



Complete Agenda

Democratic Services
Swyddfa'r Cyngor
CAERNARFON
Gwynedd
LL55 1SH

Meeting

CARE SCRUTINY COMMITTEE

Date and Time

10.30 am, FRIDAY, 20TH APRIL, 2018

**NOTE: A BRIEFING SESSION WILL BE HELD FOR MEMBERS ONLY
AT 10.00 A.M.**

Location

Siambwr Hywel Dda, Council Offices, Caernarfon, Gwynedd, LL55 1SH

*** NOTE**

This meeting will be webcast

<http://www.gwynedd.public-i.tv/core/portal/home>

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(DISTRIBUTED 12/04/18)

CARE SCRUTINY COMMITTEE

MEMBERSHIP (18)

Plaid Cymru (10)

Councillors

Alan Jones Evans
Elin Walker Jones
Olaf Cai Larsen
Annwen Daniels
Rheinallt Puw

Sian Wyn Hughes
Dafydd Owen
Cemlyn Rees Williams
Linda Ann Jones
Peter Read

Independent (6)

Councillors

Eryl Jones-Williams
Beth Lawton
Elfed Powell Roberts

Richard Medwyn Hughes
Dewi Wyn Roberts
Angela Russell

Llais Gwynedd (1)

Councillor
Anwen J. Davies

Gwynedd United Independents (1)

Councillor
Vacant Seat - Gwynedd United Independents

Ex-officio Members

Chair and Vice-Chair of the Council

A G E N D A

1. APOLOGIES

To receive any apologies for absence.

2. DECLARATION OF PERSONAL INTEREST

To receive any declaration of personal interest.

3. URGENT BUSINESS

To note any items that are a matter of urgency in the view of the Chairman for consideration.

4. MINUTES

4 - 14

The Chairman shall propose that the minutes of the previous meeting of this Committee held on 30 January 2018, be signed as a true copy.

5. LOOKED AFTER CHILDREN

15 - 23

Cabinet Member: Councillor Dilwyn Morgan

To receive a report on the above.

6. SUPPORTING FAMILIES STRATEGY IN GWYNEDD

24 - 26

Cabinet Member: Councillor Dilwyn Morgan

To receive a report on the above.

CARE SCRUTINY COMMITTEE 30.01.18

Present: **Councillor Eryl Jones-Williams - Chairman**
 Councillor R. Medwyn Hughes - Vice-chairman

Councillors: Annwen Daniels, Anwen J. Davies, Sian Wyn Hughes, Elin Walker Jones, Linda Ann Wyn Jones, Cai Larsen, Beth Lawton, Dafydd Owen, Rheinallt Puw, Dewi Wyn Roberts, Elfed P. Roberts and Angela Russell.

Officers: Morwena Edwards (Corporate Director), Aled Davies (Head of Adults, Health and Well-being Department), Gareth James (Member Support and Scrutiny Manager), Sion Huws (Senior Solicitor) and Glynda O'Brien (Member Support Officer).

Cabinet Members: W. Gareth Roberts, Cabinet Member for Adults, Health and Well-being

Also in Attendance:

For Item 4 below:

Ffrancon Williams, Chief Executive, Cartrefi Cymunedol Gwynedd
Sarah Schofield, Customer and Communities Director
Arwel Owen, Senior Manager, Housing and Well-being

For Item 5 below:

Ffion Johnstone - Area Director (West), Betsi Cadwaladr University Health Board
Wyn Thomas - Assistant Director Initial Care
Christine Rudgley - Deputy Area Operational Manager (West Localities)

For Items 6 and 7 below:

Mari Wynne Jones, Gwynedd Senior Adults Manager
Lester Bath, Adults and Children Carers Support Officer

For Item 8 below:

Steve Grayston, Area Assistant Director Therapy Services (East)
Gareth Evans, Area Director Clinical Services (central)

Apologies: Councillors Alan Jones Evans, Peter Read and Cemlyn Rees Williams.

1. **DECLARATION OF PERSONAL INTEREST**

- (i) The following members declared a personal interest in item 5 on the agenda - Cartrefi Cymunedol Gwynedd's Annual Report, for the reasons noted:
- Councillor R. Medwyn Hughes as he was a former Chairman of the Board of Cartrefi Cymunedol Gwynedd
 - Councillor Eryl Jones-Williams as he was a tenant of Cartrefi Cymunedol Gwynedd

The members did not participate in the discussion.

(ii) The following members declared a personal interest in item 6 on the agenda - Health Provision in Blaenau Ffestiniog, for the reasons noted:-

- Councillor Sian Hughes as she was employed by Betsi Cadwaladr University Health Board
- Councillor Elin Walker Jones as she was employed by Betsi Cadwaladr University Health Board
- Councillor Dafydd Owen as his daughter was employed as a nurse by Betsi Cadwaladr University Health Board
- Councillor Rheinallt Puw as he was employed by Betsi Cadwaladr University Health Board

The members were of the opinion that they were prejudicial interests, and they withdrew from the meeting during the discussion on the item.

(iii) Councillor Dewi Wyn Roberts declared a personal interest in item 6 on the agenda - Health Provision in Blaenau Ffestiniog, noting that his daughter was employed by Betsi Cadwaladr University Health Board.

The member was of the opinion that it was not a prejudicial interest, and he did not withdraw from the meeting during the discussion on the item.

(iv) Councillor Linda Ann Wyn Jones declared a personal interest in item 9 on the agenda, noting that she and her husband had prosthetics, and she did not participate during the discussion on the item.

2. URGENT ITEMS

No urgent items were received.

3. MINUTES

The Chairman signed the minutes of the meetings of this Committee that had been held as follows:

4 September 2017 - Extraordinary Care Scrutiny Committee
21 September 2017

4. CARTREFI CYMUNEDOL GWYNEDD ANNUAL REPORT

(a) An annual report was submitted by the Chief Executive of Cartrefi Cymunedol Gwynedd, drawing attention to the fact that the content of the report covered between 1 April 2016 to March 2017 and that it followed a procedure that had already been agreed with the Council.

Members of the Committee were guided through the report and the following main points were noted:

- that the focus was on maintaining the housing stock to the Welsh Housing Quality Standard and on recommencing the work of constructing new houses

- in each contract awarded, that contractors were expected to participate by investing in the communities and reference was made to those examples in point 4.2 of the report
- that it could be seen from Table 1, which referred to the various elements, that the work on average complied in full with the WHQS, although some elements did not hit 100% and the reasons for those failures were explained
- reference was made that some tenants refused to allow work be carried out on the houses and that this was acceptable, unless the work was to be completed in line with health and safety
- that statistics were submitted to Welsh Government on an annual basis
- in terms of the construction work, many partners were being collaborated with and in relation to grounds maintenance, the contract had been awarded to Gwynedd Council and the work done was very good
- that work was being done on strategic subjects such as: homelessness (18 houses transferred on a lease to use by Gwynedd Council); provision of affordable housing (a total of 39 units and over 100 houses being achieved this year by using a social grant); growth plans and it was emphasised that there were opportunities along the North Wales coast that assisted CCG to achieve more
- that there was good collaboration with North Wales Police and specific reference was made to a scheme and arrangements in place in Maesincla.
- Reference was made to the strong links between houses and the health service specifically in terms of facilitating timely and easier access to mental health services for some tenants
- In terms of the repairs service, although this had not been up to standard in the past, he had received a specific focus to improve the service and reference was made to success in point 9.5 and performance had improved and the service was now much more productive and customer satisfaction had increased
- That CCG was inspected annually by Welsh Government and that it was pleasing to report that the inspectors praised the service and that they had excelled in terms of financial viability

(b) During the ensuing discussion, the following points were highlighted by individual Members:

- (i) It was expressed that the general complaint by many Members was a lack of follow-up to the complaints of tenants, specifically relating to community spaces, windows not opening.

