

## HEALTHY LIVING AND SOCIAL CARE SCRUTINY COMMITTEE

Minutes of a meeting held on 12<sup>th</sup> November, 2019.

Present: Councillor Mrs. R. Nugent-Finn (Chairman); Councillor N.C. Thomas (Vice-Chairman); Councillors Ms. J. Aviet, Mrs. J.E. Charles, O. Griffiths, S.J. Griffiths, T.H. Jarvie, K.P. Mahoney, R.A. Penrose and J.W. Thomas.

Also present: Councillor B.T. Gray (Cabinet Member for Social Care and Health).

420 MINUTES –

RECOMMENDED – T H A T the minutes of the meeting held on 15<sup>th</sup> October, 2019 be approved as a correct record.

421 DECLARATIONS OF INTEREST –

Councillor O. Griffiths declared a personal interest in relation to Agenda Item No. 5; Vale, Valleys and Cardiff Adoption Collaborative Annual Report 2018-19 and advised that in his professional role as a Child Care Solicitor for Cardiff Council his work had indirectly contributed to the data reflected within the appendices' figures.

422 DRAFT VALE OF GLAMORGAN COUNCIL CORPORATE PLAN 2020-25 (REF) –

The Director of Social Services presented the reference to the Committee which set out how the Council had developed the draft Corporate Plan 2020-25 and proposals for consulting on the draft Corporate Plan from 22<sup>nd</sup> October, 2019 to 10<sup>th</sup> December, 2019, including the involvement of all Scrutiny Committees, the Council's partners and the public.

The Director began by advising that the draft Plan incorporated a strong emphasis on partnership working, that a significant amount of engagement activity had already taken place and that the draft Plan set out the proposed new Wellbeing Objectives which were:

- To work with and for our communities;
- To support learning, employment and sustainable economic growth;
- To support people at home and in their community; and
- To respect, enhance and enjoy our environment.

In developing the draft Plan, it was proposed that in response to feedback received that a new approach to Corporate Planning be adopted by producing an Annual Delivery Plan to accompany the overarching five year Plan and that a more detailed Annual Delivery Plan would be published each Spring that detailed the key activities that would be undertaken to deliver on the commitments in the Corporate Plan. The Director then added that the aforementioned process would

directly inform individual Service Plans which were also produced annually and that contained annual performance measures and targets.

The Cabinet Member for Social Care and Health then drew Members' attention to a visual summary of the Plan at Appendix B of the papers as evidence for how the Council was already successfully working towards the objectives of the Plan and producing very readable engagement documents. In response, the Chairman echoed the Cabinet Member's comments and wished to ask whether the Appendix B document would be readily available within Vale communities.

In response, the Director of Social Services advised that consultation on the draft Plan had already taken place via an online survey and that hard copies had been made available in libraries across the Vale of Glamorgan. Social media had also been a valuable tool in corresponding with the public regarding the draft Plan and both the Youth and 50+ Forums, as well as a future stakeholder workshop, would be consulted on the draft.

**RECOMMENDED – T H A T** the draft Corporate Plan (contained in Appendix A), Summary (contained in Appendix B) and the Equality Impact Scoping Assessment (Appendix C) as outlined in the report be noted.

Reason for decision

To ensure that the Council has an effective and up to date Corporate Plan which reflects the work being undertaken across the Council to improve the quality of life in the Vale of Glamorgan.

**423 VALE, VALLEYS AND CARDIFF ADOPTION COLLABORATIVE ANNUAL REPORT 2018-18 (DSS) –**

The Head of Children and Young Peoples Services began by introducing the Regional Adoption Manager for the Vale of Glamorgan Council and advised that the Vale, Valleys and Cardiff Adoption Collaborative (VVC) was one of five regional collaboratives which formed part of the National Adoption Service (NAS). The Collaborative provided an adoption service on behalf of the Vale of Glamorgan Council, Cardiff Council, Merthyr Tydfil County Borough Council and Rhondda Cynon Taff County Borough Council. Therefore, the collaborative was the largest collaborative region with the Vale of Glamorgan Council being the host authority.

The report was VVC's 4<sup>th</sup> Annual Report and covered the period from 1<sup>st</sup> April 2018 – 31<sup>st</sup> March 2019 regarding Service Development and Governance, Adoption Support, Complaints and Compliments, Conclusions and 2019-20 Priorities.

The report also outlined the performance of the region in terms of the placement of children for adoption, the recruitment and assessment of adopters and the provision of adoption support services as well as changes to the governance structure of the region brought about by the Best Value Review of the service and

a review of the Legal Agreement underpinning the operation of the collaborative which were agreed by Cabinet in April 2019.

