

PARTNERSHIPS SCRUTINY COMMITTEE

Minutes of a meeting of the Partnerships Scrutiny Committee held in Conference Room 1a, County Hall, Ruthin on Thursday, 18 July 2013 at 9.30 am.

PRESENT

Councillors Jeanette Chamberlain-Jones (Chair), Ann Davies, Meirick Davies, Pat Jones, Margaret McCarroll, Merfyn Parry, Bill Tasker and Huw Williams

Observers: Councillors Raymond Bartley, Hugh Evans, Bobby Feeley and Eryl Williams

ALSO PRESENT

Corporate Director: Modernisation and Wellbeing (SE); Head of Adult and Business Services (PG); Service Manager: Business and Carers (AH-J); Service Manager: Specialist Services (AP); Partnerships & Communities Manager (DH); Performance & Planning Officer (EH); Local Manager, New Work Connections (HE); Scrutiny Co-ordinator (RE) and Committee Administrator (SLW).

Irfon Williams – Service Manager, BCUHB, Child and Adolescent Mental Health Services (CAMHS) and Disabilities, North Wales

Sue Wynne – Service Manager, BCUHB, CAMHS

1 APOLOGIES

Apologies for absence were received from Councillors Bill Cowie, Alice Jones and Dewi Owens

The Chair clarified that during the previous Partnerships Scrutiny meeting held on 10 June 2013, it had been agreed that a Task & Finish Group be set up regarding Health Care infection control. However, it had been confirmed that a Consultant would attend a future Partnerships Scrutiny Committee meeting as part of the BCUHB delegation. On reflection, there was no requirement for a Task & Finish Group to be set up.

The Chair stated that to enable indepth debate at future Partnerships Scrutiny Committee meetings, a reduced workload within the Forward Work Programme would be required.

The Committee sent their best wishes to Mr Richard Jones, former county councillor and husband of Councillor Alice Jones, and asked that a card be sent on behalf of the Committee to Mr Jones. The Scrutiny Co-ordinator agreed to do this.

2 DECLARATION OF INTERESTS

None.

3 URGENT MATTERS AS AGREED BY THE CHAIR

None.

4 MINUTES OF THE LAST MEETING

The Minutes of the Partnerships Scrutiny Committee held on Monday 10 June 2013 were submitted.

The Chair stated that personally she did not think the minutes reflected the meeting. The Chair also stated that when Members have received questions and respond she would prefer that detail be included within the minutes.

Matters arising:

The Corporate Director: Modernisation and Wellbeing (CD:M&W) updated the Committee regarding the Health Care Reconfiguration.

Following the increase in cases of C.diff (Clostridium difficile) at Ysbyty Glan Clwyd earlier this year, Betsi Cadwaladr University Health Board (BCUHB) had commissioned an independent review of infection control arrangements which would be led by Professor Brian Duerdon, an expert in healthcare associated infection and antibiotic resistance and emeritus Professor of Medical Microbiology at Cardiff University.

The joint review of the Welsh Audit Office (WAO) and Health Care Inspectorate Wales (HIW) had been published.

The CD:M&W handed out, at the meeting, a paper which had been given to staff at BCUHB which gave more detail regarding support arrangements moving through a difficult period.

An Action Plan was to be produced by 22 July 2013 which would be presented to the Public Board on 25 July 2013.

Regarding the Acute Services Review, there would be a public consultation and recommendations in March 2014.

RESOLVED that subject to the above, the minutes of the meeting held on 18 July 2013 be approved as a correct record.

With the Committee's approval, the Chair varied the order of business at this juncture.

5 NEW WORK CONNECTIONS UPDATE

The Local Manager, New Work Connections (LM:NWC) presented a report (previously circulated) which provided updated information and monitored progress and performance of New Work Connections from the perspective of positive sustainable outcomes for Denbighshire residents and from the Council's perspective as project lead sponsor.

The LM:NWC gave a short presentation informing Members of New Work Connections Plans for the ensuing seven months. The Project was scheduled to finish at the end of February 2014.

New Work Connections (NWC) had been a collaborative project with Conwy, Gwynedd and Ynys Mon.

The aims of NWC were to:-

- Reduce economic inactivity and improve employment and skill levels amongst people facing the most disadvantages;
- Provide a wide range of flexible interventions; intensive support tailored to meet individual needs;
- Have a major impact on people's lives holistically.

