

# Public Document Pack



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## HEALTH AND CARE SCRUTINY COMMITTEE

Friday, 26th January, 2024

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The use of Welsh by participants is welcomed. If you wish to use Welsh please inform us by noon, two working days before the meeting

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## SUPPLEMENTARY PACK

<b>1.</b>	<b>MINUTES AND ACTION LOG</b>
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(i) To authorise the Chair to sign the minutes of the previous meeting held as follows as a correct record:

(a) 1<sup>st</sup> December 2023

(ii) To receive and consider the Action Log.  
(Pages 3 - 18)

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## MINUTES OF A MEETING OF THE HEALTH AND CARE SCRUTINY COMMITTEE HELD BY HYBRID MEETING - ZOOM - COUNTY HALL ON FRIDAY, 1 DECEMBER 2023

### PRESENT

County Councillor A Jenner (Chair)

County Councillors G E Jones, J Ewing, L Rijnenberg, C Robinson, C Walsh,  
L Brighthouse, H Hulme,

Cabinet Members in attendance

County Councillors S Cox , S C Davies and D A Thomas

Officers in attendance (Powys County Council)

Neil Clutton (Professional Lead – Strategic Property), Nina Davies (Director of Social Services and Housing), Rachel Evans (Head of Commissioning and Partnerships), Sharon Frewin (Head of Adult Services), Sharon Powell (Head of Children’s Services), Mari Thomas (Deputy-Head of Finance).

Officers in attendance (Powys Teaching Health Board)

Joy Garfitt (Interim Executive Director of Operations/Director of Community and Mental Health), Clare Lines (Assistant Director – Transformation and Value), Carly Skitt (Strategic Planning Manager), Hayley Thomas (Interim Chief Executive), John Thomas (Communications & Engagement Specialist).

<b>1. APOLOGIES</b>
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Apologies for absence were received from Cllrs Edwin Roderick, Benjamin Breeze, Elwyn Vaughan, Richard Church (Cabinet Member for a Safer Powys), Lynette Lovell (Director of Education and Children), Jane Thomas (Head of Finance/Section 151 Officer) and Wayne Tannahill (Associate Director of Capital, Estates and Property, PTHB).

<b>2. DECLARATIONS OF INTEREST</b>
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The Committee received the following Declarations of Interest from Members relating to items to be considered on the agenda:

- County Councillor Chris Walsh declared a personal interest relating to items 10, 11 and 12, due to being an Independent Member of Powys Teaching Health Board.
- Nina Davies (Director of Social Services and Housing) declared an interest due to being an Associate Member of Powys Teaching Health Board.

<b>3. DISCLOSURE OF PARTY WHIPS</b>
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The Committee did not receive any disclosures of prohibited party whips which a Member had been given in relation to the meeting in accordance with Section 78(3) of the Local Government Measure 2011.

<b>4. MINUTES AND ACTION LOG</b>
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**Documents Considered:**

- Draft minutes of the Health and Care Scrutiny Committee meeting held 3<sup>rd</sup> November 2023.

**Observations and Recommendations:**

- Proposed by County Councillor L Rijnenberg and seconded by County Councillor C Walsh, the Committee moved to authorise the Chair to sign the minutes of the previous meeting as an accurate record.

<b>5. STRATEGIC RISK MANAGEMENT - QUARTER 2</b>
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**Documents Considered:**

- Strategic Risk Management Report – Quarter 2 (2023)

**Background:**

- During Quarter 2 there were 15 risks listed on the Strategic Risk Register which were contained within Appendix A of the report. The summary of the strategic risks within a heat map was contained within Appendix B.
  - The remaining strategic risk was withheld from the public report due to the need to preserve commercial confidentiality.
- The report provided assurance updates for each strategic risk from the relevant risk owner and Service Area.
- The heatmap (Appendix B) showed that:
  - Five out of the 14 strategic risks were rated as *likely* having a *major* impact.
  - EDR0011 was rated as *almost certainly* having a *major* impact.
  - ASC0064 was rated as *likely* having a *severe* impact.
- The Strategic Equalities and Risk Officer noted the strategic risks relating to health and social care, namely strategic risk ASC0064 – “Welsh Community Care Information System (WCCIS) is not fit for purpose, then it will impact upon service area’s ability to carry out our statutory operational duties”.
  - The impact rating for ASC0064 increased from *major* to *severe*, which equated to an increase from a residual rating of 12 to 20.
- The Strategic Equalities and Risk Officer reported additional strategic risks relating to health and care, including:
  - ASC0066 - If a Social Care provider(s) fail then the pressure on care homes, domiciliary care providers, supported living and other providers would become unsustainable.
    - Residual rating reduced from 20 to 12.
  - ASC0071 - If there is insufficient capacity to respond to the longer-term demand in Adults' services in timely manner.
    - Residual rating of 9.
- Cabinet was requested to deescalate strategic risk PCC0008 – “If planned power outages (rota disconnections) occurs then it may affect our ability to deliver services”.

