

MINUTES OF A MEETING OF THE ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE HELD IN COMMITTEE ROOM 2/3, CIVIC OFFICES, ANGEL STREET, BRIDGEND ON WEDNESDAY, 11 NOVEMBER 2015 AT 10.00 AM

Present

Councillor D Sage – Chairperson

N Clarke	PA Davies	N Farr	EM Hughes
B Jones	JE Lewis	M Thomas	E Venables

Officers:

Avril Bracey	Group Manager - Mental Health Safeguarding and Quality
Jackie Davies	Head of Adult Social Care
Mark Galvin	Senior Democratic Services Officer - Committees
Councillor Philip White	Cabinet Member - Adult Social Care and Health & Wellbeing
Mark Wilkinson	Group Manager – Disability and Transition

16. APOLOGIES FOR ABSENCE

Apologies for absence were received from the following Members/Officer for the reasons so given:-

Councillor L C Morgan – Holiday
Councillor M W Butcher – Holiday
Councillor P John – Unwell
Sue Cooper – Work commitments

17. DECLARATIONS OF INTEREST

The following Members declared an interest in the Agenda item so stated:-

Councillor N Farr declared a personal interest in Agenda item 5 in that she was a Social Worker (in Mental Health) within a neighbouring authority.

Councillor E Venables declared a personal interest in Agenda item 5 in that a family relative had in the past received services to support dementia.

18. APPROVAL OF MINUTES

RESOLVED: That the Minutes of a meeting of the Adult Social Care Overview and Scrutiny Committee dated 8 September 2015 be approved as a true and accurate record.

19. FORWARD WORK PROGRAMME UPDATE

The Assistant Chief Executive – Legal and Regulatory Services submitted a report, the purpose of which, was to present the items due to be considered at the Committee meeting to be held on 13 January 2016; seek confirmation of the information required for the subsequent scheduled meeting to be held on 11 February 2016, and present a list of further potential items for prioritisation by the Committee.

Arising from discussion on this item by Members, it was

RESOLVED:

That the Committee noted the topic to be considered at the Committee meeting on 13 January 2016.

The Committee was asked by the Scrutiny Officer, to consider any specific information and research it would like the Overview and Scrutiny Team to undertake in relation to its meeting on 11 February 2016, and to consider and revise the list of future potential items for the Committees Forward Work Programme and reprioritise as the Committee feels appropriate.

- Members requested that the item on Community Services, which is scheduled for the meeting on 11 February 2016, should include information on Rota Visits.
- Members requested that the item on the future of Occupational Health should also be scheduled for the meeting on 11 February 2016.

20. MENTAL HEALTH UPDATE

The Chairperson on behalf of Members, welcomed the Invitees to the meeting.

The Head of Adult Social Care made a very brief opening introduction, following which she introduced the Group Manager – Mental Health Safeguarding and Quality to give a resume of the report.

The Group Manager – Mental Health Safeguarding and Quality outlined certain background information contained in the report, and then confirmed that the mental health project of the Western Bay Programme had become the mental health delivery group, reporting to the LPB on progress on the “Joint Commitment Strategy”. Bridgend was represented on this group and contributed to the various work streams that comprised the mental health project.

She referred to paragraph 4.1 of the report, and the list of priorities identified within the Mental Health Commissioning Plan as identified by Western Bay.

Paragraph 4.2 of the report and its sub-paragraphs then outlined progress that had been made in certain areas of support that had been put in place to assist individuals suffering from mental health problems. Examples of these, were as follows:-

- The Local Primary Mental Health Support Service (LPMHSS), ARC
- A single point of access (SPA) for GP referrals into secondary mental health services (pilot) in Bridgend
- Review of community mental health teams (to establish a new model of service)
- A single procurement and brokerage process for high cost specialist mental health placements
- Improving provision for those in crisis (a key objective of the mental health commissioning plan)
- Improvements in terms of engagement with service users and carers
- Introduction of The Time to Change Wales (TTCW) campaign (a Welsh Government initiative aimed at changing attitudes within the Welsh workforce in respect of mental health)
- Addressing issues of stigma and discrimination, another priority in the mental health commissioning plan
- Raising awareness of mental health and wellbeing with young people at schools

- Supporting the development of an electronic library containing issues that can lead to mental health problems including a range of self-help guides.
- Supporting carers in their caring role, including the establishment of a forum to assist this further
- The appointment of a Local Area Co-ordinator to focus on early intervention and signposting for persons living with mental health issues
- A consultation and engagement session for the dementia strategy and the development of a delivery plan
- Maximising the potential of technology to support dementia sufferers through the introduction of a 'Just Checking' system, ie a system for monitoring individual movement to confirm levels of individual support required (pilot)
- The development of a North Community Network in order to establish a dementia friendly community.
- Collaborative initiatives within Directorates of the local authority, i.e. to develop a range of accommodation options for dementia sufferers e.g., a floating support scheme and extra care housing
- Funding avenues made available via the Western Bay community services project to further support dementia co-ordinators in Bridgend

The Group Manager – Mental Health Safeguarding and Quality gave an explanation on each of the above, further details upon which were expanded upon in the report.

