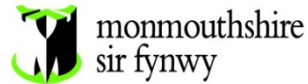


Public Document Pack



Neuadd y Sir
Y Rhadyr
Brynbuga
NP15 1GA

Dydd Llun, 2 Mawrth 2020

Hysbysiad o gyfarfod

Pwyllgor Craffu Oedolion

Dydd Mawrth, 10fed Mawrth, 2020 at 10.00 am
Neuadd Y Sir, Y Rhadyr, Brynbuga, NP15 1GA

AGENDA

**BYDD CYFARFOD CYN I AELODAU'R PWYLLGOR 30 COFNODION CYN I'R
CYCHWYN Y CYFARFOD**

Eitem ddim	Eitem	Tudalennau
1.	Ymddiheuriadau am absenoldeb	
2.	Datganiadau o Fuddiant	
3.	Fforwm Agored i'r Cyhoedd.	
4.	Adroddiad o'r Arolygiad Oedolion Hŷn – Archwiliad o ddarganfyddiadau'r adroddiad a'r camau gweithredu arfaethedig.	1 - 34
5.	Cadarnhau cofnodion y cyfarfod blaenorol	35 - 44
6.	Blaenrhaglen Gwaith y Pwyllgor Dethol Oedolion.	45 - 46
7.	Blaengynllun Gwaith y Cyngor a Chabinet.	47 - 58
8.	Cyfarfod Nesaf: Dydd Mawrth yr 21ain o Ebrill 2020 am 10.00yb.	

Paul Matthews

Prif Weithredwr

CYNGOR SIR FYNWY

MAE CYFANSODDIAD Y PWYLLGOR FEL SY'N DILYN:

Cynghorwyr Sir:

F. Taylor
L. Brown
L. Dymock
R. Edwards
M. Groucutt
R. Harris
P. Pavia
M. Powell
S. Woodhouse

C. Bowie
T. Crowhurst

Gwybodaeth Gyhoeddus

Mynediad i gopiâu papur o agendâu ac adroddiadau

Gellir darparu copi o'r agenda hwn ac adroddiadau perthnasol i aelodau'r cyhoedd sy'n mynychu cyfarfod drwy ofyn am gopi gan Gwasanaethau Democrataidd ar 01633 644219. Dylid nodi fod yn rhaid i ni dderbyn 24 awr o hysbysiad cyn y cyfarfod er mwyn darparu copi caled o'r agenda hwn i chi.

Edrych ar y cyfarfod ar-lein

Gellir gweld y cyfarfod ar-lein yn fyw neu'n dilyn y cyfarfod drwy fynd i www.monmouthshire.gov.uk neu drwy ymweld â'n tudalen Youtube drwy chwilio am MonmouthshireCC. Drwy fynd i mewn i'r ystafell gyfarfod, fel aelod o'r cyhoedd neu i gymryd rhan yn y cyfarfod, rydych yn caniatáu i gael eich ffilmio ac i ddefnydd posibl y delweddau a'r recordiadau sain hynny gan y Cyngor.

Y Gymraeg

Mae'r Cyngor yn croesawu cyfraniadau gan aelodau'r cyhoedd drwy gyfrwng y Gymraeg neu'r Saesneg. Gofynnwn gyda dyledus barch i chi roi 5 diwrnod o hysbysiad cyn y cyfarfod os dymunwch siarad yn Gymraeg fel y gallwn ddarparu ar gyfer eich anghenion.

Nodau a Gwerthoedd Cyngor Sir Fynwy

Cymunedau Cynaliadwy a Chryf

Canlyniadau y gweithiwn i'w cyflawni

Neb yn cael ei adael ar ôl

- Gall pobl hŷn fyw bywyd da
- Pobl â mynediad i dai addas a fforddiadwy
- Pobl â mynediad a symudedd da

Pobl yn hyderus, galluog ac yn cymryd rhan

- Camddefnyddio alcohol a chyffuriau ddim yn effeithio ar fywydau pobl
- Teuluoedd yn cael eu cefnogi
- Pobl yn teimlo'n ddiogel

Ein sir yn ffynnu

- Busnes a menter
- Pobl â mynediad i ddysgu ymarferol a hyblyg
- Pobl yn diogelu ac yn cyfoethogi'r amgylchedd

Ein blaenoriaethau

- Ysgolion
- Diogelu pobl agored i niwed
- Cefnogi busnes a chreu swyddi
- Cynnal gwasanaethau sy'n hygyrch yn lleol

Ein gwerthoedd

- **Bod yn agored:** anelwn fod yn agored ac onest i ddatblygu perthnasoedd ymddiriedus
- **Tegwch:** anelwn ddarparu dewis teg, cyfleoedd a phrofiadau a dod yn sefydliad a adeiladwyd ar barch un at y llall.
- **Hyblygrwydd:** anelwn fod yn hyblyg yn ein syniadau a'n gweithredoedd i ddod yn sefydliad effeithlon ac effeithiol.
- **Gwaith tîm:** anelwn gydweithio i rannu ein llwyddiannau a'n methiannau drwy adeiladu ar ein cryfderau a chefnogi ein gilydd i gyflawni ein nodau.

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SUBJECT: Older Adult CIW Inspection 2019 – Adults Social Services
MEETING: Adult Select Committee
DATE: 10th March 2020
DIVISIONS/WARDS AFFECTED: All

1. PURPOSE

- 1.1 To provide members with the Inspection of Older Adults Services Report 2019 (The prevention and promotion of independence for older adults (over 65) living in the community).
- 1.2 To provide members with the Authorities response to the priorities for improvement and the progress to date in relation to each priority.

2. BACKGROUND

- 2.1 The Social Services and Well-being (Wales) Act 2014 (SSWBA) is the legal framework that brings together and modernises social services' law in Wales.
- 2.2 The Act imposes duties on local authorities, health boards and Welsh Ministers that requires them to work to promote the well-being of those who need care and support, and carers who need support.
- 2.4 The principles of the Act are:
 - Support for people who have care and support needs to achieve well-being
 - People are at the heart of the new system by giving them an equal say in the support they receive
 - Partnership and co-operation drives service delivery
 - Services will promote the prevention of escalating need and the right help is available at the right time
- 2.5 Following on from SSWBA, Welsh Government has published "A Healthier Wales", a strategic plan developed in response to a Parliamentary Review of the long-term future of health and social care.
- 2.6 A Healthier Wales explains the ambition of bringing health and social care services together, so they are designed and delivered around the needs and preferences of individuals with a much greater emphasis on keeping people healthy and promoting well-being. A Healthier Wales describes how a seamless whole system approach to health and social care should be co-ordinated.
- 2.7 Ministers have recorded the importance of having confidence and ambition in the sector to deliver results. In response, Care Inspectorate Wales (CIW) and Healthcare Inspectorate Wales (HIW) have developed their approach to inspection with a focus on collaboration and strengths with the Intention of supporting innovation and driving improvement.

3. RECOMMENDATIONS

3.1 Members are invited to scrutinise the report and accompanying information to ensure that a robust and evidence-based response to the identified priorities has been presented.

4. KEY ISSUES

4.1 The inspection report outlines how well the local authority with its partners is promoting independence and preventing escalating needs for older adults. The inspection identified where progress has been made in giving effect to the SSWBA and where improvements are required.

4.2 CIW and HIW evaluated the quality of the service from the parameters of the four underpinning principles of the SSWBA (2.4) and considered their application in practice at three levels

- Individual
- Operational
- Strategic

4.3 The inspection was carried out over a two-week period. CIW collected information and evidence from a variety of sources; interviews, observations, meetings, policies and procedures and case files.

4. REASONS:

4.1 To ensure that members have oversight of the Older Adults Inspection report and have had the opportunity to scrutinize recommendations and responses.

5 RESOURCE IMPLICATIONS

5.1 None

6 WELL-BEING OF FUTURE GENERATIONS IMPLICATIONS (INCORPORATING EQUALITIES, SUSTAINABILITY, CORPORATE PARENTING AND SAFEGUARDING)

6.1 There are no specific implications identified as a result of this report although some of the performance indicators relate to our safeguarding responsibilities.

7. AUTHORS:

Eve Parkinson

CIW Inspection Report – Strengths and Improvements

Strengths and priorities for improvement CIW and HIW draw the local authority and local health board's attention to strengths and areas for improvement. We expect strengths to be acknowledged, celebrated and used as opportunities upon which to build. We expect priorities for improvement to result in specific actions by the local authority and local health board to deliver improved outcomes for people in the local authority area in line with requirements of legislation and good practice guidance.

1. Wellbeing

Strengths

The local authority demonstrates a collaborative, outcomes based approach, in which people are pro-actively involved in their 'what matters' conversations and subsequent decision-making. There is effective multi-agency working and staff at all levels demonstrate a long-standing commitment to, and practical understanding of, Monmouthshire County Council's specific vision for wellbeing and the promotion of independence for older adults living in the community. Relationship building and communication with people is prioritised; decision-making is effectively devolved and people are supported to make meaningful choices.

Priorities for improvement

- **Improve the recording of 'what matters' conversations so that specific personal outcomes are more fully reflected and subsequently acted upon.**

We have developed a robust "collaborative communication" network across the county. Collaborative communication is a training / practice change initiative which has been adopted across Wales and endorsed by Welsh Government to promote a person centred approach.

We have embraced this approach and have a lead Service Manager who co-ordinates and oversees. This is supported by mentors – each area has mentors who are responsible for ensuring that practice is supported and promoted across all teams and professions.

Two workshops have been held so far this year to examine, promote, support the practice change – with a particular focus on recording.

The approach will be rolled out to Direct Care staff.

- **Less experienced staff would benefit from increased guidance and support. There is a need to actively monitor the experience and skill mix across the integrated community-based teams.**

This improvement was specifically regarding Social Work, the Service Manager who is the designated lead for Social Work is working alongside the Social Work leads to support the teams.

- **Approaches to the formal supervision of staff, allocation of workloads, and the quality assurance of care management work are in need of more prescribed management procedures and oversight.**

A new supervision framework is being rolled out across the county which directly links into the collaborative communication work. The supervision framework comprises of three specific areas; –

- Formative-Educational-Theory
Realise possibilities of usefulness
- Restorative-Supportive-Theory
Maintenance of harmonious working relationships
- Normative-Administrative-Theory
Standards & Quality Assurance

All mentors have received training and the model is being rolled out.

- **There is a need to improve the timeliness of domiciliary support to ensure people achieve their personal outcomes.**

This continues to be a challenge across the County. We have a very robust and active recruitment campaign and are utilising various approaches – drop in sessions, social media etc.

