

**SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2 - THURSDAY, 15 JULY 2021**

**MINUTES OF A MEETING OF THE SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2  
HELD REMOTELY - VIA MICROSOFT TEAMS ON THURSDAY, 15 JULY 2021 AT 09:30**

Present

Councillor AJ Williams – Chairperson

S Aspey	MC Clarke	J Gebbie	M Jones
MJ Kearn	JE Lewis	AA Pucella	G Thomas
KJ Watts	DBF White		

Apologies for Absence

PA Davies, SK Dendy, CA Webster and PJ White

Officers:

Jackie Davies	Head of Adult Social Care
Laura Kinsey	Head of Children's Social Care
Meryl Lawrence	Senior Democratic Services Officer - Scrutiny
Claire Marchant	Corporate Director Social Services and Wellbeing
Andrew Thomas	Group Manager Sports & Physical Activity
Pete Tyson	Planning and Contract Management Officer
Tracy Watson	Scrutiny Officer

Invitees:

Councillor Nicole Burnett	Cabinet Member Social Services and Early Help
Councillor Dhanisha Patel	Cabinet Member for Wellbeing and Future Generations

143. DECLARATIONS OF INTEREST

Cllr Nicole Burnett declared a personal interest in item 4 as co-parent of a child who had just entered the transition process.

144. APPROVAL OF MINUTES

RESOLVED: That the Minutes of a meeting of Subject Overview and Scrutiny Committee 2 dated 24 April 2021 be approved as a true and accurate record.

145. THE STRATEGIC PROGRAMME FOR PEOPLE IN BRIDGEND - IMPROVING OUTCOMES FOR THE JONESES

The Corporate Director Social Services and Wellbeing gave a presentation 'Resetting the SSWB Strategic Programme' and explained that the Cabinet Member for Social Services and Early Help, Head of Adult Social Care, Head of Children's Social Care and Group Manager - Prevention and Wellbeing would all be happy to take questions from Members following the presentation.

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

A Member referred to the commitment to pay the real living wage for all carers, and asked how was this going to be achieved in commissioned services. She liked the person centred approach, but asked what would it look like once achieved. The Member

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was aware of the problems in relation to recruitment and retention around social care and social workers particularly around market supplements and acknowledged this was a massive problem. She also asked how would net zero and carbon neutral, be achieved in relation to SSWB and how would Health input into that.

A Member also asked, in relation to recruitment, whether the local authority was reliant on agencies and how much more would be paid for agency staff.

The Cabinet Member for Social Services and Early Help confirmed that a commitment had been made and there had been a report to Cabinet about how the real living wage was being pre-set as part of the commissioned process. Therefore, the way the local authority commissioned had changed and there was a report going to Cabinet on how the process would be changed for respite care. Rather than going out and commissioning and there being a race to the bottom in terms of price and pay, the local authority was setting the expected pay rate and then the rest of the tender would be marked on quality. The feedback was that this would really make a significant difference for workers and would go a long way to retaining staff within the care sector. She had asked for a timescale as to when funding for the introduction of the real living wage would come though, following a meeting with the Deputy Minister for Social Services, who had confirmed she would ensure it would be prioritised and would be rolled in. The Cabinet Member said that from her perspective it was about rewarding those people that looked after people. The local authority was doing as much as it could but this was a huge budget pressure that would need to be taken forward.

The Corporate Director Social Services and Wellbeing explained that as Director, she had a responsibility for workforce right across the whole sector and it was her most important responsibility, so it was very assuring to have the support from Scrutiny around some of the things trying to be progressed. In terms of the person centred approaches, a lot of the targets and measures were qualitative targets, with a review of the quality assurance framework taking place and the way case file audits are conducted, as well as listening to the voices of people and their experiences. When those case file audits were taking place if the voice of the person / young person / child / adult doesn't resonate or isn't very strong within the assessment or care plan, then that would be something needed to be worked on to address. It is one of the things practitioners struggled with a little in terms of recording and there was a priority in terms of recording as part of the training program. In numerative targets the person centred approach could be seen reflected in terms of the number of people using different types of services because people wanted to be independent, and reduced reliance on care or day opportunities could be a numerative indicator.

