



**CYNGOR BWRDEISTREF SIROL**  
**RHONDDA CYNON TAF**  
**COUNTY BOROUGH COUNCIL**

**GWŶS I GYFARFOD O'R CYNGOR**

C. Hanagan  
Cyfarwyddwr Materion Cyfathrebu a Phennaeth Dros Dro'r Gwasanaethau  
Llywodraethol/Llywodraethol  
Cyngor Bwrdeistref Sirol Rhondda Cynon Taf  
Y Pafiliynau  
Parc Hen Lofa'r Cambrian  
Cwm Clydach CF40 2XX

Dolen gyswllt: Claire Hendy - Swyddog Gwasanaethau Democrataidd (01443 424081)

**DYMA WŶS I CHI** i gyfarfod o **PWYLLGOR CRAFFU - IECHYD A LLES** yn cael ei gynnal yn **Siambr y Cyngor, Y Pafiliynau, Parc Hen Lofa'r Cambrian, Cwm Clydach, Tonypanyd CF40 2XX** ar **DYDD MAWRTH, 18 FED RHAGFYR, 2018** am **5.00 PM**.

Caiff Aelodau nad ydyn nhw'n aelodau o'r pwyllgor ac aelodau o'r cyhoedd gyfrannu yn y cyfarfod ar faterion y cyfarfod er bydd y cais yn ôl doethineb y Cadeirydd. Gofynnwn i chi roi gwybod i Wasanaethau Democrataidd erbyn Dydd Gwener, 14 Rhagfyr 2018 trwy ddefnyddio'r manylion cyswllt uchod, gan gynnwys rhoi gwybod a fyddwch chi'n siarad Cymraeg neu Saesneg.

**AGENDA**

**Tudalennau**

**1. DATGAN BUDDIANT**

Derbyn datganiadau o fuddiannau personol gan Aelodau, yn unol â gofynion y Cod Ymddygiad.

Nodwch:

1. Mae gofyn i Aelodau ddatgan rhif a phwnc yr agendwm mae eu buddiant yn ymwneud ag ef a mynegi natur y buddiant personol hwnnw; a
2. Lle bo Aelodau'n ymneilltuo o'r cyfarfod o ganlyniad i ddatgelu buddiant sy'n rhagfarnu, mae rhaid iddyn nhw roi gwybod i'r Cadeirydd pan fyddan nhw'n gadael.

## 2. COFNODION

Derbyn cofnodion cyfarfod blaenorol y Pwyllgor Materion Iechyd a Lles a gynhaliwyd ar 6 Tachwedd 2018.

5 - 12

### **ADRODDIAD CYFARWYDDWR CYFADRAN Y GWASANAETHAU CYMUNED A GWASANAETHAU I BLANT**

## 3. YR WYBODAETH DDIWEDDARAF AM OEDI WRTH DROSGLWYDDO GOFAL

Derbyn yr wybodaeth ddiweddaraf am oedi wrth drosglwyddo gofal.

13 - 28

### **ADRODDIAD CYFARWYDDWR MATERION CYFATHREBU A PHENNAETH DROS DRO'R GWASANAETHAU LLYWODRAETHOL**

## 4. YMWHYBYDDIAETH O IECHYD MEDDWL

Ystyried ymateb y Pwyllgor Craffu i'r Rhybudd o Gynnig a gafodd ei gyflwyno i'r Cyngor ar 24 Hydref 2018 mewn perthynas ag Ymwybyddiaeth o Iechyd Meddwl yn Rhondda Cynon Taf.

29 - 32

## 5. MATERION BRYD

Trafod unrhyw faterion sydd, yn ôl doethineb y Cadeirydd, yn faterion bryd yng ngoleuni amgylchiadau arbennig.

### **Cyfarwyddwr Materion Cyfathrebu a Phennaeth Dros Dro'r Gwasanaethau Llywodraethol**

#### **Cylchreliad:-**

(Y Cynghorwyr Bwrdeistref Sirol Y Cynghorydd R Yeo a Y Cynghorydd G Holmes – Cadeirydd ac Is-gadeirydd, yn y drefn honno)

#### **Y Cynghorwyr Bwrdeistref Sirol:**

Y Cynghorydd A Roberts, Y Cynghorydd M Forey, Y Cynghorydd L De Vet,  
Y Cynghorydd L Jones, Councillor J Davies, Y Cynghorydd J Williams,  
Y Cynghorydd A Chapman, Y Cynghorydd P Howe, Y Cynghorydd G Stacey,  
Y Cynghorydd M Tegg, Y Cynghorydd G Hughes, Y Cynghorydd Owen-Jones and  
Y Cynghorydd C Willis

Christian Hanagan, Cyfarwyddwr Materion Cyfathrebu a Phennaeth Dros Dro'r  
Gwasanaethau Llywodraethol

Gio Isingrini, Cyfarwyddwr Cyfadran y Gwasanaethau Cymuned a Gwasanaethau i  
Blant