Winter monies were made available by Welsh Government to support – this was used to recruit staff via agencies – however we are now in the process of trying to transfer those packages as the money ceases on 31/3/2020.

The planned roll out of TWUD is predicated on developing a model which is more sustainable for the future.

2. People – voice and choice

Strengths

Good quality, strength-based assessments are outcome – focused, and reflect people’s choices and wishes. They are used proportionately and in a timely way to inform decision-making.

There is generally positive engagement between staff and managers across the integrated teams and other services; they share a good level of professionalism, knowledge and dedication.

The local authority has a good track record in piloting and implementing innovative and creative approaches to integrated community based services, based upon strong co-production with people living in their local area.

Priorities for improvement

- **More work is required to ensure people's voice, or that of their advocate or representative is always heard and effectively represented during safeguarding processes.**

We have recently had a CIW focussed activity in safe-guarding (February 2020). We are awaiting the feedback from this inspection which will identify if there have been improvements and any further actions required.

- **Workload and capacity within the safeguarding team requires improved monitoring and oversight. More timely and specific oversight and audit of safeguarding processes would help to promote a more consistent quality of service.**

A recent piece of work has identified the pressures in the safe-guarding team. The new legislation and the lowering of the threshold has resulted in a significant increase in demand into the service. Additional staffing has been agreed on a temporary basis to support the service and identify where resources need to be concentrated for the future.

- **There is a need for clearer understanding and application of procedures in relation to the status of assessments, reviews, contacts and referrals within WCCIS, to promote a consistent and effective service response.**

WCCIS development is on-going and defined dates for roll-out are as yet not known. Front line involvement in WCCIS is key and a working party comprising of a broad section of staff – administrative, finance, performance, practitioners, managers are involved in the planning to ensure that the system is fit for practice.

- **Quality assurance frameworks need further refinement, to ensure they inform future learning and development.**

A significant piece of work is in progress to develop a Quality Assurance Framework. The framework is planned to cover all aspects of the service. We are currently working through the areas to identify evaluation and measures.

The first area we are working on is a staff survey. The focus of the survey links to the principles of the supervision framework.

The survey is currently live and the results will be collated after the closing date.

3. Partnerships, integration and co-production

Strengths

The local authority has developed and maintained a particularly good approach to integration, with health and social care professionals working in ways focused on promoting and maintaining people's independence.

Community hubs work to good effect with timely well-integrated responses and are viewed as assets by the communities they serve.

Priorities for Improvement

- **The work of the integrated teams and other aspects of partnership working would benefit from being underpinned by a framework of agreed protocols or other means of supporting this approach.**

This was discussed with CIW Inspector on 24th February 2020, to establish what this would look like.

Agreed to identify the operational / professional structures and processes for referrals / allocation

4. Prevention and early intervention

Strengths

Monmouthshire County Council has developed a range of innovative and creative ways to work with people in finding their own solutions in preventing or delaying their need for statutory care and support. The resources invested in an extensive range of community-based services support early intervention and good outcomes for people.

Staff from across health and social care share the vision and commitment to support individuals in their community. Colocation, and flexibility in who takes or retains the care management lead for individuals promote this approach.

Priorities for improvement

- **There is a need to ensure 'front door' Information, Advice and Assistance (IAA) arrangements are more effective, and compliant with Code of Practice - Part 2 - requirements in relation to the recording of information.**

This is an area where we have not agreed with the comments from CIW. We have developed IAA in Monmouthshire across a variety of areas including third sector, primary care, community hubs etc. How these areas record information is within their remit and not that of the Local Authority. IAA is the responsibility of all, not just that of Social Services.

People that do come to our "front door" are only asked to give personal information for recording purposes if they are likely to need further information / assessment or if they are already known to our services. Requesting information for recording purposes is often a barrier if people are only asking for straightforward information, sign-posting.

- **The local authority should implement an effective quality assurance mechanism which enables them to review the effectiveness of their interventions, and inform how these can be improved.**

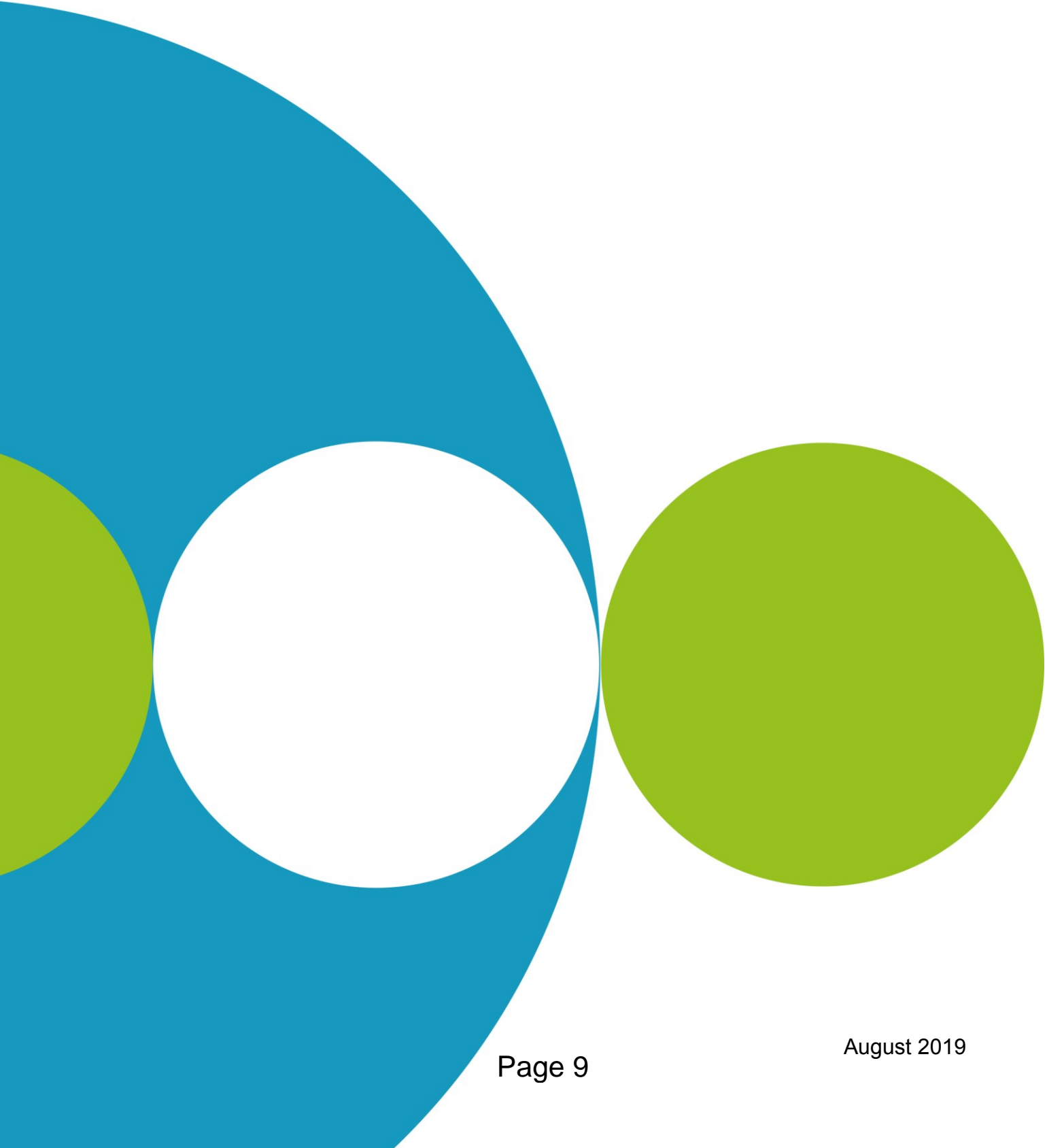
This is included in the Quality Assurance Framework – as described.

- **As the local authority has already identified, more extensive use of tele-care and other assistive technologies will assist people in achieving greater levels of independence.**

We are currently involved in one of the “internet of things” initiatives. We have an Occupational Therapist who is scoping the potential of assistive technology. The work is looking at a variety of areas including loneliness and social isolation, environmental controls, prompts, remote checking, opportunities for people with cognitive problems etc.

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Inspection of Older Adults Services Monmouthshire County Council



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Background

The Social Services and Well-being (Wales) Act 2014 (SSWBA) has been in force for almost three years. The Act is the legal framework that brings together and modernises social services' law in Wales.

The Act, while being a huge challenge, has been widely welcomed across the sector as a force for good, bringing substantial and considered opportunities for change at a time of increasing demand, changing expectations and reduced resources.

The Act imposes duties on local authorities, health boards and Welsh Ministers that requires them to work to promote the well-being of those who need care and support, and carers who need support.

The principles of the act are:

- Support for people who have care and support needs to achieve **well-being**.
- **People** are at the heart of the new system by giving them an equal say in the support they receive.
- **Partnership and co-operation** drives service delivery.
- Services will promote the **prevention** of escalating need and the right help is available at the right time.

Welsh Government has followed up the SSWBA with 'A Healthier Wales'. A strategic plan developed in response to a Parliamentary Review of the long term future of health and social care.

A Healthier Wales explains the ambition of bringing health and social care services together, so they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and promoting well-being. A Healthier Wales describes how a seamless whole system approach to health and social care should be co-ordinated.

Ministers have recorded the importance of having confidence and ambition in the sector to deliver results. In response, we have developed our approach to inspection with a focus on collaboration and strengths with the intention of supporting innovation and driving improvement.

This inspection is led by Care Inspectorate Wales (CIW) and delivered in collaboration with Healthcare Inspectorate Wales (HIW).

Prevention and promotion of independence for older adults (over 65) living in the community

The purpose of this inspection was to explore how well the local authority with its partners is promoting independence and preventing escalating needs for older adults. The inspection identified where progress has been made in giving effect to the SSWBA and where improvements are required.

We (CIW and HIW) focused upon the experience of older adults as they come into contact with and move through social care services up until the time they may need to enter a care home. We also considered the times when they experienced, or would have benefited from, joint working between local authority services and health board services.