The Head then highlighted that the report provided information in respect of managerial and staff changes and areas of service development with the appendices to the report providing data in respect of key performance measures in respect of children, adopter recruitment and adoption support which was displayed by Local Authority.

In terms of family finding, the Regional Adoption Manager then advised that VVC had placed 100 children for adoption during the year which was a 16% increase on the previous year and a very pleasing result for the region as well as the highest rate in Wales. However, the three functional teams under the VVC still faced significant challenges which were also in line with those of other neighbouring Authorities.

The Officer then referred to a new family finding scheme developed by two voluntary adoption agencies operating in Wales, St. David's and Barnados, called Adopting Together. Adopting Together was a new national initiative and extension of the organisation's usual service in that it targeted recruitment for specific children and provided support to those children for a year following placement. Adopting Together focused on the recruitment of adopters for children with additional needs who had been waiting for adoptive placements over six months. The scheme had been embraced by the region, endorsed at a national level and supported by the VVC Management Board. The Officer was pleased to report that ten referrals were initially made to the scheme and six children had already been placed on a spot purchase basis. As the host Authority, the Vale of Glamorgan Council was now in the process of entering into more formalised contractual arrangements with the scheme on behalf of the partner Authorities ensuring that referrals to the scheme were a key consideration in its family finding process.

The Officer then went on to advise that the recruitment of a Marketing and Recruitment Co-ordinator was of significant help to the service in terms of recruiting families and since the time of recruitment the Co-ordinator had focused upon a number of key areas of activity using the data as contained in Appendix 2 of the report and utilised the data to form future marketing plans. Also, with regards to Appendix 2, the Officer drew Members' attention to the Adopters Approved Chart, as contained on page 6, which set out that 51 adopters were approved during the reporting period which was an increase on the previous year.

In conclusion, the Regional Adoption Manager highlighted the 2019/20 priorities as set out in Section 9 of the Annual Report (Appendix A) which would determine the focus of the collaborative going forward.

A Member then referred to paragraph 4.4 of the Annual Report which set out that the collaborative region had recorded 103 Placement Orders being made during the year, which was an increase by one on the previous year and that the number of Adoption Orders made was 83 which was a 17% increase on the previous year and asked whether officers were aware of the main issues resulting in a lower number of Adoption Orders made in comparison to the recorded Placement

Orders, to which, the Regional Adoption Manager advised that the related children had very complex needs and that applications could often be delayed. The Officer added that the timescales between a Placement Order being made and an Adoption Order being made provided the opportunity for placement challenge. However, the adoption breakdown rate for the collaborative remained low.

The Member then referred to paragraph 4.6 of the Annual Review which provided details of placement disruptions during the year and raised his concerns with regards to a child being removed by the placing authority due to concerns regarding his care. Following which, the Officer advised that regarding the case, concerns only became apparent once the placement had been established and the concerns related to matters that could only have been identified once the adoption had been established.

The Member then wished to refer to page 4 of Appendix 2 which contained a pie chart regarding the sexuality breakdown of adoptive parents from April 2019 to present and noted that the smallest percentage was allocated to Lesbian, Gay, Bi-sexual and Transgender (LGBT) couples and asked what efforts were being made to increase engagement with individuals within the category. The Officer advised that the Authority did not have a significant amount of data to draw upon with regards to the Member's question, however advised that the collaborative region was actively promoting same sex couples within the adoption process and was present during the recent Barry Pride event.

A Member then wished to ascertain the benefits for the Vale of Glamorgan Council being part of the region collaborative. In response, the Head of Children and Young People Services advised that the Local Authority groupings were set by law and effectively grouped Local Authorities by Health Board areas. The Vale of Glamorgan Council benefitted by being near to both the City of Cardiff and the Rhondda Cynon Taff area as it increased the amount of placement opportunities.

The Member then referred to paragraph 4.2 of the Officer's report which set out that in order to avoid large swings in financial contributions, it was considered appropriate for part of the apportionment to be based on a fixed charge of 20% for each partner with 80% of the costs being classed as variable and based on activities / demand being placed on the service, to which, the Head of Children and Young People Services advised that as a result contributions were much fairer. As a supplementary point, the Regional Adoption Manager then wished to confirm that every effort would be made to place a Vale of Glamorgan child within the region which would have a financial benefit for the Authority, however the scenario relied heavily on the placement opportunity being available within the region in the first instance.

The Vice-Chairman then wished to add to the Chairman's comments regarding the report being of a good standard and reader friendly by referring to paragraph 2.4 of the report which stated that at the latter part of the year, Welsh Government awarded a grant of £2.3m to improve the provision of adoption services in Wales. The Member noted that the benefits highlighted would speed up the adoption process which was a welcome point, however, urged caution to ensure that the safety of placements was paramount in comparison to efficiency.

