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AGENDA

Committee	COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE
Date and Time of Meeting	WEDNESDAY, 7 NOVEMBER 2018, 4.30 PM
Venue	COMMITTEE ROOM 4 - COUNTY HALL
Membership	Councillor McGarry (Chair) Councillors Ahmed, Carter, Ebrahim, Goddard, Jenkins, Kelloway, Lent and Molik

Time approx.

1 Apologies for Absence

To receive apologies for absence.

2 Declarations of Interest

To be made at the start of the agenda item in question, in accordance with the Members' Code of Conduct.

3 Minutes (Pages 3 - 8)

To approve as a correct record the minutes of the meeting held on 10 October 2018.

4 Community Mental Health Service Review (Pages 9 - 36)

4.35 pm

To receive an update on the Review, followed by a Q&A with Members.

5 Committee Business (Pages 37 - 66)

5.10 pm

To receive an update on Committee Business.

6 Urgent Items (if any)

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7 Way Forward

To review the evidence and information gathered during consideration of each agenda item, agree Members comments, observations and concerns to be passed on to the relevant Cabinet Member by the Chair, and to note items for inclusion on the Committee's Forward Work Programme.

8 Date of next meeting

5 December 2018 at 4.30pm

Davina Fiore

Director Governance & Legal Services

Date: Thursday, 1 November 2018

Contact: Andrea Redmond, 02920 872434, a.redmond@cardiff.gov.uk

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

10 OCTOBER 2018

Present: Councillor McGarry(Chairperson)
Councillors Ahmed, Goddard, Jenkins, Kelloway, Lent and Molik

18 : APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Ebrahim and Carter.

19 : DECLARATIONS OF INTEREST

None.

20 : MINUTES

The minutes of the meeting held on 5 September 2018 were agreed as a correct record and signed by the Chairperson.

21 : REGULATION & INSPECTION OF SOCIAL CARE (WALES) ACT 2016

The Chairperson welcomed Councillor Susan Elsmore Cabinet Member for Social Care, Health & Wellbeing and Claire Marchant Director of Social Services to the meeting.

The Chairperson advised that this item enabled Members to gain an overview of the duties and responsibilities on the Council and its partners in relation to the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). It would include a presentation setting out the implications of the Act on Cardiff Council and partners.

The Chairperson invited the Cabinet Member to make a statement in which she said that this was more of a technical briefing as the issue was in the early stages for Cardiff. She added that it was an important part of how we meet the needs of individuals in the Health and Social Care Wellbeing Act.

Members were provided with a presentation on RISCA 2016 after which the Chairperson invited questions and comments.

Members noted that currently only 30% of people had qualified to be registered and asked if people needed more training to be able to register. Officers explained that they would need the skills based competency qualification to be registered, this would be done through an assessment process. Officers noted that this was a considerable undertaking for some people, especially those who were not on set hours contracts.

Members asked if this would cause more problems in recruitment and retention of staff. Officers stated that this was a real significant risk. Officers added that Cardiff has an active Domiciliary Care market and is better placed than some other local authorities, but the risks shouldn't be underplayed and some people will not want to go through this process. It was important to determine if enough was being done to encourage people to get into Care as a career. Working with providers, further

education providers and assessors would be important to support people to get the qualifications. Direct communication with the Welsh Government would also be important whilst going through this process.

Members asked what would happen if the timescales are not met and officers stated that this is where good communication with Welsh Government would be important, if the timescales needed to be adjusted or if the risks become too great.

Members asked about the costs and how much time it takes to get the qualification. Officers didn't have the costs and timescale for the qualification and agreed to provide these after the meeting. Officers did state that the cost of registration is £35.

Members asked if there was a risk that some providers may drop out as the process may be too onerous, and asked of this risk had been assessed. Members were advised that no direct risk assessment had been undertaken but there were regular forum meetings and dialogue with providers. Officers added that the sector is engaged and wants to work with Cardiff and no one had indicated they wanted to exit the market as yet. The Cabinet Member added that she had not heard any concerns from providers.

Members asked who people needed to register with and were advised that people would register with Social Care Wales and providers would register with Care Inspectorate Wales.

Members asked if providers were reaching the wider demographic who need care services. Officers agreed that this was a wider issue and explained that there would still be lots of other individual support for people to stay independent without this registration process.

AGREED: that the Chairperson, on behalf of the Committee, writes to the Cabinet Member conveying the observations of the Committee when discussing the way forward.

22 : EQUALITY AND HUMAN RIGHTS TOOLKIT FOR COUNCILLORS ON ACCESSIBLE HOUSING

The Chairperson welcomed Geraint Rees from the Equality and Human Rights Commission and Ceri Meloy from Tai Pawb to the meeting.

The Chairperson advised Members that this item was a briefing to Committee Members on the contents of the soon to be published Equality & Human Rights Toolkit for Councillors on Accessible Housing.

Members were provided with a briefing on the toolkit after which the Chairperson invited questions and comments.

Members asked if this was a lobbying document and were advised that it wasn't, it was a toolkit to support Councillors in their role.

Members asked if the document would be sent to other parties such as Housing Associations and were advised that the intention was to share the document widely and to anyone who has a decision to make on housing.

Members noted the reference to a chronic shortage of accessible housing and asked if this was in relation to good quality accessible housing rather than generally. Members were advised that it meant there was a chronic shortage of accessible and adaptable housing, lifetime home standards were important to futureproof the housing stock.

Members asked what Cardiff needs to do to improve with regard to this. Members were advised that Cardiff doesn't need to do anything different to other local authorities. Some issues are national issues such as Housing standards. Geraint Rees added that the data local authorities hold is important, better data would help in decision making and planning.

Members noted that Cardiff is very different to other local authorities in Wales and asked what it does better or different to others. Members were advised that Cardiff has the accessible housing register and leads the way on many things. Cardiff was the first local authority to meet the Welsh Quality Housing Standards; the Cabinet Member for Housing was fully engaged and Cardiff's scrutiny meetings had been observed and were very positive.

Members noted that there used to be a problem whereby Council homes were adapted then when the tenancy ended, the adaptations were taken out and asked if this still happens. Members were advised that it does still happen across Wales but not in Cardiff anymore, the accessible housing register helps. Only 7 local authorities' have such a register and it needs a National definition.

Members asked how Scrutiny can support the toolkit and were advised that using the toolkit, sharing it and providing feedback would be useful.

Members asked how much the toolkit cost to produce and who funded it. Members were advised that it was funded by the Equality and Human Rights Commission and that is funded by the UK Government. There was no information on the cost available.

Members asked what the Welsh Government's response was to the document and were advised that National Service Standards that had been recently launched by the Welsh Government had come out of the evidence on disparity in the toolkit.

Members asked how adaptable Cardiff homes are for disabled people. Geraint Rees stated that there was clearly a challenge with old housing stock but the focus should be on the building standards for new builds. The drive for smaller and cheaper homes will cause problems in the future and long term investment was needed to futureproof the housing stock.

AGREED: that the Chairperson, on behalf of the Committee, writes to the Cabinet Member conveying the observations of the Committee when discussing the way forward.

23 : BUILDING MAINTENANCE FRAMEWORK - VOIDS MANAGEMENT ISSUES

The Chairperson welcomed Councillor Thorne – Cabinet Member Housing and Communities, Sarah McGill – Director People and Communities, Jane Thomas - Assistant Director, Housing and Communities and Ellen Curtis - Operational Manager, Landlord Services to the meeting.

Before discussion of this item, the Chairperson invited the Cabinet Member and Officers to comment on the previous item and discussion.

Councillor Thorne stated that she welcomed the work being undertaken and that lifetime homes were on the Council agenda. Recognising it was an emotive subject Councillor Thorne explained that Cardiff is working hard on getting people out of hospital and back into their homes quickly and therefore homes need to be suitable.

Sarah McGill also welcomed the work, noting that the situation varies across Wales, especially in terms of accessible and adaptable homes. Members of the Committee were provided with some written information on homes being built and work with developer partners where accessibility is expected. Members were advised that it can be notoriously difficult to get developers on board and where the Council has that say they use their best endeavours to achieve this.

Jane Thomas stated that in relation to adaptations, the Council is meeting its target. The Independent Living Service which is soon to be rolled out to the North of the City, includes adaptations and a wide range of advice and services. In relation to the CHA, Cardiff are looking at the next generation now, looking at the people on the waiting lists and looking at what properties can be adapted for them.

The Chairperson thanked them for their comments and began consideration of this item.

Members were provided with a presentation on the Building Maintenance Framework- Voids Management Issues after which the Chairperson invited questions and comments from Members.

Members considered that things had gone quite wrong since the item was brought to Committee last year and asked if the Officers agreed with this. Officers agreed that things had gone wrong, but this was an issue with the contractors that could not have been envisaged; the framework was fine. Officers explained that there were issues in the market with paying sub-contractors in the supply chain.

Members asked if there had been any issues with R&M Williams previously and whether officers were confident with the bids/teams etc. Officers stated that there had been no previous concerns and in fact they are delivering on another project for the Council very well. Officers added that due diligence had been given to the bids, and external advice had been taken from Geldards but R&M Williams had under-priced the contract. Officers assured Members that the framework was working as expected but the Council cannot make a contractor stay in the contract. The Director added that there was a culture issue and contractors needed to understand that performance penalties would be applied.

Members asked if adaptations were means tested and were advised that they were but small quick adaptations tended not to means test as a very small amount of people fail the means test, so due to administration costs they were considering scrapping it.

Members asked about compensation payments for people whereby an adaptation has been done but there have been problems such as redecoration needed. Officers advised that this would be dealt with through the complaints process and each case would be considered individually.

Members asked how much money in rent was expected to be lost and what lessons could be learned. Officers gave the ball park figure of £534k but stated they would confirm the exact amount, which would show in next year's budget. With regard to lessons learned, Officers explained that they would be looking at Swansea's in-house solution and possibly exploring a business case for Cardiff.

Members asked if this could have been anticipated, as Ian Williams had left behind a huge backlog which other contractors needed to pick up. Officers explained that they needed to end one contract to start another, and subsequently operatives leave and gaps are left. The new contract would now overlap and enable a handover time to the new contractor.

Members asked why contractors needed 'gearing up' time and Officers explained that they need to get their workforce together, get sub-contractors, the Council has to undertake Health and Safety assessments with them and also sometimes there were TUPE issues to deal with.

Members asked about the total number of void properties and were told there were currently 220 void properties which could take anywhere between 10-91 days to turnaround.

Members asked what rate the properties come in at and were advised that it is very difficult to predict, some weeks there are 5 and others there are 25.

Members referred to Calon taking on 8 of the properties and asked if this meant there were 8 fewer council properties. Officers advised that they were still council properties but it was about how they are used. Calon run a scheme using Council and Private Rented Sector properties for temporary accommodation for homeless families.

Members asked if this was the best assessment on the back of something that has gone wrong. Officers explained that they have been using the Calon scheme for years and it has enabled Cardiff to stop using B&B's for homeless people; this was just putting 8 more properties into that scheme and Calon would also undertake the void works.

Members referred to recruitment issues and asked if Brexit would impact this and cause problems for the future. Officers said it was difficult to predict but there was a real risk, officers were working with contractors to try and avoid this happening.

Members asked how the risk of things going wrong again could be mitigated and were advised that the new contract would allow contractors to take on voids anywhere in the City.

AGREED: that the Chairperson, on behalf of the Committee, writes to the Cabinet Member conveying the observations of the Committee when discussing the way forward.