We evaluated the quality of the service within the parameters of the four underpinning principles of the Social Services and Well-being Act (as listed above) and considered their application in practice at three levels:

- Individual
- Operational
- Strategic

We are always mindful of expectations as outlined in the SSWBA codes of practice:

- 'What matters' – outcome focused
- Impact –focus on outcome not process
- Rights based approach
- Mental Capacity Assessments
- Control – relationships
- Timely
- Accessible
- Proportionate – sustainability
- Strengths based
- Preventative
- Well planned and managed
- Well led
- Efficient and effective / Prudent healthcare
- Positive risk and defensible practice
- The combination of evidence-based practice grounded in knowledge, with finely balanced professional judgement

Strengths and priorities for improvement

CIW and HIW draw the local authority and local health board's attention to strengths and areas for improvement. We expect strengths to be acknowledged, celebrated and used as opportunities upon which to build. We expect priorities for improvement to result in specific actions by the local authority and local health board to deliver improved outcomes for people in the local authority area in line with requirements of legislation and good practice guidance.

Wellbeing	
Strengths	<p>The local authority demonstrates a collaborative, outcomes based approach, in which people are pro-actively involved in their 'what matters' conversations and subsequent decision-making.</p> <p>There is effective multi-agency working and staff at all levels demonstrate a long-standing commitment to, and practical understanding of, Monmouthshire County Council's specific vision for wellbeing and the promotion of independence for older adults living in the community.</p> <p>Relationship building and communication with people is prioritised; decision-making is effectively devolved and people are supported to make meaningful choices.</p>
Priorities for improvement	<p>Improve the recording of 'what matters' conversations so that specific personal outcomes are more fully reflected and subsequently acted upon.</p> <p>Less experienced staff would benefit from increased guidance and support. There is a need to actively monitor the experience and skill mix across the integrated community-based teams. Approaches to the formal supervision of staff, allocation of workloads, and the quality assurance of care management work are in need of more prescribed management procedures and oversight.</p> <p>There is a need to improve the timeliness of domiciliary support to ensure people achieve their personal outcomes.</p>
People – voice and choice	
Strengths	<p>Good quality, strength-based assessments are outcome – focused, and reflect people's choices and wishes. They are used proportionately and in a timely way to inform decision-making.</p>

	<p>There is generally positive engagement between staff and managers across the integrated teams and other services; they share a good level of professionalism, knowledge and dedication.</p> <p>The local authority has a good track record in piloting and implementing innovative and creative approaches to integrated community based services, based upon strong co-production with people living in their local area.</p>
Priorities for improvement	<p>More work is required to ensure people's voice, or that of their advocate or representative is always heard and effectively represented during safeguarding processes.</p> <p>Workload and capacity within the safeguarding team requires improved monitoring and oversight. More timely and specific oversight and audit of safeguarding processes would help to promote a more consistent quality of service.</p> <p>There is a need for clearer understanding and application of procedures in relation to the status of assessments, reviews, contacts and referrals within WCCIS, to promote a consistent and effective service response.</p> <p>Quality assurance frameworks need further refinement, to ensure they inform future learning and development.</p>
Partnerships, integration and co-production	
Strengths	<p>The local authority has developed and maintained a particularly good approach to integration, with health and social care professionals working in ways focused on promoting and maintaining people's independence.</p> <p>Community hubs work to good effect with timely well-integrated responses and are viewed as assets by the communities they serve.</p>
Priorities for Improvement	<p>The work of the integrated teams and other aspects of partnership working would benefit from being underpinned by a framework of agreed protocols or other means of supporting this approach.</p>

Prevention and early intervention	
Strengths	<p>Monmouthshire County Council has developed a range of innovative and creative ways to work with people in finding their own solutions in preventing or delaying their need for statutory care and support. The resources invested in an extensive range of community-based services support early intervention and good outcomes for people.</p> <p>Staff from across health and social care share the vision and commitment to support individuals in their community. Co-location, and flexibility in who takes or retains the care management lead for individuals promote this approach.</p>
Priorities for improvement	<p>There is a need to ensure 'front door' Information, Advice and Assistance (IAA) arrangements are more effective, and compliant with Code of Practice - Part 2 - requirements in relation to the recording of information.</p> <p>The local authority should implement an effective quality assurance mechanism which enables them to review the effectiveness of their interventions, and inform how these can be improved.</p> <p>As the local authority has already identified, more extensive use of tele-care and other assistive technologies will assist people in achieving greater levels of independence.</p>

1. Wellbeing

Findings:

Older adults can be confident the local authority listens to them and takes into account what is important to them in assessing and meeting their well-being outcomes. However, improvements could be made to ensure specific personal outcomes are more clearly and consistently defined and detailed in documentation. Carers cannot be as confident their well-being outcomes are considered to the same extent, or always reflected in the support they are offered.

People experience and benefit from supportive relationships with multi-disciplinary teams working effectively and often creatively to meet a range of identified needs. This support is facilitated by a range of co-located professionals, who actively seek to co-produce services in conjunction with people.

Senior managers and elected members demonstrate a long-standing commitment to, and practical understanding of, Monmouthshire County Council's vision for the maintenance and promotion of wellbeing for older adults living in the community. Staff working for Monmouthshire County Council feel supported, and there are good opportunities for training and professional development. More experienced staff feel confident with the high level of autonomy within which they work. Less experienced staff would benefit from increased guidance and support, and there is an ongoing need to monitor the experience and skill mix across the integrated community-based teams.

Approaches to formal supervision of staff, oversight and quality assurance were heavily dependent upon individual manager or team approaches, and lacked a cohesive underpinning framework. These include the allocation of work and oversight of aspects of care management documentation.

Evidence at the individual level:

- 1.1. People can be confident they will be listened to and are able to influence decisions made about the support they receive. Monmouthshire County Council invests considerable energy and resource to good effect in getting to know people as individuals.
- 1.2. We found detailed 'what matters' conversations in files we reviewed and people spoken to confirmed their views were actively sought and listened to. Assessments reviewed were strengths based, and written in person-centred language which reflected the individual's views and wishes. A person who responded to our carers survey said "*All staff have been very supportive and*

helpful and have respected both myself and family member who needs ongoing care; especially the social worker”.

- 1.3. A person we spoke to with a full package of care to support their needs was very positive about the excellent relationships developed with direct care staff. Timely input from an occupational therapy (OT) technician had enabled them to address a particularly significant outcome they had identified in relation to their personal care. This assessment was strengths based and written in the first person. The person clearly understood the range of identified outcomes when asked about this, and was fully aware of what their plan of care entailed. Another person had been supported to continue with their volunteering work after recovering from an operation, which was clearly important to them.
- 1.4. Comprehensive assessments frequently included detail about personal circumstances, personality, preferences and interests well described. Staff were frequently able to talk in detail and with evident commitment about the people they were supporting, and their individual character, wishes and needs.
- 1.5. We found completion of documentation in relation to individualised outcomes by practitioners was inconsistent. Holistic outcomes were frequently identified, but they were not routinely translated into individualised personal outcome goals, against which progress could be specifically monitored and reviewed. Focus on one generic outcome means opportunities to focus on a wider range of personalised outcomes, reflecting more specifically what people want are lost.
- 1.6. Practice in relation to the sharing of documentation was varied and people cannot be assured they will be offered a copy of their assessment, care planning, and review records in a timely manner.
- 1.7. We saw in peoples' files practice in relation to the offering and undertaking of carers' assessments was also varied. Whilst we saw examples of good practice, we also found some opportunities to support carers were missed, and the personal outcomes they wanted to achieve not routinely recorded.
- 1.8. People cannot be confident what matters to them will routinely be captured in hospital settings and shared with social services staff. Whilst we saw the 'what matters' assessment template completed by health staff, sometimes we saw this being used as a vehicle for recording the practitioner's view as to what should happen next, rather than a means of capturing the outcomes the person wanted to achieve.

Evidence at operational level:

- 1.9. We observed good practice in a cluster meeting where individual circumstances of people were shared to ensure good communication within a team of in house carers. This reflected a person centred, outcome focused service, which promoted continuity of care.
- 1.10. People receiving services from housing can expect a robust and timely assessment which looks at their holistic needs. We found supported housing officers maintain a non-judgmental culture and attitude when working with people, some of whom were frequently referred to their service. Each referral or request for help was treated as a new one, with fresh consideration of the issues reflecting a commitment to keep trying to support people and taking changing circumstances into account.
- 1.11. Monmouthshire County Council staff told us they enjoyed working in a positive 'let's give it a try' culture, and they were fully consulted about proposed changes. They valued the embedded approach to multi-disciplinary working, and we heard about good opportunities for professional development and progression.
- 1.12. More experienced staff liked the high levels of autonomy and decision-making with which they were trusted. Newly qualified social work staff told us they were supported in consolidating their learning.
- 1.13. We found less experienced staff were not as confident in some aspects of their decision-making, and some told us they would benefit from greater levels of initial training in MCC's SSWBA related procedures and subsequent formal monitoring and support from managers. The local authority identified awareness and training in the SSWBA for new staff as an area for further development in its self-evaluation completed in advance of our inspection.
- 1.14. Staff spoken to said they received regular supervision, and many referenced fortnightly practice learning groups. We saw a guide for the structure of supervision sessions for OTs but not for social workers. Supervision notes varied across different teams and managers within social services. Some evidenced discussion about the worker's welfare, but others only had records of discussion about people's care management arrangements, and did not reference the staff members own wellbeing. Supervision arrangements and recordings for agency staff lacked consistency.
- 1.15. Some staff spoken to raised concerns about workload pressures, and said they would benefit from increased support with written guidance and management support. The levels of experience and expertise varied

considerably across teams, and there is a need to actively monitor and where necessary adjust, the capacity and skill-mix across the community-based teams.

- 1.16. Arrangements for the allocation and monitoring of workloads across and within teams were unclear. Similarly, there were no consistently applied procedures for the authorisation and completion of assessments and reviews as distinct elements of the care planning and management process.
- 1.17. In reviewing file records we acknowledge there are positives in the quality of assessments and reviews being treated as live and 'organic'. We found new allocations to individual caseloads being 'negotiated' taking into account previous knowledge and other factors. However these procedures would benefit from some more formal oversight. This will help to ensure people are not left waiting longer than they should for a service, and the allocation of workloads is as equitable as possible.
- 1.18. Monmouthshire County Council operate a robust system of complaints management and investigation. Very few escalate to the more formal stage of the process. We found effective connections between the findings of complaints, action planning in response, and structured pathways for feedback to senior management.

