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For all enquiries relating to this agenda please contact Joanne Thomas
(Tel: 07714 600912 Email: thomaj8@caerphilly.gov.uk)

Date: 31st August 2022

To Whom It May Concern

A multi-locational meeting of the **Social Services Scrutiny Committee** will be held in Penallta House, and via Microsoft Teams on **Tuesday, 6th September, 2022** 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. A simultaneous translation will be provided on request.

Members of the public or Press may attend in person at Penallta House or may view the meeting live via the following link: https://civico.net/caerphilly

This meeting will be live-streamed and a recording 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 Council's website at www.caerphilly.gov.uk

Yours faithfully,

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.

To approve and sign the following minutes: -

3 Social Services Scrutiny Committee held on 26th July 2022.

1 - 6

4 Consideration of any matter referred to this Committee in accordance with the call-in procedure.

5 Social Services Scrutiny Committee Forward Work Programme.

7 - 14

6 To receive and consider the following Cabinet reports*: -

1. Childcare Sufficiency Assessment Report 2022-2027 – 27th July 2022;
2. Additional Fee Increase for Small Residential Home Providers for 2022/23 – 27th July 2022.

**If a Member of the Scrutiny Committee wishes for the above Cabinet report to be brought forward for discussion at the meeting please contact Jo Thomas, Committee Services Officer, Tel no. 07714600912 by 10.00am on Monday, 5th September, 2022.*

To receive and consider the following Scrutiny reports: -

7 Hospital Discharge.

8 Final Report from the Task and Finish Group on Tackling Potential Mental Health Issues Post Pandemic.

15 - 100

9 Budget Monitoring Report (Month 3).

101 - 116

Circulation:
Councillors: C. Bishop, A. Broughton-Pettit, D. Cushing (Chair), M. Chacon-Dawson (Vice Chair), R. Chapman, Mrs P. Cook, K. Etheridge, M. Evans, D.C. Harse, T. Heron, L. Jeremiah, Mrs D. Price, J.A. Pritchard, J. Rao, S. Skivens and A. Leonard

Users and Carers:

Aneurin Bevan Health Board: A. Gough (ABUHB)

And Appropriate Officers

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Those individuals that attend committee meetings to speak/give evidence will be named in the minutes of that meeting, sometimes this will include their place of employment or business and opinions expressed. Minutes of Meetings including details of speakers will be publicly available to all via the Council website at www.caerphilly.gov.uk. except for discussions involving confidential or exempt items.

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SOCIAL SERVICES SCRUTINY COMMITTEE

MINUTES OF THE DIGITAL MEETING HELD VIA MICROSOFT TEAMS ON TUESDAY 26TH JULY 2022 AT 5.30 P.M.

PRESENT:

Councillor D. Cushing –Chair

Councillors:

C. Bishop, A. Broughton-Petitt, M. Chacon-Dawson (Vice-Chair), R. Chapman, P. Cook, K. Ethridge, M. Evans, D. Harse, T. Heron, J. A. Pritchard, S. Skivens.

Councillor: E. Forehead. (Cabinet Member for Social Care).

In Attendance: Councillors J. Pritchard.

Co-Opted Members: Vacant.

Officers: D. Street (Corporate Director- Social Services and Housing), G. Jenkins (Assistant Director–Children's Services), J. Williams (Assistant Director- Adult Services), M. Jacques (Scrutiny Officer), J. Thomas (Committee Services Officer).

Also in attendance: M. Palfreman, S. Inett (Huw Irwin Associates).

RECORDING AND VOTING ARRANGEMENTS

The Chair reminded those present that the meeting was being live streamed, and a recording would be made available to view via the Council's website, except for discussions involving confidential or exempt items. Click Here to View.

1. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Councillors: L. Jeremiah, D. Price, J. Rao, C. Thomas.

2. DECLARATIONS OF INTEREST

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

3. MINUTES – 14TH JUNE 2022.

It was moved and seconded that the minutes of the meeting held on 14th June 2022 be approved as a correct record. By way of Microsoft Forms (and in noting there were 10 votes for, 0 votes against and 1 abstention) this was agreed by the majority present.

RESOLVED that the minutes of the meeting of the Social Services Scrutiny Committee held on 14th June 2022 (minute nos. 1-6) be approved as a correct record and signed by the Chair.

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

Mark Jacques (Scrutiny Officer) introduced the report which outlined details of the Social Services Scrutiny Committee Forward Work Programme planned for the period between July 2022 to March 2023. Members were asked to consider the Forward Work Programme, alongside the Cabinet Forward Work Programme, prior to publication on the Councils Website.

Following consideration of the report it was moved and seconded that the recommendation be approved. By way of electronic voting this was unanimously agreed.

RESOLVED that the Forward Work Programme as appended to the meeting papers be published on the Council's website.

6. CABINET REPORT

There had been no requests for the Cabinet report to be brought forward for discussion at the meeting.

REPORTS OF OFFICERS

Consideration was given to the following reports.

7. REGIONAL PARTNERSHIP BOARDS - UPDATE

Councillor E. Forehead, the Cabinet Member for Social Care introduced the report which provided Members with information of the role and functions of the Regional Partnership Boards (RPB's) which were introduced as part of the implementation of the social Services & Wellbeing (Wales) Act 2014(SSWBA). The report aimed to assist in the Members understanding of 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. The report also informed Members of some of the historical work that had been carried out by the RPB since its inception, and the key statutory obligations and the current priorities.

The Corporate Director Social Services & Housing – Dave Street provided the Scrutiny Committee with an overview of the report. Members were informed there were seven Boards established and Caerphilly's RPB is titled the Gwent Regional Partnership Board. The

membership for this Board consists of the five local authority Cabinet Members for Social Services, five Directors of Social Services, Health Board providers and citizen and care representatives. The Board also has the ability to co-opt other members as required.

The Officer highlighted to the Members the requirement under the provisions of the Act 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.

In order to support this Boards must produce the following;

- 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 Officer advised Members, bids that were submitted to WG had secured £13m to support the development of services such as "Home First" to prevent unnecessary admissions to hospital and the 'iceberg model' to support young people requiring mental health support. The Scrutiny Members were advised this funding is allocated via the health boards who in essence acted as Treasurer.

The Chair thanked the Officer for the detailed report and discussion ensued.

Following a query raised by a Member of the Scrutiny Committee, Jo Williams the Assistant Director Adult Services advised Members the report submitted in September would include information on the collaborative work approach between GP's and hospital staff to prevent hospitalisation where possible. A Member requested that this report includes the difference between "Gwent Frailty" and "Home First" services.

An Officer advised Members Care Homes are caring for far more needy people than they have historically. The aim is now to support people in their home for as long as possible.

Confirmation was sought by a Member on how the £13m is being distributed between the five Local Authorities. They also raised a query as to whether there were equal opportunities across all the Boroughs for part of the funding. The Cabinet Member Councillor E. Forehead and an Officer assured Members that every report and bid that is brought to the Board are subject to in-depth scrutiny. The Members were also advised that, had Caerphilly not become part of the RPB they would not have been eligible for a lot of the funding they have received.

Following a query from the Chair of the Scrutiny Committee, an Officer advised Members that the allocation of the funding is complex and is based on a number of factors, for example area population or proposed projects.

A Member sought clarification whether there was a department that deals with the administration of the RPB's. The Scrutiny Committee Members were advised that Torfaen Borough Council has received funding from WG to employ five staff who deal with all administration.

Following consideration and discussion, it was moved and seconded that the recommendation in the report be approved.

RESOLVED that for the reasons contained in the Officer's report the content therein be noted.

8. DAY CENTRE REVIEW UPDATE – PRESENTATION BY CONTRACTOR.

The Cabinet Member for Social Care – Councillor E. Forehead, welcomed the colleagues from Huw Irwin Associates, who won the contract via the procurement procedure to co-produce a Model for Day Services for the future. Members were advised they would receive a brief presentation from the Associates to assist in the understanding of the work that is being undertaken and it was not intended to deal with any findings or recommendations at this point. However, a report would be brought before the Scrutiny Committee Members in the Autumn containing this information.

Martyn Palfreman introduced himself and his colleagues giving a brief background of the organisation. Members were given a presentation to outline the work the Associates have been commissioned to carry out on behalf of the Council. They were also advised the approach that they intended to take to enable them to produce a Model for a Day Services Function within Caerphilly.

The Scrutiny Committee Members were advised the purpose of the Associates role was to develop a Model of Day Services, which was agreeable with people receiving support, their carers, staff, Elected Members and Managers and aligned with the relevant policy and legislation. Once the model has been developed the Associates will give advice on how this should be implemented. The approach will include engagement with all stake holders. The model the Associates have been commissioned to develop will serve both older people and people with learning difficulties.

Members were advised the Associates are going to start work in August, talking directly to the service users and their carers. These meetings will be carried out separately on a one to one basis to obtain the aspirations and support required from both users and carers. They are aware of the issues and challenges that they face in speaking with the services users separately, particularly the service users with complex needs. To ensure those people are able to articulate what they would like, they will be working closely with the staff that are very well acquainted with them.

Members sought further clarification on a number of issues including whether the service provision model would also be aimed around crisis situations providing extra Day Care Services when required. The Member also sought clarification as to whether the consumer/cusomer base of finished products were being consulted as part of the review and also how many carers and users have been contacted to be part of the co-production. Steve Inett, an Associate of Huw Irwin's, advised that crisis management is not part of the brief. However, there will be talks about individual needs to try and prevent crisis situations. In relation to talking to customers, Steve advised this was not something that they have thought of, however, it's a really good idea. The Associates are meeting with service providers in the coming weeks, so will look at putting surveys at those premises for customers to give feedback. Martyn also clarified that correspondence has been sent out to all current carers and users. Jo Williams confirmed there have been 382 letters sent out on behalf of the Associates. The Officer also requested if there were any Members aware of carers and users who have not yet received this correspondence to provide her with the details so that it can be looked into.

Martyn invited Members to send comments and views to martyn@mjpalfreman.co.uk.

The Chair thanked the Associates for the presentation which was very interesting and will look forward to the receiving the report.

The meeting closed at 6.54 pm.

Approved as a correct record, subject to any amendments agreed and recorded in the minutes of the meeting held on the 6th September 2022.

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CHAIR

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SOCIAL SERVICES SCRUTINY COMMITTEE – 6TH SEPTEMBER 2022

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 26th July 2022. The work programme outlines the reports planned for the period September 2022 until March 2023.

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. The Scrutiny committee will review this work programme at every meeting going forward alongside any changes 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 3rd August 2022. 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. SUMMARY OF INTEGRATED IMPACT ASSESSMENT

7.1 As this report is for information only an Integrated Impact Assessment is not necessary.

8. FINANCIAL IMPLICATIONS

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

9. PERSONNEL IMPLICATIONS

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

10. CONSULTATIONS

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

11. STATUTORY POWER

11.1 The Local Government Act 2000.

Author: Mark Jacques, Scrutiny Officer jacqum@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 Donna Cushing, Chair of Social Services Scrutiny Committee
Councillor Marina Chacon-Dawson, 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

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Forward Work Programme - Social Services

APPENDIX 1

Date	Title	Key Issues	Author	Cabinet Member
06/09/22 17:30	Delayed discharges of care from hospitals report		Street, Dave;	Cllr. Forehead, Elaine;
06/09/22 17:30	Final report from the Task and Finish Group on Tackling Potential Mental Health Issues Post Pandemic	This report seeks to inform Members of the Social Services Scrutiny Committee of the findings of the task and finish group that was established to review how Caerphilly County Borough Council works with partners to tackle any potential mental health issues post-pandemic.	Jacques, Mark;	Cllr. Forehead, Elaine;
06/09/22 17:30	Period 3 Budget report 2022/23		Jones, Mike J;	Cllr. Stenner, Eluned;
11/10/22 17:30	MyST Presentation		Welham, Jennie;	Cllr. Forehead, Elaine;
11/10/22 17:30	Period 5 Budget report 2022/23		Jones, Mike J;	Cllr. Stenner, Eluned;
11/10/22 17:30	RPB Market Stability Report		Street, Dave;	Cllr. Forehead, Elaine;
11/10/22 17:30	RIF Financial Plan		Street, Dave;	Cllr. Forehead, Elaine;
22/11/22 17:30	Annual Report of the Director of Social Services		Street, Dave;	Cllr. Forehead, Elaine;
24/01/23 17:30				
07/03/22 17:30				

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Meeting date:	Report title:	Key issue:	Presenting Officers:	Cabinet Member:
07/09/2022 13:00	Rapid Rehousing Strategy 2022	Rapid rehousing is based upon a systematic approach to understanding what housing is needed, how that housing is going to be funded developed and allocated to people who find themselves homeless. This approach, when properly applied, means the need for many forms of temporary accommodation will diminish and where it is needed, is for a shorter period than currently. CCBC's strategy will outline how this will be achieved through various route and partnerships over the term of this 5 years strategy.	Nick Taylor-Williams	Cllr. Shayne Cook
07/09/2022 13:30	Review of Asylum dispersal and Afghan Relocation Scheme	To consider the findings of the review and agree a way forward.	Nick Taylor-Williams, Kathryn Peters, Kath Thomas	Cllr. Shayne Cook
21/09/2022 13:00	Trinity Fields update	To update members on the expansion of Trinity Fields School	Sue Richards, Andrea West	Cllr. Carol Andrews
21/09/2022 13:10	Car Parking Charges 2022	To update Cabinet on the outcome of the car parking scrutiny task and finish group and to seek decisions on future strategy for town centre car parking charges	Marcus Lloyd	Cllr. Julian Simmonds

Meeting date:	Report title:	Key issue:	Presenting Officers:	Cabinet Member:
21/09/2022 13:20	Cost of living Crisis	To provide Cabinet with an update with regard to work undertaken and future travel	Dave Street	Cllr. Carol Andrews
21/09/2022 13:30	Shared Prosperity fund	To update Cabinet on the UK Government Shared Prosperity Fund as part of the UK Government's Levelling Up programme following submission of the regional investment plan and to seek Cabinet approval of the Caerphilly local investment plan.	Rhian Kyte	Cllr. James Pritchard
21/09/2022 13:40	2021/22 Provisional Outturn Report	To provide Cabinet with details of the provisional revenue budget outturn for the 2021/22 financial year prior to the completion of the annual external audit of the accounts by Audit Wales.	Stephen Harris	Cllr. Eluned Stenner
21/09/2022 13:50	Bryn Carno, Rhymney Remediation Works	To update Members on a business case submitted to WG to undertake remedial works to address issues associated with failed external wall insulation to both Caerphilly Homes' and private residential properties at Bryn Carno, Rhymney, and to seek approval for an HRA contribution towards the project should the business case be approved.	Nick Taylor-Williams	Cllr. Shayne Cook

Meeting date:	Report title:	Key issue:	Presenting Officers:	Cabinet Member:
21/09/2022 14:00	Transitional Accommodation Capital Programme	To make members aware of the Transitional Accommodation Capital Programme, and officer views on potential sites within the county borough and to understand the possible financial implications for the authority and possible grant assistance with the scheme.	Nick Taylor-Williams	Cllr. Shayne Cook
05/10/2022 13:00	Outline Business Case for Cwm Ifor Solar Farm Proposal	To seek Cabinet approval to proceed with the planning application, initiate the consultation processes and to sign the option agreement and lease that sits behind the proposed Solar Farm development	Anna Lewis, Sue Richards, Allan Dallimore	Cllr. James Pritchard
05/10/2022 13:10	Agile Working Update	To receive an update on the Councils approach to Agile Working.	Lynne Donovan	Cllr. Nigel George
05/10/2022 13:20	Shaping the Policy on cash collection	To receive an update on the payment methods currently available to our residents and service users and to consider recommendations in respect of the future policy on cash payments.	Stephen Harris	Cllr. Eluned Stenner
05/10/2022 13:30	Authorisation of Officers in Public Protection	For Cabinet to note the introduction of new legislation relevant to the responsibilities of the Public Protection service and to approve additional authorisation so that Officers may carry out their duties.	Robert Hartshorn, Jacqui Morgan	Cllr. Philippa Leonard

Meeting date:	Report title:	Key issue:	Presenting Officers:	Cabinet Member:
05/10/2022 13:40	Safer Caerphilly Community Safety Partnership	For Cabinet to note an update on the work of the Safer Caerphilly Community Safety Partnership, to endorse the latest Terms of Reference, and to approve the Cabinet Member as a voting representative on the Safer Caerphilly Community Safety Partnership.	Robert Hartshorn	Cllr. Philippa Leonard
19/10/2022 13:00	Workforce capacity and associated challenges	For members to consider the recruitment and retention challenges	Lynne Donovan	Cllr. Nigel George
19/10/2022 13:10	Bryn Community Engagement Proposal	To propose a terms of reference for a Community Group to be established.	Mark S Williams	Cllr. Philippa Leonard
19/10/2022 13:20	Annual Corporate Complaints Report	To provide Cabinet with an overview of the complaints dealt with under the Corporate Complaints policy for the period 1st April 2021 to 31st March 2022 together with the outcomes and lessons learned.	Robert Tranter, Lisa Lane	Cllr. Nigel George
02/11/2022 13:00	Caerphilly Homes (Development) Forward Work Programme	To discuss the next set of sites that will be brought forward as part of the Caerphilly Homes development programme and Caerphilly Homes governance arrangements	Nick Taylor-Williams, Jane Roberts-Waite	Cllr. Shayne Cook

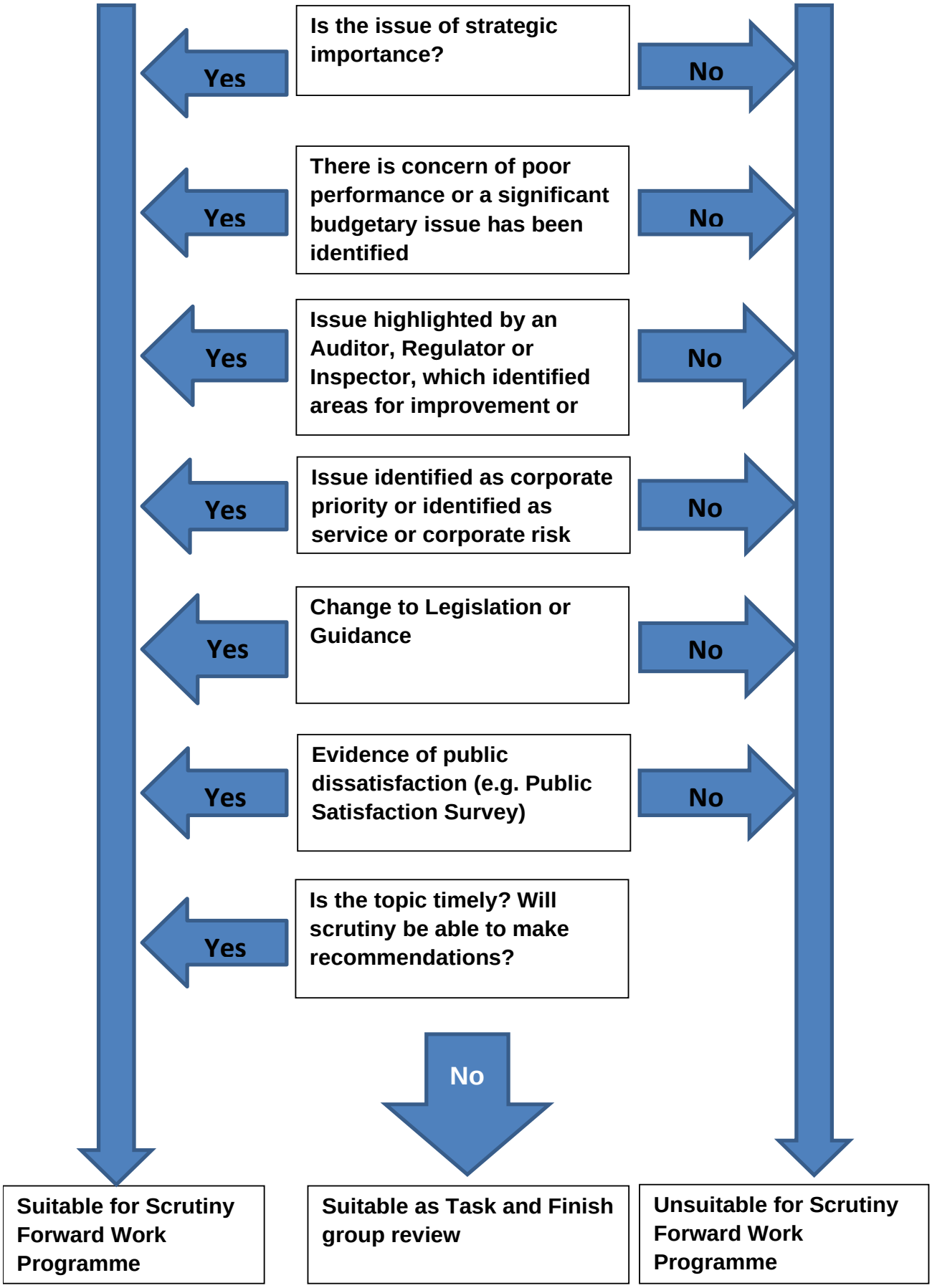
Meeting date:	Report title:	Key issue:	Presenting Officers:	Cabinet Member:
02/11/2022 13:10	Low Cost Home Ownership (Decision)	The LCHO (Low Cost Home Ownership) report will document the formulation, implementation and the publication of a new policy which governs the process by which the Council will sell homes to people living and/or working in the borough wanting to access homeownership but cannot afford to do so without some form of public subsidy.	Nick Taylor-Williams, Jane Roberts-Waite	Cllr. Shayne Cook
16/11/2022 13:00	Street lighting	Review of current street lighting part night lighting policy in view of increasing carbon reduction targets and the declared climate emergency.	Marcus Lloyd	Cllr. Julian Simmonds
16/11/2022 13:00	The Biodiversity and Resilience of Ecosystems Duty Ecosystem Resilience Duty	To consider and approve a report on the actions taken to help maintain and enhance biodiversity prior to publication in accordance with the biodiversity duty under the Environment (Wales) Act 2016.	Robert Hartshorn, Philip Griffiths	Cllr. Chris Morgan
30/11/2022 13:00	Redevelopment of the former Oakdale Comprehensive School site by Caerphilly Homes	For Cabinet to approve the contract, cost plan, design and environmental credentials of the scheme, along with continuation of the SCAPE framework agreement, social value plan and sales & marketing strategy.	Nick Taylor-Williams, Jane Roberts-Waite	Cllr. Shayne Cook