24 : WAY FORWARD

Members discussed the information received and identified a number of issues which the Chairman agreed would be included in the letters that would be sent, on behalf of the Committee, to the relevant Cabinet Members and Officers.

25 : URGENT ITEMS (IF ANY)

None.

26 : DATE OF NEXT MEETING

7 November 2018 at 4.30pm

The meeting terminated at 7.10 pm

**CYNGOR CAERDYDD
CARDIFF COUNCIL**

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

7 NOVEMBER 2018

COMMUNITY MENTAL HEALTH SERVICES REVIEW

Purpose of Report

1. To provide Members with an update of the Community Mental Health Services Review prior to the presentation by the Cardiff & Vale University Health Board at this meeting of the Scrutiny Committee.

Background

2. At the November 2017 meeting of this Scrutiny Committee, Members received a briefing note and presentation by the Cardiff and Vale University Health Board on proposed changes to community mental health services. An extract from the minutes of this meeting, and letter arising from the meeting are attached at **Appendix A**. In addition, attached at **Appendix B** the "**Proposal for Change**" document that was distributed in November 2017 and set out the proposals at that time.

Current Status of the Project

3. The following update has been provided by the Cardiff & Vale University Health Board and will be supported by a presentation at this meeting.

4. The Vale Locality Mental Health Team (VLMHT) is a service that provides community mental health interventions and care for working age adults. The team was formed from 3 existing Community Mental Health Teams (CMHTs) in the Vale of Glamorgan and is now based at Barry Hospital.
5. The proposal to co-locate services was developed as the most viable and transformative option following a process of engagement with a broad range of stakeholders and partners.
6. Combining the 3 CMHTs was the first part of a phased approach to improving community mental health services in the Vale of Glamorgan. Implementation of each phase is supported by a workstream and an over-arching steering committee involving a range of stakeholders to ensure the best service provision for people in the Vale of Glamorgan.
7. There were 3 workstreams initially:
 - **Workstream 1** focusing on the Organisational Change Policy and developing a Memorandum of Understanding between Health and the Local Authority,
 - **Workstream 2** focused on the moves from the 3 CMHTs to the VLMHT. This workstream has now ended following the closure of the 3 CMHTs on 17th September 2018.
 - **Workstream 3** focuses on developing a new clinical model for delivering integrated and multi-agency mental health services in the Vale of Glamorgan from the VLMHT. A subgroup worked to ensure the safe transition of the 3 teams and to develop interagency partnerships.

Next Steps

8. The next 5 months will focus on developing the clinical model for the VLMHT and improving interfaces with existing services and third sector partners. A further process of organisational change will be needed to review the existing management structures, dependent on which services are to be devolved to the VLMHT.
9. The clinical model aims to provide smoother transitions between services, more responsive care in a crisis and a clearer focus on wellbeing and social inclusion outcomes for citizens accessing mental health services. By working more closely with partner agencies the VLMHT aims to put the service-user at the centre of their care, working towards a co-produced outcome that matters to the individual.

Way Forward

10. At this meeting, the following witnesses will be in attendance:

- i) Councillor Susan Elsmore (Cabinet Member for Social Care, Health & Well-Being)
- ii) Claire Marchant (Director of Social Services)
- iii) Ian Wile (Director of Operations for the Mental Health Clinical Board, Cardiff & Vale UHB)
- iv) Dan Crossland (Clinical/Project Lead, Cardiff & Vale UHB)
- v) Mark Jones (Directorate Manager, Adult Mental Health, Cardiff & Vale UHB)

Representatives from the Cardiff and Vale UHB will make a presentation to Committee.

11. Members may decide any comments, observations or recommendations they wish to pass to the Cardiff and Vale UHB and Cabinet for their consideration following the presentation at this meeting.

Legal Implications

12. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct legal implications. However, legal implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any legal implications arising from those recommendations. All decisions taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. Scrutiny Procedure Rules; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances.

Financial Implications

13. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct financial implications at this stage in relation to any of the work programme. However, financial implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any financial implications arising from those recommendations.

RECOMMENDATIONS

It is recommended that the Committee:

- i. Consider the information provided in the presentation and the information set out in **Appendices A and B**; and
- ii. Decide the way forward with regard to any further scrutiny of this issue.

DAVINA FIORE

Director of Governance and Legal Services

1 November 2018

EXTRACT FROM THE MINUTES OF:

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE - 15 NOVEMBER 2017

Present: County Councillor McGarry(Chairperson) County Councillors Asghar Ali, Carter, Goddard, Jenkins, Kelloway and Lent

28 : PROPOSED DEVELOPMENTS FOR COMMUNITY MENTAL HEALTH SERVICES

The Chairperson welcomed Councillor Susan Elsmore, Cabinet Member for Social Care, Health & Well-Being, Ian Wile, Director of Operations for the Mental Health Clinical Board, Cardiff & Vale University Health Board, Tony Young Director of Social Services, and Rebekah Vincent-Newson Operational Manager, Mental Health to the meeting.

The Chairperson invited the Cabinet Member to make a statement in which she said that this was a very important review led by the Health Board; it was a whole system review including primary care and non statutory services. The Cabinet Member added that the statistics were stark, particularly around ethnicity in the City. It was noted that the Mental Health Foundation 2016 in Wales invested £600m in Mental Health services which was more than any other service in the NHS. The severe and enduring impact of Mental Health on longevity of life of up to ten years was noted.

Members were provided with an overview of the Community Services Case for Change – Adult Mental Health, Cardiff and Vale UHB, after which the Chairperson invited questions and comments from Members;

- Members asked for more information on the timescales involved for the implementation of changes in the Service. They were advised that it was in the hands of the Capital Planning Department but the Vale (at Barry Hospital) phase

would be completed by 31 March 2018. There is a project management support post ready to start in January 2018, and this was filled from current staff. The pilot should run for at least 9 months, hopefully for longer after the success criteria has been evaluated.

- Members noted that the age category stopped at 65 years and asked why this was. Members were advised that this was the general rule as there were separate services in the structure for older people and people with dementia etc.
- Members asked how many mental health beds were in Cardiff and the Vale and were advised that there were 135 in Llandough, 14 in Park Road and 10 in Phoenix – all adult services. There were 130 older people beds.
- Members asked if Park View in Ely was being looked at and were advised that discussions were ongoing with regards to the Wellbeing Hub.
- Members were surprised by the number of people being supported in the community. Members asked which option, from the Case for Change proposal document would be the preferred option. Members were advised that they needed to go for the most ambitious option of Community Services, with a facilitated clinic and improved pathways for specific treatments. Members were advised that it needed to be advantageous, not just co-locating and doing the same things.
- Members noted that demand had increased fourfold, currently there were buildings that were small enough to feel community based. Members were concerned that larger buildings to cope with the demand could feel like hospitals, which may affect how people may view the Service.
- Members asked if there had been a degree of over diagnosis/referral by GP's into that level of the service and were advised that there needed to be more basic

training in anxiety and depression by the third sector, this would help with the Health Board being able to deal with the more complex cases.

- Members asked about the financial implications for the Local Authority and were advised that there should be some efficiencies made within the management infrastructure of each team, but they were not under pressure to make savings. The focus was about a healthy community service, which gives more positives elsewhere in the system.
- Members asked if there would be more consultation and public engagement and were advised that there would be; Case 4 Change would turn into an engagement paper.

AGREED – That the Chairperson on behalf of the Committee writes to the Cabinet Member conveying the observations of the Committee when discussing the way forward.

My Ref: Scrutiny/Correspondence/Cllr McGarry

21 November 2017

Ian Wile,
Director of Operations for the Mental Health Clinical Board
Cardiff & Vale University Health Board

Via email



Dear Ian,

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE – 15 NOVEMBER 2017 – COMMUNITY MENTAL HEALTH SERVICES REVIEW

As Chair of the Community & Adult Services Scrutiny Committee, I wish to thank you for attending Committee and providing Members with a very interesting brief on the proposed developments in relation to Community Mental Health Services. Members of the Committee have requested that I feed back the following comments and observations to you.

The Committee welcomed the proposals set out in the Case for Change document, and supports the approach being undertaken by the UHB and partners to deliver improved community mental health services across Cardiff & the Vale. Members would be interested in receiving an update on the Vale (Barry Hospital) Pilot following 6 months of operation (i.e. September 2018) to gauge its success before being rolled out to two further sites in Cardiff.

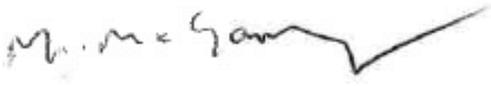
Members stated that they would wish to receive more information on the role the Council and Cabinet is playing in relation to the development and implementation of the proposals. Members did not feel that the role of the Council and other partner organisations was specified clearly enough in the document.

Members felt that, crucial to the success of delivering an improved service was the need to have a clear action plan, setting out key milestones and a timetable for implementation, to ensure that the project is delivered on time and that all partners are clear of the timescales for implementation.

Finally, Members have requested that local Cardiff Ward Members be consulted on any proposals (including proposed sites) for developments within their areas.

Thank you again for attending. The Committee wishes you well in progressing the proposals and looks forward to seeing you again at a later meeting to update us on progress.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Mary McGarry', with a long, sweeping horizontal stroke extending to the right.

COUNTY COUNCILLOR MARY M^CGARRY

Chairperson - Community & Adult Services Scrutiny Committee

Cc: Councillor Susan Elsmore, Cabinet Member for Social Care, Health & Well-Being
Tony Young, Director of Social Services
Amanda Phillips, Assistant Director, Adult Services
Rebekah Vincent-Newson, Operational Manager, Mental Health.



Case for Change

2017

2017

This document sets out proposals to further improve integrated mental health services for working age adults in the community, consisting of the community mental health teams, crisis teams and specialist teams within a whole community system including the primary care mental health services and non-statutory services

**Proposed
Developments
for
Community
Mental Health
Services**

DRAFT June 2017

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1. Summary

This document sets out proposals to further improve integrated mental health services for working age adults in the community, consisting of the community mental health teams, crisis teams and specialist teams within a whole community system including the primary care mental health services and non-statutory services.

The proposals have been shaped by previous engagement with partners and stakeholders, including patients, carers and staff following concerns raised by these stakeholders that the Community Mental Health Teams (CMHTs) were facing particular challenges including:

‘excessive referral demands’
‘low core caseload contact time with patients’
‘were a catch all service’
‘were working in mostly poor environments’
‘have difficulty in delivering psychological therapies’
‘suffering reductions in LA staff who are unable to deliver statutory work’
‘working to a lack of vision for community services’
‘slow progress with modernizing professional roles’

This document is being used as a case for change to enable stakeholders and agencies to test service model options against a set of clinical, professional and operational aspirations based on the service users experience and needs.

This will inform the next stage of the engagement process, in conjunction with the UHB and Community Health Council to agree how we test this and develop an implementation plan based on an EQIA.

To date strategic parameters advised by the UHB and council relate to it being complementary to the Shaping Our Future and Well Being Strategy and Together for Mental Health delivery plan.

The next stage will be to collaborate with stakeholders, including the Community Health Council and other partners to agree the next steps of engagement.

DRAFT June 2017

2. Purpose of the Document

This document sets out some specific service improvements that the UHB and its partners would like to make to community mental health services for working age adults in secondary care. This is in order to address concerns over poor accommodation, increasing demand, the impact that has on professional and statutory roles and the delivery of psychological interventions. Improving these aspects of the service will crucially support changes that will help us to continue to work towards our home first vision for the services whilst providing a therapeutic, high quality and safe service. The catalyst for this review relates to previous concerns raised by community staff, service users and carers around these issues, benchmarking of community performance and activity and feedback from GPs.