Evidence at strategic level:

- 1.19. Senior managers and elected members demonstrated a long-standing commitment to and practical understanding of, Monmouthshire County Council's vision for prevention and the promotion of independence for older adults living in the community. Colleagues in housing were able to demonstrate links to the work of social services and the direct impact of their roles on outcomes for people.
- 1.20. The introduction of agile working had enabled staff to make better use of their time and resources, and work more flexibly in line with the needs of the people they are supporting.
- 1.21. More effective implementation of 'what matters' conversations in hospital settings could be further informed and supported through joint learning between health and social care staff in the principles underpinning the SSWBA and its practical applications. The lack of an integrated IT system did not assist staff in facilitating communication flows.
- 1.22. We saw evidence of some audits being undertaken, for example annual reflective reviews of the community-based hubs offering rehabilitation and

respite care for people. However, ongoing quality assurance measures currently rely heavily on individual managerial approaches. Whilst acknowledging the value of telling people's stories and individual outcomes, we did not find evidence of an underpinning systematic audit framework enabling senior managers to have a clear line of sight on demand, quality and workflow. This means the local authority cannot be assured resources are being used effectively, and personal individual outcomes are being consistently delivered across the service.

- 1.23. Senior managers were confident the capacity issues currently being experienced in domiciliary support services in particular locations within the local authority would be eased by moving independent providers onto the 'Turning the World Upside Down' model. This relationship-orientated approach has been established for some time in the local authority's own in-house service, and timely rollout of this to the independent sector will be key to easing current pressures and improving individual outcomes.

2. People – voice and choice

Findings: People can expect to be offered robust ‘what matters’ conversations, and people who lack mental capacity can be confident assessments and best interest decisions ensure their voices are heard. In line with our findings, the local authority acknowledges in its self-evaluation limited availability of advocacy, outside mental health services.

People cannot routinely expect to be offered direct payments to enable them to have choice over their own care and support. The lack of domiciliary support services mean people cannot be confident they will have choice and receive a timely and proportionate response.

People cannot always be sure their voice, or that of their advocate or representative will be heard and effectively represented during safeguarding processes. Timely and specific oversight and audit of safeguarding processes would help to ensure a more consistent quality of service delivery.

There is positive engagement between staff and managers; they share a good level of professionalism, knowledge and dedication. Workload and capacity within the safeguarding team requires more effective monitoring and oversight.

Monmouthshire County Council have a good track record in piloting and implementing innovative and creative approaches to integrated community based services, based upon strong co-production with people living in their local area.

Evidence at individual level:

- 2.1. ‘What matters’ conversations were recorded within assessments we reviewed. In relation to most of these records reviewed, these were detailed, included first person dialogue, and in some instances included quotes recorded from people directly. People at one of the community hubs told us how positive their support is, and they felt listened to.
- 2.2. Follow up support appears to be timely based on the file records reviewed, and from what people who received care and support told us. We found services were responsive, person centred and solution focused. Too often however, outcomes were expressed in very broad terms – most frequently couched as ‘*to live independently*’. These would be significantly improved by including more personal outcomes, individually tailored to reflect their specific circumstances, needs and wishes.
- 2.3. From reviewing responses to safeguarding referrals we found people’s views and wishes were acted upon, and people were able to decide what action was needed to keep them safe. We found evidence of comprehensive risk

assessments, and information and advice had been provided to people on where and how to seek further help and support should they need it.

- 2.4. However, we found some file records which followed a safeguarding pathway did not include the views of key family members. In one example we reviewed, an individual who needed support for their voice to be heard as part of the safeguarding process was not offered advocacy.
- 2.5. Through their own audit processes, the local authority have identified the need to ensure all key professionals are involved in strategy discussions and enquiries. This should be broadened to include key family and friends as appropriate, taking into account the informed consent of the individual concerned.
- 2.6. The voice of informal advocates was recognised in the file records we reviewed, but this was not always given sufficient prominence. This means assessments were not always holistic and were at risk of omitting important information and not fully recognising the role of key family and friends in promoting an individual's independence.
- 2.7. People who lack mental capacity can be confident independent, paid advocacy is offered and their contribution is evidenced in best interest decisions.

Evidence at operational level:

- 2.8. Monmouthshire County Council have invested heavily in dementia orientated training for their staff, and have trialled a new approach to care planning, focusing on relationship-based care. We saw outcome focused service delivery embedded in practice within the community-based teams. This approach was substantiated by people we spoke to, and in the documentation we reviewed, aligned to reflect the needs of individuals.
- 2.9. We saw mental capacity assessments being used appropriately where there were concerns about the person being able to make decisions at crucial times of their lives. File records reviewed held good detail, and included an appropriate range of questions and approach. Best interest meetings were held when a decision was required to meet people's needs. Minutes of these best-interest meetings reflected a sensitive approach and evidenced the views of family members and others were included as appropriate.
- 2.10. The majority of social workers spoken to were trained best interest assessors, and were confident in undertaking this aspect of their role. Through our discussions with them we heard, and in file records we saw a robust

understanding in adult services of the need to balance protection with the rights of the adult. Mental capacity assessments were undertaken to a good standard. The knowledge and skills to undertake these assessments to a high standard were evident in the service.

- 2.11. We found the approach to carers' assessments was varied. In some instances carers' needs had been recognised, with repeat assessments being undertaken and implemented where requested. However, in other instances, we read in files that outcomes were very service-led, with little or no exploration of wider personal outcomes, informed by a 'what matters' conversation. People cannot be confident carers assessments will be routinely offered and undertaken in line with the expectations set out in SSWBA.
- 2.12. We found staff were aware of direct payments but did not give this a high priority. We heard the overall trend in recent months had been declining, and in some areas there was a shortage of identified personal assistants to provide care and support. This meant the full range of options for people and their carers to meet their outcomes may not be fully explored with them.
- 2.13. We heard from staff in the safeguarding team of issues in respect of high workloads, and an inability to focus on prevention work and awareness raising with partner agencies. There was also lack of clarity across the integrated teams about the role of the lead practitioner in overseeing and coordinating elements of the safeguarding process.
- 2.14. We learned social workers and other staff with care management oversight did not routinely have access to safeguarding records within the management database (known as FLO). Therefore they were not always aware of potentially significant information which may inform decision making. The rationale for this was unclear; we were informed this would change with the forthcoming introduction of the Welsh Community Care Information System (WCCIS). The local authority should ensure this is addressed as soon as possible to ensure decision-making is based on awareness of all significant information.

Evidence at strategic level:

- 2.15. People told us they had been actively involved in the design and delivery of services, especially those delivered in their own community area. This confirmed our finding that the local authority has a good track record in piloting and implementing innovative and creative approaches to integrated community based services, based upon strong co-production with people living in their local area.

2.16. In line with our findings, the local authority acknowledges in its self-evaluation there are limited advocacy services available, outside of mental health provision. Commissioning managers indicated they are aiming to improve the development and promotion of advocacy services beyond the current spot-purchase arrangements, via a regionally-based Golden Thread Advocacy Partnership (GTAP).

3. Partnership and integration - co-operation drives service delivery

Findings: There is a commitment to integrated working and people benefit from receiving support from staff from a range of disciplines working effectively together in people's best interests. People can expect to have their strengths and abilities considered as positive resources upon which to draw in determining next steps with social workers and other professionals.

Much of the positive community-based approach is paralleled in the secure estate, where a range of professionals, supported by 'buddies' recruited from within the prison, work collectively to ascertain and meet the needs of prisoners, in much the same way as services are provided to older adults living in the community. The local authority and their partners effectively promote community-based social enterprises, and user led services. We saw some excellent examples of these in practice.

Monmouthshire County Council and Aneurin Bevan University Health Board (ABUHB) have a proactive approach to partnership working, underpinned by an Integrated Services Partnership Board. Jointly funded posts operate across operational and strategic functions, facilitating the effective implementation of longer term plans.

Evidence at individual level:

- 3.1. People told us their overall experiences of services were quite seamless, and they thought staff from the various professions supporting them worked well together. A person who responded to our carers survey told us: *"Living alone social services and health have given me the confidence to ask for help when I need it and give me the help to carry on my life style as I would wish keeping me reasonably active"*.
- 3.2. We saw some good examples of collaborative working across the various health and social care disciplines. In one instance a person had initially received physiotherapy in hospital, and then benefitted from close cooperation between the OTs in the integrated team, staff in the District General Hospital and community hospital staff. This meant they continued to receive frequent OT visits and assessments to facilitate a return home from the local rehabilitation unit.
- 3.3. We saw community-based integrated teams of health and social care personnel, who have been co-located for some time, worked well together.

- 3.4. Community hubs are a base for a range of services, including integrated locality-based social service teams, day services, memory clinics, district nursing, hospice nurses, OT services, and respite and rehabilitation beds, together with a wide variety of community groups.
- 3.5. People told us they valued continuity of support and we saw instances where this was promoted. For example, a hospital-based OT continuing the care–management role for someone after they had left hospital due to the quality of their relationship and because it was short term support.
- 3.6. Conversely, we heard about challenges in maintaining service delivery across the authority, particularly in the independent domiciliary support sector. This impacted on people whose care was delayed due to lack of options for them to move onto for example after discharge from hospital. This also affected some people who were unable to access reablement in a timely manner. In a small number of instances we heard these delays were for considerable amounts of time.

Evidence at operational level:

- 3.7. People are frequently involved in the development of locally designed social enterprises, facilitated by the local authority community well-being and enterprise officers. We heard about some good examples of these including a laundry and café. The local authority work in close association with the Gwent Association of Voluntary Organisations (GAVO), with the aim of enabling the setting up of community groups to go on to become self-sustaining.
- 3.8. We also heard about the ‘care navigation’ initiative which involves delivering training in partnership with public health to receptionists in GP surgeries. They then advise individuals on community-based alternatives to primary care.
- 3.9. We saw Community Connectors, managed by the third sector to provide support in defined localities, are an increasingly integral element in the provision of individually tailored support.
- 3.10. We observed a meeting of domiciliary support staff working in one locality and witnessed excellent examples of information sharing and group communication aimed at promoting consistency for people. We also observed a multi-disciplinary hub meeting, where individual circumstances are discussed, with the aim of exploring the best way forward.
- 3.11. Much of this positive community-based approach was paralleled in HMP Usk where we observed a social worker, a physiotherapist and an OT worked

collectively to ascertain and meet the needs of prisoners. A particularly positive feature of this service is the 'buddy' group of prisoners, who have been recruited to assist and support those in receipt of care and support; this does not include personal care. Individuals spoken to confirmed their awareness of the 'what matters' conversation and person-centred care, which had been covered as part of their induction to the 'buddy' role. Many of the people involved are no longer of an age or deemed fit to work and therefore there is an emphasis on providing suitable activities within an environment which aims to promote social inclusion and well-being. They were able to participate in a range of activities, organised in line with the interests and wishes of the group.