The Head of Children's Social Care explained that she was going to say something similar in that the 'what matters conversations' would be able to be seen being recorded on citizens records. Social Workers should be having those conversations with people who received services and asking what matters to them and that is what the service would want to see in case file audit activity and annual feedback. From a children's perspective of the person centred approach, by building on people's strengths there was a greater likelihood of people accepting what the issues are focusing on their strengths, and so empowering them to overcome those difficulties. In terms of quantitative measures, hopefully the service would see less children in risky situations e.g., less children on the child protection register. The other quantitative target would be having less care-experienced children in Bridgend as well, because the service has empowered families to get through their difficulties and for people to come forward and help those children to live safely with family members. The Corporate Director Social Services and Wellbeing explained that Regulators also looked at the service.

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The Head of Adult Social Care explained that the strength based approach and outcome focus, was well established in parts of the service e.g., the reablement type service. It was now about expanding that across the whole of the service both in-house and in independent commissioned services. It was about taking that time and developing the relationship for their long-term goals working with that person to achieve those outcomes so they became resilient. This would be looked at in what the person tells the service about and recording this using case studies, by learning, and by embedding that culture across the whole of our workforce within the council and the independent sector.

The Cabinet Member for Social Services and Early Help added that as a service the local authority were really streets ahead of other authorities on this. As a service, the progressive approach to the outcome-based model is allowing efficiencies to be made without any negative effects on residents. What is unfortunate is these savings cannot be reinvested within the service to allow greater outcome based efficiencies to be made instead having to offer them up as part of the cost cutting process. If there was investment in prevention front-end, costs would come down.

A Member noted that her question had not been answered in relation to net zero carbon neutral. In addition, she noted that Blaenau Gwent had issued staff with a £26 per month home working allowance. Whilst she appreciated this was a more of corporate discussion, there was still a need to consider the extra costs of people at home, particularly those that did not meet the tax threshold.

The Corporate Director Social Services and Wellbeing noted in terms of homeworking that this was a corporate piece of work that was owned at the Corporate Management Board (CMB) level. A survey had gone out to all Group Managers to look at business requirements going forward in light of the Welsh government requirement. In addition, there was a staff survey underway. Out of this would come the Council's operating model going forward, which was likely to be a continued blended approach. There had been an opportunity, therefore, to look at the Social Services and Wellbeing model whilst the corporate work was taking place, to bring business cases forward for specific groups of staff. Due to the nature of social work teams, some of those business cases had come through and had been approved around the hubs, which was very much a blended model. In terms of the carbon neutral agenda, Social Services and Wellbeing was part of groups across the Council looking at the facilities being run, although this was very much at an early stage.

The Group Manager - Prevention and Wellbeing explained that there was quite a range of focus, particularly with both the partnerships Halo and Awen, because of energy costs. In terms of the Bridgend Life Centre, the intention was to have an integrated heat network, with both partnerships focusing on smart returns that recycled energy the building creates to support other assets, potentially including the Civic Offices. In both the partnerships, the focus was also on investing in things that were smart returns e.g. LED lighting, pool blankets, are built into annual contract management and contract planning, although both things sat off the books in terms of the local authority achieving its targets and would be seen as a partnership's contribution. There were plans to look at co-located opportunities and services and advice that reduces the number of assets needed in the future, with Corporate Landlord looking at a range of smart investments, across Community Centres' network, council community assets and supporting Third Sector Organisations that were delivering in partnership with the local authority, to be as sustainable as possible.

The Member raised that the NHS had not been mentioned as a partner. She acknowledged that they might not want to involve themselves, but felt they needed to as they had a duty and responsibility as well.

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The Group Manager - Prevention and Wellbeing explained that there had been many discussions on how to expand those relationships, as there was a drive to more things in communities e.g., new joint care and cancer programmes in leisure venues. It isn't all it could be, but the right discussions were taking place.

A Member stated that the impact of long Covid-19 was not presently known, although it was hitting a lot more younger people and there were health implications and asked if any work had been done in relation to this.

