



**RHONDDA CYNON TAF COUNCIL COMMUNITY SERVICES SCRUTINY COMMITTEE**  
Minutes of the hybrid meeting of the Community Services Scrutiny Committee meeting held on  
Monday, 28 November 2022 at 5.00 pm

**County Borough Councillors - Community Services Scrutiny Committee Members  
present in the Council Chamber:-**

Councillor J Bonetto (Chair)    Councillor R Davis  
Councillor N H Morgan

**County Borough Councillors - Community Services Scrutiny Committee Members  
present online:-**

Councillor G E Williams    Councillor S Bradwick  
Councillor A Fox    Councillor H Gronow  
Councillor D Owen-Jones    Councillor D Parkin  
Councillor A Roberts    Councillor T Williams

**County Borough Councillors in attendance**

Cllr G Caple, Cabinet Member for Health and Social Care

**Officers in attendance**

Ms A Lloyd, Service Director, Children's Services  
Mr P Mee, Chief Executive  
Mr P Nicholls, Service Director, Legal Services  
Ms S Nowell, Head of Transformation  
Mrs C Tyler, Service Development Officer, Children's Services  
Mrs T Watson, Senior Democratic and Scrutiny Officer

**Invitees in attendance**

Mr A Rome, Director, Evolution Consulting  
Mr J Stanley, Principal, National Centre for Excellence in Residential Child Care

**18 APOLOGIES FOR ABSENCE**

Apologies of absence were received from County Borough Councillors A J Ellis, D Evans, and G Stacey.

**19 DECLARATION OF INTEREST**

In accordance with the Council's Code of Conduct, the following declarations were made pertaining to the agenda:

Agenda Item 4 – Children's Services Residential Transformation Strategy

- County Borough Councillor D Parkin – Personal – 'I am a Foster Carer'.

## Agenda Item 5 – Rhondda Cynon Taf Children’s Services Workforce Strategy 2021-2024

- County Borough Councillor R Davis – Personal – ‘I work for the Open University, that was mentioned in the report’.

### 20 MINUTES

It was **RESOLVED** to approve the minutes of the 24<sup>th</sup> October 2022 as an accurate reflection of the meeting.

### 21 CONSULTATION LINKS

Members acknowledged the information provided through the consultation links in respect of open consultations, Welsh Government consultations and those matters being consulted upon by the local authority.

### 22 CHILDREN'S SERVICES RESIDENTIAL TRANSFORMATION STRATEGY

The Director of Children’s Services began by advising Members that this report was being brought for the purposes of pre-scrutiny, before providing Members with an overview of Section 4, including advising Members that in January Children’s Services had brought forward to cabinet an approved Looked After Prevention Strategy, which set out the range of services needed to make sure families were supported well. Section 5 set out the current situation and the table at 5.1, broke down the settings where the 640 looked after children, were living with Section 5.2, providing a summary of RCTs existing provisions. Section 6 set out how the strategy had been prepared and summarised some of the work that had involved partners both in terms of other organisations, and across, council as well. The evaluation of that work had led to a schedule of needs, and 3 subgroups would report to the steering group and coordinate the delivery work detailed in the action plan, found at the bottom of Appendix B. Section 7 provided a summary of the types of settings needed and Section 12, highlighted some of the sources of funding, although Members were advised a decision was still awaited from Welsh Government (WG), in terms of the £17.1 million that had been assessed, would be required to deliver over the next three years.

Members were asked to keep in mind, when scrutinising the report, the sufficiency duty, under the social services and wellbeing act, and the role of a corporate parent, to seek, for children in looked after services, the same outcomes that every good parent would want for their own children. The Director of Children’s Services concluded that the Council was clear that it had a sufficiency duty and would need to change, and change quite radically, to meet that, and what was being sought in the strategy and related action plan, was to commit to evidence based needs and developing those settings, keeping an eye on quality and outcomes of young people's wellbeing, at the very centre, whilst doing that work.

A Member asked what happened if some for-profit organisations, exited the sector, was the Council making any specific provisions to ensure that these children could still be taken care of.