To inform and support this work, in 2015 we have already sought the views of the patients, carers, staff and the wider community in describing what success looks like and what service model options are available to us in achieving this success.

We now want to test back what we have heard, share our response to the issues raised and discuss the proposed way forward for a whole system in primary and secondary care and our partners. We are committed to working with our communities and partners to improve health outcomes for everyone, delivering outcomes that matter to people, and would like to thank everyone who has contributed so far and people who contribute to this next phase of engagement. As the UHB takes the next steps we are also looking forward to working with partners and stakeholders to further progress our services.

3. The University Health Board

Cardiff and the Vale University Health Board is one of the largest NHS organisations in the UK, providing healthcare services for the 475,000 people living in Cardiff and the Vale of Glamorgan. Working with many professional groups, we promote healthy lifestyles whilst planning and providing healthcare in people's homes, community facilities and hospitals. In addition to considering the needs of the local population, the UHB also provides specialist care to the people of South Wales, Wales and for some services, the wider UK.

Our mission, Caring for People; Keeping People Well is why we exist as a health board and our vision is that a person's chance of leading a healthy life is the same wherever they live and whoever they are.

In making this vision a reality, we have been working with staff and people who use our services and partner organisations to shape our strategic direction. At its heart our strategy, **Shaping Our Future Wellbeing**, has the desire to achieve joined up care based on the 'home first' idea, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them.

DRAFT June 2017



4. What are Mental Health Community Services

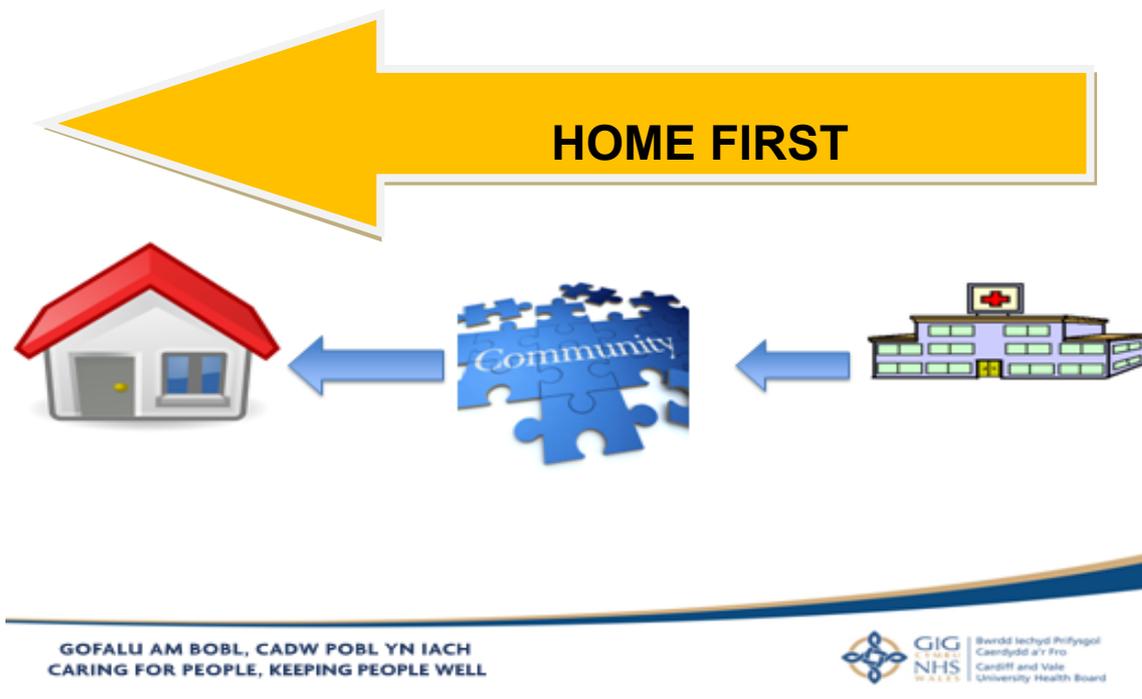
Mental well-being has been defined by the World Health Organisation as: 'A state whereby individuals recognise their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities'. The '**Together for Mental Health**' national strategic plan is designed to ensure that people will be resilient in life and to life changes, will be prevented from developing a mental illness and where a mental illness has developed, to promote recovery. It has an all ages, life course approach, and includes both prevention and treatment elements. Therefore the strategy focuses on the needs of people with and without a mental health diagnosis. It acknowledges the roles that primary care, the statutory and third sector play in promoting well-being for service users and carers.

In 2010 the Welsh Government issued the Interim Policy Implementation Guidance and Standards for Delivering Community Mental Health Services. This guidance sets out a tiered model of mental health care and places Community Mental Health Teams (CMHTs) at the heart of secondary mental health care in Wales. It states that CMHTs:

DRAFT June 2017

- Receive referrals (at present mainly from primary care)
- Undertake screening assessments
- Offer a range of more specialist assessments and interventions and deliver a constructive discharge

Subsequently in 2012 Mental Health (Wales) Measure 2010 was implemented. The Measure provides primary legislation and regulation on the provision of Local Primary Mental Health Support Services, Part 1, and the coordination of care and treatment for relevant patients receiving secondary mental health services in Wales, Part 2. Part 2 of the Measure places recovery and a holistic approach to care and treatment planning at the forefront of delivering secondary mental health care.



5. Our Population in Cardiff and Vale

Size

The population of Cardiff and Vale of Glamorgan is growing rapidly. Currently, around 484,800 people live in this area and between 2005 and 2015, the number of people increased by 9.2%, more than twice the Wales average of 4.4%. The number of people aged over 85 years has increased by almost 35% between 2005 and 2014¹. This population growth is set to rise further with the largest increase (10.4%) in population was seen in Cardiff which increased from around 320,000 in 2005 to 350,000 in 2014

Projected Population 2021 - Under 16 - 99,100 / 16 – 64 - 336,200 / 65 – 84 - 72,400 / 85+ - 12,800

¹ Office of National Statistics (ONS) mid-year population estimates (MYEs), 2005 and 2015

DRAFT June 2017

Total - 520,500

Age and Gender

The city of Cardiff has a skewed population compared to the Vale of Glamorgan because of the large numbers of students and disproportionately fewer older people. In 2014, approximately 18.4% of Cardiff's population was aged 15-24. As a higher proportion of mental disorders develop between the ages of 14 to 20, Cardiff has greater incidence of mental illness. In contrast a fifth of the Vale's population was aged 65+ in 2014, with its greater proportion of older people, the population of the Vale is likely to comprise a higher overall percentage of people with dementia than Cardiff.

Ethnicity

The proportion of people from the black and ethnic minority (BME) community² in the Vale of Glamorgan is 4% and is similar to the Wales average at 6%. In Cardiff, however, the proportion stands at 16%³.

Research shows that the incidence of psychosis is higher in the African Caribbean and Black African populations⁴.

Educational Attainment

The percentage of Year 11 school leavers who were known to be not in education, employment or training (NEET) in 2015 in Wales was 2.8%, ranging from 1.7% in the Vale of Glamorgan to 4.5% in Cardiff⁵.

In general, people with a psychotic illness have fewer qualifications and are more likely to have left school before the age of 16 with no qualifications, compared to other groups.

Unemployment

In 2010, the percentage of people who were claiming one or more employment related benefits in Wales was 14.7%, whereas in Cardiff and the Vale, it was slightly less at 12.2% and 11.9% respectively. Mental health conditions are the primary reason for those claiming health-related benefits⁶. More recent data for the year ending 30th June 2016 suggests 4.4% of Vale of Glamorgan residents and 5.2% of Cardiff residents are classed as unemployed.

Housing and Homelessness

The number of households in Cardiff who were deemed to be eligible, unintentionally homeless and in priority need was 820 in 2014/15. In the Vale of Glamorgan this was

² BME defined as all non-white ethnic groups aggregated from KS201EW table (ONS, Census 2011)

³ Office of National Statistics (ONS) Census 2011, KS201EW.

⁴ Morgan et al, First episode psychosis and ethnicity: initial findings from the AESOP study, *World Psychiatry*, 2006, 5:1, 40-46.

⁵ Careers Wales Pupil Destinations from Schools in Wales, 2015

⁶ ONS and DWP data from Public Health Wales Observatory, Nov 2009 to August 2010

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235⁷. Of these households, 50 had a member who was vulnerable due to a mental illness, learning disability or learning difficulty. Statistically, you are more likely to have a mental health condition if you are homeless: 43% of those accessing homelessness projects in England were suffering from a mental illness.

Diagnosis of Mental Illness

According to the GP registers in Cardiff and the Vale as at March 2016, there were 4,372 people with a diagnosis of a serious mental illness.

There were also 2,947 people with a diagnosis of dementia. However, according to the Alzheimer's Society 2014 report, GP data represents only a fraction of people with dementia in the community⁸; therefore under-diagnosis is an issue, despite Cardiff and Vale having the best detection rate in Wales.

Deprivation

Deprivation is associated with poorer mental health outcomes and those with a poorer level of income are more likely to have a common mental illness. Deprivation in the Vale of Glamorgan is largely clustered around Barry and 6.4% of the Vale areas fall into the 10% most deprived in Wales. In contrast, areas of deprivation in Cardiff are mainly in the southern arc of the city and 15.8% of Cardiff's areas fall into the 10% most deprived in Wales⁹. Cardiff includes some of the least deprived areas of Wales (e.g. in Cyncoed) and some of the most deprived (e.g. in Splot), which partly explains the large gap in healthy life expectancy in males (24.4 years) within the local authority.

Prevalence

According to the Welsh Health Survey 2014-15, 13% (age-standardised) of adults in Wales reported currently being treated for a mental illness, the prevalence was 14% and 11% for Cardiff and Vale respectively¹⁰.

This is likely to be an underestimate of the people who have a mental illness as surveys suggest that in England 16% of people have a common mental illness.

In terms of a diagnosis of a serious mental illness (schizophrenia, bipolar disorder and other psychoses), there are 4,372 people on primary care registers with these conditions, which is 0.9% of the total GP list size¹¹.

A prediction tool, PsyMaptic has calculated that, in Cardiff and the Vale, we would expect to find 61 new cases of psychosis per annum, between the ages of 16-64¹².

In Cardiff the number of persons age 30 and over predicted to have dementia in 2016 was 3,677 rising to 5,242 in 2030. In the Vale of Glamorgan, the number of persons

⁷ Info base Cymru, 2013/14. Available from:

<http://www.infobasecymru.net/IAS/themes/housing/tabular?viewId=26&geold=1&subsetId=>

⁸ Alzheimer's Society, http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1666

⁹ This is taken from the results of the Welsh Index of Multiple Deprivation 2011.

¹⁰ WHS, 2014-15, WG. <http://gov.wales/docs/statistics/2016/160622-welsh-health-survey-2015-health-status-illnesses-other-conditions-en.xls> (Table A2)

¹¹ Quality and Outcomes Framework, June 2016, WG

<https://www.gpcontract.co.uk/browse/262/Dementia/16>

¹² Psymaptic, <http://www.psymaptic.org/prediction/psychosis-incidence-map/>

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age 30 and over predicted to have dementia in 2016 was 1,867 in 2013 rising to 2,905 in 2030¹³.