Meeting date:	Report title:	Key issue:	Presenting Officers:	Cabinet Member:
30/11/2022 13:10	Redevelopment of the former Ty Darran Care Home by Caerphilly Homes	For Cabinet to approve the contract, cost plan, procurement, design and environmental credentials of the scheme.	Nick Taylor-Williams, Jane Roberts-Waite	Cllr. Shayne Cook
30/11/2022 13:20	Cyber Security Strategy	To recommend endorsement and implementation of the Strategy	Lucas, Liz, Ian Evans	Cllr. Nigel George
30/11/2022 13:30	Programme for Procurement	To extend the Council's existing Programme for Procurement, which is due to expire in May 2023 for a period of up to 12 months to consider and where applicable incorporate aspects of the UK Procurement Bill and Social Partnership & Public Procurement (Wales) Bill in the Council's new Procurement Strategy (the new Procurement Strategy will replace the existing Programme for Procurement).	Liz Lucas, Ian Evans	Cllr. Nigel George
14/12/2022 13:00	Waste Strategy Proposals	Consideration of options to achieve compliance with Welsh Government statutory recycling targets and other waste service improvements.	Mark S Williams, Marcus Lloyd	Cllr. Chris Morgan

Meeting date:	Report title:	Key issue:	Presenting Officers:	Cabinet Member:
14/12/2022 13:10	Local Housing Market Assessment	The Delivery Plan sits underneath the Local housing Strategy which was approved in October 2021. It is designed to be a collaborative document that contains a number of key actions designed to take forward the objectives of the strategy.	Nick Taylor-Williams, Jane Roberts-Waite	Cllr. Shayne Cook
14/12/2022 13:20	Updated Welsh Government Prospectus (Decision)	Cabinet are asked to approve the principle of residential development on identified sites (subject to viability) and acquisition policy, the principle of package deals and new governance arrangements to underpin the development programme.	Nick Taylor-Williams, Jane Roberts-Waite	Cllr. Shayne Cook
14/12/2022 13:30	Empty Property Grant Approval (Decision)	The new Welsh Government National Empty Property Grant Programme will launch in September 22 and ask for bids from LAs to issue grants up to a Max of £25K to owner occupiers to bring empty properties back into use. Caerphilly Homes will administer the grant for Caerphilly with an expectation that in years 2 and 3 of the 3 year programme, there will be a 35% contribution from each participating LA. The grant will be awarded on a first come first served basis.	Nick Taylor-Williams, Jane Roberts-Waite	Cllr. Shayne Cook

Meeting date:	Report title:	Key issue:	Presenting Officers:	Cabinet Member:
14/12/2022 13:00	HRA Charges (Rent Increase) (Dec)	Members to agree the level of rent increase for council tenants effective from April 2023	Nick Taylor-Williams, Lesley Allen	Cllr. Shayne Cook

Scrutiny Committee Forward Work Programme Prioritisation



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SOCIAL SERVICES SCRUTINY COMMITTEE - 6TH SEPTEMBER 2022

SUBJECT: **HOSPITAL DISCHARGE**

REPORT BY: **DAVID STREET CORPORATE DIRECTOR SOCIAL SERVICES & HOUSING**

1. PURPOSE OF REPORT

1.1 The report is to inform members of the current services, position and initiatives with regarding to prevention of admission and facilitated discharges from hospital for individuals.

2. SUMMARY

2.1 Members are fully aware of the national position and pressures on the NHS resulting in long delays for ambulances, waits outside hospitals and people remaining in hospital longer than necessary due to the crisis in social care which is manifested in a lack of available domiciliary care.

2.2 The report will outline current service provision both locally and regionally that works across the interface between health and social care to try to address the current issues Joint planning for winter has commenced which has been driven by the national strategic direction, the 6 goals for urgent and primary care and 1000 beds initiative. Regionally there is a partnership review of the older person's pathway and building on learning from recent initiatives, including Step Closer To Home (SCTH) pathways

3. RECOMMENDATIONS

3.1 Members are asked to consider the contents of this report and offer any further suggestions/measures, to try to address the current crisis in health and social care.

4. REASONS FOR THE RECOMMENDATIONS

4.1 To ensure Members are apprised of the latest position regarding hospital discharges.

5. THE REPORT

Services:

5.1 **Home First** this is a regionally initiative that is funded by the Regional Integrated Fund (RIF). This is a small team of multidisciplinary staff who operate from the front door of the hospital, 7 days a week. The team work on behalf of the five local authorities, on a trusted assessor basis and have access to all LA's data bases. Their primary function is to have the right conversation with people and /or their families and try to prevent unnecessary admissions into hospital. The team can provide equipment recommend minor adaptations and access Emergency Care at Home. The team was initially funded for the Royal Gwent and Neville Hall Hospital, it has now been reconfigured to cover the Grange University Hospital as well. Long term funding is part of a bid for the RIF.

5.2 **Community Resource Team (CRT)** also known as Frailty. The focus of this service is to see people in their own homes and treat them there, preventing unnecessary conveyance and admission to hospital. The service is made up of rapid medical response via consultants, speciality doctors and nurses, urgent social care response is provided via Emergency Care at Home (EC@H). This is a short term services operating 7 days a week 8am – 8pm, professionals have access to hot clinics and diagnostics Therapists provide input to falls clinic and individual Reablement programmes which are implemented by registered domiciliary care staff.

The team also consists of social workers, and case managers who are responsible for arranging discharges from hospital for people, they have access to a community pharmacist in the team to provide guidance and support.

5.3 **Home Assistant Reablement Team (HART)** is also part of the CRT and provides long term domiciliary care support to individuals. The team has recently been reconfigured to also provide an assessment service. This service, which has a Reablement ethos looks to build on individuals strengths and promote their independence, whilst right sizing care packages should they be required long term. This service has access to Occupational Therapists (OTs) and telecare equipment and early indications are that it is working well and is having a positive impact on care packages being commissioned in terms of hours required.

5.4 **HART** is also looking at implementing single handed care equipment where ever possible, to reduce the number of double handed care calls to increase capacity in the system.

5.5 Step Closer to Home (SCTH) This is a regional initiative that looks to move people who are medically optimised and require no ongoing treatment into care home beds for them to recover whilst they waiting for domiciliary care. These beds are commissioned by the Health Board and can be in any care home there is no charge to the individual for up to 6 weeks. These people are treated the same as those in hospital in terms of trying to obtain a packages of care to facilitate their return home

5.6 **Step Closer To Home** Domiciliary Care, this initiate operates mainly in Caerphilly basin area due to the availability of staff and not in any other local authorities. This service is again provided by the Health Board they have given us access to their palliative domiciliary care runs. They discharge people from hospital who require double handed domiciliary care packages, and right size the package to us to commission. This service works well as all the evidence shows people are over

assessed in hospital so we commission only the level of care that is required.

National Drivers

5.7 6 Goals for Urgent and Emergency Care

This aims to provide the right care in the right place first time

Goal 1 Co-ordination planning and support for populations at greater risk of needing emergency and urgent care.
Goal 2 Sign posting people with urgent care needs to the right place first time
Goal 3 Clinically safe alternatives to admission to hospital
Goal 4 Rapid response in a physical or mental health care crisis
Goal 5 Optimal hospital care and discharge practice from the point of admission
Goal 6 Home First approach and reduce the risk of readmission

5.8 1000 beds or equivalent for Wales

The Welsh Government has committed to creating a 1000 extra beds, or equivalent in the system in time for winter this equates to around 200 in the Aneurin Bevan University Health Board region (ABuHB). These beds can be in locations other than hospitals for example in care homes or purpose built facilities. Latterly it has been agreed increased care hours can be used to offset the number of beds.

5.9 There is a significant amount of work on going with WG regarding these two drivers focus is on goals 5 and 6 to increase bed capacity. The health board are looking to commission beds in 1 or 2 care homes so that wrap around therapy support can more easily be provided.

Regional driver

5.10 ABuHB and partners are currently undertaking a review of the older person's pathway and looking at redesign to improve the service for people and reduce pressures on the system. Early recommendations are suggesting a focus on preventing admissions to hospital form nursing homes and expanding out of hours nursing service to enable people to remain at home.

5.11 Currently there are 520.25 hours of domiciliary care a week we are unable to commission. In the last two weeks we have had 3 independent care agencies issue 28 days' notice, they will be handing back 24 packages of care which equates to 237 hours number of hours per week. They are stating they cannot recruit or retain staff so are unable to continue to provide the care to these individuals

5.12 Previously we had a performance measure called delayed transfer of care which was a monthly census that identified people who were in hospital when they didn't need to be there, commonly known as bed blockers. This measure was discontinued as part of the covid response and WG are now looking at introducing a live daily reporting system to identify people who are medically optimised and should be discharged.

Conclusion

5.13 The report evidences the work being done on a local, regional and national level to try to address the current crisis in the system

6. ASSUMPTIONS

6.1 It is assumed that the current crisis will continue as the Health service tries to recover from the covid pandemic whilst managing any potential future waves of covid 19.

7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT

7.1 The report is for information only thus an IAA has not been completed.

8. FINANCIAL IMPLICATIONS

8.1 There are no direct financial implications associated with this report.

9. PERSONNEL IMPLICATIONS

9.1 Whilst there are no direct personnel implications associated with this report, it must be noted that current crisis in terms of recruiting and retaining staff across the sector will impact on the implementation of any plans and initiatives.

10. CONSULTATIONS

10.1 All comments are included within the report.

11. STATUTORY POWERS

11.1 Social Services & Wellbeing (Wales) Act 2014.

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SOCIAL SERVICES SCRUTINY COMMITTEE – 6TH SEPTEMBER 2022

SUBJECT: **FINAL REPORT FROM THE TASK AND FINISH GROUP ON TACKLING POTENTIAL MENTAL HEALTH ISSUES POST PANDEMIC**

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

1. PURPOSE OF REPORT

1.1 This report seeks to inform Members of the Social Services Scrutiny Committee of the findings of the task and finish group that was established to review how Caerphilly County Borough Council works with partners to tackle any potential mental health issues post-pandemic. Committee Members are asked to consider the recommendations of the review group and recommend that Cabinet supports them.

2. SUMMARY

2.1 This report outlines the findings and recommendations of the Task and Finish group established to review how the Council works with partners to tackle any potential mental health issues post-pandemic. It charts the process that led to the group concluding that the impact of the Covid-19 pandemic on the mental health and wellbeing of the population was immense and that action is now needed locally in mitigation.

3. RECOMMENDATIONS

3.1 That the Social Services Scrutiny Committee considers and comments upon the content of this report and appendices, and supports the following recommendations prior to consideration by the Cabinet:

3.1.1 Caerphilly County Borough Council prioritises the provision of bereavement counselling across the County Borough during future meetings with Health and Wellbeing partners.

3.1.2 Caerphilly County Borough Council uses its influence within the WLGA to recognise the importance of the role played by Psychological Wellbeing Practitioners and

recommends a collective appeal from all Welsh Councils for additional funding from the Welsh Government for this vital service within GP surgeries.

3.1.3 Council communications platforms are actively used to promote community health and wellbeing activities such as Bereavement Cafes organised via the Integrated Wellbeing Network.

3.1.4 Caerphilly County Borough Council liaises closely with partners in order to explore ways of allowing increased community self-determination for post-COVID wellbeing recovery through processes such as Participatory Budgeting.

3.1.5 Caerphilly County Borough Council actively encourages CCBC staff and Members to undertake Gwent Connect 5 training in order to help improve population mental wellbeing.

3.1.6 Caerphilly County Borough Council works with Health and Wellbeing partners to develop a "Tool Kit" outlining some of the key symptoms of Mental Health issues and signposting users to the range of help available such as the Melo website.

4. REASONS FOR THE RECOMMENDATIONS

4.1 These recommendations have been suggested as it is believed that implementation would significantly mitigate against some of the key mental health issues identified during the course of the Task and Finish review.

5. THE REPORT

5.1 At the Social Services Scrutiny Committee pre-meeting on 2nd February, 2021 Members raised news reports of a "Mental Health Timebomb" during their discussions on the Committee's Forward Work Programme. Media coverage was suggesting that there was potential for a considerable increase in mental health cases and therefore an increased demand for services as a result of Covid-19 restrictions. During the Social Services Scrutiny Committee meeting afterwards Cllr Carmen Bezzina suggested a Task and Finish inquiry into preparations for a potential increase in demand for mental health services post-pandemic. This proposal moved by Cllr Bezzina was unanimously endorsed by Committee Members when the Forward Work Programme was discussed.

5.2 The terms of reference for this Task and Finish Group are: To determine the likelihood of a rise in demand for mental health services due to the restrictions placed on society because of the Covid-19 pandemic. To then establish if Caerphilly County Borough Council is as best placed as possible to work with partners in order to tackle potential mental health issues as restrictions are relaxed.

5.3 The Task and Finish Group on Tackling Potential Mental Health Issues Post Pandemic met for the first time on 26th July 2021 and agreed the terms of reference and Inquiry Plan set out in the review's Scoping Document. The Task and Finish Group was made up of the following Members:

Councillor C Bezzina – Chair (until the Council elections in May 2022)
Councillor C Bishop
Councillor D Cushing
Councillor K Etheridge

Councillor M Evans
Ms M Jones – Vice Chair (until her retirement from the Parent Network in December 2021).

5.4 Prior to the second meeting of the Task and Finish Group a selection of online articles on Mental Health and the Pandemic was circulated to Members. These included information on the Welsh Government's Mental Health Delivery Plan 2019 – 2022, Public Health Wales' Covid-19 Wellbeing Campaign, tips from the charity MIND on coping with Mental Health Issues during the Pandemic and also several articles from leading UK news agencies.

5.5 The second Task Group meeting was held on 3rd November 2021 and focussed on an overview of the current situation. The key witness at this meeting was Karen Morris, Service Manager in Adult Services with responsibility for both mental health services and drug and alcohol services at Caerphilly County Borough Council.

5.6 Members heard how there were two Community Mental Health Teams (CMHT) responding to GP referrals for the north and south of the County Borough. Both teams consisted of a range of professionals including Consultant Psychiatrists, Psychologists, Community Psychiatric Nurses, Occupational Therapists and Social Workers. The Teams are a blend of Health Board and Caerphilly County Borough Council (Social Workers) staff. The Service Manager outlined how she met regularly with her counterpart from the Health Board to manage the teams.

5.7 The Chair asked if there had been a significant increase in CMHT workload during the pandemic. The Service Manager advised that there had been an increase in general referrals but not to the extent that would necessitate the need for additional staff and that the volume was currently being managed well by the teams. The Service Manager advised that should this situation change in the future she is well placed to request additional resources and continues to review the volume of referrals.

5.8 The Service Manager outlined groups that she was a Member of alongside colleagues from Public Health Wales and Aneurin Bevan University Health Board. The first one highlighted was the Foundation Tier Steering Group which focussed on prevention. Members heard how the MELO website and "Gwent Connect 5" workforce training programme were developed as a result of meetings by this group. The Service Manager also represented CCBC at Suicide Prevention and Self-Harm workshops and at meetings of the Integrated Wellbeing Network.

5.9 Group Members heard how good relationships had been developed with Primary Care Mental Health Specialist Services (PCMHSS). The Service Manager advised that GPs were the first point of contact and then it would be decided if an individual required Primary Care (which operated within GP surgeries) or if the case would be better treated at CMHT level i.e. secondary care. Primary Care Services would deal initially with low-level conditions such as anxiety and depression. The Group also heard about the development of Psychological Wellbeing Practitioner (PWP) roles in some surgeries. PWPs are non-registered practitioners who are trained to assess common mental health disorders.

5.10 Task Group Members were given a synopsis of the collaborative working which was taking place across all agencies including other Gwent Local Authorities. Mental Health Crisis Concordat meetings were held on a regular basis. Attendees at these meetings included Service Managers from each Local Authority, Gwent Police, Welsh Ambulance Service and Senior Managers from the Health Board. These

meetings discussed the future development of mental health services in the Gwent region.

5.11 At the second Task Group meeting Members were also told about Mental Health Implementation Group meetings which focussed on issues pertaining to the adherence of the Mental Health Act.

5.12 At this meeting it was stressed that currently Caerphilly County Borough Council was equipped to deal with the demand for mental health services, but this situation was constantly being monitored by managers.

5.13 The third Task Group meeting was held on 15th December 2021 and focussed on testimony from leading mental health charities. The key witnesses were Jenny Burns, Associate Director (Wales) of the Mental Health Foundation and Jill Lawton, Director of Caerphilly Borough MIND.

5.14 Jenny Burns highlighted the Mental Health Foundation's longitudinal study of mental health during the pandemic. It found that the mental health of people with inequalities, such as those from ethnically diverse backgrounds, single parents and people with long-term conditions, had worsened during the pandemic.

5.15 A report on the impact of the pandemic on the elderly was also highlighted. It found that the impact was largely minimal but that those with long-term conditions had been impacted due to factors such as increased isolation.

5.16 Another study by the Mental Health Foundation focussed on resilience across the UK during the pandemic. This showed that the majority (64%) coped well with the stress of the pandemic but of those that did experience stress 9 in 10 used at least one coping strategy. Some of these strategies were positive such as the use of green spaces and staying connected with others, but negative strategies such as increased alcohol consumption, substance misuse and overeating were also identified. The report recommended that whilst every nation had made mental health literacy resources available, greater policy and investment could be targeted at those that lacked resilience.

5.17 Jenny Burns also highlighted an article in medical journal The Lancet which showed that 75% of respondents to a secondary schools' survey knew how to access help in their school, but that only 28% responded that they would do so. The conclusion was that counselling services should receive wider consultation prior to implementation.

5.18 On the issue of participation Jenny Burns outlined how it was key to involve stakeholders including youth groups in the design of services, but that there were challenges around resources at the beginning of the process.

5.19 The Service Manager highlighted the importance of joined up working within organisations. Members heard how an example of this practice at Caerphilly County Borough Council was the "Caerphilly Cares" initiative which linked service areas such as Social Services in order to aid community access to services. Similar processes were also developing within the Health Board in order to better signpost the services available

5.20 Jill Lawton outlined some of the key projects such as Supporting People and Active Monitoring, and Members heard how MIND in the Caerphilly region was providing a counselling service for the primary mental health teams.

5.21 Jill Lawton highlighted the importance of ensuring that services signposted on websites such as Melo are still active. Members heard about the frustration experienced when people tried to access services that have been closed.

5.22 At the third meeting Jill Lawton also highlighted the lack of specific bereavement counselling across the borough as an issue. One Member agreed and asked why general counsellors were unable to provide bereavement counselling as part of the package of care they provided. Jill advised that Caerphilly Borough MIND offered mental health counsellors and that specific advice on dealing with bereavement was a specialism.

5.23 The fourth Task Group meeting was held on 16th February 2022 and focussed on evidence from healthcare professionals. The key witnesses were Dr Chris O'Connor, Divisional Director for Mental Health and Learning Disabilities at Aneurin Bevan University Health Board and Dr David Llewellyn, Service Development Lead for the Integrated Wellbeing Networks of the Gwent Public Health Team.

5.24 Dr Chris O'Connor highlighted to Group Members that the impact of the pandemic on the mental health of the population had been immense. Dr O'Connor outlined to Group Members how research and studies over the last two years showed that that the pandemic has had a significant impact on the mental health and wellbeing of the population. Group Members then heard how this was also the conclusion of research Dr O'Connor carried out along with Cardiff University and Swansea University (*The Influence of the Covid-19 Pandemic on Mental Wellbeing and Psychological Distress: A Comparison Across Time – 15th July 2021*).

5.25 This research found that key groups within our communities were particularly impacted by the pandemic and were therefore at greater risk of developing mental health difficulties. Examples given by Dr O'Connor were: people who have had a severe Covid illness, those experiencing financial difficulties, people who have experienced significant relationship difficulties, people experiencing domestic abuse, people feeling socially isolated, those with previous mental health difficulties, and people working in the health and social care arena.

5.26 Dr O'Connor also brought to the attention of Panel Members data and research carried out by the Centre for Mental Health on the future need for Mental Health Support. Modelling throughout the pandemic showed that within the next 3-5 years their prediction is that capacity within NHS Mental Health Services will need to grow between twofold and threefold in order to deal with the increased demand.

5.27 At the fourth meeting the issue of referrals to mental health services in the Caerphilly County Borough was discussed. The inquiry heard how despite a reduction in referrals during the first lockdown for older people with functional mental health difficulties such as depression and anxiety, there was now significantly more referrals than was the case pre-pandemic.

5.28 The number of people going to see their GP about mental health difficulties was then raised by Dr O'Connor. The Task Group Members heard that demand within the Primary Care arena had gone up massively during the pandemic.

5.29 One Member asked about GP timeframes for referring a patient to a consultant. Dr O'Connor highlighted to the Task Group that waiting times for counselling and interventions were now increasing.

5.30 At the fourth meeting the inquiry heard how Psychological Wellbeing Practitioners

had been introduced within GP practices in order to provide a more effective service. Dr David Llewellyn advised that there were 12 Psychological Wellbeing Practitioners currently in place across the County Borough and that feedback from patients was very positive.

