training Session (6th November 2017)

SITE VISITS:

- Cwmamman Day Centre
- Day Centres

TASK & FINISH REVIEW:

- Integration into communities
- Mental Health (possibly 2018/19)

THURSDAY, 23RD NOVEMBER, 2017

PRESENT: Councillor G. Thomas [Chair]

Councillors:

K.V. Broom, A. Davies, I.W. Davies, W.T. Evans, M.J.A. Lewis, K. Lloyd, A.S.J. McPherson, J.G. Prosser (in place of E. Morgan), B.A.L. Roberts, E.M.J.G. Schiavone, E.G. Thomas and D.T. Williams

Also in attendance:

Councillor J. Tremlett, Executive Board Member for Social Care & Health

The following Officers were in attendance:

Ms A. Bracey	-	Head of Mental Health & Learning Disabilities
Ms R. Dawson	-	Head of Integrated Services
Mr M. Palfreman	-	Head of Regional Collaboration
Mrs S. Watkins	-	Information, Advice & Assistance Manager
Mrs M. Evans Thomas	-	Principal Democratic Services Officer

Also present as observers:

Ms J. Jones	-	Partnership & Governance Manager
Mr Gareth Lewis	-	Wales Audit Office

Chamber, County Hall, Carmarthen : 10.00 a.m. - 1.40 p.m.

NOTE: At 1.00 p.m. the Committee's attention was drawn to Council Procedure Rule 9 – Duration of Meeting and as the meeting had been underway for three hours it was **RESOLVED** to suspend standing orders to enable the Committee to consider the remaining business on the agenda.]

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors R. Evans and E. Morgan.

2. DECLARATIONS OF PERSONAL INTERESTS

There were no declarations of personal interest.

3. DECLARATION OF PROHIBITED PARTY WHIPS

There were no declarations of prohibited party whips.

4. PUBLIC QUESTIONS

The Chair advised that no public questions had been received.

5. PRESENTATION BY ROS JERVIS, DIRECTOR OF PUBLIC HEALTH, HYWEL DDA UNIVERSITY HEALTH BOARD - GENERAL OVERVIEW OF THE DIRECTOR'S ROLE

The Chair welcomed to the meeting Ros Jervis, Director of Public Health with the Hywel Dda University Health Board.

The Director outlined her key responsibilities which include working with Local Authorities to drive the wider public health agenda across public services and to lead on the assessment of need, contributions to Wellbeing Plans and strategic planning for the University Health Board.

Her role also included the following responsibilities:-

- Acting as the public health executive lead for Local Authorities;
- Access point for specialist and national services from Public Health Wales;
- Working closely with relevant organisations to ensure high levels of local resilience;
- Providing leadership on the public health implications of service reconfiguration and supporting the quality improvement and patient safety agenda.

The Director then proceeded to outline her priorities over the coming months:-

- Strong and visible leadership;
- Vaccination and immunisation;
- Bringing population health into strategic planning;
- Developing effective partnerships;
- Implementing the University Health Board strategic objectives:
 - Risk taking behaviour
 - Obesity
 - Cancer prevention and early detection
- Maintaining effective emergency planning and health protection arrangements;
- Supporting the quality and safety agenda;
- Social prescribing/community resilience;
- Leading the Children's Public Health Nursing Team

She referred to the overlap in the provision of some services and stressed the importance of partnership working.

The presentation was followed by a question and answer session during which the following questions were asked:-

- Asked what was meant by risk taking behaviour, the Director explained that this included behaviours where an individual may come to harm e.g. smoking, drug taking, misuse of alcohol and it was all about targeting those individuals and supporting them;
- Asked how the Health Board and Local Authority could work together to promote the afore-mentioned initiative, the Director informed the Committee that in her previous post she formed a very good working relationship with the Local Authority Licensing Committee on issues such as Alcohol Misuse Policies and she hoped to replicate that in this post. She added that it was important to work together to get the communications right and pitch the message in the right way;