Andy Wilkins (Legal), Pennaeth Materion Cyfreithiol – Gwasanaethau Corfforaethol a  
Llywodraethol

Neil Elliott, Cyfarwyddwr Gwasanaeth – Gwasanaethau i Oedolion

Y Cyngorydd Bwrdeistref Sirol G Hopkins, Aelod o'r Cabinet ar faterion  
Gwasanaethau Cymuned i Oedolion a Phlant

Tudalen wag

## RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

### HEALTH & WELLBEING SCRUTINY COMMITTEE

**MINUTES** of the meeting of the Health & Wellbeing Scrutiny Committee held at the County Borough Council Offices, The Pavilions, Cambrian Park, Clydach Vale, on Tuesday 6<sup>th</sup> of November 2018 at 5:00pm

#### **Present:**

County Borough Councillor R Yeo – in the Chair

#### **County Borough Councillors:**

A. Chapman	P. Howe	J. Davies	G. Holmes
L. De- Vet	G. Hughes	M. Tegg	
M. Forey	A. Roberts	A. Davies- Jones	

#### **Non – Committee Members in attendance**

County Borough Councillor R. Lewis – Cabinet Member for Stronger Communities, Well-being & Cultural Services  
County Borough Councillor L. M. Adams – Chair of Overview and Scrutiny Committee  
County Borough Councillor S. Evans – Vice Chair of Overview and Scrutiny

#### **Officers:**

Mr P. Mee – Director of Public Health, Protection & Community Services  
Mr A Wilkins – Head of Legal Corporate and Democratic Service  
Ms C Emery - Supporting  
People, Partnerships and Domestic Abuse Manager.  
Ms L Davies - Head of Public Protection  
Mr I Jones - Housing Operations Manager  
Mr N Pilliner - Pollution and Public Health Manager

#### **19. APOLOGIES**

Apologies for absence were received from County Borough Councillor L. Jones, J. Williams, G. Stacey and K. Jones

#### **20. DECLARATIONS OF INTEREST**

**RESOLVED** to note that in accordance with the Members' Code of Conduct, there were no personal declarations of personal interests made, pertaining to the agenda.

## **21. AN EVALUATION OF THE IMPACT OF TRANSFERRING THE KENNELING FACILITY TO HOPE RESCUE.**

Members received a verbal update from the Pollution & Public Health Manager in relation to the evaluation of the impact of transferring the Council's kennelling facility to Hope Rescue.

Members were asked to scrutinise the contents of the report.

On the 24<sup>th</sup> of November 2016, Cabinet gave approval for the transfer of the stray dog kennelling service to Hope Rescue.

Members were advised that Local Authority duties are to seize and detain stray dogs, return seized dogs to their owners, keep a register of stray dogs and retain the dogs for a period of 7 days. Following the 7-day period, the detained dog ceases to be the responsibility of the Council. Rhondda Cynon Taf CBC employs Animal Control Wardens to deal with complaints concerning stray dogs and in line with a Service Level Agreement (SLA), since June 2017, Hope Rescue have provided the kennelling facility to enable the Council to fulfil its statutory duty with regard to detaining stray dogs. Hope Rescue work with relevant stakeholders to provide a kennelling facility for RCTCBC, South Wales Police, RSPCA and other Local Authorities.

To summarise, the Pollution & Public Health Manager advised Members that during 2016, the Council explored different ways of delivering kennelling services in order to ensure they are cost effective in the future. Outsourcing the kennelling requirements to a third party organisation was decided by Cabinet to be a more sustainable option for the future given demand for kennelling overall is declining and the financial costs of operating our own kennels was unviable.

In addition, the transfer of the kennelling facility has demonstrated improvements in service delivery and has been delivered within the allocated budget, with predicted efficiencies for the coming years.

The 12-month review of the new kennelling facility operated by Hope Rescue has demonstrated successful outcomes and an improvement in service delivery for the Council, particularly in respect of the 24/7 out of hours service and increased amount of dogs being reclaimed. The evaluation demonstrates that the continued outsourcing of kennelling provision via Hope Rescue, while maintaining an Animal Warden Service, provides a cost effective solution for the future.

Members were advised that regular analysis of Animal Warden Service requests and kennelling demand will continue in the future to establish any changes in service demand going forward.

The Pollution & Public Health Manager advised Members that in respect of performance, the Animal Wardens have maintained an effective stray dog control service, which has been supplemented with the benefits of dogs being taken directly to Hope Rescue by the public through the improved out of hours service. The cover

provided by the Animal Wardens has also enabled the Council to maintain an effective pest control service and will make the service more resilient in the future.

Members were then given the opportunity to scrutinise the report in detail and to ask questions.

The Chair began by thanking the Pollution & Public Health Manager for providing the Committee with such a detailed report.

A Member, who had visited Hope Rescue earlier in the day on a site visit, stated that the facility is fantastic and praised the extra services that are provided by Hope Rescue. The Member gave praise to the staff that work there and asked if the Council could be doing more to promote the extra services that are provided by Hope Rescue such as the Christmas shoebox appeal. The Pollution & Public Health Manager advised Members that this was certainly something that they will look into.