5.31 Dr Llewellyn outlined the challenge of ensuring that Psychological Wellbeing Practitioners were aware of the full range of services and activities available within the community and gave the example of Bereavement Cafes which were being planned by the Integrated Wellbeing Networks. Dr Llewellyn also agreed with a point made about the need for greater connectivity between mental health service providers and he stressed that this would ensure activities complimented each other and that users were signposted in the right direction.

5.32 Dr Llewellyn highlighted a community study by the Integrated Wellbeing Networks at the end of 2020 which found that the Pandemic had exacerbated existing difficulties (*Sustaining and Strengthening Community Wellbeing Together in the Covid Era – August 2020*). Dr Llewellyn also drew the Task Group's attention to the support available via the Melo website and the Gwent Connect 5 training programme. Dr O'Connor reiterated praise for the training provided by Public Health Wales via the Connect 5 programme.

5.33 At the fourth Task Group meeting one Member asked what more Caerphilly County Borough Council could do and specifically enquired if lobbying the Welsh Government for additional resources for more Psychological Wellbeing Practitioners would be beneficial. Dr O'Connor welcomed any lobbying for additional resources as he advised that historically mental health had been underfunded when compared with funding for physical health services.

5.34 Dr Llewellyn advised Task Group Members that talks were taking place about the implementation of Participatory Budgeting within Caerphilly County Borough. He outlined how the ambition was to empower communities to implement the services they required themselves and highlighted how Third Sector organisations could bid for funding under this process. Dr Llewellyn also raised plans for an online Wellbeing Index which would accumulate anonymised data at a community level on the key issues and suggested solutions in terms of community mental health and wellbeing. It was suggested that this would then feed into the Participatory Budgeting process and allow effective monitoring of impact.

5.35 **Conclusion**

The Task and Finish Group have been meeting regularly since July 2021 and have received evidence from key witnesses ranging from the Consultant Clinical Psychologist responsible for the delivery of mental health services across the Gwent region, to the Director of the Mental Health Foundation in Wales. Group Members have also considered a range of written material and gained a good understanding of the current situation in terms of how mental health services are delivered within the County Borough. The conclusion reached is that the impact of the Covid-19 Pandemic on the mental health and wellbeing of the population is immense and that action is now needed locally in mitigation against the resulting issues. After due deliberation the Task and Finish Group have made several recommendations for Cabinet consideration on the action required. These recommendations are outlined in Section 3 of this report.

6. ASSUMPTIONS

6.1 No assumptions are necessary.

7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT

7.1 As this report is for information only an Integrated Impact Assessment is not necessary.

8. FINANCIAL IMPLICATIONS

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

9. PERSONNEL IMPLICATIONS

9.1 There are no personnel implications with respect to this report.

10. CONSULTATIONS

10.1 All responses from the consultations have been incorporated in the report.

11. STATUTORY POWER

11.1 The Local Government Act 2000.

12. URGENCY (CABINET ITEMS ONLY)

12.1 Non-urgent.

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Appendices:
Appendix 1 The Influence of the Covid-19 Pandemic on Mental Wellbeing and

Psychological Distress: A Comparison Across Time – 15th July 2021.

Appendix 2 Sustaining and Strengthening Community Wellbeing Together in the Covid Era – August 2020.

Appendix 3 Information gathered at Task Review meetings since July 2021.

Appendix 1

COVID-19 Research: 2020 - 2021

THE INFLUENCE OF THE COVID-19 PANDEMIC ON MENTAL WELLBEING AND PSYCHOLOGICAL DISTRESS: A COMPARISON ACROSS TIME

15th July 2021

Authored by: Chris O'Connor, James Knowles, Nicola S. Gray, Jennifer Pink, Nicola Simkiss & Robert J. Snowden

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board
CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD
Swansea University Prifysgol Abertawe

Contents

Executive Summary

The COVID-19 pandemic has caused profound physical, social and economic changes across the world. Ongoing difficulties such as financial uncertainty, unemployment, health anxiety, social and physical isolation are likely to have negatively impacted the mental health and wellbeing of populations worldwide. Research monitoring the mental health and wellbeing of the population is essential in providing the understanding necessary to plan for a successful recovery process.

This research administered a series of online surveys to the Welsh population to examine levels of psychological wellbeing and the prevalence of clinically significant mental distress in the Welsh population. The first survey took place between the 9th of June 2020 to the 13th of July 2020 (11-16 weeks into the Welsh lockdown) and the second survey took place between the 18th of January 2021 to the 7th of March 2021 (4-11 weeks into the second Welsh lockdown). This data was also compared to data from April 2018-March 2019 gathered by the National Survey for Wales (ONS, 2019) to evaluate how wellbeing levels compared to pre-pandemic levels. Psychological wellbeing was indexed via the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), and psychological distress was indexed via the K10. The second survey also attempted to identify the factors driving psychological distress, along with the factors protecting individuals from poor wellbeing and psychological distress over the course of the pandemic.

Levels of wellbeing were lower in the second survey (2021) compared to the first survey (2020), which were already low compared to pre-pandemic data (2019). Rates of clinically significant psychological distress were found in 40.4% of the 2021 sample representing a 9.8% increase in prevalence from the first survey. As found in the first survey, mental health continues to be worse in women, young adults and individuals living in deprived areas and the gap in mental health and wellbeing between young and old adults continues to broaden. The second survey also identified that food insecurity, domestic abuse, prior history of mental health problems, social isolation, financial problems, and difficulties accessing necessary healthcare were the factors most strongly associated with psychological distress. Analysis of protective factors found that hope, resilience, and social connectedness were the most

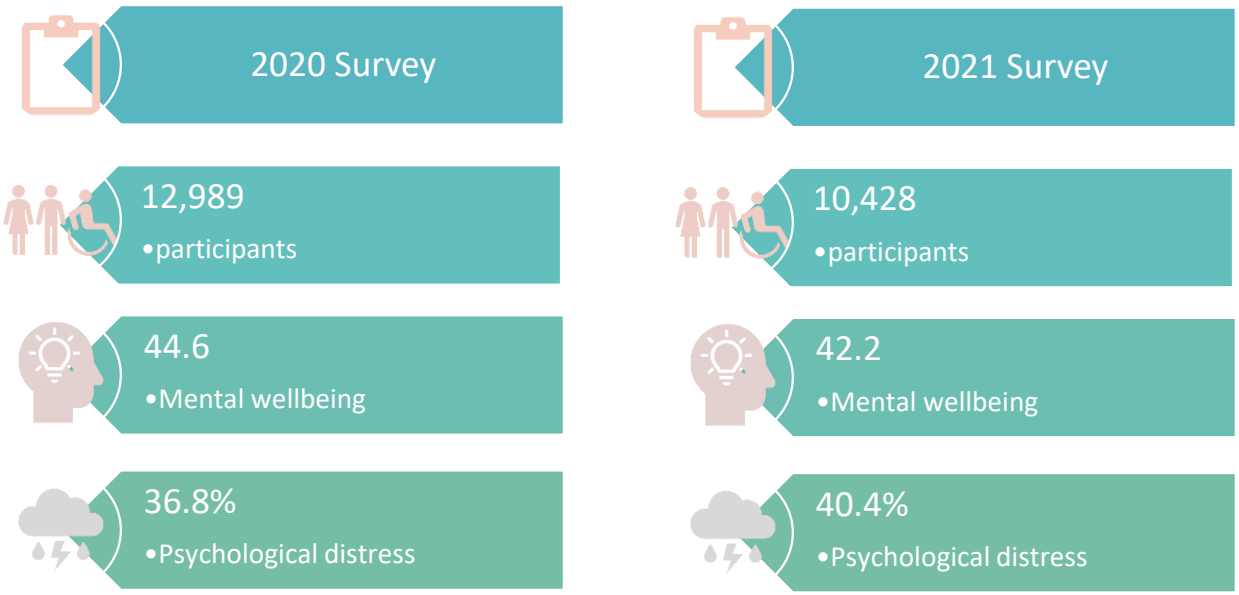
important factors in protecting against poor wellbeing and psychological distress during the pandemic.

Organisations with responsibility for supporting the wellbeing of the population throughout the pandemic, need to be aware of the increasing mental health difficulties experienced within the population. Extra consideration should also be given to (1) how younger adults can be supported, (2) how we can prevent exposure to the factors driving psychological distress and provide support to individuals experiencing these difficulties and, (3) how we can instill hope, build resilience, and keep individuals socially connected over the course of the COVID-19 pandemic and beyond.

Key points:

- Population mental wellbeing scores dropped from an average of 44.6 points (out of 70) in the 2020 survey, to 42.2 points in the 2021 survey.

- Rates of clinically significant psychological distress were found in 36.8% of the 2020 sample and 40.4% of the 2021 sample.



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We want to acknowledge the help and support we received from Joy Garfitt, Richard Jones, Philip Lewis, David Roberts, Alberto Salmoiraghi, and Ian Wile, who (along with Chris O'Connor) acted as the Principal Investigators in each of the seven Health Boards in Wales. Their hard work ensured we could disseminate the survey to local populations in all Health Boards across Wales. We would also like to thank Stuart Williams for his help in building the survey website and for setting up the social media accounts for Wales Wellbeing. We are grateful to Jo Jordan, who at the time of the survey was the National Programme Director for Mental Health (NHS Wales). Thank you to all members of the All Wales Health Boards COVID-19 Mental Health Leads meeting, for their assistance and support with this research. We would like to say thank you to Chris Norman at the Portfolio Team at Health Care Research Wales for facilitation of research governance underpinning this survey and we are also grateful to all the individuals and the many statutory, third sector and private organisations who disseminated the survey across Wales. Finally, we would like to say a big thank you to everyone who took part in our surveys, particularly those who volunteered to take part in future studies that will help us to track the course of changes in mental health and wellbeing as the COVID-19 pandemic progresses.

Background

Purpose and aims

The COVID-19 pandemic has caused profound social and economic changes across the world. It has caused a wide range of problems ranging from fear for one's own safety, the loss of loved ones, economic uncertainty, and the challenging effects of physical and social isolation, all of which are likely to negatively impact the mental health and wellbeing of populations worldwide. This research used data from the first and second national lockdown periods[1] to:

1. Monitor the mental health and wellbeing of the Welsh population.

2. Build an understanding of the factors affecting mental health and wellbeing during the pandemic.

3. Identify factors that protected individuals against the stressful effects of the COVID-19 pandemic.

The COVID-19 pandemic in Wales

The aim of the present research was to monitor the mental health and wellbeing of the Welsh population from the first and second lockdown periods[1]. This research administered two surveys to the Welsh population. The first survey took place during the first national lockdown, from the 9th of June 2020 to the 13th of July 2020 (more details on the lockdown restrictions during the first survey can be found in our previous report). The second survey took place between the 18th of January 2021 to the 7th of March 2021. At the start of the first survey (9th of June 2020) Wales was under the UK wide lockdown implemented from the 23rd of March 2020, with all people required to stay at home except for very limited purposes. By

[1] For the purposes of this report, the 'first' lockdown refers to the lockdown implemented across Wales from the 23rd of March 2020 until the 6th of July 2020 and the 'second' lockdown refers lockdown restrictions implemented across Wales from the 19th of December 2020 until the 12th of March 2021 (Senedd Research, 2021). This does not include the "fire-break" lockdown that occurred across Wales from the 23rd of October until the 9th of November 2020.

the 19th of June 2020, some lockdown restrictions were eased in Wales, with non-essential retail business, childcare facilities, and the housing market re-opening. By the 29th of June 2020, Welsh schools began to re-open and by the 6th of July 2020, lockdown restrictions were further eased across Wales, with people allowed to travel more than 5 miles from their home, although the other restrictions remained in place. At the start of the second survey (18th of January 2021), Wales was under another period of lockdown restrictions that had been put in place from the 19th of December 2021, with all people required to stay at home except for very limited purposes. These lockdown restrictions were in place until the end of the survey (7th March 2021). During the period of the second survey, the Welsh Government was starting to roll out Wales' vaccination programme (Senedd Research, 2021).

Previous UK studies

Literature on population wellbeing after disasters

Previous research into community mental health recovery after acute, chronic, natural and human-caused disasters has demonstrated that recovery is not a straightforward process and the effects of disasters can last several years (The King's Fund, 2020; DeWolfe, 2000). Traditional models of recovery (DeWolfe, 2000) suggest that there is often a sharp decrease in emotional wellbeing immediately after the onset of a disaster (impact phase), followed by a temporary period of increased wellbeing and altruistic optimism as communities pull together (heroic and honeymoon phases). This is typically followed by a time where individuals recognise the scale and reality of the disaster, fatigue sets in and wellbeing declines (disillusionment phase), before a period where wellbeing is slowly reconstructed over a period of many years (reconstruction phase). Whilst the COVID-19 pandemic has been an ongoing, multifaceted and unpredictable series of events rather than one single event, drawing on past research into population recovery from disasters, can help us make sense of the patterns displayed in current research investigating how the mental health and wellbeing of populations have been affected over the course of the COVID-19 pandemic.

Initial response

During the initial stages of the COVID-19 pandemic, reports indicated an increase in the prevalence of population psychological distress. During April 2020, one month after the WHO declared the COVID-19 outbreak a pandemic (11th March 2020; WHO, 2020) investigations

across the UK (Pierce et al., 2020) reported large increases in the rates of clinically significant psychological distress compared to levels prior to the COVID-19 pandemic. Similar findings during the initial months of the pandemic have been replicated across the world. Xiong et al., (2020) found that high rates of anxiety, post-traumatic stress disorder, depression, psychological distress and stress had been reported in general populations in China, Spain, Italy, Iran, America, Turkey, Nepal and Denmark, with young people (<40), women, presence of chronic and psychiatric illness, students and unemployed individuals amongst the most negatively impacted.

Our first survey investigated the mental health and wellbeing of the Welsh population during the first national lockdown and compared it to population-based data collected in 2019, prior to the COVID-19 pandemic (Gray et al., 2020). The research revealed a large decrease in population wellbeing, with wellbeing levels across the population decreasing from an average of 51.2 (out of 70) in 2019, to 44.6 in 2020, a decrease of 6.6 points. The research also observed an increase in psychological distress, with women, young people and those living in deprived areas the most adversely affected. This sharp decline in population mental health and wellbeing following the onset of the pandemic is consistent with the "impact phase" trajectory outlined in traditional models of post-disaster population recovery (DeWolfe, 2000).

After the initial response

Further research has examined the mental health and wellbeing of the UK population in the months following the onset of the COVID-19 pandemic. Fancourt et al. (2020) found that the highest levels of depression and anxiety occurred in the early stages of lockdown, with symptoms steadily improving from March 2020 to August 2020. Shevlin et al., (2021) conducted a longitudinal survey of UK adults measuring anxiety and depression levels, in March 2020 (Time 1), April 2020 (Time 2) and July 2020 (Time 3). They found that the prevalence of anxiety and depression remained stable across the three time points. Pierce et al., (2021) also reported that by October 2020 the mental health of most UK adults returned to pre-pandemic levels. Studies in Korea (Choi et al., 2021) and Australia (Pieh et al., 2021) have also demonstrated similar effects, with population wellbeing showing signs of improvement in the months after the onset of the pandemic. This research indicates that after the initial decline in population mental health and wellbeing during March and April

2020, the mental health of the population has either stabilised or started to improve. This pattern of stabilising and improving mental health in the months after the onset of the pandemic is consistent with the 'heroic' and 'honeymoon phases' outlined in traditional disaster recovery models (DeWolfe, 2000), where population wellbeing temporarily increases as communities pull together after the onset of a crisis.

Whilst this research paints an optimistic picture, there are still reasons to be concerned for the wellbeing of the population over the course of the pandemic. Firstly, since August 2020, within the UK there has been a second surge in COVID-19 cases and deaths, the introduction of COVID-19 variants, and a prolonged period of lockdown restrictions (Senedd Research, 2021), resulting in increased feelings of uncertainty, economic difficulties, continued health anxiety, and increased loneliness. Therefore, it seems likely that the second set of lockdown restrictions announced in December 2020 will have had a detrimental impact on population wellbeing. Secondly, post-disaster wellbeing recovery models (DeWolfe, 2000) indicate that a period of recovery after the initial onset of the disaster is typically followed by a time where the reality of the disaster sets in and wellbeing declines (disillusionment phase). Considering this model, it may be short-sighted to interpret the recovery demonstrated in the UK population between April and October 2020 (Pierce et al., 2021) as evidence of a completed recovery path. Whilst the COVID-19 pandemic is unpredictable in many ways, it is likely that the impact on the mental health of the population will endure for many years and the recovery will not be a straight-forward or linear process.

The Present Study

Monitoring the mental health and wellbeing of the population

Given the unpredictable and ongoing difficulties associated with the COVID-19 pandemic, it is important that research continues to monitor the wellbeing of the population. A comprehensive understanding of the wellbeing needs of the population facilitates the development of effective interventions and recovery strategies (The King's Fund, 2020). Whilst a great deal of research examined the wellbeing of the population in the initial weeks and months after the onset of the pandemic, less research has focused on how population wellbeing has progressed one year later. This project aimed to understand the mental health and wellbeing of the Welsh population using data from the first UK lockdown the second UK lockdown.

Previous research has focused primarily on mental health difficulties experienced in populations throughout the COVID-19 pandemic. However, there is a growing emphasis in the mental health literature that mental wellness is not simply the absence of mental illness (Suldo & Shaffer, 2008). Mental health difficulties can be defined as "a pattern of behaving, thinking, and feeling that causes a person significant distress or impairment of functioning", whereas mental wellbeing is a construct that represents happiness and a sense of purpose which can remain even in the presence of distress, or suffering (Weich et al., 2011). This research acknowledges the importance of both decreasing mental health difficulties and promoting positive mental wellbeing in the population. Therefore, this project places focus on measuring both mental health difficulties and mental wellbeing.

In addition to examining the overall wellbeing of the population throughout the COVID-19 pandemic, it is also vital to understand the wellbeing of different groups within the population. Identifying the groups most adversely affected by the pandemic can help authorities develop targeted interventions that provide help to those who need it most. Prior research has indicated that factors such as gender (Xiong et al., 2020), age (Gray et al., 2020), and socioeconomic deprivation (Pierce et al., 2020) have influenced the degree to which individuals were negatively impacted by the COVID-19 pandemic. Therefore, this study will also investigate the effects of gender, age, and socioeconomic deprivation on mental health and wellbeing throughout the pandemic. Moreover, as different regions across Wales have been differently impacted by rates of COVID-19 and COVID-19 restrictions, we will also examine the levels of wellbeing and psychological distress across the seven Health Board regions in Wales.

Identifying factors causing psychological distress

As well as understanding the mental health of the population, it is also vital to build an understanding of the factors driving any changes in mental health. If we can identify specific aspects of the COVID-19 pandemic that are causing mental health difficulties in the population, we can work towards preventing them and better protecting the mental health of our communities.

There are many aspects of the COVID-19 pandemic that are likely to have negatively impacted the mental health of the population. These factors include the increases in job insecurity and job losses (Sher,2020); people experiencing bereavement (Verdery et al., 2020); financial difficulties (Prime et al., 2020); school closures and home-schooling (Van Lancker & Parolin, 2020); food insecurity (Van Lancker & Parolin, 2020); increased domestic abuse (Mahase, 2020); worsening physical health (Bo et al., 2020); increased health anxiety (Jungmann et al., 2020) and social isolation (Groarke et al., 2020). Therefore, this study will also investigate the extent to which these stressors have impacted the mental health of the population.

Identifying protective factors

Understanding the factors that are causing distress in the population is important. However, it is not possible to eliminate all stressors during a global pandemic. Having large portions of the population experience adversity is an unfortunate reality of a pandemic. Nonetheless, not all individuals that undergo adversity experience mental health difficulties (PeConga et al., 2020). There are many individuals who maintain their wellbeing and mental health during periods of severe adversity. In fact, some research has indicated that resilience is the most common human response to adversity (Shevlin et al., 2021; PeConga et al., 2020). This means that when people experience extreme stressors, such first responders to the 9/11 world trade centre attacks (Pietrzak et al., 2014) or health care workers in China during the SARS outbreak (Wu et al., 2009), most do not go on to experience or develop clinically significant mental health difficulties (PeConga et al., 2020).

Therefore, it is important to identify factors that help our communities withstand the stressful events caused by the COVID-19 pandemic. If we can understand the factors that help buffer against the stressful effects of the COVID-19 pandemic, we can develop strategies that help build resilience in our communities throughout the pandemic and beyond. Past research has indicated that psychological resilience (Smith et al., 2008), hope for the future (Gallagher et al., 2020), social connectedness (Nitschke et al., 2021), stress immunity (Pink et al., 2021), and reality acceptance (McCracken & Vowles 2006) all help protect individuals who experience adversity from developing mental health difficulties. Therefore, this project also investigated whether these protective factors help individuals maintain their mental health and wellbeing during the COVID-19 pandemic.

Key study aims

This project aimed to use data from the first and second Welsh lockdown periods to:

1. Monitor the mental health and wellbeing of the overall Welsh population. This also includes an examination the effects of gender, age, socioeconomic deprivation, Health Board and Local Authority region on mental health and wellbeing.

2. Build an understanding of the factors driving poor wellbeing and psychological distress in the population.

3. Identify the factors that help individuals maintain their mental health and wellbeing during the stressful events of the COVID-19 pandemic.

Research Methods

Ethics

The study was approved by the Research Ethics Committee at the College of Health and Human Sciences, Swansea University. The project is registered with ISRCTN ref: 21598625. The study protocol is published at:
http://psy.swansea.ac.uk/staff/gray/Protocol_Impact_of_COVID19_on_Mental_Health_July2020.pdf

Participants

Participants were recruited via two online surveys. The first survey took place in between June and July 2020 and the second survey took place between January and March 2021. The recruitment methods for each survey are described below.