- 3.12. Independent providers of domiciliary support were generally positive about their relationships with and working for Monmouthshire County Council. They told us of good arrangements for the exchanging of information, and of a person-centred approach to the planning and delivery of individual packages of care. In line with our findings, the exception to this positive picture was in relation to reviews of care and support plans where changes of individual circumstances could take some time to be formalised by the local authority.
- 3.13. We heard from managers that that whilst there are initiatives in place to assist with transport for people getting to and from range of activities, there remain considerable challenges in some of the more rural localities. Monmouthshire County Council continues to explore means of addressing these shortfalls.

Evidence at strategic level:

- 3.14. Monmouthshire County Council and ABUHB have a proactive approach to partnership working, underpinned by an Integrated Services Partnership Board. Jointly funded posts function at both operational and strategic levels, facilitating the effective implementation of longer term plans.
- 3.15. The Gwent-wide Regional Partnership Board is supported by a transformation team. Transformation monies have recently been utilised to develop a regional 'Home first' model, whereby OTs and social workers work collectively in acute hospitals to assess and where appropriate discharge people in as timely a way as possible.
- 3.16. Integrated teams work collaboratively to support people, with strong partnerships between a variety of disciplines and effective joint working arrangements being very apparent. This was clearly underpinned by the professionalism and dedication of the staff involved. However, it was unclear as to whether these arrangements are based on a framework of agreed protocols or other means of supporting this approach.

- 3.17. Similarly, the processes we heard about from managers for evaluating and monitoring the effectiveness of this approach were primarily predicated upon individual stories and outcomes. Whilst these clearly have value, there was little evidence of an integrated and systematic approach to quality assurance. This would enable the local authority to better demonstrate effectiveness and impact on a broader scale and help to more efficiently identify areas of challenge and / or unmet need.
- 3.18. The chair of the regional adult safeguarding board, and representatives from police and ABUHB all told us about good joint working with Monmouthshire County Council in relation to safeguarding.

4. Prevention and early intervention

Findings: The promotion of independence and early intervention in the planning and delivery of services is given a high priority by the local authority. It has developed a range of innovative and creative ways to work with people to find their own solutions, which prevent or delay the need for statutory care and support. The resources it invests provide an extensive range of community-based services which support early intervention and good outcomes for people.

Depending upon presenting need, some people can expect to receive a positive, timely, 'can do' preventative response. People cannot be confident they will always receive the same timely preventative response when they are in need of domiciliary support, access to the reablement service or a review of their care and support needs.

The local authority acknowledges its approach to and implementation of tele-care and other technologically assisted means of promoting independence is in need of further development.

There is a need to ensure 'front door' Information, Advice and Assistance (IAA) arrangements are more effective, and fully compliant with Code of Practice (Part 2) requirements in relation to the recording of information.

The timeliness of the forthcoming roll-out of the local authority's in-house approach to relationship-based home care ('Turning the World Upside Down') to the independent provider sector is key to providing a sustainable solution to the current pressures in the sector.

Evidence at individual level:

- 4.1. People we spoke to in activity groups confirmed the value of attending the groups to encourage and maintain their mobility and to prevent loneliness and isolation. They also told us they had timely support and arrangements were flexible in meeting their needs.
- 4.2. One person we reviewed with multiple health support needs had received an excellent range of support in order to promote their independence via the use of personal assistants and direct payments. The person and their family were listened to and well supported. Timely assessments reflected their changing needs, and evidenced effective working relationships between the various professionals involved. They were supported daily in relation to their personal care, medication and social activities, which included attendance at

community-based lunch clubs and therapy groups. This preventative approach had maintained the person living at home in line with their wishes.

- 4.3. Another person whose care records we reviewed had been supported in continuing to live with their family in line with their wishes, with the range of services provided being increased as their needs progressed. The flexible provision of respite and sitting services allowed carers to continue with this arrangement, without which it was likely they would have needed to have been admitted to residential care in order to support their increasingly complex support needs.
- 4.4. The completion of care and support plan reviews was not uniformly undertaken in line with statutory timescales. We saw one instance where a review was undertaken when it was overdue, and which resulted in the disclosure of financial abuse.

Evidence at operational level:

- 4.5. The local authority employed community well-being and enterprise development officers, working mainly at community level, effectively encouraging and coordinating the establishment of a wide range of community groups.
- 4.6. We found the weekly 'Community Conversation' meeting held by a range of professionals across the local authority and third sector explored the best means of providing support for individual people. Whilst current arrangements work well, more might be done to consider actively involving people themselves in this process.
- 4.7. We saw collocated practitioners based in the community hubs supported each other well. Their collective knowledge and skills are shared to inform decision making aimed at promoting independence and preventative interventions, especially within multi-disciplinary team meetings and allocation discussions.
- 4.8. Monmouthshire County Council demonstrates its commitment to promoting and supporting a wide range of informal support and activity for people. There is particular recognition given to the importance of groups and other services aimed at mitigating social isolation and loneliness.
- 4.9. Other innovative schemes were aimed at making people in receipt of some services aware of others they may benefit from. For instance, the local authority managed 'meals on wheels' based pilot scheme, where the expectation is for drivers delivering these services will spend at least five minutes with each person to catch up and socialise. Drivers will also be

provided with information packs and trained to signpost people to other services as and when appropriate.

- 4.10. There are a number of routes into the 'front door' or IAA pathway, known as Finding Individual Solutions Here (FISH). Our observations of this service confirmed 'what matters' conversations routinely take place, staff have received training in promoting collaborative conversations, and the overall approach is strengths based.
- 4.11. A safeguarding issue we reviewed highlighted the local authority had only very recently updated some aspects of its documentation and processes in line with SSWBA expectations. There was also one occasion where a situation had been closed prematurely, prior to all of the appropriate safeguarding procedures being completed. Whilst this outcome did not have any direct impact on the person involved, it does highlight arrangements for the monitoring and oversight of safeguarding processes are insufficiently robust. We also heard from domiciliary support providers of occasional instances of people experiencing significant delays in some stages of the safeguarding process. More effective managerial oversight would facilitate the identification and monitoring of patterns and trends within the safeguarding process, to inform future work.
- 4.12. We found little evidence in records reviewed, or from speaking to people and staff supporting them, of more sophisticated tele-care and other assistive technologies being utilised to promote independence. The local authority's approach to, and implementation of, technologically assisted means of promoting independence is underdeveloped.

Evidence at strategic level:

- 4.13. There is corporate support for effective early intervention and prevention, and a recognition that this is everyone's responsibility across Monmouthshire County Council. We saw good examples of cross cutting work, with a culture supportive of this which extends throughout the various levels, from senior managers and leaders.
- 4.14. The roll-out of the local authority's in-house approach to relationship-based home care (Turning the World Upside Down) to the independent provider sector is seen by senior managers as the key to providing a sustainable solution to the current pressures in the sector. Effective managerial oversight of this next phase will be critical in ensuring a timely and long-term resolution.

Method

We selected case files for tracking and review from a sample of cases. In total we reviewed 60 case files and followed up on 16 of these with interviews with social workers and family members. We spoke with people who used services.

We reviewed ten mental capacity assessments.

We interviewed a range of local authority employees, elected members, senior officers, the director of social services, the chief executive and other relevant professionals.

We administered a survey of frontline social care staff (65 responses received) and a survey of service users (17 responses received).

We reviewed eight staff supervision files and records of supervision. We looked at a sample of three complaints and related information.

We reviewed performance information and a range of relevant local authority documentation, including the local authorities' self-evaluation undertaken in advance.

We interviewed a range of senior officers from the local health board and spoke with operational staff from the local health board.

We interviewed a range of senior officers from statutory organisations and partner agencies from the third sector.

We read relevant policies and procedures.

We observed a range of in-house cluster meetings and multi-disciplinary discussions.

We visited USK prison

Welsh language

English is the main language of the local authority and the inspection was conducted accordingly. We offered translation and interpretation in co-operation with the local authority. Welsh is spoken in Monmouthshire as are a small range of other languages.

Acknowledgements

CIW would like to thank all those who gave their time and contributed to this inspection: individuals and carers, staff, managers, members, partner organisations and other relevant professionals.

Monmouthshire Select Committee Minutes

Meeting of Adults Select Committee held at The Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA on Tuesday, 21st January, 2020 at 10.00 am

Councillors Present

County Councillor F. Taylor (Chairman)
County Councillor L. Brown (Vice Chairman)

County Councillors: L.Dymock, R. Edwards,
M.Groucutt, R. Harris, P.Pavia, M. Powell,
S. Woodhouse

C. Bowie and T. Crowhurst

Also in attendance County Councillor P. Murphy

Officers in Attendance

Eve Parkinson, Head of Adult Services
Hazel Ilett, Scrutiny Manager
Robert McGowan, Policy and Scrutiny Officer
Richard Jones, Performance Manager
Sian Schofield, Management Information Officer
Ian Bakewell, Housing & Regeneration Manager
Sarah Turvey-Barber, Strategy & Sustainable Living
Manager
Tyrone Stokes, Accountant

APOLOGIES: None

1. Declarations of interest

Councillor Paul Pavia declared a personal and non-prejudicial interest in his capacity as Research and Policy Lead for the Association of Directors of Social Services Cymru.

Councillor Frances Taylor declared a personal and non-prejudicial interest in her capacity as a Member of Aneurin Bevan University Health Board.

2. Public Open Forum

3. Scrutiny of Disabled Facilities Grants and social outcomes for service users

The committee requested a report be brought to the meeting on how the Council utilises Disabled Facilities Grant monies to achieve critical outcomes for service users. Members had scrutinised this over a number of years, but were seeking to understand how effective partnership working between housing and social care staff can deliver adaptations in the home that would increase a person's independence and also their well-being. A case study was presented to the meeting which demonstrated how a ramp to the exterior of a property had enabled the person to following a critical operation to continue their interests independently in the community. The report's context was discussed, the following points noted:

- The number of cases had fallen through the middle of last year only to rise in the autumn and then plateau. The position can change frequently without cause.
- A new manager is in place and the service has recently been reviewed. Staff are confident that they can improve the timescale from referral to implementation and

reach the target of 7-10 days. The review had not identified any specific elements of the process that were causing delays, but it suggested there were several areas where timeliness could be improved.

- The priorities for the service are to strengthen the offer and to ensure that work undertaken is of a high quality, whilst reducing the timescales for completion. Some of this may be achieved through finding synergy with contractors.

Challenge:

- The report indicates a reduction in funding from £900k to 600k and this can be seen also in the budget proposals. What are the implications of this? in the budget and what are the implications?

This is the current position. The service received additional funding a few years ago to process the backlog of cases. The funding increase means we have not had to ration funding for people.

