

SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2 - WEDNESDAY, 21 APRIL 2021

**MINUTES OF A MEETING OF THE SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2
HELD IN REMOTELY VIA MICROSOFT TEAMS ON WEDNESDAY, 21 APRIL 2021 AT 09:30**

Present

Councillor CA Green – Chairperson

MC Clarke
JE Lewis
DBF White

PA Davies
AA Pucella
PJ White

SK Dendy
G Thomas

MJ Kearn
CA Webster

Apologies for Absence

J Gebbie, A Hussain, M Jones and T Thomas

Officers:

Meryl Lawrence Senior Democratic Services Officer - Scrutiny
Tracy Watson Scrutiny Officer

Invitees:

Councillor Nicole Burnett	Cabinet Member Social Services and Early Help
Jackie Davies	Head of Adult Social Care
Nicola Echanis	Head of Education & Family Support
Laura Kinsey	Head of Children's Social Care
Claire Marchant	Corporate Director Social Services and Wellbeing
Elizabeth Walton-James	Group Manager Safeguarding and Quality Assurance
Terri Warrilow	Adult Safeguarding & Quality Manager

131. DECLARATIONS OF INTEREST

Cllr CA Webster declared a personal interest in item 4 because her son had had recently been referred to the Social Services transition service.

Cllr SK Dendy declared a personal interest in item 4 because she led one of the volunteer groups during the first lockdown and was now employed through Direct Payments to someone referred via social services.

132. APPROVAL OF MINUTES

RESOLVED: That the Minutes of a meeting of Subject Overview and Scrutiny Committee 2 dated 14 December 2020 be approved as a true and accurate record.

133. SAFEGUARDING CHILDREN AND ADULTS DURING COVID 19

The Corporate Director Social Services and Wellbeing introduced the report and explained that the presentation would be a group effort to enable the Committee to hear from those directly involved in providing safeguarding, during the last year.

The Group Manager IAA and Safeguarding, provided an overview of the safeguarding arrangements for adults and children during the Covid-19 pandemic. The Head of

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Education and Family Support advised Members about the support available for vulnerable learners in partnership with colleagues in Safeguarding services. The Acting VAWDASV Service Manager explained about the Multi-Agency Risk Assessment Conference (MARAC) meetings and other meetings, along with support and communication for victims and how the service would look from the 1st May.

The Interim Deputy Head of Safeguarding, Cwm Taf Morgannwg University Health Board (CTM UHB) talked about referrals and the activities undertaken to mitigate any risks in relation to those reductions in referrals in addition to recovery planning, and the Safeguarding.

The Secure Estates Manager gave an overview on Adult Safeguarding, Deprivation of Liberty Safeguards (DoLS), the Secure Estate - Parc Prison and Residential and Nursing Homes. The Group Manager IAA and Safeguarding thanked colleagues and partners for their availability, flexibility and support over the past twelve months which had ultimately helped to keep children and adults safe.

Following the presentation of the report, Members of the Committee asked the following:

A Member appreciated the ongoing good progress being made with MASH and managing provision through this difficult time. They referred to point 4.7 DoLS and the Safeguarding and Secure Estates Manager advising that the backlog of assessments had reduced from 152 to 122, and asked how the backlog was being cleared.

The Head of Adult Social Care advised that clearly in Adult Safeguarding, DoLS has been one of the priorities, but also one of the challenges in terms of the ability to carry out that function. The Safeguarding and Secure Estates Manager had explained what was being done and that this was something to continue monitoring. DoLS referrals fluctuated so where there were new referrals as care homes and nursing homes opened back up, an increase in the number of referrals received could be seen. The position was constantly being reviewed while looking at ways to increase the number of people that had the right skill base to carry out these assessments. It was hoped that the backlog would be cleared in the early part of the financial year, but because of the uncertainty of the situation, no definite date could be given at this stage.

The Safeguarding and Secure Estates Manager confirmed that there were a number of suitably qualified independent assessors coming on board that would assist in that process.

The Cabinet Member for Social Services and Early Help thanked Officers for their presentation and stated that she was proud of how safeguarding was at the forefront of everything being done. In terms of DOL's and nursing homes, it was good to see vaccinations taking place, but she could not stress enough how difficult the situation had been in nursing homes and how it was incredibly important that infection rates did not escalate again. People staying safe was priority.