The outcomes were to overcome barriers to education, employment and training:

Innovation involved:

- Working with a wide range of people to change culture from dependency to sustainable personal development within their communities;
- Addressing employment needs for disadvantaged groups upon engagement with Social Services;
- Working in Partnership.

All participants had to be economically inactive or unemployed and a UK citizen.

The groups included working with:-

- Older people (50+);
- Adults with learning disabilities/ difficulty;
- Physical disabilities and sensory impairments;
- Women returning to work;
- Carers, lone parents, BME;
- Work limited health condition;
- Mental health needs;
- Workless for a significant period of time and facing barriers to education training or employment;
- Young people not in education, training or employment (NEETs).

1851 participants of the project had been engaged to date which exceeded the original target of 1600. Challenges which had been faced and which were to be faced in the final 7 months of the projects were:-

- Duplication of projects;
- Work programme;
- Meeting targets within recession;
- Match funding/ timesheets;
- Staff retention/ motivation given timescales;
- Lack of alternative funding/ provision
- Preparation for exit.

Within the preparation for exit of the project, a DVD was to be prepared to show the success NWC had made and to acknowledge the tremendous journeys taken by the participants.

NWC consistently provided evidence to the Welsh European Funding Office (WEFO) which had been found to be extremely challenging. Evidence for child carers had been provided and a large amount of work had taken place regarding adult carers but providing appropriate evidence for WEFO had been extremely difficult.

Regular sessions had been held in Rhyl and as a base had been established in Corwen sessions were also being held in Corwen, Ruthin and Llangollen.

Due to the NWC project ending at the end of February 2014, individual exit strategies for participants with high needs were being developed. Referrals currently being received which were indicating high levels of need were being advised that they could no longer be accepted onto the NWC programme.

Councillor Jeanette Chamberlain Jones wished to conclude the item with a success story from Aberwheeler Nurseries, which in some time ago had been under the threat of closure due to lack of funding and Health & Safety issues. A number of NWC participants were based there. Hard work commenced to secure Aberwheeler which was now a successful business. Tony Owens, Nursery Manager, and his team were to be congratulated for turning Aberwheeler around into a success for Denbighshire.

RESOLVED that subject to the above observations, Partnerships Scrutiny Committee receive and note

- (i) the New Work Connections programme's compliance and alignment with Council's policies, procedures and priority areas and the Welsh European Funding Office's terms and conditions;
- (ii) that appropriate governance arrangements, including monitoring, evaluation, risk management processes, use of funding, achievement of targets and indicators, are in place; and
- (iii) the development of the exit strategy, given that funding will cease on 28 February 2014.

6 BIG PLAN: PERFORMANCE UPDATE

The Partnerships & Communities Manager (P&CM) presented a report (previously circulated) to update Partnerships Scrutiny Committee on the performance of the Local Service Board (LSB) and partners in delivering The BIG Plan: Part 1, 2011-2014.

Denbighshire The Big Plan: 2011 – 14 was the plan driving partnership working in Denbighshire. The BIG Plan was being delivered collaboratively by partner agencies. The Local Service Board was accountable for the BIG Plan, and held partner agencies (including Betsi Cadwaladr University Health Board (BCUHB), the third sector, NW Police, NW Fire and Rescue Service, Public Health Wales)

responsible for implementing action plans to deliver The BIG Plan and its eight outcomes.

The report was broken down into eight outcomes. The Performance & Planning Officer gave a summary of the eight outcomes. Following the summary, the following items were discussed:-

- Disappointment was aired due to the fact that there had not been a section in the report on carers' health improving following assistance being received. The Performance & Planning Officer stated the information would be difficult to obtain but she would relay the message to the Strategy Officer. Also care for a sick child when attending main stream school as often their siblings tend to look after them. The issue of the strain on siblings of a disabled child was requested to be kept under review.
- Lack of data for 2011/13 was due to the fact that data availability was 2 years behind. It was not that it had not been provided but that it had not been published.
- Provision for vulnerable families who were under threat due to the welfare reform. This issue would feature in greater detail in the BIG Plan 2.
- Following the Estyn Report, Members felt there was a need to look at the difficulties schools faced. It was recommended a positive attitude towards schools was required.
- Rhyl City Strategy's "Open Doors" service had registered over 1200 jobseeking customers since it opened, of which 181 had secured employment. Rhyl City Strategy were also delivering a dedicated programme to stimulate enterprise growth across Denbighshire. Members expressed concern of the scheme due to the low number of jobs which were available during the current economic climate and therefore the financial aspect of running the scheme could be expensive in comparison.
- The Welsh Government was providing a £30million fund for deprived areas under its 'Visible and Viable Places' scheme. Denbighshire County Council had submitted a bid for £5million funding for Rhyl Town Centre.