- The reduction in funding when we are not currently achieving our target seems nonsensical and is a concern. The cases outstanding does not indicate we should be reducing funding.

Cabinet Member for Finance ~ The £600k is the base budget and that £300k was allocated to clear the backlog. We have asked for a progress report on how the £300k has alleviated that, so we now need to consider the findings and review the capital budget to see if there is scope to provide funding above the base level.

- Who can make referrals? Can members make a referral for a member of the public?

Yes, Members, friends and family can refer people to this service and also to Careline. We will make information available to all elected members on the services and how to refer.

- Are the delays in processing these adaptations leading to people needing to stay in hospital for extended periods when they would be better cared for in their home?

This is not something we are experiencing, but our detailed examination of this has shown that we cannot shorten the 7-10 days' timescale for completion. We have good relationships with contractors and we have no delays associated with Occupational Therapists (OT's) processing applications, but we need to ensure we consistently provide a high quality service.

- The new Local Development Plan being produced needs to consider accessibility issues for all housing and design 'homes for life'.

This is something that is being considered and we would urge the Planning Committee to champion this.

- Are contractors approved to ensure a high quality service is provided?

Yes, contractors are Disclosure and Barring Service (DBS) checked and feature on an approved list to ensure a high quality service is delivered.

- Is there any potential for funding from Aneurin Bevan University Health Board (ABUHB) for delivering this?

The health sector is starting to realise that we need to work together and ABUHB did fund Careline and they have also provided funds for ramping to properties through the Intermediate Care Fund, so we are working in partnership.

- You have referred in the report to previous delays associated with Occupational Therapists processing applications, however you have said this isn't causing delays at present. Please can you explain the reasons for delays?

We have a very good relationship with the OT's, but particularly with children's adaptations, a surveyor may be required to assess the job. Our OT's work part time and the surveyor post is 0.6 of a full time equivalent post, so sometimes, this does mean if this stage is required, applications can take a little longer. There are also times when an approval may be waiting for a second manager. This was highlighted in an audit, so we are questioning whether a second signatory is necessary. In addition, information was being sent by post and sometimes there were delays in paperwork being returned, but we recognise we need to be more proactive, in that we have staff in communities who could check whether people are finding it difficult to complete the paperwork. We also recognise that we should give contractors a date and then check with them on the progress. So whilst there is no single aspect of the service that is causing a delay, we think we can reduce the timescale by addressing all of these issues. The surveyor has planned time off for a health issue which is something we will need to plan for and mitigate, but as explained, our staffing situation is fragile.

- Is the Intermediate Care Funding allocated on a year by year basis? Does this cause issues for your service? Is there any expectation that funding can be mainstreamed?

It is allocated annually and the Wales Audit Office (WAO) suggested that there isn't enough mainstreaming of funding. We have highlighted this as an issue, but it is a common one for all local authorities.

Outcome and Chair's Conclusion:

We are grateful for the case study as this demonstrates how the grant can make significant improvements to many lives and not only increase a person's independence, but also to enhance their well-being. We are also content that the service has been reviewed and that you have identified that improvements can be made through developing relationships with the public and also with contractors.

We are aware that Welsh Government are researching practice across Wales and we request officers to input into that work if possible and demonstrate the impact of the grant funding on people's lives.

We are concerned that the £600k base budget is insufficient to meet demand and to enable you to provide a high quality service and we recommend to the Cabinet Member

for Finance that the £900k remains to provide this vital service that is contributing to our corporate objective to build strong and resilient communities.

4. Reporting of performance of Adults Social Services for 2019-20.

The report was presented to members and the following key points were highlighted in terms of explanation of performance against targets:

- We are focussing on person centred care and delivering the outcomes people want. That can be difficult to qualify against Welsh Government performance indicators for 'delayed transfers of care'. Some of the problems in reaching targets for having care packages in place within a specific timescale are related to complex cases where there may be a need to re-house a person.
- Hospitals tend to err on the side of caution and admit people to hospital and keep them in for a period, when we feel they may be better cared for in their homes. The question is what preventative work could help people to stay well at home so that they do not need to be admitted to hospital. The 'Homefirst Project' is a key example of this.
- We are engaged in effective partnership working with health to increase hospital discharges. A team is in place at the Royal Gwent and Nevill Hall to ensure that the person has the right support to enable them to leave hospital and avoid unnecessary lengthy stays.
- A key area of concern is the target around adult safeguarding ~ we have seen an increase in concerns, which has put pressure on the service. It is positive that the 'duty to report' has led concerns to be taken forward and it does demonstrate that awareness raising is working, however, capacity will need to be managed going forward and will feature within our budget discussions.

Challenge:

- The report indicated that the delayed transfers of care are featuring more in the community hospitals, with the brokerage of care hours cited as a reason. The joint discharge team in larger hospitals appears to be effective. Are these in place in community hospitals too? And if so, what are the reasons for higher delayed transfers of care in community hospitals?

The teams are in place in community hospitals. The reason for the higher levels in community hospitals is because these hospitals deal with more complex cases. The primary hospitals have discharged people to the community hospitals because they have complex needs and require specialist support in order to be able to go home. The occupational therapists and physio teams discharge people as soon as possible and in many cases, people are able to go home, but sometimes complex adaptations may

require the person to move to alternative accommodation, but we try to avoid this as far as possible.

Outcome and Chair's Conclusion:

The committee accepts the explanations around the service's performance in terms of 'delayed transfers of care' from community hospitals being due to complex cases. We recognise that this is not an issue solely for Monmouthshire and that there are concerns for the care sector nationally.

In terms of the increase in adult safeguarding concerns, we recognise this as an issue of demand is exceeding capacity. We request an email from the Chief Officer as to how we are addressing this, given that we are in lower performance bracket in this regard. We understand it's a changing picture and that this issue is not going to become easier to solve, but would like to be reassured that mitigations are in place.

5. Budget Monitoring Report Month 7 - Report for quarterly scrutiny.

The committee were presented with a report on the revenue and capital outturn position at month 7 which outlined capital slippages and the use of reserves to assist the revenue budgetary position. Officers drew attention to paragraph 2.21 which reported a net revenue forecast of £3.99m deficit and the adjustments to return the budget to a balanced position prior to the end of March 2020.

Officers presented the revenue position and the individual positions for each service area outlined in paragraph 3.2. Members were advised that the key areas of concern are social care for both adults and children's services. Members discussed the reasons with the chief officer who explained that services for younger adults with disabilities had contributed toward the budgetary pressure and that the budget position for service area is relatively volatile. She explained that whilst the service area is very committed to supporting young people who need independency through supported living, each case can significantly affect the financial expenditure of the service.

Officers drew attention to paragraphs 3.5 and 3.7 and explained the flexible use of capital receipts to offset some pressure in the revenue budget and meet the cost expenditure associated with service reform. Whilst the use of capital receipts has been welcomed, the committee were advised that this does not eradicate the position for future years and is not regarded as a sustainable budgetary approach.

Members heard that the council is anticipating one-off windfalls in respect of VAT recovery from HMRC from the implementation of Ealing ruling, an in-year grant contribution from Welsh Government for teacher's pay costs and some additional funds arising from the capitalisation directive.

Challenge:

- Do we need to spend Integrated Care Fund monies within a specified timescale for the Crick Road redevelopment, because if so, we are concerned about the delays in progress?

We need to spend the ICF monies by the end of next year and we have had some substantial delays which is typical with large capital schemes, but we should be able to spend the ICF monies and the council funding is not time limited.

- I am concerned about the impact on our own budgets of Aneurin Bevan University Health Board (ABUHB) reducing the funding for continuing health care, particularly in terms of support for people with learning disabilities. Is there an opportunity to look at pooling budgets, as I feel the health board needs to consider this given that the act has been in place for 6 years.

We do have a major issue with learning disabilities and we feel that the focus should be on the individual and how as a partnership we can best support them. In terms of pooling budgets, it's very complex legally, but there is a willingness to look at this. Officers sit on the Gwent Adult Safeguarding Board and we have had discussions about this and we will continue to express our desire to look at this from a regional perspective, but we do acknowledge it's difficult and there is a long way to go, but discussions are starting.

- We understand that there are pressures around commissioning in terms of staff vacancies. Are we doing any regional work in terms of commissioning to address the issue?

We are undertaking regional work with the Transformation Team utilising ICF monies, particularly looking at commissioning in the care sector and how we can address the issues associated with recruitment in the care sector, through offering incentives, training and help with registration. We are experiencing particular issues with recruitment in Monmouthshire and there are a variety of reasons, so the ICF monies we have been specifically allocated is assisting us to address this. Other authorities have different problems, such as a shortage of Occupational Therapists and Reablement staff, which can cause 'delayed transfers of care'. Whilst there is a national shortage of Occupational Therapists, we have not had problems recruiting other disciplines.

Outcome and Chair's Conclusion:

The committee notes the pressures on the social care and health budget, some of which are assisted by grants, others assisted by the use of capital receipts. We do not feel that this is a sustainable long term budgetary approach, given the underlying budget deficit and we would have concern in taking money out of this budget when we know there are such pressures. We are reassured that the move from quarterly to monthly budget monitoring is offering officers and the executive a much earlier insight into 'cause and effect' so that the situation can be managed as effectively as possible. The next report on the budget saving proposals will enable us to explore mitigations further.

6. Scrutiny of the draft Capital and Revenue proposals for 2020-21 within the context of the four year Medium Term Financial Plan

Given that we have already set the context for the budget saving proposals through discussing the pressures and you have had the proposals and the Wellbeing of Future Generations Assessments and the Cumulative Impact Assessments that went to

Cabinet in December, we shall have a brief explanation of the savings proposals before taking questions.

The Finance Manager explained that the budget setting process for each year begins with an assessment of the baseline budget, the known pressures, the Welsh Government settlement and the Council Tax input and then try to bridge the gap between this with saving proposals. The headline is that we have a £5.5 million pressure for next year for this service area. The revenue budget is more relevant to this service area as it is not a major contributor to the capital budget.

Headline Pressures of £5.5 million

- £1 million pressure for adults with disabilities ~ due to increasing age of the population, increased demand for residential college placements and supported living placements and the throughput from children becoming adults.
- £373k pressure for provider fee increases ~ this is tied into the recent announcement of living wage increase of approximately 6.2%.
- Turning The World Upside Down (our domiciliary care model) ~ with unmet need outstanding, we will require £1.048 million extra funding for next year.
- MIST project in children's services (multi agency team looking at high end care for children) ~ requires £287k to increase team support.
- In year pressures in children services of £2.6 million.
- Proposal to bolster the safeguarding team at a cost of £153k.