The Corporate Director - Social Services and Wellbeing explained that it was very difficult to talk about DoLS and best interest without reflecting on the care home situation. She highlighted that in the first wave, but particularly during the second wave, Bridgend had experienced very significant outbreaks of Covid-19 within care homes sector. Staff had worked with individual care homes, partners and district nursing staff, to ensure individuals had the right support along with the Health Board. Care Inspectorate Wales (CIW) were part of the multi-agency meetings, alongside Public Health Wales (PHW) and colleagues from Shared Regulatory Services (SRS) Environmental Health, bringing together multi-agency safeguarding processes with outbreak management processes, which was quite innovative, but meant balancing

those risks between Public Health and Safeguarding. There had been discussions at the Regional Safeguarding Board around the learning and experience in terms of care homes, and this would continue to be embedded.

A Member referred to a radio discussion the day before regarding Covid-19 deaths in Wales, and a comment had been made that 25% were not actually related to Covid-19, and asked whether the figures could be provided.

The Corporate Director - Social Services and Wellbeing advised that the colleagues in attendance were not best placed to answer the question and she would certainly take it away and try to direct it to the best and most appropriate professional to answer.

A Member asked the Acting VAWDASV Service Manager whether during the second lockdown, when non-essential items were not being sold, she had encountered any problems with getting clothing needed by families and if so, how this had been managed.

The Acting VAWDASV Service Manager explained that had she experienced those difficulties, she would approach CalanDVS who had clothing and toiletries which could be utilised to provide support. Alternatively she would have ordered online and collected the things a family needed.

The Member asked whether there was storage capacity within the Authority to enable the donation of clothes to continue.

The Acting VAWDASV Service Manager confirmed this was the case. When the Outreach Team came in-house on the 1st May, this would continue and be available for those families who needed them. She advised that mobile phones had also been purchased for families that needed safety devices. For families that were coming into the Authority that had children, these would be referred or linked in with children's services who had supplies as well that could help those families should they need clothes, food, etc.

The Member referred to the report mentioning exercise for prisoners was now opening up and wondered how open that was, if they were doing more exercise and also what work and educational opportunities there were.

The Safeguarding and Secure Estates Manager explained that Parc Prison was open inside the prison, but there was still currently a restriction on visitors. Within the prison activities had resumed including gardening, education and exercise. There were still some restrictions regarding inside activities, but certainly outside activities were resuming back to normal.

The Member referred to DNACPRs within care home settings for learning disabled and older residents and asked how many of these were implemented without the knowledge of the person during the first and second wave.

The Interim Deputy Head of Safeguarding - CTM UHB explained that she did not have the answer for that, but assumed that GP's would be part of those discussions. She would take this back to the Health Board as her understanding, regardless of being in a pandemic, was that families would have been informed, even if that was over the telephone.

The Member said that this would be her understanding too and according to the General Medical Council (GMC) that was the process that would happen but there had been evidence, discussed in the media that these were put on without consultation to families

or individuals. It was not only elderly residents but people with learning disability as well. That had come from MENCAP. The Care Quality Commission in England had identified and investigated, but nothing had happened with the Welsh equivalent. It was important to know about how many residents in Bridgend had been affected, whether the DNACPRs had been removed and that lessons had been learned.

A Member asked how many care home residents were discharged from hospital in the first wave without being tested.

The Interim Deputy Head of Safeguarding - CTM UHB said she did not have the data but was aware of some instances where this had happened, in the first wave, however things were much tighter following those instances. She would put it to Patient Care and Safety and the Director of Nursing and was pretty sure they could give provide an up to date answer with the work they had done.

The Head of Adult Social Care explained that she didn't have the figures, but brought the Committee up to date, with what was being done in terms of hospital discharge, explaining that the Local Authority were part of the Health Board's gold, silver and bronze command. Hospital discharge Guidance from Welsh Government (WG) was very clear, with several versions over the last twelve months. With every new version, a joint discharge protocol from the hospitals, was worked on, based on that guidance. In terms of numbers, colleagues from the Health Board would find those numbers, but the discharge protocol was managed together and it was the same for all the sites within the Health Board.

The Corporate Director Social Services and Wellbeing explained that in relation to the care home position, following the first wave across Wales, a piece of work was commissioned by WG from Professor John Bolton to look at lessons that could be learned very quickly, it was called a rapid review and was undertaken in each Health Board Area. This was undertaken in CTM and then coming out of that there was an action plan, which looked at lessons very specifically to CTM, which continue to be taken forward in terms of immediate lessons around how to safely support people to be discharged from hospital. The rapid review recognised the need to learn lessons very quickly and implement them by the time of moving into the next wave of the pandemic. She was very happy to share that action plan with the committee if that would be helpful.

