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For all enquiries relating to this agenda please contact Charlotte Evans
(Tel: 01443 864210 Email: evansca1@caerphilly.gov.uk)

Date: 25th November 2020

Dear Sir/Madam,

A meeting of the **Social Services Scrutiny Committee** will be held via Microsoft Teams on **Tuesday, 1st December, 2020 at 5.30 pm** to consider the matters contained in the following agenda. Councillors and the public wishing to speak on any item can do so by making a request to the Chair. You are also welcome to use Welsh at the meeting, both these requests require a minimum notice period of 3 working days.

This meeting will be recorded and made available to view via the Council's website, except for discussions involving confidential or exempt items. Therefore the images/audio of those individuals speaking will be publicly available to all via the recording on the Council website at www.caerphilly.gov.uk

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Chrissy'.

Christina Harrhy
CHIEF EXECUTIVE

A G E N D A

Pages

- 1 To receive apologies for absence.
- 2 Declarations of Interest.

Councillors and Officers are reminded of their personal responsibility to declare any personal and/or prejudicial interest (s) in respect of any item of business on this agenda in accordance with the Local Government Act 2000, the Council's Constitution and the Code of Conduct for both Councillors and Officers.

A greener place Man gwyrddach



To approve and sign the following minutes: -

- | | | |
|---|--|--------|
| 3 | Social Services Scrutiny Committee held on 20th October 2020. | 1 - 8 |
| 4 | Consideration of any matter referred to this Committee in accordance with the call-in procedure. | |
| 5 | Social Services Scrutiny Committee Forward Work Programme. | 9 - 24 |
| 6 | To receive and consider the following Cabinet report*: - Caerphilly Cares - 11th November 2020. | |

**If a Member of the Scrutiny Committee wishes for the above Cabinet report to be brought forward for discussion at the meeting please contact Charlotte Evans, Committee Services Officer, Tel no. 01443 864210 by 10.00am on Monday, 30th November 2020.*

To receive and consider the following Scrutiny reports: -

- | | | |
|----|--|----------|
| 7 | Development of a Multi Agency Safeguarding Hub in Caerphilly. | 25 - 30 |
| 8 | The Safe Reduction of the Number of Children Looked After in Caerphilly. | 31 - 36 |
| 9 | Regional Partnership Boards - Update. | 37 - 92 |
| 10 | Social Services Response to the Coronavirus Pandemic. | 93 - 120 |

Circulation:

Councillors: A. Angel, J. Bevan, C. Bezzina (Vice Chair), L.J. Binding (Chair), D. Cushing, K. Etheridge, M. Evans, A. Gair, Ms J. Gale, D.C. Harse, V. James, L. Jeremiah, Mrs A. Leonard, S. Skivens, C. Thomas and W. Williams

Users and Carers: Mr C. Luke and Michelle Jones

Aneurin Bevan Health Board: A. Gough (ABUHB)

And Appropriate Officers

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SOCIAL SERVICES SCRUTINY COMMITTEE

MINUTES OF THE DIGITAL MEETING HELD VIA MICROSOFT TEAMS ON TUESDAY 20TH OCTOBER 2020 AT 5.30 P.M.

PRESENT:

Councillor L. Binding - Chair
Councillor C. Bezzina - Vice Chair

Councillors:

D. Cushing, K. Etheridge, M. Evans, A. Gair, J. Gale, V. James, L. Jeremiah and C. Thomas.

Cabinet Member: S. Cook (Social Care).

Together with:

Officers: D. Street (Corporate Director - Social Services and Housing), J. Williams (Assistant Director - Adult Services), G. Jenkins (Assistant Director - Children's Services, M. Jones (Interim Financial Services Manager), S. Richards (Head of Education Planning and Strategy Finance), T. McMahon (Community Regeneration Manager), S. Isaacs (Rents Manager), C. Forbes-Thompson (Scrutiny Manager) and A. Dredge (Committee Services Officer).

Also in attendance:

A. Rowling (Care Inspectorate Wales).

1. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Councillors A. Angel, J. Bevan D. Harse, S. Skivens and W. Williams and Mrs M. Jones and C. Luke (Co-opted Members).

2. DECLARATIONS OF INTEREST

There were no declarations of interest received at the commencement or during the course of the meeting.

3. MINUTES – 24TH SEPTEMBER 2020

RESOLVED that the minutes of the meeting of the Social Services Scrutiny Committee held on 24th September 2020 (minute nos. 1 - 8) be approved and signed as a correct record.

4. CONSIDERATION OF ANY MATTER REFERRED TO THE SCRUTINY COMMITTEE IN ACCORDANCE WITH THE CALL-IN PROCEDURE

There had been no matters referred to the Scrutiny Committee in accordance with the call-in

procedure.

5. SOCIAL SERVICES SCRUTINY COMMITTEE FORWARD WORK PROGRAMME

The Scrutiny Officer introduced the report that informed the Committee of its Forward Work Programme planned for the period October to December 2020. Members were asked to consider the work programme and to make any amendments or request additional agenda items to be included for future meetings.

Following consideration and discussion, it was moved and seconded that subject to the following amendments, the recommendation in the report be approved. By a show of hands this was unanimously agreed.

RESOLVED that for the reasons contained in the Officer's report and discussed at the meeting:

- i. an overview report in respect of the impact that Covid-19 has had across the Social Services Directorate be brought to the next meeting scheduled on the 1st December 2020;
- ii. the Social Services Scrutiny Committee Forward Work Programme be published on the Council's website.

REPORTS OF OFFICERS

Consideration was given to the following reports.

6. CARE INSPECTORATE WALES PERFORMANCE REVIEW - APRIL 2019 - MARCH 2020

The report summarised the Care Inspectorate Wales (CIW) Local Authority Performance Review of Caerphilly County Borough Council in carrying out its Social Services functions from April 2019 to March 2020. The report also lays out the CIW Performance Review Plan for 2020-21, albeit this is subject to amendment due to the impact of the ongoing pandemic.

As with all other Local Authority's in Wales, the Social Services Departments' activities are overseen and regulated by CIW. They undertake an annual programme of visits to reassure themselves, the authority and the public that services are of the appropriate standard and being delivered in accordance with the requirements and principles of the Social Services & Wellbeing (Wales) Act 2014.

A. Rowling (CIW – Local Authority Inspection Team) presented the report and summarised the strengths and areas for improvement under four main headings, namely, Well-being, People, Prevention and Partnerships. The letter attached to the report sets out the evaluation activity undertaken by the Inspectorate, during the course of the year. Members were pleased to note that one of Caerphilly's biggest strengths is the stability and experience of the senior management team in both Children's and Adults Services. They are proactive in their roles and provide their staff with support and the confidence to undertake their work within a safe working culture. Ms Rowling advised that there are no issues in any area relating to safeguarding within Children's or Adult Services and that all principles within the Act are followed. The people in receipt of services provided by Caerphilly are at the heart of the service provision and their voices are heard. Lots of development has been seen around corporate parenting and how Caerphilly look after the young people in their care and the engagement that continues with care leavers. Prevention is high on the Council's agenda and it was explained how early intervention benefits in the long term. It was also explained that partnership working has always been good in Caerphilly. This has provided a good foundation, and in particular during the last 6 months in the community with adult services,

community connectors, GP services and hospital discharge. A key priority has been the implementation of the safe reduction strategy in respect of children who have become looked after working with teams such as the MyST service.

Members were assured that the senior management team are willing to adapt and change and are always looking for ways to improve with a solution focussed approach. CIW consider Caerphilly in high regard with no risks or concerns.

Members questioned if engagement events could be held in the future with young people from the age range of 13 plus so that their voices could be heard. Officers explained the sensitive difficulties around this and confirmed that creative methods have been introduced since this issue was identified with the use of social media platforms and user-friendly documentation. Officers referred to the 'Caerphilly Shout out Group' who are an older group of looked after children who were able to advise and assist officers in finding alternative ways of meeting face to face with their Social Workers/Independent Reviewing Officers. The Group revised the consultation document which is available on-line and sent electronically so that children can respond and raise any issues they have via text message as well as other means.

Members sought clarification in respect of the Community Connectors, how they were established, how the need was identified and where they work. The committee were advised that there are six community connectors. The service need was identified by the health board as it was recognised that many people attend GP surgeries but often do not have medical needs, such as isolation. Funding was provided through Compassionate Communities Project for the North of the county borough and was due to end in March 2021. However, this has now been extended up until March 2022 and will now cover the whole county borough. Members were advised that people are identified for this service by GP referral or other professionals but can also make a self-referral.

The scrutiny committee sought further information on the issue identified in the review with multi-agency partners struggling with the 'Strength Based Approach' in family meetings. Members were advised that this referred to meetings between partner professionals, which had changed its approach. Formerly the meeting had a traditional approach, consideration of the issues and then strengths. The new approach firstly considers the strengths of a family before moving on to any issues. This has changed the focus of these meetings and the approach is being monitored through the local safeguarding network meetings.

In concluding, Ms Rowling emphasised that this is a very positive report from CIW.

Members placed on record their appreciation to all staff within Social Services for their hard work during this year and asked that this be relayed to the whole of the Directorate and for the letter from CIW to be shared. The Chair also thanked A. Rowling for presenting her report and responding to questions raised.

RESOLVED that for the reasons contained in the Officer's report, the contents of the letter be noted.

7. CAERPHELLY CARES

The report sought Committee approval to develop the existing Buddy Scheme and Community Regeneration Legacy into the Caerphilly Cares service, prior to its consideration and determination at Cabinet.

Officers delivered a presentation that summarised the detail set out in the report.

The purpose is to ensure people receive the right support, in the right place, at the right time and using a single point of contact through a triage system. By establishing a universal gateway model that provides a central coordination and response team that understands the different needs of individuals at risk or suffering from disadvantage. In addition, providing advice, support and signposting through strength-based assessments to internal and external support services. This will enable them to become more resilient and live as independently as possible through a strength based, community centred model. Also, to incorporate it into the Caerphilly Cares provision as part of a phased approach to developing an integrated end to end journey through internal and external services for 'at risk' customers.

The intention is to create the conditions for community assets to thrive and create a balance between service and community support by removing any barriers and for our services to work alongside communities in ways that are empowering, engaging and meaningful. To stimulate collaborative working within the Council and with partners and, above all, put communities at the heart of what we do. The 'Pandemic recovery is a complex and long running process that will involve many agencies and participants. The way processes are undertaken is critical to their success. Recovery is best achieved when the affected community is able to exercise a high degree of self-determination.' Recovering from Emergencies; UK Government 2010.

As cited in 'the front door' to adult social care, auditor general for wales' report, often authorities do not know where gaps in provision lie which has resulted in an inconsistent distribution and provision of services. Even where effective services exist, poor co-ordination between services and organisations can also limit their effectiveness.

As a result of the pandemic our communities will suffer from economic, health and other social challenges. Well-being issues and inequalities existed in our communities before the pandemic, which has only served to exacerbate these and the coming months could prove particularly difficult after furlough ends. However, conversely, the lockdown also resulted in strengthening of resilience both individually and at community level. Local activities are vital to supporting wellbeing, with new and existing local groups picking up the mantel. Support for these groups is crucial moving forward and should be seen, very much, as part of the offer of support. The current crisis has provided the Council with an opportunity to harness, support and expand the community resilience demonstrated in many communities across the borough. It provides opportunities for meaningful dialogue with vulnerable people, to assess service and support needs and coproduce services designed to promote long term independence.

Members were advised that this proposed service although a new initiative is something that has long been an ambition of the authority to implement. The learning achieved through the Buddy Scheme has allowed this to be accelerated into the current expanded proposal. Examples were provided of the targeted work already carried out by the council housing staff for council tenants to help them maximise their incomes and the links established with the Community Connectors. The aim of this service is to expand and extend this type of support for all county borough residents.

The scrutiny committee asked if the funding is for one year and what would happen if additional Welsh Government funding does not come through. It was confirmed that the funding is for one year, but the council will continue to press Welsh Government on this subject. The service will be evaluated during the year and if additional funding isn't made available, it may need to be put forward as a corporate cost pressure. The evaluation will consider that this is a preventative service aiming to reduce pressures on council services. The savings may be through cost avoidance and it is hoped that the benefits can be demonstrated. Members sought clarity on what success for this service would look like. They were provided with examples such as increased finances for residents of the county borough or making residents aware of where they can make savings through discounted water rates.

The service will aim to explore underlying issues that residents may have by not only dealing with the matter that they make contact about but having a wider conversation to see if they have other concerns.

The scrutiny committee explored the model and the one stop shop approach. Members asked about the staffing model, and it was explained that the team will be made up of existing council staff and some new staff. It is important that those working in this team have a good understanding of what services are available both inside and outside the council. Members stated that it is important to have good communication, engagement, monitoring, staff training, and support will also be vital to ensure the success of this service. Feedback from residents and follow up were highlighted by Members and it was agreed that it is important for the council to be flexible and respond to changing needs. It is difficult to predict how many demands will be made upon the council going forward, but it is likely to be challenging.

The scrutiny committee sought reassurance regarding the views of Unison and if there are likely to be any redundancies as a result. Members were assured that there will be no redundancies and some of the staff are already doing similar work. Members asked if consideration had been given to developing a regional model with neighbouring local authorities and were advised that it is important to get this working in Caerphilly first. There may be opportunities further down the line if the service works.

Members sought clarification on how any overspends are dealt with and were advised that when departments have underspends 50% is then retained by the service area as a service reserve. Then in subsequent years any overspends are in the first instance met from those service reserves. Corporate reserves would only be called upon if there were no service reserves. Alternatively, the service would seek to make spend savings during the financial year.

Following consideration and discussion, it was moved and seconded that the recommendation in the report be approved. By a show of hands this was unanimously agreed.

RESOLVED that for the reasons contained in the Officer's report:

- i. the contents of the report be noted;
- ii. the establishment of a Caerphilly Cares service be endorsed;
- iii. the intended allocation of £130k of funding as outlined in the financial implication in paragraph 10.1 to develop a Caerphilly Cares Central Team, be noted;
- iv. the intended allocation of £155k of funding to enhance the Caerphilly Housing Tenancy Support Team to provide financial advice to all residents, be noted.

8. BUDGET MONITORING REPORT (MONTH 5)

The report provided Members with the projected revenue expenditure for the Social Services Directorate for the 2020/21 financial year.

The report identifies the reasons behind a projected overspend of £860k for Social Services in 2020/21, inclusive of transport costs and the potential additional costs that could be incurred within Social Services during the 2020/21 financial year. This is as a result of the

Covid-19 pandemic along with the funding made available by Welsh Government to cover these costs.

There is a projected overspend within Children's Services of £1, 386K, which is largely due to a significant increase in residential placements with a lack of other options due to the Covid-19 restrictions. The projected underspend in Adult Services is £375K however, within this figure there is a significant increase in demand for home care and supported living which may have been impacted upon by the Covid-19 restrictions. The overspends are offset within in-house services largely due to the temporary closure of day care facilities and the ability to redeploy day care staff to other settings. Savings have been made in that casual staff have not been required to cover sickness absences, training and holiday cover.

The Scrutiny Committee were referred to paragraph 5.5 in the report which sets out the additional costs incurred as a result of the Covid-19 Pandemic. There were issues relating to minor claims in the first quarter of the year where Welsh Government (WG) refused to fund. However, WG introduced Phase 2 of the Adult Social Care funding in July. This is focused on top-up payments to support independent service providers and in-house provision. It was explained that a recent claim was submitted for July costs which identified £172K of what is termed as 'exceptional items' and WG confirmed this week that his claim has been paid in full. This amount and any further claims for exceptional items will go some way to reducing the current overspend.

Members discussed the report and asked if any innovative alternatives have been considered in the community settings during the Pandemic. The Officer explained that staff are providing over 100 people with community support options. Officers have written to all people in receipt of day care to see if they are struggling and to consider the options available to them. Funding has also been made available for gardening projects such as Windy Ridge. It was also noted that several people do not want to take up any opportunities offered during the Pandemic. If any person using the services has any issues then they should contact their social worker for advice/assistance. Clarification was provided in respect of risk assessments being carried out for vulnerable people. Many reviews have been undertaken and telephone support has been provided. There has also been an increase in the demand for sitting services. One respite property remained open during the lockdown period and another has recently opened for people with learning difficulties.

A Member referred to the funding received from WG and Officers explained the process of how this is received and allocated. It was noted that the announcement made by WG a couple of months ago in that a one off £500 payment would be made to all care workers in Wales has now been received and administered by the Interim Financial Services Manager and his team. These payments have also been made to all eligible staff within the independent private sector as well as those working for the local authority. Officers were thanked for their hard work in processing these payments and obtaining the grant funding through what has been a difficult time.

Following consideration and discussion, it was moved and seconded that the recommendation in the report be approved. By a show of hands this was unanimously agreed.

RESOLVED that for the reason's contained in the Officer's report:

- i. the budget virements undertaken within the Social Services budget during the current financial year, be noted;
- ii. the projected overspend of £860k against the Social Services budget for 2020/21, inclusive of transport costs, be noted;
- iii. the financial impact of the Covid-19 pandemic upon Social Services, be noted.

The meeting closed at 7.00pm.

Approved as a correct record, subject to any amendments agreed and recorded in the minutes of the meeting held on the 1st December 2020.

CHAIR

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SOCIAL SERVICES SCRUTINY COMMITTEE – 1ST DECEMBER 2020

**SUBJECT: SOCIAL SERVICES SCRUTINY COMMITTEE FORWARD
WORK PROGRAMME**

**REPORT BY: CORPORATE DIRECTOR FOR EDUCATION AND CORPORATE
SERVICES**

1. PURPOSE OF REPORT

1.1 To report the Social Services Scrutiny Committee Forward Work Programme.

2. SUMMARY

2.1 Forward Work Programmes are essential to ensure that Scrutiny Committee agendas reflect the strategic issues facing the Council and other priorities raised by Members, the public or stakeholder.

3. RECOMMENDATIONS

3.1 That Members consider any changes and agree the final forward work programme prior to publication.

4. REASONS FOR THE RECOMMENDATIONS

4.1 To improve the operation of scrutiny.

5. THE REPORT

5.1 The Social Services Scrutiny Committee forward work programme includes all reports that were identified at the scrutiny committee meeting on Tuesday 20th October 2020. The work programme outlines the reports planned for the period December 2020 to April 2021.

5.2 The forward Work Programme is made up of reports identified by officers and members. Members are asked to consider the work programme alongside the cabinet work programme and suggest any changes before it is published on the council website. Scrutiny committee will review this work programme at every

meeting going forward alongside any chances to the cabinet work programme or report requests.

- 5.3 The Social Services Scrutiny Committee Forward Work Programme is attached at Appendix 1, which presents the current status as at 9th November 2020. The Cabinet Work Programme is attached at Appendix 2. A copy of the prioritisation flowchart is attached at appendix 3 to assist the scrutiny committee to determine what items should be added to the forward work programme.

5.4 **Conclusion**

The work programme is for consideration and amendment by the scrutiny committee prior to publication on the council website.

6. **ASSUMPTIONS**

- 6.1 No assumptions are necessary.

7. **LINKS TO RELEVANT COUNCIL POLICIES**

- 7.1 The operation of scrutiny is required by the Local Government Act 2000. The Local Government Wales Measure 2011 and subsequent Statutory Guidance include requirements to publicise the work of scrutiny committees. The operation of scrutiny committee forward work programmes was agreed following decisions by Council in October 2013 and October 2015.

7.2 **Corporate Plan 2018-2023.**

Scrutiny Committee forward work programmes contributes towards and impacts upon the Corporate Well-being Objectives by ensuring that the Executive is held to account for its Corporate Objectives, which are:

Objective 1 - Improve education opportunities for all

Objective 2 - Enabling employment

Objective 3 - Address the availability, condition and sustainability of homes throughout the county borough and provide advice, assistance or support to help improve people's well-being

Objective 4 - Promote a modern, integrated and sustainable transport system that increases opportunity, promotes prosperity and minimises the adverse impacts on the environment

Objective 5 - Creating a county borough that supports a healthy lifestyle in accordance with the sustainable Development Principle within the Wellbeing of Future Generations (Wales) Act 2015

Objective 6 - Support citizens to remain independent and improve their well-being

8. WELL-BEING OF FUTURE GENERATIONS

8.1 This report contributes to the well-being goals and is consistent with the five ways if working as defined within the sustainable development principle in that by ensuring the scrutiny function is effective when reviewing services and policies and ensure is considers the wellbeing goals.

8.2 The Forward Work Programmes contribute to the following Well-being Goals within the Well-being of Future Generations Act (Wales) 2016 by ensuring there is an effective scrutiny function and that council policies are scrutinised against the following goals:

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales
- A Wales of cohesive communities
- A Wales of vibrant culture and thriving Welsh Language
- A globally responsible Wales

9. EQUALITIES IMPLICATIONS

9.1 There are no specific equalities implications arising as a result of this report.

10. FINANCIAL IMPLICATIONS

10.1 There are no specific financial implications arising as a result of this report.

11. PERSONNEL IMPLICATIONS

11.1 There are no specific personnel implications arising as a result of this report.

12. CONSULTATIONS

12.1 There are no consultation responses that have not been included in this report.

13. STATUTORY POWER

13.1 The Local Government Act 2000.

Author: Mark Jacques, Scrutiny Officer - jacqu@carphilly.gov.uk

Consultees: Dave Street, Corporate Director Social Services
Robert Tranter, Head of Legal Services/ Monitoring Officer
Lisa Lane, Head of Democratic Services and Deputy Monitoring Officer,
Legal Services
Councillor Lyndon Binding, Chair of Social Services Scrutiny Committee

Councillor Carmen Bezzina, Vice Chair of Social Services Scrutiny Committee

Appendices:

- Appendix 1 Social Services Scrutiny Committee Forward Work Programme
- Appendix 2 Cabinet Forward Work Programme
- Appendix 3 Forward Work Programme Prioritisation Flowchart

| Appendix 1 | | | | |
|--|--|--|------------------|---------------------|
| Forward Work Programme - Social Services | | | | |
| Date | Title | Key Issues | Author | Cabinet Member |
| 01/12/20 17:30 | Children Looked After Reduction Expectations: Update | Provide an overview of the actions taken to safely reduce the number of children in care. Recognise the challenges faced. Reinforce the importance of safety and risk management in decision making. | Jenkins, Gareth; | Cllr. Cook, Shayne; |
| 01/12/20 17:30 | Development of Multi Agency Safeguarding Hub in Caerphilly | Co-location of Police Public Protection Team with IAA in Foxes Lane. Relocation of Adults and Children's safeguarding Teams to Foxes Lane to create a multi agency Hub. | Jenkins, Gareth; | Cllr. Cook, Shayne; |
| 01/12/20 17:30 | Regional Partnership Update | To provide a six monthly update on the work of the Board as requested following the previous report to Committee. | Street, Dave; | Cllr. Cook, Shayne; |
| 01/12/20 17:30 | Covid 19 Impact on Response | Provide update on major issues and concerns Response around key issues such as PPE/staffing/ care homes. | Street, Dave; | Cllr. Cook, Shayne; |
| 02/02/21 17:30 | Social Services Budget Monitoring Report Month 9 | | Jones, Mike; | Cllr. Cook, Shayne; |
| 02/02/21 17:30 | Director's Annual Report | | Street, Dave; | Cllr. Cook, Shayne; |
| 16/03/21 17:30 | New Respite Facility | | Williams, Jo; | Cllr. Cook, Shayne; |

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| Social Services Scrutiny Committee Forward Work Programme – May 2020 – May 2021 | | | |
|--|----------------|-------------------|------------------|
| Meeting Date: 1st December 2020 Information Items | | | |
| Subject | Purpose | Key Issues | Witnesses |
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| Social Services Scrutiny Committee Forward Work Programme – May 2020 – May 2021 | | | |
|--|----------------|-------------------|------------------|
| Meeting Date: 2nd February 2021 Information Items | | | |
| Subject | Purpose | Key Issues | Witnesses |
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| Social Services Scrutiny Committee Forward Work Programme – May 2020 – May 2021 | | | |
|--|----------------|-------------------|------------------|
| Meeting Date: 16th March 2021 Information Items | | | |
| Subject | Purpose | Key Issues | Witnesses |
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| Social Services Scrutiny Committee Forward Work Programme – May 2020 – May 2021 | | | |
|--|----------------|-------------------|------------------|
| Meeting Date: 27th April 2021 Information Items | | | |
| Subject | Purpose | Key Issues | Witnesses |
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Social Services Scrutiny Committee Forward Work Programme