The Director of Children’s Services explained that at present, there was considerable uncertainty. A Welsh Government consultation has taken place in

line with the intention to change legislation. From a provider perspective, there was currently a sense that there had been a lack of detailed information about the models of business that would enable them to make a clear decision, and a couple had already exited from the marketplace. As part of the strategy, there were 2 actions to co-ordinate. One to work with some of the known and trusted providers, to try and understand what their intentions were, around future operating in a not-for-profit model. The other step was to make sure that all providers of residential care who were looking after RCT children, had those important relationships with those staff members, to make sure that ideally there is no disruption to their arrangements, but at present it would be wrong to give the impression that there was sufficient clarity about next steps in this

A Member sought clarification of the process for developing a provision, providing an example of a HMO2 becoming a children's home, in his ward.

The Director of Children's Services informed Members that, a clear request is published on the RCT website from RCT Children's Services to any business or provider seeking to establish a new business, that provided accommodation, care, and support, for young people, to speak to the Council first, to ensure a suitable mixed economy was developed. Significant lengths had been gone to, to ensure that there was a clear enough understanding of what the needs were, so it concerned the Director of Children's Services when there were plans to develop a provision, that she was unfamiliar with.

A Member stated that the WG's drive to take profit out of the equation was very laudable but wondered whether this would drive unintended consequences and cut across the drive, to reduce the number of residencies outside of county. If this was the case, how would this risk be managed.

The Director of Children's Services explained that the legislative intention was wholeheartedly agreed with, and the journey towards that would commence with some element of re-balance, while managing the risk and developing services, some of which would be emergency accommodation. The Director of Children's Services hadn't seen a significant change in the numbers of new placements being made, out of county and where emergency accommodation needed to be developed, this had been in county. In terms of that out of county balance, the Director of Children's hoped Members could see that, in preparing the strategy, the intention to have the right services close to home, to travel towards no longer making out of county placements, however there was an exception. There were some unusual sets of circumstances where RCT would not be able to coordinate the level of care well, without having to tolerate high levels of voids, which was for the most complex needs, with those best delivered regionally, which was clearly highlighted as part of the regional partnership board work and work alongside CAMHs and education as well. Additionally, as local authorities developed their provision there would be opportunities for positive collaboration between neighbouring authorities, which would be important in terms of meeting young people's needs. So young people would still be close to home, but perhaps the setting that were really suitable would be available in Bridgend, or Merthyr Tydfil.

A Member asked if the local authority had any young people living in bed and breakfast accommodation, and if so, were they moved as soon as possible. The Member also highlighted, that the report indicated that other local authorities used some of RCT's accommodation and asked how much of an impact this had on the local authority.

The Director of Children's Services advised there were no RCT under 18-year-olds in bed and breakfast accommodation. What was referenced in the strategy, was that there was a great need for suitable accommodation for care leavers> The council has seen an increase in the number of 18 plus young people, particularly those who were maybe not engaged with the services available, in emergency accommodation and some of those young people were at risk of homelessness. From time-to-time bed and breakfast was used for 18 plus, when there was no alternative and what was sought through the strategy, was to also make sure there was suitable accommodation for 18 plus young people. Accommodation across the field was a very significant challenge and the Service would continue to make sure that accommodation and support services were developed for 16 plus young people and care leavers, who were older than 18 as well. The breakdown of the number of care inspectorate Wales registered settings, in RCT was around, 50 beds, and this is sufficient in terms of quantity alone. However, only RCT is using a small portion of those. That aspect of the report and the strategy was referring to independently provided provisions, so those are not RCT owned or RCT provided provisions. This reflects the shortfalls of the market provision that obviously those providers of residential care were committed to making sure that they were providing services and they were receiving young people from outside RCT, and those providers would all have to make a decision by the 2027 date, about their future as a not-for-profit business or not. In terms of RCT placement out of county, the vast majority of those young people, were in the South Wales region. A lot of them were quite close to home, with two in English settings and 5 in West Wales, and presently 1 young person in North Wales, who was in a specialist provision that wasn't available in South Wales.

A Member explained that in his ward there was going to be a complex for 4 flats, for over 18's in an area of deprivation and asked if this was the right place, for new build accommodation.