Another Member also began by praising the service and queried the budget for the 2018-19 Municipal year. The Member was advised that a decision was made during 2017/18 with Cabinet Member support, to allow Hope Rescue to keep the £25 statutory fee when a dog is reclaimed. This was agreed to cover unforeseen administrative costs and to enable Hope Rescue to continue to provide the following added value services to the Council and third sector:

- Free respite for dogs owned by people entering a Domestic Abuse refuge.
- Free respite for dogs of homeless people entering emergency or temporary accommodation
- Free respite for dogs of vulnerable adults under the care of Adult Services
- Subsidised respite kennelling for dogs of adults going into hospital where referrals are received via Council Social Care

The Chair commented that he was very impressed with the facility and gave praise to the help that has been provided to them by the Local Authority. The Chair stated that he would like to arrange another site visit next year.

Following discussion, Members **RESOLVED** to approve the report.

## **22. REVIEW OF THE PROPOSED RHONDDA CYNON TAF HOMELESSNESS STRATEGY 2018-2022**

Members were asked to scrutinise the suitability of the proposed draft Rhondda Cynon Taf Homelessness Strategy 2018-22 and following this to make recommendations in respect of the strategy.

To begin, the Head of Public Protection asked Members to consider the Wales Audit Office National Report.

In January 2018, the Wales Audit Office issued their report “How Local Government manages demand – Homelessness”, which reported on how effectively Local Authorities across Wales had implemented the new legislation that became operational in 2015. This report made eight recommendations. The Council has produced an Action Plan in response to these recommendations

Members were asked to scrutinise the Council's action plan in relation to how the Council will address these recommendations.

The Chair began by stating that it was a very detailed report and gave his support to the action plan.

A Member asked if any data was available to compare pro-rata with Cardiff Council. The Head of Public Protection advised that RCT are doing very well with homelessness prevention, however Members were advised that it is a very complex issue.

Following discussion, Members **RESOLVED** to approve the action plan. It was agreed that the matter would be referred to Audit Committee in December.

Members were then given a presentation by the Supporting People, Partnerships and Domestic Abuse Manager in relation to the Homelessness Strategy 2018-22.

Members were advised that new Homelessness legislation in Wales became operational on the 28th April 2015 via Part 2 of the Housing (Wales) Act 2014. This Act placed new duties on Local Authorities to help anyone seeking housing advice and assistance, with an emphasis on prevention of homelessness via early intervention to tackle the causes of homelessness in a strategic and co-ordinated way.

The Act requires all Welsh Local Authorities to carry out a review of homelessness for its area and formulate and adopt a Homelessness Strategy by the end of 2018, with a new homelessness strategy every fourth year thereafter.

The review of current homelessness services in RCT highlights how the Council has a very well developed multi agency approach. However, although there are wide ranges of prevention services across RCT that are working well, there are areas where more work is required to address need:

- There are limited services for male victims of domestic abuse;
- A high proportion of clients who present as homeless have complex needs with substance misuse and mental health problems increasing;
- Bed and breakfast accommodation is still used to place young people and those with a mental health need;
- There is a shortage of single person accommodation across RCT;
- Access to suitable affordable housing is difficult, particularly one bed single person accommodation;
- Demand for social housing is very high;
- There is a need to make better use of the private rented sector;
- A lack of specialist accommodation with support for young people;
- There are concerns about Welfare Reform and the impact that will have on homelessness presentations and other services;



- There are difficulties for ex –offenders to access accommodation.

The Homelessness Strategy 2018-22 has three key objectives:

- Objective 1 – Preventing homelessness and repeat homelessness from occurring, wherever possible, therefore reducing homelessness;
- Objective 2 – Ensuring that appropriate support and accommodation, including temporary and emergency accommodation, is available to meet the needs of homeless and potentially homeless people;
- Objective 3 - Ensuring people with housing support needs have these fully assessed and have access to services to maintain independent living.

The Homeless review found that the existing strategic aims and prevention activity have helped deliver effective results in the face of increasing demands on services. It is anticipated there will be further increasing demands on Housing Advice, Homelessness and Supporting People services in the future.

The key objectives will allow the Council to meet its statutory obligations in accordance with the Housing (Wales) Act 2014 and build on the good work already in progress.

Members were given the opportunity to ask questions.

The Chair began by giving his thanks for such a comprehensive report.

The Chair directed Members to answer the question “Does the Committee agree with the strategic objectives and the actions proposed”.

The Chair of the Overview and Scrutiny Committee voiced his concerns regarding the accommodation available for young people. He explained that this was not surprising given the large increase in fostering in the County Borough. He queried how we could link this with education. He also questioned what we could do to help veterans who are suffering with PTSD and he questioned what could be done for residents who live in a caravan for 10 months of the year and are then classed as homeless. The Supporting People, Partnerships and Domestic Abuse Manager advised Members that in relation to homelessness and young people, this is something that they are aware of and they are working with children services to resolve this issue. In relation to War Veterans, Members were advised that the homelessness policy prioritises veterans even before they become homeless. Concerning residents who live in caravans, Members were told that each case is assessed individually and looked at on a case-by-case basis.