The Member asked how thorough and appropriate had the monitoring been in respect of existing at risk children in terms of identifying potential need, potential new cases or escalations in need. How does the Local Authority risk assess whether a child or family needs a virtual or face to face visit and how have potential new cases or cases that might be dropping through the net, been risk assessed. Finally, the Member asked how the Local Authority dealt with situations where families may avoid, either deliberately or for other reasons, being identified as requiring intervention, maybe through fear, or maybe that people thought their children would be taken away if they report that they have a need.

The Head of Children's Social Care reassured the committee that the Multi-Agency Safeguarding Hub (MASH) Team and Children's Information, Advice and Assistance Team had continued to operate during the pandemic. Referrals had still been received and screening had taken place within 24 hours, as required, to continue to sustain that performance throughout. Joint screening with colleagues in Early Help and with other partners, had continued and responses to safeguarding concerns in line with the procedures. Strategy discussions and meetings were ongoing and joint enquiries had been undertaken with partners as well, although a smaller team was physically based in the normal accommodation. Visits to families continued to be undertaken where there were safeguarding concerns.

In terms of children that were already on the Child Protection Register, the frequency of face to face visits, was reduced, with in between visits done remotely in line with WG guidance at that stage of the pandemic. Face to face visits had gradually increased, reviewing operating protocols in line with alterations to restrictions and WG guidance. Most children on the register were now seen by social workers at home. If a child was not going to be visited at home a risk assessment was carried out to explain why that child shouldn't be visited at home with a Senior Manager having oversight of that, but that would rarely happen. Some remote visits were still being undertaken with children open on a care and support basis and some looked after children, but home visits were on the increase.

In reference to people in services like the Youth Offending Service, people delivering meals, health visitors etc., interventions were organised to ensure that people were seeing children face to face as regularly as was possible within the context of the restrictions.

The Cabinet Member Social Services and Early Help reassured Members and highlighted the example of the Local Authority's response to free school meals. The safeguarding aspect had been really essential, noting that figures for neglect were the most common form of abuse and for the Authority the prospect of any child going hungry through neglect was not to be risked. The safeguarding of vulnerable children was considered across all Directorates and as an authority there had been criticism for making decisions that ultimately had the safeguarding interests of vulnerable children, as a priority.

The Interim Deputy Head of Safeguarding - CTM UHB understood the Member's concerns around virtual assessments. Education had increased for workers undertaking virtual health assessments including making sure they could see the child during that virtual assessment; that they were extra vigilant in picking up cues around people's behaviour and what they could see in the background. They sought opportunities for things like the routine enquiry, in particular around domestic violence and they sought opportunities to find safe ways of doing that either over the telephone or virtually. Child and Adolescent Mental Health Services (CAMHS) had brought children in face to face, if they had been concerned or picked up any cues, in order to see them on their own. She agreed that nothing would replace face to face, and that was the priority, but people had been innovative in trying to identify concerns in other ways.

The Group Manager IAA and Safeguarding reiterated her previous comments around the Bronze Groups and partners attending there, including Education and Probation, so if there were difficulties or barriers, referrals could be submitted into IAA services. In addition, if there was a need to escalate safeguarding concerns then Bronze would have taken that on board and addressed the issues to ensure that appropriate actions were taken.

The Member thank Officers for their responses and asked for a response in regard to his last point around parents who would fear accessing the service or deliberately not want to access the service.

The Acting VAWDASV Service Manager explained that there were victims that feared Children's Services, because of previous cases, comments from some members of the public and their own experiences, which did get exaggerated. Victims were reassured that Children's Services were there to support them, not take children away. She acknowledged that whilst it was not good to have repeat victims, data showed there were, which highlighted that victims would come back for support, regardless of whether they had children or not, should they need it.

The Head of Children's Social Care confirmed that in terms of self-referrals, those referrals from members of the public hadn't gone down compared to previous years, but in fact there had been a small increase every quarter. This offered some reassurance that parents were still contacting the Local Authority for advice, help and support if they were experiencing issues with their children.

The Cabinet Member for Social Services and Early Help reassured Members about reporting concerns, advising that the MASH, Child and Adult safeguarding numbers were on the BCBC website, and that she was happy to put in a referral on behalf of Members.

The Head of Education and Family Support explained that the whole ethos of the early help services was about trying to destigmatise the request for help, acknowledging that many families, needed some additional external help. She reminded Members of her earlier comment about identifying the most vulnerable children and young people that should access Hub Support and should be seen. When they were not coming in or not accessing that support, very quickly Education and Family Support were liaising with safeguarding colleagues, as to what level of concern there was because there would always be some parents who would not access the support they need. This had been a joined up approach, all the way through the pandemic, in identifying those most vulnerable and then following it up straight away if they didn't follow up on the support that they were offered.