The Adoption Manager acknowledged with the Vice-Chairman's comments and advised that utilising the grant towards better planning for children being placed for adoption was an approach that had already been adopted within England for some time and a further benefit would be to allow the adoption agency to take a report directly to the Adoption Panel which was something the Collaborative did not currently operate. The Head of Children and Young People Services then wished to add that the Collaborative would never compromise the quality of an assessment to comply with a timescale.

In conclusion, the Chairman wished to highlight the following points contained within the Annual Report for the Committee's benefit:

- It was encouraging to see an increase in funding as highlighted within Section 2.4 of the report;
- Congratulations were due for the successful recruitment of a Marketing and Recruitment Officer;
- Paragraph 2.12 of the report confirmed that the apportionment of contributions being on a fixed charge meant a greater needs-led funding approach; and
- The National Family Finding Service had been co-ordinated by the 'Link Maker' organisation for the previous three years whom had been successful in obtaining a contract to run the Adoption Register for Wales and were regulated by Welsh Government through the same contract.

#### RECOMMENDED –

- (1) T H A T the report and the work of the collaborative undertaken to date be noted.
- (2) T H A T the Committee continues to receive Annual Reports in line with the requirements of the Legal Agreement which underpins the collaborative.

#### Reasons for recommendations

- (1) To enable Committee to exercise scrutiny of this key statutory function.
- (2) To ensure that Committee maintain close scrutiny of this regional service on a regular basis.

#### 424 DEVELOPMENT OF A LOCALITY MODEL OF COMMUNITY MENTAL HEALTH PROVISION ACROSS THE VALE OF GLAMORGAN (DSS) –

The Head of Adult Services introduced the report to inform Members of the progress of the Community Service Review of Mental Health Services with specific focus on the Vale Locality Mental Health Team based at Barry Hospital. In support of her presentation, the Officer also introduced the Operational Manager for Adult Services, Linda Woodley, the Cardiff and Vale University Health Board

Directorate Operational Manager, Ian Wile, and the Cardiff and Vale University Health Board Programme Manager, Dan Crossland.

The Operational Manager for Adult Services advised that with increasing demands on the service, budgetary pressures and the poor state of some of the Community Mental Health Teams (CMHTs) offices, a focused Community Service Review (CSR) commenced in January 2018 which was sponsored by the Mental Health Clinical Board to consider the future service model for delivering community mental health services and build upon the work already started in 2015. Work streams were established to focus on the following areas:

- Work Stream 1: Organisational Change Process – Locality Model;
- Work Stream 2: Building management and transfer arrangements; and
- Work Stream 3: Service redesign, clinical models and pathways.

Furthermore, in September 2018, following a series of engagement events with people using mental health services, staff consultations and the completion of refurbishment works, the three CMHTs moved into Barry Hospital and became known as the Vale Locality Mental Health Team (VLMHT). The Officer added that there was an Integrated Manager with overall responsibility for the integrated pathway and service user experience from referral to discharge. Supporting the post were two Community Psychiatric Nurse Leads and two Social Work / Approved Mental Health Professional Managers (one of which was a permanent Local Authority funded post and the other a 12-month temporary post funded by the Health Board), three Consultant Psychiatrists, an Occupational Therapy Team Leader and a Consultant Psychologist.

Recruitment to a longstanding Consultant Psychiatrist post, along with the recruitment to Nursing, Social Work and Occupational Therapy vacancies had improved the stability of the team. However, there remained ongoing recruitment challenges for psychologists and Speciality doctors (currently 1.6 full time equivalent [FTE] posts) which compromised the ability to fully implement new ways of working.

The pressure on the Approved Mental Health Professional (AMHPs) Service had been recognised by the Senior Management Team within the Council with measures put in place to support and maintain existing AMHPs and to try and increase the number of social workers undertaking the training. Since 2013 the number of AMHPs in the Vale had reduced from 12.5 (FTE) to the current number of 7 (FTE) which included the Integrated Manager and Team Managers who had needed to go back on the AMHP rota to ensure service delivery.

The Officer added that it was important to highlight that although the team had faced considerable changes and ongoing challenges, the Health Inspectorate and Care Inspectorate Wales Joint Review carried on 4<sup>th</sup> and 5<sup>th</sup> December, 2018, assessed that: 'Overall, we found evidence that the service provided safe and effective care to its service users', with the Inspection Report published on 6<sup>th</sup> March, 2019 including the following:

**What the service did well:**

- Service user feedback was generally positive;
- The environment was clean and tidy;
- Robust management of medicines processes in place;
- Provision of a support worker service that evidenced a positive and direct impact on service users;
- Application of Mental Health Act and Mental Health Measure (2010) and legal documentation;
- Identification of a vision for the future of the service supported by a passionate management team;
- Strong integrated leadership model, supported at a senior management level.