- Reference was made to mental health and then tragedy of a young person taking their own life and the importance was stressed of working collaboratively to tackle some of the issues involved. The Director informed the Committee that the Health Board is in the process of transforming its mental health services. She added that with regard to mental wellbeing, it is all about having the support in place and being proactive rather than reactive;
- Asked how she planned to address the issue of obesity the Director explained that you cannot provide a service just to deal with an overweight person. There were many factors involved and there should be a far more holistic approach including support and prevention e.g. promoting active lifestyles and to this end it was important to engage with schools and involve school children and young people. It was also important to work with retailers in terms of product placement. She intended to work collaboratively with the Local Authority, third sector and private sector on this issue as assistance currently focussed on individual pathways but a far more holistic approach is needed.

The Chair thanked the Director for attending the meeting and for a most interesting and informative presentation.

6. PRESENTATION BY ESTELLE HITCHON, DIRECTOR OF PARTNERSHIP AND ENGAGEMENT AND ROB JEFFERY, HEAD OF OPERATIONS, WELSH AMBULANCE SERVICES NHS TRUST - OVERVIEW OF THE SERVICE

The Chair welcomed to the meeting Estelle Hitchon, Director of Partnership and Engagement and Rob Jeffery, Ambulance Operations Manager, with the Welsh Ambulance Services NHS Trust who had been invited to the meeting to give a presentation on the service.

The Committee thereupon received a presentation providing an overview of the service.

Key data for 2016/17 included the following:-

- The Non-Emergency Patient Transport Service made 797,410 journeys during the year;
- The service dealt with 463,018 verified incidents which was 1.9% up on the previous year's figure;
- The NHS Direct Wales service dealt with 301,640 calls;
- The overall operating costs in 2016/17 were £174m;
- The new 111 pathfinder service took more than 60,000 calls;
- The vehicle fleet comprised 709 vehicles;
- The service employed 2,985 staff across Wales;
- The service is commissioned by Health Boards throughout Wales and the target set by them is 65% of all calls must be responded to within 8 minutes.

The service continues to promote its behaviours, together with its statement of vision and purpose which was developed in partnership with colleagues in 2015/16. The behaviours promoted are:-

- I will be kind, caring and compassionate
- I will ask and listen
- I will be honest and open with myself and others
- I will own my decisions

The service introduced a new Clinical Response Model and benefits of the new model included the following:-

- Prioritises “sickest patient first”
- Most appropriate clinical response to incidents
- Optimal use of finite resource
- Increased hear and treat
- Right response, right time, every time

The Ambulance Services relies on the Community First Responder volunteer programme which is a vital service to the community because it is simply not possible to get to some places within 8 minutes due to the geographical challenges of some areas of Wales. The Resilient Communities initiative is also of great assistance in more rural areas as it develops the skills of the community with public access to defibrillators, teaching CPR skills to primary and secondary school children and also training secondary school children on the use of defibrillators.

The service works very closely with partners and collaboratively with other emergency services like the police e.g. clinicians are based in police control centres as they are able to give direct advice to police officers at the scene of an accident as to whether or not an ambulance is required. It was pointed out that the ambulance conveyance rate is slightly higher in Carmarthenshire than other areas and that needs to be managed.

The presentation was followed by a question and answer session during which the following questions were asked:-

- With regard to the Non-Emergency Patient Transport Service (NEPT), the officers were asked if they are happy with the communication system between the clinic, hospital and home as there are occasions where ambulance turn up 2-3 hours early and sometimes they arrive late. The Committee was advised that the service does try to reduce the amount of time that people spend in the vehicle and there is now a new structure in place for NEPT which will help greatly;
- Reference was made to the training being offered to school children and officers were asked if this included awareness of how to make 999 calls. The Committee was advised that training includes CPR, how to make an effective 999 call and also how to approach a situation safely e.g. if someone has been electrocuted. Almost 80,000 children have been taught these skills in Pembrokeshire and it was intended to roll out this initiative to other counties. Hopefully this will demonstrate a potential career path to these children;
- Asked how people can find out about becoming community volunteers, the Committee was advised that it’s mainly by word of mouth, however, information is also available on Community Health Councils’ and the Ambulance Service websites. The Committee was further advised that training and support with fundraising for defibrilators is provided. Ipads are