2020 survey

The participant recruitment procedures for the 2021 survey were the same as the 2020 survey described below. More details on the 2020 survey participant recruitment procedures can also be found in our previous report. In total, 15,469 participants started the 2020 survey. Of these, 2,417 did not complete over 50% of the survey and were excluded from further

analysis. The median survey completion time was 647 seconds (IQR: 510 – 863). Individuals who completed the survey in under 240 seconds were excluded from the analysis (n = 63) as we did not believe participants could provide accurate answers at such quick speeds. Our final sample for the 2020 survey consisted of 12,989 individuals.

2021 survey

Participants for the 2021 survey were recruited via online snowball sampling. The survey was advertised via a series of social media advertisements and emails designed to cover the population of Wales. This included emails and tweets being sent to organisations across Wales asking them to publicise the existence of the survey giving the URL of the survey website for participants to be able to access the survey. Many organisations agreed to support the research and to advertise and disseminate the survey. This included all seven Health Boards in Wales; the four police forces in Wales; the Welsh Ambulance Service Trust; the three Fire & Rescue services in Wales; many large employers across Wales, including large government organisations; care homes; homelessness organisations; GPs; the Welsh Farmers' Union; sporting organisations and third sector organisations (e.g., charitable organisations supporting specific sectors of the community). The survey was also advertised via newspapers, radio broadcasts, and celebrity tweets.

To make sure the survey recruited individuals from all areas across Wales, we ensured that a minimum number of participants (n = 250) were recruited from each of the 22 Local Authorities across Wales (Merthyr Tydfil (n = 176) and Wrexham (n = 180) were the only exceptions to this). The survey was open from the 18th of January 2021 to the 7th of March 2021. During this period, Wales was in a period of "lockdown", with individuals instructed not to leave their homes other than for essential reasons.

In total, 13,283 participants took part in the survey. Of these, 2,767 did not complete over 50% of the survey and were excluded from further analysis. Analysis of the time taken to complete the survey found the median completion time was 829s (IQR: 653–1103) and people (n = 26) who completed the survey in under 240s were excluded from the survey as such fast completion times were not commensurate with carefully answering the questions. Participants who reported that they did not currently live in Wales were also excluded (n =

62) to ensure all participants were under the same lockdown conditions. Our final sample for the '2021 survey' consisted of 10,428 participants.

Measures

The survey was administered online (Qualtrics software, Version June 2020, Provo, UT, USA, Copyright © 2020Version) for the vast majority of participants (> 99%) and was available in both English and Welsh language versions. We also had a dedicated telephone line that was widely advertised so sectors of the population with limited access to the internet could request a paper-based survey (with stamped addressed envelope) and thus were able to engage with the survey. The survey was designed to take around 10 minutes to complete.

The 2020 and 2021 survey were largely the same. All measures described below appeared in both surveys, unless stated otherwise. The first section contained an information sheet and a consent form. The second section asked for demographic information that included questions on participants' age, gender, ethnicity and postcode (used to calculate the deprivation index). The third section included questions related to levels of wellbeing and psychological distress. The fourth section asked about the COVID-19 related stressors that participants were experiencing, and the final section enquired about participants levels of hope for the future, psychological resilience, social connectedness, stress immunity and reality acceptance.

Wellbeing

Current mental wellbeing (over the past two weeks) was assessed via the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS; Tennant et al., 2007). The WEMWBS contained 14 items covering issues such as positive affect, level of functioning, and relationships over the past two weeks. Items are answered on a five-point Likert scale with respect to frequency (from "none of the time" to "all of the time") to give a score ranging from 14 to 70, with greater scores indicating greater wellbeing. The internal consistency of the WEMWBS was high in the 2021 sample (Cronbach $\alpha = 0.94$).

Psychological distress

Current level of psychological distress was assessed by the Kessler Distress Scale (K10; Kessler, et al., 2002). The standard K10 asks people to rate their distress over the past 30 days.

However, we chose to amend this to over the past two weeks to match the time period of the WEMWBS. The K10 contains 10 items measuring current psychological distress and, in particular, symptoms of anxiety and depression. Items are rated on a five-point Likert scale with respect to frequency (from "none of the time" to "all of the time") to give a score from 10 to 50, with greater scores indicating greater levels of psychological distress. The internal consistency of the K10 was high in the 2021 sample (Cronbach $\alpha = 0.93$).

Welsh Index of Multiple Deprivation

The Welsh Index of Multiple Deprivation (WIMD) is produced by the Welsh Government (2019) and is a measure of relative deprivation for 1,909 areas of Wales (1 = most deprived, 1909 = least deprived), with each area containing an average of 1,600 people. It defines deprivation as "the lack of access to opportunities and resources which we might expect in our society", p 14). Participants' WIMD rank was calculated using their postcode information.

COVID-19 stressors

This set of questions aimed to understand the COVID-19 related stressors that participants had experienced. This section provided participants with a list of potential stressors they may have experienced since the onset of the COVID-19 pandemic. Participants were asked to tick the box next to the listed stressor if they had experienced that stressor since the start of the COVID-19 pandemic.

The list of stressors included experiencing COVID-19 symptoms, experiencing financial problems, being made redundant, experiencing food insecurity (defined as not having enough nutritious food for one's needs, or one's family's needs), experiencing a bereavement, having responsibility to home-school a child, experiencing social isolation (defined as complete, or near complete, lack of contact with other people), being unable to stay in contact with loved ones, experiencing relationship problems, experiencing domestic abuse, having to cancel important upcoming events[2], experiencing increased difficulties in caring for someone[2] and

[2] This was only asked about in the 2021 survey.

being unable to access necessary healthcare[2]. Similar measures utilising "Yes/No" responses to a list of stressors has previously demonstrated good test-retest reliability and convergent validity (Kujawa et al., 2020).

Hope[2]

Participants' levels of hope were assessed via 4 statements taken from Beck's Hopelessness Scale (Beck et al., 1979). Participants were asked to rate whether the following statements were true or false: "*In the future I expect to succeed in what concerns me most*", "*My future seems dark to me*", "*I just don't get the breaks and there is no reason to believe I will in the future*" and "*I have great faith in the future*". Participants answers to these questions were calculated to give a score ranging from 0 (very hopeless) to 4 (very hopeful). Past research has demonstrated that participants' answers on these four items were very highly correlated with their total scores on the full 20-item Beck's Hopelessness Scale (Aish et al., 2001), a widely used clinical tool used to assess clinical levels of hopelessness. The internal consistency for the hope questionnaire was high in the 2021 sample (Cronbach $\alpha = 0.80$).

Resilience[2]

Participants' resilience was measured using the Brief Resilience Scale (BRS) developed by Smith et al., (2008). The BRS asks people to rate a series of six statements such as "*I tend to bounce back quickly after hard times*" on a five-point Likert scale from "strongly disagree" to "strongly agree". Responses on the 6 BRS items are totalled up to give a score ranging from 6 (low resilience) to 30 (high resilience). The BRS has previously proven to be a valid and reliable measure of resilience (Smith et al., 2008). The internal consistency of the BRS was high in the 2021 sample (Cronbach $\alpha = 0.90$).

Stress Immunity

[2] This was only asked about in the 2021 survey.

This set of questions looked to examine participants levels of stress-immunity, i.e., the extent to which they could withstand stressful occurrences. The stress immunity sub-scale from the Triarchic Psychopathy Measure (TriPM; Patrick, 2010) was used to assess levels of stress immunity. The six questions within the sub scale asked participants to rate a series of statements on a four-point Likert scale from "true" to "mostly true", to "mostly false" to "false". Participants responses on the 6 items are totalled up to give a score ranging from 4 (low stress immunity) to 24 (high stress immunity). The six items in the questionnaire assessed levels of fear, self-confidence, embarrassment and overcoming trauma. This six-item scale indexes a stable personality trait measuring how immune the individual is to stress and trauma. The internal consistency of the TriPM Stress Immunity Subscale was good in the 2021 sample (Cronbach $\alpha = 0.77$).

Social Connectedness[2]

Social connectedness was measured using the UCLA Three-Item Loneliness Scale (Russell, 1996). The UCLA Three-Item Loneliness Scale asks participants 3 questions that measure relational connectedness: *"How often do you feel that you lack companionship?",* social connectedness: *"How often do you feel left out?"* and self-perceived isolation *"How often do you feel isolated from others?"*. Participants respond to each question on a scale of 1 "Hardly ever" to 3 "Often". The scores for each individual question are then added together to give a possible range of scores from 3 to 9. The UCLA Three-Item Loneliness scale has previously been shown to be a valid and reliable measure of social connectedness (Russell, 1996). The internal consistency of the UCLA Three-Item Loneliness Scale was high in the 2021 sample (Cronbach $\alpha = 0.85$).

Reality Acceptance[2]

This set of questions aimed to measure the degree to which participants had accepted the reality of the current COVID-19 pandemic. The Reality Acceptance Questionnaire (RAQ) asks participants to rate a series of six statements such as "*I have accepted the changes that COVID-19 has had on my life*" or "*I accept that the Covid-19 pandemic is a real threat to many*

[2] This was only asked about in the 2021 survey.

people's health" on a five-point Likert scale from "strongly disagree" to "strongly agree". The scores for each individual question are then added together to give a possible range of scores from 6 (low reality acceptance) to 30 (high reality acceptance). The internal consistency for the Reality Acceptance Questionnaire was acceptable in the 2021 sample (Cronbach α = 0.69).

Research Findings

Demographics

Demographic from the 2020 survey and the 2021 survey are displayed in Table 1. Relative to the demographics of the population of Wales (ONS, 2011) the current sample underrepresented men, young individuals (aged 16-24) and older individuals (aged 75+). Therefore, all statistical analyses were stratified by gender and by age, so that any differences due to gender or age would not affect the results reported.

Table 1: Demographic information for the 2020 and the 2021 sample

		2020 sample (%)	2021 sample (%)
Total		12,989 (100.0)	10,428 (100.0)
Gender	***Male***	2,490 (19.2)	1460 (14.0)
	Female	10,391 (80.0)	7893 (75.7)
	Other	25 (0.2)	17 (0.2)
	Prefer not to say/no response	83 (0.6)	1058 (10.1)
Age	***16-24***	703 (5.4)	506 (4.9)
	25-34	1870 (14.4)	1359 (13.0)
	35-44	2647 (20.4)	2055 (19.7)
	45-54	3254 (25.1)	2498 (24.0)
	55-64	2761 (21.3)	2381 (22.8)
	65-74	1356 (10.4)	1302 (12.5)
	75+	398 (3.1)	327 (3.1)
Deprivation Rank	***1 (most deprived)***	1994 (15.4)	1575 (15.1)
	2	1998 (15.4)	1515 (14.5)

	3	2015 (15.5)	1480 (14.2)
	4	2004 (15.4)	1531 (14.7)
	5 (least deprived)	2006 (15.4)	1655 (15.9)
	Prefer not to say/no response	2972 (22.9)	2672 (25.6)
Ethnicity	***White - any***	12,553 (96.6)	10110 (96.9)
	Asian - any	130 (1.0)	62 (0.6)
	Black - any	16 (0.1)	16 (0.2)
	Mixed - any	110 (0.8)	79 (0.8)
	Other	74 (0.6)	57 (0.5)
	Prefer not to say/no response	106 (0.8)	104 (1.0)
Relationship status	***Single***	1847 (14.2)	1435 (13.8)
	Married/civil partnership	7101 (54.7)	5830 (55.9)
	Co-habiting with partner	1880 (14.5)	1418 (13.6)
	Partner non-cohabiting	753 (5.8)	539 (5.2)
	Separated	198 (1.5)	173 (1.7)
	Divorced	652 (5.0)	534 (5.1)
	Widowed	406 (3.1)	343 (3.3)
	Other	69 (0.5)	63 (0.6)
	Prefer not to say/no response	83 (0.6)	93 (0.9)
Employment*	***Paid employment***	8533	6332
	Self-employed	502	444
	Student	480	607
	Apprentice	31	10
	Unemployed	149	108
	Long term sick/disability	413	405
	Retired	1945	1955
	Furloughed	574	300
	Stay at home parent	228	214
	Full time carer	42	163
	Other	2	305
	Prefer not to say/no response	90	38

** Percentages not given for the employment demographics as participants could select multiple options.*

2021 survey

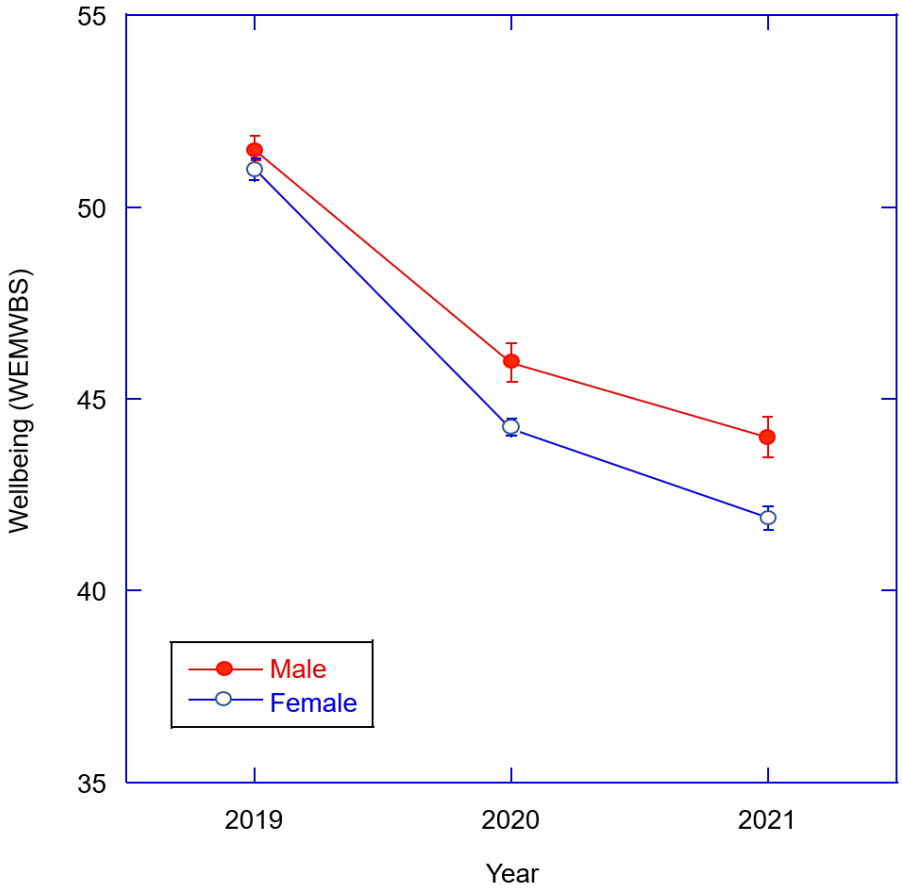
An examination of the data from the 2021 survey showed a similar pattern of results to the 2020 survey (see Table S1 in supplementary materials). Levels of mental wellbeing were lower in women, younger people, and in those from the more deprived areas (all *p*s < .001). Levels of psychological distress (see Table S2 in supplementary materials) were also greatest in women, younger people, and those from more deprived areas (all *p*s < .001).

Conclusion: Across both the 2020 survey and the 2021 survey, wellbeing was lower and psychological distress was higher for women, young adults, and individuals from deprived areas.

Comparison of the 2020 and 2021 surveys: Wellbeing

Figure 1 compares the mean scores on the wellbeing measure (WEMWBS) for the 2020 sample and the 2021 sample, it also includes national wellbeing data from the 2018-2019 National Survey for Wales (ONS, 2019) for comparison purposes. Descriptive statistics are also displayed in Table S1 (supplementary materials). Participants' wellbeing scores were significantly lower during the 2021 survey (M = 42.2), compared to the 2020 survey (M = 44.6), $t(23399) = 17.70$, $p < .001$, representing a 2.4 points reduction or an effect size of $d = 0.23$. It should be noted that this decrease in wellbeing is on top of the detriment of the 6.6 points reduction from 2019 to 2020.

Figure 1. Mean scores for men and women on the WEMWBS for the 2020 sample and the 2021 sample.



To understand if this reduction in mental wellbeing was influenced by gender, age or socioeconomic deprivation, a series of Analysis of Variance (ANOVA) tests were performed examining each of these factors.

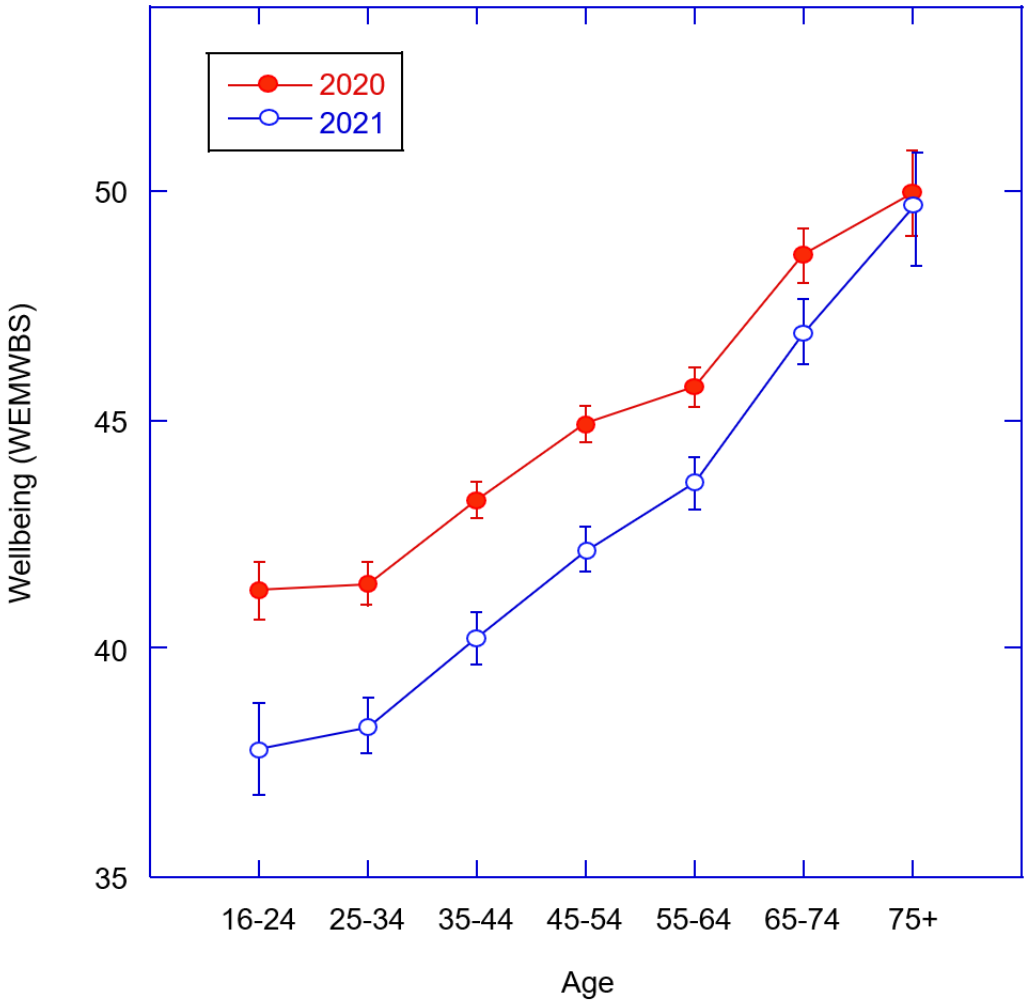
Gender

There were no gender differences in the change in wellbeing over time, with both men and women experiencing a similar decrease in wellbeing from the 2020 survey to the 2021 survey. On average, scores on the WEMWBS decreased by 2.0 points for men and 2.4 points for women, from the 2020 survey to the 2021 survey. Whilst it appears the reduction in wellbeing may have been slightly larger for women compared to men, this effect was not statistically significant.

Age

We found that age did influence change in wellbeing over time $F(1, 23387) = 4.24$, $p < .001$, $\eta p^2 = .001$. Follow up tests revealed that younger age groups showed a more pronounced decline in wellbeing from the 2020 survey to the 2021 survey (see Table S1 in supplementary materials & Figure 2 below). For the youngest age group (16-24), WEMWBS scores reduced by 3.5 points on average from the 2020 survey to the 2021 survey, whereas for the older group (75+) WEMWBS scores only reduced by 0.3 points.

Figure 2. Mean scores for each age group on the WEMWBS (wellbeing) for the 2020 sample and the 2021 sample.



Socioeconomic Deprivation

There was no difference in the change in wellbeing over time between the five deprivation groups. All of the different deprivation groups experienced a similar decrease in wellbeing from the 2020 survey to the 2021 survey. On average, scores on the WEMWBS reduced by 2.8 points for the most deprived group and 2.1 for the least deprived group, from the 2020 survey to the 2021 survey. Whilst it appears the reduction in wellbeing may have been slightly larger for the most deprived group, this effect was not statistically significant.

Conclusion: Levels of wellbeing have reduced significantly from the 2020 survey to the 2021 survey. This reduction in wellbeing was steeper for younger individuals relative to older individuals. The drop in wellbeing was the same across genders and across different socioeconomic deprivation groups.

Health Board

Table S3 (supplementary materials) shows the average wellbeing scores for each of the seven Health Boards across Wales in both the 2020 and 2021 survey. Most Health Boards experienced a significant decline in population wellbeing from the 2020 to 2021 survey. Betsi Cadwaladr University Health Board and Powys Teaching Health Board were the only exceptions to this, with no statistically significant reduction in population wellbeing occurring between the 2020 and 2021 surveys. Aneurin Bevan University Health Board (decrease of 4.2 points) and Cardiff & Vale University Health Board (decrease of 3.5 points) experienced the largest decline in population wellbeing from the 2020 to the 2021 survey. During the 2021 survey, the highest levels of wellbeing were observed in Powys Teaching Health Board[3] (44.6) and Hywel Dda Health Board (43.3) and the lowest levels of wellbeing were observed in Aneurin Bevan University Health Board (41.1) and Cardiff & Vale University Health Board (41.9).