**Recommendations for service improvement:**

- Recruitment into key roles, such as psychiatrists and psychologists;
- Timeliness of transportation for service users to a place of safety and/or hospital;
- Organisation of outpatient and medication clinics;
- Completion of appropriate forms for service user capacity assessment by clinical staff;
- Clarity for staff regarding new processes and procedures following the merger of the three teams.

In conclusion, the Operational Manager summarised that the service was moving in the right direction and staff were utilising the feedback received regarding the new service delivery and it was a pleasure to see the continued commitment of all staff during the transition period.

The Operational Manager then handed over to the Cardiff and Vale University Health Board Programme Manager who was the Lead on the service transformation and advised that the transformation had presented big challenges with staffing in the first 14 months, however, he was pleased to report that the staffing challenges had reduced considerably. The Programme Manager also apprised Members of the improvement in waiting list times and advised that at the start of the transformation the average waiting list time was four months but had now reduced to four weeks. This pattern was also reflected with regards to staffing caseloads which had dropped to 837 individuals from approximately 1,000 plus. The Programme Manager wished to highlight that morale within the team had significantly increased and that new members of staff were operating well within the new structure and individuals were interested in joining the service. The positivity was also reflected in the service user "My Say" survey whereby 79% of service users stated that the service was at the same quality if not better.

The Vice-Chairman thanked all officers for their presentation of the report and wished to begin by referencing paragraph 2.6 of the officer's report which stated that the number of Mental Health Act (MHA) assessments continued to increase and that from 1<sup>st</sup> January, 2017 to 31<sup>st</sup> December, 2017 there were 120 MHA assessments which had increased to 185 from 1<sup>st</sup> January, 2018 to 31<sup>st</sup> December, 2018. The Member then raised concerns with regards to the

waiting times incurred between an MHA being carried out and the patient being transferred to a secure hospital environment, meaning that the AMHP was left alone with the patient once the doctor had left the scene which put the AMHP at significant risk. Therefore, the Member asked after the cause of transport delays and a solution to ensure the safety of Local Authority employees.

In response, the Operational Manager for Adult Services echoed the Member's concerns and advised that the scenario as described did put off individuals applying for AMHP positions and therefore the Local Authority currently relied greatly on the current cohort of AMHPs working in partnership and support of one another.

The Officer acknowledged the Member's further comment in that ambulance demand was high and therefore MHA transport cases were not as high a priority as other cases, however advised that transport was the responsibility of the Health Board and assured Members that the Health Board was looking at alternative solutions as appropriate but they would not be in a position to guarantee transport waiting periods.

The Officer also wished to add that the Local Authority had written a draft Conveyancing Policy in partnership with South Wales Police which would shortly be circulated to the Health Board for its input but acknowledged that the work would not negate the Local Authority's inability to appoint AMHPs in the short term.

The Chairman then referred to the new ways of working within the VLMHT as contained in paragraph 2.1 of the officer's report and enquired whether the end of day multi-disciplinary meetings were actively taking place, to which the Cardiff and Vale University Health Board Programme Manager advised that the multi-disciplinary meetings provided staff with the opportunity to discuss and reflect on complex cases and to have ample time to make rational decisions. Therefore, the meetings were actively taking place and would continue to be used when required.

The Chairman thanked all officers and guests for attending the meeting and congratulated officers on the positive findings of the report which far outweighed the recommendations for improvement following the Community Service Review.

#### RECOMMENDED –

- (1) T H A T the contents of the report be noted.
- (2) T H A T the Committee's significant concern over the vulnerability of the current seven AMHPs in employment with the Vale of Glamorgan Council due to transport delays following Mental Health Act Assessments be referred to Cabinet.

#### Reasons for recommendations

- (1) To update Scrutiny Committee on developments in community services for adults with mental health problems in the Vale of Glamorgan and to provide



Scrutiny Committee the opportunity to comment on the future direction and delivery of mental health services within the Vale of Glamorgan

(2) To ensure Cabinet is aware of the vulnerable situations that AMHP Vale employees find themselves in in order that Cabinet may take the matter forward with the Health Board.

#### 425 THE VALE OF GALMORGAN AND CARDIFF INTEGRATED FAMILY SUPPORT TEAM ANNUAL REPORT 2018/19 (DSS) –

The Head of Children's Services presented the report to provide the Committee with an opportunity to consider the 2018/19 Annual Report for the Vale of Glamorgan and Cardiff Integrated Family Support Team (IFST) before it being submitted to Welsh Government as required. The Officer also introduced the Integrated Family Support Team Manager, Karen Worman, and the Operational Manager for Children and Young People Services at the Vale of Glamorgan Council, Amber Condy.