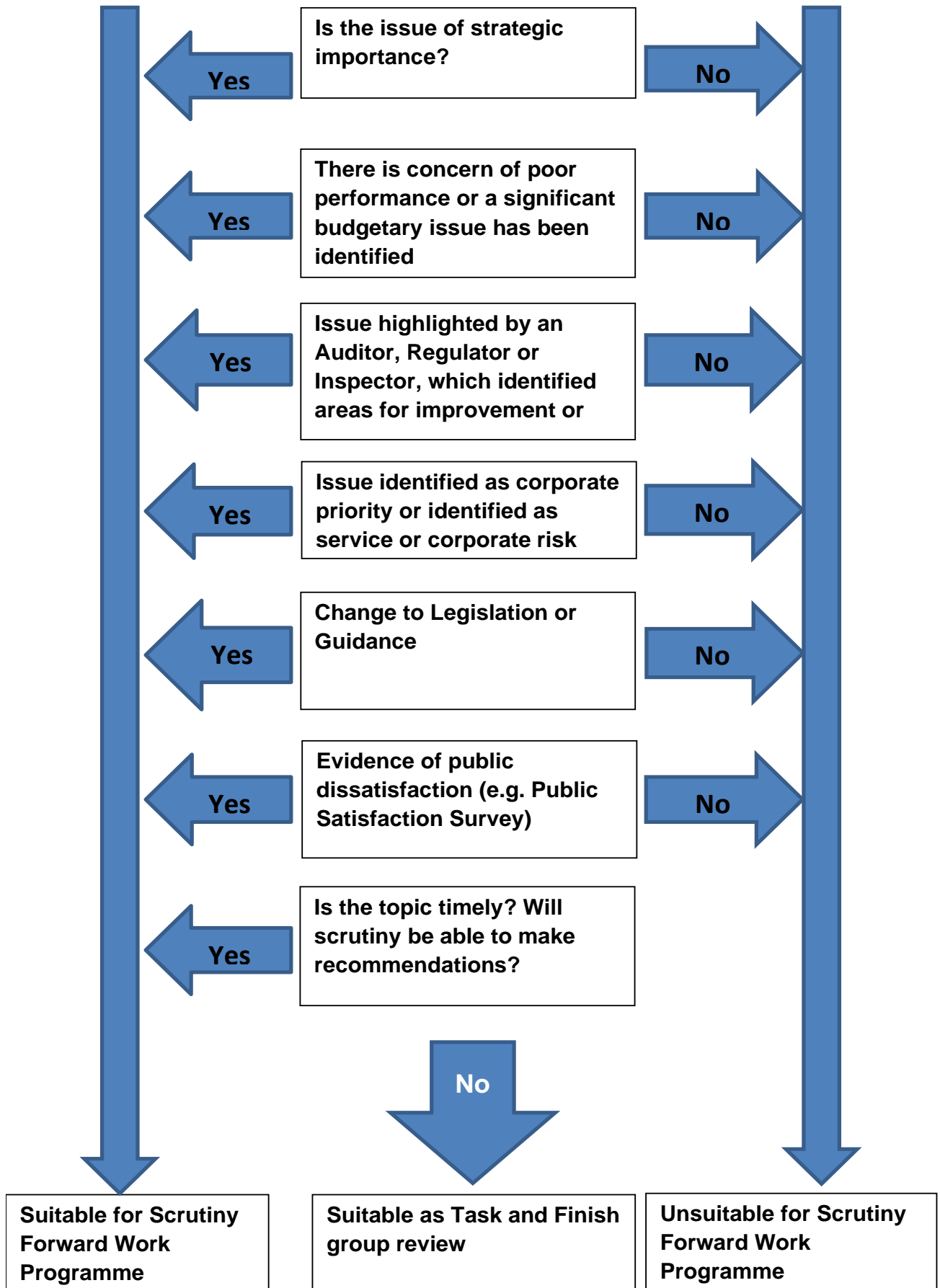
| Social Services Scrutiny Committee Forward Work Programme – May 2020 – May 2021 | | | |
|--|----------------|-------------------|------------------|
| Meeting Date: Date to be Confirmed Information Items | | | |
| Subject | Purpose | Key Issues | Witnesses |
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| Cabinet Date | Title | Key Issues | Author | Cabinet Member |
|----------------|---|---|--|---|
| 25/11/20 10:30 | Green Infrastructure Strategy | Green Infrastructure is recognised as being central to the means that sustainability principles are put into place and maintained. The social and environmental benefits of green infrastructure are well recognised; of increasing importance are the wider economic benefits. The Vision for the Green Infrastructure Strategy reflects the success over the last 20 years of the implementation and development of the Countryside strategy which it will replace. | Hartshorn, Robert; | Cllr. Ridgewell, John; |
| 25/11/20 10:30 | Decarbonisation Strategy and Action Plan | To seek cabinet approval of a decarbonisation strategy, energy prospectus and associated action plan for the authority in support of the climate emergency declared earlier this year. | Kyte, Rhian;Dallimore, Allan; | Cllr. Ridgewell, John; |
| 25/11/20 10:30 | Gwent Sustainable Travel Charter | To seek views on signing up the Gwent Sustainable Travel Charter- a cross public sector commitment to support staff to travel to and within work more sustainably | Richards, Sue;Peters, Kathryn;Cooke, Paul; | |
| 25/11/20 10:30 | Disposal of land at Crescent Road, Caerphilly | The report recommends the sale of land at Crescent Rd car park, Caerphilly to developers in order to facilitate the development of a residential scheme aimed at the over 50's at the derelict Llys Ifor site. The development will include a mixture of one and 2 bedded flats plus a coach drivers' rest/welfare facility on the ground floor. The land to be released comprises circa 268m2. | Dallimore, Allan; | Cllr. Morgan, Sean; |
| 09/12/20 10:30 | Commercial & Investment Strategy | To discuss, agree and approve the Commercial & Investment Strategy to be implemented in support of Team Caerphilly Transformation Strategy objectives. | Camp, Victoria; | Cllr. Morgan, Sean;Cllr. Stenner, Eluned; |

| | | | | |
|----------------|--|--|------------------|--------------------------|
| 09/12/20 10:30 | I.T. Strategy | To provide an overview of the proposed direction of travel for IT infrastructure and working arrangements to transform the ICT and Digital service into a fit for purpose provision. | Lucas, Liz; | Cllr. Stenner, Eluned; |
| 09/12/20 10:30 | Phase 1 consultation report on 21st Century schools | To consider the consultation report and recommendation on the following 21st Century Schools and Education Band B proposals The expansion of Trinity Fields School The relocation and expansion of YGG Cwm Gwyddon on the former Cwmcarn High site | Richards, Sue; | Cllr. Whiting, Ross; |
| 09/12/20 10:30 | Council Tax Base 2021/22 | To provide details of the Council Tax base for 2021/22 for tax setting purposes and the collection percentage to be applied. | O'Donnell, Sean; | Cllr. Stenner, Eluned; |
| 16/12/20 10:30 | Draft responses to the South East Wales Corporate Joint Committee Regulations 2021 and the Town and Country Planning(Strategic Development Plan Wales Regulations 2021 | To consider and comment on the response to draft regulations establishing Corporate Joint Committees and defining the Strategic Development Plan process. | Peters, Kathryn; | Cllr. Marsden, Philippa; |

Scrutiny Committee Forward Work Programme Prioritisation



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SOCIAL SERVICES SCRUTINY COMMITTEE - 1ST DECEMBER 2020

**SUBJECT: DEVELOPMENT OF A MULTI AGENCY SAFEGUARDING HUB IN
CAERPHILLY**

REPORT BY: CORPORATE DIRECTOR – SOCIAL SERVICES & HOUSING

1. PURPOSE OF REPORT

- 1.1 To advise Scrutiny Committee (Committee) of the proposal to develop a multi agency Safeguarding Hub in partnership with Gwent Police. The Hub will be based in Caerphilly but support the West of Gwent ie covering Caerphilly, Torfaen and Blaenau Gwent local authorities.
- 1.2 To seek Committee support for the operational and strategic principles underpinning this development.

2. SUMMARY

- 2.1 Committee Members may be aware that Gwent Police commissioned a review of the way they were delivering their Public Protection functions and specifically their role in safeguarding.
- 2.2 Through engaging with partner agencies as part of this review, it soon became apparent that there was an opportunity to develop multi agency safeguarding hubs and to support this, a pilot project commenced in Newport in the spring of 2018 involving a Police Decision Maker being co-located in the Council's Information, Advice & Assistance (IAA) Service. Shortly afterwards, the pilot was extended to Blaenau Gwent and learning from both sites has been incorporated into the final review recommendations.
- 2.3 Based on the work to date, the Review's key recommendation is to have a Police Officer decision maker co-located in each local authority IAA service supported by Senior Officers, Conference Support Officers and Business Support in two regional hubs covering East and West Gwent. It is proposed that the East Hub will be based in Newport covering Newport and Monmouthshire and the West Hub will be located in Caerphilly covering Caerphilly, Torfaen and Blaenau Gwent.

3. RECOMMENDATION

- 3.1 For Scrutiny Committee to note and support the development of a multi agency Safeguarding Hub in Caerphilly.

- 3.2 For Scrutiny Committee to agree the broad strategic and operational principles that will inform this development.

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 To ensure Scrutiny Committee is fully informed and supportive of the proposals to develop a multi agency Safeguarding Hub in partnership with Gwent Police.

5. THE REPORT

Police Review of Public Protection Unit (PPU) functions:

- 5.1 As stated, Gwent Police commissioned a review of their PPU service with a view to making improvements and potentially reconfiguring the way the functions were delivered across the Police Force area. An independent Project Manager was commissioned to lead the review and the final report was presented to the Gwent Police Management Board at the end of August 2020 where it was endorsed in its entirety.
- 5.2 Based on multi agency feedback to the review, Police Officer Decision Makers were co-located in both Newport and Blaenau-Gwent IAA services. These pilots were evaluated and the key findings reported as follows:
- Improved information sharing
 - Improved timeliness of decision making
 - Improvements in the quality of Police referrals
 - Improved integrated service responses
 - Improved and increased referrals to early intervention and prevention services avoiding the need for higher tier statutory interventions.
- 5.3 The review has identified and developed the following key principles for service delivery going forward:
- Services need to be sustainable, resilient and have capacity to respond to demand
 - It was critical to ensure consistency of approach across the Police Force area
 - The aspiration is to support 'all age' safeguarding ie covering both child and adult protection
 - Key focus needs to be on identifying early interventions to prevent escalation
 - Resulting in improved quality of multi agency referrals and responses
 - The revised service needed to incorporate the key functions of the Gwent Missing Children Project

Proposed Hub Model:

- 5.4 The review considered a range of service delivery options and the preferred model based on the two geographical areas consists of the following key functions:
- ✓ Police Officer Decision Maker in each local authority IAA service supported by;
 - ✓ Senior Officers /decision makers based in the two regional Hubs
 - ✓ Conference Support and Business Support Officers based in both Hubs
 - ✓ Joint multi agency screening of all safeguarding referrals

- ✓ Multi agency lateral checks
- ✓ Immediate Strategy Meetings/Discussions within 24 hours

- 5.5 Whilst the two statutory lead agencies for safeguarding are Local Authorities and the Police, the Review incorporated views from all partners and the proposal to develop multi agency Hubs clearly has implications for other agencies.
- 5.6 It is fully acknowledged that there are operational challenges for Aneurin Bevan University Health Board (ABUHB) to support the Hub model in relation to the wide range of databases currently supporting the various service areas. However, link officers will be identified to undertake lateral checks on behalf of Health in the three key service areas of Health Visiting, Midwifery and Mental Health. These link officers will be supported by ABUHB's Central Safeguarding Team to ensure resilience.
- 5.7 In addition, each Local Education Authority is in the process of considering how they can support the Hubs, with the potential in Caerphilly for the Education Safeguarding Lead to be co-located at least part of the working week with the Police.
- 5.8 Early discussions with Wales Probation Service have also been really positive and there is an appetite for them to have an operational presence in the Hubs

Governance:

- 5.8 The review outcomes have been presented at both the Gwent Safeguarding Board and the Regional Partnership Board and both Boards have given their full support to the proposals requesting periodic updates to be reported back to them.
- 5.9 A strategic Delivery Board consisting of all the statutory partners has been established to provide oversight and scrutiny for the development and implementation of the Hub service model.
- 5.10 Two Delivery Sub Groups have been established to correspond with each of the geographical Hub footprints. These Groups provide ownership and delivery of the model at a local level which will enable effective responses to different demographics, referral pathways and service landscapes. These Groups report directly to the Delivery Board.

Caerphilly (West Gwent) Hub proposals:

- 5.11 Caerphilly's IAA Service is currently based in Foxes Lane, Oakdale. In line with the Corporate Property and Asset Rationalisation drive, various Council properties were considered to accommodate the Hub including Ty Penallta. The IT infrastructure requirements for an IAA service are significant, the need for the Police to have a confidential, secure environment and the need for video conferencing facilities require a dedicated space to be allocated and so, on balance, it was agreed to use Foxes Lane as the location for the Hub.
- 5.12 The co-location of Gwent Police will require significant infrastructure investment and they have confirmed that they will cover the costs of this together with investment in a dedicated virtual conference facility. Based on demand data, it would be beneficial to have a second virtual conference facility and it is proposed that the Directorate fund the cost of this. In order to progress this, Digital Services will be working closely with Gwent Police.

5.13 Social Services Senior Management Team want to take this opportunity to develop a whole service safeguarding Hub by re-locating the following services from Ty Penallta to Foxes Lane:

- Adult Safeguarding Team
- Children's Safeguarding Team
- Safeguarding & Review Business Support Team

5.14 In order to achieve this, the Intensive Support Team that is currently based in Foxes Lane will need to be relocated to Ty Penallta. The moves will need to be supported by both Property Services and Digital Services and may need to be prioritised to fit in with agreed timescales.

5.15 **Key strategic principles:**

1. Support the proposal for the multi agency Safeguarding Hub to be located with IAA at Foxes Lane
2. Support the movement of Social Services Teams to enable all safeguarding functions to operate from the Hub
3. Support the required infrastructure investments and office moves in line with an agreed strategic timeline

6. **ASSUMPTIONS**

6.1 All proposals linked to office accommodation are based on Covid experiences so the principles of hot desking, office/home working balance and continued use of virtual meetings have been fully incorporated.

6.2 Committee may recall that the Directorate has allocated funding to employ a fixed term Senior Practitioner to support Caerphilly decision making in the Hub during the transition to the new service. This role will be evaluated in due course.

6.3 This proposal is based on Caerphilly County Borough Council providing the accommodation for the Police at no cost. The Police have committed to fund the IT infrastructure costs and there will be ongoing contributions required for utilities, particularly telephone line rental and internet connection costs.

7. **LINKS TO RELEVANT COUNCIL POLICIES**

7.1 Social Services & Well Being (Wales) Act 2014

7.2 Well-Being of Future Generations Act (Wales) 2015

7.3 **Corporate Plan 2018-2023.** The content of this report contributes towards Well Being Objective 6: Support citizens to remain independent and improve their well-being.

8. **WELL-BEING OF FUTURE GENERATIONS**

8.1 The content of this report contributes to the following Well Being Goals:

- A resilient Wales
- A more equal Wales

- A Wales of cohesive communities

and is consistent with the five ways of working as defined within the sustainable development principle in the Act.

9. EQUALITIES IMPLICATIONS

- 9.1 The Council's full Equality Impact Assessment process does not need to be applied

10. FINANCIAL IMPLICATIONS

- 10.1 As stated in section 6 above, this proposal is based on an assumption that there will be no charge to Gwent Police for co-locating their staff in Foxes Lane apart from the additional telephony and internet line rentals
- 10.2 Further, with Scrutiny Committee support, Service Specific reserves will be used to invest in a second virtual conference facility at Foxes Lane.

11. PERSONNEL IMPLICATIONS

- 11.1 There are no Personnel or HR implications arising from this report

12. CONSULTATIONS

- 12.1 The views of consultees are incorporated into the report.

13. STATUTORY POWER

- 13.1 Social Services & Well Being (Wales) Act 2014

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SOCIAL SERVICES SCRUTINY COMMITTEE - 1ST DECEMBER 2020

**SUBJECT: THE SAFE REDUCTION OF THE NUMBER OF CHILDREN
LOOKED AFTER IN CAERPHILLY**

REPORT BY: CORPORATE DIRECTOR – SOCIAL SERVICES & HOUSING

1. PURPOSE OF REPORT

1.1 To update Scrutiny Committee (Committee) on the actions taken to implement Welsh Government's expectation to safely reduce the numbers of Children Looked After in Caerphilly.

2. SUMMARY

2.1 The First Minister for Wales made a manifesto pledge to reduce the numbers of Children Looked After in Wales by 2022.

2.2 As part of a national programme of work, Welsh Government officials and advisors visited Caerphilly in March 2019 and the Council was invited to submit a reduction plan to Welsh Government by the end of April 2019.

2.3 In recognition of the challenges facing Local Authorities, Welsh Government announced additional Integrated Care Funding (ICF) specifically focussed on supporting the safe reduction of the number of Children Looked After. This report includes details of how this funding has been utilised within Caerphilly.

2.4 In September 2019, Cabinet agreed that the 'Safe reduction of Children Looked After' would be included within Wellbeing Objective 6 of the Corporate Plan: *Support citizens to remain independent and improve their wellbeing*, when the Plan was reviewed next.

2.5 The reduction plan and an overview report was presented to Committee in October 2019 so this report provides a timely update for Members.

3. RECOMMENDATION

3.1 For Scrutiny Committee to note the actions taken to implement plans to safely reduce the numbers of Children Looked After and to confirm the current position in Caerphilly.

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 To ensure Scrutiny Committee is fully aware of the expectations of Welsh Government to reduce the number of Children Looked After and the plans to achieve this within Caerphilly.

5. THE REPORT

Welsh Government Reduction Expectations updates:

- 5.1 Committee will recall that for the 2019/20 financial year, Children's Services predicted a continued rise in Looked After numbers because the ICF investments proposed would not be fully implemented until 2020. On that basis, it was predicted that the total number of Children Looked After would be 490 by the end of March 2020. In response to Welsh Government, the Council proposed that Children's Service would aim to achieve an overall reduction of 10% (49 number) by the end of March 2022 ie aim for a total number of 441.
- 5.2 The actual number of children in care at the end of March was 451 so significantly lower than the predicted 490 and only just above the 2022 target. This number remained relatively stable for the first quarter of this year but has risen by 19 during quarter 2. There can be no doubt that the Covid-19 pandemic has impacted on service pressures and the demand for accommodation for children.
- 5.3 Committee were previously advised that Children's Services planned to achieve the reduction through the following:
- The systematic review of all children placed with parents to consider revocation of the Care Orders
 - The systematic review of all children placed with relative carers to consider transferring to a Special Guardianship Order (SGO)
 - Reducing the number of children entering care through the development of Family Meetings and improved long term Family Support services
- 5.4 It is important for Committee to understand the breakdown of the Children Looked After population in Caerphilly. Of the 470 children currently in care:
- 72 children are placed at home with parents under a Care Order
 - 118 children are placed with relative carers under Care Orders
- This is important because it means that 190 children are considered appropriately placed and cared for within their families.
- 5.5 As stated at 5.3, the focus has been on reviewing the legal status of children to revoke Care Orders wherever it is safe to do so. To date 18 Care Orders have been revoked with a further 24 at various stages of the revocation process. In addition, 26 children have been identified where there is the possibility for relative carers to become Special Guardians. It is important to note that support, including financial support continues to be provided to relative carers irrespective of the legal Order in place.
- 5.6 Welsh Government continue to be concerned about the number of Children Looked After placed out of county. Caerphilly's intention is always to place children as 'close to home' as possible which can sometimes mean an out of county placement is preferable. Currently, 40 children are placed with their parents who live outside

Caerphilly County. A further 24 children are placed with Caerphilly approved carers who live out of area. It is important to acknowledge that it can be in the best interests of a child to be placed out of area. For example, a child from Rhymney may be better placed in Merthyr or Ebbw Vale in order to maintain links with family and school than being placed with Caerphilly carers in Risca.

- 5.7 Welsh Government also expect Local Authorities to reduce the numbers of Children Looked After outside Wales. Caerphilly currently has 6 children placed outside of Wales. This is a reduction of 4 since March. 3 children are placed long term with relative carers, 2 children are placed with Independent foster carers in Norfolk to be close to family who originate from there and 1 child is in residential care. Therefore, for 5 of the children, the placements out of Wales are considered to be in the best interests of the individual children. For the one child in residential care, the plan is for that child to transfer to the new Children's Home in Caerphilly after Christmas. It is important to note that there will always be a need to place outside Wales for specialist services that may not be available in Wales.
- 5.8 Finally, Welsh Government expect to see a reduction in the number of children removed from the care of parents who have a learning disability. Committee will be aware that Caerphilly has a very robust process in place to assess the cognitive ability of parents and specialist assessments are completed wherever necessary. The number of children removed from parents with a diagnosed Learning Disability is not disproportionate in Caerphilly and as a result no specific actions were identified to address this.

Integrated Care Funding (ICF) Grant updates:

- 5.9 As stated above, to support the First Minister's Manifesto Pledge, Welsh Government released additional ICF funding to support regional proposals to reduce Looked After numbers. Working in partnership with Aneurin Bevan University Health Board and the four other Gwent Local Authorities, a regional service model approach was agreed that could be delivered in each Local Authority area consisting of four key strands:
- Family Meetings
 - Special Guardianship Support
 - Enhanced 'Edge of Care' services and
 - Mediation services for children facing homelessness

Family Meetings:

- 5.10 A Family Meeting is a way for families, including wider family and close friends to come together to discuss a concern or problem which involves the children or young people in the family. The aim of the Meeting is to make a plan to support the child or young person that everyone is engaged in and supports. Families can be 'experts' on themselves. They are often the best people to make safety plans for their children and the meeting is an opportunity for families to take control of the decision making in their lives, helping families to identify their own strengths and solutions to their difficulties.
- 5.11 The implementation of this service was significantly delayed due to recruitment restrictions during the pandemic. However, it became fully operational in September and is currently working with 10 families. This number will naturally increase over time with the expectation that any child being considered for Child Protection Conference or becoming Looked After will be subject to a Family Meeting to attempt to resolve the concerns at a lower support level.

Special Guardianship Support:

- 5.12 If a child cannot be cared for by their parent(s), Local Authorities have a duty to find permanent alternative carers for them. A Special Guardianship Order (SGO) provides a legally secure placement for a child until they reach the age of eighteen years. It can be a positive alternative to adoption because it retains the child's sense of identity and belonging. A Special Guardian has Parental Responsibility to care for the child and make all the decisions about their upbringing.
- 5.13 Utilising the ICF funding in addition to transferring existing Social Worker vacancies, Children's Services were able to create the Family & Friends Team to provide dedicated support for the 190 Children Looked After placed at home with parents or with relative carers as detailed at 5.4 above. In addition, 212 children are already supported under SGO arrangements in Caerphilly.
- 5.14 Through the additional investment, Caerphilly Special Guardians can access the following range of supports:
- Improved assessment and ongoing support
 - Support to remain in education provision and enhance academic achievement (similar to that provided to Children Looked After)
 - Develop daytime and evening peer support groups for Special Guardians
 - Provide a training programme for Special Guardians
 - Offer out of hours telephone contacts in line with foster carers
 - Organise family days, social events and activities
 - Provide advice and assistance including signposting to other services
 - Provide mediation to assist with new or existing contact arrangements
 - Access to Psychology consultation and support

Enhanced 'Edge of Care' support:

- 5.15 Edge of Care Services are those aimed at preventing the need for a child to become Looked After and supporting care experienced children to be able to return home to their families wherever possible. Committee is aware that Caerphilly has historically invested in this type of service through the development of the Intensive Support Team. This was enhanced with the additional ICF funding to include Psychology support, an Education worker, a children's Community Connector and additional Family Support Workers to provide longer term family 'maintenance' support to reduce the need for children to become Looked After.
- 5.16 Since 1st April 2020, 198 children have been supported by the Team. In the year to date, 117 children have been supported to remain living within their families thereby avoiding becoming Looked After and 17 children have been removed from the Child Protection Register.

Mediation support for young people facing homelessness:

- 5.17 The best place for young people to live is within their families but sometimes there may be difficulties which make it hard to live in the family home. Mediation is a structured process where individuals try and resolve differences and problems with the support of an impartial mediator. Outcomes from successful mediation include:
- The young person can remain at home or return home with a level of support
 - The young person remains at home or returns home temporarily whilst accommodation options are fully explored and a planned move is able to be achieved rather than moving in a crisis
 - The young person is unable to return home but relationships within the family are positively repaired and maintained for the longer term
- 5.18 Currently, the Mediation worker is supporting 8 children to avoid family breakdown. This number can vary based on demands at any time.

6. ASSUMPTIONS

- 6.1 No assumptions have been made in the writing of this report

7. LINKS TO RELEVANT COUNCIL POLICIES

- 7.1 Social Services & Well Being (Wales) Act 2014
- 7.2 Well-Being of Future Generations Act (Wales) 2015
- 7.3 **Corporate Plan 2018-2023.** The content of this report contributes towards Well Being Objective 6: Support citizens to remain independent and improve their well-being.

8. WELL-BEING OF FUTURE GENERATIONS

- 8.1 The content of this report contributes to the following Well Being Goals:

- A resilient Wales
- A more equal Wales
- A Wales of cohesive communities

The report is consistent with the five ways of working as defined within the sustainable development principle in the Act as follows:

- Long Term – the provision of safe care and accommodation for children in the greatest need is, and always will be, a key strategic priority for the Council. Improving outcomes for children Looked After will deliver longer term improvements for them individually.
- Prevention – Children’s Services is committed to preventing the escalation of need and subsequent demand on higher tier statutory services through the delivery of early intervention and family support services.
- Integration – Service developments in Children’s Services are increasingly integrated with Health and other professionals eg. MyST, Gwent Attachment

Service, Psychology support to Supporting Family Change, Intensive Support and Fostering Teams

- Collaboration – the developments funded through the WG ICF funding have been agreed across the five Local Authorities and the Regional Partnerships.
- Involvement – all key stakeholders have been consulted and involved in the development of the WG Reduction Expectations Plan and service developments.

9. EQUALITIES IMPLICATIONS

9.1 The Council's full Equality Impact Assessment process does not need to be applied

10. FINANCIAL IMPLICATIONS

10.1 The service developments detailed from paragraph 5.9 above rely on the ICF grant funding which totals £870k for Caerphilly. If this funding reduces or ceases, it would have a significant negative impact on the ability of Children's Services to provide early intervention and prevention support.

11. PERSONNEL IMPLICATIONS

11.1 The ICF grant is funding a range of posts across Children's Services so there would be HR implications arising from any reduction or cessation to this funding.

12. CONSULTATIONS

12.1 The views of consultees are incorporated into the report.

13. STATUTORY POWER

13.1 Social Services & Well Being (Wales) Act 2014

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SOCIAL SERVICES SCRUTINY COMMITTEE - 1ST DECEMBER 2020

SUBJECT: REGIONAL PARTNERSHIP BOARDS - UPDATE

REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES & HOUSING

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1. PURPOSE OF REPORT

- 1.1 At its meeting on the 4 February 2020 Scrutiny Committee received an update report with regard to the work of the Gwent Regional Partnership Board (Appendix 1). One of the recommendations made, after members had considered the report, was for the Social Services Scrutiny Committee to receive quarterly reports on the work and priorities of the Board.
- 1.2 Members will be aware that in March 2020 the local authority and its statutory partners began their response to the Coronavirus pandemic and as a result the Regional Partnership Board did not meet again until July 2020.
- 1.3 This report is to update Members on the work and decisions taken over the last 4 months by the Regional Partnership Board.

2. SUMMARY

- 2.1 Part 9 of the Social Services & Wellbeing (Wales) Act 2014 required local authorities and Health Boards to establish Regional Partnership Boards. RPB's were established on Health Board footprints with consequently seven Boards being established. The RPB for this area is titled the Gwent Regional Partnership Board
- 2.2 Since their inception in 2016 the RPB has become increasingly influential in developing integrated health and social care services across the region. The Board has also been recipient of significant amounts of grant funding from WG to support and develop integrated service.

3. RECOMMENDATIONS

- 3.1 Members note the content of the report.

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 As previously stated, the RPB is becoming increasingly influential in shaping health

and social care services, not just in Caerphilly CBC but across Wales. Whilst its work programme was put temporarily on hold during the initial phases of the pandemic, it is now back up and running.

5. THE REPORT

5.1 The Regional Partnership Board has met on several occasions since the report to Scrutiny Committee on the 4 February 2020, with meetings considering a number of key issues, including;

- The Coronavirus outbreak across partner agencies and the effect on services.
- The continuation of funding for the Transformational Offer beyond 2021, in response to Welsh Government's new long term plan for health and social care 'A Healthier Wales'.
- The reallocation of underspend for 2019/20 and the continuation of the Integrated Care Revenue and Capital Funds.
- Consideration of the Integrated Winter Plan for 2020/21.

5.2 The first meeting of the Regional Partnership Board since the coronavirus outbreak very much focused on how organisations had worked collectively during the Coronavirus pandemic and what had worked well, not so well and any future lessons should we have a further wave. This included feedback from the Citizen Panel on some of the issues that had been raised with them concerning access to healthcare. The Board were reassured that the pandemic had not reached its predicted worst case scenario regarding hospital capacity and support in the community and overall the system had been able to cope with the initial outbreak locally and regionally which was very much due to collaborative working by all partners.

5.3 Members may recall that the Regional Partnership Board had successfully submitted a 'Gwent transformational offer' to Welsh Government which granted the Gwent RPB £13.4 million of new limited funding over a two-year period. Members may also recall that this was in response to 'A Healthier Wales' which set out a new £100 million transformational programme. The new transformation fund was intended to provide additional funding to catalyse 'whole system change', driven through the Regional Partnership Boards with an expectation that each region develops a 'transformational offer'.

5.4 The offer in Gwent related to five areas, derived from the priority areas within the Area Plan and the considered directions of the Regional Partnership Board. These include:

- The development of early intervention and prevention services (Integrated Wellbeing Networks);
- The development of primary and community care services (Compassionate Communities);
- The redesign of child and adolescent emotional and mental health services (Iceberg model);
- The development of an integrated 'Home First' discharge model;
- The development of workforce planning and organisational development to underpin transformational activity.