A Member commented on the difference in housing benefit allowance rates between different geographical areas. The Member pointed out that in certain areas the local housing allowance can be less and is not enough to cover the increasing rent areas. Members were advised that this issue is something that they are aware of and that they have requested that the Welsh Government look at it in more detail.

Discussions ensued and a Member queried if officers have looked at the impact of on the wider community of using temporary accommodation for homeless people, for

example bed and breakfast hotels. The Committee was advised that temporary accommodation can be challenging given the complex needs of many clients placed in them however however they are looking at more sustainable accommodation options to deal with this issue. Their key objective is for people to be placed in appropriate emergency accommodation and decisions on what accommodation to use do take account of the community in which that accommodation is located.

A Member commented that the strategy seems very positive. The Member stated that the difficulty is helping residents to sustain a tenancy once it has been secured. The Member stated that many of these tenants will have issues surrounding substance misuse or are ex-offenders. This can lead to anti-social behaviour in the community. It was agreed that it is a complex issue and that the needs of tenants are becoming more apparent. The Member felt that there are problems with the way Housing Associations serve the community. These issues need addressing. Members were advised that this is a very complex issue and that they are working to support residents with their rehabilitation and to help them maintain a tenancy agreement.

A Member queried if the age group of people wanting accommodation has changed over the years. The Member was advised that they do keep a close track on changing demographics and that, in particular, there has been an increase in applications for accommodation from older residents and single households. In some areas, there is a significant under supply of single people accommodation. Members were told that the changing demographics are regularly monitored and taken into account as part of the housing needs assessment. A key priority is to look at the private rented sector, which can be more flexible in terms of meeting the needs of the individual. There is also a need to look at shared accommodation. Members were given an example of a hostel in Pontypridd where there are specific support workers on site and the homeless get access to a meal. When the temperatures drop, everyone who attends is provided with accommodation.

Members were advised that they are looking at reviewing the community safety arrangement and, in particular, how they respond to anti social behaviour. Members were told that the Public Service Delivery, Communities and Prosperity Scrutiny Committee (Crime and Disorder) will be looking at this issue in February. Members were told that there is a need to find a balance between anti-social behaviour and providing the appropriate support to residents. The Chair commented that this issue has been covered in a working group and he agreed that it is a very complex issue.

The Chair of the Overview and Scrutiny Committee agreed that social landlords need to do more to better serve the community. He referenced Trivallis and the fact that they have a large number of void properties. They have the facilities there to accommodate single people but they do not bring the facilities up to a satisfactory standard. They do not manage the facilities appropriately and this has created a shortage in the County Borough. The Chair confirmed that the Chief Executive from Trivallis did attend a Committee last year. The Director of Public Health, Protection & Community Services advised Members that the Council is working closely with Trivallis to address Member's concerns. Members were advised that the problems associated with housing management are exacerbated by how they communicate with tenants and elected members. The Director agreed that there are challenges in

some areas and void properties that could be let out to tenants should be re-let to address demand.

The Chair of the Overview and Scrutiny Committee maintained that there is a need for single people accommodation in the area and that housing providers are not maintaining the available facilities. The Chair suggested that it might be possible to invite social landlords onto the work programme.

A number of Members agreed that social landlords are an important issue and that there are challenges around anti-social behaviour and the way they communicate with tenants. A Member pointed out that staff who work at housing associations are also frustrated and that we have to be mindful of classing all housing managers as the same. A Member also commented that there are a number of health and safety issues surrounding the lack of maintenance in housing associations.

The Chair agreed to ask the chief executive at Trivallis to come in for a discussion with Members of the committee. The Chair of the Overview and Scrutiny Committee felt that it should be an all Member meeting.

The Chair agreed that there is an urgent need for investment in social housing across the County Borough and that this is a long-term issue that needs addressing.

Following discussion, Members **RESOLVED** to agree with the strategic objectives and the actions proposed in the strategy.

Chair Cllr R. Yeo

The meeting closed at 6.15 pm.

Tudalen wag

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL  
MUNICIPAL YEAR 2018/19**

**HEALTH & WELLBEING SCRUTINY  
COMMITTEE**

**18<sup>TH</sup> December 2018**

**REPORT OF THE GROUP DIRECTOR,  
COMMUNITY & CHILDREN'S SERVICES**

**Agenda Item No. 3**

**UPATE ON DELAYED  
TRANSFER OF CARE**

**Author: Gio Isingrini, Group Director, Community & Children's Services  
Tel. No. 01443 424140**

**1. PURPOSE OF THE REPORT**

- 1.1 The purpose of this report is to inform Member of the Health and Wellbeing Scrutiny Committee of the Cwm Taf Social Service and Wellbeing Partnership Board Delayed Transfers of Care Report for November 2018

**2. RECOMMENDATIONS**

It is recommended that Members:

- 2.1 Acknowledge the Cwm Taf Social Services and Wellbeing Partnership Board Delayed Transfer of Care report for November 2018
- 2.2 To Receive an update in respect of Delayed Transfers of Care in a future meeting to consider the impact of winter pressures on the service.
- 2.3 To acknowledge the work undertaken by RCT Social Services staff

**3. REASONS FOR RECOMMENDATIONS**

- 3.1 To acknowledge the Cwm Taf Social Services and Wellbeing Partnership Board Delay Transfer of Care report (Appendix 1) and scrutinise its content.