She explained to Members that whilst much had been achieved over the last year, a lot of work still needed to be completed and in the face of significant challenges which lie ahead, as explained in paragraph 4.3 of the report. These related to demographics, complexity issues, matters of crisis, problems associated with stigma and transitional plans.

A Member asked if the Local Primary Mental Health Support Service (LPMHSS) ARC was a first point of contact in terms of early intervention.

The Group Manager – Mental Health Safeguarding and Quality confirmed that it was a base where problems being experienced by individuals could be addressed at an early stage.

A Member referred to paragraph 4.2.2 of the report, and the single point of access for GP referrals into secondary mental health services successfully piloted in Bridgend, and she asked the Officer if she could expand upon this initiative.

The Group Manager – Mental Health Safeguarding and Quality, advised that Bridgend had undertaken a qualitative evaluation together with Neath and Swansea, and had sampled a number of GP's for the purpose of the above pilot, with work presently ongoing in respect of this. An update would be given to Committee Members as soon as further developments had been made and outcomes known.

The Members asked if the above initiative when it was developed further, would require extra resources to support the initiative and ensure that it's successful.

The Group Manager – Mental Health Safeguarding and Quality, confirmed that work in respect of an SPA for GP referrals into secondary mental health services would be supported by existing Nurses and Social Workers initially, and as the service became more established, further support would be looked at from Local Primary Mental Health Service Review teams.

In terms of the different avenues of therapy that were available for people living with mental health related problems, a Member enquired how long people had to wait to receive these.

The Group Manager – Mental Health Safeguarding and Quality, confirmed that the waiting list for therapy options was normally in the region of 6 – 9 months, though as part of the review of the overall service, it was hoped that this could eventually reduce to 3 months. The main reason for this, was that it had been agreed in principle, for an increase of therapists through the ABMU. In relation to the more acute cases however, people seeking support would be able to access services as a matter of urgency ie within days or even immediately.

A Member once more referred to paragraph 4.2.2 of the report, and the pilot in Bridgend with regard to the SPA for GP referrals into secondary mental health services. She asked how much funding for this was being contributed by the ABMU.

The Group Manager – Mental Health Safeguarding and Quality advised that this was a jointly funded arrangement between the Community Mental Health Teams and Local Primary Mental Health Services. Most initiatives that were being undertaken collaboratively with neighbouring local authorities and other key agencies under a joint working arrangement were jointly funded she explained.

A Member asked if a patient's permission was required in respect of a GP referral of this nature.

The Group Manager – Mental Health Safeguarding and Quality confirmed that this was the case.

A Member asked if there were any walk-in services available.

The Group Manager – Mental Health Safeguarding and Quality, confirmed that the LPMHSS i.e. the ARC, was a drop-in Day Service Centre as were certain other establishments such as Leisure buildings and Community Centre's where help for an individual could be arranged to be provided. This followed a similar model previously introduced in Glasgow, Scotland. The ideology behind this, was to allow people to seek help in buildings that would ordinarily be visited by other members of the public for alternative reasons. This allowed visitors to these buildings for the purpose of seeking support for their mental health problems to feel less stigma than would otherwise be the case if they visited, for example, a clinic purely designed for people living with mental health issues .

A Member referred to paragraph 4.2.10 of the report, and asked if there were leaflets available for Members to share with their constituents, advising that there was an electronic library available offering self-help guides for people who were experiencing mental health symptoms as part of the Western Bay Collaborative Programme.

The Group Manager – Mental Health Safeguarding and Quality confirmed that she could send the link to Members, and this would sign post those interested in leaflets and video footage contained within the electronic library.

A Member whilst noting that certain services could be accessed in places such as the Arc, asked what type of support services people had to wait up to 6 months to receive, ie the less urgent cases.