The Corporate Director Social Services and Wellbeing explained that a lot of work was being done around this issue from a Social Care perspective. WG had published a rehabilitation framework and had identified increasing need for rehabilitation services, as a consequence of a number of factors and clearly long Covid-19 was one of those reasons people were needing more rehabilitation and more long term social care. This was a big issue in terms of modelling for the future, working with the NHS to look at how people's rehabilitation was supported. In addition understanding the impact on the workforce as well was going to be important, in terms of longer-term illness and ability to work.

The Head of Adult Social Care explained that there was acute awareness that in the last 6 months the level of complexity of individuals that were coming through community based services, was of a higher need than pre Covid-19. Some of that related to the rehabilitation framework but also individuals with long Covid-19. It was about working with colleagues in the Health Board around the recovery plan and working together to try and address some of the population health needs. Networks had been expanded in terms of professionals, previously including district nurses, social workers, and occupational therapists, and now including community psychiatric nurses and other therapists that were working in those teams. It was about how to support those people to continue to live and what matters to them and this would be done for a significant amount of time in communities in Bridgend.

A Member asked, in relation to adult care, how the local authority dealt with the sensitive issue of a person moving into domiciliary care where the local authority starts paying and that person has property and other resources that would need to be taken into account in how the ongoing service is paid for.

A Member also had a further question in relation to payments for care and asked what happened with payments where a person who would ordinarily be in hospital, but due to Covid-19, had end of life care at home. Does the local authority foot the bill and had a massive increase been seen.

The Head of Adult Social Care explained that charging was all about an individual means tested process. If someone was going into a care home, there was set criteria in legislation about what could be taken into account including people's property and savings, as well as their weekly income and periodically changes in terms of thresholds. For example, someone could have a package of care that cost £50 or £400 a week, but the cost that they would pay would still be an individual cost based on their income. Some could have to contribute the whole amount and equally some would have to contribute nothing towards that. In terms of our strategy, it was about keeping people independent in their own home and expansion of services based in the community. At the moment, the service was experiencing a big increase in the level of packages being supported and the size of those packages, as a direct result of Covid-19.

The Member understood about maintaining people in their own homes, but sought clarification where an assessment was made, in terms of the contribution, and an individual or family refused to pay.

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The Head of Adult Social Care acknowledged that there were occasions where this happened. In terms of finance, people would be assessed and then finance colleagues, along with the social workers would seek to find some resolution with the family. There were mechanisms through legal processes, although it was rare when this route was taken.

A Member asked what processes were in place to check outcomes and see whether the new plan was successful.

The Corporate Director Social Services and Wellbeing confirmed that there were a number of ways of measuring impact, which would be reported to Members. Firstly, there was the performance framework and the performance measures which were reported through the corporate performance assessment (CPA) process and seeing how those progress. Secondly, there were also some big evaluative pieces which calls on external evaluation e.g. around transformation ambitions, around integration and resilient communities, to understand the impact of those ambitions. Thirdly, within the Directorate, quarterly quality and performance meetings which look at both the qualitative e.g., complaints, compliments, case file audits, other quality assurance work, inspection work, as well as the quantitative pieces e.g., finance, workforce, etc., with all of that triangulated once a year in terms of the annual report.

A Member asked about the impact on the service in respect of the double vaccinations and the rules from the WG that such individuals would not need to isolate if they had been in contact with a person who had received a positive test result.

The Member also referred to return to services in care homes and children's homes and asked how much capacity was there, as she understood there were patients in Ysbyty Seren but that it was due to close at the end of the year, so asked whether there would be adequate spaces in care homes.

The Corporate Director Social Services and Wellbeing explained that from a social care perspective around the vaccination programme, at the start health and social care staff were the very highest priority. A really good uptake had been seen and this had a real impact in terms of recent low levels of infection rates within care homes. There was a robust regime in terms of regular testing for care home staff and residents as well. She explained that she would need to read the detail of the Welsh Government announcement, to understand fully what had been said around self-isolation. Any decision that would be made in terms of care homes and advised on by Public Health Wales, would have strong risk mitigations and the service would work with colleagues in public protection, public health, the Health board and care home providers themselves to make sure that was implemented. In terms of the care home sector, there was still some vacancies, and the whole system was under significant pressure.