In response, it was explained that the standards of customer care had improved but that it was obvious that some problems continued and he apologised for this. Assurance was given that the specific issues would be followed-up and escalated with the appropriate officer. It was noted that there was a County-wide investment programme in place and an intention to upgrade community spaces and it was hoped that the majority of problems could be resolved in the future.

In general, it was noted that CCG listened to tenants and had done a lot to improve customer care. When substantial work was being carried out on an estate, a thorough consultation would be held. On average, it was noted that tenants were very proud of where they lived. Much emphasis was placed on providing an update and reporting back to tenants. In addition, it was ensured that wardens visited individuals and there was a procedure of phoning individuals to discover views on the service which had proved successful and lessons had been learnt from this exercise. In addition, an investment had been made in a new IT system that would be of assistance for tracking work, etc.

- (ii) With the investment of £4m for the construction of new housing, it was asked whether the houses were suitable for older people and the disabled.

In response, it was noted that CCG collaborated with the Council's Social Service in relation to welfare adaptations to housing and the purpose of this was to help tenants to be able to remain in their homes for a longer period of time.

In relation to new housing, there was a close collaboration with the Council's Strategic Housing Unit and complied with the relevant standards, and leadership would be taken jointly on building in accordance with priority.

- (iii) In response to an enquiry regarding maintaining walking paths renewed as part of the community investment from contractors, it was explained that contractors were not accountable for their maintenance. It was explained further that some paths had been adopted by the local authority or in some cases from Community / Town Councils and therefore the responsibility for maintaining them would fall on these authorities. Therefore, there would be a need to identify the status of the paths and in the context of the Llwyn y Ne, Clynnog, walking path, there would be a need to investigate further.

- (iv) In response to a query regarding pest control, it was explained that there was no problem with the pest control contract and the arrangements in place were explained. The contract was revisited annually and it was noted that it worked successfully.

- (v) In terms of investing in the community, it was explained that the community matters listed in point 4.2 of the report had been added on the contract. The Community Grant had reduced but it was confirmed that money was still available but through a different procedure. It was noted further that CCG had developed a community strategy and was discussing with communities and was prepared to receive business cases. It was confirmed that the Strategy would be shared with the elected Members and welcomed any suggestions / further ideas from Members.

- (vi) That some work elements within Table 1 in the report did not comply with WHQS and therefore it was asked whether those matters would be recorded further in the statistics the following year to ensure that they were not forgotten.

In response, it was explained that the statistics were presented to Welsh Government and it could be seen exactly which house did not comply but that it was difficult in cases where a tenant had refused to have work to be carried out on a house.

- (vii) Why was the rent in Gwynedd lower than in other authorities in the North? In response, it was noted that the rent allocation policy was being managed by Welsh Government and from the statistics, consideration was given to the average weekly salaries, tenant affordability to pay, affordability to be able to purchase houses, the county's economy, and therefore, the average salary in Gwynedd was low in comparison with nearby authorities.

- (viii) As a result of the above, it was asked whether this would be a reason why residents moved to Gwynedd as the rent was low?

In response, it was noted that the above was not necessarily true, because there were other factors why individuals moved to the area such as how many houses were available, family background, etc. It was noted further that legislation managed the co-exchange of houses and that individuals were entitled to request to move with the application being successful if they met the appropriate requirements.

(ix) In response to questions / observations, it was noted:

- In terms of obtaining access to houses, that there was a legal procedure to follow and the wishes of tenants were respected unless they were willing for work to be done on their houses
- Best efforts were made to attract tenants by advertising and more recently, training had been established, referred to as a tenants academy, and it was hoped that more interest could be attracted as a result
- In terms of the closure of offices in Pwllheli, it was confirmed that there was a satellite centre there and members were encouraged to inform tenants of this. In addition, officers could visit tenants if needed.
- It was ensured that the service for Gwynedd housing would not deteriorate as CCG worked outside the County

(x) It was asked whether it would be possible to renovate empty housing stock in communities rather than build from scratch so that the traditional characters of villages could be retained.

In response, it was explained that any developments would be considered in detail and an attempt would be made to promote communities in every aspect but there was a need to ensure that the investment made would be viable over 30 years and the reason for that because of the loans for refurbishment.

(xi) A question was asked on behalf of a member who was absent from the meeting regarding a case in his ward where CCG had forced a tenant to exchange an open fire for an electric fire. In response, it was explained that CCG had a policy for opportunities to close-up chimneys and install effective electric heaters to protect the health and safety of the tenants. However, it was emphasised that they dealt sensitively with cases but that he was not familiar with the specific case referred to.

(xii) Any ideas and opportunities from members in terms of identifying areas within their wards where there was an opportunity for community developments was welcomed.

(xiii) In terms of the lack of parking on estates, it was acknowledged that the matter was problematic due to a lack of land availability on estates, however, an attempt was made to undertake environmental work where possible.

(xiv) In response to a question regarding a percentage of failure to carry out work on tenants houses, it had been noted in the past 5/6 years that approximately 10% of tenants had refused work from being carried out on their houses; however, it was reported that the percentage had now reduced.

(xv) It was asked whether it was possible as part of the scrutiny arrangements for local small contractors to undertake work for CCG. In response, it was confirmed that it was possible but that it was complicated in terms of legal requirements and advertising contracts.

(xvii) It was ensured that wardens and supported housing wardens visited individuals aged over 80 years.

To close, the Chief Executive and Customers and Communities Director were thanked for the report and the clear responses to the questions submitted above. Also, the officers were asked to convey the members' gratitude to CCG's workforce for

their praiseworthy work and in particular for their excellent response to telephone enquiries.

Resolved: To accept, note and give thanks for the report.

5. HEALTH PROVISION IN THE BLAENAU FFESTINIOG AREA

(a) A response was submitted on the above matter along with:

- responses to the recommendations made by this Care Scrutiny Committee on 21 September 2017
- A letter from the Chair of the National Assembly of Wales' Petitions Committee
- The Report of the Petitions Committee dated 22 January 2018

(b) The Cabinet Member for Adults, Health and Well-being welcomed the report of the Petitions Committee that approved the six recommendations of this Care Scrutiny Committee made on 21 September 2017.

(c) The Area Director (West), Betsi Cadwaladr University Health Board referred to recommendation (i) in Appendix A of the report and confirmed that the Health Board had achieved the recommendation and the information had been shared with the Scrutiny Committee.

(ch) In relation to recommendation (ii), namely the request for an immediate report on the health provision in the Blaenau Ffestiniog area from an independent agency, a Member drew attention to the fact that the Petitions Committee noted that 98% disagreed with getting rid of beds. During the ensuing discussion, the Committee was in agreement that the best way forward was to keep to the original brief and ask the Community Health Council to undertake the task of investigating the health provision in the Blaenau Ffestiniog area and provide a report of the conclusions. However, there would be a need to ensure at the same time that they were prepared to fund this.