In 2016, there are 2,947 people with a diagnosis of dementia on GP registers in Cardiff and Vale. When adjusted to take account of the age structure of the population in 2013, the dementia rate is 2.9 per 1,000 people, compared to 2.7 per 1,000 people for Wales as a whole¹⁴

Service usage

Benchmarking data shows that the Adult Community Mental Health Team caseload per 10,000 weighted populations is 147 within Cardiff and Vale, which is similar to NHS Benchmarking data of 140. Within this service, there are 252 contacts per whole time equivalent, compared to 240 across the UK.

The numbers of admissions per 100,000 populations are 245 in Cardiff and Vale, compared to 234 across UK benchmarking data. Bed occupancy in Cardiff and Vale is 115%, whereas across the UK it is 91% on average.

Suicide

Suicide rates in Wales are higher than in England but lower than in Scotland and Northern Ireland¹⁵. During the period 2002-2015, European age-standardised rates (EASRs) (aged 10+) in Cardiff and Vale ranged from 12.1 per 100,000 in the Vale of Glamorgan to 13.1 per 100,000 in Cardiff, similar to the Wales rate of 12 per 100,000 persons¹⁶

¹³ Daffodil Projections, Welsh Government, 2016

¹⁴ Produced by Public Health Wales Observatory, using Audit+ (NWIS).

¹⁵ Using data produced by Public Health Wales Observatory, taken from ONS, GROS & NISRA

¹⁶ Figures produced by Public Health Wales Observatory, using PHM & MYE (ONS)

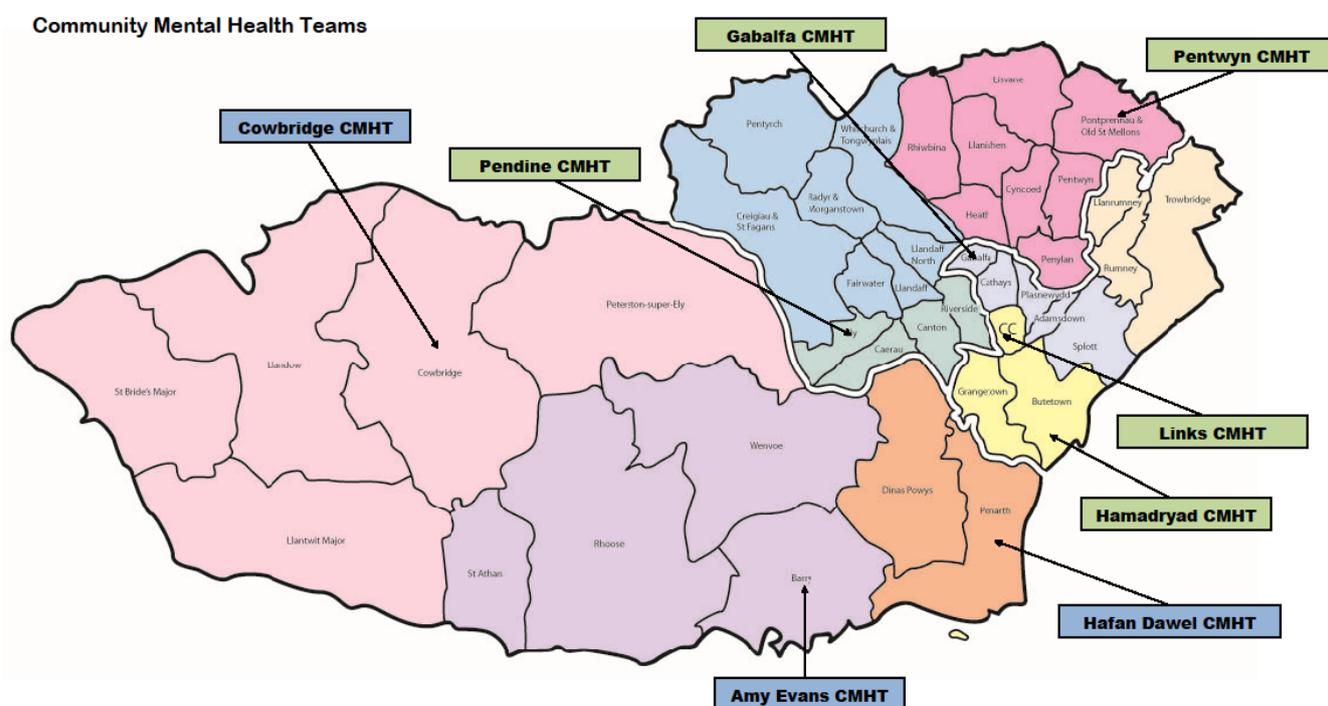
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Concluding Comments

It is clear from the population information that Cardiff and Vale offers a diversity of challenges related to growth, ethnic mix, morbidity, risk and homeless which are unique challenges collectively. The mental health clinical board is aware that these additional factors challenge the sustainability of services is the current service model remains the same.

6. Cardiff and Vale Community Mental Health Services

In Cardiff and Vale Mental Health adult mental health Community services are delivered out of 8 community mental health teams, five in Cardiff and three in the Vale



Each CMHT has developed a process of referral management, that although has consistencies across the neighbourhood footprint, is also based on local interpretation, resource and practice. Each CMHT has developed local relationships with GP practices in the area. The 8 CMHT neighbourhood boundaries are currently not aligned to localities, clusters or Local Authority boundaries.

These Multi disciplinary and multi agency teams began to be developed three decades ago and moved the health and social care support of the majority of people with a serious mental illness into these community settings, acting as the cornerstone of mental health services. These local teams enabled people to be cared for and treated

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closer to or at home. All 8 teams provide a range of referral responses from routine within 28 days to the EU equivalent of emergency response times within 4 hours of a GP request. All emergency and urgent requests are responded to in person by the CMHT duty workers. The teams work to Welsh government guidelines for Community Mental Health Teams.

The teams provide caseload care and support for up to 3,500 people across Cardiff and Vale at any one time and deal with up to 600 referrals per month between them.

CMHTs in Cardiff and Vale are jointly operated by the UHB and Local Authority. To their clients on caseloads they offer a specialist MDT service including community based outpatients and psychological interventions as part of a whole system in conjunction with in-patients, crisis and home treatment teams, liaison services and a range of specialist community teams such as peri-natal, assertive outreach, borderline personality disorder, forensic, rehabilitation and eating disorders.

Within Cardiff & Vale the modernization agenda has had an impact on the operation of CMHTs in particular the development of Primary Mental Health Support Services (PMHSS) and the Mental Health Measure (MHM) which are intended to support CMHTs to focus on those most in need allow the CMHTs to focus on those with the most complex needs. In addition over the last few year CMHTs have had much of their traditional roles eroded with the introduction of Crisis Resolution and Home Treatment Teams (CRHTTs), and other specialist teams which has impacted on the way they work.

CMHT staff also describe how the nature of the mental illnesses are becoming more complex and diverse such as dual diagnosis, neuro-developmental disorders and personality disorder with the interpretation of secondary care responsibility becomes more diverse as a consequence. This has been a challenge to services. All teams have an appointed Integrated Manager in post whose responsibility includes *'overall responsibility for the integrated pathway and service user experience through the CMHT from referral to discharge'*

7. Progress Towards The Mental Health Strategy

- CrisisTeams – Two 24 hour admission avoidance teams currently the largest in Wales
- Use of PARIS – All of mental health service users on PARIS with collaborative use with the Local Authority in Community Adult services
- Referral Response – Best practice referral standards in Wales with all emergency and urgent referrals a clinician to clinician discussion. All breaches of referrals times for emergency and urgent referrals require same day reporting.
- Part1 Services – Developing primary care mental health services including PMHSS are currently receiving double the referrals of the rest of the service combined. This preventative service will be added too by emerging mental health specialist roles in GP practices
- Integration – Although 'light touch' integration, the teams have sustained integrated arrangements for a number of years

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- Specialist Teams – including Borderline Personality Disorder, Assertive Outreach, Eating Disorder Services, First Episode Psychosis, Autistic Spectrum Disorder Service and other specialist community services have been developed in support of CMHTs. Their impact on CMHT work will be greatly affected by the future community service model

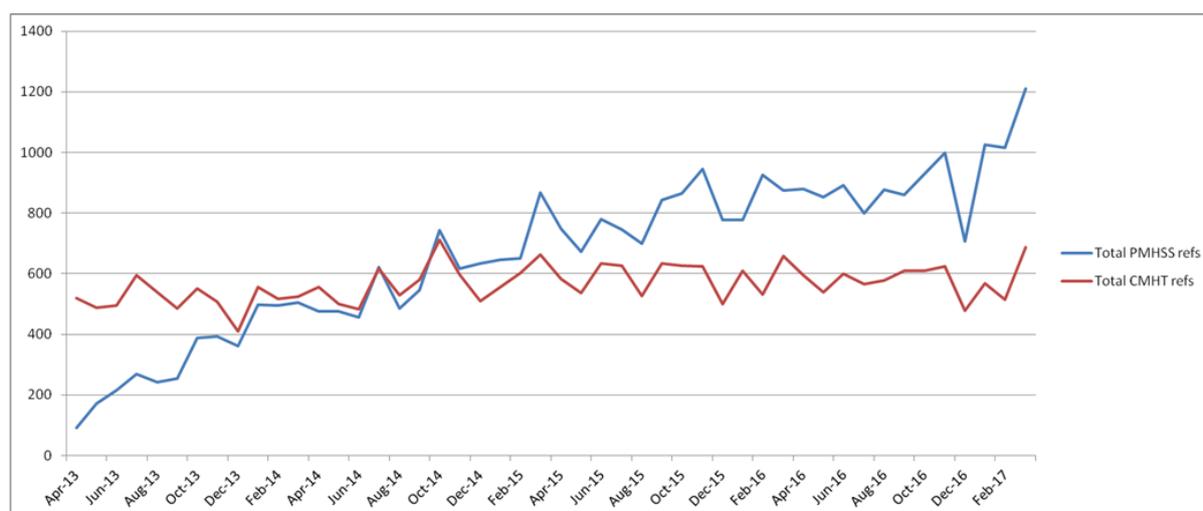
8. Why Further Change?

During the IMPT period 15/16 the Adult Mental Health Directorate approached the MHC B seeking support in a number of areas related to CMHT practice which were confirmed through national benchmarking feedback and an extensive internal engagement exercise in 2015/6 to all community stakeholders over 10 events. This exercise was led by the Clinical Board. The following challenges were identified for the sustainability and quality of Community Mental Health Services:

❖ **Increasing Demand & Reducing Resources**

Figure 4 shows the pattern of referrals into CMHTs alongside Part 1 referrals

Figure 1.



Within the context of these increasing referral numbers from GPs an analysis of referrals was undertaken at the time which showed:

- There had been little or no impact on referrals following the introduction of PMHSS services – this was a national picture – in fact 17.3% of referrals were redirected to LPMHSS following screening
- 68% of referrals are not accepted into CMHT for ongoing care
- GP's are the main source of referral
- There was little change in classification of referral pre screening (GP) and post screening (CMHT)

Staff Feedback at the time

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- There have been social workers lost to the teams, depleting core team numbers and adding pressure to duty rota commitments with a typical CPN or social worker spending less than 50% of their time with service users on their caseloads. This is a conservative estimate with this role varying widely from CMHT to CMHT.
- The assessment process is inefficient and over burdensome with paperwork
- The assessment focus takes up a great deal of CMHT time and resources leading to delays in assessment outcome and reduced capacity for longer term recovery interventions

❖ **Clinical Contact time & Psychological Interventions**

UK benchmarking confirms the challenges described above with Cardiff and Vale touching the lower quartile performance of contact time with service users.