- 5.5 The Gwent Transformation Programme has continued to make good progress, with the programmes adapting their scope and focus to ensure they are able to support the local response to COVID-19. The transformation programme continues to deliver at pace, given the extremely short and testing time frame provided by Welsh Government of 2 years. The Board has heard that Welsh Government had agreed to roll over some of funding to allow for some of the projects to continue until March 2021 rather than finish in December 2020. However, during the Coronavirus pandemic some of the projects under the transformation programme had to stop, reduce their offer to the public or redirect towards helping fight the Coronavirus. This has delayed the time available for these models to evidence success and for their evaluations to be completed.
- 5.6 At the time of writing the indications from Welsh Government are that transformation funding will continue for a further transition year in its current format until March 2022. Consequently, each programme is developing a programme of work around financial sustainability, making clear the value of the programmes in line with the wider strategic improvement objectives of the Regional Partnership Board. To support this work, Welsh Government are working with the regions to develop Communities of Practice, to share the learning and support pan regional scaling and also economic demand and management modelling, to demonstrate where longer term system efficiencies can be secured.
- 5.7 All programmes had commissioned evaluation of the models, with the Institute of Public Care being successful for place based care, integrated wellbeing networks and Homefirst and Cedar Associates are leading the evaluation of the ICEBERG model. These pieces of work are being restarted following them pausing during the pandemic.
- 5.8 One of the difficulties with the Transformation funding continues to be recruitment to specialist posts, with staff reluctant to leave existing posts for a short term funded post.
- 5.9 During 2019/20 Local authorities across Gwent had requested that any slippage of funding within existing projects be used for Children with Complex Needs to meet demand for the remainder of this year. Regional Leadership Group endorsed the approach for any ICF revenue slippage to be utilised for Children with Complex Needs. At the end of the Financial year 2019/20 an updated slippage figure of £956,000 was shared on an equal basis with all Local Authorities in Gwent.
- 5.10 An additional £10 million across Wales was announced by the Minister for Health and Social Services on the 24th January 2020 for Regional Partnership Boards, the Board agreed that this funding be equally split between Health and Social Services on a 50:50 basis and subsequently was shared equally between the Gwent local authorities.
- 5.11 Winter Planning is an integral part of the Health and Social Care system responsibility and this year's plan has been developed, in line with Welsh Government guidance, with all partners within the Regional Partnership Board (RPB) who have agreed to recommend a number of the activities in order to support patients within the Gwent area. The plan has been developed with colleagues across the Health Board and partners in Social Care, third sector and Welsh Ambulance Service. The RPB signed off and submitted the Winter

Plan to Welsh Government in early November 2020 (See Appendix 2).

- 5.12 The purpose of the plan is to demonstrate by region, the agreed partnership activity, to support the provision of care and support services during this winter period, to outline the safe and integrate management of 'winter pressures' and to provide assurance of a whole system approach to the winter period. The plan is structured around the 'Six goals' and 'Four harms' identified in the National Winter Protection plan. These are;

Goal 1: Co-ordination, planning and support for high risk groups

Goal 2: Signposting, information and assistance for all

Goal 3: Preventing admission of high risk groups

Goal 4: Rapid response in crisis

Goal 5: Great hospital care

Goal 6: Home first when ready

For Members information the four harms relate to the Coronavirus pandemic these are:

- The harm of COVID-19 itself;
- The harm from overwhelming the NHS and Social Care system;
- The harm from the reduction in non COVID activity;
- The harms from wider societal actions/lockdowns.

- 5.13 The plan sets out a coordinated whole systems approach to the delivery of health and social care services across Gwent, in partnership with both housing and Third sector partners. It sets out the required capacity necessary to protect the system in Gwent during the winter period, within the context of the ongoing COVID-19 pandemic. It demonstrates the depth of partnership working across the Regional Partnership Board providing a clear statement of system wide activity in line with the 'Six goals' and 'Four harms'.

- 5.14 One of the challenges continues to be the recruitment of medical, social care and nurse staffing to enable the increase in the Health Board's bed capacity and enhance community services. The current staffing gaps and high numbers of unfilled nursing posts presents a real risk to effective delivery of this part of the Winter Plan.

5.15 **Conclusion**

- 5.15.1 Despite a pause in its activity during the initial stages of the pandemic, this report demonstrates that the Gwent Regional Partnership continues to be at the fore of the transformation of health and social care services across the region. The development of the winter plan is key to us continuing to deliver services through what are undoubtedly going to be a very difficult few months.

- 5.15.2 Further reports on the work of the Board will be brought to Scrutiny Committee in accordance with the Forward Work Programme.

6. **ASSUMPTIONS**

- 6.1 There are no assumptions contained in this report.

7. LINKS TO RELEVANT COUNCIL POLICIES

7.1 Corporate Plan 2018-2023.

The content of this report contributes towards Well Being Objective 6: Support citizens to remain independent and improve their well-being.

8. WELL-BEING OF FUTURE GENERATIONS

8.1 The content of this report contributes to the following Well-being Goals which are:-

- A resilient Wales
- A more equal Wales
- A Wales of cohesive communities

8.2 The report is consistent with the five ways of working as defined within the sustainable development principle in the Act as follows:-

- Long Term – the provision of safe care and accommodation for children and vulnerable adults is, and always will be, a key strategic priority for the Council.
- Improving outcomes for children Looked After will deliver longer term improvements for them individually.
- Prevention – Both Adults and Children’s Services is committed to preventing the escalation of need and subsequent demand on higher tier statutory services through the delivery of early intervention and family support services. We continue to strive to keep older people in their own homes for as long as their needs allow.
- Integration – Service developments across the Directorate region are increasingly integrated with Health and other professionals

9. EQUALITIES IMPLICATIONS

9.1 An Equality Impact Assessment is not needed because the issues covered are for information purposes only, therefore the Council’s full EIA process does not need to be applied.

10. FINANCIAL IMPLICATIONS

10.1 There are no direct implications arising from this report. The work of the Board has been principally focussed on the allocation and utilisation of grant funding from Welsh Government.

11. PERSONNEL IMPLICATIONS

11.1 There are no direct personnel implications arising from this report.

12. CONSULTATIONS

12.1 There are no consultation responses that have not been reflected in this report.

13. STATUTORY POWER

13.1 Social Services & Wellbeing (Wales) Act 2014.

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Appendices:

Appendix 1 – Report to Social Services Scrutiny Committee – 4 February 2020

Appendix 2 – Gwent Regional Partnership Board Winter Plan

Agenda Item 8



SOCIAL SERVICES SCRUTINY COMMITTEE 4TH FEBRUARY 2020

SUBJECT: REGIONAL PARTNERSHIP BOARDS - UPDATE

REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES & HOUSING

1. PURPOSE OF REPORT

- 1.1 To inform members of the role and functions of the Regional Partnership Boards (RPB's) that were introduced as part of the implementation of the Social Services & Wellbeing (Wales) Act 2014 (SSWBA).
- 1.2 For Members to understand the increasing significance of the RPB's in the eyes of Welsh Government (WG) and how they are becoming key drivers in delivering "seamless services" in Health and Social Care.

2. SUMMARY

- 2.1 Part 9 of the Social Services & Wellbeing (Wales) Act 2014 required local authorities and Health Boards to establish Regional Partnership Boards. RPB's were established on Health Board footprints with consequently seven Boards being established. The RPB for this area is titled the Gwent Regional Partnership Board
- 2.2 Since their inception in 2016 the RPB have become increasingly influential in developing integrated health and social care services across the region. The Board has also been recipient of significant amounts of grant funding from WG to support and develop integrated service. This report will outline the purpose of the Board, its work programme and achievements to date as well as referencing some of the ongoing challenges for Caerphilly CBC as a member of the Gwent RPB.

3. RECOMMENDATIONS

- 3.1 Members note the content of the report.
- 3.2 Members views on the role of this Scrutiny Committee in the context of the work of the Gwent RPB would be welcomed.

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 As previously stated, the RPB is becoming increasingly influential in shaping health and social care services, not just in Caerphilly CBC but across Wales. It is important that Members of Scrutiny Committee have an awareness of the priorities and work of the Board.

5. THE REPORT

- 5.1 Part 9 of the Social Services & Wellbeing (Wales) Act 2014 required local authorities and Health Boards to establish Regional Partnership Boards to manage and develop services to

secure strategic planning and partnership working between local authorities and local health boards and to ensure effective services, care and support are in place to best meet the needs of their respective population.

5.2 RPB's were to be established on Health Board footprints with consequently seven Boards being established. The RPB for this area is titled the Gwent Regional Partnership Board. Membership of the Gwent RPB consists of the five local authority Cabinet Members for Social Services, five Directors of Social Services, Health Board senior executives as well as representatives from the third sector, independent providers and citizen and care representatives. Recently staff representing Housing and Education have also been added to the Board. The board also has the ability to co-opt other members as required.

5.3 Under the provisions of the Act RPB's were required to prioritise the integration of services in relation to,

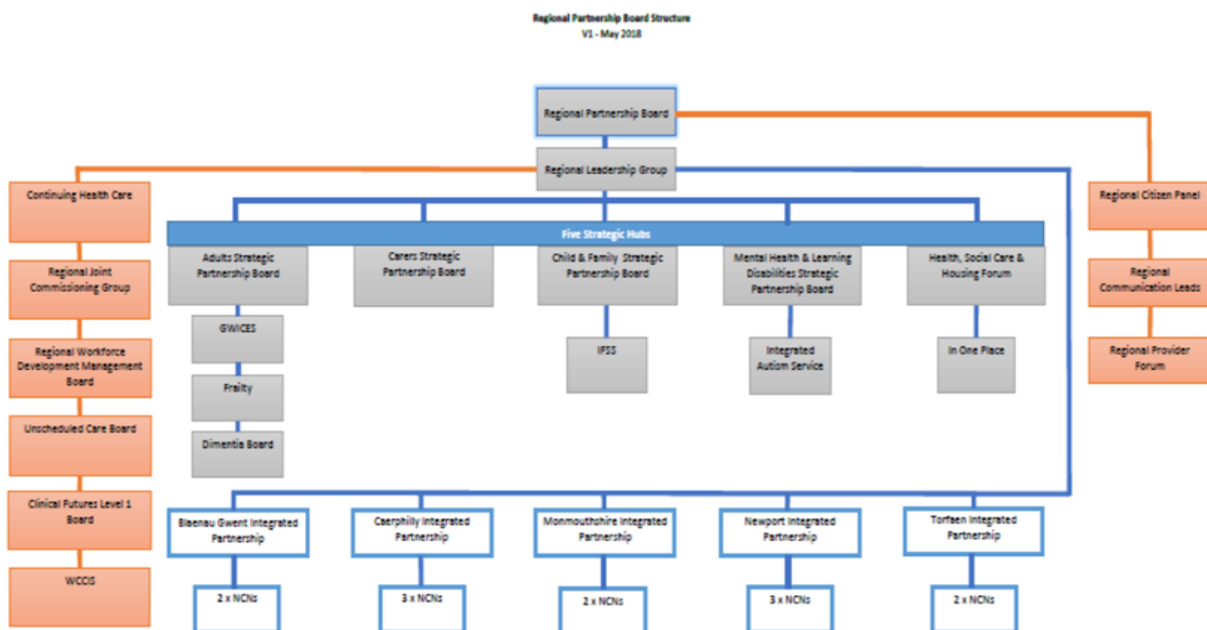
- Older people with complex needs, including dementia.
- People with learning disabilities.
- Carers, including young carers.
- Integrated Family Support services
- Children with complex needs due to disability or illness.

5.4 In order to support this Boards must produce;

- A Population Needs Assessment
- An Area Plan
- An Annual Report
- Integrated Market Position Statement
- Establish pooled funds for care homes and family support functions.

The majority of these documents can be found on the Gwent RPB website which can be found at www.gwentrpb.wales.

5.5 In order to meet these requirements a structure of regional and local groups have been established. This structure is laid out below and also on page 12 of Regional Partnership Board Annual Report for 2018/19 which is attached as Appendix one of this report.



- 5.6 In order to support the work of the RPB WG have made significant amount of grant funding available to the Board via the Integrated Care Fund (ICF). For the period 2016/17 to 2020/21 it is estimated that over £37 Million has been available across Gwent. Some examples of how this money has been utilised includes, provision of assessment beds, supporting hospital discharge and supporting the establishment of Community Connectors. This funding requires regional bids to be worked up and submitted to WG for approval. Once approved funding is paid to the relevant authority via the Health Board.
- 5.7 In June 2018, WG published 'A Healthier Wales' it's plan for Health & Social Care in Wales which requires the development of 'new models of seamless local health and social care'. This document clearly lays out a significant role for RPB's in developing these services, supported by the provision of a dedicated Transformation Fund of £100Million over two years across Wales. Bids initially submitted by the Gwent RPB secured just over £13 Million to support the development services such as Home First to facilitate timely hospital discharge and the 'iceberg model' to support young people requiring mental health support. Again this funding is allocated via the health boards.
- 5.8 The RPB Annual report for 2018/19, attached as Appendix 1, demonstrates the progress of the Board which has been significant. However there remain a number of issues that continue to prove challenging. These include;

Grant Funding: As already mentioned the RPB has received significant amounts of grant funding. However, WG are very clear that this funding will cease in March 2021 and significant work will be required over the next year to determine how we can mainstream or take down the services created via ICF and Transformation Funding.

Pooled Funds: Part 9 of the SSWBA also required the establishment of Pooled Funds in relation to care home accommodation and family support functions. This has proved a particularly difficult area to move forward across Wales. Some progress has been made with Torfaen CBC designated the Pooled Fund Manager and a greater degree of transparency in terms of the amount of money spent in these areas by the respective local authorities and the health board. In order to determine the position nationally WG have commissioned KPMG to undertake an audit of the current position. Their report is expected shortly.

Governance: As referenced in paragraph 5.2 both the Cabinet Member and Corporate Director for Social Services sit on the RPB. However, it has proved difficult for grant bids and service development initiatives to come through the normal pre decision Scrutiny and Cabinet processes. This is often because that grant bids have to be very short notice and the regional nature of the services require a collective agreement as opposed to having to be agreed by six separate executive functions. This is a problem across Wales and continues to be flagged up with WG by local authorities and the WLGA. An added complication is the role of the Public Service Boards in Wales and how 22 Public service Boards work with seven RPB's.

Members views on how scrutiny can be better sighted on the work of the RPB would be welcomed.

6. ASSUMPTIONS

- 6.1 There are no assumptions contained in this report.

7. LINKS TO RELEVANT COUNCIL POLICIES

7.1 Corporate Plan 2018-2023

The content of this report contributes towards Well Being Objective 6: Support citizens to remain independent and improve their well-being

8 WELL-BEING OF FUTURE GENERATIONS

8.1 The content of this report contributes to the following Well Being Goals:

- A resilient Wales
- A more equal Wales
- A Wales of cohesive communities

8.2 The report is consistent with the five ways of working as defined within the sustainable development principle in the Act as follows:

- Long Term – the provision of safe care and accommodation for children and vulnerable adults is, and always will be, a key strategic priority for the Council.
- Improving outcomes for children Looked After will deliver longer term improvements for them individually.
- Prevention – Children’s Services is committed to preventing the escalation of need and subsequent demand on higher tier statutory services through the delivery of early intervention and family support services. We continue to strive to keep older people in their own homes for as long as their needs allow.
- Integration – Service developments across the Directorate region are increasingly integrated with Health and other professionals

9. EQUALITIES IMPLICATIONS

9.1 An Equality Impact Assessment is not needed because the issues covered are for information purposes only, therefore the Council’s full EIA process does not need to be applied.

10. FINANCIAL IMPLICATIONS

10.1 There are no direct implications arising from this report.

11. PERSONNEL IMPLICATIONS

11.1 There are no direct personnel implications arising from this report.

12. CONSULTATIONS

12.1 All consultation responses have been incorporated into this report.

13. STATUTORY POWER

13.1 Social Services & Wellbeing (Wales) Act 2014

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Appendices: Gwent regional Partnership Board Annual Report 2018/19

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Bwrdd Partneriaeth
Rhanbarthol Gwent
Gwent Regional
Partnership Board

The Gwent Integrated Winter Protection Plan 2020/21

The Gwent Integrated Winter Protection Plan 2020-21



Bwrdd Partneriaeth
Rhanbarthol Gwent
Gwent Regional
Partnership Board



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Aneurin Bevan
Health Board



Gwent Association of Voluntary Organisations
Cymdeithas Mudiadau Gwirfoddol Gwent



Cyngor Bwrdeisdref Sirol
Blaenau Gwent
County Borough Council



monmouthshire
COUNTY COUNCIL
sir fynydd



Newport
CITY COUNCIL
CYNGOR DINAS
Casnewydd



Foreword

It is a pleasure to submit the first Integrated Winter Protection Plan on behalf of the Gwent Regional Partnership Board.

The plan has been developed through a genuinely collaborative approach, building on the existing mature partnership arrangements in place in Gwent and which have been further enhanced to help us manage COVID-19 across our large region.



This year we face the unprecedented challenge of planning for winter pressures amidst a global pandemic, that has meant we have had to plan, structure and deliver services differently. The plan demonstrates the challenges we face together as a health and social care sector going forward, with protection and support for our frontline staff a priority.

The early opening of the Grange University Hospital in November of this year, demonstrates the ongoing herculean efforts of our staff and partner agencies to provide the best available care and support across our region and this plan demonstrates the ongoing transformation across the region to provide care 'close to home' reducing pressure on the secondary care sector during the pandemic.

The collaborative and co productive relationship emerging between Welsh Government and Regional Partnership Boards is reassuring to see as we head into a period of great uncertainty for our services. We will need to continue to work collaboratively with Government to continue to provide protection and support for our citizens during the winter period, in extremely challenging circumstances. At the heart of this plan is the dedication from our staff to work together collaboratively, to provide our service users and their families with resilient, safe and accessible seamless care across Gwent.

As I hand over the Chair from November to my Local Government Colleagues, I have great confidence that this Integrated Plan will form the basis of a solid approach, to what may be the most challenging winter period the Health and Social Care Sectors will have faced in many years.

Phil Robson Chair of Regional Partnership Board

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Executive Summary

Each winter health and social care services come under increased pressure as demand for services grows, due to increased vulnerability and need, particularly amongst the frail elderly. Protecting our citizen's wellbeing during the winter period remains an absolute priority for the Gwent Regional Partnership Board (RPB), but this year COVID-19 represents a significant and additional challenge on an already fragile system. The plan evidences the fragility of health and social care system, particularly the care sector over the winter period, likely to be dangerously exacerbated this year due to COVID-19. These are of real concern to the RPB and mitigating actions are underway to support improved access to services, workforce resilience and market resilience.

Across Gwent we expect that there will be a far higher demand on our services for treatment and support, resulting directly from the increasing prevalence of COVID-19 and its related impacts. We have undertaken a collaborative process to identify the required additional capacity needed to safely manage demand, however there remains a shortfall in available funding to meet the total requirement. The RPB remain concerned about this and appended to this plan is a detailed budget breakdown which highlights the current unfunded gap in capacity.

The plan is not limited to the additional capacity required, but for the first time sets out the totality of activity across the Regional Partnership Board to deliver safe and seamless care this winter. It is derived from the refreshed Population Needs Assessment (PNA), ABUHB Q3/Q4 plan and the Gwent Care Home's Action/Failure Plan.

The additional capacity required, across each of the five local authorities and health board, is set out within this plan and based on previous evidenced need. To fund this the RPB have directed that slippage from partnership funding is to be utilised, alongside additional funding received from Welsh government for D2RA and Discharge flow. This is to mitigate the absence this year of a directly allocated additional sum from Welsh Government. An element of required capacity, remains unfunded and this has been included in the plan. Whilst we will continue to work closely together regionally to mitigate this, we would welcome discussions around further available funding from Welsh government.

This funding will provide additional hours and people to provide domiciliary care, social work (brokerage), emergency care at home, anticipatory care planning and discharge to assess and recover in the community, alongside additional housing solutions, equipment and winter vehicles.

The plan, It sets out the totality of activity including:

- Agreed core activity to provide services during the winter and aligned to ABUHB Q3/Q4 plan.
- Additional capacity required and which is funded through redirecting partnership slippage monies.
- Additional Capacity required to support Discharge Flow and D2RA and which is funded from additional WG funding to the region.
- Unfunded additional capacity required, to due lack of available resources and which WG are asked to consider funding.

1 Introduction

The winter period remains the greatest challenge for health and social care services, and this year's integrated plan is a clear statement of the maturing 'whole system approach' guided by the Regional Partnership Board. This plan provides a statement of all activity, undertaken during the winter period. It includes the Social Care activity and additional need, alongside arrangements to be implemented by the Health Board (Q3/Q4) to provide Primary and Community Care, Mental Health and Wellbeing services and access to (urgent) hospital care where required.

Development of the plan has been through a multi-agency task group, drawn from RPB partners which has met virtually. It has been developed at pace in line with Welsh Government deadlines, and it complements the committed activity in existing plans including ABUHB Q3/Q4 operating plan, Gwent Care Homes Action Plan and Transformation/ICF programmes. Throughout this plan, there is a strong emphasis on supporting mental wellbeing and resilience, recognising the enduring and detrimental impact lockdown is having on mental health.

The addition of a potential surge in COVID-19 infection during the winter, is a new dynamic for the health and social care system. Lessons learned from the first wave of the pandemic have informed the seasonal planning process and core operating models included in this plan. The plan sets out the challenges and fragility across the sector likely this winter and our detailed response to meet need and mitigate risk. Not all additional activity required can be funded from the resources available and the plan includes an 'unfunded' budget for Welsh Government consideration.

The plan is structured on WG's 'six goals to support integrated winter planning' and 'four harms' to safely mitigate and manage the ongoing impact of the COVID-19 pandemic. The activity set out, demonstrates the ongoing need to build system resilience through a multi-disciplinary approach and ensure safe, high quality services, at a time of unprecedented circumstances for all partners. The plan is written in the context of the early opening of the Grange University Hospital in November 2020. Whilst this is dealt with in detail in the Health Boards detailed Q3/4 plan, it is referenced within this plan as a key local impact. The Regional Partnership Board will develop an effective systems wide performance and assurance framework to monitor delivery and system impact.

The plan:

- Emphasises our commitment to protecting Public Health, through Test and Trace, our programme of Mass Vaccination and the scaling up of community mental wellbeing services.
- Details the capacity secured to widen access to (urgent) primary care, social care and community services to maintain wellbeing and prevent crisis escalation and hospital admission.
- Provides an overview of the additional hospital capacity available due to the early opening of the Grange University Hospital (GUH).

- Sets out the implementation of our D2RA Pathways and the scaling up of HomeFirst as part of the opening of the Grange University Hospital (GUH).
- Demonstrates the extensive activity underway to build capacity and resilience through effective partnership working with our Care Homes and Providers.

The action set out in this plan provides assurance of the ‘whole systems approach’ in place in Gwent to support both the health and social care sector in Gwent through the winter period.

The local priorities that have informed this plan are:

- The opening of the Grange University Hospital in November 2020.
- The need to maintain access to core services across primary and community care and advance the Gwent place based care model.
- Preventing unnecessary hospital admission amidst increased demand using Home First and D2RA pathways and increased social care assessment capacity.
- Securing timely discharge from hospital into the community to free up bed capacity using D2RA pathway guidance & funding and expansion of community care & therapeutic services.
- Maintaining resilience and stability within the care sector within ongoing COVID-19 restrictions in line with the Gwent Care Home Action Plan.
- Promoting Mental Wellbeing across primary, community and inpatient services.

Figure 1. Six Goals to support Winter Protection Planning.

| GOAL | OBJECTIVE |
|---|---|
| Goal 1: Co-ordination, planning and support for high risk groups. | Planning and support to help high risk or vulnerable people and their carers to remain independent at home, preventing the need for urgent care. |
| Goal 2: Signposting, information and assistance for all. | Information, advice or assistance to signpost people who want - or need - urgent support or treatment to the right place, first time. |
| Goal 3: Preventing admission of high risk groups. | Community alternatives to attendance at an Emergency Department and/or admission to acute hospital for people who need urgent care but would benefit from staying at, or as close as possible, to home. |
| Goal 4: Rapid response in crisis. | Optimal hospital based care for people who need short term, or ongoing, assessment/treatment, where beneficial. |
| Goal 5: Great hospital care. | Capacity to ensure effective and timely discharge from hospital, when individual is ready to most appropriate location. |

2 Additional Capacity required in Gwent for winter 20/21

2.1 Managing risk during the winter period

COVID-19 has placed additional pressures on the health and social care sector in Gwent and which could likely impinge on the effectiveness of the system during winter.

However, the fragility and pressures within the system must not be underestimated. Regionally there are concerns about the resilience of the health and social care sector locally, to cope with the rising demand and the ongoing impact of COVID on services.

The below section outlines the key concerns from Gwent and provides detail on the mitigating actions implemented. The following section provides detail of the additional capacity required to achieve the actions in practice.

2.1.1 Workforce Resilience

Challenge

The recruitment and retention of domiciliary care workers, with the right skill set, remains the sector's biggest challenge. This is a particular challenge as the C-19 pandemic continues. Gwent Directors agree that the recruitment and retention of domiciliary care workers requires urgent further Gwent-wide co-ordination and action. The current pandemic threatens to further destabilise this sector as carers and services users are vulnerable to C19 infection. This is likely to lead to increased levels of absence amongst staff, sometimes whole runs may be affected.

Mitigation: Creation of real time assessment of capacity across the region. Discussions with commissioners are on-going to establish a weekly Situation Report approach.

Mitigation: Development of a regional approach to recruitment/ training for Gwent whole sector. Scoping agreed as a priority and the rapid development of an MOU to follow.

Mitigation: The development of a Gwent-wide communication and marketing campaign build on the foundations laid with the national 'WeCare Wales' campaign as well local initiatives such as the 'Magic Moments' events. Engage all communication leads to be practice and on message and support the shaping and deliver of a regional communication plan.

2.1.2 Resilience of the Care Home Sector

Challenge

Care Homes have been at the sharp end of the pandemic with some very real and concerning issues that will need to be safely and effectively managed over the winter period. These include maintaining the viability of the sector as bed vacancy rates rise and supporting care homes to safely mitigate and manage infection control and safety.

In line with the recommendations from Prof John Bolton's work in Gwent, to consider the nature of their relationship with their Care Home providers and ensure that future work is carried out in a spirit of true partnership, we have implemented the following activity.

Mitigation: Development in Gwent of Care Homes Action Plan and Care Homes Failure Contingency Plan.

Care Homes Acton Plan sets out our collective action towards managing:

- Infection Prevention and Control
- PPE
- General & Clinical Support
- Residents/Social worker Wellbeing
- Financial and Sector Stability

Care Home Failure contingency plan sets out collective action across 4 escalating tiers:

- Surveillance and risk assessment
- Protective measures
- Critical incident management
- Closure of a home

2.1.3 Access to services

Challenge

Ensuring that during the winter period local residents can access the right service at the right time.

Mitigation: Provision of Information, Advice and Assistance digitally and in our health and care settings.

Mitigation: Funding a range of additional care staff to provide enhanced access to social care services, including: out of hours cover, emergency cover in care homes, community outreach, hospital liaison, brokerage, therapeutic capacity.