(d) In the context of receiving information about the services provided in the new Memorial Centre in Blaenau Ffestiniog, the Assistant Director Initial Care explained that a post-project evaluation would be undertaken to see whether the services had reached targets within the business plan and this would be reported back to Welsh Government. As part of this work, responses would be gathered from the service users and if any weaknesses became apparent, a response could be given.

The Cabinet Member for Adults, Health and Well-being added that it would be beneficial to submit a report on the conclusions of the evaluation of services in the New Centre to this Care Scrutiny Committee, and it was reported further, subject to the results, that the Care Scrutiny Committee could hold a further investigation.

In response to an enquiry regarding how the residents of Blaenau Ffestiniog and the Blaenau Memorial Hospital Defence Committee could have an input, it was noted that complaints could be lodged as part of the procedure, however, it was ensured that a specific engagement process would be created at the end of the summer term to ask for feedback on the experiences of the services at the new Memorial Centre since its opening. It was also added that the Community Health Council could undertake this process as well.

The Assistant Director Initial Care was of the opinion that the services were excellent in the new building which included therapists, pharmacists, services collaborating together in a more stable way by now as well as the recruitment of a general practitioner.

In response to the above, a Member explained that the main grievance was the fact that the residents of Blaenau Ffestiniog had been deprived of those services that were available at the Ffestiniog Memorial Hospital such as in-patient beds, X-Ray provision and a minor injuries unit.

(dd) The Head of Adults, Health and Well-being Department confirmed that initial discussions had taken place and was in the process of preparing a work programme to carry out an accessibility assessment in the Ysbyty Alltwen catchment area (Recommendation (iv) in Appendix A).

The Scrutiny Committee appealed on the relevant Departments to press on with the above as soon as possible in light of the fact that some residents had experienced difficulties when trying to reach Ysbyty Alltwen.

(e) In terms of recommendation (v), namely the need for suitable homes for older people including a provision of extra care housing in the Blaenau Ffestiniog area, the Head of Adults, Health and Well-being Department explained that relevant departments had been considering adding such provision in the Ffestiniog area in the past. Since then, circumstances had changed and there may be an opportunity to revisit the situation as part of the review of housing needs across the entire County. It was noted that there were gaps to fill in terms of having the right mix of houses across the County and that all needs would be considered when prioritising investment. It was added that data was available by the Health Board of patients who were waiting for care, residential, nursing homes etc. and it may be beneficial for the Head of Adults, Health and Well-being Department and the Area Director (West), Betsi Cadwaladr University Health Board, to discuss the way forward from the current information they had. The Member added the need to discuss with partners such as Cartrefi Cymunedol Gwynedd / Cynefin who were eager to contribute to the provision.

For information, the Corporate Director noted that initial discussions had taken place with partners in the housing field including the Health Board, but that there was a lot of work to achieve in respect of investment and exact locations.

(f) In terms of recommendation (vi) in the Appendix, namely the recruitment of care and health staff, the Area Director (West), BCUHB, gave assurance that the matter at hand had moved on in terms of recruiting generic workers in South Gwynedd, namely in the Tywyn and Dolgellau areas. If the model was successful, then it was hoped that it could be rolled-out to other areas within the County. As part of the model, Gwynedd Council would be the employer, with care workers working closely with the Health Board and undertaking a training programme of up to 6 months to obtain a medical qualification for the post. At present, three individuals had been employed and the effectiveness of the posts would be monitored before it would be rolled-out further.

The Cabinet Member for Adults, Health and Well-being reiterated that staff recruitment was a serious concern and that there was a need for a different mindset, be that in the form of work packages / salaries, as other elements such as advertising / collaboration with schools / colleges had failed to attract more workers to the care field.

Resolved: (a) To accept, note and give thanks for the report and the above-mentioned observations.

(b) To approve the recommendations within Appendix A to the report and to act as follows:

Recommendation (i) - that the information had already been shared with the Members of the Care Scrutiny Committee.

Recommendation (ii): - invite the Community Health Council to hold an independent investigation into the health provision in the Blaenau Ffestiniog area and provide a report on the conclusions, including the impact of depriving the area of patient beds, loss of the X-Ray facilities and minor injuries unit.

To ask Betsi Cadwaladr University Health Board to share post-project assessment data in relation to the effectiveness of the current health provision (Memorial Centre) in the Blaenau Ffestiniog area.

Recommendation (iii) - To encourage BCUHB to communicate regularly and effectively with the residents of the Blaenau Ffestiniog area in relation to monitoring the provision of local health facilities and services.

Recommendation (iv) - To ask the Head of Adults, Health and Well-being Department to submit an update of the discussions regarding an assessment of the convenience and accessibility of health service by means of public and community transport within the catchment area of Ysbyty Alltwen.

Recommendation (v) - To ask the Head of Adults, Health and Well-being Department to submit an update following discussions regarding the provision of extra care housing.

Recommendation (vi) - To ask the Head of Adults, Health and Well-being Department to submit an update regarding recruitment including feedback on a generic worker model.

A request was made for the updates to be submitted to the Care Scrutiny Committee in relation to recommendations (iii)-(vi) within 9-12 months.

6. ALLTWEN SCHEME

- (a) An update was provided on the progress and development of the above scheme and the Gwynedd Senior Adults Manager guided members through the report, noting the progress made in terms of implementing the integrated working model, the Alltwen Scheme. It was pleasing to note that elements had moved on with good examples of various teams working in a different way. The five areas where the integrated plan would be rolled-out to were listed, namely:

Bangor Area
Caernarfon Area
Llŷn Area
Eifionydd / North Meirionnydd Area
South Meirionnydd Area

Members were given an opportunity to ask questions and the Gwynedd Senior Adults Manager responded as follows:

- (i) It was acknowledged that there was a need to consider extending the hours of providing the integrated service over seven days. It would be challenging to implement an extension in working hours and days within the current workforce without additional staffing resources. Care had to be taken that any changes to hours did not impair the ability to respond effectively during core hours and that they were in-keeping with the principles of retaining ownership of a case. It was intended to complete further work having established the service within five areas in order to see the nature of the demand for support outside normal office hours and on weekends and identify the skills needed to meet the need outside core hours. The Senior Adults Manager referred to an example of measuring the demand in relation to considering extending the working hours of home carers overnight in the south of the County. The majority of the calls related to the need for nursing skills and the examples of a need for the carers service were scarce.

It was noted further that an out-of-hours service was already operational across Gwynedd and Anglesey.

- (ii) In terms of the timetable for the provision of a single integrated electronic system for the teams, it was explained that the Social Services department was using the new WCCIS system since August 2017. There was an intention for the Health Board to join soon, but the Senior Adults Manager could not specify a date. It was agreed to ask the Senior Transformation Manager for an update on the timetable. It was added that there were challenges in terms of recording the information bilingually and this could complicate integrated working at times.
- (iii) For further information, the Corporate Director referred to the 'Parliamentary Review of Health and Social Care in Wales' under the leadership of Dr Ruth Hussey, and it was encouraging to note that the above format provided a good foundation for work and coincided with many elements in the report.

Resolved: (a) To accept, note and give thanks for the report.

(b) To ask the Gwynedd Senior Adults Manager to send the contact number of the Integrated Teams in the five areas to the members of the Scrutiny Committee.