Work is underway to assess the number of service users who receive prescribed psychological interventions by an appropriate professional in a timely way. This work is ongoing but the benchmarking results reflect CMHT psychology support to be amongst the lowest in Wales which is emerging from the analysis

❖ **Operational Variation**

The arrangement of eight separate CMHTs creates duplication in the management and function of the teams and necessitates a multitude of lines of communication. It is suggested that this increases the opportunity for errors, duplication and inequality of service provision across Cardiff and the Vale. The current arrangement demands a great deal of administration and management time which impacts on the time and resource available for evidence based recovery interventions. Each team has adopted own practices, resulting in varying patient experience.

❖ **Weakened integrated management arrangements**

The Staff structure responsible for the management and delivery of the CMHTs includes an Integrated Manager being responsible for their nominated team. When the current arrangements were implemented, due to the pace required, the posts are a relatively low grade/band in the team requiring persuasion to manage rather than seniority. This current arrangement is unsatisfactory. It is notable that there is very little opportunity for working across the teams as patients are allocated to a single team according to the location of their GP. Staff comment at the time included:

- Lack of clarification of the roles and responsibilities within the team, leaving teams feeling 'fragmented'

❖ **Limited Development of New Ways of Working**

During the 2015 engagement period and since, regular feedback from service users relate to them requesting to be seen by the highest qualified health specialist when they are in most need and conversely a range of disciplines and agencies during recovery to reflect their social and well-being needs. Together with the limited availability of a psychological model of care in specialist services the current service model and configuration is reflective of these concerns.

❖ **Impact of Specialist teams**

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Specialist Teams have proliferated within the mental health service model due to the diversity of complex care needing support. These teams include forensic, addictions, neuropsychiatry, borderline personality disorder, Assertive Outreach, Eating Disorder Services, First Episode Psychosis, Autistic Spectrum Disorder Service and other specialist community services have been developed in support of CMHTs. Their impact on CMHT work will be greatly affected by the future community service model. This again is an example of where core CMHT work has been eroded and diverted into specialist services. The reported impact on CMHTs is that what was intended to ease the pressure on caseloads for these specialist problems, although these new teams support a small number of complex patients, they teams have raised expectations on services. CMHTs feel they are now expected to deliver complex care plans for those service users with these specialist needs who do not meet the criteria of the specialist teams.

❖ **Accommodation review**

Half of the eight CMHT bases have health and safety concerns, with repeated governance risks raised by the UHB and Local Authority CMHT staff and managers. Although efforts are being made to alleviate the greatest areas of concern the current accommodation is not sustainable, with immediate concerns in the mid Vale and two teams in Cardiff. Hopefully this will align with the SOFWB intentions to develop locality based services, including accommodation and co-locate clinically allied services.

❖ **Catch all service**

Feedback that boundaries are being blurred between primary and secondary care mental health services and there are representations that the Mental Health services need to reclaim the specialist service agenda for CMHTs and become a mental illness service compared to a mental health and well-being service in primary care.

❖ **Outpatients**

The UHB has currently set a challenge to its clinical boards to consider the out-patient model and the value of it being on a general hospital site as well as reviewing its value in terms of outcomes for service users, particularly out-patient follow up arrangements. In mental health outpatients moved off hospital sites decades previously but the model exists in CMHTs

❖ **General Feedback from 2014/5 engagement**

94 service users and carers responded to a survey

- Feedback of CMHT's was generally positive with 33% of respondents praising the work they do
- Many respondents felt that they were not listened to
- 13% of people said that services were not accessible when they needed them and that the definition of 'crisis' was too narrow
- Families responded highlighting a need for a point of contact within services, especially within the CMHT
- Families also stated that there should be clearer processes and information for accessing crisis support out of hours

Staff feedback not covered above

- Valued multi-disciplinary working and undertaking joint assessments

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- Suggestion that assessments and emergency interventions should be carried out by a separate team so CMHTs can have more time to focus on recovery
- Use of an end of day meeting to discuss assessments was useful where it existed

9. What Does Success Look Like

The Joint Commissioning Panel for Mental Health (JCMHP) issued guidance for commissioners of community specialist mental health services in May 2013. The JCPMH is a collaboration co chaired by the Royal College of General Practice and the Royal College of Psychiatrists. Of note the guidance states that :

‘There is currently no standard model for the commissioning and provision of community mental health care services’ but states that there should be consideration of five key issues :

- Core Purpose
- Service Overview
- Service Components
- Service Standards
- Service Outcomes

The Joint Commissioning Mental Health Panel states that there is no single or ‘optimum’ model of community specialist mental health services. *‘The CMHT will be based on a generalist MDT that provides assessment and treatment interventions that are compatible with current evidence-based guidance, to a defined catchment population’*. In order to continue to shift the balance of care towards home, and to optimise how the community services do this, and in the absence of clear model direction from national policy, services are left to considering local arrangements and benchmarking to consider options for change.

In doing this in Cardiff and Vale, there are a number of objectives and service principles against which any options for change will be measured. These include the following areas against which any options for improvement will be measured through further engagement:

Does the Option:

- Address environmental concerns including limited group rooms , therapy areas, toilets and meeting rooms, DDA compliance across all facilities & reduce overcrowding for staff and patients
- Reduce demand and improve conversion rates from assessment into caseloads
- Reduce multiple assessments for scheduled care, i.e. ADHD & unscheduled care
- Provide needs based assessment that meets WG targets for waiting times and reduces duplication. Support an assessment format that is based on needs of the client and support the Social Services Health and Wellbeing Act assessment requirements.

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- Enable the care and treatment of critical masses of patients allowing development of specialist clinics with medical support, i.e. physical health monitoring, ERG groups
- Improve benchmarking results regarding contact times and staffing norms in community services
- Progress the New Ways of Working agenda for professional groups
- Complement the Shaping our Future and Well Being strategy such as locality working & improved access to partner and 3rd sector agencies via the Health and Wellbeing Hub
- Complement the all Wales Together or Mental Health Strategy delivery plan
- Simplify referral pathways for GPs
- Support the increased delivery of Psychological Therapies as per 26 week soon to be Tier 1 WG target
- Increase access and speed to care and treatment for people with serious mental illnesses
- Increase access for 'Hard to Reach' groups based on ethnicity, gender and other protected characteristics.
- Improve benchmarked areas of quality and safety towards upper quartile performance for UK standards
- Support and strengthen integration
- Ensure delivery of home first principles – Care within the patients home and reasonable travelling distances.

10. What Service Models Exist To Achieve That Success

Options to be considered:

1. **Do nothing.** Retain all eight CMHT bases
2. **Move existing services to locality team bases with minimal remodelling of services.** Realign GP practices to locality model, no significant changes to working patterns. All clinicians to manage a mixed caseload of new assessments and SMI. Development of a psychological therapies hub to improve access to psychological interventions. Centralize duty systems per locality to optimise professional's time.
3. **Locality Model for all Community Services.** For all community services including CMHTs, CRHTTs & all Specialist Teams to devolve to and operate out of a central locality team base with a central point of access to all services. Separate assessment, intervention and recovery pathways. Develop Psychological Therapies hub
4. **Locality model for community services, split between inpatient and community services.** Splitting inpatient and community responsibilities for the medical workforce. For all community services including CMHTs, CRHTTs & all Specialist Teams to devolve to and operate out of a central locality team base with a central point of access to all services. Segregation of assessment and long term condition management. Development of a psychological therapies hub to improve access to psychological interventions.

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- 5. Adopt a functional community team model such as the North East London Foundation Trust model.** Three localities. Functional split between inpatient and community services. Sector split of community services – Assessment and brief intervention team, IAPT service, Community Recovery Team managing patients with long term needs, Crisis and Home Treatment services to mirror locality structure.

The options described above are only intended to capture possible service models for the purpose of an options appraisal.

11. Next Steps/Recommendations

The review and development of a whole system such as community mental health service maybe the most complex change faced by the Mental Health Clinical Board and its partners to date, involving multiple professionals, agencies and team bases all with specific challenges and priorities requiring resolution or improvement.

This review has to negotiate short term problems such as accommodation and the demands on professionals of duty work, to longer term sustainability issues of practice and professional development, matching the clinical model to need, and team integration.

It is a priority to present this to SLG for partners to initially agree the account of the challenges, what is the vision for success and what are the range of options available, against which to appraise that vision.

Following this agreement the MHCB recommends that the next step of this review is to be a neutral process where our multi agency partners critically assess each option against criteria deemed important to the services and the organisation. When a agreements are reached in terms of accommodation, service models, integration and governance arrangements, a refreshed implementation team is established with appropriate leadership and extended terms of reference to develop and implementation plan beyond the current plan which seeks to resolves more short terms challenges such as the assessment pathway.

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CYNGOR CAERDYDD

CARDIFF COUNCIL

COMMUNITY AND ADULT SERVICES SCRUTINY COMMITTEE

7 NOVEMBER 2018

COMMITTEE BUSINESS REPORT

Background

1. This report sets out a summary of the Committee's business since September 2018. This includes:

- A correspondence pack attached at **Appendices A-D**;
- An updated Work Programme 2018/19 attached as **Appendix E** for information;
- Inquiries/Task & Finish Groups
- CASSC Performance Panel
- Scrutiny of the 2019/20 Budget and Corporate Plan

Correspondence update

2. Attached as **Appendices A – D** are letters from the Committee to Cabinet Members;

- **Appendix A** – Commissioning of Domiciliary Care and Procuring Care Home Services – Letters to Councillor Elsmore - 6 and 18 September 2018
- **Appendix B** – Equality & Human Rights Toolkit for Councillors on Accessible Housing – letters to Councillor Thorne and Geraint Rees/Ceri Meloy – 15 October 2018
- **Appendix C** – Building Management Framework – Voids Management Issues – 15 October 2018

- **Appendix D** – Regulation & Inspection of Social Care (Wales) Act 2016; Closer to Home Strategy – Letter to Councillor Elsmore – 15 October 2018

Work Programme 2018/19

3. Attached as **Appendix E** is the latest version of the CASSC Work Programme for Members information. In an effort to publicise the work of the Committee and encourage further participation and engagement, the Head of Democratic Services introduced the publication of the Committee’s “Forward Work Plan” (FWP) on the Council’s internet site – the current FWP for October 2018 to January 2019 has been published. The FWP sets out, for a four-month period, the work of the Committee, based on the Work Programme. At the December meeting of the Committee, Members will have the opportunity to review the FWP for the Committee for the period February – May 2019 (inclusive). Members will also be asked to reflect on the potential outcomes for each Agenda Item – this will also be published on the FWP.

CASSC Inquiries/Task & Finish Activity

Joint Inquiry on “Preventing Young People’s Involvement in Drug Dealing”

4. The draft report is now complete and has been signed off by the Task Group. This Committee and the Children & Young People’s Scrutiny Committee will receive the draft report at their December 2018 meetings for consideration and agreement.