- being trialled at the moment as a means of alerting volunteers to a potential call;
- With regard to the 65% achievable target for red calls the question was asked whether the hold up with ambulances waiting to release patients at hospital was to blame. The Committee was advised that if an ambulance is waiting outside then clearly that does have an impact on the figures. However, if an ambulance is required to come back into the system then an immediate release can be requested. The Director pointed out that the entire NHS system is under pressure and it was important for everyone to work together as we all have a role to play in how we manage patients effectively. Staff in A&E departments are working hard and we need to ensure that only people who are ill enough to warrant hospital admission actually do go to hospital. Working together to minimise the delays is what it is all about;
 - In response to a question as to who makes the decision between what is a red and amber emergency, the Committee was informed that a medical priority despatch system is used. It is an algorithm which allows the despatcher to ask questions which will then direct them to the appropriate categorisation. Amber and red are both blue light responses it is just that red brings in the 8 minute response time. There is a safety net in that if there is any doubt at all then that call is classified as red. It is not a triage tool, it is call prioritisation and if another red call comes in then an amber call can be diverted.

The Chair thanked Ms Hitchon and Mr Jeffery for attending the meeting and for a very interesting and informative presentation and extended the Committee's appreciation to the ambulance service for the work that they do.

7. VARIATION OF BUSINESS

The Committee agreed, at the Chair's invitation in accordance with Council Procedure Rule 2(3) to vary the order of the remaining business on the agenda.

8. SOCIAL CARE WELSH LANGUAGE STRATEGY "MORE THAN JUST WORDS"

The Committee received a presentation providing an update on the provision of Welsh language services in adult social care.

40% of service users received the service through the medium of Welsh. However, some users have complex needs so it was important to ensure that they have the necessary level of care as well as the provision of the service through the medium of Welsh.

The following questions/observations were raised on the presentation:-

- Asked if when hiring people they are advised of the skills needed the Head of Integrated Services confirmed that all job adverts clearly state that the ability to speak Welsh is essential;
- Asked whether English medium schools are made aware that it is an advantage to children to have Welsh language skills, the Head of Integrated Services confirmed that colleagues from Learning & Development do a lot

of work with colleges to make sure that they know that our services require knowledge of the Welsh language;

- Concern was expressed that the Authority is positively discriminating against the English language by saying that Welsh is essential when only 50% of the population speak it. The Head of Integrated Services explained that the Welsh language is essential as this is a Council policy, however, there are different levels of requirement e.g. level 1 is the ability to say a simple greeting. We need to make sure that we have enough staff who speak Welsh so that we can offer the service to those who want it;
- Officers were asked how progress is measured and what were the most obvious problems encountered in ensuring that progress is being made. The Head of Integrated Services explained that the biggest problem encountered was that they did not have a match between the Welsh requirement and the level of practitioner competence required. It was therefore essential to increase the number of Welsh speakers;
- It was pointed out that there is a duty on the Council to meet the requirements of the service user;
- Whilst agreeing with the requirement for Welsh speaking staff, officers were asked what is being done with regard to Polish and other languages. The Head of Integrated Services explained that if someone presents themselves in a language that we are not able to provide then staff can access a national service called Language Line.

RESOLVED that the information be noted.

9. INFORMATION, ADVICE & ASSISTANCE SERVICE AND PREVENTATIVE SERVICES

The Chair advised the Committee that, in view of the fact that items 9 and 10 were inter-linked, these items would be presented and considered together.

10. FUTURE BUSINESS MODEL FOR CARELINE IN CARMARTHENSHIRE

The Committee received a presentation providing an update on the Authority's current and future provision of an Information, Advice & Assistance Service and preventative services in relation to statutory duties under the Social Services & Wellbeing Act (Wales) 2014.

The presentation provided an overview of a future business model for Careline in Carmarthenshire including detailed background and context regarding the reasons for considering a new business model and an overview of the opportunities this presents for the Authority in the future.