The Head of Children's Services began by advising that the IFST was a partnership between the Vale of Glamorgan Council, Cardiff Council and Cardiff and the Vale University Health Board and was hosted by Cardiff Council. All partners had a joint statutory responsibility for ensuring the delivery of an Integrated Family Support (IFS) service in their region.

The seventh version of the Annual Report was attached at Appendix 1 to the papers and was prepared in accordance with Section 62 of the Children and Families (Wales) Measure 2010 and provided information on the effectiveness of the service provision and highlighted any challenges which impacted upon the successful delivery of the service.

The Officer added that through the provision of its Flying Start, Families First and IFS programmes, the Vale of Glamorgan Council had in place a coherent framework for delivering the range of preventative, protective and remedial family support initiatives set out in relevant Welsh Government strategies. By providing intensive and specialist help to families when risks were escalating, the IFST had a key role to perform both in reducing harm to children and the volume of avoidable admissions into care.

The IFS programme was intended to provide holistic support to families by breaking down boundaries between local government and Health, and between Adult Services and Children's Services. It was delivered by a combination of highly skilled professionals from Social Care and Health acting as a single workforce and the IFST was based at The Alps Council site and had been operational since the end of February 2012 with the following five principal functions:

- Undertaking intensive direct work with families through the application of time-limited family focused interventions;

- Providing advice and consultancy to practitioners and agencies on engaging complex families with parental substance misuse, domestic violence or mental health issues;
- Working jointly with the case managers and others to ensure that the family can gain access to the services they need;
- Spot-purchasing services not otherwise available; and
- Providing training on evidence-based interventions for the wider workforce.

The Head of Children and Young People Services then handed over to the IFST Manager who advised that the IFST was a multi-disciplinary team and had worked with 80 families over the last year which equated to approximately a 70:30 split with Cardiff Council. The Manager was also pleased to report that 97% of children known to the team had remained at home and that service user co-production was a focus for the team.

The Manager then drew Members' attention to paragraphs 5.5 and 5.6 of the Annual Report (Appendix 1) which set out details for the IFST Peer Support Group and Safety Planning training and advised that feedback from the pilot peer group was extremely positive and the team had seen an increase in demand for IFS training due to the transferable skill nature of the content for other safeguarding roles.

In conclusion, the Manager referred to sections 10, 11 and 12 of the Annual Report which set out the challenges and issues, priorities for the next 12 months and conclusion for the IFST.

The Vice-Chairman then congratulated Officers on a well written report and on the performance of the team overall and queried whether the Local Authority collated data following IFST contact, to which the Programme Manager advised that families would receive anything from 40 hours of support with families that had been highlighted to the team due to referrals from Children's Services. However, data was not currently collated regarding the families after 12 months. The Officer advised that for future reports information could be included to reflect whether a child had remained out of care.

In conclusion, the Chairman referred to paragraph 3.2 of the Annual Report which provided further details regarding staffing within the IFST and congratulated Officers on the efforts made to mitigate challenges in recruiting health intervention specialists due to pressures within health services and suggested that the team take into consideration the point raised by the Vice-Chairman with regards to data on the long term impact of the service.

**RECOMMENDED – T H A T** the Integrated Family Support Team Annual Report for 2018/19 be noted.

#### Reason for recommendation

To allow Members to consider the work of the Integrated Family Support Service in relation to Welsh Government guidance.

#### 426 RESHAPING SERVICES – DAY TIME OPPORTUNITIES FOR OLDER PEOPLE (DSS) –

The Head of Adult Services presented the report to update the Committee on the consultation and engagement exercise regarding day services for older people living in the Vale of Glamorgan as would also be considered by Cabinet at its meeting on 18<sup>th</sup> November 2019.

Further to the decision of Cabinet on 29<sup>th</sup> July, 2019, a comprehensive engagement and consultation exercise had taken place with current service users of Rondel House and St. John's Day Centres, their carers, staff employed in the Day Centres and wider stakeholders. Appendix 2 to the papers included the written responses as received.

The Officer was pleased to note that the recognition of the committed and dedicated staff whom provided high quality experiences to the individuals attending both centres was reflected within Appendix 2 as well as being detailed in paragraphs 1.4 and 1.5 of the officer's report.

With regards to moving forward with the findings of the consultation, the Officer drew Members' attention to paragraph 1.7 of the officer's report which set out that transport to and from the Day Centre was a vital component in the day services offer. St. John's used a mixture of staff's personal cars and the day centre minibus, whereas Rondel staff contracted with an external taxi company. It was therefore suggested that a review of the transport arrangements at Rondel should deliver savings and it would be a matter taken into account in considerable detail going forward.