In respect of Ysbyty Seren, the issue was related to the fact that Maesteg Hospital was having significant work done to it, so in-patient beds were not currently occupied. Those capital works were due to be completed later in the year and the criteria for the hospital had now changed and that bed capacity was now compensating for Maesteg Hospital. It was anticipated the Health Board would look to make the changes around Ysbyty Seren linked to the re-opening of Maesteg Hospital in-patient beds.

The Member replied that if there was capacity in homes, this could be because of the visiting rules and once those rules were relaxed there may be an influx of admissions into care homes.

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The Corporate Director Social Services and Wellbeing explained that for any family to move someone into a care home was one of the most difficult decisions to make and the experience during Covid-19 was really difficult. The work being done at the moment around the market stability was to try and understand exactly what size that care home sector needed to be going forward. A contract had been agreed for some expert support to help provide an accommodation care and support strategy for older people which would look at the contribution of housing, extra care schemes, sheltered schemes and other support in terms of accommodation to keep people at home. This would help to give the evidence and data about how much and what type of capacity was needed in residential and nursing homes going forward.

A Member asked what the delayed transfer of care was looking like from hospital and whether restrictions upon choice of which care home had ended.

The Head of Adult Social Care explained in relation to the delayed transfers of care, that process was stood down, at the start of Covid-19. Monitoring was done on a weekly basis on those individuals in hospital looking to come out. In terms of flow out of hospital into care homes settings, that continued and there were very low numbers waiting in hospitals because there isn't a placement available. If they were there it was because they were going through an assessment or working with the family because of choice, although there were people waiting in hospital because of the difficulties in commissioning care packages. She advised that the Choice Policy was actively being used in Bridgend.

A Member asked that as Members were not currently undertaking rota visits going into care and children's homes, what was being done, to ensure that residents were happy and their wellbeing being looked after.

The Cabinet Member for Social Services and Early Help explained that in her capacity she had been able to visit both staff, adults and children, within residential care and supported living. It was not as good as starting the rota visits but they were starting back at some level.

The Head of Children's Social Care explained that there were other types of visits. In each of the settings, all were run by a residential manager and then there was a senior manager, someone responsible for the oversight of those facilities, and that group manager had continued to go to those services as and when required and had spent quite a bit of time in those services. As responsible individuals, both the Head of Children's Social Care and the Head of Adult Social Care were required to undertake visits to those settings, at least once every 3 months, which were done remotely, at the beginning of the pandemic. More recently, both had now started to go back into those settings.

The Head of Adult Social Care then reiterated the position in terms of Adult settings.

The Corporate Director Social Services and Wellbeing added that it had been very challenging but moving back through the restriction tiers, had allowed the service to get back to the ways of working, including social work reviews and visits and visits around Deprivation of Liberty's (DOLs), safeguarding and best interest assessments, which were not physically taking place, within care homes as well. She would hope to reinstate the Member rota visits with the detailed guidance.

Having considered the report on The Strategic Programme for People in Bridgend – Improving Outcomes for the Joneses, the Committee made the following recommendations:

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A briefing on Financial Assessments for all social care packages be arranged for Members of the Committee, to include what happens when the person does not have capacity and Health Board funded care and nursing care funding.

### 146. FORWARD WORK PROGRAMME UPDATE

Having considered the report the Forward Work Programme Update the Committee made the following Recommendations:

1. A letter be sent from the Chair of the Committee to the Chair and Chief Executive of Cwm Taf Morgannwg University Health Board to request a response for information requested regarding the Safeguarding report received at the April Committee.

There were no further items identified for consideration on the Forward Work Programme having regard to the selection criteria in paragraph 4.3, and this could be revisited at the next meeting.

There were no requests to include specific information in the item for the next meeting.

RESOLVED: That the Committee approved the Forward Work Programme in Appendix A, noted that the Forward Work Programme and any updates from the Committee would be reported to the next meeting of COSC and noted the Recommendation Monitoring Action Sheet in Appendix B.

### 147. URGENT ITEMS

None

The meeting closed at 12:15