(c) To ask the Head of Adults, Health and Well-being Department to invite the Scrutiny Committee members to visit the Area Teams when convenient.

(ch) To ask the Members Support and Scrutiny Manager to send the link below to the Scrutiny Committee members so that they can access the report referred to in (iii) above:

<http://gov.wales/topics/health/nhswales/review/?skip=1&lang=cy>

7. UNPAID CARERS INVESTIGATION REPORT

- (a) A report was submitted by the Cabinet Member for Adults, Health and Well-being, outlining the findings and recommendations deriving from an investigation held on the type of support available to unpaid carers in Gwynedd.
- (b) The Adults and Children Carers Support Officer guided members through the report and noted the main points as noted below:
- That Carers Wales had appointed an officer for the North to promote the identification of hidden carers
 - That the Gwynedd and Anglesey Carers Partnership Group had drawn up a strategy and one of the objectives was identifying hidden carers
 - Assessments would continue to be undertaken and an attempt would be made to do this as soon as possible
 - In terms of feedback from carers, fewer than 100 out of 500 questionnaires had been returned and the responses to the questionnaires returned by the carers of individuals with mental health issues were relatively encouraging
 - In terms of information and advice, it was noted that guidance had been produced and was back on the website to draw attention of staff / carers with relevant links
 - We were collaborating with Betsi Cadwaladr University Health Board
 - An additional grant had been received from Welsh Government to provide respite care for carers however attention was drawn to the fact that there was an insufficient number of people working in the field to provide respite care, specifically in Meirionnydd.
 - That savings and cuts were affecting the service.
 - Welsh language - that documents received from the health service needed to be translated into Welsh, and some providers were experiencing difficulties in recruiting Welsh-speaking staff, particularly in the south of the County.

Elected members were encouraged to inform the service whether they were aware of hidden carers in their wards who looked after family members so that the service could offer them advice.

- (c) Members were given an opportunity to scrutinise the report and the Adults and Children Carers Support Officer responded as noted below:
- it was asked whether the service was fit for purpose and in response, it was noted that the requirements of the new Act were challenging, and there was a need to collaborate with partners in the field. The need to be realistic and attempt to focus on two or three of the objectives were needed.
 - It was reiterated that addressing the requirements of the act was important and the need to consider how the best value for the money could be obtained by reviewing and prioritising
 - In terms of addressing needs and supporting young people who were carers, there was close collaboration with Bangor University which offered a period of respite for young carers so that they had a taster of what was available and to encourage them to gain a qualification in care. In addition, there was collaboration with the Regional Group.
 - From the grant of £114,000 received for 2017/18, £60,000 had been shared with the third sector and the rest supported carers with learning disabilities, Derwen and carers who cared for a sibling.

- In response to an observation made by a member regarding a personal experience when a family had received very good initial support following a patient's discharge from hospital, carers had not revisited the family, Members were encouraged to refer families to the Carers Outreach Service which was a one-stop-shop so that they could be referred to the correct sector. According to the new Act, emphasis was placed on families supporting preventative support in the community.
- Reference was made to a scheme for young children who were carers where it was possible for them to have ipads and the service would be able to contact them through Skype and it was hoped that there would be more information about this scheme in due course
- In terms of the third sector providing care, it was noted that families wished to stick with the same carers
- The fact that the service was more creative to identify carers was welcomed and whilst Hafan y Sêr was an excellent resource, there was concern about the provision for families where the children did not meet Derwen's criteria. In response, it was noted that the Service was aware of the situation and it was hoped that there would be a resolution soon.

The Head of Adults, Health and Well-being Department added that he would be in a position to share information regarding the creation of Uned Tan y Marian in approximately six weeks.

Resolved: To accept, note and give thanks for the report.

8. SUPPORTING THE DISABLED PEOPLE OF GWYNEDD

- (a) A brief was submitted for a Scrutiny Investigation in order to support the disabled people of Gwynedd and specifically the suitability of the arrangements for providing wheelchairs to Gwynedd residents as well as the service for individuals with prosthetics.
- (b) The Area Assistant Director Therapy Services (East), Health Board, explained that prosthetic provision had been offered in the past at Bryn y Neuadd, Llanfairfechan, and that there was a need to review the location where the service would be provided to the residents of the western area, be that at Bryn y Neuadd or at satellite clinics in Bangor, rather than having to travel to Maelor Hospital, Wrexham. For clarity, attention was drawn to the fact that the name used for the service was now the Posture and Mobility Service, rather than ALAC. It was explained further that the structure in Wales regarding the provision of wheelchairs was within the procurement arrangements of Welsh Government and that the decisions did not lie within the Health Board's remit.
- (c) It was explained that the matter had been raised when Councillor Peter Read had submitted a notice of motion from the Council referring a question regarding the suitability of the arrangements for providing wheelchairs for the residents of Gwynedd for consideration on the scrutiny programme.
- (d) In response to the above, the Members Support and Scrutiny Manager thanked the officers of the Health Board and the Committee was asked to nominate five members to serve as part of the investigation.
- (e) In terms of nominating, advice had been received from the Senior Solicitor that a member and / or a member with a family member, who received a personal service from the wheelchair / prosthetics, should not be a part of the investigation as it would be difficult to separate interest and personal experiences from general considerations.

- (f) Councillor R. Medwyn Hughes and Dewi Roberts agreed to be a part of the investigation but because of the personal interest of many members and other people's commitments and work pressures, no other nominations were forthcoming. Therefore, it was suggested to hold a further discussion at the informal meeting regarding the possibility of sending an e-mail to all Members to identify nominations from members who were eager to be a part of the scrutiny procedure, in order to reduce the workload of the existing scrutinisers.

Resolved: (a) To approve the final brief for the Scrutiny Investigation on Supporting the Disabled People of Gwynedd, and for the prosthetic provision to be included.

b) To elect the following members to serve as part of the Investigation: Councillors R. Medwyn Hughes and Dewi Wyn Roberts and to discuss further at the informal meeting to attract further nominations to serve on the investigation.

9. SCRUTINY FORWARD PROGRAMME 2018

Submitted, for information, this Committee's forward programme as it currently stood.

Resolved: To ask the Chairman, Vice-chairman, and Members Support and Scrutiny Manager to discuss with Heads of Service on including items for the next meeting of the Care Scrutiny Committee to be held on 8 March 2018.

The meeting commenced at 10:30am and concluded at 1:30pm.

CHAIRMAN

Meeting	Care Scrutiny Committee
Date	20 April 2018
Title	Looked After Children
Cabinet Member	Councillor Dilwyn Morgan
Author	Aled Gibbard – Senior Operational Manager (Care Resources)

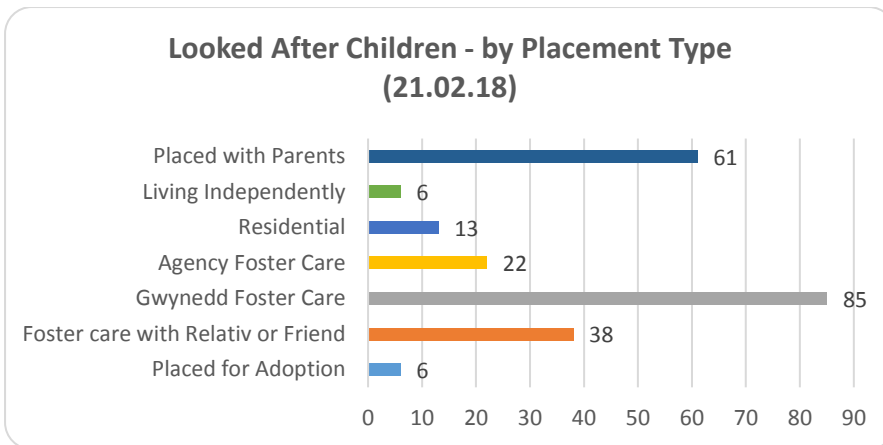
1. Background

The Department was asked to provide information on three areas of work, specifically looked after children, working within family court proceedings and the work of the Edge of Care Team.