**Issues Raised by the Committee and Responses Received:**

<b>Issues Raised by the Committee:</b>	<b>Responses Received:</b>
<p>Regarding WCCIS, if information was not recorded then there was potential to compromise the safeguarding of children and adults. For example, if information had not been recorded about a person, a pattern of behaviour may not be identified by the police, social workers and other multi-agency teams involved.</p> <p>One of the workarounds to mitigate this was that more administrators would enter the data on behalf of social work staff. Given the shortages in the labour market and general recruitment difficulties, could assurance be provided that there were enough staff to mitigate these issues?</p> <p>The Chair added that WCCIS had featured on the risk register for some time and had asked previous Heads of Service whether people were being put at risk. The Head of Children confirmed that there was an instance where information could not be accessed to undertake an assessment with a child, although they were able to mitigate this it was still a risk.</p>	<p>The Director of Social Services and Housing reported that WCCIS was a significant risk for both service areas and corporately, as outlined in the Strategic Risk Register report.</p> <p>There had been many instances, some quite recently, where the system had not been working as it should. This resulted in read-only data access; however, the issue was in updating new data onto WCCIS. When the system was not available, a backlog of information would occur which needed to be entered onto the system.</p> <p>There was a service and cost implication as this resulted in staff needing to input data at a later date, thus requiring overtime payments, due to the work needing to be undertaken outside of normal working hours. The Director of Social Services and Housing noted that there was not a problem with staffing the data administrators at present.</p> <p>The Head of Adult Services reported that although there were mitigations for WCCIS, it remained a significant risk. There had been multiple sustained outages during the previous weeks. The key risk areas were weekend and out-of-hours cover by emergency teams, and how the Service ensured they could access the correct information.</p>
<p>Committee Members had previously been assured that a new system would be implemented with different models/options to be provided. Had there been a decision on the replacement system for WCCIS?</p>	<p>The Director of Social Services and Housing confirmed that the Council would be moving to a new system which was guaranteed, with an indicative timescale of quarter 3 (late 2024/early 2025). This was also when WCCIS was due to cease operation. The change to the new system would be implemented across Wales.</p>

	<p>The options report had been prepared and considered, with the decision being made within the next week or so. In the interim period, the Director of Social Services and Housing and the IT support team would continue to escalate any issues and concerns with WCCIS daily. If necessary, follow up with the national team, Welsh Government and ADSS Cymru would also occur.</p> <p><b><i>N.B. ADSS Cymru – Association of Directors of Social Services Cymru.</i></b></p>
<p>If the new system was not due for implementation until 2025, Committee Members needed assurances that there were contingencies in place, which would not increase the cost implications which could put service users and staff at risk.</p>	<p>The Director of Social Services noted that there were cost implications involved with paying staff overtime, when completing data entry outside of their normal working hours due to system outages.</p> <p>The Council was therefore escalating and identifying the contractual obligations to ensure the system worked how it should.</p> <p>Data cleansing had already started, as the transition to the new system would take time due to the large volumes of data needing to be transferred, and to ensure that the system was robust and prepared moving forward.</p>
<p>In relation to the cost impact, would there be a specific pressure identified for both Adults' and Childrens' Services in the next budget?</p>	<p>The Director of Social Services and Housing replied that this pressure was not anticipated to be included in the budget, as the impact now was minimal. Although it was not currently anticipated, there was a possibility that the position may change.</p>
<p>Do you anticipate the WCCIS strategic risk to continue to escalate on the Strategic Risk Register?</p>	<p>Performance had been poor during the previous few weeks so this risk needed to be reviewed at the next quarterly reporting of the Strategic Risk Register.</p> <p>The Head of Adult Services reported that teams were doing as much as possible to ensure the system was operational following outage periods. The point on data cleansing was</p>