The Group Manager – Mental Health Safeguarding and Quality advised that individuals experiencing problems could arrange to see their GP in the usual way, or through the

referral system. The more serious cases such as people experiencing a bad nervous breakdown could receive attention and support as a matter of urgency through being referred to a hospital. The individuals who had problems, whilst requiring help for these, were managing these problems even though in some cases they were difficult to manage as part of day to day life. There were drop-in centres such as Arc for these people, where group therapy could be discussed and accessed fairly quickly. However, if this therapy was required on a one to one basis, then an appointment for this purpose could take up to 6 months to obtain. She added that although further therapists had been appointed in an attempt to make waiting lists for one to one appointments shorter, more therapists were still required to meet the levels of support that were needed.

A Member asked if the Glasgow model Bridgend was following was introduced to combat alcohol related mental health problems.

The Group Manager – Mental Health Safeguarding and Quality confirmed that in Glasgow Health Services had tracked 9,000 people that had been receiving mental health services, and this revealed that a considerable number of these patients were reluctant or hesitant in seeking help in Mental Health clinics and other similar institutionalised places. As a result of this the service in this city concentrated more upon early intervention and prevention measures to support individuals who fell foul to the symptoms of a mental health related illness. The service also however, introduced less formal settings and establishments where people could go to receive help and support in a more discreet type of environment. This reduced stigma and other discrimination type issues, and resulted in more people coming forward to seek help for their illness than may have been the case if more conventional methods had continued to be used.

A Member asked the Officer how many people accessed the services offered in drop-in centres like the ARC.

The Group Manager – Mental Health Safeguarding and Quality referred the Member to paragraph 4.2.1 of the report which contained certain data in relation to this point, however, she added that she could give further such data in respect of other places that offered these type of local primary mental health services.

A Member noted this data as contained in this section of the report, but asked over what time period did patients attend the different sessions that were held in these type of services.

The Group Manager – Mental Health Safeguarding and Quality confirmed that this data covered April to September 2015.

The Head of Adult Social Care added that increased publicity was required to be made available electronically in order that the public were aware that these type of services were now available in various communities, and also through service user and Carer groups for those individuals who do not have access to IT.

A Member felt that it was important to ensure that data such as that referred to in paragraph 4.2.1 of the report was accurate ie that the same people did not use different therapeutic classes and sessions that were available as this could distort the figures.

The Group Manager – Mental Health Safeguarding and Quality confirmed that there was more information/data available than that shown in the report should Members wish to have sight of this. Some visitors to the different types of services and classes available did attend more than one of these, but not all did.

The Chairperson suggested that the Authority as part of the Western Bay arrangements should look for increased help from the third sector to deliver mental health services, via groups such as Mental Health Matters and the Coalition of Disabled People.

The Group Manager – Mental Health Safeguarding and Quality confirmed that there was a Regional Mental Health Partnership Board that had been set up and this included participation from the third sector.

A Member felt that it may be of some benefit if representatives of certain provider groups such as the third sector be invited to a future meeting to share with Committee their views on the success or otherwise of joint working initiatives such as those related to the support of Mental Health and other Wellbeing services that are being delivered collaboratively.

In terms of Contract monitoring processes, the Head of Adult Social Care confirmed that these were regularly undertaken with external providers such as Domiciliary agencies, Care Homes and third sector support organisations through a framework that was robust and rigid. . This was to ensure that the services that were being supported were value for money and provided to the required high standard as was necessary when dealing with the more vulnerable groups in society. This framework included regular feedback from service users including an Annual survey. She agreed that it would be of some benefit to discuss Service Level Agreements at a future meeting.

Conclusions: The Committee noted the report, which provided Members with an update on the provision of mental health services, the Mental Health Commissioning Plan and the Dementia Strategy and Delivery Plan.

- Members asked about the methodology used to evaluate the pilot of single point of access (SPA). The Officer responded that the approach used was based on a research methodology which had been used to evaluate services by other Authorities.
- Members were concerned that people may currently be waiting for up to six months for 1 to 1 therapy and support. The Officer responded that there was some provision for interim support, i.e. walk in centres and local support groups. It was acknowledged that there is a need to address the issue of waiting time for therapy and two more therapists will be appointed to BCBC.
- Members asked how third sector service provision is being monitored. The Officer responded that SLA requirements include performance reporting and that there is an option for Committees to scrutinise service areas and activities.
- Members asked how many people were currently receiving after care services as required under section 117 of the Mental Health Act, and whether progress had been made in addressing issues regarding weaknesses in applying the process raised following an audit carried out by Internal Audit Shared Services in 2014.
- Members asked about the meeting which has been arranged with head teachers to raise awareness regarding mental health and wellbeing in schools, and whether access to information and support is also being provided to teachers and other staff. Members raised concerns regarding the current provision of services for people who have a sensory impairment, particularly in relation to improving support when using public transport.
- Members asked whether any specific provision, such as ‘talking buses’, was being considered to improve access to services for people with sensory impairment.
- Members asked about the ‘Just Checking’ system for monitoring people with dementia, and the cost of the service and equipment. The Officer responded that this was a pilot and that therefore, currently, there was no cost involved.