2. Looked After Children

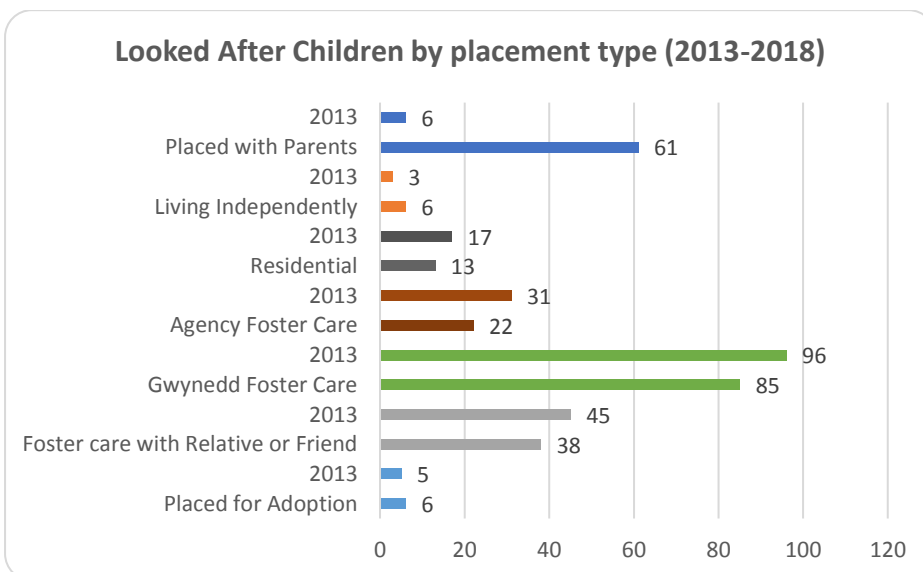
There were 231 looked after children on February 21. In comparison with the number of children looked after on 31/03/17 (218) there is a 6% increase during the current year. See below the total number of looked after children according to their placement types.

GRAPH 1



Over a 5 year period the total number of looked after children has increased from 185 to 231, representing an increase of almost 25%. During this timeframe the number of children looked after in either residential or fostering placements has remained steady or decreased.

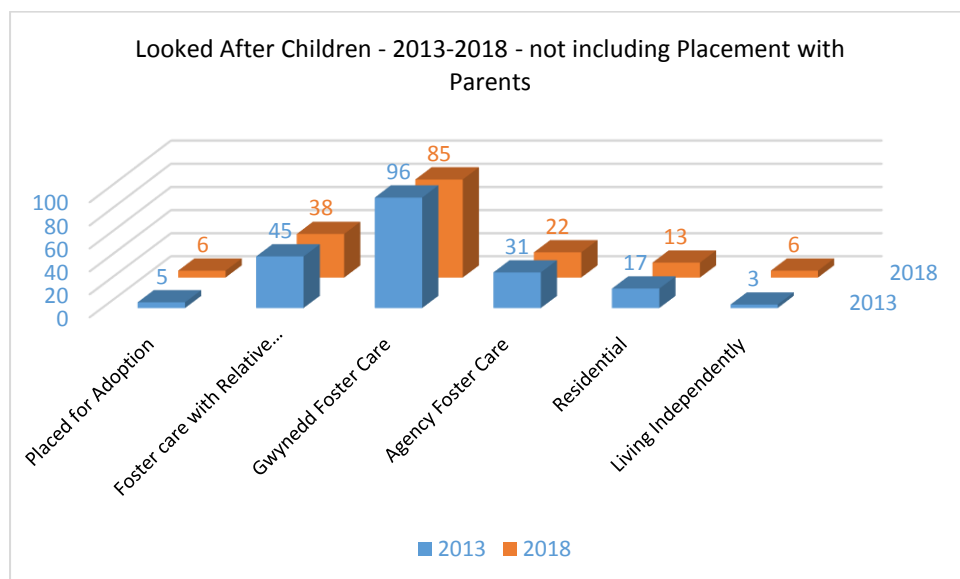
GRAPH 2



As can be seen from graph 2, the increase in the number of looked after children are those children who are subject of Care Orders and remain at home with their parents. Although they continue to live at home, their legal status means they are looked after children. After removing those children

placed with parents from the total numbers, there is a decrease in the looked after population over a 5 year period from 197 to 170 (see graph below).

GRAPH 3



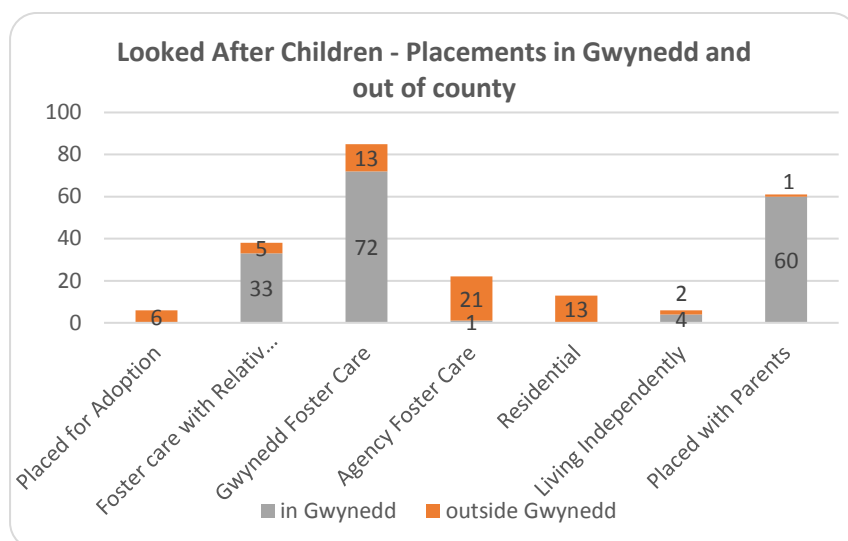
3. Reasons for becoming looked after

There are various reasons for children becoming looked after. The Department's data shows that almost three quarters of children come into care due to reasons of abuse or neglect. These children have usually been on the Child Protection Register first of all, and due to lack of evidence of improvement in their situations, an application is made to the Family Court for a Care Order. A small proportion of children become looked after due to their parent/s mental health or other health condition. Just under a quarter of looked after children become looked after due to unacceptable social behaviour or family dysfunction (e.g. beyond parental control or sexually harmful behaviour). A small proportion are also in care due to absent parenting or the absence of a person with parental responsibility.