	reiterated, due to the need to prepare for the new system implementation.
When the update was available, how would this be communicated across the Council and to the Scrutiny Committee?	The Director of Social Services could provide Health and Care Scrutiny Committee with an update regarding the WCCIS replacement options. <b>ACTION</b>
Regarding Strategic Risk ICT0029 – Cyber Issues, did the Council still utilise operating systems that were no longer supported by security updates, such as Windows 7/8, which could be open to compromise?	The Director of Social Services needed to seek clarification before providing an answer to the question. <b>ACTION</b>
The Chair asked whether the Cabinet Member for Finance and Corporate Transformation wanted to raise anything relating to the Strategic Risk Management report.  The Chair requested that Cabinet ensure that the Health and Care Scrutiny Committee be kept up to date with regard to the WCCIS system and associated strategic risk.	The Cabinet Member noted that the report would be thoroughly scrutinised by the other Scrutiny Committees, and would also be considered by Governance and Audit Committee.
	With regard to the closed strategic risk, RCPCH0007, the Head of Commissioning and Partnerships confirmed that the risk had been resolved and closed.

**Actions:**

- Director of Social Services and Housing to provide Health and Care Scrutiny Committee with an update regarding the outcome of the WCCIS replacement options report.
- Director of Social Services and Housing to seek clarification as to whether the Council still utilised operating systems no longer supported by security updates, which could cause security compromise.

**Observations and Recommendations:**

- Recommendation that the Health and Care Scrutiny Committee receive updates on the WCCIS strategic risk.

<b>6. CORPORATE SAFEGUARDING BOARD ACTIVITY REPORT</b>
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**Documents Considered:**

- Corporate Safeguarding Board Activity Report

**Background:**

- The Director of Social Services and Housing provided the Committee with an update on the work of the Powys Corporate Safeguarding Board, for the meetings held 4th August and 15th September 2023.
- Nine actions were rated as 'green, on-track' and one as 'amber, slightly off track'.
  - The amber recommendation related to expectation of contractors in respect of safeguarding training.
- The annual safeguarding self-assessment audits were discussed by the Board.
- A dashboard had been created which allowed the actions to be monitored and progress tracked. Work was ongoing by Heads of Service to update their actions.
- The Board were shown a presentation about the implementation of a tiered approach to contract management, and prioritising resources for contracts.
- There were discussions around Channel and Community Safety Partnership agreement arrangements. It was agreed that officers would undertake work around proposals, which would be fed back to the next Board meeting in December.
- Safeguarding Theme of the Month – the Board were informed that Spotlight on Safeguarding Communications had started, with regular updates and communications released.
- A safeguarding conference hosted by Powys had taken place, with a focus on rural safeguarding.
- White Ribbon Day walks had been held across Powys.
- Reports by exception were received from Housing, Education and regarding safeguarding training for Adult and Children Social Care.
- The Volunteering for Powys County Council policy was included for the Board's information and noted that it had been approved.
- The Board were informed that 98.5% of Members were compliant with mandatory safeguarding training, with mitigating circumstances for the 1.5% non-compliance.
- A safeguarding vlog was discussed and would be provided to the Board at the meeting on 14<sup>th</sup> December 2023. The following meeting was scheduled for 14<sup>th</sup> March 2024.

**Observations and Recommendations:**

- Committee Members reviewed the scrutiny action tracker and were satisfied with the Director of Social Services and Housing's responses to the previous actions, relating to the link contained within the Corporate Safeguarding Board Activity Report not working.
- The Chair confirmed that following a request from the Committee, both the Chair and Vice-Chair attended the National Safeguarding Conference. The Chair wished to formally note that the event was well organised with innovative presentations on best-practice.
- The Chair noted the presentation provided by the New Zealand group, She Is Not Your Rehab, and asked that the Committee be updated if



similar initiatives on intergenerational trauma, violence and abuse were to be discussed at a Welsh-level.

- There were no other questions from Members.