The Director of Children's Services explained the people being talked about were people from the community who needed to live in their communities. Included in the work, were proposals around location assessment involving, working together with elected Members. What concerned the Director of Children's Services the most, was the delay, with care leavers at risk of homelessness immensely. The Director of Children's Services understood that Council process would apply to this and was very keen that all supported care experienced young people and supported them to have a suitable location in their home communities, where they could live and thrive.

A Member asked, if people were placed out of County, did the Service try its best to keep them reasonable placed, providing an example of a person in the North of Scotland, placed there by another Council.

The Director of Children's Services explained that part of the looked after prevention strategy, was about making sure that that re-unification of families, was developed, and developing settings where the Service could continue to work with family members. It was a really important part of young people's heritage and their connection to their communities. The Director of Children's Services summarised that being close to home was so important to young people's wellbeing and identity, and certainly the distance described by the Member, although the circumstances were not known, would be difficult to endorse. The only exception would be that there was secure accommodation

available in Scotland, and the last time secure accommodation was needed, there were 2 places available in the UK, for 72 young people who needed it.

The Group Director, Community and Children's Services added that Members had got to the heart of the discussion, very quickly and the challenge of meeting the placement sufficiency duty, was significant at the best of times. The challenges that had been described, were even more so, in the context of WG's policy around eliminating profit, and the risk with that inadvertently reducing capacity in the sector and creating further pressure; so, there is a sense of urgency and pace required to this work. The consequences are significant and the reason the strategy was before Members was the need to increase the capacity, and do so closer to home, fairly rapidly, so children and young people were likely to have better outcomes, as well as receiving better support in the communities that they came from. Whilst taking onboard Members concerns about the right provision in the right place there is a pressing need to find facilities and locations in RCT that meet the needs of our vulnerable children and young people.

Members agreed that a further update to the Committee should be forthcoming within the next 6-12 to include more about the range of providers and their positions, and the implications for young people.

Following consideration by the Committee it was **RESOLVED** to authorise the Service Director for Children's Services to bring the Residential Transformation Strategy to Cabinet for approval following the Council's pre-scrutiny process whilst providing recommendations to Cabinet.

## **23 RHONDDA CYNON TAF CHILDREN'S SERVICES WORKFORCE STRATEGY 2021-24**

The Organisational Change and Transformation Officer advised Members that the purpose of the report was to provide information regarding RCT Children's Services Workforce Strategy 2021-2024. The Strategy set out the Council's response to the significant recruitment and retention challenges, being faced by the service, which were further exasperated by shortages in the labour market of qualified and experienced social work practitioners. Children's Services has a clear vision for its work force, that it is motivated, engaged and valued and that staff have the capacity, skills competence, and confidence to meet the needs of children and families. The strategy aims were outlined in more detail, in the report. Members were advised that a workforce plan had been developed which had focused on the seven themes highlighted in the Healthier Wales: Workforce Strategy for Health and Social Care in Wales 2020-2030 and the areas highlighted included engaged, motivated and healthy workforce, and the steps taken to date, included the implementation of an annual survey and results from the April 2022 survey, attached in Appendix A. The consultation had highlighted the need to ensure good communication and children's services communication cycle had been created, attached in Appendix B, which included quarterly service update infographics.

The Organisational Change and Transformation Officer concluded that the Services aimed to establish a seamless workforce model and were in the process of advertising for a lead manager for social work practise, as this would be a key role in the production, implementation, and evaluation of the model of practise within RCT children's services. There was a strong commitment within RCT children's services and across the wider council, through the workforce

strategy steering group, to achieve the aim of the workforce with sufficient numbers with the right values, knowledge and skills and everyone was continuing to work towards this in what is a very challenging workforce climate.

A Member sought clarification around the recruitment for the post of lead manager.

The Organisational Change and Transformation Officer explained that two people were shortlisted and interviewed but were not appointable at that point in time.

A Member sought clarification why 8 social workers had left, during the 6-month period between April 2020 and September 2020, as indicated on page 68 of the papers.

The Organisational Change and Transformation Officer noted that the exit interview process was now established, which was capturing exit data. A number of the reasons highlighted in the exit data included workload, work/life balance, as well as other reasons e.g., people wanting to work closer to home, so there was varied range of reasons.