**4. BACKGROUND**

- 4.1 As part of the Health and Wellbeing work programme it is agreed that the Committee receive regular updates on where the Local Authority Stands in

respect of the delayed transfer of care.

- 4.2 A delayed transfer of care is a hospital inpatient who is ready to move on to the next stage of care but is prevented from doing so for one or more reasons. The next stage of care covers all appropriate destinations within and outside the NHS.
- 4.3 The report attached at Appendix 1 is to inform Members of the work carried by the Cwm Taf Social Services and Wellbeing Partnership Board which is made up of Rhondda Cynon Taf CBC, Merthyr Tydfil CBC, Cwm Taf Health Board and Third Sector Organisation.

## **5. EQUALITY AND DIVERSITY IMPLICATIONS**

- 5.1 There are no implications associated with this report

## **6. CONSULTATION**

- 6.1 This is an information report for Scrutiny members

## **7. FINANCIAL IMPLICATION(S)**

- 7.1 There are no financial implications associated with this report.

## **8. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED**

- 8.1 Any provision of services would need to be considered in accordance with the Social Services and Wellbeing (Wales) Act 2014 (the "Act"). Local Authorities have a general duty under the Act to promote wellbeing. This duty applies when considering decisions in respect of an individual but also when considering broader strategic issues that do not relate to an individual. In doing so, the overall purpose is to produce a sustainable and diverse range of care and support services to deliver better, innovative and cost-effective services and support and promote the wellbeing of every person, and carer, with the need of care and support.
- 8.2 In addition, the Act and accompanying Part 4 Code of Practice sets out that where an Authority has carried out an assessment which has revealed that the person has needs for care and support then the local authority must decide if those needs meet the eligibility criteria, and if they do, it must meet those needs.

## **9. LINKS TO THE CORPORATE AND NATIONAL PRIORITIES AND THE WELL-BEING OF FUTURE GENERATIONS ACT**

- 9.1 This report supports two of the [Council's corporate priorities](#), namely:

- People - promoting independence and positive lives for everyone
- Living within our means - where services are delivered efficiently to achieve value for money for the taxpayer

## **10. CONCLUSION**

- 10.1 This report aims to update Scrutiny members on the Delayed Transfer of care position in the Cwm Taf region





**CWM TAF SOCIAL SERVICES AND WELLBEING PARTNERSHIP BOARD  
DELAYED TRANSFERS OF CARE REPORT FOR November 2018**

**Total : 34**

<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Mature relationships across the Cwm Taf area, both at an operational and strategic level, with a willingness to work collaboratively.</li> <li>• Continued evidence of joint working across the UHB and local authority boundaries including regular meetings to progress the discharge of a number of complex patients and to ensure that actions are prioritised.</li> <li>• Monthly meetings of the joint senior management team to discuss each individual case reported as a DTOC and agree associated action plans.</li> <li>• Weekly attendance at patient flow meetings in YCC and YCR</li> </ul>
<b>Weakness</b>	<ul style="list-style-type: none"> <li>• Family engagement with the choice process.</li> <li>• Length of time taken for cases to be heard by the Court of Protection.</li> <li>• Limited domiciliary care provider capacity in some areas at peak times of the day and certain geographical areas, particularly Talbot Green, Tonteg, Pontyclun and Beddau and north Cynon</li> </ul>
<b>Achievement</b>	<ul style="list-style-type: none"> <li>• Continued development and evaluation of the Stay Well @ Home service along with plans for the development of phase 2.</li> <li>• @Home pathway for the local authorities.</li> <li>• Ongoing development of the Cwm Taf Partnership Transformational Delivery Proposal</li> </ul>

## RHONDDA CYNON TAF CBC

### Validated DToC Data

23 cases reported as delayed transfers of care for November 2018 (October = 29) and the reasons were:-

2.01.03 x 1  
2.03.01 x3  
2.04.02 x 1  
3.02.02 x1  
5.01.03 x1  
7.01 x1  
7.03.01 x2  
7.03.04 x2  
7.03.05 x2  
7.03.06 x1  
7.03.10 x1  
7.04.04 x2  
7.05.04 x 1  
1 7.06 x1  
8.01 x3

Issues of particular note this month relate to: -

- Availability for some domiciliary care providers continues to be a concern - however the situation is easing and there are positive signs of improvement