At the conclusion of the discussion the Chair complimented officers on the quality of the report presented to the Committee and commented on how 'user friendly' and readable it was.

RESOLVED that subject to above, the Committee receives the report and agrees to continue to monitor the delivery of the Plan and its outcomes.

At this Juncture (11.15 a.m.) there was a 15 minute break

Meeting reconvened at 11.30 a.m.

7 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Irfon Williams, Service Manager, CAMHS and Disabilities for North Wales (SM:CAMHS) gave a verbal presentation.

The following section will be finalised on receipt of the full response from Irfon Williams

The SM:CAMHS introduced the newly appointed Services Manager, Sue Wynne, whose post was to commence in September 2013. A further new appointment was Tina Owen, Tier 4 service.

There were six community CAMHS services based across North Wales. Denbighshire CAMHS were currently based in Ysbyty Glan Clwyd (YGC) but were to be re-located, before the end of the year, to the Royal Alexandra Hospital, Rhyl.

The service had developed during the past 10-15 years and recently there had been an increase in the severity of cases.

One of the main drivers was the Mental Health Measure which came into force in 2012. The main theme of the Measure was accessibility for referrals into service and consultation and advice provided to partners. Majority of work fitted into part 1 of the scheme. Part 2 of the scheme was more than one person involved with that case.

Mr Williams answered the questions submitted by the Committee to the CAMHS Service beforehand and undertook to supply a full written response to them in due course. He advised that:

Waiting times had reduced to 5-6 weeks. *Prior to Christmas last year, waiting times were approximately 4 to 5 months. A service delivery model had been introduced to rate access times. The problems caused in having long waiting times to access services had been recognised and appointments could now be booked at the client's convenience. There had been an increase in referrals in April and May of this year, and there had also been an issue of staff leaving due to promotion. Waiting times were kept between 6-8 weeks. The target under the Mental Health Measure was 28 days but that would not be attained anywhere in North Wales for some time. The early intervention/prevention model needed to be maintained. Referrals across North Wales were on the increase.*

Prioritisation of referrals. *High risk cases and cases of a significant or of an urgent nature were prioritised. Young people were initially admitted to the children's ward in YGC due to self-harming. Staff there assessed the young people but CAMHS was currently only available Monday to Friday. It was now acknowledged that there was a need for a weekend service. Senior Managers were looking into a plan to deal with the issue.*

It was also acknowledged that early intervention was key to successfully treating incidences of self-harming, eating disorders, depression and anxiety. BCUHB was currently looking at working with partners, such as social services and education, with a view to improving early intervention measures to combat these types of problems and avoid them escalating to greater problems later.

Dealing with non-attendance at appointments. *There was a Health Board Policy for non-attendance. If people do not attend two appointments, their case was*

closed. However, the referrer would be asked to refer them back to the service. BCUHB also acknowledged the fact that some families were under an extreme amount of pressure and may find it difficult to access the services. Clinic appointments were now being offered closer to where people live to cut down on the travel. The focus at present was to reduce non-attendance, especially for families who had difficulty with transport, by making the services more accessible to all.

Mr Williams confirmed that there was, unfortunately, still a stigma relating to Mental Health. Within the last four years, Gwynedd and Anglesey had been going into schools, speaking with year 8 & 9 pupils regarding mental health. Denbighshire had started a similar scheme. The CAMHS Team had visited Ysgol Brynhyfryd explaining fully about Mental Health issues. A website was currently under construction. There was also an All Wales Mental Health Strategy around consulting with young people.

Was there a link between deprivation and Mental Health? It had been acknowledged that there was a high vulnerability to mental health problems in areas of high deprivation. Therefore the Service was targeting its early intervention and prevention work, and looking at parenting strategies. CAMHS team, including the early intervention team, were going into schools looking at this. Headteachers could call CAMHS at any time regarding a young person. Confidentiality was a priority. There had been incidents in some schools where the Team had gone in and spoke to teachers about managing behaviour problems. A consultation scheme was offered. CAMHS would look to support the school. Mr Williams advised that a child should not be excluded because of their mental health issues, as it was a health need just the same as any other health need. It was inappropriate in the majority of cases to exclude a child whilst waiting for an assessment. The Service prioritised cases based on the needs of the young person. Ms Wynne advised that in terms of CAMHS, schools had behaviour support services and it would be favourable to work much closer with to address behaviour issues and prevent exclusion.