Mitigation: The establishment of Urgent Primary Care Centres as an extension of the GP OOH/111 service, providing access to a range of professionals who could meet a wide range of presenting conditions, and secondly be an extension of the capacity for same day appointments in local GP practices. The full provision of care through an Urgent Primary Care Centre requires a wide multidisciplinary team consisting of a GP, Nurse Practitioner, Mental Health practitioner, Physiotherapist and a non-clinical Receptionist. Phase one of the development of UPCC's will be based at the Royal Gwent ELGH to support the area of highest demand. Phase two will see the service expanded to Nevill Hall Hospital.

Mitigation: The use of additional funding to support the implementation of D2RA pathways, enabling enhanced community support for reablement/rehabilitation. This includes step up/down beds, therapeutic capacity, rapid home adaptation and alternative housing options.

2.2 Identifying Gwent Winter Additional Capacity

All partners were asked to undertake a review exercise of the additional capacity required during the winter period and with direct emphasis on managing the challenges outlined above. This was based on data from previous years and was undertaken collaboratively by Heads of Adults Services and Directorate Manager of the Primary and Community Care Division. Third sector and Housing partners were also involved and sighted on the exercise.

The results of this exercise are appended in the attached spreadsheet which:

- Sets out the existing and additional capacity by Goal.
- Sets out the cost of the additional capacity and the funding source.
- Identifies the remaining unfunded amount for consideration by WG.

This exercise identified that additional capacity was required under the three primary headings as detailed below.

Providing additional capacity during winter in Gwent to achieve:

1. Preventing unnecessary admission (Goals 1, 2, 3 & 4)

- Providing additional out of hours capacity
- Extending night service provision across the region
- Paying for additional nursing capacity to support admissions avoidance
- Provide additional support workers to work with CRT to prevent admissions avoidance
- Enhanced capacity to provide community support
- Increased provision for emergency care at home
- Increased capacity for ACP/TEP

2. Supporting timely Discharge (D2RA) (Goals 5 & 6)

- Providing additional hospital liaison support
- Additional step up/step down beds
- Additional support for brokerage to facilitate discharge
- OOH Domiciliary care
- Additional capacity for domiciliary intake team
- Additional MDT capacity including Occupational therapists, Community Pharmacists, therapeutic support
- Care and Repair in Hospitals

3. Care Home Support (Goals 1,2, 3 & 4)

- Liaison nurses
- 121 capacity for Care Homes
- Greater in reach support
- Additional capacity for ACP/TEP

4. Additional Equipment (Goals 1 & 3)

- Emergency vehicles for adverse weather conditions
- Increased capacity for Housing Adaptations
- Increased capacity for GWICES
- Additional Telecare
- Purchasing of emergency housing solutions
- Rapid provision of stair lifts to support discharge

3.1 Social Care

The social care sector across Gwent has worked well to provide regional support to those in need of care and support in the community or in residential settings. There is recognition of the value of regional collaborative working - the Home First approach being an important focus for this, and other initiatives - such as collaboration on attracting and recruiting direct care staff - are being actively developed.

The COVID pandemic has placed new demands on a sector still recovering from the impact of significant and ongoing budget cuts over recent years. There is a need for specific and ring-fenced funding for social care, to provide additional and sustainable capacity going forward. The plan highlights prevailing concerns around the resilience of the workforce, capacity assessment, ongoing management of complex needs and admission avoidance. The additional capacity outlined in this plan is a vital contribution to the Gwent whole systems approach and will enable social care to provide valuable enhancement to community services, to reduce hospital admission and support timely discharge.

Across all five local authorities, there remains a strong emphasis on promoting wellbeing and independence, adopting the 'what matters to you approach' and co-producing with carers and service users the right package of care for them. Providing support to stay safely at home, which promotes wellbeing and independence and avoids the need for hospital admission remains the priority. A range of innovative measures are in place and have been scaled up or refocused to support the response to COVID, these include transformation and ICF funded initiatives such as Home First and IAA services.

In Gwent we have benefited from the expertise and input of Prof. John Bolton and have developed a Gwent Care Homes Action Plan and Failure support plan, which provides a framework for the ongoing management, improvement and support for this vital sector. However, increasing demands on community services are escalating, not least due to suspension and reduction of some service availability due to resource allocation to addressing the Covid-19 pandemic. This has 'build up' some demand, which always rises in the winter period, with services seeing a steady increase in the need for care and support and requiring a more rapid and integrated response to escalation of need and avoid hospital admission both in relation to community referrals and those being discharged from hospital.

As such there remain concerns about the capacity and resilience of the social care workforce and additional funding is sought to ensure capacity to provide care, undertake assessment and delivery therapeutic services in the community to prevent the need for hospital admission.

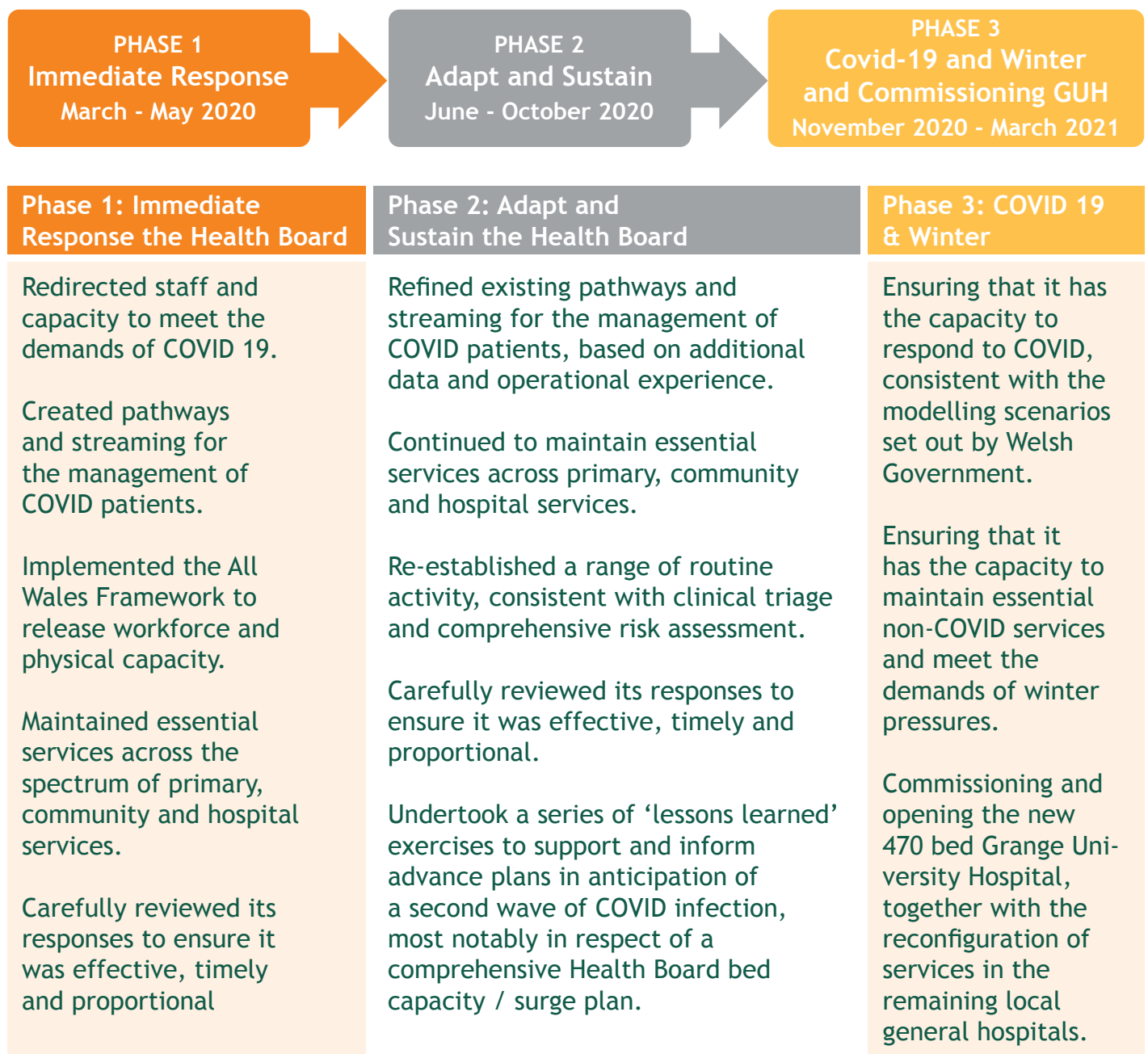
3.2 Aneurin Bevan University Health Board

The Health Board's continued focus and approach is to ensure robust measures are in place to optimise patient flow across the Health and Social Care System by managing the whole system flow; optimising capacity within community health and social care teams, reduce demand into secondary care, reduce unnecessary delays within the primary community and acute system and facilitating discharges effectively.

Ensuring that essential services are maintained and that routine care is undertaken where safe and practical remains the priority and relevant activity from ABUHB Q3/Q4 submission to Welsh Government is included in the appended activity tables. Ministerial approval for the early opening of the Grange University Hospital in November has provided a major new element to operational planning assumptions and processes, with implementation and commissioning now forming one of the key work streams during the third quarter of 2020/21.

The Health Board has adopted a three phase approach to its planning through the year.

Figure 2. ABUBH COVID-19 phased response plan.



3.3 Gwent Third sector

Gwent Association of Voluntary Organisations (GAVO) and Torfaen Voluntary Alliance (TVA) provide third sector representation to the RPB. Both organisations have been consulted on the development of the plan and have made contributions. Whilst recognising that it third sector partners see value in a specific third sector winter grant funding award, within the current parameters they are a valued partner in the development and provision of community services.

The COVID pandemic has reinforced the critical role played by the third sector in delivering services in partnership with and on behalf of statutory partners. A range of Information, Advice and Assistance services are provided by the third sector in Gwent, alongside advocacy programmes and an emerging emphasis on promoting mental health and wellbeing and the joint pan third sector engagement work funded through the transformation programme.

Both GAVO and TVA provide an important community lifeline, which will be critical over the winter period supporting vulnerable families and services users to stay connected. They provide daily updates via networks and social media to third sector, community and statutory partners - Updates locally, regionally and nationally are shared on emerging COVID-19 health and related issues. Services offered, include information on volunteering, funding streams and grants.

Officers attend local and Gwent wide partnership/operational groups to input on behalf of the wider third sector in Gwent and take messages back to the third sector. Close links are maintained with Health, Local Authority and other government bodies such as the DWP for information sharing and problem solving.

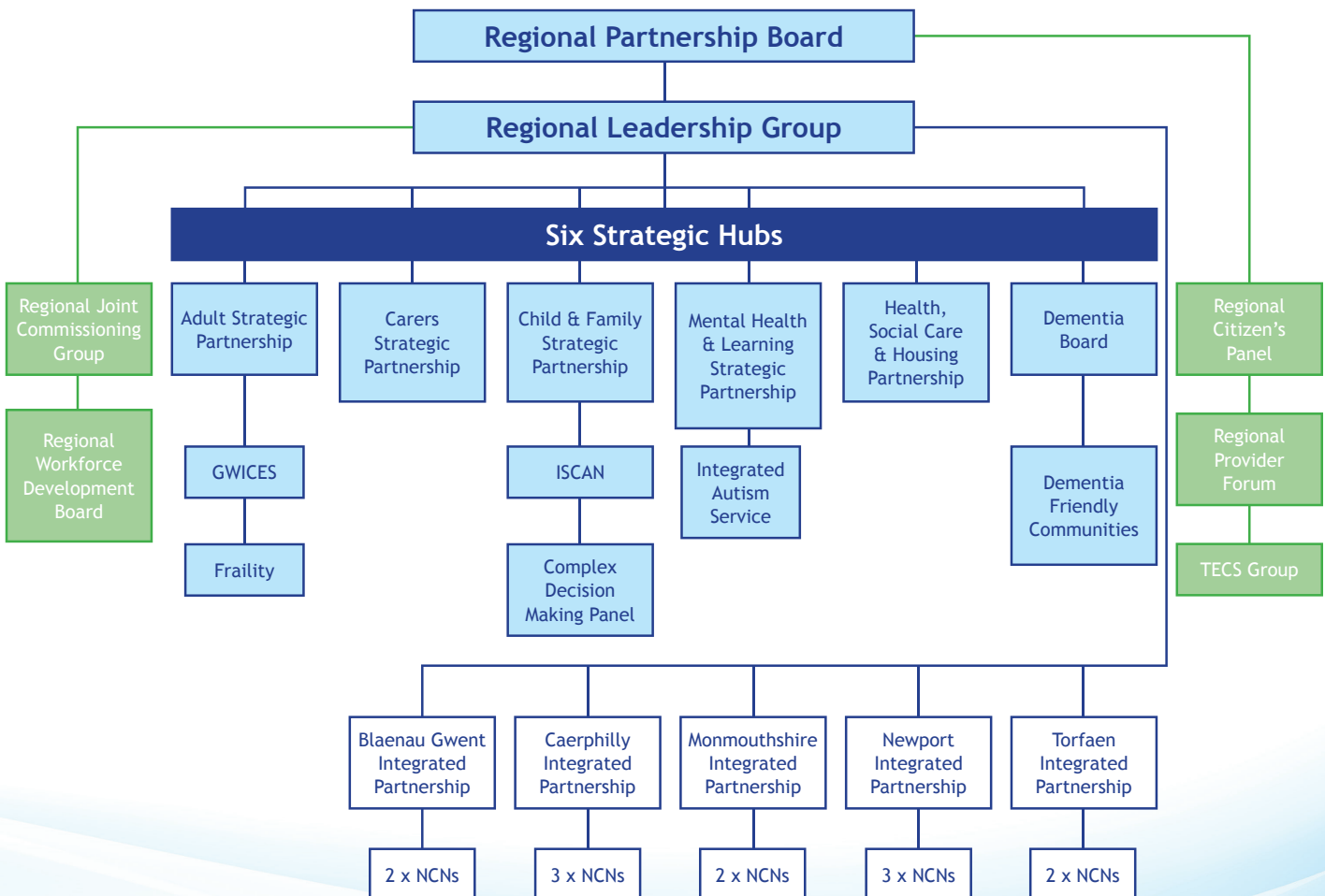
4 Governance & Assurance

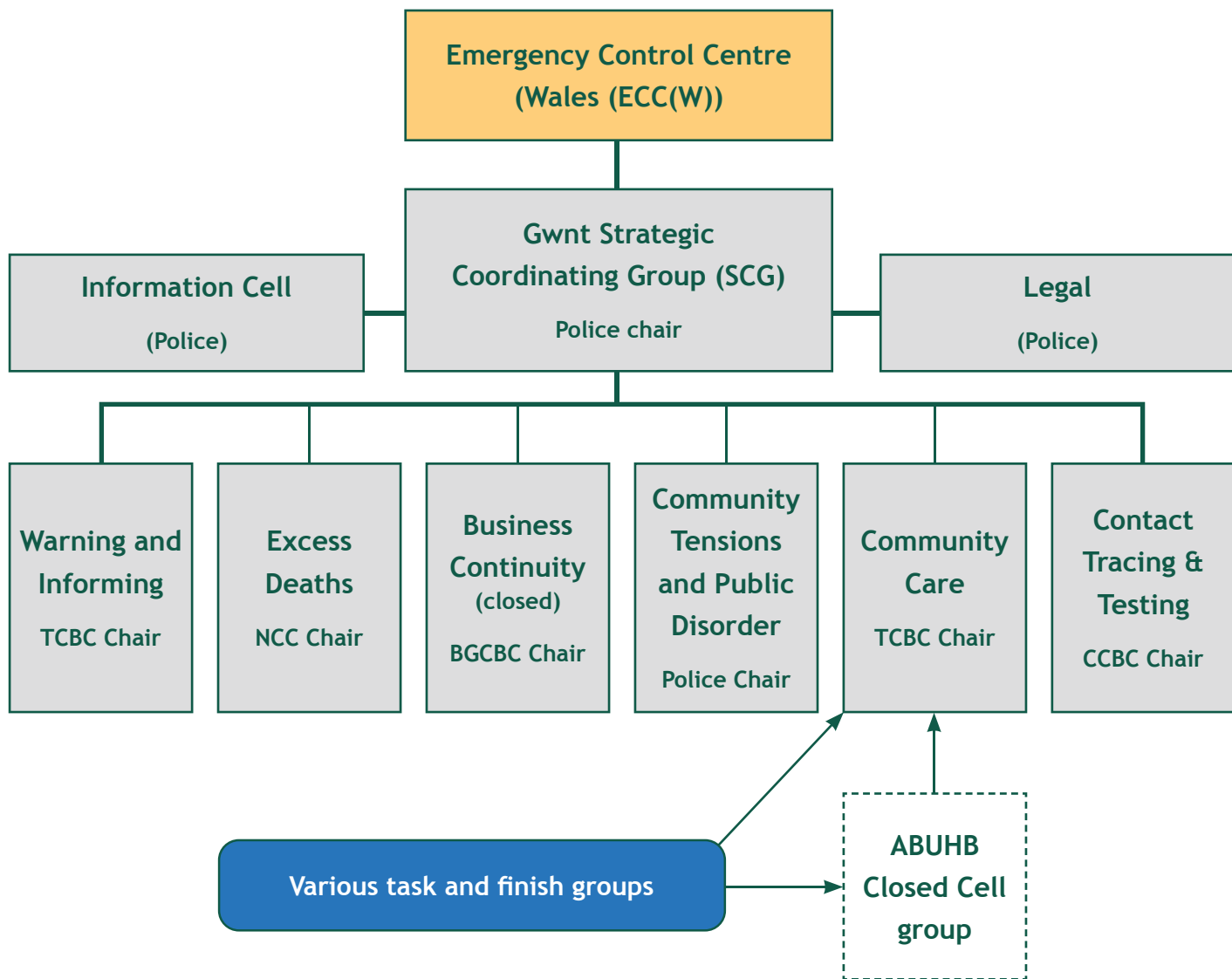
The Regional Partnership Board have oversight of the plan in its entirety and will receive strategic updates at each RPB meeting throughout the winter period. This plan is an integral contribution to the wider strategic agenda of the RPB, to advance a model of place based care through the development of new integrated service models.

Governance will be provided through the Leadership Group of the RPB, which is comprised of Health Board Executives and Directors of Social Services alongside other statutory partners. The group meets on a six weekly basis and the plan will be reviewed and monitored. Any risk mitigation or operational matters will be reviewed in the Gwent Adults Strategic Partnership Board (GASP) which meets on a monthly basis.

Subject to the agreement of the RPB and available capacity, a 'systems impact' approach will be developed to establish performance and impact.

Figure 3. Gwent RPB Governance structure/Emergency Planning Structure.





5 Gwent 'whole system' Winter Protection Activity

This plan is a testament to the growing maturity of relationships across partners and the embedding role of the Regional Partnership Board as the leadership body for Health and Social Care. The activity has not been developed in isolation, but equates to much innovative work, funded through transformation and ICF, and embodies our commitment in Gwent to achieving a model of 'Place Based Care'

This section of the plan provides the detail of the totality of activity that will be delivered during the winter period, by all partners to meet demand and provide safe quality and accessible services.

A statement of activity is provided under each of the goals, and attached as a spreadsheet at Annexe A, with required financial detail.

In addition to the required winter capacity, this year the safe and effective roll out of mass vaccinations will be absolutely fundamental in supporting people to stay well at home. The detail of the Gwent Vaccination programme is provided below to underline the importance of a partnership approach this year.

5.1 Protecting our citizens -Gwent Vaccination programme

5.1.1 Primary Care Flu Vaccination Delivery Plan

- Primary Care will lead the delivery of the ABUHB influenza vaccination programme through their usual delivery routes for 2 and 3 year olds, people under 65years old in a clinical risk group and those who are 65 years and over. GP practices have been instructed to prioritise the vaccinations of housebound (through District Nursing Teams) and shielded patients, and care home residents when vaccine is delivered.
- Additional cohorts (household contacts of shielded patients and those in the 50–65 year old cohort not otherwise eligible) have become eligible for a vaccine this flu season but all practices are required to offer vaccinations to those who are usually eligible first, before additional cohorts are invited. This is to ensure that the most vulnerable patients are protected first. As well as ensuring eligible patient cohort groups are vaccinated, targeted work to ensure maximum uptake of the flu vaccine amongst frontline health and social care staff is underway.
- NCN leads and practices will work together, to undertake robust joint planning for mass vaccination clinics as required; to address any anticipated surplus demand that they cannot meet alone.
- The Public Health Wales annual Beat Flu campaign will take place again this year, and the ABUHB communications plan will be aligned with the national campaign. The ABUHB team will ensure that all key messages are cascaded using well established communication channels, such as social media (ABUHB and partner organisation and community group channels) and internal and external websites and through community networks via ABUHB integrated Wellbeing Network.

Community Pharmacy

Community pharmacies will also support the immunisation of those adults eligible to receive the vaccine although the delivery may be more constrained this year because of the impact of social distancing requirements.

So far, the Health Board has commissioned the service with 78 community pharmacies, for delivery to eligible groups including care home and domiciliary staff.

Prison Health

As identified in this year's CMO National Influenza Immunisation Programme statement we will be offering the influenza vaccine to all prisoners at HMP Usk and HMP Prescoed as availability allows.

We will commence with those over 65 and those eligible under 65 in clinical risk groups. It will then be offered to those over 50, and finally men in the under 50 age group across both prison sites.

Staff

- The Welsh Government flu vaccine uptake targets for front line health care workers in 2020/21 has been set at 75%. ABUHB has set this target organisationally and divisionally for all staff.

- A work plan and project plan have been developed, based on the multi-component approach recommended by NICE (2018).

The Health Board will be adopting a full participation vaccination strategy, in which the organisational expectation is that all staff irrespective of patient contact should be vaccinated.

- Staff working in areas with high risk patients will be offered the vaccination as a priority when the vaccine arrives in the Health Board.

School Nursing

- Planning for the Health Board schools immunisation programme is well underway and a local working group has been meeting to ensure collaboration and co-ordination of work between the immunisation team, pharmacy, transport (including stores and waste management) and the child health department.

- This programme will be delivered 28th September and 14th December for school immunisation sessions.

5.1.2 Social Care

- Regional Partnership teams and Complex care colleagues are regularly sharing regular communications with social care providers. These include sharing of resources (e.g. letters for staff to take to pharmacies as proof of their eligibility for a free vaccine), encouraging the uptake of the Flu One online learning module and sharing of key messages about the importance of getting vaccinated.
- Pharmacies have been encouraged to proactively work with providers they have established relationships with to encourage staff to get vaccinated.
- Enhanced communications have been issued to pharmacies across Gwent from our ABUHB pharmacy team to remind of the eligibility of social care staff and letters that provide proof of this will be used.
- A guide for care homes during the 'flu campaign will be issued from the national VPDP 'flu team to all care homes- this is currently being updated nationally.
- Work is ongoing locally to ensure that proactive/reactive targeted communications can be issued in response to any feedback via the ABUHB community flu group or from other sources such as social media channels.

5.1.3 COVID-19 Mass Vaccination

A Mass Vaccination Programme has been established to provide leadership and senior decision making to drive, design and delivery of vaccination programme from August-Spring 2021. When a safe and effective vaccine against COVID-19 is available it is essential that it is delivered quickly to those that need it. Vaccinating people against the SARS-CoV-2 virus is key to reducing the severe morbidity and mortality it causes and providing a long term solution to controlling the current COVID-19 pandemic.

A plan is being developed and leads identified to progress key components of the plan. This includes identification of venues; recruitment of immunisers; end-to-end process for booking, administration, recording and reporting of results; supply of vaccines; resolving any contractual issues in primary care; and implementing a communication plan.

Vaccinations will initially be provided on a health need basis in line with vaccination available. To maximise employee well-being and reduce the adverse impact of COVID-19 to Gwent Health and Social Care colleagues by providing vaccination to the community in the quickest time that is possible, safely.

5.2 Activity to support the Six Goals

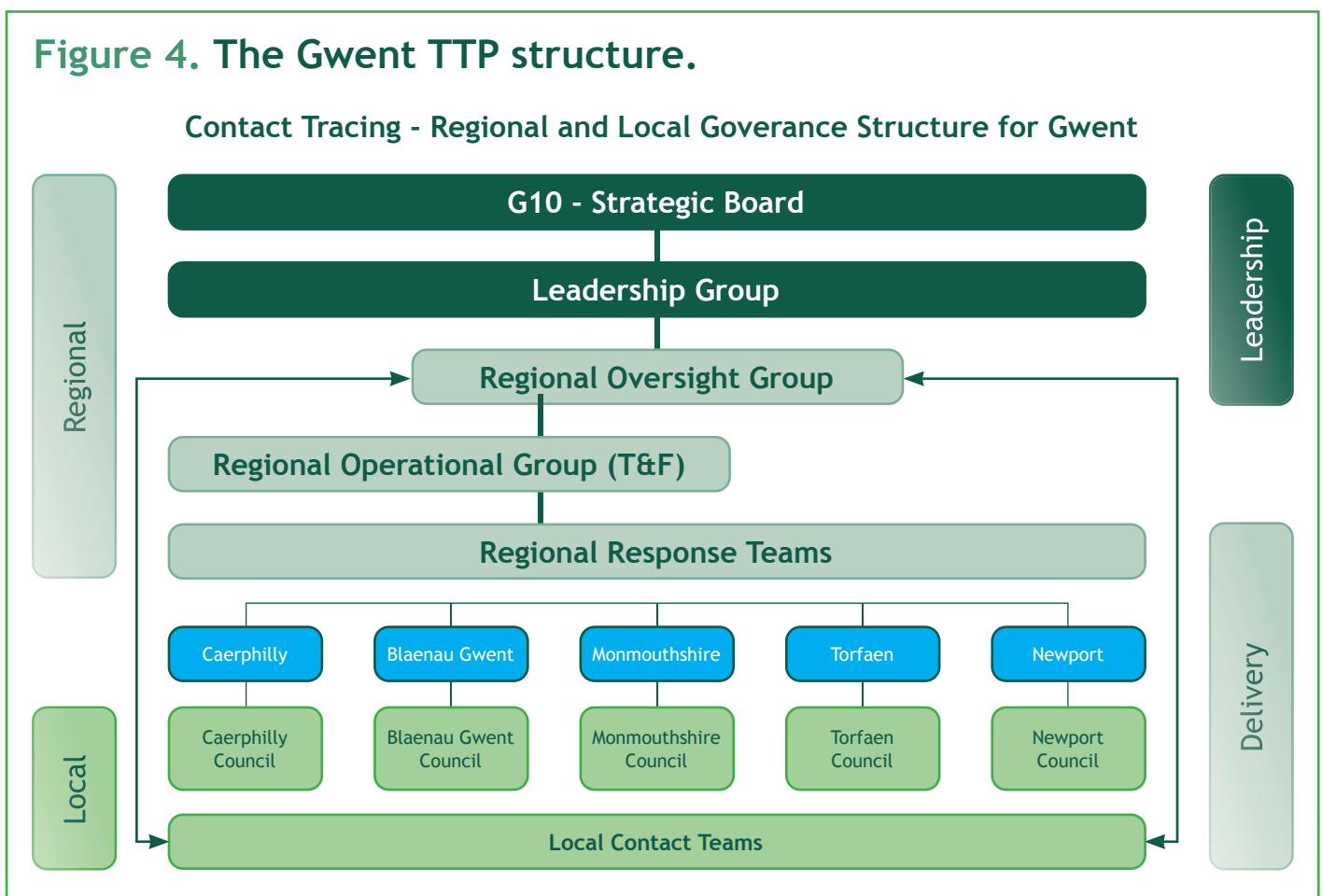
Goal 1: Co-ordination, planning and support for high risk groups

A range of coordinated activity has been planned to ensure that there remains over the winter period, responsive and accessible support for high risk groups in our communities. Core to this is the Gwent Prevention and Response Plan, Its' aim to prevent, detect and manage outbreaks of COVID-19 and to implement effective health protection and control measures across Gwent to reduce the risk of transmission of COVID-19 in our communities.