Service area	Pressures identified / Predicted
Re-ablement	Currently there are no capacity issues in the re-ablement service.
Home Care (short term)	Some pressures with capacity identified in short term services due to an increase in demand for community packages of

	support. Hospital discharges are being prioritised and agency workers are in post..
Home Care (long term)	<p>There continues to be increasing demand for home care as we support more people to live at home rather than residential care. This is putting pressure on supply and capacity in some areas of the county at “peak call” times and certain geographical areas as providers struggle to recruit staff in these areas. Although this is being managed across care providers to minimise impact on delays awaiting commencement of care packages. Recruitment and retention issues in the care profession are higher than average.</p> <p>While there are some issues with provider capacity over recent months, we are continuing to actively support and work with providers across the sector to build capacity and resilience to improve the stability of the market. Support in the short term is provided by the local authority 'Holding' Service as a short term measure if there is a lack of capacity in the independent sector. The broker process is working well, supporting the commissioning of domiciliary care to stream line process and free up assessment time.</p> <p>As a result of the CQC stage 6 announcement regarding Allied Healthcare and the subsequent announcement from Allied Healthcare that they will cease to operated as of 14<sup>th</sup> December 2018, we have been actively working with another provider on our framework to transfer the packages of care by the 6<sup>th</sup> December. This will result in one less provider operating in that LOT area. The transfer is being monitored closely.</p>
Residential care	There continues to be sufficient capacity within residential homes.
Nursing Care	Overall, general nursing care capacity has improved and is sufficient to meet current demand.
Specialist Dementia care	There is currently capacity within the dementia residential and nursing settings, although homes can decline to take people with the most challenging needs. To reduce this risk there is a small Specialist Dementia Team to support people with dementia and behaviours that challenge and it provides training and support plans for staff. The plan is to further extend the working hours of the team in 2018/19.
Summary of Escalating Concerns	Three providers were subject to escalating concerns, 1 care home, 1 home care provider and one was for information purposes only. The outcome of the Multi Agency Operational Group (MAOG) meeting was as follows:

	<p>The care home provider is no longer subject to JIMP, the embargo has been lifted and phased admissions agreed on the basis of (4 admissions per month (1 per floor) to be agreed by Adult Services (Residential) and CTUHB (Nursing &amp; CHC). The home will continue to be monitored via MAOG to ensure the improvement is sustained particularly in light of the phased admissions.</p> <p>The Home Care Provider was also discussed and improvements noted. The temporary embargo has been lifted. They also remain subject to monitoring at MAOG again to ensure that the improvements are sustainable.</p> <p>The other home care provider discussed for information is Allied for the reasons as mentioned above.</p>
<p>Assessment and Review (inc hospital based SWs)</p>	<p>Short term assessment services no longer have a waiting list in place with cases are being allocated daily.</p> <p>Care &amp; support social work teams continue to be under pressure to meet demand from both hospital and the community, Referrals are prioritised and managed across localities as necessary, in order to provide a timely response.</p> <p>The referrals to the Court of Protection continue with associated challenges in relation to timescales but a number of people who were previously awaiting a court decision have now moved into a care home setting this month</p> <p>Hospital discharges are facilitated by the Single Point of Access within a timely manner and within agreed protocols.</p> <p>The SW@H service continues to successfully discharge individuals from A&amp;E/AMU/CDU and also working with the wards to facilitate timely discharges where appropriate.</p>
<p>Waiting lists</p>	<p>Discharge planning meetings are now timetabled every 2 weeks to develop integrated working relationships across discharge liaison and social work services, with CTUHB, Merthyr CBC and RCT partners. This will enable further development and streamlining of hospital discharge processes and practice.</p> <p>Team managers from care and support attend patient flow meetings with partners each week at YCC and YCR to support effective communication and prompt responses.</p>

	<p>Care and support teams manage waiting lists for allocation but hospital discharges are prioritised and continue to be allocated on receipt of referral.</p> <p>Additional funding from the USC ICF will further assist in reducing the number of admissions to hospital, create some additional capacity to reduce length of stay in hospitals and minimise delays in a person's discharge from hospital.</p>
Workforce	<p>We have filled the hospital discharge social work vacancies. Long term sickness remains problematic in the care and support teams but agency workers remain in position to support this and maintain the flow of work.</p> <p>The discharge coordinators are working effectively across the 4 Cwm Taf hospital sites supporting patient flow and discharge arrangements.</p> <p>Workforce recruitment and retention in the independent sector remains a challenge, particularly in respect of home care, care workers and nurses / RMN's in care homes. A regional workshop has been held with the sector representatives earlier this year and an action plan has been developed with a further workshop held on 3<sup>rd</sup> October 2018. Two priority areas have been identified and now needs to be progressed with involvement from other partner agencies</p>
Other	No issues of particular note.
<b>Action update from previous month RCT</b>	
<b>Updated actions agreed for RCT</b>	
No issues of particular note.	No issues of particular note.