Homelessness and Individual Supported Accommodation

5. When agreeing the Work Programme in August 2018, Members stated that they wished to carry out a major scrutiny Inquiry on Homelessness and Individual Supported Accommodation. At that time, some initial suggestions on the scope of this issue included:

- Are services fit for purpose?
 - How the hostels work together – is it effective?
 - Supported accommodation – how effective is it? What kinds of support is on offer? Do vulnerable people get the support they need?
 - To understand the complexities of the service and the people that use it.
 - To include – numbers of staff; mapping of facilities and support on offer at those facilities etc.
6. It was agreed that the Inquiry take place early in 2019 after the Committee had considered the **“Homelessness Review and Strategy 2018-2022”**, which will be a pre-decision Item at the December meeting of this Committee. In addition, Members will receive an update on the **“Rough Sleepers Strategy”** at the same meeting. Currently, the Inquiry is scheduled to run from February to July 2019.
7. A Scope for this issue will be drawn up in the near future, once the details begin to emerge from the Homelessness and Rough Sleepers Strategies outlined in paragraph 6 above. Councillors McGarry, Carter and Kelloway have expressed an interest in being Members of the Task & Finish Group for this Inquiry, and will be fully engaged in drawing up the Scope in the coming weeks. If any other Members of the Committee are interested in being part of this Inquiry, please inform the Scrutiny Officer.

Closer to Home Strategy

8. At the last meeting of this Scrutiny Committee, a Member of the Committee raised an issue in relation to the placement of young people/adults in out of county college placements and suggested that the Council’s “Closer to Home Strategy” be a potential future scrutiny/inquiry topic. Members agreed that a scoping exercise be undertaken by Councillors McGarry and Lent to consider the viability of this topic. A meeting took place on the 24 October 2018, and they completed a

Scrutiny “PICK” Checklist and draft Scoping document. Both are attached at **Appendices F & G** respectively.

9. Members are requested to consider the information set out in **Appendices F & G** and any further verbal updates from Councillors McGarry and Lent at this meeting, and agree a way forward for the scrutiny of this issue, whilst having consideration for the issues set out in paragraphs 11 and 12 below.
10. The Chair of this Committee met with the Director of Social Services on the 31 October 2018 to discuss this issue. The Director informed the Chair that a **Learning Disabilities Commissioning Strategy for Cardiff and the Vale of Glamorgan** was currently in draft form, which would be available for Members’ consideration as a pre-decision Item in April 2019. The Strategy would include issues relating to out of county (including college) placements. This Item will be added to the Work Programme accordingly.

Further Considerations for Members in undertaking Task & Finish Activities

11. In light of a new potential Scrutiny Inquiry outlined in paragraphs 8 to 10 above and in **Appendices F & G**, Members are requested to consider both the “Homelessness and Individual Supported Accommodation” and “Closer to Home” topics and agree a way forward for the consideration of these items.
12. With very limited resources in the Scrutiny officer team (1 x Scrutiny Officer and shared support from the Scrutiny Research Officer), as well as limited Member availability outside of Committee, Members may wish to discuss what options are available to them, whilst balancing this with Items already on the Work Programme (**Appendix E**).

CASSC Performance Panel

13. On the 5th October 2018, the Scrutiny Officer contacted CASSC Members requesting whether any Members would wish to join Councillors McGarry and Lent on the CASSC Performance Panel. If any other Members are interested in joining the Panel, please contact the Scrutiny Officer. The Performance Panel will next meet around w/c 19 November 2018 to discuss Quarter 2 performance.

CASSC Pre-Meetings/Committee Meeting Start Time

14. At this meeting, Members are requested to consider whether they would wish to hold pre-meetings to have the opportunity to discuss Agenda Items and formulate lines of enquiry for the meeting. To accommodate Members' time constraints, it is suggested that the pre-meet take place between 4.30 and 5pm on the day of the meeting, with Committee business commencing at 5pm.

Scrutiny of the 2019/20 Budget and Corporate Plan

15. On the 18 February 2019, the CASSC meeting will be dedicated to the consideration of the 2019/20 Budget and the Corporate Plan. All Members of the Council will be offered a briefing on these issues.
16. At this meeting, Members are requested to consider whether they feel they require any further, targeted training on the budget and Corporate Plan. The Head of Democratic Services is coordinating requests for further training.

Way Forward

17. During the meeting, Members may wish to:
- reflect on the correspondence pack, attached at **Appendices A-D**;
 - Note the updated Work Programme attached at **Appendix E**;
 - Consider the issues raised in **paragraphs 5-12 and Appendices F&G** in relation to Inquiries;
 - Note progress in relation to the Performance Panel (**paragraph 13**);
 - Consider the proposal to hold Committee pre-meetings and move meeting start times to 5pm (**paragraph 14**); and
 - Consider whether they wish to have additional training and support for budget and corporate plan scrutiny (**paragraphs 15 & 16**).

Legal Implications

18. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct legal implications. However, legal implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any legal implications arising from those recommendations. All decisions taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. Scrutiny Procedure Rules; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances.

Financial Implications

19. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct financial implications at this stage in relation to any of the work programme. However, financial implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any financial implications arising from those recommendations.

RECOMMENDATIONS

The Committee is recommended to:

- i. reflect on the correspondence pack, attached at **Appendices A-D**;
- ii. Note the updated Work Programme attached at **Appendix E**;
- iii. Consider the issues raised in **paragraphs 5-12 and Appendices F&G** in relation to Inquiries;
- iv. Consider the proposal to hold Committee pre-meetings and move meeting start times to 5pm (**paragraph 14**); and
- v. Consider whether Members wish to have additional training and support for budget and corporate plan scrutiny (**paragraphs 15 & 16**).

DAVINA FIORE

Director of Governance and Legal Services

1 November 2018

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My Ref: Scrutiny/Correspondence/Cllr McGarry

6 September 2018

Councillor Susan Elsmore
Cabinet Member Social Care, Health & Wellbeing
County Hall
Cardiff
CF10 4UW



Dear Susan,

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE – 5 SEPTEMBER 2018 - COMMISSIONING OF DOMICILIARY CARE AND PROCURING CARE HOME SERVICES

As Chair of the Community & Adult Services Scrutiny Committee, I wish to thank you and officers for attending Committee and providing Members with a briefing presentation on the forthcoming Cabinet Proposal relating to Commissioning of Domiciliary Care and Procuring Care Home Services. Members of the Committee have requested that I feed back the following comments and observations to you.

Overall, Members were satisfied with the presentation given by yourself and officers and the responses given to the questions asked. Members noted your responses in relation to ensuring that diverse communities would be a part of the review, to ensure that they are able to further access services. Members noted that “A Healthier Wales” had been a significant driver in the call for a review and that it presented an opportunity to build on current strengths and link with other work that is already being undertaken on locality and outcome based working. Members also acknowledged that the 2 year extension to current contracts gave the Council, partners and providers the opportunity to develop an effective model for Cardiff and that, as part of a wider review, would potentially result in streamlining funding and more effective ways of working.

However, Members concluded that they were unable to sufficiently scrutinise and comment on the issue without considering the draft report itself. Therefore, Members agreed that they would wish to **receive a copy of the report as a matter of urgency**. The Committee agreed that each Member should have the opportunity to consider the content of the report in detail, with the following potential ways forward:

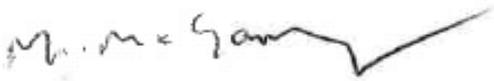
- They have no further issues to raise and would therefore commend the report to Cabinet for approval; or
- They hold an extraordinary meeting prior to the Cabinet meeting on the 20 September, to consider the matter in more detail.

I should therefore be grateful if Officers would submit a copy of the draft report to the Principal Scrutiny Officer (PSO) as soon as it is cleared. She will then forward it to Members for their consideration and observations. I will instruct a time limit on them to comment to ensure you have a timely response on this matter.

I will be on leave from the 7th to the 17th September, so the Head of Democratic Services will inform you of the Committee's majority decision.

Thank you again to you and officers for attending. I do not require a response to this letter, but would appreciate a timely submission of the report to the PSO as soon as possible

Yours sincerely,



COUNTY COUNCILLOR MARY M^CGARRY
Chairperson - Community & Adult Services Scrutiny Committee

Cc: Sarah McGill, Corporate Director People and Communities
Claire Marchant, Director of Social Services
Gary Jones, Head of Democratic Services
Nick Blake, Business Support Manager
Cabinet Support Office

My Ref: Scrutiny/Correspondence/Cllr McGarry

18 September 2018

Councillor Susan Elsmore
Cabinet Member Social Care, Health & Wellbeing
County Hall
Cardiff
CF10 4UW



Dear Susan,

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE – 5 SEPTEMBER 2018 - COMMISSIONING OF DOMICILIARY CARE AND PROCURING CARE HOME SERVICES

Further to my letter dated 6 September 2018 re the above, a copy of the draft Cabinet Proposal was distributed to Members of the Committee for their consideration. Members were asked whether they wished to hold an additional meeting to consider the matter further, or had no further comments, and therefore commend the report to Cabinet.

As Chair of this Scrutiny Committee, I wish to inform you that the Committee **does not** wish to hold a separate meeting, and therefore commend the report to Cabinet for approval.

The Committee will continue to work in cooperation with you to receive updates and briefings on this issue. I do not require a response to this letter.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Mary McGarry', with a long horizontal stroke extending to the right.

COUNTY COUNCILLOR MARY M^CGARRY
Chairperson - Community & Adult Services Scrutiny Committee

Cc: Sarah McGill, Corporate Director People and Communities
Claire Marchant, Director of Social Services
Nick Blake, Business Support Manager
Cabinet Support Office

My Ref: Scrutiny/Correspondence/Cllr McGarry

15 October 2018

Councillor Lynda Thorne
Cabinet Member Housing & Communities
County Hall
Cardiff
CF10 4UW



Dear Lynda,

**COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE – 10 OCTOBER 2018
– EQUALITY AND HUMAN RIGHTS TOOLKIT FOR COUNCILLORS ON
ACCESSIBLE HOUSING**

Please find attached for information a letter sent to Geraint Rees at the Equality & Human Rights Commission and Ceri Meloy at Tai Pawb, following the Committee's consideration of the Equality and Human Rights Toolkit for Councillors on Accessible Housing.

If you have any further comments or observations you wish to make, please do not hesitate to contact me.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Mary McGarry', with a long, sweeping underline.

COUNTY COUNCILLOR MARY M^CGARRY
Chairperson - Community & Adult Services Scrutiny Committee

cc. Sarah McGill, Corporate Director
Jane Thomas, Assistant Director, Housing & Communities
Ellen Curtis, Operational Manager, Landlord Services

My Ref: Scrutiny/Correspondence/Cllr McGarry

15 October 2018

Geraint Rees
Equality & Human Rights Commission

Ceri Meloy
Tai Pawb

(via email)



Dear Geraint and Ceri,

**COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE – 10 OCTOBER 2018
– EQUALITY AND HUMAN RIGHTS TOOLKIT FOR COUNCILLORS ON
ACCESSIBLE HOUSING**

As Chair of the Community & Adult Services Scrutiny Committee, I wish to thank you both for attending Committee and providing Members with a briefing on the Equality and Human Rights Toolkit for Councillors on Accessible Housing. Members look forward to receiving the Toolkit in due course.

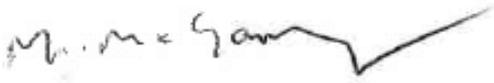
On discussing the Toolkit during the “Way Forward” Item on the Agenda, Members stated that they wished to have the opportunity to consider the Toolkit further before deciding on how they could use it for the consideration of housing related items at Committee. In addition, Members also raised the following:

- Members questioned the objectivity of data used in relation to the statistic that 26% of people (via self-assessment) considered themselves disabled. Members would like your views on whether self-assessment was the most robust way to present accessible housing need and whether there are other data sources that could be used along with the self-assessment data to strengthen this figure.
- Members have requested that more detail be provided to them in relation to the engagement and consultation that took place in developing the Toolkit – Members heard that a number of representatives from local authorities had been involved, and that a Focus Group had taken place; as well as observing Committee meetings etc. Members would be interested in receiving further details of what engagement had taken place – how many people involved, and the breadth of engagement.