Welsh speaking staff: Mr Williams advised that they had Welsh speaking staff but not a sufficient number of them to meet the needs of the service. If people requested a Welsh speaker, every effort would be made to accommodate the request. When recruiting, Welsh would be included as a desirable skill that the Board were looking for, but it all depended on who applied for the post. The Health Board also had a policy to encourage staff to learn to speak Welsh and provided "e" learning matter. Under the Mental Health Measure CAMHS staff were required to ask patients as part of the assessment which was their preferred language. The Corporate Director: Modernisation and Wellbeing (CD:M&W) informed the Committee that the number of Welsh speaking staff in Children's Services was approximately 20%, but was considerably higher in the Education Service. There was also a national drive from the Minister that local authorities must do better, as being able to receive a service in your native language was a need not a choice.

Mr Williams cited a historical example where a psychiatric referral was made and there was not one Welsh speaking psychiatrist available in Britain. In terms of Welsh speaking psychiatrists, there were very few. There were staff who, despite

having received their primary and secondary education through the medium of Welsh, due to the 'working language' being English did not have the confidence to use Welsh in the work context. BCUHB would be running a pilot scheme at the beginning of January 2014 to encourage staff to attend and build their confidence for speaking Welsh at work. There was a school in Gwynedd that was helping Health Board staff to learn Welsh by getting the children to teach the language to the adults. This was working very well.

Bullying: *CAMHS do not deal with bullying unless a mental health issue had been identified. There was an All Wales Action Plan "Talk to me". CAMHS had a good relationship with education and social services departments in Denbighshire. Steps were afoot to develop this relationship further. CAMHS officers had recently met with Leighton Rees and the Management Team and had agreed to hold bi-monthly meetings and a training event. A consultation would be offered to social services and ways of improving and strengthening communication arrangements between both bodies were being explored.*

Responding to further questions from members CAMHS officers confirmed:

- that awareness training was provided to teachers and that every school had a nominated member of staff for mental health issues;*
- Schools' pastoral care person should also be aware of the services available from CAMHS;*
- a number of young people had been asked "if you have an emotional health need, who was the person you would speak to?" 80% had said their teacher. Therefore every teacher should be trained for instances such as those discussed;*
- CAMHS would be attending the Eisteddfod and would have a stall on the 'Maes' with leaflets and cards and would be explaining mental health issues;*
- CAMHS undertook a broad range of assessments, ranging from initial assessments which could be a one-off depending on needs to as many as 5 or 6 different assessments dependent upon the need and the extent of the condition. The important thing was to tailor the care to suit the individual's needs*

Alice Ferguson, a pupil at Ysgol Brynhyfryd, attended the meeting as an observer. She was on a work experience placement within the Legal & Democratic Services Department for one week. Alice stated as follows "I was glad you came into my school. It was very interesting. I think it would be a good idea if younger children, possibly year 7 & 8 were also invited to these talks. This is because they are at a phase in their life where they are beginning puberty and probably are not sure what the issues are, whether is it due to puberty or a mental health issue. They would benefit from your attendance".

Everyone gave Alice a round of applause as she had spoken so clearly and eloquently regarding this issue.

Irfon Williams responded stating that what is key is what young people are saying. CAMHS want to educate positive mental health. He thanked Alice for her

contribution to the meeting and was extremely impressed by her statement and the way she had presented herself.

RESOLVED that Members of the Partnerships Scrutiny Committee receive and note the report.

8 SOCIAL CARE JOINT MATTERS

Councillor Bobby Feeley, Lead Member for Social Care and Children's Services introduced the report (previously circulated) to update the Partnerships Scrutiny Committee on:

- Proposed provisions contained in the Social Services and Wellbeing (Wales) Bill regarding safeguarding and the protection of vulnerable adults.
- Quality Assurance Systems in relation to the provision of Domiciliary Care and Elected Member visits to in-house services.

Safeguarding

Four options had been considered as a model for North Wales and the preferred option had been Option 4 – a two tier North Wales Adult Safeguarding Board. This Option enabled North Wales Local Authorities to work together in pairs to develop three Adult Safeguarding Boards using the learning from the current Gwynedd and Ynys Mon model. The proposal was for Denbighshire to work with Conwy. However, there were elements of adult safeguarding that could conceivably be carried out on a regional basis, for example, training, performance and audit, policy and serious case reviews. These arrangements would also assist authorities in their work with other regional services, such as the Police, Health, and the Fire and Rescue Service.