4. Where are the placements?

74% of looked after children are placed within Gwynedd, which means that 26% are placed out of county. The majority of children placed out of county are placed in neighbouring authorities. 67% of out of county placements are in North Wales, with a variety of reasons for these placements. 13 children are placed with Gwynedd foster carers who live outside Gwynedd, usually because the foster carers have moved house and the child has remained in placement. The majority of placements with agency foster carers are outside Gwynedd (21/22), as the majority of agency placements are along the North Wales Coast. There are also some circumstances where relative foster carers live outside Gwynedd. All residential placements are placed outside the local authority boundary.

GRAPH 4



5. Placement Costs

Placement costs vary according to the type of placement. The average cost for a placement with Gwynedd foster carers is £500 per week. The average cost of an agency foster placement is £770 per week. A residential placement costs on average around £3500 per week. A parent and child placement costs around £2000 per week, and usually last for an assessment period of 12 weeks. There is no direct cost associated with the placement of a child with parent under a Care Order, although statutory requirements inevitably mean indirect costs in the form of Social Work input.

6. Comparison with other local authorities

The Department does not have current comparative data for 2017-18 for each local authority in respect of looked after children. The data for 2013-2017 shows that the rise in the number of looked after children varies between authorities.

Authority	Looked After Children		
	2013-14	2016-17	Increase
Ynys Môn	110	140	27.2%
Gwynedd	205	220	7.3%
Conwy	170	175	2.9%
Denbigh	175	165	-6%
Powys	150	155	3.3%
Ceredigion	80	75	-6.6%
Pembroke	125	125	0%
Carmarthen	215	205	-4.8%
Monmouth	130	135	3.8%
Wales	5665	5955	5.1%

Information from attendance at regional and national meetings indicates that most authorities this year are experiencing an increase in demand on children's services, in terms of expenditure and rising numbers of looked after children. Each authority was asked for figures, but responses have not been received prior to writing this report. Of those who have responded, Conwy Council report an increase from 177 to 220 looked after children since last March (up 20%). In the same period Wrexham Council have experienced an increase from 196 to 254 (up 30%). In Gwynedd the increase has been 6% (218 to 231).

7. Court Cases

There are 34 children who are currently subject of an Interim Care Order, which means that a court case has been initiated, and is ongoing. These 34 children represent 26 individual families.

Procedure for proceedings in the family court are included in the Public Law Outline (PLO). In these cases the Department is usually working with these families due to concerns for the children's care. The vast majority of children are on the Child Protection Register. Where progress in decreasing the presenting concerns is not being made, the Department is expected to convene a legal planning meeting. This is usually done through holding a regular PLO panel to discuss cases where there may be ongoing concerns. Where the threshold is deemed to be met a letter before proceeding is sent to the family, which indicates that unless an improvement is made that legal proceeding will be instigated. This is the last chance for the family to make improvements before an application to court.

The case is then reviewed through the PLO panel, and where there is no improvement a decision is made to make an application for an Interim Care Order. At this point a further letter is sent to the family outlining the Department's intention to apply for an order. As part of the application the Social Worker need to provide a clear statement to court on the reason for the application along with evidence, which should also include their assessment.

Following the initial hearing, the Social Worker has to return to court on numerous occasions as part of the process. There are several different hearings along the way, which include Case Management Hearings, Issues Resolution Hearings, professional meetings as well as hearing to formally present evidence. Timescales for these applications are 26 weeks from start to finish, which means the Social Worker having to attend hearings as well as undertaking further assessments in order to present a final care plan at the conclusion of the case. The complexity of the cases depends on the extent to which the family contest the application and whether extended family members become party to proceedings. Where extended family members put themselves forward as potential carers for the child, the Social Worker, alongside a Fostering Social Worker, need to complete a fostering assessment within the court timescales. Therefore a court proceedings can involve several days in court, as well as undertaking direct work with the family and extended family in very tight timescale. The total time spent in court can vary between 10 – 20 days in each case. Where there are contested hearings, the final hearing can be listed for 3 days, with extreme case being listed for a 5 day final hearing.

8. The work of the Edge of Care Team

The team was established to be flexible in their approach with a focus on effective intervention in family crisis situations. They focus on trying to create sustainable and systemic solutions for the whole family. The Team receives referrals from the Social Workers in the children's teams in Gwynedd and work in partnership with them and the family to create a plan in circumstances where it is considered that the child would come into care if they did not offer an additional service. Other agencies are part of the plan according to the needs and circumstances of the individual family.

The team work in circumstances to:

- Prevent a child from becoming looked after unless absolutely necessary.
- Return a child home within the first 8 weeks of becoming looked after.
- Return a child home where it is safe to do so.

Establishing the team has involved putting a new emphasis on working differently, setting clear expectations, whilst at the same time maintaining a focus on safeguarding and taking risks where it is in the child's best interests to do so. By providing intensive intervention for a period of time, the team works with families through periods of crisis to stabilize the situation and reduce risk. Research has shown that the relationship with the family is the most influential factor contributing to success. The worker needs to be honest, reliable and **Page 18** The worker also needs to persevere despite any

presenting obstacles that may arise. For these reasons individual caseloads are kept low in order to provide intensive intervention, build a positive relationship and ensure effective support.

Successful collaboration between the team and families has meant that some children have been able to remain at home, others have returned home from foster care and fragile foster placements stabilised. The team develops a close and professional relationship with the children and families, work on their strengths and supports them to build relationships within the family at times of family stress. By improving communication within the family, with extended family and with other agencies around the child, there is a better understanding of the need and thereby improving the quality of life of a child and their carers.

Although the total number of looked after children has increased since the inception of the team, the number of children looked after in residential and Fostering placements has remained consistent and has decreased (see graph 3). The increase in numbers is due to more children being placed at home with their parents as subjects of Care Orders. In these cases, the threshold for significant harm has been proven. With the team's intervention, the proportion of these children remaining in the family home has increased due to the decreased risk and improved resilience offered through the care plan.

The demand for children's services remains high, and without the intervention offered through the Edge of Care Team, the increase in the overall looked after population would be higher, were it not for the additional investment to offer support in a different way.

The team has made a significant contribution at a time when the local authority has had to respond to a reduction in funding. The original investment to establish the team has been repaid through efficiency savings. Several children have returned home to live, which in turn has led to significant savings on placement costs. It is reassuring to be able to say that this is down to effective interventions based on good practice by the team and its partners.

Case Study 1

Bethan(11), Huw(7), Emyr(5) a Sion(3)

Huw and Emyr were referred for the second time to the team in June 2017. They were now living with their father (but still in care due to the Care Order). Sion remains in a foster placement and Bethan lives with her grandmother under a Fostering arrangement.

The reason for the referral was that their father required support to establish routines for the children, with the anticipation that this could lead to an application to revoke the Care Order. However, quite soon into the plan, their father came to the conclusion that he could not care for the children and expected the department to arrange an alternative placement for them.

Their mother had by now moved to live to a different area in Gwynedd, and had worked hard on her alcohol and drug problem. She was in a much better position to offer the children a home.

The Team helped mum move house, arranging the change in schools, registration with GP and dentist and assisting her to make applications for appropriate benefits and prepare the children's rooms for their return home. The children returned home in September 2017.

