



HEALTH, SOCIAL CARE AND WELLBEING (PERFORMANCE MANAGEMENT) SCRUTINY COMMITTEE

**MINUTES OF THE MEETING HELD AT PENALLTA HOUSE, YSTRAD MYNACH
ON THURSDAY, 18TH JULY 2013 AT 5.00 PM**

PRESENT:

Councillor Mrs. B.A. Jones - Vice Chairman

Councillors:

Mrs. E.M. Aldworth, L. Binding, Mrs. P. Cook, Mrs. J. Gale, L. Gardiner, N. George, C. Gordon, Mrs. P.A. Griffiths, J.A. Pritchard.

Cabinet Members: Councillor R. Woodyatt, Cabinet Member for Social Services and Councillor D.T. Hardacre, Cabinet Member for Performance and Asset Management.

Together with:

D. Street (Acting Director of Social Services), G. Jenkins (Assistant Director of Childrens Services), J. Williams (Interim Assistant Director Adult Services), L. Curtis-Jones (Service Manager, Childrens Services), T. Thackwray (Team Around the Family Manager), L. Dallimore (Lead Collaboration Project Officer), I. Richards (Performance Development Officer), C. Forbes-Thompson (Scrutiny Research Officer), R. Barrett (Committee Services Officer).

Users and Carers: Mrs. M. Veater.

APOLOGIES

Apologies for absence were received from Councillors Miss. L. Ackerman, A.P. Angel, Mrs. G. Bevan, K. Dawson, G.J. Hughes and S. Morgan.

1. DECLARATIONS OF INTEREST

There were no declarations of interest received at the commencement or during the course of the meeting.

2. INTRODUCTION TO THE IMPROVEMENT OBJECTIVES

I. Richards, Performance Development Officer, introduced the Improvement Objectives relating to the Scrutiny Committee: "Improve the Timeliness and Quality of Assessments" and

“To ensure that agencies and partners work together to Safeguard Children and Young People”. Appendices 1 and 2 provided a summary of how the Council has performed against these Improvement Objectives, and Members given the opportunity to scrutinise the performance of each Objective. Members noted the report and discussions followed.

3. IMPROVEMENT OBJECTIVE – IMPROVE THE TIMELINESS AND QUALITY OF ASSESSMENTS. END OF YEAR SUMMARY – ADULT SERVICES

J. Williams, Interim Assistant Director Adult Services, presented an overview of Improvement Objective 6, and the progress made over the last 12 months. Members were advised that positive progress has taken place since the last report and all actions are fully completed. The quarterly case file audit process, continuous monitoring and findings report continue to improve the quality and standards of assessments. Of the 9 monthly performance indicators, 6 are performing well and are achieving set targets.

3 measures are currently below target but are displaying continual positive improvement. ASPI 03 (% of assessments started on time) is below target, and has been partially attributed to the introduction of the Mental Health Measure in June 2012, which has impacted on the service and resulted in many significant challenges and changes to processes. ASPI 18 (% mental health assessments completed on time) is just below target but is showing continual positive improvement and reduced assessment timescales, and is recognised as very important to service users. ASPI 43 (number of people waiting to access day care for more than 28 days) is also just below target and is due to client choice and transport issues.

Following the Improvement Objective update, Members were invited to ask questions and a detailed discussion followed. Members queried how the lack of participation by Aneurin Bevan Health Board in relation to the Continuing Health Care process is being addressed. Officers advised that a report is to be presented at the next Scrutiny meeting, which will illustrate improvements being made. Members also queried if there is an over-emphasis on hospital discharge by the Frailty Programme Community Resource Team, when it was set up to prevent hospital admissions. It was confirmed that a review of the service is currently underway, and an update will be brought to a future scrutiny committee meeting.

4. ADULT SERVICES CASE STUDY

J. Williams introduced the case study of Mr. J as an example of progress made by Improvement Objective 6 (to improve the timeliness and quality of assessments). Mr. J lived in a warden-controlled complex and had several illnesses, which worsened and resulted in hospital admittance. After two weeks of hospital treatment, he was referred to the hospital social work team and he received an assessment and OT home visit within 5 days (the target is 7 days). Mr. J was discharged home with support from emergency care and reablement support.

Mr. J was re-admitted to hospital 4 days later after a fall, and was diagnosed with additional conditions, with the hospital social work team recommending long-term care. Mr. J and his family wanted him to return home, so he was subsequently discharged to an assessment bed at Ty Clyd Residential Home, again within 5 days following referral. The in-depth long-term assessment and support at Ty Clyd enabled Mr. J to return home with support and confidently prepare his own meals and medication.

Members were informed that the case study of Mr. J demonstrates significantly improved timeliness of assessment, and that the quality of the assessment built on Mr. J's strengths and the existing plan that was already in place for him.

Members thanked Officers for their presentation of the case study.

5. IMPROVEMENT OBJECTIVE – SAFEGUARD CHILDREN & YOUNG PEOPLE (TEAM AROUND THE FAMILY). END OF YEAR SUMMARY – CHILDREN SERVICES

T. Thackwray, Team Around the Family Manager, presented an overview of Improvement Objective 7, and the progress made over the last 12 months. Members were advised that the Improvement Objective is all about working better to provide a better future for children. The Team Around the Family (TAF) has made steady progress over the last year and has achieved a number of positive outcomes for families within the county borough. 21 of the 23 actions have now been achieved. However, due to the decision not to proceed with integration with Blaenau Gwent, opportunities for collaboration remain subject to review. The TAF and Integrated Service for Children with Additional Need also work together closely, but options for integrating the models have not yet been explored.