[3] Only 251 participants from Powys took part in the survey. This is quite a small number and therefore we are less confident that this number accurately captures population wellbeing in Powys.

Conclusion: Most Health Boards and Local Authorities experienced a decrease in population wellbeing. Aneurin Bevan University Health Board and Cardiff & Vale University Health Board experienced the sharpest decline in population wellbeing and Betsi Cadwaladr University Health Board and Powys Teaching Health Board were the only Health Boards to have no significant decline in population wellbeing.

Local Authority

An examination of the wellbeing within each of the 22 Local Authorities within Wales shows that the mental health of certain areas within Wales were more affected than others during the COVID-19 pandemic. Data from the 22 Local Authorities are listed in Table S4 (supplementary materials). It shows that most Local Authorities experienced a significant reduction in population wellbeing, with Caerphilly (-4.5 points), Monmouthshire (-4.5 points), Torfaen (-4.5 points), Bridgend (-3.9 points), Newport (-3.7 points), Cardiff (-3.6 points), Vale of Glamorgan (-3.4 points) and Ceredigion (-3.3 points) experiencing the sharpest decline in population wellbeing.

The only Local Authorities that saw an improvement in population wellbeing was Anglesey (+1.6 points), Gwynedd (+1.4 points) and Pembrokeshire (+0.2 points), though these improvements were not statistically significant. Conwy showed no change in population wellbeing from the 2020 survey to the 2021 survey. During the 2021 survey, the highest levels of wellbeing were observed in Pembrokeshire (44.7), Powys (44.6), Gwynedd, Carmarthenshire and Anglesey (all 43.8). The lowest levels of population wellbeing were observed in Caerphilly (40.3), Blaenau Gwent (40.5) and Newport (40.8). When analysing these findings, it is important to acknowledge that the number of participants within some of the Local Authorities were quite small and therefore the results must be interpreted with some degree of caution.

Conclusion: Caerphilly, Monmouthshire, and Torfaen were the Local Authorities to experience the sharpest decline in population wellbeing. The only Local Authorities not to experience a decline in population wellbeing were Anglesey, Gwynedd, Pembrokeshire, and Conwy.

Comparison of the 2020 and 2021 surveys: Psychological Distress

The K10 was included in this study because of its well-established ability to categorise people in terms of clinically significant levels of mental distress. The K10 can be used to classify people as "psychologically well (0-19)", "mild mental distress (20-24)", "moderate mental distress (25-29)", and "severe mental distress (30+)". For the purposes of analysing levels of distress in the population, we used the cut-off of 25 or more to define people who had a "moderate or severe level of mental distress". Past research has demonstrated that individuals scoring above 25 on the K10 have a 69.4% chance of meeting the criteria for a DSM-IV mental disorder in the past year (Andrews & Slade, 2001).

Overall, 40.4% of the sample were suffering from moderate to severe distress in the 2021 sample, compared to 36.8% in the 2020 sample, an increase of 3.6 percentage points representing a 9.8% increase in prevalence. This was statistically significant, $\chi^2(1) = 30.53$, $p < .001$, Nagelkerke $R^2 = .002$. $\beta = 0.15$, SE = 0.03, Wald = 30.5, $p < .001$, Exp(B) = 1.16.

To understand if this increase in rates of psychological distress was influenced by gender, age or socioeconomic deprivation, a series of logistic regressions examined which demographic factors influenced increases in rates of psychological distress. Table S2 (supplementary materials) displays the rates of moderate to severe psychological distress for each demographic group during the 2020 and the 2021 survey.

Gender

In terms of *change* in psychological distress from the 2020 to the 2021 survey, there were no differences between men and women. Rates of moderate to severe psychological distress increased equally for both genders from the 2020 to the 2021 survey.

Age

Our analysis showed that age influenced the increase in rates of psychological distress from the 2020 to the 2021 survey, $\beta = -0.04$, SE = 0.01, Wald = 6.15, $p < .05$, Exp(B) = 1.04. Our analysis showed that the younger age groups showed a larger increase in psychological distress compared to the older groups. Indeed, in the 2020 sample, an individual aged 16-24 was 6.7 times more likely to experience moderate to severe psychological distress compared

to an individual aged 75 or older, but this has risen to 10 times more likely in the 2021 sample (see Table S2 in supplementary materials).

Socioeconomic deprivation

In terms of *change* in psychological distress from the 2020 to the 2021 survey, there were no differences between the five deprivation groups, with the rates of moderate to severe psychological distress increasing equally for all groups.

Conclusion: Rates of moderate to severe psychological distress have risen significantly from the 2020 survey to the 2021 survey. This increase in psychological distress was larger for younger individuals relative to older individuals. The increase in rates of psychological distress was the same across genders and across different socioeconomic deprivation groups.

Health Board

Table S5 (supplementary materials) shows the proportion of participants experiencing moderate to severe psychological distress for each of the seven Health Boards across Wales in both the 2020 and 2021 survey.

Most Health Boards experienced some degree of increase in population psychological distress from the 2020 to 2021 survey. The only exceptions to this were Betsi Cadwaladr University Health Board and Swansea Bay University Health Board, who saw decreases in the rates of moderate to severe psychological distress of 13.0% and 4.7% respectively. The largest increases in rates of moderate to severe psychological distress were seen in Aneurin Bevan University Health Board (29.9% increase) and in Cardiff & Vale University Health Board (27.0% increase). Increases in rates of psychological distress were also observed in Cwm Taf Morgannwg Health Board (15.3% increase), Powys Teaching Health Board (1.9% increase) and Hywel Dda Health Board (2.0% increase).

During the 2021 survey, the highest rates of moderate to severe psychological distress were observed in Aneurin Bevan University Health Board (44.7%) and Cardiff & Vale University Health Board (26.6%), and the lowest rates of distress were found in Powys Teaching Health

Board[3] (32.1%), Hywel Dda Health Board (36.1%) and Swansea Bay University Health Board (36.3%).

Conclusion: Most Health Boards experienced an increase in rates of moderate to severe psychological distress. Aneurin Bevan University Health Board and Cardiff & Vale University Health Board experienced the sharpest increase in population psychological distress and Betsi Cadwaladr University Health Board and Swansea Bay University Health Board were the only Health Boards to observe a decrease in rates of psychological distress.

Local Authority

An examination of the rates of psychological distress within each of the 22 Local Authorities within Wales, shows that the mental health of certain areas within Wales were more affected than others during the COVID-19 pandemic. Data from the 22 Local Authorities are listed in Table S6 (supplementary materials). It shows that Monmouthshire, Cardiff, Ceredigion, Caerphilly, Newport, Torfaen and the Vale of Glamorgan all experienced significant increases in rates of psychological distress from the 2020 to the 2021 survey. Pembrokeshire, Gwynedd and Anglesey were the only Local Authorities to observe a significant decline in rates of psychological distress from the 2020 to the 2021 survey.

During the 2021 survey, the highest rates of psychological distress were observed in Blaenau Gwent (49.1%), Caerphilly (48.2%), Torfaen (46.8%), Ceredigion (46.2%) and Newport (44.8%). The lowest rates of psychological distress were observed in Carmarthenshire (33.7%), Monmouthshire (34.9%), Gwynedd (36.1%), Anglesey (36.2%) and Conwy (36.3%). When analysing these findings, it is important to acknowledge that the number of participants within some of the Local Authorities were quite small and therefore the results must be interpreted with some degree of caution.

[3] Only 251 participants from Powys took part in the survey. This is quite a small number and therefore we are less confident that this number accurately captures population psychological distress in Powys.

Conclusion: Monmouthshire, Torfaen, the Vale of Glamorgan and Ceredigion were the Local Authorities to experience the sharpest increase in rates of clinically significant psychological distress from the 2020 to the 2021 survey. Pembrokeshire, Gwynedd and Anglesey were the only Local Authorities to observe a significant decline in rates of psychological distress from the 2020 to the 2021 survey.

Factors increasing psychological distress

In our previous Wales Wellbeing report (O'Connor et al., 2020), we described how factors such as living alone, experiencing mental health difficulties, being a key worker, experiencing COVID-19 symptoms and having financial problems influenced the likelihood of someone experiencing moderate to severe psychological distress. Please refer to our previous report (O'Connor et al., 2020) to read about the factors that increased psychological distress within out 2020 sample.

The analysis below refers to the 2021 sample only. We wanted to understand how factors such as living alone, having previous mental health difficulties, being a key worker, COVID-19 symptoms, financial problems, being made redundant, food insecurity, bereavement, home-schooling a child, social isolation, being unable to stay in contact with loved ones, relationship problems, domestic abuse having to cancel important upcoming events, increased difficulties in caring for someone and being unable to access necessary healthcare, influenced the likelihood of someone experiencing moderate to severe psychological distress in the 2021 sample.

To examine whether the presence of each of these risk factors increased the chances of an individual experiencing moderate to severe psychological distress, we calculated odds ratio(s) for each risk factor (see Table 2 below). An odds ratio of 1 means there was no difference between the groups, and hence the exposure to that factor had no effect on the likelihood of experiencing moderate to severe psychological distress. An odds ratio of 1.30 can be seen as a 30% increase in the odds of being mentally distressed due to this exposure, whilst an odds ratio of 2 means there was a 100% increase in the odds of an individual experiencing moderate to severe psychological distress given exposure to that factor (essentially doubling of the odds of experiencing distress). When we calculated the odds ratios, we also factored in

other key predictors. For each odds ratio calculated, we adjusted them to account for the effects of age, gender, and deprivation index. These adjusted odds ratios can be seen as the effect of exposure to each risk factor, after considering the influence of the other covariates (age, gender, and deprivation).

Along with the adjusted odds ratios, we also present the 95% confidence interval. When we calculate the odds ratio for each risk factor, we are making an 'estimate' based on the data we collected, and there is always a degree of error involved in this process. The 95% confidence interval represents the range in which we are 95% sure the 'true value' lies. For example, if the odds ratio for the risk factor of 'experiencing financial problems' was 3.0 with a 95% confidence interval of 2.6 – 3.4, this would mean that we are 95% sure that the 'true value' for the odds ratio lies between 2.6 and 3.4.

Table 2. Odds ratios for each risk factor in the 2021 survey.

Risk Factor	N exposed to risk factor (Out of 10428)	Adjusted Odds Ratio (95% CI)
Food insecurity	353	3.7 (2.7 – 4.9)**
Domestic abuse	212	3.4 (2.3 – 5.0)**
History of mental health difficulties	3129	3.2 (2.9 - 3.6)**
Social isolation	3796	2.8 (2.5 – 3.1)**
Relationship problems	2035	2.6 (2.3 – 2.9)**
Financial problems	1593	2.3 (2.0 – 2.7)**

Difficulty Accessing Necessary Healthcare	1645	2.3 (2.0 – 2.6)**
Increased Caring Difficulties	1460	1.9 (1.7 – 2.2)**
Major COVID-19 symptoms	382	1.7 (1.3 – 2.2)**
Being Unable to Stay in Contact with Loved Ones	5706	1.6 (1.4 – 1.8)**
Living alone	1524	1.3 (1.1 - 1.5)**
Bereavement	2398	1.2 (1.1 – 1.4)**
Redundancy	232	1.2 (0.9 – 1.7)
Cancellation of important upcoming events	3600	1.0 (0.9 – 1.1)
Responsibility for home-schooling a child	2853	1.0 (0.9 – 1.1)
Key worker status	4330	0.9 (0.9 - 1.0)*

** $p < .01$, * $p < .05$

Conclusion: Most of the risk factors explored here significantly increased the chances of someone experiencing moderate to severe psychological distress. Of all the factors we explored, food insecurity, prior history of mental health difficulties, domestic abuse, relationship problems, social isolation, financial problems and difficulty accessing necessary healthcare were the most highly associated with psychological distress.

Protective factors

This analysis aims to look at the factors that protect against the negative impact of the pandemic. To examine the extent to which each protective factor 'protected' against poor wellbeing, we conducted a series of correlations that looked at the relationship between wellbeing scores and scores on each of the protective factors (hope, resilience, stress immunity, social connectedness and reality acceptance). If the factor protected against poor wellbeing, we would hope to see a positive relationship between the protective factors and wellbeing.

To examine the extent to which each protective factor 'protected' against the development of moderate to severe psychological distress, we split participants into two groups based on their score on each protective factor. For example, when we examined the protective factor of hope, participants who reported high hope were put into the 'high hope' group and participants who reported low hope were put in the 'low hope' group. We then examined whether the 'low hope' group had more of a chance at experiencing moderate to severe psychological distress compared to the 'high hope' group. We then calculated the odds ratios for this (described previously). This analysis was completed for each protective factor. Table 3 below describes how each protective factor was related to participant's wellbeing along with the degree to which that protective factor protected individuals from experiencing psychological distress.

Table 3. Protective factors relationships with wellbeing and psychological distress in the 2021 survey.

Protective Factor	Relationship with Wellbeing (Correlation Coefficient: *r*)	Adjusted Odds Ratio for Psychological Distress (95% CI)	What it Means
Hope	.61*	7.8 (7.0 – 8.9)*	The more hope someone had, the higher their wellbeing. People with low levels of hope were 7.8 times more likely to experience moderate to severe psychological distress.
Resilience	.56*	4.8 (4.3 - 5.3)*	The more resilience someone had, the higher their wellbeing. People with low levels of resilience were 4.8 times more likely to experience moderate to severe psychological distress.
Stress immunity	.42*	2.7 (2.4 – 3.0)*	The higher a person's stress immunity, the higher their wellbeing. People with low levels of stress immunity were 2.7 times more likely to experience moderate to severe psychological distress.
Social connectedness	.58*	5.7 (5.1 – 6.4)*	The more social connectedness someone had, the higher their wellbeing. People with low levels of social connectedness were 5.7 times more likely to experience moderate to severe psychological distress.
Reality acceptance	.37*	2.2 (2.0 – 2.5)*	The more accepting of reality someone was, the higher their wellbeing. People with low levels of reality acceptance

			were 2.2 times more likely to experience moderate to severe psychological distress.

* $p < .01$

Conclusion: All protective factors were positively correlated with wellbeing levels and were linked to smaller rates of psychological distress. Levels of hope, resilience and social connectedness appeared to be the most powerful factors for maintaining good mental health and wellbeing during the COVID-19 pandemic.

Summary and Conclusions

General summary

The major findings from this survey are that the Welsh population has experienced a further reduction in mental wellbeing from the first survey (June-July 2020) to the second survey (January-March 2021). This is on top of the large decline in population that was observed between pre-pandemic levels and the first lockdown period (Gray et al., 2020). Rates of clinically significant psychological distress were found in 40.4% of the 2021 sample representing a 9.8% increase in prevalence from the first survey. Overall, population wellbeing was lower, and rates of clinically significant psychological distress were higher in the 2021 sample compared to the 2020 sample.

Population mental health and wellbeing

In the 2021 survey, the mental wellbeing of the population was 2.4 points lower than the 2020 survey. This is on top of the 6.6 reduction in population wellbeing that was observed between pre-pandemic wellbeing levels and the 2020 survey. When viewed altogether, this displays a pattern of continually declining population wellbeing as lockdown restrictions persist. As found in the first survey, wellbeing continues to be lower in women, young adults and individuals living in deprived areas. When examining the change in wellbeing over time,

we found that the decline in wellbeing was steeper for the younger age groups compared to the older age groups. In terms of wellbeing by region, the largest decline in wellbeing from 2020 to 2021 was observed in Aneurin Bevan University Health Board and Cardiff & Vale University Health Board.

The findings relating to psychological distress tell a similar story. In the 2021 survey, rates of clinically significant psychological distress had increased by 9.8% compared to the 2020 survey, with 40.4% of the population experiencing clinically significant psychological distress. This suggests that rates of mental health difficulties in the populations have increased between the 2020 survey (June-July 2020) and the 2021 survey (January-March). Rates of psychological distress were higher for women, younger people and those from deprived areas and the increase in rates of psychological distress was much steeper for the younger age groups relative to the older age groups, with 66.3% of younger individuals (16-24) experiencing psychological distress in the 2021 survey compared to 16.4% in the oldest age group (75+).

Alongside this survey, other groups across the UK have also conducted research into the mental health of UK populations over the course of the pandemic. Research immediately after the onset of the pandemic showed a sharp, immediate decline in population mental health (Pierce et al., 2020; Gray et al., 2020). Research in the months after the onset of the pandemic, but prior to the second lockdown period, suggested that the mental health of the UK population was improving and recovering (Fancourt et al., 2020; Pierce et al., 2021). Our research adds to this picture and suggests that, whilst population mental health was recovering prior to the second set of lockdown restrictions, population mental health and wellbeing has decreased following the second surge in COVID-19 cases, increased number of deaths, and associated lockdown restrictions. These findings are also corroborated by recent research from Public Health Wales (2021) who reported that the number of adults worried about their mental health increased and the proportion of adults feeling happy in Wales decreased during the second period of lockdown restrictions in January 2021. This trajectory of mental health and wellbeing aligns with the disaster recover model outlined by DeWolfe (2000) in the sense that recovery from disasters is not a straightforward linear process and can take many years.

Recommendation: These findings indicate that the wellbeing of the Welsh population has decreased from the first to the second lockdown period. The rates of psychological distress in the 2021 sample relative to the 2020 sample, suggests there will be an increase in the number of people in the population experiencing mental health difficulties. Policy makers and those responsible for the planning and delivery of mental health and wellbeing support should anticipate a rise in the number of individuals in need of new, or additional, support for their mental health. Special consideration should be given towards the growing number of young people experiencing clinically significant levels of psychological distress.

Geographical influences on wellbeing and psychological distress

We also examined the levels of wellbeing and psychological distress within each of the seven Health Boards across Wales in both the 2020 and 2021 survey. We found that the majority of Health Boards experienced a decrease in population wellbeing, with Aneurin Bevan University Health Board and Cardiff & Vale University Health Board experiencing the sharpest decline in population wellbeing. Betsi Cadwaladr University Health Board and Powys Teaching Health Board were the only Health Boards to have no significant decline in population wellbeing levels. With regards to psychological distress, our findings showed that most Health Boards experienced an increase in rates of psychological distress. We found that Aneurin Bevan University Health Board and Cardiff & Vale University Health Board experienced the sharpest increase in population psychological distress. Betsi Cadwaladr University Health Board and Swansea Bay University Health Board were the only Health Boards to observe a decrease in rates of psychological distress.

The finding that predominantly urban geographic areas such as Aneurin Bevan University Health Board and Cardiff & Vale University Health Board experienced a decline in population mental health and wellbeing, whilst more rural geographic areas such as Betsi Cadwaladr University Health Board and Powys Teaching Health Board saw no decline or a slight increase in mental health and wellbeing, may suggest that the local environment has an important impact on population wellbeing. It is possible that individuals living in more rural areas have increased access to environments (beaches, mountains, countryside) and activities that are more beneficial for wellbeing.

The variation in population wellbeing in each of the seven Welsh Health Boards across both the 2020 and 2021 survey demonstrated that the COVID-19 pandemic has not impacted all regions of Wales in the same manner. This emphasises the importance of continuing to monitor the impact of COVID-19 on different geographic areas within Wales. An in depth understanding of the mental health and wellbeing in each of the seven Welsh Health Boards can help facilitate the development of population interventions and support structures that target the specific needs of each population. Future research must continue to monitor the mental health and wellbeing across the different regions within Wales, and COVID-19 recovery plans must take a community-specific approach.

Recommendation: Whilst most regions within Wales have experienced a decline in population mental health and wellbeing, there is a lot of variation in the mental health and wellbeing of different regions within Wales. We recommend that organisations with responsibility for supporting the wellbeing of the population throughout the pandemic engage in conversations with the different communities across Wales, along with the groups and agencies who support those communities, and co-design recovery plans that target the specific needs identified within each community.

Factors driving psychological distress

In the 2021 survey, we looked at whether specific aspects of the COVID-19 pandemic increased the chances of an individual experiencing clinically significant psychological distress. We found that prior history of mental health difficulties, being a key worker, experiencing COVID-19 symptoms, financial problems, redundancy, food insecurity, bereavement, home-schooling, social isolation, being unable to stay in close contact with loved ones, relationship problems, domestic abuse, increased caring difficulties, cancelling important events and difficulties accessing necessary healthcare were all linked with an increased risk of experiencing clinically significant psychological distress. Amongst these factors, we found that food insecurity (OR = 3.7), domestic abuse (OR = 3.4), prior history of mental health difficulties (OR = 3.2), relationship problems (OR = 2.6), social isolation (OR = 2.8), financial problems (OR = 2.3) and difficulty accessing necessary healthcare (OR = 2.3) were the factors most highly associated with rates of psychological distress.

Recommendation: Careful consideration should be given to both (1) how we can prevent exposure to the stressors listed above as the COVID-19 pandemic continues, as well as (2) how we can provide additional support to individuals experiencing these difficulties.

Protective factors

Our research into protective factors examined how factors like hope, resilience, social connectedness, stress immunity and reality acceptance could protect individuals from poor wellbeing or psychological distress during the COVID-19 pandemic. Our findings showed that all of these protective factors were linked to improved wellbeing levels and lower rates of psychological distress. Of particular note, levels of hope, social connectedness, and resilience were especially associated with improved mental health and wellbeing.

Recommendation: Individuals with high levels of hope, resilience and feelings of social connectedness were much less likely to experience mental health and wellbeing difficulties. Policy makers and those responsible for the planning and delivery of mental health and wellbeing support should consider ways in which we can instill hope, build resilience, and keep individuals socially connected in order to protect our communities from the negative psychological effects from the pandemic.