It is based on the following principles:

- The primary responsibility is to make the public safe.
- Build on public health expertise and use a systems approach.
- Be open with data and insight so everyone can protect themselves and others.
- Build consensus between decision-makers to secure trust, confidence and consent.
- Follow well-established communicable disease control and emergency management principles.
- Consider equality, economic, social and health-related impacts of decisions.

Of primary significance over winter will be the delivery of the Gwent Vaccination programme as set out above and The Test, Trace Protect (TTP) service which was an additional priority for the Health Board in response to the pandemic and a further governance structure was developed and implemented to enable concise reporting across all 5 boroughs in Gwent. An update on TTP is provided at each Tactical Group meeting where risks are escalated and updates provided. Information from Tactical is shared as appropriate with the Strategic Group and the Local Resilience Forum (LRF) Group.



Wider services includes the 'Care Closer to Home' agenda, and in alignment with the agreement in Gwent to create 'place based care', where services work collaboratively to provide a range of multi-agency/multi-disciplinary services in the home and community. These services are primarily aimed at people with an identified care and support need, those with ongoing chronic conditions and support to improve and maintain mental wellbeing in the community and at home.

Planning and support to help high risk or vulnerable people and their carers to remain independent at home, preventing the need for urgent care.

In Gwent we will:

- Provide improved access to Primary Care Services including through increased Out of Hours capacity, new Out of Hours Pathways and Urgent Primary Care Centres.
- Create specific support for those in the community most at risk by developing support clusters and the safety netting of those at risk (shielding and vulnerable). Arrangements will be delivered on an NCN footprint.
- Develop and implement an action plan for the delivery of COVID-19/Influenza vaccinations.
- Identify of pathways to support patients to stay well in the community including Dental, Respiratory and Palliative.
- Use available funding to provide additional social work and therapeutic staff in the community in our Right sizing teams.
- Enhancing access to therapeutic activity across the community to improve mental wellbeing including the roll out of the Mental Health Foundation Phase in partnership with our Integrated Wellbeing Networks.
- Implementation of Combined Clinical Community Teams (CCCT) in each area.
- Enhanced support to Care Homes through additional staff capacity, roll out of enhanced services, infection control, business planning (Please see Care Homes Action Plan).

Goal 2: Signposting, Information and Assistance

Providing easily accessible information to all citizens, will be absolutely critical during this winter period. Service users, carers and family members involved in managing care and support want to know what is available and how they can get access. They want it in a quick, simple and non-stigmatising manner. This is why in Gwent we have invested heavily in the roll out of DEWIS as the primary platform for accessing IAA. In Blaenau Gwent Transformation funding has paid for the piloting of a 'Single Point of Access' for IAA, with impressive results and testimonies.

This winter effective IAA will be more important than ever before. A range of approaches will be operational, with a strong emphasis on support for those with concerns about their mental wellbeing.

Information, advice or assistance to signpost people who want - or need - urgent support or treatment to the right place first time

We will:

- Continue roll out of Gwent Integrated Wellbeing Networks, with enhanced emphasis on the Community Champions
- Implement an Enhanced Foundation Tier for Mental Wellbeing in Gwent which increases accessibility to, availability and awareness of, appropriate, consistent up to date and evidence based self-help resources and messages
- Enhance access to digital technology for service users with MH/LD needs
- Provide a range of services in partnership with third sector, including Advocacy schemes and networks like the Community Halls Forum.
- Provide IAA in Care Homes to residents and families to improve wellbeing
- Continued roll out of DEWIS & Phone First

Goal 3: Preventing Admission of High Risk Groups

Preventing hospital admission, is one of the primary objectives of this plan and the activity outlined builds on the considerable activity underway as part of our Care Closer to Home Agenda. The transformation programme has provided additional capacity and trialed new approaches with Integrated Wellbeing Networks and Place Based Care, focused on early intervention and prevention of hospital admission.

Protection and support for residents in care homes to avoid hospital admission over the winter is of course an absolute priority. Activity for this cohort is set out separately to delineate the extent of work underway to support both the sector and residents over the winter period.

Community alternatives to attendance at an Emergency Department and/or admission to acute hospital for people who need urgent care, but would benefit from staying at, or as close to home as possible.

Building on these approaches and principles we will use funding to create additional capacity to:

- Support practices to ensure that triage processes and mechanisms are in place consistently within primary care, in line with access standards
- Increase capacity to provide Emergency Care at Home
- Increase outreach capacity as part of Right sizing community teams
- Increase therapeutic staff capacity to support step up- step down services
- Increase community based social work provision and weekend capacity
- Expansion of CRT emergency home care team to support Domiciliary care over winter period

- Open urgent primary care Centre's in Newport and Nevill Hall
- Provide additional Capacity for Housing adaptation to facilitate discharge
- Extension of Primary Care ACP pilot to help increase coverage of ACPs / RBIDs for patients in care homes and with 3 or more chronic conditions as a priority
- Introduce a Frailty Advice Line
- Implement defined OOH Pathways (see also Goal 1)
- Continued implementation of dental and optometry recovery plans to provide greater access

5.2.1 Supporting Care Homes in Gwent

In order to prepare to provide support to Care Homes during the COVID-19 period the Health Board and Regional Partnership Board partners, along with Care Home operators have developed an action plan for supporting Care Homes and this has been agreed by the Regional Partnership Board and the Community Care Sub Group (CCSG). The RPB are in the latter stages of finalising a Memorandum of Understanding (MoU) that sets the direction for the future partnership working with the sector. Joint actions are identified to protect care homes from further infection outbreaks and to effectively manage and minimize further infection where this does occur and a plan has been develop to support Care Homes likely to face failure.

The Health and Care partnership is supporting each Care Home to have their own individually tailored business continuity plan. Regular situation reporting is underway and care Home matrix logs are being maintained. There is a monitoring tool in place to track and identify capacity in care homes for step down beds. During the first wave planned contingency measures that were not required, such as bring back a mothballed care home into use, are scoped and available for a second wave if required.

Digital solutions have also been used to maintain communication whilst minimising face to face contacts. This includes the use of video conferencing, telephone support and the introduction of attend anywhere for virtual GP consultations. Two Practices are also participating in the Care Home Connect pilot to improve communication between practices and care home providers.

In order to support the sector the Gwent Community Service sub group has established a multi-agency closed setting sub group which includes relevant professionals from the Health Board, Local Authority Social Services, Public Health Wales, and Local EHO staff.

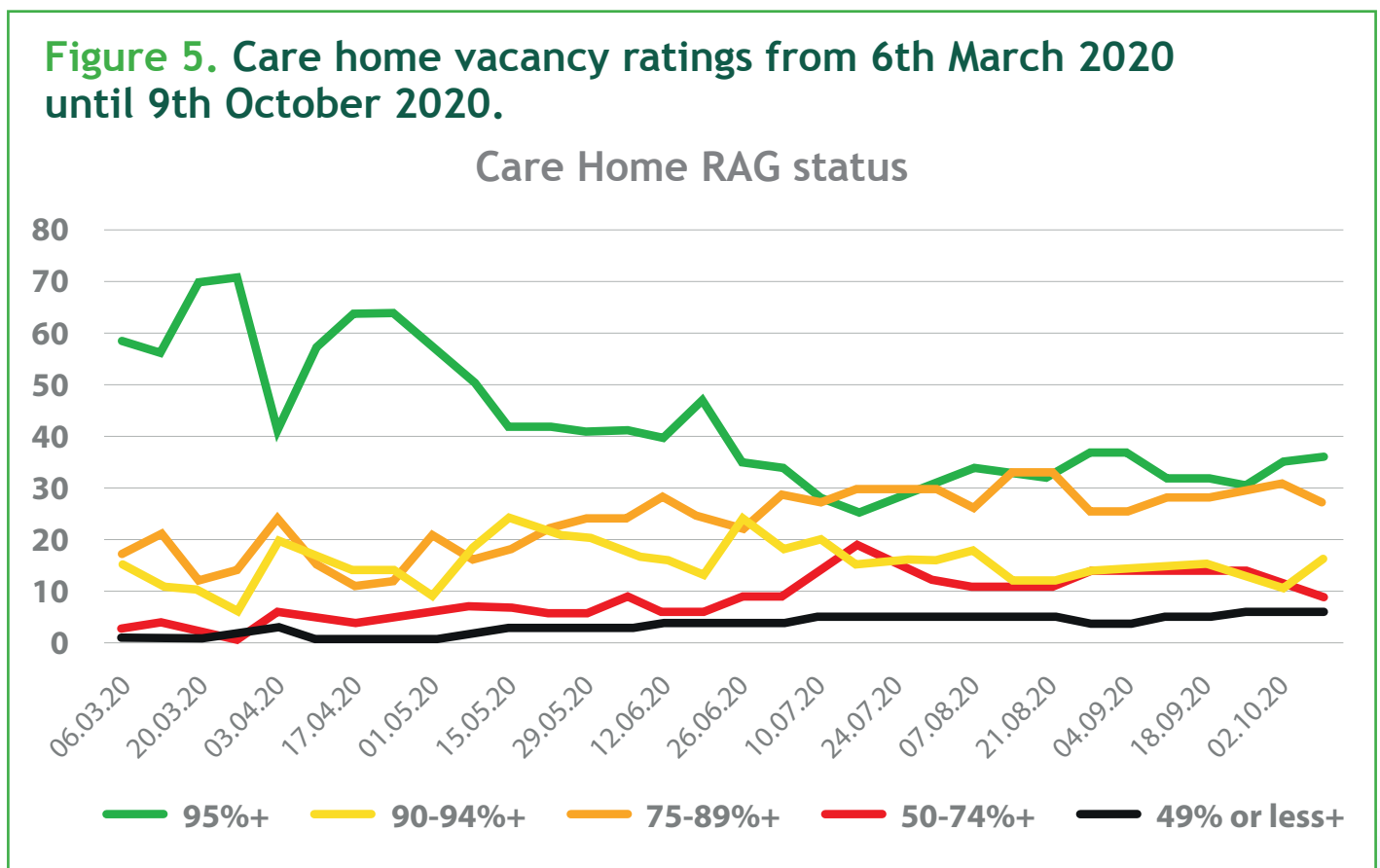
During the winter period we will ensure:

- Improved responsiveness and consistency of the routine testing programme and the management of results.
- Provision of educational resources and Infection Prevention and Control advice, to include a webinar and further planned training and visits to homes
- Ongoing support for enhanced Care Home testing from partners, including strengthening the flow from Care Homes into the Rodney parade testing centre for incident management.

- Establishing a Nurse led model to provide the Care Home DES in Caerphilly
- Development of a Community Hospital Care Home Pathway
- Delivery of the Flu and COVID-19 immunisation programmes
- Supporting Care home visiting to minimise infection spread whilst acknowledging the needs of end of life and dementia patients
- Working closely with providers around operational issues by establishing Care Home co-ordination groups at borough level
- Ensuring full engagement with incident response groups with PHW for transmissions within any closed setting

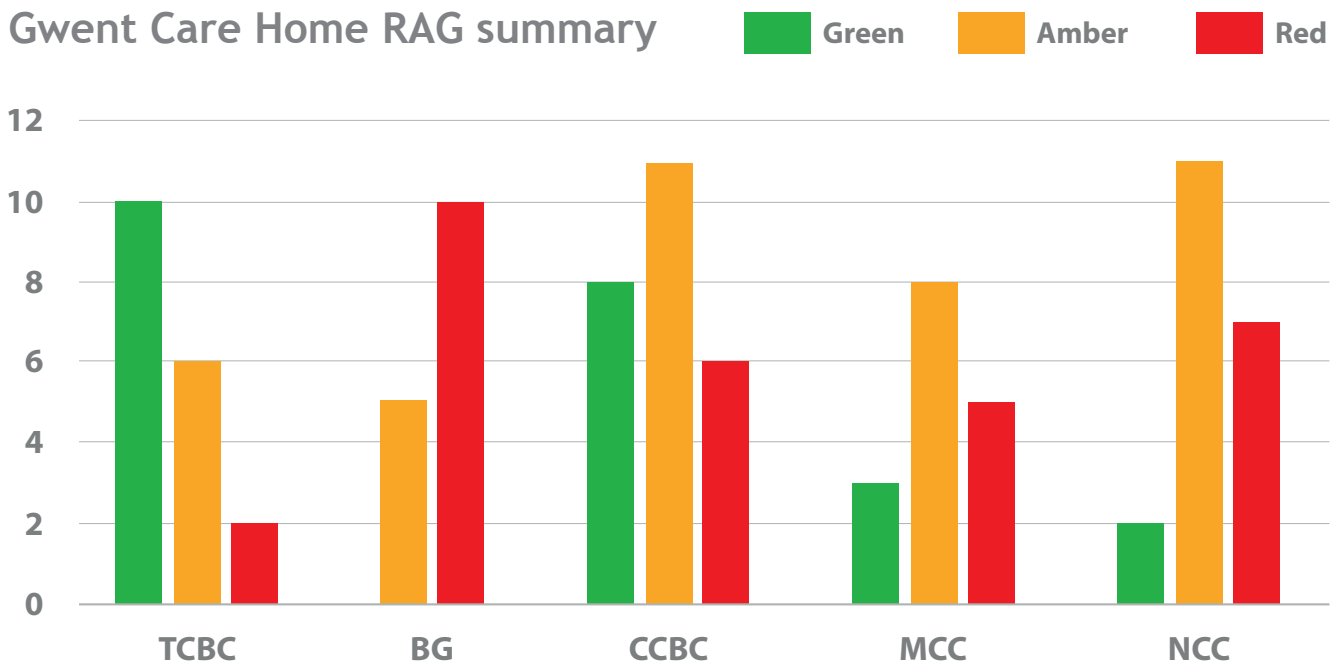
Vacancy tracker and financial risk assessment: A weekly regional care home vacancy tracker has been in place since March 2020. This tracker has shown a steady increase in care home vacancies across the region. The current vacancy level has seemed to have levelled off and stands at almost double the level of vacancies present in care homes prior to the pandemic. The concomitant of high vacancy levels is the increased risk of financial collapse. The summary graph at below to illustrate homes potentially in danger of financial difficulties without Government hardship funding.

Figure 5. Care home vacancy ratings from 6th March 2020 until 9th October 2020.



RAG rating of all Homes: The care homes in the region have been further stratified to create RAG rating for all care homes across the region. This takes into consideration vacancies levels, associated financial risk profiles, incidences of escalating concerns in the preceding 12 months, outbreaks of C19 and current quarantine status. This intelligence provides a snapshot of homes that may be used if additional placements are needed urgently.

Figure 6. Reflects all data across Gwent based on the number of care homes in each Locality, categorised based on their position within a RAG status.



Expression of Interest: In readiness for a potential surge of required bed capacity an Expression of Interest was undertaken in September 2020. Six homes responded and beds in these homes are now available should they be needed. In a separate exercise a ‘mothballed’ care home has been identified which could be brought back into service if required relatively quickly (1 week).

Goal 4: Rapid Response in Crisis

Across Gwent, activity will be prioritised to provide coordinated and rapid services for those people in crisis, including those with Mental Health Needs. We will expand access to primary care, through extension of Out of Hours provision, the creation of a model of ‘urgent care centres’. We will introduce more streamlined single points of access to the system, and streamlined approaches to coordinate access.

The fastest and best response at times of crisis for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis.

- Establish Urgent Primary Care Service in-hours as a pacesetter in line with the Clinical Futures Model
- Work is ongoing with the Falls Response Team
- Reconfiguration of ABUHB urgent care system: Aneurin Bevan University Health Board Clinical Review Hub (Phone First) establishing 111 as the first point of contact / entry into urgent care, other than via a 999 emergency call
- Reconfiguration of ABUHB urgent care system: Implementation of ABUHB Flow Centre which will create a single point of contact to co-ordinate all urgent same day access to secondary care services
- Improving crisis services for mental health by changing 'out of hours' crisis assessment provision, and commissioning of a Support House

5.2.2 Urgent Primary Care

We will adopt an urgent care model for primary care to simplify system navigation and enable needs to be met in a timely patient focussed way. It is intended this model will help to better meet the demand for urgent care services over the winter period and which primarily can be met by Primary Care services both in and out of hours. The model will also be multi NCN based and where possible involve the linking of local patients to local services.

The aim of the model is to provide same day/next day booked slots for urgent primary care which provides care closer to home, avoids hand offs and multiple entry points, and if it is linked to 111/ Phone First will provide the right portal for a large cohort of patients. Its intention is to replace the need to attend ED/MIU/MAU services.

The establishment of Urgent Primary Care Centres as part of the clinical futures model, will firstly be an extension of the GP OOH/111 service providing access to a range of professionals who could meet a wide range of presenting conditions, and secondly be an extension of the capacity for same day appointments in local GP practices.

Goal 5: Great Hospital Care

Essential services have been maintained throughout the pandemic delivering care to the population. During the winter activity is planned for the safe continuation and development of essential services as set out by Welsh Government.

The early opening of the Grange University Hospital is a core element of meeting the challenges of COVID 19 and Winter Response. The assumptions that underpin the Health Board's winter bed surge capacity are based on well-established patterns of activity over previous winters, however it is likely that up to 50% of patients presenting with respiratory problems will have COVID-19 symptoms and accordingly the winter bed capacity reflects this.

As such the hospital will open up an additional 470 bed capacity for Gwent’s more seriously ill and injured patients. The hospital will have a purpose built critical care department with 30 individual rooms. In order to surge these rooms could be easily doubled up and further ICU surge would see it expanding across the second floor to be able to cater for over 100 patients requiring intensive levels of care. The supply of oxygen in the hospital is one of the largest in the UK and its 75% single rooms will help prevent the spread of infection, including COVID-19.

The Health Board has adopted two scenarios to support planning. A More Likely Scenario, built on experience of the first wave of the pandemic and the Swansea University Reasonable Worst Case Scenario Planning provided by Welsh Government. Secondly a Reasonable Worst Case Scenario to provide capacity as set out in the recommendation from Welsh Government in June. The Grange University Hospital provides a core element of the Health Boards response to these demands.

The Health Board will adopt the same triggers and phasing approach through-out quarter 3 and 4, however the early opening of the GUH affords a number of opportunities to secure the necessary capacity to meet the needs both of the Most Likely Scenario and Worst Case Scenario, whilst maintaining as much elective activity as possible. The new hospital provides 470 additional beds into the system, the Clinical Futures model identified a bed reduction of 95 Beds across the System. By deferring this reduction additional bed capacity can be provided across the system.

Figure 7. ABUHB Phase 3 (COVID, Winter and the Opening of the Grange).

| No. | Objective |
|-----|--|
| 1 | To balance demand and bed capacity for COVID, non-COVID winter pressures and essential services optimising the benefits of the opening of GUH on system capacity and flows. Where feasible to re-establish routine inpatient and daycase services safely during Q3 and Q4. |
| 2 | To sustain essential outpatient services optimising capacity through innovation, technology and patient directed care. To safely re-establish routine outpatients and maintain these wherever possible during Q3 and Q4. |
| 3 | To sustain essential diagnostic services optimising the benefits of the opening of the GUH on system capacity and flows. Where possible to safely re-establish routine diagnostics and maintain these wherever possible during Q3 and Q4. |
| 4 | To sustain essential surgery and urgent treatments. To prioritise these as appropriate against routine and elective capacity if this is constrained by COVID & winter pressures. |

Optimal hospital based care for people who need short term, or ongoing assessment/treatment for as long as it adds benefit.

We will deliver:

- The early opening of the Grange University Hospital is part of our Covid Winter Response. The GUH provides 470 additional beds into the system
- Reconfiguration of Local General Hospitals in tandem with opening of GUH
- Provide in hospital third sector services to maintain and improve wellbeing
- Implement central point of access for the hospital palliative care team
- Enhanced Support for patients in inpatient MH services (Rainbow packs) additional equipment and technology to support therapeutic activity across all inpatient settings, increased access to art and therapeutic services

5.2.3 Service specific priority actions

Stroke: Inpatient stroke services have been maintained during COVID-19, with access to HASU and all urgent investigations. Pathway to rehabilitation has also been maintained across the period with beds available at St Wollo, Ysbyby Ystrad Fawr and Nevill Hall hospitals.

TIA services will continue to be held virtually by telephone to screen for urgent patients and patients who require a face to face appointment will be offered this. Spasticity injection clinics are currently on hold and plans are being progressed to reinstate these in Q3.

Respiratory: Rapid access clinics remain in place for urgent suspected cancer. Sub speciality clinics for ILD, Asthma and Sleep will continue into Q3&4. The home oxygen service will continue with telephone contact for all patients, and face to face home appointments with urgent patients when required. TB clinics have been reinstated and will continue into Q3&4. In Q3 COPD patients will be able to access virtual pulmonary rehab and telephone contact. A COPD phone application has been set up to collate data to identify patients with worsening symptoms.

Cancer: The delivery of cancer services continues to be affected by the necessary infection control measures which are reducing throughput in outpatient, diagnostic and treatment services by up to 50%. This is currently being managed by hosting additional clinics and waiting list initiatives however the impact of reduced capacity is showing through longer wait times for patients.

Priority actions for the winter period include:

- Maintain and increase current capacity in order to accommodate increased demand
- Reduce and maintain length of wait to first appointment within 14 days
- Maintain the utilisation and efficiency of the St Joseph's green zone.
- Maintain patient engagement with the pathway throughout any potential second wave.
- Implement health board wide electronic health needs assessments for cancer patients

Palliative Care: 'Attend Anywhere' has been introduced for Specialist Palliative Care Services and for hospital and community teams and digital dictation is being implemented by the Specialist Palliative Care Hospital Team. Advance Care Plan (ACP) and Record of Best Interest Decision (RBID) e-documentation templates have been introduced on Clinical Workstation (CWS) and processes have been developed for fast track testing for patients going to care homes or to their own homes with packages of care. COVID Palliative Care / End of life Care (EOLC) intranet pages have been launched to easy access to information regarding the management of palliative and end of life patients.

Sustainability of service provision for Hospital Palliative Care Team and hospice support in response to the increased demand for these services during lockdown has been monitored and the associated risks managed by the Health Board.

Priority actions for the winter period include:

- Developing a Business Case for funding for Advance Nurse Practitioner (ANP) roles to support an ANP 'Front Door' model, supporting GUH in line with the Specialist Palliative Care (SPC) Service Model.
- Developing a Business Case for consideration of funding for 'funded at risk' SPC consultant post via HB processes.
- Progressing with shared care model for implementation of the designated SPC beds in collaboration with respiratory.
- Work in collaboration with Cancer Services in relation to SPC and the development of the Cancer Day Hospital in NHH (diagnosis to palliative stage).
- Bereavement input/advice for the development of an care after death model to inform future service provision for the existing Bereavement Service.
- Develop pathway in collaboration with Frailty for palliative access to Therapeutic Day Services.
- Develop SOP for remote prescribing (inclusive of opioids) to support Out of hours medical cover for St David's Inpatient Hospice in collaboration with pharmacy.
- Re-launch and education and training for the Care Decision Tool.
- Progress with roles to support extension of Primary Care ACP pilot for ACPs / RBIDs for patients in care homes and with 3 or more chronic conditions as a priority.
- Roll out of amended Treatment Escalation Plans (extending use post covid-19) across ABUHB Secondary Care.

Goal 6. Home First when Ready

Significant activity is proposed to provide enhanced capacity over winter, to ensure we are able to operate an effective and integrated approach to 'home from hospital' services linked to the delivery of the four D2RA pathways.



The plan places a clear emphasis on scaling up D2RA capability across the region to protect the flow of patients able to be discharged from hospital for assessment and recovery. It build on the developing work within the WG national community of practice led by the NHS Delivery Unit and the Right Sizing in the Community approach, led by Prof. John Bolton and IPC. Additional funds were allocated to Gwent totalling £1.8 million to support the enhancements of the D2RA pathways.

The Regional Partnership Board have endorsed an approach that sees the utilisation of all available funding sources to provide a coherent and integrated Gwent wide approach to enhancing available capacity.

Funding sources include:

- D2RA
- Discharge flow funding
- Home First (Transformation)
- ICF Slippage from

A home from hospital when ready approach, with proactive support to reduce chance of readmission.

We will:

- Fund additional DLN support at the weekend at RGH/NHH to support Discharge
- Funds HCSW in Right sizing community teams
- Provide funding for the scaling up of HomeFirst to the Grange University Hospital
- Provide 1:1 support in Care Homes and purchase additional step up/step down capacity
- Fund additional equipment for GWICES
- Increase emergency care at home
- Provide additional therapeutic staff in step up/step down facilities
- Provide additional capacity for community social care

Given the significantly changed context of COVID-19 HomeFirst has proved its value, resilience and ability to create a seamless approach to patients and families to prevent unnecessary admission and facilitate appropriate care in the community. It embodies the principles of the D2RA pathways and embeds the value of IAA at the front door.