- Members asked whether there were any action plans in place to address the future challenges identified in the report.

Recommendations

- The Committee recommend that access to information and support regarding mental health and wellbeing in schools be provided to teachers and other staff.
- The Committee recommend that people with sensory impairment are engaged in identifying and addressing issues that they encounter when using services, such as when using transport in and around the county.

Further Information requested

- The Committee requested more detail on the evaluation of the single point of access (SPA), including information on outcomes and the methodology used to measure them.
- The Committee requested information on how people were being made aware of services and where and how people can access information, i.e. leaflets and self-help guides.
- The Committee requested information on the number of people currently receiving after care services as required under s117 and on progress against recommendations from the Internal Audit Shared Services audit.
- The Committee requested information on the cost of providing the 'Just Checking' system for monitoring people with dementia if the service is retained following the pilot.
- The Committee requested to see the action plan which will address the future challenges identified in the report.

21. REMODELLING LEARNING DISABILITY SERVICES

The Head of Adult Social Care gave a brief introduction to the report in respect of the above matter, the purpose of which was to provide the Committee with an update on the remodelling of learning disability services, as part of the wider Remodelling Adult Social Care programme.

The Group Manager – Disability and Transition gave some background information with regard to the report, reminding Members that a previous report was considered in September 2014 explaining how the plans to reconfigure learning disability services were developing. Subsequently, and as approved by Cabinet, a number of work streams were established as part of the Development Plan for the services. Appendix 1 to the report outlined these work streams.

He then explained that a Learning Disability Service Development project had been in operation since 2012, and paragraph 4.1 of the report gave a resume on the above work streams, some of which were completed and some of which were work in progress. The elements of these were as follows:-

- **Develop of a Social Enterprise**
(For B'Leaf and Wood B)
(Exploring further ESF funding)
- **Resettlement of Maesglas and review of the In-House Supported Living Service**
(Review of staff and management arrangements in supported living)
(Agree and complete the Maesglas Plan)

- **Development of the Learning Disability aspect of the ‘New Framework of Assessments’**
(Development of Costed Care Plans)
(Development of a Transition Service Model)
- **Development of a progression Model in Accommodation Services**
(Ensure compliance with Supporting People Grant Regulations)
(Develop Core and Cluster Service Models)
- **Development of Community based Opportunities and Support Systems**
(Develop Community Hubs)
(Develop Volunteering Opportunities)
- **Design and Commission an Asset based Model of Support in the Community**
(Re-tender of Supported Living Contracts)
- **Develop the use of Bridgend Resource Centre**
(Review of Day Service Staff and Management Structures)
(Operate the building on a Commercial Basis)

In respect of the Western Bay Learning Disability Project, the Group Manager – Disability and Transition confirmed that the project had benefited from considerable input from Officers of the Council, and paragraph 4.2.1 outlined the work streams that made up this Project.

He then expanded upon a Strategy being developed to progress Prevention and Wellbeing services, which enable people to live independently in the community, and to this end, something which was advocated under the Social Services and Wellbeing (Wales) Act 2014. Arising from this, a local community co-ordinator had been introduced based in the Llynfi Valley who provided support to individuals, and who engages in the development of community networks and support systems to help people to remain independent and live at home. Further such posts would be introduced to provide further support, advice and assistance for vulnerable people in communities, and take forward further progress being made in prevention and wellbeing work he added.

With regard to consultation with people with a learning disability and their families, the Group Manager – Disability and Transition confirmed that as part of the Learning Disability Project Plan, there were a number of ways in which the Council was consulting with individuals such as these, and examples of this were outlined in paragraph 4.4 of the report.

He then outlined the next phase of the Learning Disability Service Development Plan, and taking into account the developments and progress outlined above, it was proposed that the Plan be updated with the projects and work streams detailed in paragraph 4.5.1 of the report. A chart showing these proposals was included at Appendix 2 to the report.

The Group Manager – Disability and Transition culminated his submission, by confirming that the above proposals as expanded upon within the report, were discussed at the Remodelling Adult Social Care Programme Board in September 2015, and the new arrangements will now be taken forward. In order to illustrate how the work has impacted upon individuals and their lives, case studies were shown at Appendix 3 to the report.