Members expressed a desire to use the Toolkit, but seek reassurance that it was based on robust data, consultation and engagement, so would be very grateful if you are able to respond to the bullet points above at the earliest opportunity, so they have the opportunity to consider this in line with the wider deliberation of the Toolkit.

Thank you again for giving Members the opportunity. We will consider the issue further at the earliest opportunity, and feedback our conclusions to you then.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Mary McGarry', with a long, sweeping horizontal stroke extending to the right.

COUNTY COUNCILLOR MARY M^CGARRY

Chairperson - Community & Adult Services Scrutiny Committee

- cc. Councillor Lynda Thorne, Cabinet Member Housing & Communities
- Sarah McGill, Corporate Director
- Jane Thomas, Assistant Director, Housing & Communities
- Ellen Curtis, Operational Manager, Landlord Services

My Ref: Scrutiny/Correspondence/Cllr McGarry

15 October 2018

Councillor Lynda Thorne
Cabinet Member Housing & Communities
County Hall
Cardiff
CF10 4UW



Dear Lynda,

**COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE – 10 OCTOBER 2018
– BUILDING MANAGEMENT FRAMEWORK – VOIDS MANAGEMENT ISSUES**

As Chair of the Community & Adult Services Scrutiny Committee, I wish to thank you and officers for attending Committee and providing Members with an update on issues relating to Voids Management issues. Members of the Committee have requested that I feed back the following comments and observations to you.

Members appreciated you bringing the challenges you are facing in relation to Voids to the Committee's attention and into the Committee process for consideration/action.

Overall, Members concluded that, in the light of ongoing problems and challenges across the service (that have been a long-term concern by the Committee), they would support the development of an in-house model, possibly based around arrangements in Swansea. Members felt that, not only would this manage a number of risks that the use of contractors created, but also would provide opportunities for jobs and apprenticeships.

Members agreed that they would wish to undertake a visit to Swansea to look at the arrangements, and would therefore appreciate officers supplying my Scrutiny Officer, Alison Jones, with contact details so that she can put arrangements in place for the visit.

In relation to current and future contract arrangements, Members were concerned that the procurement process and resulting contracts were not robust enough. Issues raised included:

- The volume of work that is now backlogged and resulting costs to the Council – Members requested, at the meeting, a breakdown of cost in rent loss etc and that this should be supplied urgently.
- Concerns that the outgoing contractor Ian Williams not honouring work was not foreseen and dealt with earlier which resulted in a large backlog of work for the incoming contractors to deal with.
- That the procurement process had not been rigorous enough in screening potential contractor’s submissions, to test their financial viability to carry out the works, especially with regards to voids, which appears to be a particular problem and continual risk.
- That contract terms needed to be tighter and more enforceable to ensure that contractors could not pull out of contracts at short notice. They concluded that there needed to be some kind of penalty in doing so to minimise costs to the council in terms of rent loss and costs relating to putting other arrangements in place.
- That the Council be very clear about the levels of work that contractors will be responsible for, so that they are very clear about the level of work expected of them; and that they can plan, at an earlier stage for “gearing up” once the contract has been awarded.
- That contracts are only considered and awarded once they can prove that they ARE geared up to undertake work – that, where possible, employees and supply chains are already in place.
- That penalties are implemented at the earliest opportunity, as per the contractual arrangements - whilst it was appreciated that a period of “gearing up” to take on the work was allowed for, Members felt it imperative to start enforcing this.

Whilst Members appreciated the unpredictability of numbers of voids coming back into the Council, Members have requested that officers provide a **monthly** breakdown of the number of voids over the past twelve months, so they can have an idea of the numbers that the service is dealing with in a given period.

Finally, Members agreed that they would wish to receive **quarterly updates** on progress in relation to performance and detailed updates on issues relating to the management of voids and other related work. Members request that the next update be brought to Committee at its meeting on the 9th January 2019. This should include:

- Reporting of PI results across the Service
- Updates on:
 - Current contractor performance
 - Rent loss across the quarter
- Update on the procurement of the additional contractor
- Updates on the development of the in-house team, and the performance of the team (when applicable)
- Any further plans and initiatives that are being developed to improve the service

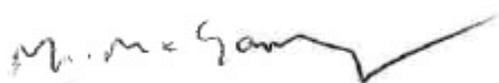
The updates will be added to the Committee's work programme and shared with you, as appropriate.

Thank you again to you and officers for attending. I require a response on the following:

- Contact details for Swansea, so that the Committee can arrange to visit the facility; and
- A detailed financial breakdown of what the current problems have resulted in for the Council.

We look forward to continuing to work with you in relation to this issue and receiving updates from January 2019 onwards.

Yours sincerely,



COUNTY COUNCILLOR MARY M^CGARRY
Chairperson - Community & Adult Services Scrutiny Committee

Cc: Sarah McGill, Corporate Director
Jane Thomas, Assistant Director, Housing & Communities
Ellen Curtis, Operational Manager, Landlord Services

My Ref: Scrutiny/Correspondence/Cllr McGarry

15 October 2018

Councillor Susan Elsmore
Cabinet Member Social Care, Health & Wellbeing
County Hall
Cardiff
CF10 4UW



Dear Susan,

**COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE – 10 OCTOBER 2018
– REGULATION & INSPECTION OF SOCIAL CARE (WALES) ACT 2016
BRIEFING; CLOSER TO HOME STRATEGY**

As Chair of the Community & Adult Services Scrutiny Committee, I wish to thank you and Claire for attending Committee and providing Members with a briefing on the Regulation & Inspection of Social Care (Wales) Act 2016. In addition, at the meeting, Members discussed and agreed a new Item to be added to the Work Programme. Details of this are set out below. Members of the Committee have requested that I feed back the following comments and observations to you.

Regulation and Inspection of Social Care (Wales) Act 2016

Members appreciated the informative presentation on the Act and what this means for Cardiff Council and its partners.

Members recognised the challenges faced by the Council and its partners to get domiciliary carers suitably trained and registered within the timescales set by the Act, but were concerned that, currently, only 30% of the workforce hold the qualifications required to register.

Members were reassured to hear the commitment from yourself and Claire in continuing to engage and communicate with the current domiciliary care providers to ensure that the market in Cardiff remains buoyant and minimise the number of current providers “dropping out” of the market. Members were also pleased to hear about the lead Cardiff is taking in relation to the Regional Workforce Board and the work it is doing across the board in relation to recruitment and retention of staff.

At the meeting, Members asked for details of the cost and time for an individual to gain suitable training and register as part of the Act. Claire stated that it was approximately £35.00 to register but stated she could supply a more detailed breakdown of costs and timescales of training an individual to the required standard. Members request that this information be provided to them as soon as possible.

Overall, Members concluded that they would wish to monitor the Council's progress in meeting the requirements of the Act, as they agreed with yourself and Claire about the critical role this Act plays in terms of ensuring that people receive the best care and support. Members agreed with the desire for the Council and partners to provide a professional service with well-qualified staff who feel they can provide an effective service, which, in turn, ensures that they stay within the Sector.

To this end, Members agreed that they would wish to receive **quarterly updates** on progress in relation to the implementation of the requirements of the Act. Members request that the next update be brought to Committee at its meeting on the 9th January 2019. This should include:

- Numbers/percentage of staff who are suitably qualified as at 31 December 2018 (and for every quarter going forward)
- Percentage of these who have registered
- An indication of numbers/percentage that have left (or planning to leave) the workforce (including those retiring)
- Update from the Regional Workforce Board on progress in supporting providers in meeting the requirements of the Act
- Any updates from Social Care Wales/Care Inspectorate Wales/Welsh Government, which may clarify some of the issues that are uncertain at the current time
- Update on what is planned for the next phase of implementation, including the workforce register for adult care home workers (from April 2020).

The updates will be added to the Committee's work programme and shared with you, as appropriate.

Closer to Home Strategy

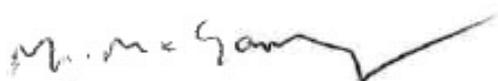
At the Committee meeting, Members discussed issues in relation to the Closer to Home Strategy. Members agreed that they would like to undertake a piece of work in relation to the Strategy and that I, along with Councillor Lent, scope out a way forward. We are aiming to meet some time in the next week to do this. Initial discussions included potentially looking at the following:

- Overview of the Strategy
- How the Strategy is working/operating
- How the Strategy is implemented
- How individuals are assessed, monitored and reviewed
- What changes (if any) to the Strategy have been made in the light of budget cuts, changes in practice etc.
- The range of placements being made, including Out of County

Once we have scoped out this piece of work, I will update you with details. The issue will be added to the Committee's Work Programme as appropriate.

Thank you again to you and officers for attending. I require a response on the issue raised in Paragraph 5 above. We look forward to continuing to work with you in relation to this issue and receiving updates from January 2019 onwards.

Yours sincerely,



COUNTY COUNCILLOR MARY M^CGARRY

Chairperson - Community & Adult Services Scrutiny Committee

Cc: Claire Marchant, Director of Social Services
Elizabeth Begg, Operational Manager Training & Development, Social Services
Angela Bourge, OM, Strategy Performance and Resources, Social Services

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	05/09/2018	10/10/2018	07/11/2018	05/12/2018	09/01/2019	18/02/2019	06/03/2019	03/04/2019	01/05/2019	05/06/2019	03/07/2019	TBA - CYPSC/ CASSC Joint Committee
Committee Item 1	Domiciliary Care Provision in Cardiff - <u>pre-decision</u>	Regulation & Inspection of Social Care (Wales) Act 2016 - <u>Briefing</u>	Community Health Services Review - <u>12 month Update/Briefing</u>	Homelessness and Housing need Strategy - <u>pre-decision</u>	Older Persons Accommodation Strategy 2018-23 - <u>pre-decision</u>	Corporate Plan	HRA Business Plan 2019/20	Communities & Housing DDP 19/20	Community Well-being Hubs Programme - <u>12 month update</u>	How the Council engages with Housing Associations - <u>Briefing</u>		Local Authority Social Services Annual report 2018/19
Committee Item 2	Cardiff & Vale Regional Partnership Board 2017/18 Annual report	Equality and Human Rights Toolkit for Councillors on Accessible Housing - Tai Pawb <u>Briefing</u>	Committee Business - <u>Review</u>	Rough Sleepers Strategy	Care Home Strategy/Nursing Homes in Cardiff - <u>Briefing</u>	2019/20 Budget	Cardiff & Vale of Glamorgan Area Plan for Care & Support Needs 2018-23 - <u>Update/Briefing/Review</u>	Social Services DDP 19/20				
Committee Item 3	CASSC Work Programme 2018/19	Council Housing Voids and Repairs - <u>Performance Review</u>		Corporate Annual Safeguarding Report - <u>pre-decision</u>								
Committee Item 4				Preventing Young People's Involvement in Drug Dealing - <u>Inquiry Report</u>								
Committee Item 5				Committee Business - Forward Work Programme - <u>Review</u>								
Inquiries							Homelessness and Supported Accommodation					

	05/09/2018	10/10/2018	07/11/2018	05/12/2018	09/01/2019	18/02/2019	06/03/2019	03/04/2019	01/05/2019	05/06/2019	03/07/2019	TBA - CYPSC/
Performance Panel	2018/19 Quarter 1 Performance & Budget			2018/19 Quarter 2 Performance & Budget			2018/19 Quarter 3 Performance & Budget			2018/19 Quarter 4 Performance & Budget		
Performance Panel					DToC - Performance Measures							
Briefs/Reports/ Updates outside of Committee	Council Housing Voids and Repairs - <u>Performance Review</u>	"A Healthier Wales" - Parliamentary Review of Health & Social Care in Wales - <u>Briefing</u>	Cardiff & Vale Dementia Strategy 2017-27 - 12 month <u>Update/ Briefing</u>		Voids Management - <u>Quarterly Update</u>			Voids Management - <u>Quarterly Update</u>	Locality Based Working and Community Inclusion - <u>Briefing</u>		Voids Management - <u>Quarterly Update</u>	
Briefs/Reports/ Updates outside of Committee			Single Licensing Enforcement Policy/Rent Smart Wales - <u>Update/ Briefing</u>	Safety Checks in High Rise Properties - <u>Update/ Briefing</u>	Regulation & Inspection of Social Care (Wales) Act 2016 - <u>Quarterly Update</u>			Regulation & Inspection of Social Care (Wales) Act 2016 - <u>Quarterly Update</u>	Supported Living Services for people with a disability - Out of County Placements - <u>Briefing</u>		Regulation & Inspection of Social Care (Wales) Act 2016 - <u>Quarterly Update</u>	
Briefs/Reports/ Updates outside of Committee			Impact of Universal Credit on Rent Arrears - <u>Briefing</u>									
Cabinet Dates	20-Sep	11-Oct	15-Nov	13-Dec	24-Jan	21-Feb	21-Mar	11-Apr	16-May	13-Jun	11-Jul	11-Jul

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE**P.I.C.K. CHECKLIST**

The P.I.C.K. criteria describes broad categories within which the scope and design of scrutiny investigation can be tailored to meet specific circumstances.