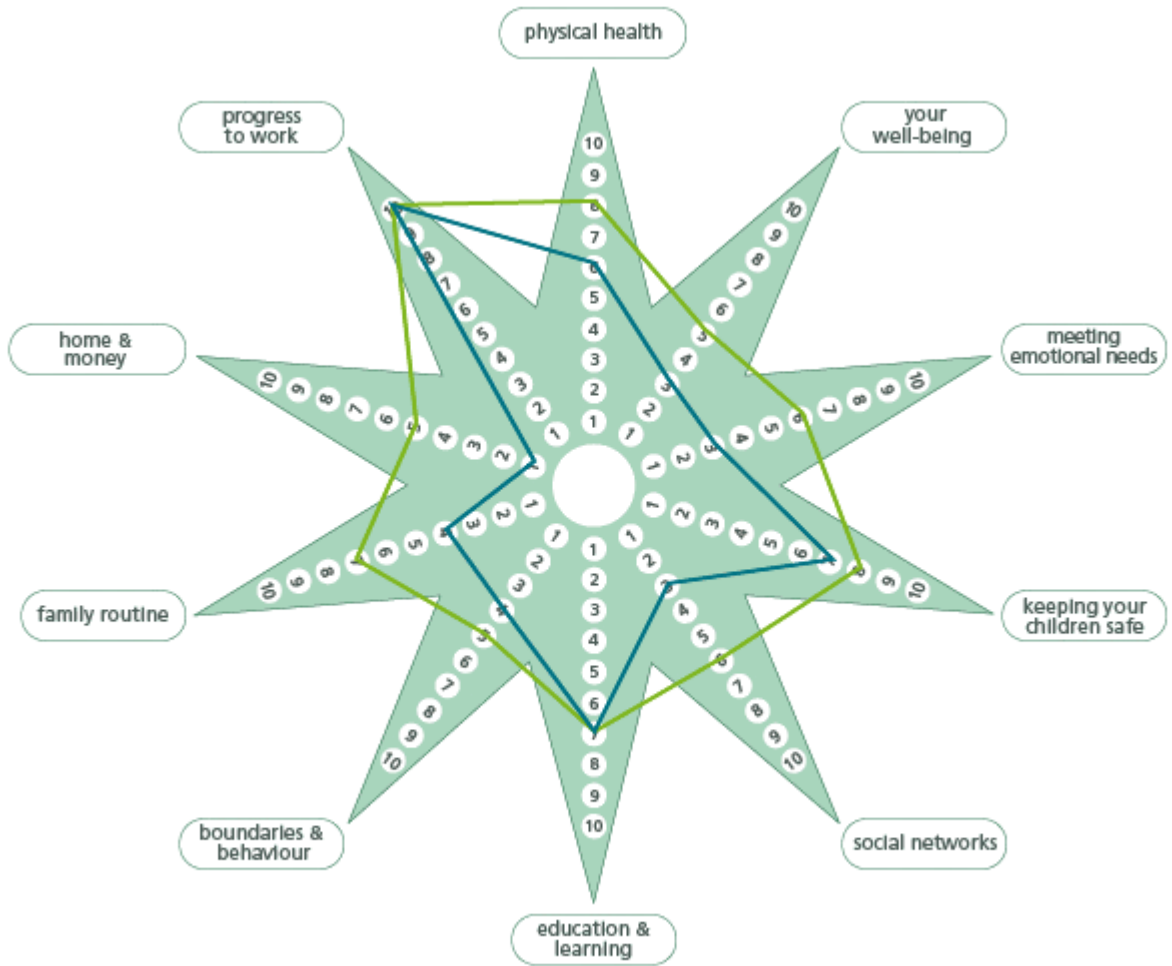
The children's mother suffers with depression and anxiety, which means she doesn't find going to public places easy, or making eye contact and talking. She feels that people are judging her, talking about her and trying to deceive her. By accompanying her to different places, praising her for her achievements, her confidence is slowly growing. She is now able to make and attend her own appointments as well as taking the children to school and doctor's appointments etc.

There continue to be days where she struggles to open the curtains and tells the workers that she is struggling with the children. But even on these days she is able to take the children to school, prepare their meals and ensure they receive appropriate attention.

She continues to be on the waiting list for the mental health team since August and is waiting for an assessment with the hope of receiving a service. In the meantime the team will continue to provide support to maintain and build on existing routines and encouraging her to spend quality time with the children. She is encouraged to take the children to appropriate activities such as swimming, opportunities to socialise and play with other children, taking them to birthday parties. They have not been having these opportunities to date and also lacks a social support network through friends. It remains a challenge to encourage mum's socialisation with her peers in view of her mental health difficulties.

There are positive indications that the intervention is heading in the right direction. The team is well aware of how difficult it can be to stabilise situations for families with mental health issues and difficult backgrounds. They are also aware that depression and anxiety does not necessarily mean that she will qualify for a service from the mental health team.

Please see the family "star" below. The green line represents February 2018. Demonstrable progress is being made, but further work needs to be done to promote the mother's welfare in order to ensure that she can continue to meet the children's needs.



Case Study 2

Bethan(9), Huw(5), Emyr(3) a Sion(1)

The children had been on the Child Protection Register for 5 months when they were referred to the team.

The department had received several referrals in relation to domestic violence between their parents, unsuitable individuals visiting the family home and their mother using alcohol and drugs. There were also reports that Bethan was having to walk a mile on her own into the town to fetch milk and having to look after the other children. There were times when the children were being left on their own in the house. The police had been called and found Emyr (3) out in the garden on his own, in a dirty nappy and vest, and raising his arms to be picked up. They could see Sion through the door inside the house. After knocking for 10 minutes, their mother answered the door. The house was unkempt, with broken doors and no food in the house.

School reported that Bethan and Huw attended school inconsistently, and when they did were arriving late and without any breakfast.

The Health Visitor was reporting that Emyr was not reaching his developmental milestones due to lack of attention.

Two workers from the team worked with the family for 18 weeks. This involved visits 4 days a week, sometimes twice a day. The aim was to assist their mother to establish regular routines, tidy up the house, increasing her confidence and giving the children appropriate attention.

One of the workers attended the house at 8am regularly, ensuring that mum had got up and changed and assisting to get the children ready for school. The worker would also walk with them to the school.

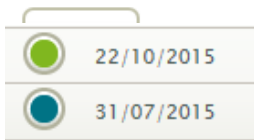
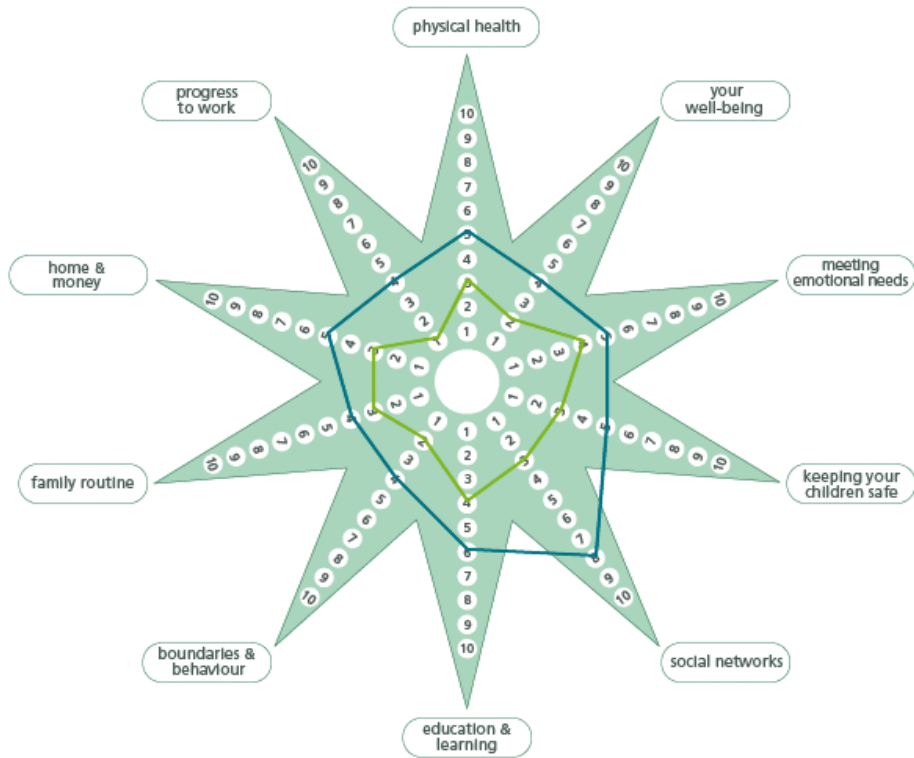
After school the worker would support the mother to prepare tea for the children and create a fun session for them by either playing games, going to the park or the library.