Key for 4 Harms

| | |
|-----------|--|
| A. | Harm from COVID-19 itself |
| B. | Harm from the overwhelmed NHS and Social Care System |
| C. | Harm from a reduction in non-Covid-19 delivery |
| D. | Harm from wider societal lockdown |

Outcomes

| | |
|-----------|--|
| 1. | Improved Patient Experience |
| 2. | Accessible support to improve wellbeing in community and Reduce Admission Likelihood (RAL) |
| 3. | Safe management of patients within the community |
| 4. | Maintenance of flow and timely MDT intervention |
| 5. | Improved MA intervention to support discharge |





Goal 1: Co-ordination, Planning and support for high risk groups

OBJECTIVE: Planning and support to help high risk or vulnerable people and their carers to remain independent at home, preventing the need for urgent care.

| Priority 2020/21 | Activity | Measurement | Lead | Impact on Four Harms | A | B | C | D |
|--|--|----------------|---------------------------|---|---|---|---|---|
| Specific support for those in the community most at risk | Plans developed to support clusters in the safety netting of those at risk (shielding and vulnerable) and people who are symptomatic or have tested positive to COVID-19. Arrangements confirmed for each NCN area. | Q3 Q4 | IWN NCN ISPB PCC | RAL Safe management of patients within the community | ✓ | ✓ | ✓ | ✓ |
| Develop and implement an action plan for the delivery of COVID-19 / Influenza vaccinations | This will be undertaken as a priority for all Primary Care & Community Services Division and include vulnerable groups not previously in scope. Primarily in GP surgeries but also with help of mass vaccination centres. | Q3 Q4 | ABUHB PHT PCC | Safe management of patients within the community | ✓ | ✓ | ✓ | ✓ |
| Identification of pathways to support patients to stay well in the community | Implement a defined Out-of-Hours Respiratory Pathway. There is currently no defined out of hours respiratory pathway, clinicians manage respiratory cases on case by case basis, where appropriate managing the patient within the community. Meetings scheduled with Frailty and Respiratory Teams to understand feasibility. Implement a defined Out-of-Hours Palliative Care Pathway. Scope the possibility of implementing a palliative care nurse within the hub at Aneurin Bevan. Palliative care nurse to undertake remote consultations with patients in addition to appropriate home visits. Implement a defined Out-of-Hours Dental Pathway. Work commenced to determine best ways forward for a South East Wales out of hours dental service and to determine where there this is a sustainable mode. | Q3 Q4 | PCC | Reduced hospital admission Safe management of patients within the community | ✓ | ✓ | ✓ | ✓ |
| Implement Discharge to Recover and Assess (D2RA) pathways consistently across all 5 regions within Gwent | ABUHB: DLN support for weekend at RGH. NHH to provide in reach service supporting discharge. HSCW for Right sizing community teams Discharge service to support the Grange University Hospital. | WG Template | PCC SS | Maintenance of discharge 'flow' MDT intervention RAL Improved patient experience | ● | ● | ● | |

Goal 1: Co-ordination, Planning and support for high risk groups

OBJECTIVE: Planning and support to help high risk or vulnerable people and their carers to remain independent at home, preventing the need for urgent care.

| Priority 2020/21 | Activity | Measurement | Lead | Impact on Four Harms | A | B | C | D |
|--|---|--------------|----------------------------|--|---|---|---|---|
| Implement Discharge to Recover and Assess (D2RA) pathways consistently across all 5 regions within Gwent | PAN GWENT: 1:1 support in Care Homes to ensure weekend registrant cover/spot purchase care home beds/step up/step down capacity. HomeFirst expansion to support GUH. | | | | | | | |
| | GWICES: Equipment to support rapid D2AR. | | | | | | | |
| | Blaenau Gwent: Additional outreach capacity. Increase EC at home (DASH) Weekend SW/OT X2 (RSC) Weekend support workers (RSC). | | | | | | | |
| | Caerphilly: Right sizing community teams capacity Emergency Care at Home. | | | | | | | |
| | Monmouth: Outreach staff RSC Community Based Pharmacist (RSC). Therapy staff to support Step Up/Step down staff. Emergency care at home. In reach - additional SW/OT support from Monmouthshire to YAB (RSC). | | | | | | | |
| | Newport: Right sizing community teams 1 X OT. Additional community based social worker and Assistant (RSC). Additional Social Work Assistant to work with discharge teams. | | | | | | | |
| | Torfaen: Emergency Care at Home. Weekend social work capacity (RSC). | | | | | | | |
| Enhancing access to therapeutic activity across the community to improve mental wellbeing | Maintaining and developing innovative ways to support individuals safely (e.g. 'walk and talk' in outside areas/welfare visits /Rainbow packs in conjunction with third sector partners) (800 packs sent out since April) Available for anyone in the community accessing secondary services struggling with occupational deprivation/ isolation/ loneliness/ low mood. Information leaflets on various support available given out in all rainbow packs e.g. food banks, CALL, charities etc. | Q3 Q4 | ABUHB MH PCC | Safe management within the community RAL Improved patient experience |  |  |  |  |

Goal 1: Co-ordination, Planning and support for high risk groups

OBJECTIVE: Planning and support to help high risk or vulnerable people and their carers to remain independent at home, preventing the need for urgent care.

| Priority 2020/21 | Activity | Measurement | Lead | Impact on Four Harms | A | B | C | D |
|---|---|---|------|--|---|---|---|---|
| Enhancing access to therapeutic activity across the community to improve mental wellbeing | Continued rolling out psychological well-being practitioner roles in Primary Care as part of PBC Transformation. | Transformation Programme Q3 | PCC | Safe management within the community RAL Improved patient experience | ✓ | ✓ | ✓ | ✓ |
| Improved access to Primary Care Services | Introduce a sustainable process for daily situation reporting which includes all primary care and community services. Develop optometry and dental and a toolkit for NCNs and Practices and template for practice declarations. Support practices to ensure that triage processes and mechanisms are in place consistently within primary care, in line with access standards. | Q3/Q4 Monitor the position of the phased recovery within each practice in order to obtain a picture of service activity through ABUHB, identifying any service delivery gaps and future planning needs | PCC | Safe management within the community RAL | ✓ | | ✓ | |
| Improved access to Community Teams and Hospitals | Clear plans and operational arrangements for Combined Clinical Community Teams (CCCTs), developed in each area and tested in table top exercise on 30th June featuring co-ordination of community assets at point of high level of escalation. The boroughs and directorates are now adapting their existing plans into the new HB format and updating to reflect Covid learning. Surge plan for community hospitals during winter and a potential second wave of COVID-19 been compiled, verified by SLT and shared across HB. A central plan is currently being developed to agree what order surge could occur against differing situations. Division is represented on sub-group to support equipment which feeds into the wider work. Introduce MS Teams into Community Services to improve virtual communication of mobile staff, including reducing physical space required for clinical handovers / virtual ward rounds. | Q3 Q4 | PCC | Safe management within the community RAL Improved patient experience | ✓ | ✓ | ✓ | |

Goal 1: Co-ordination, Planning and support for high risk groups

OBJECTIVE: Planning and support to help high risk or vulnerable people and their carers to remain independent at home, preventing the need for urgent care.

| Priority 2020/21 | Activity | Measurement | Lead | Impact on Four Harms | A | B | C | D |
|-----------------------|---|-----------------------|-----------|--|---|---|---|---|
| Support to Care Homes | <p>The Gwent Care Homes Action Plan will oversee the delivery of:</p> <p>Business Continuity Plans.</p> <p>Framework for escalation.</p> <p>Directed Enhanced GP Service for Care Home Residents.</p> <p>New Directed Enhanced Service for Care Homes offered to all GMS providers.</p> <p>At present 54 practices are providing the DES. 20 are not. This is mapped at Neighbourhood Care Network level.</p> <p>Establish task and finish group to clearly define multi-agency response to management of outbreak / escalation in residential home settings and future service models. Division is supporting development of an accurate list that indicates homes that have issues.</p> | Care Home Action Plan | PCC SS | <p>Safe management of patients within the community</p> <p>Improved patient experience</p> | ✓ | ✓ | ✓ | ✓ |

Goal 2: Signposting, Information and Assistance

OBJECTIVE: Information, advice or assistance to signpost people who want - or need - urgent support or treatment to the right place first time.

| Priority 2020/21 | Activity | Measurement | Lead | Impact on Four Harms | A | B | C | D |
|---|--|--|-------------|--|---|---|---|---|
| Continued roll out of Gwent Integrated Wellbeing Networks | Continue delivery of IWN to support and enhance community wellbeing and act as a local signpost/navigator through Community Champions Programme. | Transformation Programme Q3 | PHT | Accessible support to improve wellbeing in the community RAL | ✓ | ✓ | ✓ | ✓ |
| Implement Foundation Tier for Mental Wellbeing in Gwent which increases accessibility to, availability and awareness of, appropriate, consistent up to date and evidence based self-help resources and messages | Design and launch an accessible Central Point of Access. Design and implement a sustained mental wellbeing marketing campaign for Gwent. Commission an evidence based mental wellbeing workforce training programme. Undertake an Equality Impact Assessment to ensure the needs of groups at greatest risk of poor mental wellbeing are being addressed. Develop a mental wellbeing pack for Care Home staff and residents. | Q3/4 | MHLD | Accessible support to improve wellbeing in the community | | | | |
| Enhancing Access to digital technology for service users with MH/LD needs | Work underway with digital communities Wales, to promote accessibility to tech resources and support to engage in online activities and to use digital platforms to access mental health and peer support. Get there together project' - ABUHB MHLD alongside 10 OT students to build a catalogue of videos to support service users with dementia re-accessing the community. | Q3/4 | MHLD | Accessible support to improve wellbeing in the community | ✓ | ✓ | ✓ | ✓ |
| Continued growth of third sector led support | GATA Advocacy support. Gwent MH Alliance. Community Halls forum. Delivery of engagement strategy for vulnerable groups through transformation programme. HAFAL -10 recovery workers are due to start in adult mental health in crisis teams and CMHTS in each borough starting in October/ November. This support will aim to provide a transition approach for service users to wider community services available. Growing space in the community (mental health check in, practical support with access to meds, shopping etc.) as needed alongside contracts for connecting with nature, taster sessions and creative arts. | 3rd sector assurance mechanisms Transformation Programme Q3 | GAVO TVA | Accessible support to improve wellbeing in the community RAL Improved patient experience | ✓ | ✓ | ✓ | ✓ |

Goal 2: Signposting, Information and Assistance

OBJECTIVE: Information, advice or assistance to signpost people who want - or need - urgent support or treatment to the right place first time.

| Priority 2020/21 | Activity | Measurement | Lead | Impact on Four Harms | A | B | C | D |
|--|--|--|--------------------------|---|---|---|---|---|
| Continued roll out of DEWIS and Phone First initiative | <p>Ongoing promotion of DEWIS as the primary portal for IAA across Gwent.</p> <p>Continued pilot of IAA SPA in BG.</p> <p>NCN funding support to regional admin support for DEWIS.</p> <p>Phone First roll out.</p> | <p>Internal SS assurance mechanisms</p> <p>Transformation Q3</p> <p>HB Q3/Q4</p> | SS | <p>Accessible support to improve wellbeing in the community</p> <p>RAL</p> <p>Improved patient/citizen experience</p> | ✓ | ✓ | ✓ | ✓ |
| Providing IAA in Care Homes to residents and families to improve wellbeing | Care Homes to consider how the emotional and well-being support continues to be offered to all residents (including younger adults in Care Homes) even though the current pandemic appears to be easing in Care Homes. | CHAP | Community Care Sub Group | <p>Safe management of patients in the community</p> <p>Improved citizen/patient experience</p> | ✓ | | ✓ | ✓ |

Goal 3: Preventing Admission of High-Risk Groups

OBJECTIVE: Community alternatives to attendance at an Emergency Department and/or admission to acute hospital for people who need urgent care but would benefit from staying at, or as close as possible, to home.

| Priority 2020/21 | Activity | Measurement | Lead | Impact on Four Harms | A | B | C | D |
|---|--|---|------------------------------------|--|---|---|---|---|
| Support practices to ensure that triage processes and mechanisms are in place consistently within primary care, in line with access standards | <p>The Recovery Plans provide information and guidance to ensure that an online consultation system is in place to support total triage and remote consultations should be used where appropriate, making reasonable adjustments for specific groups when necessary.</p> <p>Practices have been provided with a Remote Consultation platform 'Attend Anywhere'. This will support practices to ensure that video consultation capability is available and that video consultations are offered to patients when appropriate.</p> <p>Re-introduce appropriate levels of face-to-face activity in GMS Services for key conditions for which physical examinations and contact are necessary.</p> | | ABHUHB | | ✓ | | ✓ | |
| Additional Social work capacity | <p>Additional domiciliary care capacity.</p> <p>Additional Home Care OOH.</p> <p>Additional Social work and AMHP capacity within the community.</p> <p>Additional capacity to provide equipment.</p> | Internal SS Assurance Mechanisms D2RA WG Template | SS | <p>Safe management of patients within the community</p> <p>RAL</p> | ✓ | ✓ | ✓ | ✓ |
| Additional CRT Capacity | Expansion of CRT emergency home care team to support Domiciliary care over winter period. | Q3/Q4 | SS/PCC GASP | <p>Safe management of patients within the community</p> <p>RAL</p> | ✓ | ✓ | ✓ | ✓ |
| Scaling up of HomeFirst to the Grange | Development of new service model from 01/11 in the | Transformation Q3 Q4/Q4 | PCC/SS GASP/ Trans-formation | <p>Safe management of patients within the community</p> <p>RAL</p> | ✓ | ✓ | ✓ | |
| Ensuring Housing Adaptions are undertaken rapidly | Additional Capacity for Housing adaptation to facilitate discharge. | Internal HSC mechanisms | SS | <p>Safe management of patients within the community</p> <p>RAL</p> | ✓ | ✓ | ✓ | ✓ |

Goal 3: Preventing Admission of High-Risk Groups

OBJECTIVE: Community alternatives to attendance at an Emergency Department and/or admission to acute hospital for people who need urgent care but would benefit from staying at, or as close as possible, to home.

| Priority 2020/21 | Activity | Measurement | Lead | Impact on Four Harms | A | B | C | D |
|--|---|------------------------|--------------------------|---|---|---|---|---|
| Development and Delivery of Urgent Primary Care Centre | <p>Open urgent primary care centre in Newport and Nevill Hall.</p> <p>Meet the demand for urgent care services, which primarily can be met by Primary Care services both in and out of hours.</p> <p>Be multi NCN based and where possible involve the linking of local patients to local services.</p> <p>Be pathway/presentation based.</p> | Q3/Q4 | PCC | <p>Safe management of patients within the community</p> <p>RAL</p> <p>Improved patient experience</p> | ✓ | ✓ | ✓ | ✓ |
| Additional Support to keep patients safe in Care Homes | <p>Development of a Community Hospital Care Home Pathway.</p> <p>Extension of Primary Care ACP pilot to help increase coverage of ACPs / RBIDs for patients in care homes and with 3 or more chronic conditions as a priority. Funding approved from WG via delivery agreement in April 2020 for £80k for a Primary Care ACP Facilitator and an ACP Business Analyst.</p> <p>Further development of care home pathway to ensure effective multiagency support framework (Jan 21).</p> <p>Ongoing support for enhanced Care Home testing from partners, including strengthening the flow from Care Homes into the Rodney parade testing centre for incident management.</p> <p>Actively working with providers to plan for vaccinations.</p> <p>Provision of educational resources and Infection Prevention and Control advice, to include a webinar and further planned training and visits to homes.</p> <p>Continue to develop the escalation approach to incident management and learning from individual homes.</p> <p>Establishing a Nurse led model to provide the Care Home DES in Caerphilly.</p> | Care Homes Action Plan | Community Care Sub Group | <p>Safe management of patients within the community</p> <p>RAL</p> | ✓ | ✓ | ✓ | ✓ |
| Introduce a Frailty Advice Line | <p>Advice line established in April via Frailty SPA. Impact/effectiveness to be reviewed and a plan to consolidate. Comms reminder sent to all GP practices and numbers have dipped. Newport CRT to cover Monmouthshire area, review after six weeks.</p> | Q3/Q4 | PCC/SS | <p>Safe management of patients within the community</p> <p>RAL</p> | ✓ | ✓ | ✓ | ✓ |

Goal 3: Preventing Admission of High-Risk Groups

OBJECTIVE: Community alternatives to attendance at an Emergency Department and/or admission to acute hospital for people who need urgent care but would benefit from staying at, or as close as possible, to home.

| Priority 2020/21 | Activity | Measurement | Lead | Impact on Four Harms | A | B | C | D |
|---|---|-------------|--------|---|---|---|---|---|
| Implement defined OOH Pathways (see also Goal 1) | <p>Implement a defined Out-of-Hours Respiratory Pathway. There is currently no defined out of hours respiratory pathway, clinicians manage respiratory cases on case by case basis, where appropriate managing the patient within the community. Meetings scheduled with Frailty and Respiratory Teams to understand feasibility.</p> <p>Implement a defined Out-of-Hours Palliative Care Pathway. Scope the possibility of implementing a palliative care nurse within the hub at Aneurin Bevan. Palliative care nurse to undertake remote consultations with patients in addition to appropriate home visits.</p> <p>Implement a defined Out-of-Hours Dental Pathway. Work commenced to determine best ways forward for a South East Wales out of hours dental service and to determine where there this is a sustainable model.</p> | Q4/Q4 | PCC/SS | <p>Maintenance of FLOW and timely MDT intervention</p> <p>Improved patient experience</p> | ✓ | ✓ | ✓ | |
| Implement pathway for rehabilitation of patients post-COVID-19 in the community setting | <p>Wider ABUHB rehab programme in place for patients who were in critical care settings.</p> <p>Long Covid working group established with key stakeholders, agreed to develop a pathway whereby individuals can self-navigate to seek advice, HCP understand where support can be sought and variation framework developed.</p> | | | | | | | |
| Optometry Recovery Plan | Plan in place, will continue to review in line with welsh gov guidance and update as necessary. The HB awaits further guidance from WG regarding next steps. | Q3/Q4 | PCC | | | | | |
| Dental Recovery Plan | Plan in place, will continue to review in line with welsh gov guidance and update as necessary. The HB has developed a FAQs document which has been endorsed by WG and issued to NHS dental practices. | Q3/Q4 | PCC | <p>Safe management of patients within the community</p> <p>RAL</p> | ✓ | ✓ | ✓ | |

Goal 4: Rapid Response in Crisis

OBJECTIVE: The fastest and best response at times of crisis for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis.

| Priority 2020/21 | Activity | Measurement | Lead | Impact on Four Harms | A | B | C | D |
|--|---|-------------|---------|---|---|---|---|---|
| Expansion of Primary Care Services with Urgent Care Centre in Newport/NH | <p>Extended GP out of hours service at RGH to 24/7.</p> <p>Multi-disciplinary workforce providing up to 90 appointments per day.</p> <p>Patients redirected to booked appointments via clinical hub.</p> <p>Capacity to manage walk in minor ailments independently.</p> <p>Phase 1 Development UPCC at Royal Gwent Hospital - £764,980</p> <p>Phase 2 Development of UPCC at Nevill Hall Hospital - £599,435</p> <p>Total £:1,717,657</p> <p>Profiled funding for 2020/21 - £872,000</p> | Q3/Q4 | PCC | <p>Safe management of patients within the community</p> <p>RAL</p> <p>Improved patient experience</p> | ✓ | ✓ | ✓ | ✓ |
| Reconfiguration of ABUHB urgent care system | <p>Ensuring that there are available capacity and appropriate pathways to support the management of crisis in the community remains a priority. As part of its Clinical Futures transformation and innovation agenda, the Health Board is actively reconfiguring urgent care services across all of the acute sites.</p> | Q3/Q4 | ABUHB | <p>Maintenance of FLOW and timely MDT intervention</p> <p>Improved patient experience</p> | ✓ | ✓ | ✓ | |
| Support for citizens with Mental Health needs | <p>Improving crisis services through changes in 'out of hours' crisis assessment provision, commissioning of a Support House and continuing to progress inpatient improvements.</p> | Q3/Q4 | MHL SPB | <p>Safe management of patients within the community</p> <p>Improved patient experience</p> <p>RAL</p> | ✓ | ✓ | ✓ | ✓ |
| Implementation of ABUHB Flow Centre | <p>A single point of contact to co-ordinate all urgent same day access to secondary care services.</p> | Q3/Q4 | ABUHB | <p>Maintenance of FLOW and timely MDT intervention</p> | ✓ | ✓ | ✓ | ✓ |
| Aneurin Bevan University Health Board Clinical Review Hub (Phone First) | <p>The principal aim to establish 111 as the first point of contact / entry into urgent care, other than via a 999 emergency call.</p> | Q3/Q4 | ABUHB | <p>Maintenance of FLOW and timely MDT intervention</p> <p>Improved patient experience</p> | ✓ | ✓ | ✓ | ✓ |

Goal 5: Great Hospital Care

OBJECTIVE: Optimal hospital-based care for people who need short term, or ongoing, assessment/treatment for as long as it adds benefit.

| Priority 2020/21 | Activity | Measurement | Lead | Impact on Four Harms | A | B | C | D |
|--|--|--------------|--------------|---|---|---|---|---|
| The early opening of the Grange University Hospital is part of our Covid Winter Response. The GUH provides 470 additional beds into the system | <p>Some of the Health Board's most fragile services will be stabilised by their centralisation onto the Grange site including Women and Children's services, such as Paediatrics as well as ED and Critical Care.</p> <p>Current plans show the Emergency Department becoming operational at the Grange at 2am on the morning of Tuesday 17th November.</p> | Q3/Q4 | ABUHB | <p>Maintenance of FLOW and timely MDT intervention</p> <p>Improved patient experience</p> | ✓ | ✓ | ✓ | |
| Reconfiguration of Local General Hospitals | <p>The current enhanced Local General Hospitals being reconfigured to their future hospital site offering. The configuration of which will depend on the COVID situation and surge plans being developed and enacted.</p> <p>To do this a central control point will be established at the Grange site acting as a hospital Bronze group. This will include a multi-disciplinary team to be able to act quickly to resolve issues and be empowered to make decisions safely.</p> | Q3/Q4 | ABUHB | <p>Maintenance of FLOW and timely MDT intervention</p> <p>Improved patient experience</p> | ✓ | ✓ | ✓ | |
| To balance demand and bed capacity for COVID, non-COVID winter pressures and essential services | Optimising the benefits of the opening of GUH on system capacity and flows. Where feasible to re-establish routine inpatient and day case services safely during Q3 and Q4. | Q3/Q4 | ABUHB | <p>Safe and effective Management of the system and patient flows</p> | ✓ | ✓ | ✓ | |
| Provide in hospital third sector services to maintain and improve wellbeing | Third sector scheme to deploy volunteers on Wards in partnership with CVC's. | Third sector | Third sector | <p>Improved patient experience</p> <p>Improved multi agency intervention to support discharge</p> | ✓ | ✓ | ✓ | ✓ |
| Implement central point of access for the hospital palliative care team | Central point of access for palliative care hospital support implemented. | | | | | | | |

Goal 5: Great Hospital Care

OBJECTIVE: Optimal hospital-based care for people who need short term, or ongoing, assessment/treatment for as long as it adds benefit.

| Priority 2020/21 | Activity | Measurement | Lead | Impact on Four Harms | A | B | C | D |
|---|---|-------------|------|----------------------|---|---|---|---|
| Support for patients in inpatient MH services | <p>Pilot of discharge rainbow packs on Adferiad ward (30 packs) began at the start of September.</p> <p>£17,000 from corporate charitable funds, donated by the public to enable us to order a significant amount of additional equipment and technology to support therapeutic activity across all inpatient settings.</p> <p>Resources are being sent out across all inpatient settings as they arrive- So far this has included sports equipment, games consoles and games, arts and crafts equipment, kitchen equipment, board games, etc.</p> <p>Growing space staff have now commenced inpatient art and craft activity sessions at St Cadocs and Talygarn which have been met with a positive response so far. Plans to roll out over the coming months. They are also continuing with horticulture sessions where possible in small groups.</p> <p>Development of partnership work with PHW to support the introduction of five ways to wellbeing activities across all inpatient settings. Pilot to start on Pillmawr Ward for adult MH, Cedar Park Older adult MH and Ty Lafant LD.</p> <p>‘The 5 ways to well-being activities are ideal for our setting as they are accessible to all and achievable for staff and service-users. Activities don’t take long to set up, and are quick to do, making them ideal for people with a short attention span. The activities can help people find new things to do or re-ignite old interests and can be continued on discharge.’</p> <p>Art based activity packs provided by Growing space are being distributed across all inpatient settings- to alleviate boredom, address need to attend therapeutic art activity sessions where not currently possible indoors.</p> <p>Personalised therapeutic activity packs provided by OT- over the next 10 weeks all patients on dementia assessment wards will have a personalised, individual activity pack staff can use one to one. Packs are made up following completion of an OT interest checklist and can be utilised by all staff - OT students will evaluate after 10 weeks.</p> | | | | | | | |

Goal 6. Home First when Ready (Please also see Goal 1 and Annexe A)

OBJECTIVE: A home from hospital when ready approach, with proactive support to reduce chance of readmission

| Priority 2020/21 | Activity | Measurement | Lead | Impact on Four Harms | A | B | C | D |
|--|---|---------------------|---------------|---|---|---|---|---|
| Provide additional capacity to support safe and effective discharge | <p>To identify the surge capacity within care home settings for winter and second surge COVID-19 through the community settings group by December 2020.</p> <p>Identify additional step down capacity to support opening of Grange University Hospital.</p> <p>Further develop the discharge to recover then assess (D2RA) pathway 4 across all Health Board areas by March 2021.</p> <p>Additional HSCW & District Nurse support workers for Right sizing teams.</p> | Q3/Q4 D2AR Template | PCC/SS (GASP) | <p>Improved multi agency intervention to support discharge</p> <p>Improved patient experience</p> | ✓ | ✓ | ✓ | |
| To provide the appropriate levels of staffing and enhanced resilience of workforce needs | <p>To support step down staffing models and plan for contingency for potential high levels on self-isolating staff during the next six months by December 2020.</p> <p>Alignment of Complex Care practitioners and Hospital Discharge Service.</p> | Q3/Q4 D2AR Template | PCC/SS (GASP) | <p>Improved multi agency intervention to support discharge</p> <p>Improved patient experience</p> | ✓ | ✓ | ✓ | ✓ |
| Development of a Discharge Liaison Service | <p>Development of Discharge Liaison service/In-reach for GUH.</p> <p>Funding of DLN support for weekend at RGH/NHH.</p> | Q3/Q4 D2AR Template | PCC/SS (GASP) | <p>Improved multi agency intervention to support discharge</p> <p>Improved patient experience</p> | ✓ | ✓ | ✓ | |
| Appropriate multi agency workforce training | <p>Dedicated training for Hospital Discharge Assistants, Liaison Nurses and social workers with HEIW & SCW December 2020/ January 2021.</p> | Q3/Q4 D2AR Template | PCC/SS (GASP) | <p>Improved multi agency intervention to support discharge</p> <p>Improved patient experience</p> | ✓ | ✓ | ✓ | |
| Equipment to support discharge | <p>Equipment to support rapid D2AR (Gwices) 20K.</p> | | | | | | | |
| Additional social work capacity | <p>Increase social workers in discharge teams.</p> <p>Additional community based social workers.</p> | | | | | | | |
| Increase 1:1 support in Care Homes | <p>Support to ensure weekend registrant cover and support to spot purchase bed (step up/ step down).</p> | | | | | | | |
| Increase community outreach | <p>Community based pharmacist Therapy staff to support step up/step down.</p> | | | | | | | |



SOCIAL SERVICES SCRUTINY COMMITTEE - 1ST DECEMBER 2020

**SUBJECT: SOCIAL SERVICES RESPONSE TO THE CORONAVIRUS
PANDEMIC**

REPORT BY: CORPORATE DIRECTOR – SOCIAL SERVICES & HOUSING

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1. PURPOSE OF REPORT

- 1.1 To provide Members of Scrutiny Committee with an overview of the Directorate's response to the coronavirus pandemic to date.
- 1.2 To provide Scrutiny with an overview of the approach taken to identify, mitigate and manage the risks that emerged during the first phase of the Pandemic and to identify the issues that continue to challenge us as we move towards the end of 2020.

2. SUMMARY

- 2.1 The emergence of Coronavirus at the beginning of 2020 have made unprecedented demands on public services and required Members, Officers and the people who rely on our services to accept the delivery of services in a different way to the manner they would normally be delivered.
- 2.2 This report outlines the principle challenges faced and explains how the Directorate has responded to these challenges.
- 2.3 Clearly the Directorate has not responded to the virus in isolation and many of our actions have been as part of the Council's overarching response to the Pandemic. To that end this report should be read in conjunction with the report submitted to the meeting of Council on the 10 September 2020.

3. RECOMMENDATIONS

- 3.1 Members are asked to note the Directorate's response to the emergence of Coronavirus in early 2020 and to note the ongoing challenges / pressures that are likely to be with us for some months.

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 To provide a summary of the actions taken by the Directorate in response to the Coronavirus pandemic.