Limitations

It is important that this research is considered in light of its limitations. Firstly, as the 2020 survey took place in the summer months and the 2021 survey took place in winter/spring months, there is a chance that seasonality could explain some of the observed reduction in mental wellbeing. Whilst previous research has indicated that seasonality affects mood, with rates of depression slightly higher in winter relative to summer (Harmatz et al., 2000), other studies have found no effect of seasonality on mood (Winthorst et al., 2020). To investigate the possible effect of seasonality on our results, we examined the database for a very similar sample (ONS, 2019) taken during 2019. There was a small, decrease of around 0.5 wellbeing points (50.9 to 51.4) from January-February to June-July on the WEMWBS scores, which is

roughly a quarter of the difference (of 2.4 points) found in the present study. Hence, it is unlikely that seasonality effects could fully explain the magnitude of the present findings.

Secondly, due to the methods used in this study, it is that it is likely that some members of the community, such as people with a significant learning disability or individuals with significant dementia, would have found it very difficult to participate. We were also unable to recruit participants under the age of 16 due to ethical considerations. We recommend, therefore, that further research is undertaken to explore the impact of the ongoing COVID-19 pandemic on the mental health within these populations.

Thirdly, participants in both waves of the study were recruited using online convenience sampling methods. Whilst this method facilitated the recruitment of many participants, this sampling method often attracts volunteers who are already engaged with and interested in the topic and excludes those with difficulty accessing the internet, which means that the sample cannot be considered to be fully representative of the Welsh population (Pierce et al., 2020). Relative to the demographics of the population of Wales (ONS, 2011) the current sample underrepresented men, young individuals (aged 16-24) and older individuals (aged 75+). However, these characteristics were present in both the 2020 and 2021 samples. Thus, the findings of a further decline (and the moderating effects of age) in mental wellbeing alongside an increase in psychological distress, cannot be attributed to the sampling method.

Conclusion

The present data indicate there has been a further reduction in the mental health and wellbeing of the Welsh population during the second national lockdown as compared to the first, with younger age groups continuing to be more adversely affected by the COVID-19 pandemic. The overall picture aligns with the disaster recovery model proposed by DeWolfe (2000) in the sense that recovery from such disasters is not a straightforward linear process and can take many years. Our findings also demonstrated that food insecurity, domestic abuse, prior history of mental health problems, social isolation, financial problems, and difficulties accessing necessary healthcare were the factors most strongly associated with psychological distress. Our analysis of protective factors found that hope, resilience, and

social connectedness were the most important factors in protecting against poor wellbeing and psychological distress during the pandemic.

Continual monitoring of population wellbeing and psychological distress levels, alongside investigations into the causes of poor mental wellbeing is required to inform the development of effective interventions and recovery strategies. Individuals responsible for the planning and delivery of mental health and wellbeing support will need to prepare for an increased number of individuals in need of new, or additional, support for their mental health. Special consideration should also be given to (1) how younger adults can be supported, (2) how we can prevent exposure to the factors driving psychological distress and provide support to individuals experiencing these difficulties and, (3) how we can instill hope, build resilience, and keep individuals socially connected over the course of the COVID-19 pandemic and beyond.

References

Aish, A. M., & Wasserman, D. (2001). Does Beck's Hopelessness Scale really measure several components?. Psychological Medicine, 31(2), 367.

Andrews, G., & Slade, T. (2001). Interpreting scores on the Kessler psychological distress scale (K10). Australian and New Zealand journal of public health, 25(6), 494-497.

Barber, S. J., & Kim, H. (2021). COVID-19 worries and behavior changes in older and younger men and women. The Journals of Gerontology: Series B, 76(2), e17-e23.

Beck, A. T., Steer, R. A., Beck, J. S., & Newman, C. F. (1993). Hopelessness, depression, suicidal ideation, and clinical diagnosis of depression. Suicide and Life-Threatening Behavior, 23(2), 139-145.

Beutel, M. E., Klein, E. M., Brähler, E., Reiner, I., Jünger, C., Michal, M., ... & Tibubos, A. N. (2017). Loneliness in the general population: prevalence, determinants and relations to mental health. BMC psychiatry, 17(1), 97.

Bo, H. X., Li, W., Yang, Y., Wang, Y., Zhang, Q., Cheung, T., ... & Xiang, Y. T. (2020). Posttraumatic stress symptoms and attitude toward crisis mental health services among clinically stable patients with COVID-19 in China. Psychological medicine, 1-2.

Choi, I., Kim, J. H., Kim, N., Choi, E., Choi, J., Suk, H. W., & Na, J. (2021). How COVID-19 affected mental well-being: An 11-week trajectories of daily well-being of Koreans amidst COVID-19 by age, gender and region. PloS one, 16(4), e0250252.

DeWolfe DJ. Training manual for mental health and human service workers in major disasters. Rockville, Maryland, US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; 2000.

Fancourt, D., Steptoe, A., & Bu, F. (2021). Trajectories of anxiety and depressive symptoms during enforced isolation due to COVID-19 in England: a longitudinal observational study. The Lancet Psychiatry, 8(2), 141-149.

Frasquilho, D., Matos, M. G., Salonna, F., Guerreiro, D., Storti, C. C., Gaspar, T., & Caldas-de-Almeida, J. M. (2015). Mental health outcomes in times of economic recession: a systematic literature review. BMC public health, 16(1), 115.

Gallagher, M. W., Long, L. J., & Phillips, C. A. (2020). Hope, optimism, self-efficacy, and posttraumatic stress disorder: A meta-analytic review of the protective effects of positive expectancies. Journal of clinical psychology, 76(3), 329-355.

Goldberg DP, Gater R, Sartorius N, Ustun TB, Piccinelli M, Gureje O, et al. The validity of two versions of the GHQ in the WHO study of mental illness in general health care. Psychological Medicine. 1997;27(1):191-7.

Gray, N. S., O'Connor, C., Knowles, J., Pink, J., Simkiss, N. J., Williams, S. D., & Snowden, R. J. (2020). The Influence of the COVID-19 Pandemic on Mental Well-Being and Psychological Distress: Impact Upon a Single Country. Frontiers in Psychiatry, 11.

Groarke, J. M., Berry, E., Graham-Wisener, L., McKenna-Plumley, P. E., McGlinchey, E., & Armour, C. (2020). Loneliness in the UK during the COVID-19 pandemic: Cross-sectional results from the COVID-19 Psychological Wellbeing Study. PloS one, 15(9), e0239698.

Harmatz, M. G., Well, A. D., Overtree, C. E., Kawamura, K. Y., Rosal, M., & Ockene, I. S. (2000). Seasonal variation of depression and other moods: a longitudinal approach. Journal of biological rhythms, 15(4), 344-350.

Jungmann, S. M., & Witthöft, M. (2020). Health anxiety, cyberchondria, and coping in the current COVID-19 pandemic: Which factors are related to coronavirus anxiety?. Journal of anxiety disorders, 73, 102239.

Kessler RC, Andrews G, Colpe LJ, Hiripi E, Mroczek DK, Normand S-L, et al. Short screening scales to monitor population prevalences and trends in non-specific psychological distress. Psychological Medicine. 2002;32(6):959-76.

Keyes CL. Mental illness and/or mental health? Investigating axioms of the complete state model of health. Journal of Consulting and Clinical Psychology. 2005;73(3):539.

Kujawa, A., Green, H., Compas, B. E., Dickey, L., & Pegg, S. (2020). Exposure to COVID-19 pandemic stress: Associations with depression and anxiety in emerging adults in the United States. Depression and Anxiety, 37(12), 1280–1288.

Lee, S., Creed, F. H., Ma, Y. L., & Leung, C. M. (2015). Somatic symptom burden and health anxiety in the population and their correlates. Journal of psychosomatic research, 78(1), 71-76.

Mahase, E. (2020). Covid-19: EU states report 60% rise in emergency calls about domestic violence. BMJ: British Medical Journal (Online), 369.

McCracken, L. M., & Vowles, K. E. (2006). Acceptance of chronic pain. Current pain and headache reports, 10(2), 90-94.

McGinty, E. E., Presskreischer, R., Anderson, K. E., Han, H., & Barry, C. L. (2020). Psychological distress and covid-19–related stressors reported in a longitudinal cohort of US adults in April and July 2020. JAMA, 324(24), 2555-2557.

Nitschke, J. P., Forbes, P. A., Ali, N., Cutler, J., Apps, M. A., Lockwood, P. L., & Lamm, C. (2021). Resilience during uncertainty? Greater social connectedness during COVID-19 lockdown is associated with reduced distress and fatigue. British Journal of Health Psychology, 26(2), 553-569.

O'Connor C, Gray N, Knowles J, Pink J, Simkiss N, Williams S, Snowden R. COVID-19 Research: The influence of the COVID-19 pandemic on mental well-being and psychological distress: impact on a single country. Wales Wellbeing. 2020. Available from: https://wales-wellbeing.co.uk/sites/default/files/images/results/NHS-Report-English.pdf

Office for National Statistics. Survey for Wales 2018-2019. In: Welsh Government, 2019. Available from: https://gov.wales/sites/default/files/statistics-and-research/2019-07/nationalsurvey-for-wales-april-2018-to-march-2019-technical-report_0.pdf accessed 20 July 2020.

Patrick, C.J. (2010). Operationalising the Triarchic Conceptualisation of Psychopathy: Preliminary Description of Brief Scales for Assessment of Boldness, Meanness and Disinhibition. Unpublished Manual.

PeConga, E. K., Gauthier, G. M., Holloway, A., Walker, R. S., Rosencrans, P. L., Zoellner, L. A., & Bedard-Gilligan, M. (2020). Resilience is spreading: Mental health within the COVID-19 pandemic. Psychological Trauma: Theory, Research, Practice, and Policy, 12(S1), S47.

Pieh, C., Budimir, S., Humer, E., & Probst, T. (2021). Comparing Mental Health During the COVID-19 Lockdown and 6 Months After the Lockdown in Austria: A Longitudinal Study. Frontiers in Psychiatry, 12.

Pierce, M., Hope, H., Ford, T., Hatch, S., Hotopf, M., John, A., ... & Abel, K. M. (2020). Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population. The Lancet Psychiatry, 7(10), 883-892.

Pierce, M., McManus, S., Hope, H., Hotopf, M., Ford, T., Hatch, S. L., ... & Abel, K. M. (2021). Mental health responses to the COVID-19 pandemic: a latent class trajectory analysis using longitudinal UK data. The Lancet Psychiatry.

Pierce, M., McManus, S., Jessop, C., John, A., Hotopf, M., Ford, T., ... & Abel, K. M. (2020). Says who? The significance of sampling in mental health surveys during COVID-19. The Lancet Psychiatry, 7(7), 567-568.

Pietrzak, R. H., Feder, A., Singh, R., Schechter, C. B., Bromet, E. J., Katz, C. L., ... & Southwick, S. M. (2014). Trajectories of PTSD risk and resilience in World Trade Center responders: an 8-year prospective cohort study. Psychological Medicine, *44*(1), 205.

Pink, J., Gray, N., O'Connor, C., Knowles, J., Simkiss, N., Snowden, R. (2021) Psychological distress and resilience in first responders and healthcare workers during the COVID-19 pandemic. Journal of Occupational and Organizational Psychology.

Prime, H., Wade, M., & Browne, D. T. (2020). Risk and resilience in family well-being during the COVID-19 pandemic. American Psychologist.

Public Health Wales. How are we doing in Wales? Key findings for week 58. 2021. Available from: https://phw.nhs.wales/index.cfm?LinkServID=224B2C9F-3801-4EA2-89C1D12D0F91BC0C.

Russell, D. W. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. Journal of personality assessment, 66(1), 20-40.

Satici, B., Saricali, M., Satici, S. A., & Griffiths, M. D. (2020). Intolerance of uncertainty and mental wellbeing: serial mediation by rumination and fear of COVID-19. International Journal of Mental Health and Addiction, 1-12.

Senedd Research. Coronavirus timeline: Welsh and UK governments' response. 2020. Available from: https://research.senedd.wales/research-articles/coronavirus-timeline-welsh-and-uk-governments-response/ [Accessed 7th April 2021].

Sher, L. (2020). Suicide research and prevention during and after the COVID-19 pandemic. Acta Psychiatrica Scandinavica, 142(5), 353-354.

Shevlin, M., Butter, S., McBride, O., Murphy, J., Gibson-Miller, J., Hartman, T. K., ... & Bentall, R. P. (2021). Refuting the myth of a 'tsunami' of mental ill-health in populations affected by COVID-19: Evidence that response to the pandemic is heterogenous, not homogeneous. Psychological medicine, 1-30.

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. International journal of behavioral medicine, 15(3), 194-200.

Statistics for Wales. Welsh Index of Multiple Deprivation (WIMD) 2019 Guidance. https://gov.wales/welsh-index-multiple-deprivation-index-guidance#section-32829. Accessed 12 June 2020.

Suldo, S. M., & Shaffer, E. J. (2008). Looking beyond psychopathology: The dual-factor model of mental health in youth. School Psychology Review, 37(1), 52-68.

Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., ... & Stewart-Brown, S. (2007). The Warwick-Edinburgh mental well-being scale (WEMWBS): development and UK validation. Health and Quality of life Outcomes, 5(1), 1-13.

The King's Fund. Covid-19 recovery and resilience: what can health and care learn from other disasters? 2021. Available from: https://features.kingsfund.org.uk/2021/02/covid-19-recovery-resilience-health-care/ [Accessed 20th April 2021].

Townsend E, Nielsen E, Allister R, Cassidy SA. Key ethical questions for research during the COVID-19 pandemic. The Lancet Psychiatry. 2020;7(5):381-3.

Van Lancker, W., & Parolin, Z. (2020). COVID-19, school closures, and child poverty: a social crisis in the making. The Lancet Public Health, 5(5), e243-e244.

Verdery, A. M., Smith-Greenaway, E., Margolis, R., & Daw, J. (2020). Tracking the reach of COVID-19 kin loss with a bereavement multiplier applied to the United States. Proceedings of the National Academy of Sciences, 117(30), 17695-17701.

Weich, S., Brugha, T., King, M., McManus, S., Bebbington, P., Jenkins, R., ... & Stewart-Brown, S. (2011). Mental well-being and mental illness: findings from the Adult Psychiatric Morbidity Survey for England 2007. The british journal of psychiatry, 199(1), 23-28.

Winthorst, W. H., Bos, E. H., Roest, A. M., & de Jonge, P. (2020). Seasonality of mood and affect in a large general population sample. Plos one, 15(9), e0239033.

World Health Organisation. Rolling updates on coronavirus disease (COVID-19). 2020. Available from: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen [Accessed 31st July 2020].

Wu, P., Fang, Y., Guan, Z., Fan, B., Kong, J., Yao, Z., ... & Hoven, C. W. (2009). The psychological impact of the SARS epidemic on hospital employees in China: exposure, risk perception, and altruistic acceptance of risk. The Canadian Journal of Psychiatry, *54*(5), 302-311.

Xiong, J., Lipsitz, O., Nasri, F., Lui, L. M., Gill, H., Phan, L., ... & McIntyre, R. S. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. Journal of affective disorders.

Supplementary Materials

Table S1. Mean scores on the WEMWBS (wellbeing measure) for the 2020 and 2021 samples.

Sample		2020 Sample [95% CI]	2021 Sample [95% CI]	Decrease from 2020 to 2021 sample
All		44.6 [44.4 – 44.8]	42.2 [42.0 – 42.4]	2.4 *
Gender	**Male**	46.0 [45.5 – 46.4]	44.0 [43.4 – 44.6]	2.0 *
	Female	44.2 [44.0 – 44.4]	41.9 [41.6 – 42.1]	2.4 *
Age	**16-24**	41.3 [40.6 – 42.0]	37.8 [37.0 – 38.6]	3.5 *
	25-34	41.4 [41.0 – 41.8]	38.3 [37.8 – 38.8]	3.1 *
	35-44	43.2 [42.9 – 43.6]	40.2 [39.8 – 40.6]	3.0 *
	45-54	44.9 [44.6 – 45.3]	42.1 [41.8 – 42.5]	2.8 *
	55-64	45.7 [45.3 – 46.1]	43.6 [43.2 – 44.0]	2.1 *
	65-74	48.6 [48.1 – 49.1]	46.9 [46.3 – 47.5]	1.7*
	75+	49.9	49.6	0.3

		[49.0– 50.9]	[48.4 – 50.8]	
WIMD Rank	**1 (most deprived)**	43.5 [43.0 – 43.9]	40.7 [40.2 – 41.2]	2.8 *
	2	44.7 [44.2 – 45.1]	42.5 [42.0 – 43.0]	2.2 *
	3	45.2 [44.8 – 45.7]	43.4 [42.9 – 43.9]	1.8 *
	4	45.4 [45.0 – 45.9]	43.3 [42.8 – 43.8]	2.1 *
	5 (least deprived)	46.3 [45.9 – 46.7]	44.2 [43.7 – 44.7]	2.1 *

*p < .01

Table S2. Prevalence of low to mild psychological distress (K10 ≤ 24) and moderate to severe psychological distress (K10 ≥ 25) in the 2020 and 2021 samples.

		2020 Sample			2021 Sample		
		K10 ≤ 24 (%)	K10 ≥ 25 (%)	Odds ratio	K10 ≤ 24 (%)	K10 ≥ 25 (%)	Odds ratio
Overall Sample		63.2	36.8	-	59.6	40.4	-
Gender	**Male**	70.1	29.9	1.00	65.2	34.8	1.00
	Female	61.5	38.5	1.47	58.5	41.5	1.33
Age	**16-24**	43.1	56.9	6.67	33.7	66.3	10.00
	25-34	47.8	52.2	5.52	42.8	57.2	6.76
	35-44	59.9	40.1	3.38	53.9	46.1	4.33
	45-54	66.1	33.9	2.59	59.9	40.1	3.38
	55-64	68.0	32.0	2.38	67.4	32.6	2.44
	65-74	78.2	21.8	1.41	75.5	24.5	1.64
	75+	83.6	16.4	1.00	83.3	16.7	1.00

WIMD	**1 (most deprived)**	59.2	40.8	1.63	52.0	48.0	2.18
	2	64.2	35.8	1.32	60.1	39.9	1.56
	3	64.4	35.6	1.30	64.4	35.6	1.30
	4	65.2	34.8	1.25	65.8	34.2	1.22
	5 (least deprived)	72.1	27.9	1.00	67.8	32.2	1.00

Table S3. Average WEMWBS scores for each of the Health Boards across the 2020 and 2021 surveys.

Health Board	Number of Participants	Average WEMWBS 2020	Average WEMWBS 2021	Decrease from 2020 to 2021
Aneurin Bevan University Health Board	**2020: 2439** **2021: 3526**	45.3 [44.9 – 45.6]	41.1 [40.8 – 41.5]	-4.2*
Betsi Cadwaladr University Health Board	**2020: 2455** **2021: 1833**	42.9 [42.5 – 43.3]	42.8 [42.3 – 43.3]	-0.1
Cardiff & Vale University Health Board	**2020: 1601** **2021: 1201**	45.4 [45.0 – 45.9]	41.9 [41.3 – 42.5]	-3.5*
Cwm Taf Morgannwg Health Board	**2020: 905** **2021: 781**	45.1 [44.4 – 45.7]	42.5 [41.8 – 43.2]	-2.6*
Hywel Dda Health Board	**2020: 2921** **2021: 1533**	44.8 [44.5 – 45.2]	43.3 [42.7 – 43.8]	-1.5*

Powys Teaching Health Board	**2020: 308** **2021: 251**	45.7 [44.7 – 46.8]	44.6 [43.3 – 45.9]	-1.1
Swansea Bay University Health Board	**2020: 1871** **2021: 1206**	44.3 [43.8 – 44.7]	42.9 [42.3 – 43.4]	-1.4*

$p < .01$

Table S4. Wellbeing in each of the 22 Welsh Local Authorities in the 2020 and 2021 survey

Local Authority	2020 Survey		2021 Survey		Change from 2020 to 2021
	N	Wellbeing Score	N	Wellbeing Score	
Anglesey	305	42.2	315	43.8	Increase of 1.6
Blaenau Gwent	301	42.5	397	40.5	Decrease of 2.0**
Bridgend	308	46.5	286	42.6	Decrease of 3.9**
Caerphilly	544	44.8	909	40.3	Decrease of 4.5**
Cardiff	1189	45.0	869	41.4	Decrease of 3.6**
Carmarthenshire	1352	45.2	736	43.8	Decrease of 1.4**
Ceredigion	597	44.5	441	41.2	Decrease of 3.3**
Conwy	492	43.4	346	43.4	No change
Denbighshire	439	43.7	359	42.3	Decrease of 1.4
Flintshire	404	43.1	309	41.4	Decrease of 1.7*

Gwynedd	489	42.4	324	43.8	Increase of 1.4
Merthyr Tydfil	268	44.8	176	43.2	Decrease of 1.6
Monmouthshire	504	47.7	683	43.2	Decrease of 4.5**
Neath Port Talbot	498	42.8	324	41.8	Decrease of 1.0
Newport	489	44.5	770	40.8	Decrease of 3.7**
Pembrokeshire	972	44.5	356	44.7	Increase of 0.2
Powys	308	45.7	251	44.6	Decrease of 1.1
Rhondda Cynon Taf	637	45.2	605	42.3	Decrease of 2.9**
Swansea	1065	44.3	644	43.5	Decrease of 0.8
Torfaen	601	45.6	767	41.1	Decrease of 4.5**
Vale of Glamorgan	412	46.6	332	43.2	Decrease of 3.4**
Wrexham	326	42.1	180	41.4	Decrease of 0.7

** $p < .01$, * $p < .05$

Table S5. Percentage of participants experiencing moderate to severe psychological distress for each of the seven Health Boards across both the 2020 and 2021 survey.