Careline takes between 600k-700k calls per year and has a huge customer base. Well over 80% of its income comes from outside the county with customers including other Local Authorities and National Parks.

A new business model was being proposed to improve income opportunities as the service needs to be self-sufficient. One of the options being explored is the development of a Local Authority Trading Company which would be wholly owned by the Local Authority. A detailed business case has been prepared which was currently going through a consultation process.

The following observations/questions were raised on the presentation:-

- Asked what feedback had been received from staff with regard to moving from working for a Local Authority to what is effectively a private company, the Information, Advice & Assistance Manager explained that the Local Authority Trading Company (LATC) would be wholly owned by the Local Authority and it would be up to them to set the terms and conditions. An event was held recently for all staff and representatives from the Unions and Human Resources when it was made very clear that the new business model was not the driver for changing terms and conditions in any way. There were questionnaires available for staff to make any comments regarding the process anonymously;
- Concern was expressed that a Trading Company was privatisation by another name. The Information, Advice & Assistance Manager explained that the LATC would have a Management Board which would have to report to the Executive Board on a frequent basis. The Executive Board would ensure that all the necessary safeguards are in place. The backing of the Local Authority is incredibly important. This is not privatisation and if we manage to establish a LATC we will benefit greatly and the money it will bring in could be reinvested in social care;
- If the LATC is wholly owned by the Local Authority officers were asked why not leave it as it is. The Information, Advice & Assistance Manager explained that Local Authorities are not permitted to make a profit as they are bound by legislation, however, we need to make a profit and a Trading Company is able to draw down dividends;
- Asked if the Trading Company would have its own Human Resources and Payroll officers etc. the Information, Advice & Assistance Manager explained that initially the Authority's internal systems such as HR, Payroll, I.T. etc in order to provide continuity;
- It was pointed out that a clear marketing plan was required and officers were asked if this had been done. The Information, Advice & Assistance Manager confirmed that this would need to be done and that the marketing would need to be very strong as the work they would be bidding for would not just be in Wales;
- Asked if any new employees would be on the same terms and conditions as existing employees, whether they would remain in the offices in Eastgate and whether all employees would be on minimum wage at least, the Committee was advised that the business case makes it very clear that there will be no two tier workforce so all new employees will come in on the same terms and conditions and on minimum wage at the very least. With regard to Eastgate and being co-located with health colleagues is perfect and the team will be staying there for the time being, however, problems may be encountered with the location in terms of capacity in the future and it may be necessary to look for alternative accommodation, perhaps in the new Wellbeing Village.

RESOLVED that the information be noted.

11. WEST WALES CARE PARTNERSHIP - AN OVERVIEW

The Committee considered a report detailing the requirements within Part 9 of the Social Services and Wellbeing (Wales) Act 2014 regarding partnership working in

the provision of care and support and of arrangements in place in West Wales to meet those requirements

The West Wales Care Partnership was established in early 2016 and its work is overseen by the statutory Regional Partnership Board who have identified five strategic priorities:-

- (1) Integrated commissioning;
- (2) Service integration and pooled funds;
- (3) Transforming mental health and learning disability services;
- (4) Information, Advice & Assistance/Prevention;
- (5) Implementation of the Welsh Community Care Information System

These priorities are underpinned by a strategic approach to carers, workforce development and citizen engagement.

Section 14 of the Social Services and Wellbeing (Wales) Act 2014 requires Local Authorities and Local Health Boards to produce population assessments setting out the needs for care and support across a range of populations groups in their area, the range and level of services required to meet those needs and the extent to which these are currently not being met. The population assessments must also consider how these services will be provided through the medium of Welsh. The first West Wales Population Assessment was published in March 2017 following consideration and agreement by each of the statutory partner agencies.

Section 14A of the Act requires the production of regional Area Plans to address issues identified within the Population Assessments. The first West Wales Area Plan was currently under development and will be brought to partner agencies for sign-off in early 2018 prior to publication in April 2018.