PROPOSED TOPIC: Closer to Home Strategy	PROPOSED BY: Councillor Lent, supported by CASSC
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P – PUBLIC INTEREST

Criteria	Yes/No	Comments/ Evidence
1. There is evidence of significant public interest in this topic?	Potentially	This is an issue that does not receive much publicity, but the issue could potentially have significant public interest.
2. It is a “high profile” topic for specific local communities or interest groups?	Yes	The impact of decisions on the lives of a group of individuals with additional needs/requirements is considerable.
3. This is an area where a lot of complaints are received and/or bad press?	Potentially	If not investigated, this has the potential to be problematic and generate a number of complaints.
4. The review would need to include participatory events and opportunities for the local community to have a say.	Yes	Parents/Carers of young people in Cardiff and out-of-county provision; Individuals in placements; and Social work Teams dealing with the issue
5. Substantial survey or research work is required.	Yes	Desk-based research – identifying policies/approaches adopted in other local authorities

I – IMPACT

Criteria	Yes/No	Comments/ Evidence
6. This review will have a significant impact on the “well being” of Cardiff	No	
7. A local community or interest group has much to gain or lose	Yes	There is a huge amount for individuals to lose in terms of their quality of life should a change in practice not be implemented and communicated effectively. Also, in terms of reputational damage there is also a potential for impact to the Council itself.
8. Work is needed to develop the routes to influencing change		
9. This could make a big difference to the way services are delivered	Yes	There is a need to identify and consider whether there has been a change in policy/direction, what are the drivers for this; and what effect this has on the lives of individuals who have very specific needs/requirements. How is this going to be delivered, communicated etc, AND meet SSWB Act requirements.
10. This could make a big difference to the way resources are used.	Yes	Savings vs quality of life. It is acknowledged that there are huge pressures on resources and how this will be dealt with going forward.

C – COUNCIL PERFORMANCE

Criteria	Yes/No	Comments/ Evidence
11. The Council and/or other organisations are not performing well in this area.		This would be considered as part of the Inquiry
12. We do not understand why performance in poor compared to other organisations		

13. We are performing well, but spending too much of our resources in this area		
14. There are few local or national performance measures/targets for this service	Yes	Need to identify what criteria is being used to assess the suitability of the out-of-county placement across the lifetime of care package on offer.
15. How does this issue impact on the Council's main priorities?	Yes	Capital Ambition states that <i>"This Administration is committed to working with partners in the public and third sectors to continue to improve our services and support for our most vulnerable citizens, including older people, individuals with learning or physical disabilities, those living with mental ill-health, or substance misuse"</i> . It includes a commitment to <i>"Provide the highest quality of social care possible, in practice and delivery"</i> .

K – KEEPING IN CONTEXT

Criteria	Yes/No	Comments/ Evidence
16. This service will not be part of a BV review or external inspection in the next two years		To be identified through the Inquiry process
17. The service will be reviewed or inspected soon, but Scrutiny can make a positive contribution by focussing areas of interest and making recommendations.		To be identified through the Inquiry process.
18. This service has not recently been reviewed or inspected		To be identified through the Inquiry process
19. There are no current major changes to the service that reduce or pre-empt the value of the review		To be identified through the Inquiry process

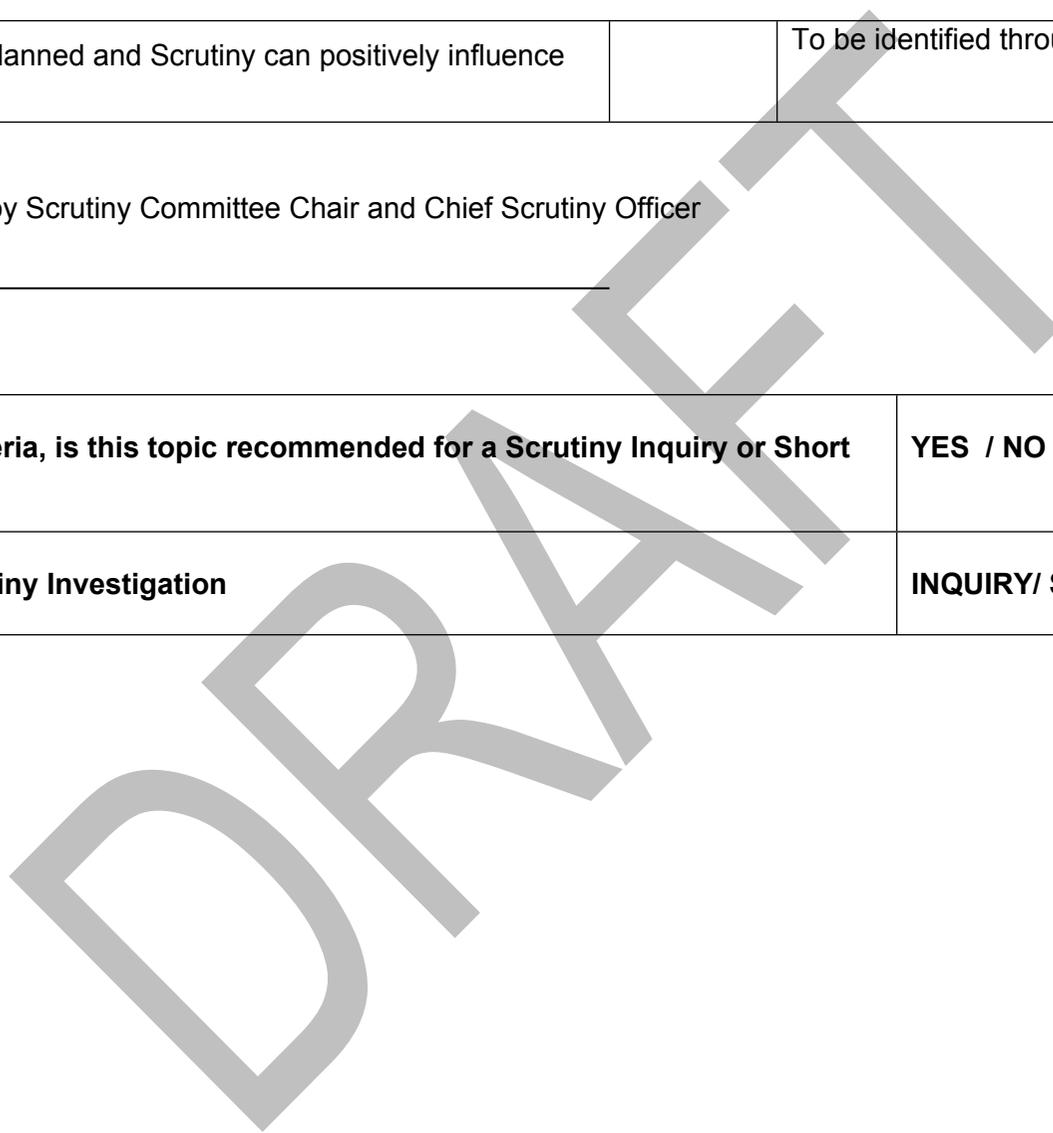
20. Service Changes are planned and Scrutiny can positively influence change.		To be identified through the Inquiry process
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PICK Review undertaken by Scrutiny Committee Chair and Chief Scrutiny Officer

Date: _____

Based on the above Criteria, is this topic recommended for a Scrutiny Inquiry or Short Scrutiny Study?	YES / NO
Suggested Type of Scrutiny Investigation	INQUIRY/ SHORT STUDY

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COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE - SCRUTINY INVESTIGATION
SCOPING EXERCISE SUMMARY SHEET

PROPOSED TOPIC: Closer to Home Strategy	
PROPOSED TYPE OF SCRUTINY INVESTIGATION: Inquiry	
Proposed Terms of Reference	To be agreed
Task & Finish Group Recommended?	Yes
Number of meetings required	
Meeting 1	<p>Setting the context</p> <p><i>Briefing Report, to include:</i></p> <ul style="list-style-type: none"> • Overview of the Strategy • How the Strategy is working/operating • How the Strategy is implemented • How individuals are assessed, monitored and reviewed • What changes (if any) to the Strategy have been made in the light of budget cuts, changes in practice etc. • What placements are available in Cardiff • The range of placements being made across the board, including Out of County • Numbers of young people/adults placed out of county in the past 20 years (including college placements) – what have they gone on to do? <p>Views and observations from relevant Cabinet Members / Officers re the above</p> <p>Planning - to deliberate what has been considered at this meeting and the next steps in the investigation</p>
Meeting 2	Obtain views from Staff
Meeting 3	Obtain views from Providers/Partners
Meeting 4	Obtain Views from Family/Carers and service users
Meeting 5	Visits to Out of County Facilities (to include obtaining service user views)
Meeting 6	Visits to Cardiff-based Facilities (to include obtaining service user views)
Meeting 7	Sum Up Meeting – consideration of all information received during the Inquiry and agree way forward for draft report/recommendations
Meeting 8	Consideration of draft report/recommendations

4.SS.01c	Issue 2	Date: 08/06	Process Owner: Chief Officer Scrutiny, Change & Efficiency	Authorisation: Scrutiny OM	Page 1 of 1
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Proposed Reporting Arrangements – TO BE AGREED

- Investigation to be undertaken between **** and *****
- Report to be considered by the Scrutiny Committee – *****
- Report from Scrutiny to Executive - *****

Potential Outputs/Outcomes from this investigation

- Allow people to stay in appropriate provision
- Ensuring appropriate planning and engagement are in place with the individual and their families/carers along the whole process
- Ensuring the individual's needs are at the heart of any future planning
- Establishing the quality of provision across public/private and third sectors.

* Delete as appropriate

DRAFT

4.SS.01c	Issue 2	Date: 08/06	Process Owner: Chief Officer Scrutiny, Change & Efficiency	Authorisation: Scrutiny OM	Page 2 of 1
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