Domiciliary Care Monitoring

Following a summary of the report by the Head of Adult and Business Services(HA&BS), discussion took place and the following questions were raised:-

- A Welsh Bilingual Forum had recently been set up. Therefore, how were staff monitored as to their proficiency in speaking Welsh? The HA&BS clarified that Denbighshire staff were being encouraged to improve their Welsh language skills. The CD:M&W also clarified that the Deputy Minister had led an initiative whereby each local authority were being encouraged to use Welsh in delivering services. The CD: M&W, together with Councillor Huw Jones, were the Welsh Champions for Social Services. Training programmes were to be publicised with training provided at different levels to encourage people with a foundation in Welsh to use it.
- A draft Domiciliary Care Questionnaire – Service User Feedback form was provided to Members for their observations and possible amendments. The following amendments were recommended:
 - Increased font size to enable older people to read the questionnaire clearly.
 - that the box on the form titled 'Who should fill it in?' specify that the form should never be filled in by the domiciliary care worker or provider.

- the form should also include a telephone number that the service user could ring if they needed assistance to complete the questionnaire (in due course this number could be the Single Point of Contact number).
- The Service Manager: Business and Carers clarified that a pilot scheme would be taking place regarding the distribution of the questionnaire. For example, rather than posting, the questionnaires would be hand delivered. If a person had difficulty completing the questionnaire, there were a number of advocacy agencies who would be able to assist with the completion.

RESOLVED that:-

- (i) *Members agree to recommend that Cabinet agree to change the current arrangements for adult safeguarding, in line with each partner across North Wales, to the preferred option of a two-tiered North Wales Adult Safeguarding Board as detailed in the "North Wales Adult Safeguarding and/or Collaboration: The way forward" document.*
- (ii) *Members note the Quality Assurance Systems that are in place for care services.*

9 DOMICILIARY CARE - POTENTIAL FOR COLLABORATION

Councillor Bobby Feeley – Lead Member for Social Care and Children’s Services presented the report (previously circulated) to provide members with information regarding the potential for collaboration in respect of domiciliary care, particularly in rural areas.

The Service Manager: Business & Carers confirmed that Mapping exercises had taken place. Low demand within the south of the county had been illustrated on a map attached to the report. Demand in some rural areas was shown to be so low that the viability of domiciliary care businesses in those areas would be questionable. Collaboration with other local authorities did not seem to be an appropriate solution at this time. Regional market position information would be updated on a regular basis and the situation monitored as it could change in the future. In the meantime, alternative solutions would be required.

It would be appropriate to indicate that, despite suggestions to the contrary, domiciliary care provision, when required, was usually found, even in the most rural areas.

RESOLVED that *Members receive the report and support the ongoing work to find alternative ways of meeting the small demand for domiciliary care in rural areas.*

10 SCRUTINY WORK PROGRAMME

The Scrutiny Co-ordinator submitted a report (previously circulated) seeking Members’ review of the Committee’s future work programme and providing an update on relevant issues. A draft forward work programme (Appendix 1), Cabinet

forward work programme (Appendix 2) and progress with Committee Resolutions (Appendix 3) had been attached to the report.

26 September 2013 – a request had been received for a report on “Single Access to Housing” to be added to the Agenda. This was agreed to be added even though the workload on the Agenda was quite heavy. It was agreed that extra time would be added to the meeting to accommodate the report.

The Scrutiny Co-ordinator reported that a representative from each Scrutiny Committee had been requested to sit on the Corporate Parenting Forum. Councillor Margaret McCarroll volunteered to attend the Corporate Parenting Forum on behalf of the Partnerships Scrutiny Committee.

The Scrutiny Co-ordinator reported that a representative was required to sit on the Corporate Equalities Group – Councillor Bill Tasker agreed attend the Corporate Equalities Group on behalf of the Partnerships Scrutiny Committee.

Point of Interest – a list of Service Challenge Groups was contained within the yellow information papers.

RESOLVED that:-

- (i) Subject to the above, the forward work programme as detailed in Appendix 1 be approved*
- (ii) Councillor Margaret McCarroll be appointed Partnerships Scrutiny Committee representative on the Corporate Parenting Forum*
- (iii) Councillor Bill Tasker be appointed Partnerships Scrutiny Committee representative on the Corporate Equalities Group.*

11 FEEDBACK FROM COMMITTEE REPRESENTATIVES

None

The Meeting concluded at 1.05 p.m.