The following observations/questions were raised on the report:-

- Asked how the Welsh Community Care Information System works, the Head of Regional Collaboration explained that it is a national system. There is no mandate for all Local Authorities and Health Boards to adopt the system, however, all but two have done so. The system helps users to get rid of duplication and share patient information. Transition from existing case management systems to the new system has seen significant issues and problems, however, having a regional implementation plan helps within mitigating problems and challenges;
- Reference was made to one of the overarching recommendations in the report that we must recognise the contribution of carers and provide them with support and officers were asked if that recommendation was on track. The Head of Regional Collaboration informed the Committee that one of the key messages to come out of the population assessment was the pivotal role of carers. Officers were currently preparing an action plan which they are required to do in accordance with legislation and which will be presented to Committee in March 2018. The action plan details what is being done with regard to carers;
- Reference was made to the fact that the Information, Advice & Assistance service promotes independence, supports individual wellbeing and reduces demand for managed care and support services and concern was expressed that this was being recorded as a complete assessment. The

Information, Advice & Assistance Manager explained that from a Carmarthenshire perspective our key focus is trying to help people to re-engage with their communities and to access services. Staff are all given the opportunity to access the NVQ Level 4 qualification in Information, Advice & Assistance which enables them to deal with more complex cases;

- It was noted that the Regional Partnership Board does not have any delegated decision making powers and officers were asked if these would be granted at a later date. The Head of Regional Collaboration explained that the legislation is quite clear regarding the promotion of co-operation and integration and it is that assurance and the scrutiny role and ensuring that they are doing what is required under the Act.

RESOLVED that the information be noted.

12. EXPLANATION FOR NON-SUBMISSION OF SCRUTINY REPORT

The Committee received an explanation for the non-submission of the following scrutiny report which was scheduled to be considered at today's meeting:-

- Deprivation of Liberty Update

RESOLVED that the explanation for the non-submission be noted.

13. FORTHCOMING ITEMS

RESOLVED

13.1 that the list of forthcoming items to be considered at the next scheduled meeting to be held on Monday, 18th December, 2017 be noted;

13.2 that the revised Social Care & Health Scrutiny Committee Forward Work Programme be noted;

13.3 that the Executive Board Forward Work Programme be noted.

14. MINUTES - 26TH SEPTEMBER, 2017

RESOLVED that the minutes of the meeting of the Committee held on 26th September, 2017 signed as a correct record.

CHAIR

DATE

This page is intentionally left blank

Monday, 18 December 2017

PRESENT: Councillor G. Thomas (Chair)

Councillors:

I.W. Davies, K.V. Broom, A. Davies, W.T. Evans, M.J.A. Lewis, K. Lloyd, E. Morgan, E.M.J.G. Schiavone, E.G. Thomas, D.T. Williams and J.G. Prosser (In place of A.S.J. McPherson)

Also in attendance:

Councillor J. Tremlett, Executive Board Member for Social Care and Health
D.M. Jenkins, Executive Board Member for Resources

The following Officers were in attendance:

A. Bracey, Head of Mental Health and Learning Disabilities
R. Dawson, Head of Integrated Services
A. Thomas, Group Accountant
S. Sauro, Performance Review Officer
K. Thomas, Democratic Services Officer
R. Edmunds, Trading Standards Services Manager
A. Passenger, Trading Standards Officer
Q. Davies, Trading Standards Officer

Chamber, County Hall, Carmarthen - 2.00 - 3.55 pm

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors R. Evans, A. McPherson and B.A.L. Roberts.

2. DECLARATIONS OF PERSONAL INTERESTS

There were no declarations of personal interest.

3. DECLARATION OF PROHIBITED PARTY WHIPS

There were no declarations of prohibited party whips.

4. PUBLIC QUESTIONS (NONE RECEIVED)

The Chair advised that no public questions had been received.

5. REVENUE BUDGET STRATEGY CONSULTATION 2018/19-2020/21.

The Committee considered the Revenue Budget Strategy 2018/19 to 2020/21 (Appendix A) which had been endorsed by the Executive Board for consultation purposes at its meeting on 27th November 2017. The report provided Members with the current view of the Revenue Budget for 2018/2019 together with indicative figures for the 2019/2020 and 2020/2021 financial years. The report was based on officers' projections of spending need and took into account the provisional settlement issued by Welsh Government on 10th October 2017.