## **7. WINTER PRESSURES**

### **Documents Considered:**

- Winter Pressures (2023) Cabinet Report

### **Background:**

- The Head of Adult Services provided an overview of the Winter Pressures report, which was presented to the Cabinet on 14<sup>th</sup> November 2023.
- The Head of Adult Services noted that what were previously considered winter pressures were now being seen throughout the year, with increased demand and complexity impacting on care and support options.
- Specific details were requested regarding hospital discharges. A range of support options were needed to ensure admissions were reduced; to keep people living in their own homes for as long as possible; to reduce delay discharges and the length of stay in hospitals, which should delay the need for more enhanced care and support.
- The report noted there were a significant number of people waiting for more timely assessments. The Head of Adult Services assured the Committee that new operational processes provided increased and enhanced capacity through a managed agency. There was now around 100 people awaiting allocation, which was a significant drop from 300 people waiting in September 2023.
- As a result of the changes to the operational processes, there had been a decrease in the number of people being delayed from hospital discharge due to social worker assessments.
- It was important to note the unique factors and demography of Powys which pressured social work teams and health colleagues, due to the absence of a district general hospital. Staff needed to travel to a number of hospitals around Powys' border which dispersed resources due to the travel time involved.
- Consequently, during crisis periods, staff needed to attend more escalation meetings to manage demand and allocate resources effectively.
- Compared to the rest of Wales, Powys had more people waiting for domiciliary and residential care, there was also a lack of nursing beds available in the county. Work was ongoing within the Commissioning and Partnerships Service to develop these care markets.
- The number of people awaiting domiciliary care had decreased, however it was important to note that in September 2023, more than 800 hours of extra domiciliary care were provided compared to the year before which was not meeting the demand.
- Mitigations included reviewing how the Council operated by enhancing the locality model, allocating resources in the right place at the right time.
- Work continued with third sector partners and with Powys Teaching Health Board to develop the Home First and reablement programme.

- A review was expected into the reablement programme, to ensure it was fit for purpose.
- Social work capacity had increased as well as trailing different roles in the social work teams with discrete functions. For example, having officers dedicated to carers assessments and hospital discharges which had seen a significant reduction in delays, thus allowing risk to be managed more effectively.
- Conducting the first of a two-week review into the 'perfect week for discharges', which included the Council, third sector, Health Board colleagues reviewing the discharge process, to ensure it was as efficient and effective as possible.
- The escalation process had been reviewed to ensure continuous communication rather than meeting when crisis periods approached.
- The frailty project embedded learning from occupational therapist teams, with significant increase in capacity.
- By undertaking online and telephone assessments and triaging, the waiting list for occupational therapy in North Powys to the six week target which was an appropriate target to set.

**Issues Raised by the Committee and Responses Received:**

<b>Issues Raised by the Committee:</b>	<b>Responses Received:</b>
<p>Are you expecting the trends to continue to improve with the extra resources put into place?</p>	<p>The Head of Adult Services noted that it was hoped that they would improve, although it would likely plateau over the following months due to winter pressures from respiratory illnesses.</p> <p>Further work was required around the third sector, especially around the Social Value Forum and preventative agenda. Once the market had been developed sufficiently as well as capacity within the assessment process, the next focus would be prevention.</p>
<p>Regarding the data on numbers of open referral and delays, which were contained within the monthly service reports. It would be helpful for the Committee to review the trends in these data at the end of Quarter 1, as to whether there was a downward trajectory. <b>ACTION</b></p>	<p>Not at present.</p>
<p>Will you be requesting additional funding for the Hospital Discharge Team? Would there therefore be a budgetary impact, or had this already</p>	<p>The increased capacity currently in place was limited to March 2024. During this window of opportunity, enhanced work was ongoing with</p>

<p>been considered within the current budget?</p> <p>In relation to the aspects mentioned by the Head of Adult Services, was additional resource required in next year's budget?</p>	<p>teams such as data cleansing and streamlining operational and assessment processes to become more effective and streamlined.</p> <p>The Locality Model was being explored, including developing more robust links with community connectors and local area coordination.</p> <p>No, not at this point.</p>
<p>It was pleasing to see the number of people waiting to be allocated a social worker had decreased, which was attributed to operational changes.</p> <p>Had there been a loss of a care company in Newtown?</p>	<p>The Head of Commissioning and Partnerships was aware of the matter and could provide an update in writing to Health and Scrutiny Committee Members. <b>ACTION</b></p>
<p>Was there a need to restructure care companies, with a focus on allocating carers to specific areas, such as one town to reduce mileage and travel time? There were also people requiring care living in rural communities which needed to be addressed.</p>	<p>The Head of Commissioning and Partnerships responded that there was an extensive programme of work ongoing, known as Transforming and Modernising Domiciliary Care and Direct Payments.</p> <p>The focus was on developing a locality, catchment-based approach, to reduce travel and downtime for staff. The Service were also working closely with providers to understand whether this approach would work, and around attracting people into the workforce.</p> <p>Meet the buyer events were currently being undertaken to attract providers, who would then move onto the Council's dynamic purchasing system (contract mechanism). There were sometimes issues when new providers entered Powys, as they were competing and drawing on the same workforce. Attracting new staff into care work was therefore important.</p>
<p>Could day centres be utilised to assist with hospital discharges, or for use as a package of care?</p>	<p>The Head of Adult Services agreed that a locality model was pivotal. The Head of Service confirmed that the use of day centres was a potential route to improve hospital discharges and return</p>