With regards to the Cabinet meeting scheduled for 18<sup>th</sup> November, 2019, the Officer advised that Option E as set out in paragraph 2.4 of the officer's report would be recommended for approval and as a secondary point wished to highlight that the Option D figure of £10,000 should read £13,000 as contained in paragraph 2.3 of the officer's report.

The Chairman then advised that, having visited both centres, she was confident that there would be adequate space for individuals following a merger of the services and that the centre would continue be safe and well run. There would also be opportunities to expand and develop on the current service which was a positive position for the Council to be in.

The Vice-Chairman, who also took the opportunity to visit both centres, advised that the inclusive nature of the activities currently provided allowed individuals the opportunity to spend time in a homely and welcoming environment which promoted their wellbeing and that the main advantage of the service for service users was the people / company rather than the centre venue.

To add further reassurance, the Cabinet Member for Social Care and Health reaffirmed that there would be no job losses if Option E were to be progressed and that the facilities and environment at Rondel House was of a much better

quality to accommodate the needs for all individuals. The Local Authority had also benefitted from the opportunity to learn through the consultation exercise that both the catering and transport aspects required further consultation.

In conclusion, a Member wished to congratulate the staff on providing a wonderful and valuable service at both centres.

**RECOMMENDED – T H A T** the content of the report and outcomes of the consultation and engagement exercise be noted.

Reason for recommendation

To ensure that Scrutiny Members are aware of the outcome of the consultation and engagement exercise.

**427 WALES AUDIT OFFICE FOLLOW UP REVIEW: DELIVERING WITH LESS – ENVIRONMENTAL HEALTH SERVICES (VALE OF GLAMORGAN) (DEH) –**

The Head of Shared Regulatory Services presented the report to advise Members of the findings of the Auditor General for Wales' examination of the Vale of Glamorgan's Environmental Health Services as part of a follow up review, alongside the Council's response to its findings.

The Wales Audit Office (WAO) follow up review (compiled by Grant Thornton UK LLP) of environmental health services in the Vale of Glamorgan considered whether there had been any budgetary or workforce changes within the Council's Environmental Health Services and considered the extent to which these changes had addressed the recommendations identified in the previous 2014 national report.

Overall, the report findings were generally positive and it concluded that "The Shared Regulatory Services (SRS) model is enabling the Council to sustain its delivery of environmental health services in a context of reducing resources and additional responsibilities placed on it by ongoing changes in legislation". The review also identified that "there is scope for the Council to strengthen its independent oversight and assurance arrangements of the SRS and work with SRS and other providers to explore opportunities for future improvement".

The Head of Shared Regulatory Services advised that prior to the establishment of the SRS model in May 2015, some Environmental Health Services were close to not meeting statutory standards and therefore the SRS model was adopted. The shared service model involved Bridgend County Borough Council, Cardiff Council and the Vale of Glamorgan County Borough Council who were collectively responsible for the provision of Environmental Health, Licensing and Trading Standards Services across all three Councils. However, the WAO provided an independent review report to each Local Authority.

The Officer then introduced the representative from Grant Thornton UK LLP, Mr. Martin Ellender, who advised that the WAO review sought to answer the

question: Is the Council's Environmental Health Service continuing to deliver its statutory obligations given the financial challenges? In summary, it was established that despite funding being reduced to the service the performance standard had remained stationary or improved which was a positive position for the Local Authority to be in. The Representative then apprised Members of the nine recommendations presented to the Council following the review as follows:

- The Council should subject any future changes to environmental health services to a more rigorous analysis of costs, benefits and impacts. We found some evidence of cost / benefit / impact analysis being performed to enable decision-making around savings and changes to services. Whilst some consideration was given to the impact of staffing restructuring over the period between 2018-2021, Members and officers acknowledged that the real impact of this will be largely unknown until £498k of savings begin to take effect;
- The Council should investigate further possibilities for commercialisation and income generation for environmental health services in order to provide additional financial capacity if funding reduces in the future;
- When considering how environmental health services may need to change in the future, the Council should ensure that the distinction between statutory and non-statutory services is clearly documented and understood by decision-makers. This will help to ensure that statutory responsibilities and powers are weighed and prioritised appropriately alongside discretionary services;
- The Council should introduce greater challenge of the level and quality of environmental health services provided by third parties, including the SRS under the Joint Working Agreement;
- The Council should work with SRS to undertake a review of business continuity and succession planning arrangements in relation to the SRS to mitigate the risk of overreliance on key individuals, such as the Head of SRS and operational managers;
- The Council should strengthen accountability and Elected Member oversight of its environmental health services, for example through more regular scrutiny of services provided by third parties, including the SRS;
- The Council should consider introducing more structured and targeted development and training opportunities for relevant Members, which may be beneficial in the event of changes in personnel and in areas experiencing changes in legislation, e.g. air pollution / food safety / infectious diseases;
- The Council should more clearly link any future decisions on changes to service levels to an assessment of impact on relevant stakeholders, including service users and residents. Whether consultation is necessary, and the most appropriate means of consulting should be decided on a case-by-case basis. However, where changes are likely to impact service users, businesses and local residents, they should be aware of and consulted on these decisions and
- The Council needs to build on initiatives such as the Noise app, to ensure that future funding reductions can be mitigated by innovation and transformation in service delivery and that environmental health services are able to benefit from new technologies.