The Group Accountant advised that although the announced provisional settlement of -0.5% was significantly better than the anticipated -2%, it still meant the authority had to identify efficiency savings for 2018/19 of £8.544m, compared to the initial £12.527m, and would continue to have a negative impact on the Council's resources.

In summary, the budget proposals would assume full delivery of the £25.6m identified savings over the plan period. Furthermore, the budget proposals assumed a Council tax increase of 4.12% for 2018/19 and that a 1% movement in council tax levels equated to +/-£820k.

The Committee considered the following detailed budget information appended to the Strategy relevant to its remit:

- **Appendix A(i)** – Efficiency summary for the Social Care and Health Service;
- **Appendix A(ii)** – Growth Pressures summary for the Social Care and Health Service;
- **Appendix B** – Budget extracts for the Social Care and Health Service;
- **Appendix C** – Charging Digest for the Social Care and Health Service.

The following questions/issues were raised on the report:-

- Reference was made to the £1.75m of growth bids awarded to the Communities Department within the Strategy and clarification sought on how much of that allocation would be spent within Social Services.

The Group Accountant advised that whilst the Communities Department's indicative allocation was £1.75m, that was set against a total Departmental bid of £3.779m. As the level of indicative allocation was 50% less than the total growth bid, the Department would need to examine its bids and prioritise where the additional allocation should be directed.

- Reference was made to the reduction of the Council's earmarked reserves over the Strategy Period from £74.132m in March 2017 to £17.233m in March 2020. Clarification was sought on whether the reduction could impact on the viability of schemes within the capital programme.

The Group Accountant confirmed the majority of the earmarked reserves were set aside to fund capital projects, all of which would be utilised.

The Committee was further advised that the Authority was examining its use of reserves, with an emphasis being placed on maintaining a general reserve of 3%.

- In response to a question on the impact of the Releasing Time to Care Project for Domiciliary Care Packages, the Head of Integrated Services advised that related to the initiative introduced by the Authority two years previously to reduce the percentage of care provision packages involving double handling from 21% to match the performance of other best performing authorities where the level was 13%. The Authority now assessed requests for care packages in terms of whether there was a need for double handling and if the same or, improved level of care could be

provided in alternative ways for example, the use of specific equipment. It was confirmed the purpose of the initiative, which was on-going, was not to reduce, but improve the level of care provision.

- Reference was made to the level of consultation being undertaken as part of the Budget Strategy and to whether that involved specific organisations such as MIND and Age Cymru and also with service users if there were any proposed reductions to be made to the existing level of service provision.

The Committee was advised that the consultations being undertaken related solely to the Council's Budget Strategy for 2018/19 – 2020/21. If any consultations were required to be undertaken on changes to service delivery, they would be managed by the respective Council Department.

- Reference was made to the table in item 4.1 relating to the current financial outlook and the provision for a general inflation rate of 2.2%. As inflation was currently running at 3.1%, a view was expressed on the accuracy of the figures within the table and that they would need to be amended to reflect both the current inflation levels and any further efficiency savings which may be required as a consequence of that higher rate.

The Committee was advised that whilst it was recognised inflation was higher than provided for within the original outlook, the final budget proposals to be presented to Council in February would take account of inflation trends as appropriate.

- Reference was made to the Domiciliary Care's in-house service and the need to arrange cover for staff absenteeism. Clarification was sought on whether an analysis had been undertaken on the nature of those absences and if any were stress related.

The Head of Integrated Services confirmed the department closely monitored sickness levels and whilst stress was a factor in absenteeism levels, musco-skeletal injuries also featured highly on the reasons for absence, as would be expected by the very nature of the service provision. Work was being undertaken on analysing the reasons for sickness, be they work or personal, and support was available to all employees via the Council's HR policies

The Committee was also advised that a planned upgrade, in January 2018, to the Council's Resource Link software would enable a more detailed analysis to be undertaken on staff absences and whether they related to work or personal issues. It was also confirmed that a pilot study on stress related absence would be undertaken in the near future and the Council was examining ways of becoming more pro-active in preventing sickness occurring wherever possible.