5. THE REPORT

- 5.1 The impact of Covid-19 on Social Care across the UK has been significant and that has certainly been the case within Caerphilly CBC. Staff have had to balance their response to the pandemic with ensuring that our most vulnerable residents continued to get the care and support they require, both in their own homes and registered settings.
- 5.2 In relation to provider services, it became clear very early on that we had to concentrate our efforts on maintaining safe services in domiciliary care which includes supported living and our registered residential care homes for adults and children. To this end, it was decided to close our day services and redeploy staff. One adult respite home remained open to provide support to up to 2 individuals at a time to support families. This has been vital to prevent carer breakdown.
- 5.3 The Ty Hapus children's respite facility worked with Trinity Fields remaining open and support provided to those children with the highest levels of needs. We have redeployed staff here to assist.
- 5.4 We successfully redeployed staff from day centres to our care homes to provide cover when staff become sick or more residents required 1:1 support due to isolation. During the first wave of the pandemic we saw a reduction in the care families required from domiciliary care agencies. This was principally driven by family members providing care while they were off work. Understandably we have seen demand increase as more family members returned to work.
- 5.5 Issues around care homes across the UK have been much publicised in the media. In Caerphilly CBC we own and run 6 care homes for older people and commission services with a further 21 privately owned homes. Unfortunately, consistent and accurate information around the levels of outbreaks were initially difficult to obtain. This situation has now improved significantly with the latest situation reports being received daily.
- 5.6 Working in collaboration with the four other Gwent Local Authorities, the Heads of Service agreed Gwent wide Operational Protocols to ensure there was consistency across service areas across the region. These Protocols were reviewed as Welsh Government and Public Health Wales guidance was amended.
- 5.6 The Information, Assistance & Advice service has been maintained. Referral rates initially dropped off significantly but began to pick up again as the first wave of the virus began to reduce.
- 5.7 In terms of our Assessment Care Management Services provision the main issues / changes have been;
 - 5.7.1 Priorities for home visits to families/individuals by social workers centred around safeguarding investigations for adults and children, children on the Child Protection Register, Children Looked After and those at immediate 'risk of care'. All cases were risk rated by Team Managers and these decisions reviewed by Service Managers.
 - 5.7.2 Prior to any visits, we adopted the triage approach to contacting families/individuals to check if they were self-isolating and by observing public health advice in relation to social distancing and hygiene as were Child Protection Conferences, Core Groups and Reviews.

- 5.7.3 All Court attendances were virtual using telephone or video conference, for both adults and children's team, but contested Hearings and Final Hearings were postponed.
- 5.7.4 We supported a number of extremely challenging children and individuals throughout the period and prevented a number of placement breakdowns. Where breakdowns occurred a lack of foster placements meant we had to rely on residential placements. Access to placements in adult services short or long term was significantly impacted upon by the need to have a negative covid test result.
- 5.7.5 Our 16 Plus Team have had challenges in relation to young people refusing to observe social distancing and having to transport young people so we have provided the team with a minibus.
- 5.8 As I am sure Members would have seen, there has been significant attention paid nationally to the supply of Personal Protective Equipment (PPE) and the access to timely testing of carers and service users. As far as Caerphilly CBC is concerned the issues were as follows;
- 5.8.1 Initial difficulties around the supply of PPE were encountered with supplies forwarded from the Welsh Government (WG) Pandemic store. For the 5 Local Authorities (LAs) in the former Gwent area, deliveries were made to the integrated community equipment store in Newport for onward delivery to individual LAs. These deliveries were for both local authority and independent sector staff. At the height of the first wave we were only ever holding adequate supplies for around 48 hours.
- 5.8.2 Following representation at all levels, the situation with regards to PPE improved and we saw significant progress on a number of fronts, including:-
- Confirmed deliveries from WG every Tuesday with top up delivery on Friday.
 - A PPE calculator completed for WG to identify potential demand.
 - Participation in a Ministry Of Defence (MoD) review of end to end process for PPE.
 - Internally we continued to source our own PPE to reduce demand on WG stock. We have had some success thanks to colleagues in procurement and co-operation from local suppliers / manufacturers.
- 5.8.3 The position around PPE was made more complex by changing guidance from WG and still a level of misunderstanding amongst staff around the actual PPE they require. It is pleasing to note that the position around PPE has continued to improve and we move into the winter months in a much stronger position than we were at the start of the pandemic.
- 5.9 Testing of staff exhibiting Covid-19 symptoms has been particularly problematic. At the commencement of the outbreak testing was very difficult to access due to prioritisation of NHS colleagues. When testing of social care staff did become available, we were limited to 15 places per LA per day with the only testing facilities available to staff being at the Cardiff City Stadium and Rodney Parade, Newport.
- 5.9.1 Thankfully the position has improved greatly. As the number of testing stations has increased across the Borough it has become much more straightforward for

staff to access tests. Likewise Welsh Government took a decision for all residents in care homes to be tested weekly over a four week period and for testing of staff in care homes to continue when a positive case was determined.

5.9.2 Whereas the availability of testing has improved significantly there remain issues in terms of the turnaround time for test results. The position is inconsistent at present with some results being available in 24 hours whilst others can take the best part of a week to arrive. These issues are raised regularly at the Gwent Resilience Forum Strategic Coordinating Group.

5.10 On a more positive note, there's little doubt that the Covid-19 outbreak has made the general public more appreciative of the work of our carers in social care. Initiatives such as the weekly 'clap for carers' and the carers card to give staff priority access to supermarkets, helped raise the profile of our care workers and their invaluable role at this time of national emergency. Adding to this I would like to take the opportunity to thank all the front line care staff and their supervisors / managers who have, and continue to, pull out all the stops to ensure services are maintained to support the vulnerable people in our communities.

5.11 In order to recognise the work undertaken by carers, Welsh Government also made funding available for all carers across Wales to receive a £500 "recognition payment". This was to be paid to all carers whether they were employed by local authorities or independent sector partners. Staff in the Directorates commissioning team, alongside colleagues from finance, were able to process these payments so that carers received the money in October 2020. The same staff are now undertaking work to establish the Statutory Sick Pay enhancement scheme that has recently been announced.

5.12 **Conclusion**

The emergence of the Coronavirus pandemic has and continues to pose unprecedented challenges for the Social Services Directorate within Caerphilly County Borough Council. It is to great credit of all our staff, together with our partners in the independent and third sectors that we have been able to respond as effectively as we have. The next few months are going to be unquestionably challenging as we have to balance continuing to respond to the pandemic with the pressures that we traditionally see over the winter period.

6. **ASSUMPTIONS**

6.1 There were no assumptions made in relation to this report, however, the impact of the current wave of Coronavirus on the Directorate on the demand for our services over the next few months cannot be gauged at this time.

7. **LINKS TO RELEVANT COUNCIL POLICIES**

7.1 The content of this report supports the Council's Corporate Plan 2018-23 in terms of the following objectives;

7.2 **Corporate Plan 2018-2023.**

Objective 3 - Address the availability, condition and sustainability of homes throughout the county borough and provide advice, assistance or support to help

improve people's well-being

Objective 6 - Support citizens to remain independent and improve their well-being
The Corporate Plan can be found on the intranet on the Policy portal, within the

8. WELL-BEING OF FUTURE GENERATIONS

8.1 This report contributes to the following Well-being Goals:-

- A resilient Wales
- A healthier Wales
- A more equal Wales
- A Wales of cohesive communities

8.2 The report is consistent with the five ways of working as defined within the sustainable development principle in the Act:

- Long Term – The report explains how our response to the epidemic is impacting on service delivery, a position that is likely to remain in place for as long as the epidemic is with us.
- Prevention – The action taken were and continue to be to minimise the impact of the virus on the well-being of people using social care services in the Borough.
- Integration – Good quality social care services play a fundamental part in ensuring the well-being, not just to the recipients of the service, but also to their immediate families and the general community.
- Collaboration – Partnerships are now a cornerstone of delivering our services. In the context of the Pandemic regional co-operation has been key with the
- Involvement – Involving citizens in the planning and delivery of services is a key part of the Social Services & Well-being (Wales) Act 2014. Co-production of services is now a basic requirement of social work services.

9. EQUALITIES IMPLICATIONS

9.1 An equality impact assessment has not been carried out in connection with the recommendations set out in this report as the contents do not require a policy or service change.

10. FINANCIAL IMPLICATIONS

10.1 Inevitably our response to the pandemic has meant we have incurred additional costs. The Budget monitoring report for Month 5, considered by the Social Services Scrutiny Committee on the 20 October 2020 (see attached – paragraphs 5.5.1 to 5.5.7), provided detail of additional costs incurred and how this had been at least partially covered off by additional funding from Welsh Government.

11. PERSONNEL IMPLICATIONS

11.1 There are no direct Personnel implications arising from this report.

12. CONSULTATIONS

12.1 There are no consultation responses that have not been reflected in this report.

13. STATUTORY POWER

13.1 Social Services provision is delivered in accordance with the requirements of the Social Services & Wellbeing (Wales) Act 2014.

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Appendices:

Appendix 1 Budget Monitoring Report (Month 5) Social Services Scrutiny Committee 20th
October 2020



SOCIAL SERVICES SCRUTINY COMMITTEE - 20TH OCTOBER 2020

SUBJECT: BUDGET MONITORING REPORT (MONTH 5)

REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES

1. PURPOSE OF REPORT

1.1 To inform Members of projected revenue expenditure for the Social Services Directorate for the 2020/21 financial year.

2. SUMMARY

2.1 The report will identify the reasons behind a projected overspend of £860k for Social Services in 2020/21, inclusive of transport costs.

2.2 It will also identify the potential additional costs that could be incurred within Social Services during the 2020/21 financial year as a result of the Covid 19 pandemic along with the funding made available by Welsh Government to cover these costs.

3. RECOMMENDATIONS

3.1 Members are asked to note the budget virements undertaken within the Social Services budget during the current financial year.

3.2 Members are asked to note the projected overspend of £860k against the Social Services budget for 2020/21, inclusive of transport costs.

3.3 Members are asked to note the financial impact of the Covid 19 pandemic upon Social Services.

4. REASONS FOR THE RECOMMENDATIONS

4.1 To ensure Members are apprised of the latest financial position of the Directorate.

5. THE REPORT

5.1 Directorate Overview

5.1.1 The 2020/21 original budget held within Social Services amounted to of £93,236,499 (excluding transport costs). In addition to this, an original budget for 2020/21 of £1,552,829 was held within the Communities Directorate in respect of social care transport provision.

5.1.2 As at 30th June 2020, there had been no in-year budget virements in to or out of these original budgets. However, on 31st August, contracts with Barnardo's for family support services and young carers support expired and these services are now being provided in-house. This has necessitated a budget virement of £19k from the Children's Services budget to Adult Services budget to fund a young carers' support post within the Carers' Support Team within Adult Services.

5.1.3 Information available as at 31st August 2020 suggests a potential overspend of £934k against the budget held within Social Services (see appendix 1 for details), while the social care transport budget is forecast to be underspent by £74k following the closure of day care facilities in response to the Covid 19 pandemic. This would result in a total net overspend of £860k in respect of social care provision for 2020/21

| Division | Original Budget (£000's) | In-Year Virements (£000's) | Current Budget (£000's) | Projection/ Commitment (£000's) | Over/(Under) Spend (£000's) |
|---|--------------------------|----------------------------|-------------------------|---------------------------------|-----------------------------|
| Children's Services | 25,143 | (19) | 25,124 | 26,510 | 1,386 |
| Adult Services | 65,962 | 19 | 65,981 | 65,606 | (375) |
| Service Strategy & Business Support | 2,131 | | 2,131 | 2,054 | (77) |
| Sub Total Directorate of Social Services | 93,236 | 0 | 93,236 | 94,170 | 934 |
| Transport Costs | 1,553 | | 1,553 | 1,479 | (74) |
| Grand Total | 94,789 | 0 | 94,789 | 95,649 | 860 |

5.2 Children's Services

5.2.1 The Children's Services Division is currently projected to overspend its budget by £1,386k as summarised in the following table: -

| | Revised Budget (£000's) | Projection/ Commitment (£000's) | Over/(Under) Spend (£000's) |
|---|-------------------------|---------------------------------|-----------------------------|
| Management, Fieldwork & Administration | 8,968 | 8,688 | (280) |
| Residential Care Incl. Secure Accommodation | 6,314 | 7,927 | 1,613 |
| Fostering & Adoption | 8,026 | 8,274 | 248 |
| Youth Offending | 395 | 395 | 0 |
| Families First | 47 | 44 | (3) |
| After Care Support | 834 | 738 | (96) |
| Other Costs | 540 | 444 | (96) |
| Totals: - | 25,124 | 26,510 | 1,386 |

Management, Fieldwork and Administration

5.2.2 Recruiting to posts within Children's Services continues to be challenging and where appointments have been possible they have tended to be newly qualified social workers appointed at the lower end of the incremental scale. As a result a potential underspend of £280k is currently forecast in respect of management, fieldwork and administrative staff within the Children's Services Division.

Residential Care Including Secure Accommodation

5.2.3 We have seen a reduction of £155k in the committed costs of residential care for children since the month 3 position was reported to Members, largely due to a placement of young parents and their baby coming to an end and one other young person moving on to a more cost effective placement. However, as of 31st August 2020 the Children's Services Division were supporting 30 residential placements which is a 43% increase on the 21 placements that were supported when the 2020/21 budget was set. This increase in demand has led to a projected overspend of £1,613k in this area.

Fostering and Adoption

5.2.4 The division has experienced a further increase in demand for foster placements since the month 3 position was reported to Members. However, it has been possible to accommodate more children with relative carers or Caerphilly's in-house foster carers which has reduced the number of the more expensive placements made through independent fostering agencies. This has reduced the projected overspend on foster care by £3k but this saving has been more than offset by an £8k increase in adoption costs as a result of 2 new adoptions. The net effect of this has increased the combined overspend in this area to £248k.

Families First

5.2.5 Following a cut in specific grant funding in 2018/19, the Children's Services budget has been used to underwrite a funding shortfall of £47k across the Families First Programme. However, salary spinal point savings are forecast within the Families First Team so it is expected that only £44k will need to be underwritten by Children's Services. The resultant underspend of £3k would not reduce the amount of Welsh Government grant funding claimable.

Aftercare

5.2.6 An underspend of £96k is projected in respect of Aftercare Services and can be attributed to the termination of one expensive placement.

Other Costs

5.2.7 An underspend in respect of £96k is forecast in respect of other children's services costs This underspend has increased by £83k since the month 3 position was reported to Members, largely due to the winding down of the Barnardo's contracts that came to an end in August.

5.3 Adult Services

5.3.1 The Adult Services Division is currently projected to underspend its budget by £375k as summarised in the following table: -

| | Revised Budget (£000's) | Projection/ Commitment (£000's) | Over/(Under) Spend (£000's) |
|---|--------------------------------|--|------------------------------------|
| Management, Fieldwork & Administration | 8,348 | 8,413 | 65 |
| Own Residential Care and Supported Living | 6,577 | 5,866 | (711) |
| Own Day Care | 4,075 | 3,699 | (376) |
| Supported Employment | 70 | 66 | (4) |
| Aid and Adaptations | 786 | 781 | (5) |
| Gwent Frailty Programme | 2,392 | 2,346 | (46) |
| Supporting People (net of grant funding) | 0 | 0 | 0 |
| External Residential Care | 15,127 | 15,066 | (61) |
| External Day Care | 1,486 | 1,353 | (133) |
| Home Care | 11,742 | 12,216 | 474 |
| Other Domiciliary Care | 14,039 | 14,405 | 366 |

| | | | |
|---|---------------|---------------|--------------|
| Resettlement | (1,020) | (1,020) | 0 |
| Services for Children with Disabilities | 1,390 | 1,447 | 57 |
| Other Costs | 969 | 968 | (1) |
| Totals: - | 65,981 | 65,606 | (375) |

Management, Fieldwork and Administration

- 5.3.2 A number of additional staff have been assigned to the Children with Disabilities Team on a temporary basis in response to the current workload of the team, at an additional cost of £230k. However, staffing vacancies across the remainder of the adult services management, fieldwork and administrative structure and a reduction in travelling expenses as a result of the Covid 19 pandemic are expected to partially offset the additional staff costs. As a result, a net overspend of £65k is forecast across this structure.

Own Residential Care and Supported Living

- 5.3.3 Around £75k of the £711k underspend in this area relates to delays in recruiting to posts at the facilities at Ashfield Road and Mill Street. A further £70k can be attributed to vacancies within the Peripatetic Team and £32k is due to additional income from other local authorities. A further £183k of the underspend within this service area relates to income from service users within our own residential homes. The remaining £351k of the underspend largely reflects the level of staff vacancies and absence cover across our residential homes, respite care and supported living homes. Much of the absence cover has been provided through the redeployment of day care staff at no additional cost.

Own Day Care

- 5.3.4 The £376k underspend forecast against our own day care services can be attributed to the closure of day care facilities in response to the Covid 19 pandemic as some posts will have remained vacant during the closures.

Gwent Frailty Programme

- 5.3.5 The underspend of £46k in respect of the Gwent Frailty Programme can largely be attributed to Reablement Support Worker vacancies within Caerphilly.

Supporting People

- 5.3.6 No variance is currently anticipated in respect of Supporting People Services.

External Residential Care

- 5.3.7 An underspend of £92k is predicted in respect of respite care provision for adults aged under 65, reflecting the reduced level of demand for traditional respite care in a residential setting that was experienced in 2019/20. Further underspends of £63k and £81k are predicted in respect of long term residential care for older people and people with learning disabilities respectively, although it is difficult to accurately predict the level of income receivable from service users to contribute towards their care costs. These underspends are partially offset by increased demand for long term placements for people with mental health problems, resulting in a net underspend of £61k in respect of external residential care.

External Day Care

- 5.3.8 An underspend of around £133k is forecast in respect of external day care provision. This is due to a combination of a reduction in services required for people with mental health

problems after the budget for 2020/21 was set in February 2020 and the temporary withdrawal of some services in response to Covid 19.

Home Care (In-House and Independent Sector)

5.3.9 Demand for domiciliary care has continued to grow since a potential overspend of £361k was reported to Members at the end of month 3. As a result, an overspend of £474k is currently forecast in respect of home care services based on the demand for services identified at the end of August.

Other Domiciliary Care

5.3.10 A net reduction of 3 supported living placements has helped to reduce the potential overspend in respect of other domiciliary care by £121k since the month 3 position was reported to Members. However an increase in the provision of shared lives provision and in the average size of care packages since the budget for 2020/21 was set means that we are still anticipating an overspend of £366k in this area.

Children with Disabilities

5.3.11 An overspend of £57k is forecast in respect of children with disabilities, largely due to staff cover at Ty Hapus Resource Centre.

Other Costs

5.3.12 A net underspend of £1k has been forecast in respect of Other Costs for Adult Services as a result of a refund of prior year overpayments in respect of regional arrangements relating to Deprivation of Liberty Safeguards.

5.4 Service Strategy and Business Support

5.4.1 The service area is currently projected to underspend by £76k as summarised in the following table: -

| | Revised Budget (£000's) | Projection/ Commitment (£000's) | Over/(Under) Spend (£000's) |
|-------------------------------|--------------------------------|--|------------------------------------|
| Management and Administration | 906 | 866 | (40) |
| Office Accommodation | 223 | 219 | (4) |
| Office Expenses | 152 | 118 | (34) |
| Other Costs | 850 | 851 | 1 |
| Totals: - | 2,131 | 2,054 | (77) |

5.4.2 The underspend of £77k in respect of Business Support Includes £30k in respect of staffing vacancies, £10k in respect of travelling expenses and £34k in respect of office expenses.

5.4.3 The underspends forecast for travelling expenses and office expenses reflect a significant reduction in staff travel, printing and postage throughout the financial year to date due to restrictions in response to the Covid 19 pandemic and assumes that this will continue for a further 3 months.

5.4.4 A small overspend is projected in respect of Other Costs due to Covid 19 related costs (see section 5.5 for further details).

5.5 Additional Costs Incurred as a Result of the Covid 19 Pandemic

5.5.1 In response to the additional costs faced by local government as a result of the Covid 19

pandemic, Welsh Government created a general hardship fund of £30million for all of Wales against which councils could reclaim additional costs incurred up to 30th June in response to the pandemic. They also made available a number of targeted funds including £40million in respect of adult social care for the same period.

- 5.5.2 Claims for reimbursement of additional costs were submitted by local authorities to Welsh Government on a monthly basis throughout this period which were analysed by Welsh Government before deciding which costs they were prepared to reimburse. As at the end of June 2020, Caerphilly Social Services had submitted claims totalling £204k in respect of the General Hardship Fund and £2,512k in respect of the Adult Social Care Hardship Fund (see appendix 2 for details).
- 5.5.3 Welsh Government has rejected around £7k of the costs claimed by Caerphilly Social Services up to 30th June. This includes £4k claimed from the Adult Social Care Fund in respect of a small grants scheme set up to support voluntary groups and around £3k claimed from the General Hardship Fund, mainly in respect of petty cash advances made to vulnerable families.
- 5.5.4 On 31st July, a second tranche of the Adult Social Care Hardship Fund was released by Welsh Government covering the period 1st July to 30th September and subsequently an announcement was released stating that this funding stream will be available until 31st March 2021. This second tranche of funding brings with it new terms and conditions that are much more restrictive than for the first tranche. Rather than reimbursing local authorities for the actual costs incurred, tranche 2 funding is targeted at flat rate top-up payments to providers of residential care, supported living and domiciliary care and flat rate payments to cover the costs of carrying excessive vacancies in residential homes. These flat rate allowances are available to both external providers and in-house services. Funding is also available for exceptional items but at the time of writing this report it is unclear what costs will be allowable as exceptional.
- 5.5.5 For July and August around £604k was paid out by Caerphilly CBC in respect of flat rate payments to independent sector providers which will be reimbursed by Welsh Government. A further £204k of other Covid 19 related costs were also incurred in July and August but while around £172k of these other costs have been included in our grant claims as exceptional items it is anticipated that Welsh Government will reject these claims. However, around £151k of funding has been claimed in respect of flat rate payments intended to cover the hidden costs incurred by our in-house services which will go some way to offsetting the £204k of other Covid 19 related costs. In summary, it is anticipated that Adult Social Care grant funding for July and August will fall short of actual costs incurred by around £52k.
- 5.5.6 From September to March, it is anticipated that Adult Social Care Covid 19 related costs will amount to £464k while flat rate payments in respect of in-house services will total £518k. It is also anticipated that flat rate payments to external providers will amount to around £2,065k which will be fully funded by Welsh Government. This would result in surplus funding of around £54k over the period which would offset the funding shortfall expected for July and August.
- 5.5.7 Welsh Government have also confirmed the continuation of the General Hardship Fund until 31st March 2021, albeit with more restrictive terms and conditions. Most significantly, with effect from 1st July 2020, residential placements for children made in response to Covid 19 restrictions can no longer be funded from the Hardship Fund. As a result, just £32k was claimed from the General Hardship Fund for July and August and it is projected that just £10k will be claimed by Social Services through the General Hardship Fund between September and March.

5.6 Conclusion

An overspend of £860k is currently forecast for Social Services for 2020/21 (after deducting the projected underspend for transport). This is a reduction of £136k since the month 3 position was reported to Members and can be funded through Social Services reserve balances. However, demand for social care services for both children and adults historically has been volatile and during the Covid 19 pandemic, predicting demand has been particularly challenging. The pandemic has also highlighted the fragilities in the social care market which in turn has led to pressure on fee levels. Therefore, it is critical that the Directorate continues to focus on initiatives to manage demand and provide cost effective services particularly in respect of residential placements for children.

6. ASSUMPTIONS

- 6.1 The projections within this report assume that demand for services will remain at existing levels until the end of financial year unless there is strong evidence to suggest otherwise.

7. LINKS TO RELEVANT COUNCIL POLICIES

- 7.1 The provision of budget monitoring information is required as part of the budgetary control requirements contained within the Council's Financial Regulations.

7.2 Corporate Plan 2018-2023.

The expenditure of the Directorate is linked directly to its ability to shape and deliver its strategic objectives, which in turn assists the achievement of the Authority's stated aims and well-being objectives.

8. WELL-BEING OF FUTURE GENERATIONS

- 8.1 Effective financial management is a key element in ensuring that the Well-being Goals within the Well-Being and Future Generations (Wales) Act 2015 are met.

9. EQUALITIES IMPLICATIONS

- 9.1 An Equality Impact Assessment is not needed because the issues covered are for information purposes only, therefore the Council's full EIA process does not need to be applied.

10. FINANCIAL IMPLICATIONS

- 10.1 As detailed throughout the report.

11. PERSONNEL IMPLICATIONS

- 11.1 There are no direct personnel implications arising from this report.

12. CONSULTATIONS

- 12.1 All consultation responses have been incorporated into this report.

13. STATUTORY POWER

- 13.1 Local Government Acts 1972 and 2003 and the Council's Financial Regulations.