Following the Representative's input, the Head of SRS wished to add that the review was conducted with regards to Environmental Services only and that the Council was subject to additional responsibilities, in comparison with Local Authorities in England, as set by the Welsh Assembly.

The Officer then reiterated the positive feedback received from the WAO regarding the delivery of Environmental Health Services through services being provided flexibly and with resilience and that despite resources reducing, the SRS had been able to shift resources as priorities changed and issues arose therefore being able to continue to deliver some non-statutory Environmental Health services, such as pest control and food hygiene events. It was also pleasing to see that the WAO had included the statement at paragraph 30 of the report which stated that the Council adopted an outcome-based approach to service delivery and had elected to maintain priority non-statutory services to assist in delivering wider corporate and public health objectives, such as pest control.

In conclusion, the Officer drew Members' attention to Appendix B of the papers which was a review action plan setting out how the Council would respond to each of the WAO's proposals for improvement.

A Member then wished to raise a concern with regards to the Vale of Glamorgan food hygiene scheme in that establishments rated 0 or 1 remained operational. The Member also wished to add that he was aware of a huge discrepancy between cleanliness and bookkeeping factors of the rating certificates and therefore suggested that two sets of figures be provided on the food hygiene display certificates. In response, the Officer advised that the scheme adopted by the Vale of Glamorgan Council was a national scheme and that the monitoring of establishments within the Vale of Glamorgan was better than it had ever been previously. Establishments identified as a 0 or 1 rating as a result of a food hygiene assessment would automatically be flagged as requiring an investigation and in most cases where an imminent risk had been identified the proprietors would choose to temporarily shut down in order to bring the establishment up to standard. The food hygiene rating score based on this intervention remain in place until the premise is due for another full inspection and scored based on the inspection findings. However, the Local Authority did not automatically shut down establishments considered rated 0 or 1, this would depend on the inspection findings and whether an imminent risk had been identified. The number of 0 or 1 establishments in the Vale of Glamorgan was now extremely small and establishments were required to display their food hygiene rating in order that customers could make an informed decision on whether to use the establishment or not.

In response, the Member reiterated his disappointment that 0 or 1 rated establishments were not shut down automatically and questioned whether the Local Authority made regular checks that hygiene certificates were displayed within establishments. The Officer advised that the Local Authority did carry out checks to ascertain whether establishments were displaying the correct food hygiene rating score. If the food businesses were found not to be displaying or displaying an incorrect score then the business would be issued with a fixed

penalty notice. If payment is not received this would then be escalated to legal proceedings.

RECOMMENDED – T H A T the key findings arising from the Wales Audit Office's follow up review of environmental health services in the Vale of Glamorgan (Appendix A to the report) and the Council's response to the review and the Wales Audit Office's proposals for improvement (Appendix B to the report) be noted.

Reason for recommendation

To provide Members with the proposals for improvement as a result of the Wales Audit Office's follow up review of environmental health services findings and the Council's relevant action plan response.

428 2<sup>ND</sup> QUARTER SCRUTINY DECISION TRACKING OF RECOMMENDATIONS AND UPDATED WORK PROGRAMME SCHEDULE 2019/20 (MD) –

The Democratic and Scrutiny Services Officer advised that Appendices A and B attached to the report set out the previous recommendations of the Scrutiny Committee and Members were requested to review progress against each recommendation, to assess whether further action may be required, ensure the required action was undertaken and to confirm which recommendations were to be agreed as completed.

Members were also requested to confirm approval of the updated Scrutiny Committee work programme schedule which was attached at Appendix C, it being noted that the schedule was a proposed list of items for consideration and may be subject to change depending on prevailing circumstances.

The Officer added that only three actions were labelled as ongoing due to the relevant results of consultation not yet being collated, responses still pending being provided to the Committee from initiatives and a further report pending for Cabinet with the Committee's comments included.