The Member thanked everyone for very thorough answers. He highlighted the work of volunteers and points of learning and whilst not wanting to sound critical, felt that community pharmacists had been a little slow in responding to the pandemic and felt that in terms of the system, there needed to be thinking about how medication reached people, particularly those that might have difficulty getting to a pharmacy.

The Corporate Director - Social Services and Wellbeing thanked the Member for his comments and took Members back to the start of the pandemic when many individuals were getting shielding letters for the first time, and the massive challenge to respond to support those individuals to get the absolutely vital support that they needed. Reflecting on figures that she had looked at in respect of work carried out with voluntary agencies, there had been 4444 people supported, out of which 2993 prescriptions had been delivered, in addition to all the checks that were made and supported around shopping, food security, befriending, shielding and keeping in touch. Picking up the point around community pharmacy this was something to take back and discuss with the Integrated Locality Group, in the Health Board. In common with other parts of primary care, community pharmacy were implementing their own business continuity set of arrangements, so they were adjusting how to respond. She thought that overall that response had been incredibly positive but there was an opportunity to reflect and move forward and look at the role that everybody needed to play in that joined up way.

A Member stated that the meeting had been very interesting and there had been very good answers which was very reassuring. She had a number of questions. In terms of risk assessments, (not DoLS) were these up to date and was there any waiting list. In terms of mobile phones given to victims, had there been any incidences where those phones have those been taken away or smashed, so the victim was not able to use them. What consideration was there for people who didn't have computers, how was information getting to them and how were they dealt with. By what percentage had admissions to A&E increased.

The Acting VAWDASV Service Manager explained that the Independent Domestic Violence Advisors (IDVA) service was slightly different in terms of referrals. The referrals

were already risk identified, so everything received within IDVA service, was already high risk, therefore no assessments needed to be done, however a medium referral would go to Calan DVS who would carry out that risk assessment and decide whether or not they were high and then they would refer them into the Domestic Abuse Unit. She confirmed that there was no waiting list. An additional IDVA, had been employed because of the slight increase in cases during the pandemic. All the cases coming in were picked up and contacted within the day e.g. receive a referral by 10am, make contact with them by 4pm. If not contactable, they would continue trying until contacting them and they would be discussed the following day, in the daily discussion. If contact was not made within 48 hours then community police officers would knock the door and do a welfare check.

With regards to mobile phones, this had been really tricky during the pandemic and some had been taken off victims and destroyed. Other options had been examined, for example, the Police installing TecSOS alarms, similar to a panic alarm which alerted Police, or if able, just dialling 999 on the mobile. In addition, consideration would be given to when a perpetrator may attend an appointment, in order to contact the victim during those periods of time, but without putting the victim or family at further risk. It was a challenge, not even with Covid-19, phones were found and broken but during this time it had been quite challenging.

The Corporate Director - Social Services and Wellbeing drew Members' attention to the performance statistics which were in the report at point 4.3 for the period up to the end of December 2020. There were statistics though to year-end which was showing, very largely that statutory timescales were being met. There was no waiting list for safeguarding, it was an immediate response. There was improved performance and timelines this year compared with performance last year, which was massive progress, given the challenges faced during the year.

The Interim Deputy Head of Safeguarding – CTM UHB, in response to the question on primary care and A & E, explained that she had statistics for children, noting that in December, January and February, in the peak of wave 2, there were around 468, 417 and then 350 attendances. Those had increased to 730 for March. What had been seen was a 60% reduction in A&E attendance, that was across all three LA areas, but that gradually increased then as people felt a little bit safer. She advised she would try to obtain the up to date statistics for Members.

The Acting VAWDASV Service Manager confirmed that in respect of computer access, there was funding to supply any service users that didn't have a tablet or computer, if it was safe for them to do so. For those that were not computer literate, there would be telephone conversations, with that service user, instead.

The Head of Children's Social Care reiterated that families not having equipment would not prevent them from being seen. In the majority of cases, the families had telephones, rather than tablets or computers, so most of contact would have been done, even video calls, via telephone. In addition arrangements had been made for practitioners to be able to use WhatsApp as well. If there was ever a family who didn't have equipment, a face to face visit would be held.

A Member stated that Scrutiny often asked for people's personal experiences and the Member felt it would be useful to share some of the things that she had come across during the 1st lockdown as a carer, while acknowledging things had got noticeably better over time.