14. URGENCY (CABINET ITEMS ONLY)

14.1 This report is for information only and as such does not require a Cabinet decision.

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Appendices:

Appendix 1 Social Services Budget Monitoring Report 2020/21 (Month 5)

Appendix 2 Social Services - Covid 19 Related Costs and Welsh Government Hardship Fund
Grant Income - Forecast as at 31st August 2020

APPENDIX 1 - SOCIAL SERVICES BUDGET MONITORING REPORT

| | Original Budget 2020/21 | In Year Virement |
|--|----------------------------|---------------------|
| | £ | £ |
| <u>SUMMARY</u> | | |
| CHILDREN'S SERVICES | 25,143,097 | (18,727) |
| ADULT SERVICES | 65,962,140 | 18,727 |
| RESOURCING AND PERFORMANCE | 2,131,262 | 0 |
| SOCIAL SERVICES TOTAL | 93,236,499 | 0 |
| <u>CHILDREN'S SERVICES</u> | | |
| Management, Fieldwork and Administration | | |
| Children's Management, Fieldwork and Administration | 10,698,603 | 128,361 |
| Appropriations from Earmarked Reserves | (245,779) | 0 |
| Social Services Grant | (527,367) | 0 |
| Transformation Grant | (218,748) | 0 |
| Intermediate Care Fund Contribution | (867,263) | 0 |
| Sub Total | 8,839,446 | 128,361 |
| Residential Care Including Secure Accommodation | | |
| Own Residential Homes | 1,621,725 | 10,547 |
| Gross Cost of Placements | 4,753,288 | 0 |
| Contributions from Education | (71,988) | 0 |
| Integrated Care Funding | 0 | 0 |
| Sub Total | 6,303,025 | 10,547 |
| Fostering and Adoption | | |
| Gross Cost of Placements | 7,083,754 | 0 |
| Social Services Grant | (122,400) | 0 |
| Other Fostering Costs | 120,893 | 8,428 |
| Adoption Allowances | 69,572 | 0 |
| Other Adoption Costs | 369,200 | 0 |
| Professional Fees Inc. Legal Fees | 496,503 | 0 |
| Sub Total | 8,017,522 | 8,428 |
| Youth Offending | | |
| Youth Offending Team | 395,152 | 0 |
| Sub Total | 395,152 | 0 |
| Families First | | |
| Families First Team | 194,100 | 0 |
| Other Families First Contracts | 2,551,032 | 0 |
| Grant Income | (2,697,747) | 0 |
| Sub Total | 47,385 | 0 |
| Other Costs | | |
| Preventative and Support - (Section 17 & Childminding) | 67,417 | (8,428) |
| Aftercare | 834,195 | 0 |

| | | |
|---|-------------------|------------------|
| Agreements with Voluntary Organisations | 614,272 | (157,635) |
| Intermediate Care Fund Contribution | (100,000) | 0 |
| Other | 263,485 | 0 |
| Transformation Grant | (138,802) | 0 |
| Sub Total | 1,540,567 | (166,063) |
| TOTAL CHILDREN'S SERVICES | 25,143,097 | (18,727) |

ADULT SERVICES

Management, Fieldwork and Administration

| | | |
|---|------------------|---------------|
| Management | 130,914 | 0 |
| Protection of Vulnerable Adults | 342,783 | 0 |
| OLA and Client Income from Client Finances | (293,267) | 0 |
| Commissioning | 682,758 | 0 |
| Section 28a Income Joint Commissioning Post | (17,175) | 0 |
| Older People | 2,286,252 | 0 |
| Less Wanless Income | (44,747) | 0 |
| Promoting Independence | 2,655,539 | 18,727 |
| Social Services Grant | (22,493) | 0 |
| Provider Services | 402,505 | 0 |
| ICF Funding | (254,781) | 0 |
| Learning Disabilities | 844,529 | 0 |
| Appropriations from Earmarked Reserves | (256,273) | 0 |
| Contribution from Health and Other Partners | (44,253) | 0 |
| Mental Health | 1,390,776 | 0 |
| ICF Funding | 0 | 0 |
| Section 28a Income Assertive Outreach | (94,769) | 0 |
| Drug & Alcohol Services | 343,951 | 0 |
| Emergency Duty Team | 276,994 | 0 |
| Further Vacancy Savings | 0 | 0 |
| Additional Savings Target | 0 | 0 |
| Sub Total | 8,329,243 | 18,727 |

Own Residential Care

| | | |
|---|------------------|----------|
| Residential Homes for the Elderly | 6,773,905 | 0 |
| Intermediate Care Fund Contribution | (92,563) | 0 |
| -Less Client Contributions | (2,230,000) | 0 |
| -Less Section 28a Income (Ty Isoed) | (115,350) | 0 |
| -Less Inter-Authority Income | (55,161) | 0 |
| Net Cost | 4,280,831 | 0 |
| Accommodation for People with Learning Disabilities | 2,764,023 | 0 |
| -Less Client Contributions | (89,641) | 0 |
| -Less Contribution from Supporting People | (41,319) | 0 |
| -Less Inter-Authority Income | (336,671) | 0 |
| Net Cost | 2,296,392 | 0 |
| Sub Total | 6,577,223 | 0 |

External Residential Care

| | | |
|----------------------|------------|---|
| Long Term Placements | | |
| Older People | 10,970,457 | 0 |

| | | |
|--|-------------------|----------|
| Less Wanless Income | (303,428) | 0 |
| Less Section 28a Income - Allt yr yn | (151,063) | 0 |
| Physically Disabled | 469,988 | 0 |
| Learning Disabilities | 3,539,313 | 0 |
| Mental Health | 759,512 | 0 |
| Substance Misuse Placements | 61,341 | 0 |
| Social Services Grant | (621,424) | 0 |
| Net Cost | 14,724,696 | 0 |
| Short Term Placements | | |
| Older People | 259,125 | 0 |
| Carers Respite Arrangements | 40,959 | 0 |
| Physical Disabilities | 42,853 | 0 |
| Learning Disabilities | 16,937 | 0 |
| Mental Health | 42,023 | 0 |
| Net Cost | 401,897 | 0 |
| Sub Total | 15,126,593 | 0 |
| Own Day Care | | |
| Older People | 650,970 | 0 |
| -Less Attendance Contributions | (16,869) | 0 |
| Learning Disabilities | 2,884,977 | 0 |
| -Less Attendance Contributions | (20,691) | 0 |
| -Less Inter-Authority Income | (24,986) | 0 |
| Mental Health | 770,358 | 0 |
| ICF Funding | (87,100) | 0 |
| -Less Section 28a Income (Pentrebane Street) | (81,366) | 0 |
| Sub Total | 4,075,293 | 0 |
| External Day Care | | |
| Elderly | 21,603 | 0 |
| Physically Disabled | 106,284 | 0 |
| Learning Disabilities | 1,354,252 | 0 |
| Section 28a Income | (72,659) | 0 |
| Mental Health | 76,815 | 0 |
| Sub Total | 1,486,295 | 0 |
| Supported Employment | | |
| Mental Health | 70,410 | 0 |
| Sub Total | 70,410 | 0 |
| Aids and Adaptations | | |
| Disability Living Equipment | 657,818 | 0 |
| Appropriations from Earmarked Reserves | (100,000) | 0 |
| Adaptations | 221,208 | 0 |
| Chronically Sick and Disabled Telephones | 7,168 | 0 |
| Sub Total | 786,194 | 0 |
| Home Assistance and Reablement | | |
| Home Assistance and Reablement Team | | |
| Home Assistance and Reablement Team (H.A.R.T.) | 4,431,686 | 0 |
| Wanless Funding | (67,959) | 0 |

| | | |
|--|-------------------|----------|
| ICF Funding | (32,306) | 0 |
| Transformation Grant | (132,931) | 0 |
| Independent Sector Domiciliary Care | | |
| Elderly | 6,928,364 | 0 |
| Physical Disabilities | 992,052 | 0 |
| Learning Disabilities (excluding Resettlement) | 349,865 | 0 |
| Mental Health | 238,052 | 0 |
| Social Services Grant | (964,817) | 0 |
| Gwent Frailty Programme | 2,456,408 | 0 |
| Appropriation from Specific Reserve | (64,116) | 0 |
| Sub Total | 14,134,298 | 0 |
| Other Domiciliary Care | | |
| Shared Lives | | |
| Shared Lives Scheme | 1,399,862 | 0 |
| ICF Funding | (173,790) | 0 |
| -Less Contribution from Supporting People | 0 | 0 |
| Net Cost | 1,226,072 | 0 |
| Supported Living | | |
| Older People | 0 | 0 |
| -Less Contribution from Supporting People | 0 | 0 |
| Physical Disabilities | 1,624,928 | 0 |
| -Less Contribution from Supporting People | (20,226) | 0 |
| Learning Disabilities | 9,571,709 | 0 |
| Less Section 28a Income Joint Tenancy | (28,987) | 0 |
| -Less Contribution from Supporting People | (253,299) | 0 |
| Mental Health | 1,991,071 | 0 |
| -Less Contribution from Supporting People | (10,018) | 0 |
| Social Services Grant | (66,661) | 0 |
| Net Cost | 12,808,517 | 0 |
| Direct Payment | | |
| Elderly People | 158,349 | 0 |
| Physical Disabilities | 687,763 | 0 |
| Learning Disabilities | 679,687 | 0 |
| Section 28a Income Learning Disabilities | (20,808) | 0 |
| Mental Health | 3,691 | 0 |
| Social Services Grant | (42,537) | 0 |
| Net Cost | 1,466,145 | 0 |
| Other | | |
| Sitting Service | 0 | 0 |
| Extra Care Sheltered Housing | 521,339 | 0 |
| -Less Contribution from Supporting People | (13,454) | 0 |
| Net Cost | 507,885 | 0 |
| Total Home Care Client Contributions | (1,970,008) | 0 |
| Sub Total | 14,038,611 | 0 |
| Resettlement | | |
| External Funding | | |
| Section 28a Income | (1,020,410) | 0 |

| | | |
|---|--------------------|---------------|
| Sub Total | (1,020,410) | 0 |
| Supporting People (including transfers to Housing) | | |
| People Over 55 Years of Age | 428,115 | 0 |
| People with Physical and/or Sensory Disabilities | 47,000 | 0 |
| People with Learning Disabilities | 144,531 | 0 |
| People with Mental Health issues | 1,226,921 | 0 |
| Families Supported People | 510,000 | 0 |
| Generic Floating support to prevent homelessness | 873,600 | 0 |
| Young People with support needs (16-24) | 1,044,142 | 0 |
| Single people with Support Needs (25-54) | 402,275 | 0 |
| Women experiencing Domestic Abuse | 468,100 | 0 |
| People with Substance Misuse Issues | 413,639 | 0 |
| Alarm Services (including in sheltered/extra care) | 261,770 | 0 |
| People with Criminal Offending History | 112,000 | 0 |
| Contribution to Social Services Schemes | 370,697 | 0 |
| Newport CC funding transfer | (70,000) | 0 |
| Less supporting people grant | (6,232,790) | 0 |
| Sub Total | 0 | 0 |
| Services for Children with Disabilities | | |
| Blackwood Resource Centre | 324,465 | 0 |
| Residential Care | 357,050 | 0 |
| Foster Care | 482,644 | 0 |
| Preventative and Support - (Section 17 & Childminding) | 9,631 | 0 |
| Respite Care | 57,214 | 0 |
| Direct Payments | 162,963 | 0 |
| Social Services Grant | (4,532) | 0 |
| Sub Total | 1,389,435 | 0 |
| Other Costs | | |
| Telecare Gross Cost | 633,756 | 0 |
| Less Client and Agency Income | (397,759) | 0 |
| -Less Contribution from Supporting People | 0 | 0 |
| Agreements with Voluntary Organisations | | |
| Children with Disabilities | 356,801 | 0 |
| Elderly | 153,472 | 0 |
| Learning Difficulties | 62,981 | 0 |
| Section 28a Income | (52,020) | 0 |
| Mental Health & Substance Misuse | 44,527 | 0 |
| MH Capacity Act / Deprivation of Libert Safeguards | 111,117 | 0 |
| Other | 56,080 | 0 |
| Provision for Fee Uplifts | 0 | 0 |
| Social Services Grant | 0 | 0 |
| Wales Independent Living Expenditure | 0 | 0 |
| Gwent Enhanced Dementia Care Expenditure | 278,878 | 0 |
| Gwent Enhanced Dementia Care Grant | (209,692) | 0 |
| Intermediate Care Fund Contribution | (69,186) | 0 |
| Sub Total | 968,955 | 0 |
| TOTAL ADULT SERVICES | 65,962,140 | 18,727 |

SERVICE STRATEGY AND BUSINESS SUPPORT

| | | |
|---|------------------|----------|
| Management and Administration | | |
| Policy Development and Strategy | 175,507 | 0 |
| Business Support | 730,215 | 0 |
| Sub Total | 905,722 | 0 |
| Office Accommodation | | |
| All Offices | 282,478 | 0 |
| Less Office Accommodation Recharge to HRA | (59,047) | 0 |
| Sub Total | 223,431 | 0 |
| Office Expenses | | |
| All Offices | 152,210 | 0 |
| Sub Total | 152,210 | 0 |
| Other Costs | | |
| Training | 330,271 | 0 |
| Staff Support/Protection | 9,561 | 0 |
| Information Technology | 32,852 | 0 |
| Management Fees for Consortia | (51,869) | 0 |
| Insurances | 252,474 | 0 |
| Other Costs | 276,610 | 0 |
| Sub Total | 849,899 | 0 |
| TOTAL RESOURCING AND PERFORMANCE | 2,131,262 | 0 |

BT 2020/21 (MONTH 5)

| Revised Budget 2020/21 | Projection | Over/ (Under) Spend |
|---------------------------|-------------------|------------------------|
| £ | £ | £ |
| 25,124,370 | 26,510,839 | 1,386,469 |
| 65,980,867 | 65,605,813 | (375,054) |
| 2,131,262 | 2,054,010 | (77,252) |
| 93,236,499 | 94,170,662 | 934,163 |

| | | |
|------------------|------------------|------------------|
| 10,826,964 | 10,499,659 | (327,305) |
| (245,779) | (220,054) | 25,725 |
| (527,367) | (527,367) | 0 |
| (218,748) | (197,236) | 21,512 |
| (867,263) | (867,263) | 0 |
| 8,967,807 | 8,687,740 | (280,067) |

| | | |
|------------------|------------------|------------------|
| 1,632,272 | 1,374,874 | (257,398) |
| 4,753,288 | 6,622,510 | 1,869,222 |
| (71,988) | (70,785) | 1,203 |
| 0 | 0 | 0 |
| 6,313,572 | 7,926,598 | 1,613,026 |

| | | |
|------------------|------------------|----------------|
| 7,083,754 | 7,259,508 | 175,754 |
| (122,400) | (64,920) | 57,480 |
| 129,321 | 129,321 | 0 |
| 69,572 | 84,840 | 15,268 |
| 369,200 | 369,200 | 0 |
| 496,503 | 496,503 | 0 |
| 8,025,950 | 8,274,452 | 248,502 |

| | | |
|----------------|----------------|----------|
| 395,152 | 395,152 | 0 |
| 395,152 | 395,152 | 0 |

| | | |
|---------------|---------------|----------------|
| 194,100 | 191,049 | (3,051) |
| 2,551,032 | 2,551,032 | 0 |
| (2,697,747) | (2,697,747) | 0 |
| 47,385 | 44,334 | (3,051) |

| | | |
|---------|---------|----------|
| 58,989 | 58,989 | 0 |
| 834,195 | 738,365 | (95,830) |

| | | |
|-------------------|-------------------|------------------|
| 456,637 | 362,648 | (93,989) |
| (100,000) | (100,000) | 0 |
| 263,485 | 248,528 | (14,957) |
| (138,802) | (125,967) | 12,835 |
| 1,374,504 | 1,182,563 | (191,941) |
| 25,124,370 | 26,510,839 | 1,386,469 |

| | | |
|------------------|------------------|---------------|
| 130,914 | 135,993 | 5,079 |
| 342,783 | 331,005 | (11,778) |
| (293,267) | (309,127) | (15,860) |
| 682,758 | 695,042 | 12,284 |
| (17,175) | (17,175) | 0 |
| 2,286,252 | 2,275,734 | (10,518) |
| (44,747) | (44,747) | 0 |
| 2,674,266 | 2,760,959 | 86,693 |
| (22,493) | (22,493) | 0 |
| 402,505 | 420,861 | 18,356 |
| (254,781) | (254,781) | 0 |
| 844,529 | 848,697 | 4,168 |
| (256,273) | (191,359) | 64,914 |
| (44,253) | (44,253) | 0 |
| 1,390,776 | 1,470,145 | 79,369 |
| 0 | 0 | 0 |
| (94,769) | (94,769) | 0 |
| 343,951 | 314,811 | (29,140) |
| 276,994 | 276,994 | 0 |
| 0 | (138,250) | (138,250) |
| 0 | 0 | 0 |
| 8,347,970 | 8,413,287 | 65,317 |

| | | |
|------------------|------------------|------------------|
| 6,773,905 | 6,663,609 | (110,296) |
| (92,563) | (92,563) | 0 |
| (2,230,000) | (2,413,454) | (183,454) |
| (115,350) | (115,350) | 0 |
| (55,161) | (57,105) | (1,944) |
| 4,280,831 | 3,985,136 | (295,695) |
| 2,764,023 | 2,378,483 | (385,540) |
| (89,641) | (89,641) | 0 |
| (41,319) | (41,206) | 113 |
| (336,671) | (366,577) | (29,906) |
| 2,296,392 | 1,881,060 | (415,332) |
| 6,577,223 | 5,866,196 | (711,027) |

| | | |
|------------|------------|----------|
| 10,970,457 | 10,907,022 | (63,435) |
|------------|------------|----------|

| | | |
|-------------------|-------------------|---------------|
| (303,428) | (303,428) | 0 |
| (151,063) | (151,063) | 0 |
| 469,988 | 474,926 | 4,938 |
| 3,539,313 | 3,458,211 | (81,102) |
| 759,512 | 945,873 | 186,361 |
| 61,341 | 46,409 | (14,932) |
| (621,424) | (621,424) | 0 |
| 14,724,696 | 14,756,526 | 31,830 |

| | | |
|----------------|----------------|-----------------|
| 259,125 | 259,125 | 0 |
| 40,959 | 40,959 | 0 |
| 42,853 | 7,714 | (35,139) |
| 16,937 | 1,604 | (15,333) |
| 42,023 | 0 | (42,023) |
| 401,897 | 309,402 | (92,495) |

| | | |
|-------------------|-------------------|-----------------|
| 15,126,593 | 15,065,928 | (60,665) |
|-------------------|-------------------|-----------------|

| | | |
|------------------|------------------|------------------|
| 650,970 | 574,209 | (76,761) |
| (16,869) | (14,709) | 2,160 |
| 2,884,977 | 2,683,971 | (201,006) |
| (20,691) | (29,166) | (8,475) |
| (24,986) | (25,356) | (370) |
| 770,358 | 678,587 | (91,771) |
| (87,100) | (87,100) | 0 |
| (81,366) | (81,366) | 0 |
| 4,075,293 | 3,699,071 | (376,222) |

| | | |
|------------------|------------------|------------------|
| 21,603 | 33,514 | 11,911 |
| 106,284 | 87,716 | (18,568) |
| 1,354,252 | 1,293,548 | (60,704) |
| (72,659) | (72,659) | 0 |
| 76,815 | 11,070 | (65,745) |
| 1,486,295 | 1,353,189 | (133,106) |

| | | |
|---------------|---------------|----------------|
| 70,410 | 66,100 | (4,310) |
| 70,410 | 66,100 | (4,310) |

| | | |
|----------------|----------------|----------------|
| 657,818 | 654,899 | (2,919) |
| (100,000) | (100,000) | 0 |
| 221,208 | 221,208 | 0 |
| 7,168 | 5,180 | (1,988) |
| 786,194 | 781,287 | (4,907) |

| | | |
|-----------|-----------|-----------|
| 4,431,686 | 4,230,293 | (201,393) |
| (67,959) | (67,959) | 0 |

| | | |
|-------------------|-------------------|----------------|
| (32,306) | (32,306) | 0 |
| (132,931) | (97,594) | 35,337 |
| 6,928,364 | 7,623,456 | 695,092 |
| 992,052 | 1,032,156 | 40,104 |
| 349,865 | 335,795 | (14,070) |
| 238,052 | 209,284 | (28,768) |
| (964,817) | (1,016,687) | (51,870) |
| 2,456,408 | 2,409,591 | (46,817) |
| (64,116) | (64,116) | 0 |
| 14,134,298 | 14,561,912 | 427,614 |

| | | |
|------------------|------------------|---------------|
| 1,399,862 | 1,471,424 | 71,562 |
| (173,790) | (173,790) | 0 |
| 0 | 0 | 0 |
| 1,226,072 | 1,297,634 | 71,562 |

| | | |
|-------------------|-------------------|----------------|
| 0 | 79,800 | 79,800 |
| 0 | (2,457) | (2,457) |
| 1,624,928 | 1,731,530 | 106,602 |
| (20,226) | (17,896) | 2,330 |
| 9,571,709 | 9,786,395 | 214,686 |
| (28,987) | (28,987) | 0 |
| (253,299) | (246,499) | 6,800 |
| 1,991,071 | 1,868,689 | (122,382) |
| (10,018) | (9,628) | 390 |
| (66,661) | (66,661) | 0 |
| 12,808,517 | 13,094,285 | 285,768 |

| | | |
|------------------|------------------|--------------|
| 158,349 | 110,083 | (48,266) |
| 687,763 | 734,374 | 46,611 |
| 679,687 | 686,245 | 6,558 |
| (20,808) | (20,808) | 0 |
| 3,691 | 2,829 | (862) |
| (42,537) | (42,537) | 0 |
| 1,466,145 | 1,470,186 | 4,041 |

| | | |
|-------------------|-------------------|----------------|
| 0 | 0 | 0 |
| 521,339 | 526,078 | 4,739 |
| (13,454) | (13,454) | 0 |
| 507,885 | 512,624 | 4,739 |
| (1,970,008) | (1,970,008) | 0 |
| 14,038,611 | 14,404,721 | 366,110 |

| | | |
|-------------|-------------|---|
| (1,020,410) | (1,020,410) | 0 |
|-------------|-------------|---|

| | | |
|--------------------|--------------------|------------------|
| (1,020,410) | (1,020,410) | 0 |
| 428,115 | 432,031 | 3,916 |
| 47,000 | 36,786 | (10,214) |
| 144,531 | 136,627 | (7,904) |
| 1,226,921 | 1,206,276 | (20,645) |
| 510,000 | 515,510 | 5,510 |
| 873,600 | 832,371 | (41,229) |
| 1,044,142 | 1,056,423 | 12,281 |
| 402,275 | 416,195 | 13,920 |
| 468,100 | 488,237 | 20,137 |
| 413,639 | 426,551 | 12,912 |
| 261,770 | 259,903 | (1,867) |
| 112,000 | 136,593 | 24,593 |
| 370,697 | 359,286 | (11,411) |
| (70,000) | (70,000) | 0 |
| (6,232,790) | (6,232,790) | 0 |
| 0 | (0) | (0) |
| 324,465 | 379,249 | 54,784 |
| 357,050 | 378,678 | 21,628 |
| 482,644 | 465,005 | (17,639) |
| 9,631 | 9,631 | 0 |
| 57,214 | 58,038 | 824 |
| 162,963 | 160,546 | (2,417) |
| (4,532) | (4,532) | 0 |
| 1,389,435 | 1,446,616 | 57,181 |
| 633,756 | 642,167 | 8,411 |
| (397,759) | (397,759) | 0 |
| 0 | 0 | 0 |
| 356,801 | 356,801 | 0 |
| 153,472 | 153,775 | 303 |
| 62,981 | 60,904 | (2,077) |
| (52,020) | (52,020) | 0 |
| 44,527 | 44,221 | (306) |
| 111,117 | 103,746 | (7,371) |
| 56,080 | 56,080 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 278,878 | 278,878 | 0 |
| (209,692) | (209,692) | 0 |
| (69,186) | (69,186) | 0 |
| 968,955 | 967,915 | (1,040) |
| 65,980,867 | 65,605,813 | (375,054) |

| | | |
|----------------|----------------|-----------------|
| 175,507 | 173,064 | (2,443) |
| 730,215 | 692,722 | (37,493) |
| 905,722 | 865,786 | (39,936) |

| | | |
|----------------|----------------|----------------|
| 282,478 | 278,135 | (4,343) |
| (59,047) | (59,047) | 0 |
| 223,431 | 219,088 | (4,343) |

| | | |
|----------------|----------------|-----------------|
| 152,210 | 117,917 | (34,293) |
| 152,210 | 117,917 | (34,293) |

| | | |
|------------------|------------------|-----------------|
| 330,271 | 330,271 | 0 |
| 9,561 | 9,561 | 0 |
| 32,852 | 32,852 | 0 |
| (51,869) | (51,869) | 0 |
| 252,474 | 248,254 | (4,220) |
| 276,610 | 282,151 | 5,541 |
| 849,899 | 851,220 | 1,321 |
| 2,131,262 | 2,054,010 | (77,252) |

**Appendix 2 - Social Services - Covid 19 Related Costs And Welsh Government Hardship Fund Grant Income -
Forecast as at 31st August 2020**

| | April-June | July-August | September-March | Total 2020/21 |
|--|-------------------|-----------------|-------------------|-------------------|
| GENERAL HARDSHIP FUND | | | | |
| <u>Accepted Items</u> | | | | |
| Residential Care | 158,462 | 0 | 0 | 158,462 |
| Leaving Care Top-Ups | 2,085 | 1,687 | 1,607 | 5,380 |
| Vehicle Hire | 2,769 | 2,418 | 8,268 | 13,455 |
| Additional Shifts-Emergency Duty Team | 16,627 | 5,664 | 0 | 22,291 |
| Agency Worker-Children with Disabilities | 17,923 | 12,981 | 0 | 30,904 |
| Respite Care | 3,363 | 9,322 | 0 | 12,686 |
| Sub Total (Accepted Items) | 201,230 | 32,073 | 9,875 | 243,178 |
| <u>Rejected Items</u> | | | | |
| Special Guardianship Order Top-Ups | 1,704 | 0 | 0 | 1,704 |
| Other Miscellaneous Costs | 1,375 | 0 | 0 | 1,375 |
| Sub Total (Rejected Items) | 3,079 | 0 | 0 | 3,079 |
| TOTAL GENERAL HARDSHIP COSTS | 204,308 | 32,073 | 9,875 | 246,257 |
| LESS ANTICIPATED FUNDING | -201,230 | -32,073 | -9,875 | -243,178 |
| NET COST TO SOCIAL SERVICES | 3,079 | 0 | 0 | 3,079 |
| ADULT SOCIAL CARE FUND TRANCHE 1 | | | | |
| <u>Accepted Items</u> | | | | |
| Personal Protection Equipment | 718,415 | | | 718,415 |
| Additional Support for Service Users | 214,878 | | | 214,878 |
| Additional Financial Support to Providers | 1,527,965 | | | 1,527,965 |
| Additional Staff Requirements | 29,030 | | | 29,030 |
| GWICES | 17,689 | | | 17,689 |
| Sub Total (Accepted Items) | 2,507,977 | | | 2,507,977 |
| <u>Rejected Items</u> | | | | |
| Small grant fund | 4,400 | | | 4,400 |
| Sub Total (Rejected Items) | 4,400 | | | 4,400 |
| TOTAL ADULT SOCIAL CARE TRANCHE 1 COSTS | 2,512,377 | | | 2,512,377 |
| LESS ANTICIPATED FUNDING | -2,507,977 | | | -2,507,977 |
| NET COST TO SOCIAL SERVICES | 4,400 | | | 4,400 |
| ADULT SOCIAL CARE FUND TRANCHE 2 | | | | |
| <u>Accepted Items</u> | | | | |
| Domiciliary Care top-ups | | 74,186 | 253,674 | 327,860 |
| Extra Care top-ups | | 5,069 | 17,335 | 22,404 |
| Supported Living top-ups | | 67,389 | 230,423 | 297,812 |
| Residential top-ups | | 211,223 | 722,242 | 933,465 |
| Residential Voids | | 246,096 | 841,490 | 1,087,586 |
| Sub Total (Accepted Items) | | 603,963 | 2,065,164 | 2,669,127 |
| <u>Items Claimed as Exceptional</u> | | | | |
| Additional Support for Service Users | | 145,195 | 405,700 | 550,896 |
| GWICES | | 3,260 | 15,143 | 18,403 |
| Additional Staff Requirements | | 6,031 | 0 | 6,031 |
| Backdated Financial Support to Providers | | 18,052 | 0 | 18,052 |
| Sub Total (Exceptional Items) | | 172,539 | 420,843 | 593,382 |
| <u>Unclaimable In-house Costs</u> | | | | |
| Personal Protection Equipment | | 17,390 | 4,550 | 21,940 |
| Covid Testing for Staff | | 9,590 | 35,000 | 44,590 |
| Travel Expenses for Seconded Staff | | 4,228 | 3,500 | 7,728 |
| Sub Total (Rejected Items) | | 31,208 | 43,050 | 74,258 |
| TOTAL ADULT SOCIAL CARE TRANCHE 2 COSTS | | 807,710 | 2,529,057 | 3,336,767 |
| LESS FUNDING FOR INDEPENDENT SECTOR | | -603,963 | -2,065,164 | -2,669,127 |
| LESS FUNDING FOR IN-HOUSE SERVICES | | -151,512 | -518,066 | -669,578 |
| NET COST TO SOCIAL SERVICES | | 52,235 | -54,173 | -1,938 |
| TOTAL COSTS INCURRED | 2,716,685 | 839,783 | 2,538,932 | 6,095,400 |
| LESS ANTICIPATED FUNDING | -2,709,206 | -787,548 | -2,593,105 | -6,089,859 |
| NET COST TO SOCIAL SERVICES | 7,479 | 52,235 | -54,173 | 5,541 |

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