A Member, acknowledging the exit interviews, asked if the data provided details if people were actually leaving the sector or were going to other local authorities, for example.

The Organisational Change and Transformation Officer advised that, although she didn't have that data with her, they did capture where people leaving the service were going to, with a number going to other local authorities, and some leaving the sector, as it was important to know where people were going, and why.

Following consideration by the Committee it was **RESOLVED** to acknowledge the information contained within the report.

## **24 SOCIAL SERVICES - HOSPITAL DISCHARGE PRESSURES**

The Interim Service Director: care and support delivery, transformation and integration began by advising Member that the report had been prepared to provide an update on the pressures across the Health and Social Care system and the impact on hospital discharges and the actions that were being taken. Members were then taken through the background, at section 4, to the report, including being advised that there was a clear interdependency between Adult Social Care in RCT and Cwm Taf Morgannwg University Health Board, in supporting people who had been in hospital to return safely to their usual place of residence or to the next stage of their care. In addition, people were supported to remain at home, rather than be admitted to hospital as a result of changes to the support people required. Members then received an overview, in respect of section 5, delayed transfers of care, and noted that a copy of the "Pathways of Care Delays" reporting system, was attached at Appendix 1.

The Interim Service Director: care and support delivery, transformation then provided Members with an overview of section 6, and a summary of the regional actions explaining that in July 2021, WG had launched its Six Goals for Urgent and Emergency Care Programme, which set out its expectations for health, social care, independent and third sector partners for the delivery of the right

care, in the right place, first time. A copy of the Six Goals Policy handbook was attached at Appendix 2, before providing highlighting to Members with regards to the Discharge to Recover then Assess (D2RA) and Welsh Government Initiative: 1000 beds / additional community capacity.

A Member raised a number of concerns at the front door of the hospital, and asked where the step-down beds, were coming from.

The Interim Service Director: care and support delivery, transformation and integration, agreed, that there were difficulties at the front door of the hospital, and demand had increased there. D2RA may help to identify people early on, e.g., for adaptations needed at home, allowing time to put those arrangements in place, but people would have to have completed their rehabilitation before they could be assessed effectively, for a long-term DFG. whilst it was recognised this could make things difficult for the individual initially, having to accept temporary aids and equipment to meet their needs it would be inappropriate to assess for substantial changes to a property until the persons full potential was established and this would not always be on discharge from hospital.

Sometimes in those situations, a step-down bed could be offered in a care home, but not always what an individual would choose. The Interim Service Director: care and support delivery, transformation, and integration, continued that there was no definitive start date for step-down beds in Parc Newydd or Ysbyty George Thomas, however there were 2 Community hospitals in RCT, where people could be stepped down (YCC and YCR), where they needed complex care planning. In addition, there were a number of care homes across the borough, which could support flow through from hospital depending on capacity which is currently limited.

In relation to D2RA, a Member asked what work had been done in terms of qualitative monitoring of the processes and understanding the reality.

The Interim Service Director: care and support delivery, transformation and integration, explained that the hospital discharge process, for an individual was a significant transition and the pressure was on the Service, to respond and make sure assessments, were of a good quality. D2RA would increase the occasions where individuals would be assessed, in their own homes, where it could be seen, holistically, their abilities, and was a better opportunity. It was recognised there were some risks to D2RA, but there were some controls, as well. There was a feedback loop, in that in-house providers and independent providers, had an ability to contact the duty team, if they felt the individual was no longer safe to be at home, so that the package of care could be enhanced, It is noted that individuals return to hospital after being discharged, and this had increased, but this didn't always mean they shouldn't have been discharged, as often the people concerned are frail, elderly or disabled, and their health was variable. Members were informed that CTM, were developing a frailty service, for older people, managed at the front door of the hospital, where they would be picked up, and considered by specialist professionals.

Whilst the Member was reassured, she wanted reassurance that the Service was tracking how well it was doing, as judged by service users and carers, particularly around communication.