- The Head of Integrated Services, in response to the efficiency proposal to halve the numbers of small care packages by 2020, advised that the proposal sought to embrace the principle of assisting people to live as independently as possible within their home environment. That could for example, if a person's need was physical as opposed to functional, be achieved via the provision of physiotherapy and occupational health services. The ethos therefore revolved around the principle of providing the right level of package which, might not necessarily be care related.
- Reference was made to the opportunities for the development of intergenerational services in partnership with adult services within Coleshill

and Manor Road and to vacate the day premises at Crosshands. Clarification was sought on whether there was sufficient capacity within Coleshill and Manor Road to accommodate the change.

The Head of Mental Health and Learning Disabilities confirmed that sufficient accommodation was available and the proposal revolved around the principle of making more efficient use of existing buildings.

- The Group Accountant confirmed the budget allocation for Care-line within Appendix B to the report did not reflect any proposed changes to its provision or the proposals for the establishment of an Arms-Length Company.

UNANIMOUSLY RESOLVED that:

5.1 The 2018/19 – 2020/21 Revenue Budget Strategy Consultation be endorsed

5.2 The Charging Digest for the Social Care and Health Service be endorsed

Councillor A. Davies requested that the minutes of the meeting record that he did not accept the Current Financial Outlook table detailed in item 4.1 of the Budget Strategy as he considered the figures detailed therein to be inaccurate in view of the increased inflation rate.

6. COMMUNITIES DEPARTMENTAL DRAFT BUSINESS PLAN 2018/19-2021.

The Committee considered the Communities Departmental Draft Business Plan 2018/19 – 2021 in relation to those services falling within its remit i.e. Care and Support, Mental Health Learning and Disability Safeguarding, Integrated Services, Commissioning Services, Business Support and Performance Analysis and Systems. It was noted that further work would be undertaken on the draft following comments and engagement by the Committee and Executive Board Members. Additionally, feedback from staff groups to date had indicated greater emphasis would be welcomed on integrated wellbeing actions through divisional plans together with ensuring the sustainability of services through different methods in the face of growing demand.

The following issues/questions were raised on the report:-

- Clarification was sought on the level of risk identified within the report on the Authority (as a key partner) being liable for the repayment of significant amounts of grant funding to the Area Planning Board for Substance Misuse with no prospect of recovering those amounts from third parties.

The Head of Mental Health & Learning Disabilities reported that the funding of the service was met via a Welsh Government Grant which was then used to commission services from Drug Aid. The potential risk of any payback was considered to be low, with the only occasion when that would be envisaged being if a commissioned service were to become insolvent. As the providers of those services were required to submit quarterly performance reports, it would be unusual for them to become insolvent without the Authority being aware of any difficulties.

- In response to a question on qualitative monitoring of substance misuse commissioned service providers, the Head of Mental Health & Learning

Disabilities confirmed they were subject to quarterly reviews. The Department would also, in the New Year, be holding a workshop on commissioned services to examine qualitative outcomes. Arrangements could also be made for the committee to be provided with a report on substance misuse in the New Year

The Head of Mental Health & Learning Disabilities requested that if members had any concern on the level of service from the Council's commissioned service providers they draw them to her attention.

- In response to a question on the monitoring of the Department's intent for staff to 'have manageable workloads, effective and responsive systems and processes, the Head of Integrated Services confirmed the Authority, as an employer, had a duty of care to ensure staff had manageable workloads. Whilst demand for integrated services was increasing, she was confident the workload was being managed within her service. Staff were also able to raise any workload concerns via regular appraisals and 'one to ones'

The Head of Mental Health & Learning Disabilities advised that in relation to her service, an analysis was being undertaken on increasing service demand on workloads, especially in relation to the provisions of the Health and Well Being Act.

UNANIMOUSLY RESOLVED that the Communities Departmental Business Plan 2018/19 – 2021 be received.