Health Board	Number of Participants	Percentage experiencing moderate to severe psychological distress		Percent increase/decrease
		2020 Survey	2021 Survey	
Aneurin Bevan University Health Board	**2020: 2470** **2021: 3486**	34.4%	44.7%	29.9% increase in prevalence*
Betsi Cadwaladr University Health Board	**2020: 2464** **2021: 1817**	44.2%	39.1%	13.0% decrease in prevalence*
Cardiff & Vale University Health Board	**2020: 1625** **2021: 1187**	32.6%	41.4%	27.0% increase in prevalence*

Cwm Taf Morgannwg Health Board	**2020:903** **2021: 777**	33.9%	39.1%	15.3% increase in prevalence*
Hywel Dda Health Board	**2020: 2937** **2021: 1523**	35.4%	36.1%	2.0% increase in prevalence*
Powys Teaching Health Board	**2020: 312** **2021: 249**	31.5%	32.1%	1.9% increase in prevalence*
Swansea Bay University Health Board	**2020: 1881** **2021: 1194**	38.0%	36.3%	4.7% decrease in prevalence*

* $p < .01$

Table S6. Rates of psychological distress in each of the 22 Welsh Local Authorities in the 2020 and 2021 survey.

Local Authority	2020 Survey		2021 Survey		Change from 2020 to 2021
	N	% Psychological Distress	N	% Psychological Distress	
Anglesey	**298**	46.6	312	36.2	28.8% decrease in prevalence**
Blaenau Gwent	**307**	43.0	391	49.1	14.2% increase in prevalence
Bridgend	**300**	31.0	282	36.5	17.7% increase in prevalence
Caerphilly	**539**	37.8	901	48.4	28.0% increase in prevalence**

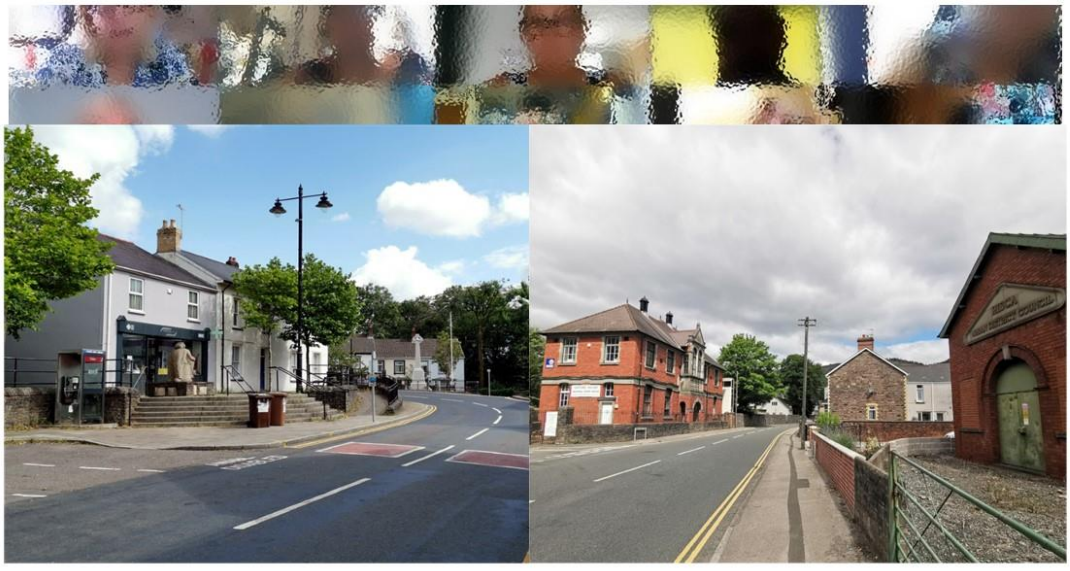
Cardiff	**1174**	34.6	856	42.8	23.7% increase in prevalence**
Carmarthenshire	**1331**	35.1	733	33.7	4.2% decrease in prevalence
Ceredigion	**597**	34.7	437	46.2	33.1% increase in prevalence**
Conwy	**487**	40.5	344	36.3	11.2% decrease in prevalence
Denbighshire	**434**	43.5	358	41.3	5.3% decrease in prevalence
Flintshire	**402**	38.3	307	44.0	14.9% increase in prevalence

Gwynedd	**475**	48.0	319	36.1	33.0% decrease in prevalence**
Merthyr Tydfil	**262**	33.2	176	39.8	19.9% increase in prevalence
Monmouthshire	**495**	23.4	674	34.9	49.1% increase in prevalence**
Neath Port Talbot	**489**	44.6	320	39.4	13.2% decrease in prevalence
Newport	**477**	38.6	763	44.8	16.1% increase in prevalence*
Pembrokeshire	**959**	36.4	353	28.6	27.3% decrease in prevalence**

Powys	**308**	31.8	249	32.1	0.9% increase in prevalence
Rhondda Cynon Taf	**626**	34.7	601	38.9	12.1% increase in prevalence
Swansea	**1057**	36.7	639	34.7	5.8% decrease in prevalence
Torfaen	**597**	32.0	757	46.8	46.3% increase in prevalence**
Vale of Glamorgan	**414**	26.8	331	37.8	41.0% increase in prevalence**
Wrexham	**324**	50.6	177	41.8	21.1% decrease in prevalence

** $p < .01$, * $p < .05$

SUSTAINING AND STRENGTHENING COMMUNITY WELLBEING *TOGETHER* IN THE COVID ERA



IWN Caerphilly
Community Discussions Summary
AUGUST 2020

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INTRODUCTION

'It is recognised that post pandemic recovery is a complex and long running process that will involve many agencies and participants. The manner in which recovery 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****.'*[1]

In late July and August 2020, the Integrated Wellbeing Network (IWN) in Caerphilly facilitated a series of online Zoom meetings with community organisations and services based in Risca, Rhymney, New Tredegar and Bargoed. The aim was to explore how we might best work collectively to sustain and strengthen wellbeing in the post COVID era and to understand how IWNs can help support that.

The meetings were facilitated to be interactive and collective with all attendees actively encouraged to participate. Verbatim transcripts were gathered whilst the chat box was used by participants for additional information and comments

Individual reports from each meeting have gone out to participants. This report summarises the main findings from those meetings (based on their thematic structure), as well as integrating some key points from other discussions with agencies and organisations that took place over the same period. The aim is to stimulate further discussions and actions.

IWN BACKGROUND

In the Caerphilly CBC area, the IWN focus prior to COVID-19 outbreak was on the Neighbourhood Care Network (NCN) north, primarily the upper Rhymney valley with place-based wellbeing collectives in development in Rhymney, New Tredegar and Bargoed. Through these, wellbeing assets maps were created in Rhymney, New Tredegar and Bargoed during IWN development up to February 2020, with nascent plans for agreed collective wellbeing initiatives - see www.cwtsh.wales for details.

In response to the COVID-19 outbreak, the focus of the IWN programme switched in mid-March 2020 to work with Aneurin Bevan Health Board Public Health on its COVID response. This initially focused upon community information and mobilisation, followed by development and delivery of the Test, Trace, Protect programme with partners. The original IWN work in Caerphilly restarted in late July beginning with the discussions here. Through the COVID specific work undertaken, it is clear there is a need to extend the activities to the other NCNs in the Caerphilly CBC areas as appropriate and we that has commenced with support in the Risca area.

[1] Recovering from Emergencies; UK Government 2010

Thematic structure of the meetings

1. How well positioned are the localities for (post-COVID) wellbeing recovery?
2. Understanding health and wellbeing challenges in the area due to COVID pandemic and restrictions
3. Creating and taking opportunities together to sustain and strengthen wellbeing in the COVID era
4. How do we build collectively on the positive activities in the local areas? What additional services and support might be needed?
5. The next practical steps to recover confidence and enhance wellbeing in the local areas including a successful test, trace, protect programme

MAIN FINDINGS

Are areas well-positioned for (post-COVID) wellbeing recovery?

- Many of the services and activities indicated on the wellbeing assets maps (see Bargoed example in Appendix 1) in the areas have been affected critically during the pandemic and lockdown.
- Some have continued to operate, albeit often in a different capacity or using different operating models, but many have not been in operation.
- Despite the awful situation and the adversity encountered, there are nevertheless clear opportunities that have emerged, and the task will be to build on those effectively.

Understanding health and wellbeing challenges in the area resulting from the COVID-19 pandemic, lockdown measures and restrictions

- There were obvious wellbeing issues and inequalities before the pandemic - it and the lockdown has exacerbated those
- Mental health and wellbeing issues were undoubtedly exacerbated; mental health support services in various sectors often had to work online which made it difficult for organisations and clients.
- Conversely, the lockdown also resulted in *some* cases in strengthening of resilience, both individually and collectively.
- Some areas saw increased support needed for issues such as drug and alcohol abuse, and domestic abuse.
- It has been difficult for some sectors of the population to access services and information, which has increased isolation and exacerbated issues.
- GP and primary services had to reconfigure the way they operated – this approach has been welcomed but considered to exclude some people who lack the facilities (IT for example) to be able to avail themselves of the services.
- Some have been reluctant to visit GPs –need to ensure messages to community that they should visit GP if necessary

- Physical wellbeing also suffered; however, there was online activity whilst people ‘discovered’ and used their local green spaces for walking
- There has been a lack of understanding sometimes amongst some locally about regulations and advice - sometimes a lack of clarity of where to obtain information.
- Bereavement from COVID could be a major issue for families affected especially around Christmas.
- Unemployment is a very worrying prospect. The coming months could be exceedingly difficult indeed especially after furlough ends.
- There may be stigmatisation of those who have tested CV positive – lack of support financially or logistically means it is tempting not to isolate for those individuals.
- There is a distinct lack of confidence in some sectors of the community over re-engaging with the community. This can be exacerbated by a lack of clear messaging over what is permissible together with the lack of safe facilities to support reintegration, especially as community centres continue to be inactive e.g. some elderly people have been vulnerable and frightened to go out since lockdown.
- There were concerns about (public) transport links and the restrictions – has impacted people accessing work and services especially in more deprived and isolated areas
- There is a danger that some community activities will not recommence and continue - some community activities have already closed for good.
- Young people were unclear where they could find support

Creating and taking opportunities together to sustain and strengthen wellbeing in the COVID era - How do we build collectively on the positive activities in the local areas? What additional services and support might be needed?

- There has been a lot of excellent working to support vulnerable and shielding individuals, e.g. Caerphilly buddying scheme and community mutual-aid type support such as Risca CV19 volunteers. This should be continued through Community Regeneration, GAVO and the community organisations
- There are clear opportunities to develop and use creative approaches to support wellbeing – online and actual.
- Physical activity - many people have greater appreciation of local greenspaces they have used for walks and activities. Support better use of our greenspaces – opportunities.
- Enhanced mental health and wellbeing support is needed - ensure new resources such as ABUHB Foundation Tier is developed whilst support given to third sector too and the new primary care mental health activities are used.

- Local activities are vital to supporting wellbeing. Some communities saw increased friends and neighbour activities whilst existing and emerging organised groups played major roles in some, e.g. Risca CV19 volunteers, St Gwladys, Parent Network groups. Support of these is crucial going forward. Some places such as Philipstown and New Tredegar were able to put in place small financial support schemes for people, which were invaluable.
- There are opportunities to build on positives/strengths – a lot of people and community groups have stepped up to help in the pandemic. They have been empowered through proactive attitudes. People can see that they have coped - need to build on this.
- Recognition of what has been achieved by communities in the lockdown and restrictions would be welcome
- Opportunities to get different sort of volunteering; work with GAVO on this in place-based approaches and online
- Work with appropriate services and organisations such as Digital Communities Wales and others to ensure digital exclusion is not an issue
- Need to enhance work with DWP/Supporting People/Community Regeneration/Communities 4 Work/CAB etc to ensure support as far as possible for people – note that a lot of people affected are unused to the situation re. benefits etc.
- Community Wellbeing Champions programme run from the IWN programme was successful in relaying messages and engaging key people in the community as was the IWN FB social media channel.

The practical steps to recover confidence and enhance wellbeing in the local areas including a successful test, trace, protect programme

- There is acceptance that TTP is necessary and vital to dealing with the COVID pandemic. However, this must be clear advice and guidance available. There is a need to avoid stigmatisation and, crucially, enhanced financial and logistical support is needed for those who self-isolate.
- There is a need to ensure that GPs and primary care (and other health and wellbeing) services are accessible to all with relevant information is available more widely – for example, clear messages and access re. COVID, but also Flu vaccination and other health provision and services especially in the winter months
- Verifiable, properly targeted community information around COVID is still key (especially moving forward); there is still confusion over what was/is permissible. We need to continue online routes through social media and enhance work with libraries (and community groups) to ensure they continue to act as information portals for people.

- There is a need to ensure wider digital access so that people can access information and address isolation – many activities took place online during the lockdown.
- Support for young people especially those whose life chances appear to have been affected is crucial - need to liaise with youth services, work agencies and others (schools)
- With shielding at an end, there is a need to continue support wellbeing for vulnerable people. Support has created some ‘dependency’, but with guidance and support, people can get used to “new normal”. We need to support activities around this, indoors and outdoors
- Community centres need to recommence wellbeing activities, which are vital to their area. The window of opportunity is quite short with autumn approaching and darker evenings. Support is needed to enable this ***safely***. A clear need to ensure advice and logistical/financial support is available. Facilitate local centres and activities to support each other in the coming weeks through peer-to-peer networking.
- Support local place-based wellbeing activities and continue to network these together with services
- Work with Caerphilly Countryside, Parks, NRW and specific groups to support outdoor social distanced activities. Opportunities for formal GP connections in those respects?
- Create and develop creative approaches to support sustain wellbeing (real and online) as we approach the winter months: wellbeing events and festival?
- Develop Bereavement support projects such as that proposed by Head4Arts

BRIEF CONCLUDING COMMENTS

The above findings are clearly not exhaustive since the number of communities and groups involved in discussions to date has been necessarily limited.

However, often messages were common across the discussions, and the findings capture many of the main elements of what happened during the pandemic lockdown and the impacts and opportunities as we seek to move forward.

There are opportunities to re-examine how services and activities are provided and this will be crucial in the event of further restrictions, particularly as we reach the winter months. There has been tremendous work in adapting and providing services across sectors under difficult circumstances; the challenge will be to ensure they are as inclusive as possible, especially to reach the most vulnerable in our communities.

Services will undoubtedly be a mix of real and online. Digital exclusion has been a problem and addressing that and helping community and other centres which provide wellbeing services and advice to recommence those safely is crucial.

Clear advice and practical support are undoubtedly needed in many cases regarding the latter. The regulations and their communication have been very confusing for many community groups and organisations. Moreover, those centres often depend on volunteers many of whom in some cases have been vulnerable. Practical steps with effective support to support community facilities become functional are needed now before the winter onset

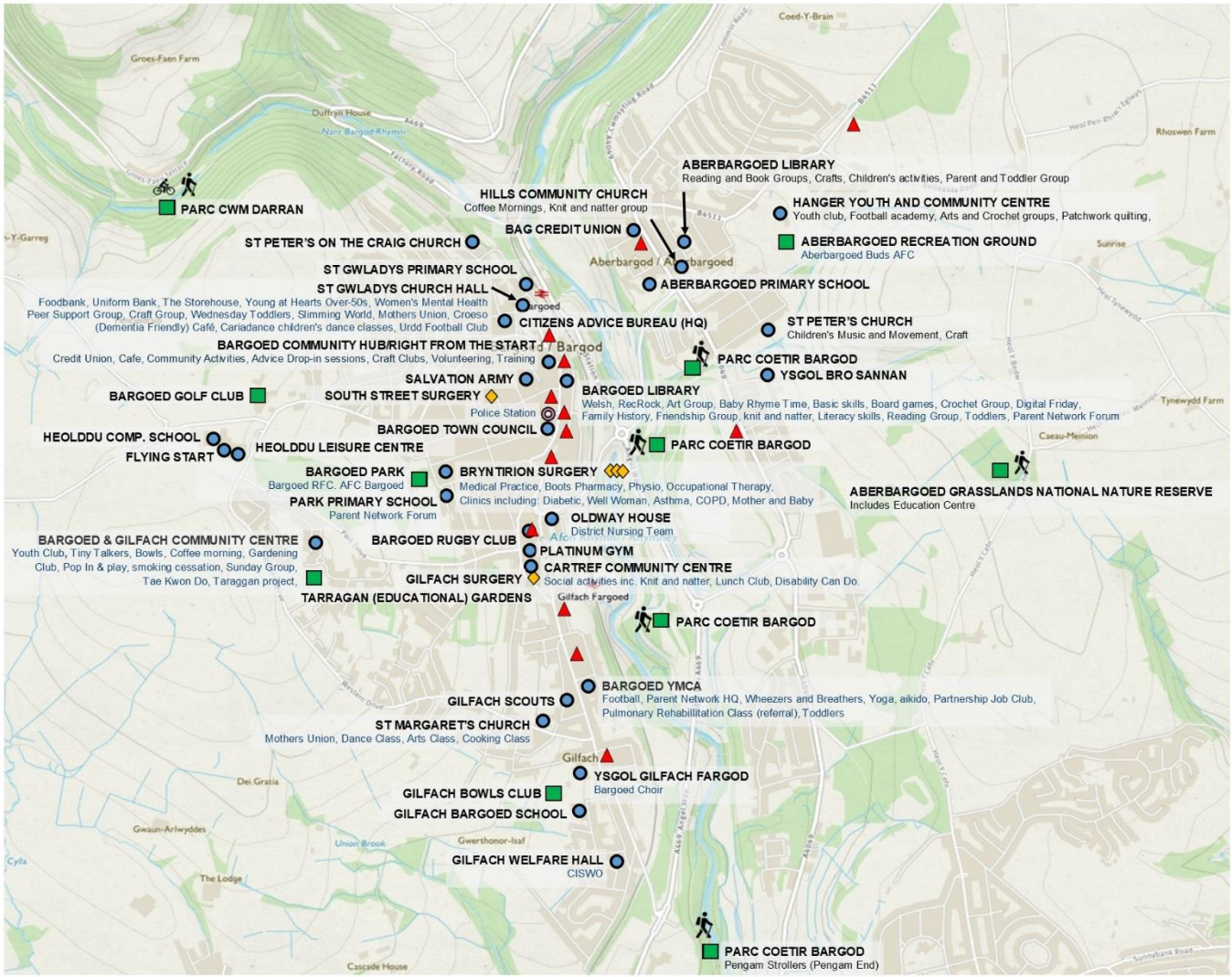
Mental health and wellbeing services will be crucial whilst better working with employment and support agencies will be hugely important as the economic impacts of the pandemic worsen. Isolation especially amongst older people in our communities remains an issue. The pandemic has highlighted and exacerbated **existing** wellbeing inequalities and challenges.

The IWN assets-based approach to enabling wellbeing collaboration in localities should help address those and maximising opportunities, through participatory budgeting to realise initiatives for example, will be vital. However, there are some undeniable constraints in that the IWN will have continue to work largely online, which can exclude key groups. Moreover, the need and desire to extend IWN activities across Caerphilly CBC area, as opposed to the initial NCN north area, will stretch resources. In those respects, ensuring enhanced working across partners and developing an effective Community Wellbeing Champions network will be crucial.

The pandemic crucially highlighted the need for place-based approaches to wellbeing and support for community groups and organisations involved in wellbeing activities in their areas will be crucial going forward, ensuring they work appropriately and effectively with services.

Finally, an effective TTP programme is clearly vital to addressing the pandemic and there is acceptance of that in the discussions to date. TTP communications will need to be clear and support for testing, and those undertaking isolation where needed, must be similarly clear. Certain sectors of our communities will continue to need targeted, effective approaches aimed at for example young people, older members, the BAME community. Indeed, clear effective messaging and communication to support wellbeing more widely, especially in the post COVID era, is vital.

Appendix – example of Wellbeing Assets Map



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APPENDIX 3

Information gathered at Task Review meetings since July 2021.