	<p>people to their local communities.</p> <p>Further engagement work was ongoing to establish what mattered most to people, so that they could be connected with the appropriate groups already in operation within the local area, which may be a day centre.</p>
<p>The Day Opportunities engagement process was already underway, what were the Council doing to specifically target and find information relating to day centres and day opportunities? The meeting in Welshpool was attended by third party organisations, although no service users were physically present.</p> <p>Were the Health Board involved so that feedback could be received around opportunities for outpatients, and people waiting to return to live within their community?</p>	<p>The Head of Adult Services confirmed that the service were communicating with Health Board colleagues, and this extended to the Live Well partnership, and were also likely ongoing within the Age Well partnership.</p> <p>There was a role for the Assessment Team to capture data and combine this with other information held within Dewis and Info Engine, to align with the work of community connectors. The outcome will likely be around a redefined role for local area coordination.</p> <p>The information would be collated around January and options would then be decided upon. The findings and options considered by the service would then be provided to scrutiny to consider before final decisions had been made.</p> <p>The Cabinet Member for a Caring Powys noted that the Day Opportunities Review was not solely focused on day centres, however they were involved within the review to form a larger picture of what provided motivation and pleasure for people utilising day opportunities.</p>

**Actions:**

- To review the open referral trends contained within the monthly service updates, following Winter/Quarter 1.
- Head of Commissioning and Partnerships to provide a written response regarding the closure of a care company in Powys.
- To review the options following the Day Opportunities engagement exercise – add item to the work programme for April 2024.

**Observations and Recommendations:**

- The report was noted.

<b>8.</b>	<b>JOINT WORKING (ACCELERATED SUSTAINABLE MODEL)</b>
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**Documents Considered:**

- ‘Better Together’ presentation provided by Powys Teaching Health Board (PTHB).

**Background:**

- The PTHB Assistant Director – Transformation and Value provided Committee Members with a presentation around joint working and the accelerated sustainable model.
- The PTHB Interim Chief Executive noted that both the Council and Health Board experienced shared challenges across Powys relating to demands on services, workforce and finances.
- The long-term, health and care strategy had been in development since 2017, which set out to establish a clear vision on how public sector organisations within Powys would work together, with a focus on well-being and shared service delivery.
- A joint executive team between the Council and Health Board had been established, there had also been agreement to consider how joint working could inform Sustainable Powys.
- A copy of the presentation slides were provided and were available to view within the agenda pack.
- The Director of Social Services and Housing noted that in addition to working with PTHB, the Regional Partnership Board also had a role in linking with other partner organisations operating in Powys. There was a focus on prevention, Home First, person-centred rebalancing, in addition to finding digital solutions and incorporating place-based planning.

**Issues Raised by the Committee and Responses Received:**

<b>Issues Raised by the Committee:</b>	<b>Responses Received:</b>
Regarding the Better Together slide, would this work also feed into other projects such as the North Powys Wellbeing Hub, in terms of delivery?	Yes, they were. The overarching model was a whole Powys approach, although elements were modelled specifically for the delivery of North Powys Wellbeing Hub.
Regarding the leading edge approach to frailty outlined in the presentation, the commissioning of a professor to lead on this work was mentioned, how would the professor’s expertise be utilised and would learning be available to the Council?	Different clusters of funding were collated together alongside the evidence-based clinical guidance to agree what a leading edge frailty service needed to look like. The professor was therefore not going to identify an approach away from this.  It was already known in Powys that a primary and community-oriented model was required due to the absence of a district general hospital. Working with