**MERTHYR TYDFIL CBC**

**Validated DToC Data**

8 cases reported as delayed transfers of care in November 2018 ( October =6) and the principal reasons were:-

- 1.01 X2
- 2.01.04 x1
- 2.03.01 x 3
- 3.05.06 x1
- 7.06 x1

Service area	Pressures identified / Predicted
Re-ablement	No issues of note
Home Care (short term)	<p>There continues to be high levels of requests for service including complex packages of care Increased capacity issues within the long term domiciliary care is impacting on the move on from this service. Whilst work is ongoing to resolve this no short term solutions have been identified to date.</p> <p>The position has deteriorated with one of the domiciliary providers being unable to meet the existing demand resulting in the inability to move packages of care from the intake team. There has been a decrease in availability within the long term domiciliary care services over a period of time and this has resulted in limiting the capacity to meet the demand at this time and delays in obtaining packages of care in the community. Meetings are on-going with providers to deal with this.</p> <p>The position has deteriorated with one of the domiciliary providers being unable to meet the existing demand resulting in the requirement to seek alternative provision at short notice which has included drawing on other providers and cancellation of packages such as escort and sitting services to ensure people's personal care needs are being met.</p> <p>One domiciliary care provider will cease trading in December and these hours are in the process of being transferred to an alternative provider within the existing framework this position has affected the immediate capacity due to the requirement to transfer over to the new provider.</p>

Service area	Pressures identified / Predicted
Home Care (long term)	<p>There has been a decrease in availability within the long term domiciliary care services over a period of time and this has resulted in limiting the capacity to meet the demand at this time and delays in obtaining packages of care in the community. Meetings are on-going with providers to deal with this.</p> <p>The position has deteriorated with one of the domiciliary providers being unable to meet the existing demand resulting in the requirement to seek alternative provision at short notice which has included drawing on other providers and cancellation of packages such as escort and sitting services to ensure people's personal care needs are being met.</p>
Residential care	Overall there is capacity within the sector.
Nursing Care	Overall there is capacity within the sector however there are occasions where the complexity of the individuals needs cannot be met in more than one home.
Specialist Dementia care	Limited capacity for EMI residential nursing places in Merthyr Tydfil.
Summary of Escalating Concerns	Domiciliary care provider will cease trading in December and packages of care delivered by them are transitioning to an alternative provider.
Assessment and Review (inc hospital based SWs)	There are 2 delays awaiting assessment this is due to 1 social worker sickness over the census period
Waiting lists	<p>No waiting lists are in operation for the social work teams. Waiting list in place for community occupational therapy which is predominantly assessments for lower level support needs.</p> <p>Due to the lack of capacity within the long term domiciliary care sector there are now waiting lists for new packages of care. The service is attempting to minimise the impact on hospital discharges by maximising the number of packages they can take which is having an impact on more complex packages being discharged</p>
Workforce	No issues of note within the directly delivered service though domiciliary care providers are experiencing recruitment difficulties. Current vacancies exist within the care management teams and these are in the process of recruitment.

Service area	Pressures identified / Predicted
Other	No issues of particular note.
Action update from previous month MT	Updated actions agreed for MT
No issues of particular note.	No issues of particular note.



## CWM TAF UHB

### Validated DTOC Data

There are currently 3 out of areas dtoc

2.01.03 x1 Cardiff

2.03.01 Vale of Glamorgan

4.02 x Caerphilly

Service area	Pressures identified / Predicted
Prince Charles Hospital	4 delays (3 recorded in October 2018) 2.03.01 x2 2.04.02 x1 4.02 x 1
Royal Glamorgan Hospital	Delays = 4 (6 delays Oct 2018)  2.03.01 x2 7.01 x1 7.04.04 x1 8.01 x 1
Ysbyty Cwm Cynon	Delays =9 (11 delays in Oct 2018) 1.01 x2 2.03.01 x4 3.02.02 x1 7.06 x1 8.01 x1

Service area	Pressures identified / Predicted
Ysbyty Cwm Rhondda	Delays= 11 (Oct 9 delays 2018) 2.01.04 x1 7.03.01 x2 7.03.04 x1 7.03.05 x2 7.03.06 x1 7.04.04 x 1 7.05.04 x1 7.06 x1 8.01 x 1
Community Services	No issues of particular note.
Primary Care	No issues of particular note.
Mental Health	Delays = 5 (7 delays in Oct 2018) 2.01.03 x 2 3.01.03 x1 5.01.03 x1 7.03.04 x1
Workforce	All posts are filled
Other	No issues of particular note.