The Corporate Director - Social Services and Wellbeing thanked the Member for sharing her experiences; it was about learning and developing, not just looking at data and

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statistics, but to hear what was really happening on the ground. She would welcome following up a conversation outside of the Scrutiny committee.

A Member referred to the domestic abuse change of service that the BCBC domestic abuse webpage did not have an escape button and asked whether there was plan to have one.

The Acting VAWDASV Service Manager explained that she would take this point back to Comms and to her Manager to look at the addition of this function.

A Member referring to the point around the prisons and said she was aware, through friends who worked in the prison system that some staff may have worked with Covid-19, although she noted this was not in Parc Prison. She also asked what mental health support and counselling was available for both staff and prisoners.

The Safeguarding and Secure Estates Manager advised that there were monthly safeguarding meetings in Parc Prison. For Parc Prison they had had contact though the pandemic via video links and their secure systems and she was not aware of any prison staff who had worked with Covid-19, and that was managed by the prison. Counselling services for prisoners had been looked at, noting the increase in mental health issues, particularly in the second lockdown. There had been 3 deaths in the prison in the pandemic. Health colleagues in the Prison had worked very hard and took precautions straight away, as per Public Health Wales and the Prison Guidelines and the lockdown in the Prison did reduce the amount of spread and cross infection in the prison. Mental health services were being explored with CTM to see if more counselling services in the prison could be offered to staff and prisoners.

The Group Manager IAA and Safeguarding LW-J reinforced what the Safeguarding and Secure Estates Manager had said. Mechanisms were set up so both herself and the Safeguarding and Secure Estates Manager could meet with the managers of both the general population part of Parc Prison and the Youth Offending Institute (YOI). The impact upon staff had been discussed, but neither managers had raised any significant safeguarding concerns in the meeting and there continued to be regular safeguarding meetings. Safeguarding activity had continued with those channels kept open for both areas of the prison to be able to communicate effectively with myself and the Safeguarding and Secure Estates Manager outside of the standard meetings.

A Member asked whether the 3 people had died as a result of Covid-19 and with regard to mental wellbeing and the importance that G4S and the prison probation service put on family as part of the rehabilitation, was there a system in place in the prison as is in places outside, where children could have digital contact with their parents.

The Safeguarding and Secure Estates Manager explained that a number of devices had been brought at the beginning of Covid-19 via Amazon, so that prisoners and those in the Youth Justice Wing could keep in touch with their families. There were regular calls to families, so while visiting couldn't take place within the prison, the utmost was done to make sure those family links were maintained. The Safeguarding and Secure Estates Manager confirmed that the 3 deaths were related to Covid-19.

The Chairperson thanked all the invitees that had joined the meeting for their attendance and all their full responses which had been much appreciated.

The Invitees left the meeting.

Recommendations:

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Having considered the report on Safeguarding Children and Adults during Covid-19 and Invitees' responses to Members' questions, the Committee made the following comments and recommendations:

The Committee wanted to formally acknowledge the challenges and the huge efforts made by staff and the partnerships to continue with safeguarding and thanked all for their hard work throughout this difficult period.

The Committee requested the following:

1. That Quarter 4 Safeguarding data across the services be provided for circulation to Members of the Committee.
2. The Group Manager IAA and Safeguarding to provide a copy of the document compiled by the Cwm Taf Safeguarding Board.
3. That a question be directed to Public Health Wales or the Health Board in terms of the way deaths were recorded, having been made aware that 25% of Covid-19 deaths were not related to Covid-19 at all.
4. That the new VAWDASV service be added to the FWP for scrutiny.
5. That statistics be supplied in relation to how many DNACPRs were put on residents in care homes without family being made aware in both the first and second wave, whether they had since been removed and the lessons that had been learned.
6. That statistics be supplied as to how many care home residents were discharged from hospital in the first wave without being tested.
7. That a copy of the action plan, which came out of the commissioned WG piece on lessons learned, called a rapid review, be circulated to Members.
8. That discussions take place with the integrated locality groups in relation to the role of community pharmacists, particularly during the pandemic, in terms of how medication reaches people.
9. That statistics be supplied in relation to the increased numbers of people directly going to A&E, both for Adults and Children.
10. That consideration is given to an escape button on the Council's domestic abuse webpage.
11. That consideration is given to a counselling service within Parc Prison for both Staff and Prisoners as a result of deaths within the prison.

134. URGENT ITEMS

None

The meeting closed at 12:30