	<p>the clusters, Powys County Council and the Regional Partnership Board, the professor would lead on specific issues such as developing complex geriatric assessment, and how this can be undertaken in Powys to prevent people needing multiple appointments and medicines, for example.</p> <p>It was confirmed that the professor would be employed and paid for by Powys Teaching Health Board.</p>
<p>How do you ensure that the 'No Wrong Door' policy worked in practice?</p>	<p>The Assistant Director – Transformation and Value responded that whilst intergenerational thinking was a well embedded concept within mental health and children's healthcare, it was not so well embedded for older persons' healthcare.</p> <p>Noted that one single front door is not fit for purpose. For example, the Director of Community &amp; Mental Health noted there was availability for citizens of Powys and more widely in Wales, to access a 24-hour mental health crisis phone line to speak with a professional in Powys, with onward referral to the next appropriate service if needed.</p> <p>The key principles were about wrapping support, assistance and information around the individual, to guide them to the next step. This required individual services to speak with each other to gain a greater understanding of the individuals' needs, such as around mobility and the wider social perspective of their mobility needs. Support could also take the form electronically by email, online materials or by posting leaflets and written materials.</p>
<p>How do you plan to gather and communicate intelligence gathered, such as local community and support groups?</p>	<p>PAVO and the Dewis search engine were important to provide information about local community and support groups. Community connectors also updated the 111 call centre practitioners, to provide updates on the various agencies, sports clubs, and</p>

	<p>other local groups available within communities.</p>
<p>How do you plan to aid people to access help before reaching the crisis point?</p>	<p>Within the context of frailty, GPs and primary care services were working on scoring frailty, by looking across the practice population. Individuals with recurring urinary tract infections for example, may also have problems with balance which then increased the frailty score.</p> <p>The frailty model would then become relevant at an earlier stage of frailty, to connect the person with a group such as pilates, to strengthen core muscles. It could also extend to the person needing their glasses checked, or referral for a full frailty assessment.</p> <p>Relationship development between practitioners and individuals was helpful due to the small number of staff working within the call centre, so people felt comfortable to ring back and to update on how they were feeling.</p>
<p>Have you considered the role of county councillors in information sharing?</p>	<p>PTHB could attend Member Development sessions to update Members on new models of care and developments, and to attend scrutiny again in future.</p>
<p>Community councillors across Powys also have a role to play, with town and community councils being well placed amongst Powys communities. In the context of frailty, what are you doing or planning to do around communications to ensure people who are fit, stay fit for longer?</p>	<p>The Regional Partnership Board had an important role to play around shift to prevention. Awareness needed to be built around frailty, as it was not just related to the Age Well programme, but also Live Well.</p>
<p>How would you involve children in this process?</p>	<p>PTHB officers attended Start Well meetings which provided an effective conversation, topics included children who were cared for by their grandparents for example.</p> <p>Public health protection work within PTHB may be shared with county councillors and with town and community councils, to increase their</p>

	<p>awareness of protection and prevention work that was already in place and ongoing.</p> <p>The Cabinet Member for a Caring Powys noted the Regional Partnership Board were focused on systemic change around healthy weight. As part of the series of workshops, there was a focus on breastfeeding and its importance in building resilience at the beginning of a person's life. This then led on to conversations around how breastfeeding rates could be increased, by working with people to help and prepare before birth.</p>
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**Observations and Recommendations:**

- Recommendation for an in-person Member Development session from Powys Teaching Health Board – focusing on themes rather than high-level updates only.

**9. EXEMPT ITEM**

The following motion was proposed by County Councillor C Walsh and seconded by County Councillor G E Jones, the Committee therefore:

**RESOLVED to exclude the public for the following items of business on the grounds that there would be disclosure to them of exempt information under categories 2 and 3 of The Local Authorities (Access to Information) (Variation) (Wales) Order 2007).**

**10. THERAPEUTIC ATTACHMENT TEAM PRESENTATION**

The Head of Children's Services provided a presentation to Committee Members regarding the work of the Therapeutic Attachment Team.

**11. NORTH POWYS WELLBEING HUB**

The Strategic Planning Manager provided a presentation and updates regarding the North Powys Wellbeing Hub.

**12. Q2 STRATEGIC RISK REGISTER - CLOSED RISK**

The Head of Commissioning and Partnerships provided an update regarding the confidential strategic risk RCPCH0007 and reported that the issue surrounding



the strategic risk had been resolved. Formal de-escalation of strategic risk RCPCH0007 would therefore be sought from Cabinet.

<b>13. WORK PROGRAMME</b>
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**Documents considered:**

- Health and Care Scrutiny Committee Forward Work Programme 2022-2027

**Background:**

- The Health and Care Scrutiny Committee work programme was included in the agenda pack for the Committee to note, and to consider any additional items for inclusion.

**Observations and Recommendations:**

- The Chair and Vice-Chair had previously met with the Scrutiny Officer to review the work programme.
- The work programme was noted.

**County Councillor A Jenner (Chair)**

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