RECOMMENDED –

(1) T H A T the views of the Committee on the status of the actions listed in Appendices A and B be approved and the following actions agreed as completed:

<b>15 July 2019</b>	
<b>Min. No. 151 – Presentation - The Cardiff and Vale Dementia Strategy 2017-2027 – Recommended</b> (2) That the Committee continues to receive updates regarding the delivery of the Cardiff and Vale Dementia Strategy 2017-27.	Added to work programme schedule. <b>Completed</b>

<p><b>Min. No. 154 – Revenue and Capital Monitoring for the Period 1<sup>st</sup> April to 31<sup>st</sup> May 2019 (DSS) – Recommended</b> (2) That the concerns of the Committee regarding unrealistic allocation of funding to both the Children and Young People and Adult Services budgets, as set out in the minutes above, be referred to Cabinet for its consideration.</p>	<p>Cabinet, on 9<sup>th</sup> September, 2019, resolved that the concerns of the Healthy Living and Social Care Scrutiny Committee regarding unrealistic allocation of funding to both the Children and Young People and Adult Services budgets, as set out in the minutes above, be noted. (Min. No. C81 refers). <b>Completed</b></p>
<p><b>Min. No. 156 – Families First 2018-19 Annual Report (DSS) – Recommended</b> (4) That a briefing note be emailed to all 47 Elected Members of the Council informing them of the new flexible funding arrangements implemented by Welsh Government into the Children and Communities Grant (C&amp;C) Grant.</p>	<p>Minute approved for actioning by the Prevention and Partnership Manager on 12<sup>th</sup> August, 2019. Briefing note emailed to all Elected Members on 4<sup>th</sup> September 2019. <b>Completed</b></p>
<p><b>Min. No. 157 – Family Information Service Annual Report 2018/19 (DSS) – Recommended</b> (2) That the Scrutiny Committee continues to receive annual updates on the Family Information Service.</p>	<p>Added to work programme schedule. <b>Completed</b></p>
<p><b>17 September 2019</b></p>	
<p><b>Min. No. 285 – Reshaping Services – Day Time Opportunities for Older People (REF) – Recommended</b> (2) That the results of the consultation review concluding on 4<sup>th</sup> October, 2019 be presented to Committee.</p>	<p>Consultation update report presented to the Committee meeting on 12<sup>th</sup> November, 2019. <b>Completed</b></p>
<p><b>Min. No. 286 – Children and Young People Services Annual Placement Review (DSS) – Recommended</b> (2) That the Committee receive regular updates through existing reporting arrangements, including the monthly budget programme report and six monthly activity reports reflecting work undertaken beginning in March 2020. (3) That the Committee receive a further Annual Placement Review Report in September 2020. (4) That the report be referred to the Learning and Culture Scrutiny Committee.</p>	<p>(2) Added to work programme schedule. <b>Completed</b> (3) Added to work programme schedule. <b>Completed</b> (4) The Learning and Culture Scrutiny Committee at its meeting on 17<sup>th</sup> October, 2019, noted the report. (Min. No. refers) <b>Completed</b></p>



<p><b>Min. No. 287 – The Vale of Glamorgan Leisure Strategy (DEH) – Recommended</b>  (2) That the draft Vale of Glamorgan Leisure Strategy be presented to Cabinet for approval.</p>	<p>Cabinet, on 21<sup>st</sup> October, 2019, resolved  [1] That the changes made to the draft Vale of Glamorgan Leisure Strategy as outlined in the reference be noted.  [2] That the draft Vale of Glamorgan Leisure Strategy be endorsed.  (Min. No. C118 refers)  <b>Completed</b></p>
<p><b>Min. No. 288 – 1<sup>st</sup> Quarter Scrutiny Decision Tracking of Recommendations and Updated Work Programme Schedule 2019/20 (MD) – Recommended</b>  (2) That the updated work programme schedule attached at Appendix C be approved and uploaded to the Council's website.</p>	<p>Work programme schedule uploaded to the Council's website.  <b>Completed</b></p>
<p><b>18 June 2019</b></p>	
<p><b>Min. No. 49 – Support for Carers in the Vale of Glamorgan (DSS) – Recommended</b>  (2) That the report be referred to Learning and Culture Scrutiny Committee to note the work in respect of young carers and to consider the support required for young carers.</p>	<p>Learning and Culture Scrutiny Committee, at its meeting on 18<sup>th</sup> July, 2019 recommended that the Cabinet reference and report regarding Support for Carers in the Vale of Glamorgan be deferred to the next meeting scheduled for 19<sup>th</sup> September 2019.  (Min No 170 refers)  The Committee's comments were considered by the Learning and Culture Scrutiny Committee at its meeting on 19<sup>th</sup> September, 2019.  (Min. No. 305 refers)  <b>Completed</b></p>

(2) T H A T the updated work programme schedule attached at Appendix C be approved and uploaded to the Council's website.

Reasons for recommendations

- (1) To maintain effective tracking of the Committee's recommendations.
- (2) For information.