Some of the intervention took place during school time in order to encourage the children's mother to make appointments for the children, put her finances in order, shopping for food and attending appointments with the substance misuse service.

Despite the team's efforts, the intervention was not progressing and the children spent a period of being looked after.

The children's mother was not able to make the necessary changes to her lifestyle at the time. Her mental health, the influence of her friends and continued use of alcohol and drugs meant that she was not able to prioritise the needs of her children. She wasn't able to get up in the mornings to answer the door to the worker and she would go out of the house to avoid the afternoon sessions. She was not focussed on making the changes and therefore was not able to sustain any improvement without the team's support.

Please see the family star below. There is a deterioration between the star assessments. In some cases as the team get to know families better their view of the situations can lead to a worse assessment of the situation than at the time of referral.



Agenda Item 6

Committee	Care Scrutiny Committee
Date	20 April 2018
Cabinet Member	Councillor Dilwyn Morgan
Title	Supporting Families Strategy in Gwynedd

1. Introduction

- 1.1** Local Authorities are undergoing a period of substantial change. The legislative change resulting from the Social Services and Well-being Act (2014) sets a clear baseline and framework for the provision of social care services in Wales. The Act means that some traditional areas of service provision must be transformed due to the emphasis on promoting people's independence and the new focus on ensuring the availability of preventative and early intervention services, and their greater accessibility. The Act places all these services on the same statutory platform, and therefore Gwynedd Council's services need to respond to this challenge by using the available resources.
- 1.2** In Gwynedd, a robust attitude towards the provision of preventative services for families has been developed in the past on a multi-agency basis. A number of work packages have been established through Gwynedd's Families First Commissioning Strategy 2012 – 2017, that has ensured that a wide range of services are available to support families with a targeted need. This was a partnership strategy and builds on the positive multi agency working relationship. It was shaped by the Gwynedd Children and Young People's Partnership, which had the foresight to develop a long-term agenda for an integrated model of service provision. The vision was for families in Gwynedd to be 'strong, resilient and prosperous'.
- 1.3** This programme has ensured that Gwynedd has been able to use evidence from the work undertaken over this period to identify the need to move the agenda forward for the future. There is now a need to look more widely at our Supporting Families Strategy rather than focusing solely on a Commissioning Strategy.
- 1.4** A comprehensive review of the Strategy was commissioned during summer 2017, ensuring that an evaluation was made of the financial and non-financial impacts. The main message was that the programme had been successful, and that it was evident that the new commissioning strategy needed to play its part within a wider strategy where the Council's aims for moving forward can be clearly set out.

2. Background and relevant considerations

- 2.1** In 2013/14, the Council decided to change the departmental structure and create a new department, the Children and Supporting Families Department. One reason for this change was to bring together the services involved with preventative and early intervention services for children and families in the same department as the services related to the statutory element, namely children in need, safeguarding children, looked after children and young people leaving care. In doing so, there was an expectation that these services could work more closely, that it would avoid

duplication and lead to opportunities to use different working methods to improve outcomes for children and families.

- 2.2** It is fair to note that we have not yet fully delivered this intention, but it is important to recognise the good work that has taken place over this last period through examples of integrated teams (Gyda'n Gilydd/Edge of Care). There is a need to build on the principles that have been referred to, and to increase this method of working in future. It is also fair to note that, despite the good work that is apparent across this department and other departments that work with children and families, the work is not as integrated as it could be. It can be seen that there is work duplication, and also gaps in our efforts as a Council and partners.
- 2.3** In taking stock of the situation in the context of the new legislation, the department is of the opinion that a substantial change is needed in its focus, and its collaboration with other departments and external partners.
- 2.4** One factor that has contributed to the situation today is that a number of work streams in this area are funded by Government grants and, consequently, there were substantial restrictions on how the money was spent. There are examples of projects and services that have not been available to all children, young people and families, due to their 'status' within the system; consequently the mind-set that drives the services and interventions has not truly been main-streamed in the day-to-day work of each worker and team. This must be embedded and main-streamed in order to ensure the sustainability of the model and the vision for the future.
- 2.5** Therefore, our intention is to develop a Supporting Families Strategy on a corporate level and beyond in order to ensure that our efforts are far more integrated – and this is not always achieved by changing structures; it can be delivered by working around the family and children on a local level in a far more coordinated way. It is a challenging vision as it includes a number of departments and partners, but the rewards of doing this are valuable.

3. The basic principles (the basis of the Strategy)

- Ensure that the child and family are at the centre of everything we do
- Provide services to families in Gwynedd with a clear focus on the family, which will be responsive to the family's unique needs, focusing on strengths in order to assist families to find their own long-term solutions.
- Include families across the needs spectrum when forming a plan for them, giving an opportunity for them to give their views on the type of services that would benefit them
- Encourage families to build on their own ability to develop their independence rather than create dependency.
- Plan services in a way that will identify opportunities for multi-agency collaboration across the Council, aligning existing activities and projects or those in development to ensure that we make the best use of resources and avoid duplication
- Use the Ffordd Gwynedd mind-set in the organisation of our work, avoiding complex referral procedures between various professional bodies. If referral procedures are

unavoidable, they will be clear in order to ensure that families have access to the right support at the right time.

- Develop integrated teams, starting by merging social work statutory teams and team around the family officers, information for families services and the information, advice and assistance service (IAA) from April 2018 onwards. In the long-term, when developing integrated teams, we will co-locate teams whenever this is possible.
- Ensure that each family has a single point of contact for their support arrangements
- Develop clear purposes for our services and the integrated teams, and develop a series of local measures in order to measure performance against these purposes.
- Develop an extensive training programme for implementation and delivery, to ensure that the supporting families workforce across the agencies and partners employ similar practices, and ensuring that staff have the requisite skills to identify when a family requires intervention and how to access suitable services.

4. Conclusion

4.1 This report is submitted for information to the Care Scrutiny Committee, and the Supporting Families Strategy can be submitted to members once it has been developed.

4.2 It must be ensured that there are sufficient resources within the Children and Supporting Families Department to lead and drive the important strategy and programme forward.