Savings proposals totalling £1 million:

- £116k as a result of Welsh Government increasing the non-residential weekly charge cap which will provide us additional income.
- Renegotiation of the contract with the health sector on bed provision at Severn view contract which could amount to £166k.
- Savings within legal provision in children's services amounting to £100k.
- MIST ~ whilst it is asking for £287k investment, it plans to deliver savings of £250k.
- Overall fees and charges in social care (including public protection charges) amounting to £189k.
- Some smaller efficiency savings
- £150k as part of the practice change agenda

Challenge:

- Why has the Integrated Care Funding for the MIST project ceased?
It was a specific project with Blaenau Gwent for a multi-disciplinary team for children's services.

- Whilst we are concentrating mainly on the adult's services remit, recognising that the situation is likely to get increasingly difficult and acknowledging there needs to be a national solution, we still need consider how to balance our books. So in efforts to think outside the box, Turning The World Upside Down has been such a good example of innovative practice, would there be merit in investing in our own staff rather than commissioning commercial providers?

The question of whether to 'grow your own' service through investing in your staff versus commissioning external provision is something that we have considered. We've had to consider whether it would work even if it was possible, because at the moment, we are struggling to attract staff and so is the private sector. It's a massive nationwide problem. Even if we had a huge cash injection, I'm not sure we could change that dynamic. We are having to be very creative as we receive the lowest level of funding and it has required us to be inventive. Welsh Government are currently drafting a report "Rebalancing Care", so it will be interesting to see if it addresses the issues and what the comparative picture is across Wales.

Outcome and Chair's Conclusion:

The committee has found it really challenging to scrutinise this budget as we cannot draw conclusions that the service is significantly under resourced and we also recognise that staff are trying to be creative and think differently.

We have discussed the social care pressures in detail and we acknowledge that recruitment in the sector is a major issue. We note the grant income received and the committee welcomes the approval to use capital receipts to assist the revenue budget position. The committee remains concerned that the use of capital receipts to support the revenue position is an unsustainable approach to address the underlying budgetary issues already presented at month 7.

Members are pleased to see that no cost increase has been proposed for the community meals service. Members also welcome the new monthly budget monitoring approach which is assisting departments in forecasting overspends and enabling mitigations to be put in place where possible.

The committee feels strongly that the funding formula disproportionately disadvantages Monmouthshire and supports the Chief Officer's attempts to raise this with Welsh Government and to request a funding floor, which would significantly assist Monmouthshire and several other rural authorities. The committee supports the efforts by the Chief Officer for Resources and the Leader to progress via the WLGA an independent review of the formula and asked that a seminar be held in the Spring.

7. To confirm and sign the following minutes:

Joint Adults and Children and Young People Select Committee - 5th September 2019.

Minutes of 5th September ~ Councillor Pavia had sent apologies for this meeting which had not been recorded. Agreed to make the necessary amendment.

Adults Select Committee - 5th November 2019

Minutes of 5th November 2019 ~ Councillor Groucutt had sent apologies for this meeting which had not been recorded. Agreed to make the necessary amendment.

8. Adults Select Committee Forward Work Programme.

It was agreed that Mental Health Services would be scrutinised jointly with Children and Young People's Select Committee and that a meeting would be held in April, date to be confirmed.

9. Council and Cabinet Forward Work Planner.

The programme was noted and no requests were made for reports to be brought to the committee.

10. Next Meeting: 10th March 2020 at 10.00am.

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Monmouthshire's Scrutiny Forward Work Programme 2020-21

Adults Select Committee				
Meeting Date	Subject	Purpose of Scrutiny	Responsibility	Type of Scrutiny
10 th March 2020	Older Adults Inspection Report	Scrutiny of the report's findings and proposed actions.	Julie Boothroyd Eve Parkinson	Performance Monitoring
Workshop Thursday 26th March at 2.30pm	Workshop with Health Board on: <ul style="list-style-type: none"> • Local Hospital and health service provision • Joint Working 	<u>Workshop:</u> <ul style="list-style-type: none"> • What will the service redesign look like? • Raising public awareness of new service provision • 'How can we engage with communities better? • What are we doing well together to deliver a healthy Wales? What could we do better? 	Aneurin Bevan University Health Board	Collaborative Scrutiny
Workshop TBC	Gypsy and Travellers Needs Assessment	Workshop on the findings of the assessment ahead of formal scrutiny.	Stephen Griffiths Ian Bakewell Mark Hand Rachel Lewis	Policy Development
21st April 2020 TBC	Gypsy and Travellers Needs Assessment	Scrutiny of the assessment ahead of Cabinet decision and submission to Welsh Government.	Stephen Griffiths Ian Bakewell	Policy Development
	Homeseach Allocations Review and Policy Amendments	To review the allocations policy.	Louise Corbett	Policy Development/Performance Monitoring
TBC	Mental Health Services (To be confirmed)	Joint scrutiny with Children and Young People's Select Committee.	ABUHB Julie Boothroyd Eve Parkinson	Policy Development/Performance Monitoring
	Regional Homeless Strategy Update	An annual performance review.	Stephen Griffiths Ian Bakewell	Performance Monitoring

Monmouthshire's Scrutiny Forward Work Programme 2020-21

Future Agreed Work Programme Items: Dates to be determined

- ✓ **Community Development and Well-being ~ results of most significant change ~ possible workshop**
- ✓ **Market place for social care ~ better understanding of services, play space community staff, integrated workspace, hub services, Turning the world upside down. Housing element.**
- ✓ **Performance reporting (normal plus other things Homefirst)**
- ✓ **Annual Complaints Report for Social Services**
- ✓ **Housing register allocations policy ~ Nov/December**
- ✓ **Housing Support Grant ~ replaces the supporting people grant (children and communities grant ~ Sharran Lloyd) ~ how is the money used (homeless prevention ~ difficult places) ~ homelessness ~ late autumn (discussion with Sharran Lloyd)**

Joint Scrutiny with Children and Young People's Select Committee:

- ✓ **Mental Health Capacity Act and Learning Disabilities ~ linked to implications of the DOLS (Deprivation Liberty Safeguards) Grant**
- ✓ **Adults Carers Strategy and Children and Young People's Carers Strategy.**
- ✓ **Safeguarding Performance Reporting and Progress of Regional Safeguarding Boards ~ Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015**
- ✓ **Regional Integrated Autism Service**
- **Regional partnership boards and integrated care fund transformation funding and impact, risks associated with funding stream**

Cabinet, Council and Individual Cabinet Member Decisions (ICMD) Forward Plan

Monmouthshire County Council is required to publish a forward plan of all key decisions to be taken. Council and Cabinet items will only be considered for decision if they have been included on the planner no later than the month preceding the meeting, unless the item is considered urgent.

Committee / Decision Maker	Meeting date / Decision due	Subject	Purpose	Author	Date item added to the planner	Date item originally scheduled for decision
Council	01/03/22	LDP for Adoption	Check Date	Mark Hand	23/01/20	
Council	01/06/21	Final Deposit Plan for submission to WG	Check Date	Mark Hand	23/01/20	
Council	14/01/21	Deposit Plan	Endorsement of Deposit Plan	Mark Hand	23/01/20	
Cabinet	03/06/20	Budget Monitoring report - month 12 (period3) - outturn	The purpose of this report is to provide Members with information on the forecast outturn position of the Authority at end of month reporting for 2019/20 financial year	Mark Howcroft	18/04/19	
Council	14/05/20	LDP Preferred Strategy	Endorsement of final preferred strategy	Mark Hand	19/09/19	
Council	14/05/20	Constitution Review		Matt Phillips	14/08/19	
Council	02/04/20	Refit Programme		Ian Hoccom	28/02/20	
Cabinet	01/04/20	Guaranteed Interview Scheme for Care Leavers		Gareth James	28/02/20	

Cabinet	01/04/20	Welsh Church Fund Working Group	The purpose of this report is to make recommendations to Cabinet on the Schedule of Applications 2019/20, meeting 9 held on 5th March 2020.	Dave Jarrett	18/04/19	
ICMD	25/03/20	Non Domestic Rates: High Street and Retail Rate Relief 2020/21	for approval of the adoption of a High Street and Retail Rate Relief Scheme for 2020/21, in accordance with Welsh Government guidance.	Ruth Donovan	12/02/20	
ICMD	25/03/20	Newport CC and MCC Partnership - transfer of GIS functionality		Sian Hayward	06/02/20	
ICMD	25/03/20	Contract Extension		Tracey Harry	14/02/20	
Council	05/03/20	Pay Policy		Sally Thomas	23/01/20	
Council	05/03/20	Annual Safeguarding Report		Julie Boothroyd	06/02/20	
Council	05/03/20	Strategic Equality Plan		Alan Burkitt	26/09/19	
Council	05/03/20	LDP Preferred Strategy	Endorsement to consult on Preferred Strategy	Mark Hand	23/01/20	
Council	05/03/20	Council Tax Resolution	To set budget and Council Tax	Ruth Donovan	18/04/19	
Council	05/03/20	Mid Term Review of the Corporate Plan		Matt Gatehouse		

Cabinet	04/03/20	Investment Committee		Peter Davies	13/02/20	
ICMD	26/02/20	CHARGING APPLICANTS FOR THE MONITORING OF SECTION 106 AGREEMENTS		Phil Thomas	06/02/20	
ICMD	26/02/20	Non Domestic Rates - Application for Hardship Relief		Ruth Donovan	14/01/20	
Cabinet	19/02/20	2020/21 Education and Welsh Church Trust Funds Investment and Fund Strategies	The purpose of this report is to present to Cabinet for approval the 2020/21 Investment and Fund Strategy for Trust Funds for which the Authority acts as sole or custodian trustee for adoption and to approve the 2019/20 grant allocation to Local Authority beneficiaries of the Welsh Church Fund.	Dave Jarrett	18/04/19	
Cabinet	19/02/20	Mid Term Review of the Corporate Plan		Matt Gatehouse		
Cabinet	19/02/20	Welsh Church Fund Working Group	The purpose of this report is to make recommendations to Cabinet on the Schedule of Applications 2019/20, meeting 7 held on 5th December 2019	Dave Jarrett	18/04/19	
Cabinet	19/02/20	Consideration of Final Revenue and Capital Budget Proposals		Peter Davies	03/10/19	
Cabinet	19/02/20	Proposal to change the school funding formula.		Nikki Wellington		
Cabinet	19/02/20	Strategic Review of Outdoor Education		Marie Bartlett	18/10/20	