As part of this item, Members were also shown a short video that reflected upon the impact that Remodelling Learning disabilities projectocal Community Co-ordination in

Bridgend has had on certain individuals lives, giving examples of activities that these people have had the opportunity to be involved in.

The Chairperson referred to page 19 of the report, paragraph 3.3, and to the decision made to recommission external elements of the Supported Living Service. He asked Invitees to expand a little on this.

The Group Manager – Disability and Transition confirmed that this Contract had gone out to Tender, and the closing date for receipt of these, was Friday 13 November 2015. Considerable interest had been shown in this by various companies, and a further report outlining the successful tenderer would be presented to Cabinet in due course.

A Member commended the work that was ongoing, and encouraged the use of Drop-In type Centres for people with learning disabilities. She was aware that there were two of these centres in Bridgend and Maesteg, and asked if there were any further such centres throughout the County Borough.

The Group Manager – Disability and Transition confirmed that there were 3 other centres in Pyle, Sarn and a second one in the Bridgend town centre. He added that the Drop-In Centres and other work being undertaken had made a difference to people's lives, however, further work would be carried out as part of the Business Case, where partnership work would be increased in order to progress and increase the development of these services.

A Member noted from page 20 of the report, that the Maesglas Registered Care Home had been closed, with the residents formerly there were now living as tenants in their own home as part of the Supported Living Service. He asked if these residents were still living in the Maesteg area, as most of these individuals were originally from Maesteg and had family there.

The Group Manager – Disability and Transition confirmed that the residents had been re-located to a central point in Maesteg. . The local authority had worked with V2C to ensure these people remained in the locality from which they originated.

A Member referred to page 22 of the report, and the 2 Learning Disability Social groups that had been established in Porthcawl and Cefn Cribwr, and asked if there were any plans to set-up similar such groups in other areas of the County Borough

The Group Manager – Disability and Transition confirmed that there were plans to expand these groups in other areas of the County Borough.

A Member noted from page 24 of the report, that two more posts of local community co-ordinators would be employed to work in the Ogmores and Garw Valley areas. She asked when these people would take up their posts.

The Group Manager – Disability and Transition confirmed that they would fill these roles in the new year, and would assist in building on the work done to date, mainly in respect of taking forward the Local Community Co-ordination Project.

As this concluded the business for which the Invitees had been invited to the meeting, the Chairperson thanked them for attending and responding to members questions, following which they retired from the meeting.

Conclusions: The Committee noted the report, which provided Members with an update on the remodelling of learning disability services.

- Members thanked the Officers for the report, and for the video they presented showing feedback from service users.
- Members asked where people from the former Maesglas registered care home had moved to, and whether they were happy with their new location. The Officer responded that the new location was in Maesteg, and that no one had been moved to anywhere they did not want to go to.
- Members asked how much money is being saved by right-sizing services. The Officer said that this is being monitored and that information on savings could be sent to the Committee.
- Members stressed the need for all learning difficulties services to be closely monitored and scrutinised.

Further Information requested

- The Committee requested information on savings realised by right-sizing services.

22. SOCIAL SERVICES ANNUAL REPORTING FRAMEWORK

The Scrutiny Officer presented a report, that provided Members with an update on the work of the Joint Research and Evaluation Panel held on the Social Services Annual Reporting Framework in June 2015.

The report gave some background information, and confirmed that the Panel met on two separate occasions; the first was on 22 June 2015 at which Members considered the report and formulated questions and lines of enquiry together with Scrutiny Officers. The second meeting was held on 29 June 2015 where the Panel further explored the Director of Social Services Annual Report and offered comments and recommendations upon it.

This approach allowed the Panel to examine the draft report in a systematic way to identify issues to raise and discuss at their next two meetings with officers from both Directorates. Some of the Panel's main points that were raised were contained in paragraph 4.3 of the report, and the Scrutiny Officer gave a resume of these for the benefit of those present.

The interaction with officers during the meeting was reported as being positive by Members, as was the feedback received from them. Officers were very receptive to the Panel's comments and reported the process as being extremely useful.

The Scrutiny Officer added that the Panel were advised that their comments and views, would be taken on board, and the report would be revised to reflect these and incorporate appropriate changes proposed. The finalised report was then submitted to Council at its meeting on 15 July 2015 for approval.

RESOLVED: The Committee noted the report, which provided Members with an update on the work of the Joint Research and Evaluation Panel on the Social Services Annual Reporting Framework.

23. URGENT ITEMS

None.

The meeting closed at 1.06 pm