7. UPDATE ON TRADING STANDARDS INITIATIVES - PROTECTION OF ELDERLY AND VULNERABLE CITIZENS IN CARMARTHENSHIRE.

The Committee received a report and powerpoint presentation on the initiatives being undertaken by the Trading Standards Division aimed at improving citizen's quality of life at home and improving community resilience by reducing financial exploitation of vulnerable adults. The Committee noted that in 2014 the Division in response to statutory obligations in relation to financial abuse and policy changes brought by the Social Services and Wellbeing Act 2014, had established the Financial Exploitation Safeguarding Scheme (FESS), a multiagency initiative designed to detect and prevent the financial abuse of vulnerable persons.

The following question/issues were raised on the report:

- Reference was made to the potential for financial abuse of vulnerable persons by family and friends granted Power of Attorney to manage their financial affairs. Clarification was sought on what action, if any, could be taken to address that abuse.

The Committee was advised that a number of options were available and included a scheme operated since 2014 in conjunction with Barclays Bank and the Halifax Bank (and recently the Santander Bank) regarding the reporting of any unusual bank activity on a vulnerable persons account. That could then result in the initiation of a multi-disciplinary response to safeguard the vulnerable person and the prosecution of offenders by a relevant enforcement body.

Arising from the above reference was made on the need to raise awareness of those granted a Power of Attorney of the responsibilities attached to that grant.

- Reference was made to the financial abuse that could be suffered from unsolicited telephone calls and the Committee was advised that the Division had purchased 220 telephone call blocking devices for installation within vulnerable persons' homes to help protect them from such calls. Those devices, whilst requiring callers to identify themselves also advised that calls were being monitored by trading standards. To date, over 41,000 nuisance calls had been blocked and 67 vulnerable residents protected from nuisance spam calls.

Other avenues available to protect vulnerable persons from nuisance telephone calls included the Telephone Preference Service and similar blocking services offered by telecommunication companies whereby the caller had to identify themselves prior to the phone being answered. The advantage of those systems were they blocked automated calls.

In response to a question on how vulnerable persons could be referred to the department to receive a call blocking device, that could be undertaken in a variety of ways including referral via social services, the banks and intelligence led. The department also held 'pop up' sessions in banks and issued press releases to raise public awareness of telephone fraud.

- It was recognised that in addition to nuisance telephone calls vulnerable persons could also be targeted via spam mail. The Committee was advised that in response to such activities, the Royal Mail, in conjunction with the National Trading Standards Board, had established a project to provide formal training to post office sorting offices in relation to Mass Mail Fraud. That training had already been provided to the Ammanford sorting office and would shortly be undertaken at the Carmarthen and Llanelli offices and included enabling postal employees to identify vulnerable persons who may be at risk from spam mail. Royal Mail could also write to vulnerable persons asking if they would like any such mail to be blocked.
- In response to the issue of No Cold Calling Zones, it was confirmed that since 2008 the Consumer Protection from Unfair Trading Regulations 2008 made it a criminal offence for businesses to cold call and any offences committed under that Act were punishable with a fine of £5,000 and 2 years imprisonment. However, where charitable door to door collections were made with the benefit of a licence issued by the Licensing Division, the collecting organisation was issued with a list of properties where they should not call.
- Reference was made to the various initiatives being undertaken under the FESS umbrella and views expressed it would be advantageous for members to have a seminar thereon.

UNANIMOUSLY RESOLVED

7.1 That the report be received

7.2 That a members seminar be arranged on the Financial Exploitation Safeguarding Scheme

8. EXPLANATIONS FOR NON-SUBMISSION OF SCRUTINY REPORTS.

The Committee received a report detailing the reasons for the non-submission of the following scrutiny reports:-

- Mental Health Transformation
- Carers Assessment

UNANIMOUSLY RESOLVED that the explanations for the non-submissions be noted.

9. FORTHCOMING ITEMS

UNANIMOUSLY RESOLVED that the list of forthcoming items to be considered at the next meeting of the Committee to be held on Wednesday 24th January, 2018 be noted.

CHAIR

DATE

This page is intentionally left blank