The Interim Service Director: care and support delivery, transformation and integration, explained that one of the reasons for referring new home care

packages, to the in-house service, was so it could be monitored, to ensure the care being commissioned, was the right amount of care. Once satisfied that care was right-sized, it could be transferred to the independent sector. For those people who previously had a homecare, care package, who were going back to that provider, that provider would know that person/carer, and if there was any change, they would have a mechanism to come back to discuss that with the Service. Members were advised, that as both were regulatory services, they were required to survey their service users in terms of service, and were also regulated by the CiW, and similarly the care homes. With external providers, there were contract monitoring arrangements in place.

A Member noted, what wasn't in the report, was any reference to ensuring that medication was in place, when people were being discharged. The Member also raised concern about residents with learning difficulties and the times when they received their calls.

The Interim Service Director: care and support delivery, transformation and integration, explained that regarding the medication, this was ordered by the health staff on the wards, and the Electronic Whiteboard, should initiate the order in good time. The Service did manage medication, for some people, if they had a social care package, but this was managed through hospital staff. In relation to times of calls with home care, this was a very difficult area, as there was a limited number of home care workers available, at any one time and at certain times (such as first thing in the morning and in the evening demand for care would be at its height. If someone had a specific time e.g., associated with a priority need e.g., a mealtime for a diabetic, they should let the Service know, or if providers thought people were really struggling with that time, they would prioritise,

A Member agreed that assessments should take place at home, but sought clarification, around language barriers, for people leaving hospital.

The Interim Service Director: care and support delivery, transformation and integration, explained regarding communications for assessment, that there were Welsh speaking social workers, who could assess in Welsh. In addition, there was access to interpretation services for people who were deaf or deaf/blind, and whilst it was very rare to need interpreters for, for other languages this would be facilitated by the Service through existing arrangements.

A Member acknowledged that there was a shortage of carers and asked if this had a knock-on affect on getting people home.

The Interim Service Director: care and support delivery, transformation and integration confirmed that there was a shortage across domiciliary care and the care home sector, which prior to Covid, RCT had managed well with a buoyant care home and domiciliary care market, with the only area of concern dementia nursing, due to difficulty, in recruiting. Since the pandemic, there had been a decline in the workforce, which was a Wales wide and UK issue, with people having left the care sector. this is a priority, and for Social Care Wales, at an All-Wales level as well as for the council and its partners. Alongside Covid, Social Care Wales were embarking on a process to register, both the home care and care home social care workers, which may have deterred some, as this was an added burden on the individual to ensure they maintained their portfolio and training. Whilst this is a positive move to increase the quality of care for some in



this sector the option to choose an alternative job at similar pay without these requirements may be perceived as an easier option

The Member also asked what the local authority was doing in terms of the carer's workforce.

The Interim Service Director: care and support delivery, transformation and integration confirmed that the local authority made sure providers paid their staff, the living wage, with WG having paid bonuses to Care staff over the past 2 years to support their commitment. The Council also works with providers closely, to make sure that the training and development was available to their workforce. There is a strong procurement and commissioning team, and approach, with hands on support, to providers to help them manage their services effectively and support the wellbeing needs of their staff, the provision of PPE, etc. The priority was to meet with providers on a regular basis and consider the issues they were facing, with their business.

In conclusion, Members recognised that they had only scratched the surface and needed to go further in-depth with this topic, as it was a very complex issue.

Following consideration by the Committee it was **RESOLVED** to acknowledge the information contained within the report and receive a further update, on specific matters, to be agreed by the Committee.

## **25 INFORMATION REPORTS**

Members were advised of the report that was reported for information and were reminded if they had any queries in relation to this report, they should contact the Scrutiny mailbox.

## **26 CHAIR'S REVIEW AND CLOSE**

The Chair thanked everyone for attending the meeting, which had been an eye opener, in lots of ways. Members were reminded that the next meeting of the Community Services Scrutiny Committee (Crime & Disorder) would take place on Thursday 8 December, at 5pm, and the next meeting of the Community Services Scrutiny Committee, would take place on Monday 30 January 2023, at 5pm.

## **27 URGENT BUSINESS**

None

**This meeting closed at 6.58 pm**

**Cllr J Bonetto**