Service area	Pressures identified / Predicted	
<b>Action update from previous month UHB</b>	<b>Updated actions agreed for UHB</b>	
<p>Work continues in collaboration with local authority colleagues to move patients to the most suitable environment as quickly as possible.</p> <p>The demand for care packages and the difficulty in securing of care packages in some areas continues, we are jointly working through this issue to provide a longer term solution ahead of the winter.</p> <p>Whilst there continues to be a number of patients where legal decision are essential to aid the discharge process mainly around court of protection issues as well as exploring eviction, we have had court dates for some long standing patients which is a positive move forward.</p>	<p>Regular meetings are being held with health and local authority officers to progress the discharge of a number of complex patients and to ensure that actions are prioritised.</p>	

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## RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

### HEALTH AND WELLBEING SCRUTINY COMMITTEE

#### MENTAL HEALTH AWARENESS

#### REPORT OF THE DIRECTOR OF COMMUNICATIONS & INTERIM HEAD OF DEMOCRATIC SERVICES

**Author: C. Hanagan, Director of Communications & Interim Head of Democratic Services**

**Tel: 01443 424045**

#### **1. PURPOSE OF THE REPORT**

The purpose of this report is to seek Members' agreement on the most appropriate method to progress the Notice of Motion as presented and agreed at the Council meeting held on the 24<sup>th</sup> October 2018 in respect of the promotion and support of Mental Health issues amongst Council staff and the residents of the County Borough.

#### **2. RECOMMENDATIONS**

It is recommended that Scrutiny:

- 2.1 Acknowledges the current provision of Mental Health Services in place across the County Borough;
- 2.2 Consider how best to Identify the most effective way of promoting existing support and mechanisms in place for Council employees and residents of RCT who are experiencing emotional distress; and
- 2.3 Instruct Officers to bring forward specific recommendations to progress this matter, to a future meeting of this committee.

#### **3. BACKGROUND**

- 3.1 Members will recall that at the meeting of Council held on the 24<sup>th</sup> October 2018, the following Notice of Motion was considered and agreed that it would be dealt with by the Health & Wellbeing Scrutiny Committee and the outcomes reported back to a future meeting of the Council:
- 3.2 The following Notice of Motion standing in the names of County Borough Councillors W. Treeby, J. Harries, L.M.Adams, D.R. Bevan, H. Boggis, J. Bonetto, S. Bradwick, J. Brencher, A. Calvert, G. Caple, A. Crimmings, A. Davies-Jones, L. De. Vet, J. Elliott, S. Evans, M. Fidler Jones, M. Fore, A.

Fox, E. George, M. Griffiths, G. Holmes, G. Hopkins, G.W. Hughes, G. Jones, R. Lewis, W. Lewis, C. Leyshon, A. Morgan, S. Morgans, M.A.Norris, D.Owen-Jones, S. Pickering, S. Powderhill, S. M. Pwell, S. Rees, A. Roberts, J. Rosser, R. W. Smith, G. Stacey, M. Tegg, G. Thomas, R. K. Turner, M. Webber, D. H. Williams, T. Williams, C. J. Willis and R. Yeo.

“With Mental Health Awareness Day falling on the 10<sup>th</sup> October, this Council lends its support to the Samaritans working with Compassion campaign – designed to increase awareness and promote compassion in the workplace.

The Council notes the link between suicide rates and socioeconomic deprivation and resolves to raise awareness and improve understanding of the support available to individuals experiencing emotional distress.

This Council also reaffirms its support to the Welsh Government’s Talk to Me 2 Campaign to ensure that the necessary provisions are in place to prevent instances of suicide where possible.

As a part of this the Council will ask the relevant Scrutiny Committee (Health and Wellbeing) to consider the most effective means of understanding an internal awareness raising campaign to promote the support available to employees, and also the most appropriate method for increasing awareness and understanding amongst residents of the County Borough “

- 3.2 In order to advance the matter as expeditiously as possible it is proposed that an overview of the current measures in place to raise awareness and support individuals experiencing emotional distress is presented to the Health & Wellbeing Scrutiny Committee in the first instance.
- 3.3 It is considered that the Health & Wellbeing Scrutiny Committee will assess this information and identify the most appropriate way in which to further promote existing Mental Health services and support to staff and residents by means of an awareness raising campaign.
- 3.4 It was also acknowledged by the Council that it reaffirms its support to the Welsh Government’s Talk to Me 2 Campaign so it is proposed that Scrutiny incorporates this into its recommendations upon completion of its work and reports its findings to Council.

#### **4. EQUALITY AND DIVERSITY IMPLICATIONS**

- 4.1 Equality and diversity implications will be considered as part of the Scrutiny Committee’s recommendations and any subsequent implementation arrangements

#### **5. CONSULTATION**

- 5.1 There are no consultation implications arising, as yet, from this report.

#### **6. FINANCIAL AND RESOURCE IMPLICATIONS**

6.1 Financial and resource implications will be considered as part of the Scrutiny Committee's recommendations and any subsequent implementation arrangements

## 7. **CONCLUSION**

7.1 The information presented to the Health & Wellbeing Scrutiny Committee seeks to propose appropriate arrangements by utilising previous good practice in order to develop a policy proposal that was presented and agreed through a Notice of Motion. It is important that this report also seeks to ensure that there is sufficient opportunity for any future recommendations made by the Health & Wellbeing Scrutiny Committee to be implemented as soon as possible so as to ensure relevant support is in place to support individuals experiencing emotional distress.

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