Cabinet	19/02/20	Rights of Way Improvement Plan (ROWIP) review/ Policy Statement - Results of statutory consultation and proposed Final Plan	To seek approval of the Review of the ROWIP and associated policies	Matthew Lewis	18/07/19	
ICMD	29/01/20	Various roads, county wide Amendment No. 1 of consolidation order 2019 (part 2)		Paul Keeble	13/01/20	
Council	16/01/20	Council Tax Reduction Scheme		Ruth Donovan	18/04/19	
Council	16/01/20	Mid Term Review of the Corporate Plan		Peter Davies	26/09/19	
Council	16/01/20	Local Development Plan Preferred Strategy		Mark Hand	06/09/19	
Council	16/01/20	Constitution Review		Matt Phillips	14/08/19	
Council	16/01/20	Safeguarding - Annual Report to Council		Jane Rodgers	20/06/19	
Council	16/01/20	Proposed Development Company		Deb Hill-Howells	16/09/19	
ICMD	15/01/20	Archaeology Planning Advice	Adoption post-guidance	Mark Hand	19/09/19	Deferred
ICMD	15/01/20	SPG S106 guidance note	To clarify how S106 contributions are calculated	Mark Hand	01/05/19	Deferred

Cabinet	08/01/20	Ethical Employment code of practice - Approval Paper Draft		Scott James	08/11/19	
Cabinet	08/01/20	Budget Monitoring report - month 7 (period 2)	The purpose of this report is to provide Members with information on the forecast outturn position of the Authority at end of month reporting for 2019/20 financial year.	Mark Howcroft	18/04/19	
Cabinet	08/01/20	Redundancy implications within MonLife		Marie Bartlett	07/11/20	
Cabinet	08/01/20	Homelessness Report		Deb Hill-Howells	07/11/19	
Cabinet	08/01/20	Primary School Places Reiview in Caldicot		Matthew Jones	02/10/19	
Cabinet	20/12/19	ARUP Report		Cath Fallon	07/11/19	
Cabinet	20/12/19	Draft Revenue and Capital Budget Proposals		Peter Davies	26/09/19	
Cabinet	20/12/19	Tree management Strategy Update		Carl Touhig	16/09/19	
Cabinet	20/12/19	Green Infrastructure Strategy	To approve the Green Infrastructure Strategy	Matt Lewis	18/07/19	
Cabinet	20/12/19	Road Safety Strategy		Frances O'Brien	16/09/19	

Cabinet	20/12/19	Home to School Transport Policy		Frances O'Brien	16/09/19	
Cabinet	20/12/19	Long Term Household Recycling		Carl Touhig	29/01/19	
Cabinet	20/12/19	Statutory consultation to establish a new Welsh Medium Primary School in Monmouth		Debbie Morgan	15/08/19	
IMCD	18/12/19	Council Tax Base 2020/21 and associated matters	To agree the Council Tax Base figure for submission to the Welsh Government, together with the collection rate to be applied for 2020/21 and to make other necessary related statutory decisions	Sue Deacy/Ruth Donovan	18/04/19	
ICMD	18/12/19	SPG Landscape	To provide guidance on landscape character to inform planning decisions	Mark Hand/Amy Longford	02/05/19	
ICMD	18/12/19	SPG archaeology	To identify three new Archaeologically Sensitive Areas	Mark Hand/Amy Longford	01/05/19	
ICMD	27/11/19	Museum Review	To seek agreement to implement a staffing restructure and new public opening hours following a review of the Museums Service	Matthew Lewis		
ICMD	27/11/19	Infill SPG		Phil Thomas	06/11/19	
ICMD	27/11/19	Structure Change - Outdorr Education Service		Ian Saunders	08/11/19	
ICMD	27/11/19	Strategic Lead for Youth Enterprise & Skills		Cath Fallon	06/11/19	ITEM WITHDRAWN

ICMD	27/11/19	New Posts within MonLife		Marie Bartlett	01/11/19	ITEM WITHDRAWN
ICMD	27/11/19	LANDSCAPE SPG		Andrew Nevill	31/10/19	
ICMD	27/11/19	Sale of land at Llanvair Discoed for use as garden land'	To seek consent to dispose of two sections of land in Llanvair Discoed to current occupiers for use as garden land'	Gareth King/Cllr P Murphy	31/10/19	
ICMD	27/11/19	Infill Development Supplementary Planning Guidance	For adoption post-consultation	Mark Hand	19/09/19	
ICMD	13/11/19	CYP staffing structure – ALN Team		Nikki Wellington		
ICMD	13/11/19	MONLIFE AMENDMENTS TO TEAM CONFIGURATIONS		Marie Bartlett		
Cabinet	06/11/19	Climate Emergency Action Plan	Deferred	Matt Gatehouse	16/09/19	
Cabinet	06/11/19	Welsh Church Fund Working Group	The purpose of this report is to make recommendations to Cabinet on the Schedule of Applications 2019/20, meeting 5 held on 19th September 2019 and meeting 6 held on 24th October 2019	Dave Jarrett	18/04/19	
Cabinet	06/11/19	Section 106 Funding – The Hill, Abergavenny		Mike Moran	20/02/19	
Cabinet	06/11/19	Caldicot Leisure Centre		Ian Saunders	16/09/19	

Cabinet	06/11/19	Economic Growth		Cath Fallon	16/09/19	
Cabinet	06/11/19	Section 106 Funding – Penperlleni		Mike Moran	20/02/19	
Cabinet	06/11/19	Croesonen S106 Off-Site Recreation Funding		Mike Moran	30/09/19	
Cabinet	06/11/19	Monmouth S106 Off-Site Recreation Funding		Mike Moran	30/09/19	
Council	24/10/19	Corporate Parenting Annual Report		Jane Rodgers	28/08/19	
Council	24/10/19	Re-appointment of Monmouthshire Local Access Forum	To secure the appointment of members to the Monmouthshire Local Access Forum (LAF) for its next 3 year period	Matt Lewis	18/07/19	
Council	24/10/19	Change to Terms of Reference of PSB Select	To approve a wider remit for the PSB Select Committee to enable it to focus on broader public service activity within Monmouthshire	Hazel Ilett	01/08/19	
Council	24/10/19	National Development Framework		Mark Hand	06/09/19	
Council	24/10/19	Modern Day Slavery & Exploitation Protocol		Dave Jones	11/09/19	
ICMD	23/10/19	Museums - Collections rationalisation	Cllr Paul Jordan	Rachael Rogers	07/08/19	

ICMD	23/10/19	SPG S106 guidance note	To clarify how S106 contributions are calculated	Mark Hand	01/05/19	deferred to 27/11/19
ICMD	09/10/19	VARIOUS ROADS, COUNTY WIDE AMENDMENT NO.1 OF CONSOLIDATION ORDER 2019		Paul Keeble	20/09/19	
ICMD	09/10/19	Archaeology Planning Advice	Endorsement to consult on this advice note, which includes designating new Archaeologically sensitive Areas	Mark Hand	19/09/19	
ICMD	09/10/19	Planning Report		Rachel Lewis	11/09/19	
ICMD	09/10/19	Planning Services - Annual Performance Report 2018/19		Phil Thomas	11/09/19	
Council	19/09/19	Capital Strategy Approval		Mark Howcroft	09/08/19	
Council	19/09/19	Rights of Way Orders Decision Making	To review rights of way order decision making and remove the need for objected public rights of way Section 53 Wildlife and Countryside Act and 1980 Highway Act applications to be approved by ICMD	Matt Lewis	18/07/19	
Council	19/09/19	MCC Audited Accounts and ISA 260	To notify Council of completed Audit process and resultant accounts - To go to Audit Committee	Mark Howcroft	18/04/19	
Council	19/09/19	SE Wales Strategic Development Plan		Mark Hand	18/06/19	
Council	19/09/19	Corporate Plan Annual Report		Richard Jones	19/06/19	

Council	19/09/19	Director of Social Services Annual Report		Julie Boothroyd	04/06/19	
Council	19/09/19	MonLife		Tracey Thomas	03/05/19	
Cabinet	18/09/19	Decision on the closure of Mouton House School	Special Meeting	Matthew Lewis	20/05/19	
Cabinet	18/09/19	VAT Management arrangements		Peter Davies	08/08/19	
Cabinet	18/09/19	MTFP and Budget Process	To outline the context and process within which the MTFP over the next 4 years and the budget will be developed.	Mark Howcroft	18/04/19	
ICMD	11/09/19	Proposed acquisition of MOD railway line.		Deb Hill Howells/ P Murphy	222/08/19	
ICMD	11/09/19	Property Appreciation	Equity Release Scheme	Ian Bakewell	07/08/19	
ICMD	11/09/19	SPG Landscape	To provide guidance on landscape character to inform planning decisions	Mark Hand/Amy Longford	02/05/19	WITHDRAWN
ICMD	11/09/19	Skills @ Work Programme	To seek approval for Monmouthshire's approach to delivering this pan-Wales, fully funded, scheme designed to enhance skills and increase productivity in the workplace, providing opportunities for employers in all sectors to gain accredited qualifications for their workforce	Richard Drinkwater/Nikki Jones	05/08/19	
ICMD	11/09/19	SPG archaeology	To identify three new Archaeologically Sensitive Areas	Mark Hand/Amy Longford	01/05/19	WITHDRAWN

ICMD	11/09/19	Sale of land for Garden use Llanfair Discoed	To seek consent for the sale of the section of the land at Llanfair Discoed to the existing leaseholder for use as garden land.	Gareth King/Cllr P Murphy	08/08/19	
Cabinet	04/09/19	Public Services Ombudsman Annual Report		Paul Matthews	07/08/19	
Cabinet	04/09/19	Sec 106 Funding; Countryside Sites	To seek approval for section 106 expenditure on various countryside sites	Matthew Lewis	18/07/19	
Cabinet	04/09/19	Digital Infrastructure Action Plan		Cath Fallon	01/04/19	
Cabinet	04/09/19	Windows 10 Laptop Replacement	This report seeks funding for the replacement or upgrade of workplace laptop stocks, bringing them up to a minimum of Windows 10 operating system and meeting our ICT security requirements	Sian Hayward	01/08/19	
Cabinet	04/09/19	Digital Infrastructure Action Plan		Cath Fallon	08/05/19	
Cabinet	04/09/19	School Partnership Agreement		Cath Sheen	01/07/19	
Cabinet	04/09/19	Restructure of Resources Directorate	deferred	Peter Davies	07/06/19	
Cabinet	04/09/19	Brexit Preparedness		Cath Fallon		

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