The TAF team are working well to engage the families that are referred to the service and have built up good working relationships with the professionals who provide support to families. Referrals are now processed through a single Contact and Referral Team, which means that the TAF team is now receiving more appropriate referrals and the referral rate has reduced. Assessments are now completed by TAF officers, which has made the process quicker for families. Multi-agency panels are also proceeding well, with useful discussions taking place about identifying needs, individual cases and an awareness of the range of support available for families.

Members discussed the report and the Improvement Objective and were pleased to note the progress made in the last 12 months.

6. CHILDRENS SERVICES CASE STUDY

T. Thackwray introduced the case study of a child as an example of progress made by Improvement Objective 7 (for agencies and partners to work together to safeguard children and young people). The child was referred to the Team Around the Family following concerns about the child's behaviour and a drop in school attendance. The assessment identified a number of issues, including the child being bullied, support for his disabled mother, and his father's mental health issues. The multi-agency panel identified the lead professional in this case as the Barnardo's Young Carers Project, with Occupation Therapy, Education Welfare and SENCO also part of the Team Around the Family

The TAF worked with the family to develop an action plan and liaised with a multitude of agencies and partners to improve the living situation for the child and their family. They identified wheelchair needs for the mother, liaised with the housing association to improve housing, worked with the Education Welfare Officer to monitor child's progress at school, and put in an application for a grants scheme. As a result of this multi-agency liaising, the child is now happier and confident and their behaviour has improved. The bullying has now ended, and the child's school attendance has also improved.

Following the case study, Members clarified the referral process and thanked the Officers for their presentation of the case study. Members also praised the Childrens Services team for their report in relation to progress made with Improvement Objective 7.

7. ANALYSIS OF "THE RATE OF OLDER PEOPLE (AGED 65 PLUS) SUPPORTED IN THE COMMUNITY PER 1,000 POPULATION AGED 65 PLUS"

D. Street, Acting Director of Social Services, introduced this key performance indicator, which is linked to Improvement Objective 6 (to improve the timeliness and quality of assessment of the clients needs). This is a key indicator that is continually improving, but complacency is advised against - even though Caerphilly are the best performing local authority for this indicator, it is important to identify and analyse in detail the performance for all indicators.

Members discussed this key indicator and suggested that a top ten list of indicators (displaying the highest and lowest key indicators) would be helpful in assessing and improving performance.

8. ANNUAL DIRECTOR'S REPORT ON THE EFFECTIVENESS OF SOCIAL CARE SERVICES 2012-13

L. Dallimore, Lead Collaboration Project Officer, presented a summary of the report to Members. It is a statutory responsibility for the Corporate Director of Social Services to produce an annual report on the effectiveness of Social Care Services.

2012-13 has produced many positive developments in the Directorate, such as undertaking a range of collaborate ventures with Aneurin Bevan Health Board and Blaenau Gwent Council, and developing improvements in Adult Services and Childrens Services. The Directorate has once again operated within a balanced budget through making significant savings and efficiencies to manage cost pressures, which have been delivered with no adverse impact on front-line service delivery.

In December 2012 the Council was subject to an inspection of the Role of the Statutory Director Social Services, which concluded that the local authority had sound structural arrangements in place to support the Director, that there was sound arrangements in place to promote good communication, and that a strong performance management culture was in place with effective challenge.

Survey responses from service users this year has shown that they were happy with the service that they received from Childrens and Adult Services. 81% of those who used Adult Services stated that the service they received made a big difference to their life, that they found it easy to get the help and support they needed, that they were treated well, and the service had helped them to solve their problems. In Childrens Services, all the young services users stated that they knew how to contact their Social worker and 88% said that "they felt listened to".

The Directorate will be producing two digital stories this year that will focus on the Team Around the Family and the Supporting People Team. Both stories will be completed by the end of the month and be available to view on Caerphilly Council's website.

Following presentation of the report to Council on 23rd July 2013, the report will be made available to members of the public, partner agencies and stakeholders.

Members were invited to ask questions on the report and full discussion ensued. Members queried the appointment of a Falls Coordinator by the Community Resource Team, and Officers confirmed that this was set up with a focus on long-term care. Members queried if there are difficulties recruiting Approved Mental Health Practitioners, and it was confirmed that a number of options are being explored, but that this is a regional issue.

Members noted the service priorities for 2013-14 and queried if independent living and assisted technology should be included, and it was confirmed that assisted technology is already a fundamental part of Social Services. Members queried the priority "Promoting Independence and Social Inclusion" as there was no mention of these priorities in the paragraph below this report heading, and it was confirmed that an amendment to the document would be made prior to release.

Members made reference to the significant financial challenges faced by the Authority and Officers confirmed that the budget would be a major part of the Director's Report for 2013-14. Members asked how the priority "Promoting Quality Services" would be carried out, and Officers confirmed that this would be done in a number of ways, such as annual surveys, random selection and visiting service users.

Members noted the report and endorsed the recommendation that it be submitted to Full Council on 23rd July 2013 for adoption.

Members requested that it be noted that they are disappointed at the lack of attendance by representatives of the Aneurin Bevan Health Board at meetings of the Health, Social Care and Wellbeing Scrutiny Committee. It is felt by the Scrutiny Committee that the ABHB make a valid contribution to these meetings, and so Members will undertake steps to encourage representatives of the ABHB to attend future meetings.

The meeting closed at 17.59 pm.

Approved as a correct record subject to any amendments agreed and recorded in the minutes of the meeting held on Tuesday 10th September 2013.

CHAIRMAN