KEY ISSUES	EVIDENCE RECEIVED
The impact of the pandemic on the Mental Health and Wellbeing of the population.	Jenny Burns (Director, Mental Health Foundation) highlighted the Mental Health Foundation's longitudinal study of mental health during the pandemic. It found that the mental health of people with inequalities, such as those from ethnically diverse backgrounds, single parents and people with long-term conditions, had worsened during the pandemic. Jenny also highlighted a report on the impact of the pandemic on the elderly. It found that the impact was largely minimal but that those with long-term conditions had been impacted due to factors such as increased isolation. **(Meeting held on 15th December 2021).** Dr Chris O'Connor highlighted to Group Members that the impact of the pandemic on the mental health of the population had been immense. **(Meeting held on 16th February 2022).** Research showed that key groups within our communities were particularly impacted by the pandemic and were therefore at greater risk of developing mental health difficulties. Examples given by Dr O'Connor were: people who have had a severe Covid illness, those experiencing financial difficulties, people who have experienced significant relationship difficulties, people experiencing domestic abuse, people feeling socially isolated, those with previous mental health difficulties, people working in health and social care and the general impact on the wellbeing of carers. **(Meeting held on 16th February 2022).** Dr David Llewellyn highlighted a community study by the Integrated Wellbeing Networks at the end of 2020 which found that the pandemic had exacerbated existing difficulties. **(Meeting held on 16th February 2022).** The number of people going to see their GP about mental health difficulties was then raised by Dr O'Connor. The Group heard that demand within the Primary Care arena had gone up

	massively during the pandemic. **(Meeting held on 16th February 2022).** Isolation especially amongst older people in our communities remains an issue. The pandemic has highlighted and exacerbated existing wellbeing inequalities and challenges. **(*Sustaining and Strengthening Community Wellbeing Together in the Covid Era – August 2020 p.7*).** The present data indicate there has been a further reduction in the mental health and wellbeing of the Welsh population during the second national lockdown as compared to the first, with younger age groups continuing to be more adversely affected by the COVID-19 pandemic. **(*The Influence of the Covid-19 Pandemic on Mental Wellbeing and Psychological Distress: A Comparison Across Time – 15th July 2021 p.40*).** Rates of clinically significant psychological distress were found in 40.4% of the 2021 sample representing a 9.8% increase in prevalence from the first survey. Overall, population wellbeing was lower, and rates of clinically significant psychological distress were higher in the 2021 sample compared to the 2020 sample. **First Survey June-July 2020/ Second Survey January-March 2021. (*The Influence of the Covid-19 Pandemic on Mental Wellbeing and Psychological Distress: A Comparison Across Time – 15th July 2021 p.35*).**
How are Caerphilly County Borough Council currently working with partners to deliver services?	Members heard how there were two Community Mental Health Teams (CMHT) responding to GP referrals for the north and south of the County Borough. Both teams consisted of a range of professionals including Consultant Psychiatrists, Psychologists, Community Psychiatric Nurses, Occupational Therapists and Social Workers. The Teams are a blend of Health Board and Caerphilly County Borough Council (Social Workers) staff. The Service Manager outlined how she met regularly with her counterpart from the Health Board to manage the teams. **(Meeting held on 3rd November 2021).**

	The Service Manager then moved on to external working relationships in relation to the provision of mental health services. The first group highlighted was the Foundation Tier Steering Group which focussed on prevention. Members heard how the MELO website was developed as a result of meetings by this group. **(Meeting held on 3rd November 2021).** The Task Group also heard about the links established with the North Caerphilly Integrated Wellbeing Network. **(Meeting held on 3rd November 2021).** Task Group Members were then given a synopsis of the collaborative working which was taking place across all agencies including other Gwent Local Authorities. Every couple of weeks Mental Health Crisis Concordat meetings were held. Attendees at these meetings are Service Managers from each Local Authority, Gwent Police, Welsh Ambulance Service and Senior Managers from the Health Board. These meetings discuss the future development of mental health services in Gwent. **(Meeting held on 3rd November 2021).** Members were also told about Mental Health Implementation Group meetings which focussed on issues pertaining to the adherence of the Mental Health Act. **(Meeting held on 3rd November 2021).** The Service Manager highlighted the importance of joined up working within organisations. An example of this practice at Caerphilly County Borough Council was the Caerphilly Cares initiative which linked service areas such as Social Services in order to aid community access to services. **(Meeting held on 15th December 2021).**
Issues / Challenges identified.	Jill Lawton (Director, Caerphilly Borough MIND) highlighted the lack of specific bereavement counselling across the borough as an issue. One Member agreed and asked why general counsellors were unable to provide bereavement counselling as part of the package of care they provided. Jill advised that Caerphilly Borough MIND offered mental health counsellors and that specific advice on dealing

	with bereavement was a specialism. **(Meeting held on 15th December 2021).** Jenny Burns (Director, Mental Health Foundation) highlighted an article in The Lancet which showed that 75% of respondents to a secondary schools' survey knew how to access help in their school, but that only 28% responded that they would do so. The conclusion was that counselling services should receive wider consultation prior to implementation. **(Meeting held on 15th December 2021).** On the issue of participation Jenny outlined how it was key to involve stakeholders including youth groups in the design of services, but that there were challenges around resources at the beginning of the process. Proper engagement with public groups to determine what is needed. **(Meeting held on 15th December 2021).** Jill Lawton highlighted the importance of ensuring that services signposted on websites such as Melo are still active. Members heard about the frustration experienced when people tried to access services that have been closed. **(Meeting held on 15th December 2021).** Dr Chris O'Connor brought to the attention of Panel Members data and research carried out by the Centre for Mental Health on the future need for Mental Health Support. Modelling throughout the pandemic showed that within the next 3-5 years their prediction is that capacity within NHS Mental Health Services will need to grow between twofold and threefold in order to deal with the increased demand. **(Meeting held on 16th February 2022).** The Group heard how despite a reduction in referrals initially during the first lockdown, there were now significantly more referrals for older people with functional mental health difficulties such as depression and anxiety than was the case pre-pandemic. **(Meeting held on 16th February 2022).** It was highlighted to the Task Group that waiting times for counselling and interventions

	were now increasing. **(Meeting held on 16th February 2022).** Dr David Llewellyn outlined the challenge of ensuring that Psychological Wellbeing Practitioners were aware of the full range of services and activities available within the community and gave the example of Bereavement Cafes which were being planned by the Integrated Wellbeing Networks. Greater connectivity between mental health service providers. **(Meeting held on 16th February 2022).** Dr O'Connor welcomed any lobbying for additional resources as he advised that historically mental health had been underfunded when compared with physical health services. **(Meeting held on 16th February 2022).** Caerphilly, Monmouthshire, and Torfaen were the Local Authorities to experience the sharpest decline in population wellbeing. **(*The Influence of the Covid-19 Pandemic on Mental Wellbeing and Psychological Distress: A Comparison Across Time – 15th July 2021 p.26*).**
An understanding of services/ help available.	Members heard how the Service Manager represented Social Services at Suicide Prevention and Self-Harm Workshops, which were multi-agency and had helped to design an Action Plan for the Gwent region. **(Meeting held on 3rd November 2021).** The Group heard about the development of Psychological Wellbeing Practitioner (PWP) roles in some surgeries, which are non-registered practitioners who are trained to assess common mental health disorders. **(Meeting held on 3rd November 2021).** The presentation concluded with details of the support available to Caerphilly County Borough Council staff and included information on advice from Care First and Mindfulness courses run by Primary Care. **(Meeting held on 3rd November 2021).**

	Members heard how MIND in the Caerphilly region was providing a counselling service for the primary mental health teams. Jill Lawton also highlighted the Supporting People, Active Monitoring and My Whole Life projects. **(Meeting held on 15th December 2021).** Members also heard that Caerphilly Borough MIND were delivering Connect 5 training and was also taking the lead on the Public Health Wales funded suicide prevention training. **(Meeting held on 15th December 2021).** Dr Chris O'Connor reiterated praise for the training provided by Public Health Wales via the Connect 5 programme. **(Meeting held on 16th February 2022).**
How is Caerphilly County Borough Council currently coping with the demand for Mental Health Services?	The Chair asked if there had been a significant increase in Community Mental Health Team workload during the pandemic. The Service Manager advised that there had been an increase in general referrals but not to the extent that would necessitate the need for additional staff and that the volume was currently being managed well by the teams. **(Meeting held on 3rd November 2021).** It was stressed that currently Caerphilly County Borough Council was equipped to deal with demand, but this situation is constantly being monitored. **(Meeting held on 3rd November 2021).**
The future plans for Community Services.	Dr David Llewellyn advised Task Group Members that talks were taking place about the implementation of Participatory Budgeting within Caerphilly County Borough. He outlined how the ambition was to empower communities to implement the services they required themselves and highlighted how Third Sector organisations could bid for funding under this process. Dr Llewellyn also raised plans for an online Wellbeing Index which would accumulate anonymised data at a community level on the key issues and suggested solutions in terms of community mental health and wellbeing. It was suggested that this would then feed into the Participatory

	Budgeting process and allow the monitoring of impact. **(Meeting held on 16th February 2022).** Recovery is best achieved when the affected community is able to exercise a high degree of self-determination. **(*Sustaining and Strengthening Community Wellbeing Together in the Covid Era – August 2020 p.2*).**

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SOCIAL SERVICES SCRUTINY COMMITTEE - 6TH SEPTEMBER 2022

SUBJECT: **BUDGET MONITORING REPORT (MONTH 3)**

REPORT BY: **CORPORATE DIRECTOR SOCIAL SERVICES AND HOUSING**

1. PURPOSE OF REPORT

1.1 To inform Members of projected revenue expenditure for the Social Services Directorate for the 2022/23 financial year and its implications for future financial years.

2. SUMMARY

2.1 The report will identify the reasons behind a projected overspend of £1,415k for Social Services in 2022/23, inclusive of transport costs.

2.2 It will also consider the implications of this projected overspend on Social Services reserve balances and for future financial years.

3. RECOMMENDATIONS

3.1 Members are asked to note the projected overspend of £1,415k along with its implications on reserve balances and future financial years.

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 On 14th June 2022, the Social Services Scrutiny Committee was presented with a report setting out a revised budget for Social Services of £105,997,994 following a budget virement of £3,755,886 from a corporately held budget of £5,715,355, which had been earmarked to address social care cost pressures that were expected to emerge during 2022/23. That virement was intended to fund increases in fees to independent sector social care providers, approved by Cabinet on 6th April 2022, to address the impact of implementing the Real Living Wage for all care staff and soaring energy, fuel and food costs.

5.1.2 While most care providers welcomed those fee increases, smaller residential home providers felt that the 5% increase offered to them would not cover their increasing costs and on 27th

July 2022, Cabinet approved a further virement of £310,000 from the corporately held budget to enable a 10% fee uplift for smaller residential home providers instead of the original 5% offer. This virement increased the revised budget for Social Services to £106,307,994 and left a balance of £1,649,469 within the corporately held budget.

5.1.3 Subsequently, following a significant increase in the number of children placed in residential care during 2022/23, the Head of Financial Services & S151 Officer agreed to release the remainder of the corporately held budget. As a result, the revised budget for Social Services currently stands at £107,957,463.

5.1.4 Finally, following a transfer of Community Connector staff from the Information, Advice and Assistance Team to the Caerphilly Cares Service, £16,422 has been vired from the Children's Services budget to the Adult Services budget resulting in the divisional budgets identified in the following table:-

	Children's Services (£000s)	**Adult Services (£000s)**	**Business Support (£000s)**	**Total (£000s)**
Original Budget 2022/23	27,670	72,323	2,249	102,242
Virement for initial fee increase offer	119	3,637	0	3,756
Revised Budget 2022/23 as at 14th June 2022	**27,789**	**75,960**	**2,249**	**105,998**
Virement for additional fee increase	0	310	0	310
Virement for children's residential placements	1,649	0	0	1,649
Transfer of Community Connectors	(16)	16	0	0
Current Revised Budget 2022/23	**29,422**	**76,286**	**2,249**	**107,957**

5.1.5 Information available as at 30th June 2022 suggests a potential overspend of £1,667k against the revised budget identified in the above table. Details of this potential overspend are provided in sections 5.2, 5.3 and 5.4 of this report and in appendix 1 but Members will note that the overspend projected in respect of residential care for children more than accounts for the entire Social Services overspend, despite the additional funding released from the corporately held budget.

5.1.6 In addition to the revised budget for Social Services identified in the table in paragraph 5.1.4, a further £1,625,981 is included in the Communities Directorate budget in respect of transport costs for social services. Current information suggests a potential underspend of £252k against this budget as a result of reduced costs of transport to day centres.

5.1.7 This potential underspend in respect of transport costs would partially offset the potential overspend against the Social Services revised budget resulting in a net overspend of £1,415k as summarised below:-

Division	**Revised Budget (£000's)**	**Projection/ Commitment (£000's)**	**Over/(Under) Spend (£000's)**
Children's Services	29,422	32,409	2,987
Adult Services	76,286	74,982	(1,304)
Service Strategy & Business Support	2,249	2,233	(16)
Sub-Total Directorate of Social Services	**107,957**	**109,624**	**1,667**
Transport Costs	1,626	1,374	(252)
Grand Total	**109,583**	**110,998**	**1,415**

5.2 **Children's Services**

5.2.1 The Children's Services Division is currently projected to overspend its budget by £2,987k as summarised in the following table: -

	Revised Budget (£000's)	Projection/ Commitment (£000's)	Over/(Under) Spend (£000's)
Management, Fieldwork & Administration	10,269	9,751	(518)
Residential Care Incl. Secure Accommodation	8,146	11,871	3,725
Fostering & Adoption	9,118	9,091	(27)
Youth Offending	435	435	0
Families First	8	8	0
After Care Support	837	644	(193)
Other Costs	609	609	0
Totals: -	**29,422**	**32,409**	**2,987**

Management, Fieldwork and Administration

5.2.2 The underspend in this area includes £40k in respect of Welsh Government grant funding to provide capacity for performance reporting and £73k in respect of reduced mileage claims as a result of a growth in virtual meetings following the Covid 19 pandemic. The remainder of the £518k underspend in this area can largely be attributed to staffing vacancies.

Residential Care Including Secure Accommodation

5.2.3 Prior to the release of funding described in paragraph 5.1.3, the budget for independent sector children's residential placements included provision for 957 weeks of care at an average cost of £4,570 per week. However, following a temporary restriction on admissions to one of the Council's own residential home at Ty Ni and a number of family breakdowns, we are currently committed to fund around 1,967 weeks of care. Furthermore, the complexity of the needs of children placed recently has meant the average weekly cost of the placements we are supporting has increased to £4,831 per week. This increased demand and complexity, which is not unique to Caerphilly C.B.C. has resulted in a potential overspend of £3,494k despite the release of the £1,649k additional funding. In addition to this anticipated overspend in independent sector provision, a further overspend of £231k is anticipated in respect of in-house residential care provision due to the employment of supernumerary staff pending the planned expansion of in-house provision facilitated by ICF capital grant funding.

Fostering and Adoption

5.2.4 We have seen a slight drift away from independent sector foster placements and residence orders towards in-house foster placements and special guardianship orders since the 2022/23 budget was set. However the £27k underspend in this area can be attributed to the difficulty in recruiting specialist foster carers to support the MyST service.

Aftercare

5.2.5 The potential underspend of £193k within aftercare services reflects the numbers of adolescents currently supported by the 16 Plus Team that are no longer looked after. Given the increase in the number of residential placements supported by the 16 Plus Team since the beginning of the financial year, it is not surprising that the number of adolescents that are no longer looked after has decreased.

5.3 **Adult Services**

5.3.1 The Adult Services Division is currently projected to underspend its budget by £1,304k as summarised in the following table: -

	Revised Budget (£000's)	Projection/ Commitment (£000's)	Over/(Under) Spend (£000's)
Management, Fieldwork & Administration	9,027	9,066	39
Own Residential Care and Supported Living	7,119	6,977	(142)
Own Day Care	4,223	3,267	(956)
Supported Employment	74	74	0
Aid and Adaptations	824	820	(4)
Gwent Frailty Programme	2,517	2,436	(81)
Supporting People (net of grant funding)	0	0	0
External Residential Care	18,215	19,055	840
External Day Care	1,783	1,440	(343)
Home Care	12,129	11,637	(492)
Other Domiciliary Care	17,918	17,653	(265)
Resettlement	(1,020)	(1,020)	0
Services for Children with Disabilities	2,138	2,185	47
Other Costs	1,339	1,392	53
Totals: -	76,286	74,982	(1,304)

Management, Fieldwork and Administration

5.3.2 The additional cost of agency social work staff within the Adult Services Division is offsetting a potential underspend of £86k due to reduced mileage claims as a result of a growth in virtual meetings following the Covid 19 pandemic. However, vacancies within the Client Finances Team have restricted the number of service users that can be supported by the Team leading to a shortfall in income from service users resulting in a potential overspend in respect of the Management, Fieldwork and Administration budget of £39k.

Own Residential Care and Supported Living

5.3.3 The £142k underspend forecast in respect of our own residential care and supported living homes can be attributed to additional service user contributions following a recovery in occupancy levels in our residential homes as a result of the easing of Covid 19 restrictions.

Own Day Care

5.3.4 Alternative service provision within our own day opportunities is expected to result in an underspend of £956k. This assumes that current service levels will be maintained throughout the current financial year pending the outcome of the planned co-production of a model for day services.

Gwent Frailty Programme

5.3.5 The underspend of £81k in respect of the Gwent Frailty Programme reflects the current difficulties in recruiting Reablement Support workers and Emergency Care at Home staff.

Supporting People

5.3.6 Welsh Government grant funding for Supporting People Services is expected to amount to around £8.4 million for 2022/23. Current forecasts suggest this funding will be spent in full.

External Residential Care

5.3.7 The easing of Covid 19 restrictions in residential homes has enabled increased occupancy levels within those homes since the 2022/23 budget was set. This increased number of service users has contributed to a potential overspend of £840k.

External Day Care

5.3.8 External day care provision has not yet recovered to pre-pandemic levels resulting in a projected underspend of £343k. Again, this assumes that current service levels will be maintained throughout the current financial year pending the outcome of the co-production of a day services model.

Home Care (In-House and Independent Sector)

5.3.9 The £492k underspend in respect of Home Care assumes the current recruitment difficulties experienced across the sector will remain throughout the current financial and that existing levels of service provision will be maintained. However, at the end of June 2022, there were around 560 hours per week of unmet need caused by staff shortages. So if staff recruitment can be improved this underspend could be significantly reduced.

Other Domiciliary Care

5.3.10 Shared lives care provision has not yet returned to pre-pandemic levels resulting in a potential underspend of £455k. However, this has been partially offset by increased demand for supported living placements resulting in a net potential underspend of £265k

Children with Disabilities

5.3.11 The £47k overspend projected in respect of Children with Disabilities is largely due to the full year impact of a supported lodging placement that commenced late in 2021/22.

Other Costs

5.3.12 The £53k overspend in respect of other costs can be attributed to additional staffing cover for the Telecare help line.

5.4 **Service Strategy and Business Support**

5.4.1 The service area is currently projected to underspend by £16k as summarised in the following table: -

	Revised Budget (£000's)	Projection/ Commitment (£000's)	Over/(Under) Spend (£000's)
Management and Administration	941	935	(6)
Office Accommodation	251	251	0
Office Expenses	144	134	(10)
Other Costs	913	913	0
Totals: -	2,249	2,233	(16)

Management and Administration

5.4.2 The underspend of £6k in respect of management and administration is largely due to reduced mileage claims as a result of a growth in virtual meetings following the Covid 19

pandemic.

Office Expenses

5.4.3 The underspend of £10k in this area is largely due to reduced printing costs as a result of a growth in virtual meetings and home working following the Covid 19 pandemic.

5.5 **Impact of Potential Overspend on Service Reserve Balances and Future Financial Years**

5.5.1 Following a number of consecutive financial years of underspending, the Social Services general reserve balance currently stands at £4.83million. Therefore, the projected in-year overspend of £1.42million could readily be funded from the general service reserve balance. However, it should be noted that there are a number of existing pressures within Social Services that are partially funded from earmarked reserve balances for a fixed period until longer term funding streams can be identified. Given the financial pressures currently faced within the social care sector it is unlikely that those longer term funding streams will become available in the short term so it is likely that around £2.55million of Social Services general reserve funding will be required to continue to fund these existing pressures through to the end of 2023/24. This would reduce the general service reserve balance to around £0.86million which is just 0.78% of the total annual budget for Social Services.

5.5.2 Resuming admissions to Ty Ni residential home is likely to ease the pressure upon the Children's Services external residential care budget to some extent. However, there are likely to be additional pressures faced by many families as a result of the current cost of living pressures that could lead to family breakdowns and further pressures on the residential care budget for 2023/24. Furthermore, the underspend forecast for Adult Services in 2022/23 is largely due to alternative day service provision and staff shortages within the domiciliary care market. With the co-production of a model for day services imminent and ongoing strategies to improve staff recruitment and retention across the social care sector, it is unlikely that Adult Services will underspend in 2023/24.

5.6 **Conclusion**

5.6.1 The projected in-year overspend of £1.42million does not pose a significant risk for the current financial year. However, the depletion of service reserves, ongoing financial pressures within Children's Services and a post-pandemic recovery to normal service levels within adult services are likely to cause significant financial pressures within 2023/24 and beyond. Therefore, it is critical that the Children's Services Division continues to pursue strategies to reduce our reliance on independent sector residential care and that senior officers and Members take every opportunity to lobby Welsh Government for additional funding for social care.

6. ASSUMPTIONS

6.1 The projections within this report assume that any pay award that may be agreed for 2022/23 will be matched by a budget virement from the corporate contingency budget that was created for this purpose or funded from corporate reserve balances.

7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT

7.1 An Integrated Impact Assessment is not needed because the issues covered are for information purposes only.

8. FINANCIAL IMPLICATIONS

8.1 As detailed throughout the report.

9. PERSONNEL IMPLICATIONS

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

10. CONSULTATIONS

10.1 All consultation responses have been incorporated into this report.

11. STATUTORY POWER

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

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Appendices:
Appendix 1 Social Services Budget Monitoring Report 2022/23 (Month 3)

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APPENDIX 1 - Social Services Budget Monitoring Report 2022/23 (Month 3)

	Revised Budget 2022/23	Projection	Over/ (Under) Spend
	£	£	£
SUMMARY			
CHILDREN'S SERVICES	29,421,562	32,408,888	2,987,326
ADULT SERVICES	76,286,622	74,982,594	(1,304,028)
RESOURCING AND PERFORMANCE	2,249,279	2,232,956	(16,323)
SOCIAL SERVICES TOTAL	**107,957,463**	**109,624,438**	**1,666,975**

	Revised Budget 2022/23	Projection	Over/ (Under) Spend
	£	£	£
CHILDREN'S SERVICES			
Management, Fieldwork and Administration			
Children's Management, Fieldwork and Administration	11,803,252	11,392,113	(411,139)
Appropriations from Earmarked Reserves	(685,977)	(752,805)	(66,828)
Less Wanless Income	(51,115)	(51,115)	0
Family Intervention Grant	0	0	0
Performance & Improvement Grant	0	(40,000)	(40,000)
Regional Integration Fund Grant	(797,069)	(797,069)	0
Sub Total	**10,269,091**	**9,751,123**	**(517,968)**
Residential Care Including Secure Accommodation			
Own Residential Homes	1,685,365	1,916,652	231,287
Gross Cost of Placements	6,543,557	10,034,355	3,490,798
Contributions from Education	(83,116)	(79,935)	3,181
Sub Total	**8,145,806**	**11,871,073**	**3,725,267**
Fostering and Adoption			
Gross Cost of Placements	8,071,127	8,049,570	(21,557)
Other Fostering Costs	101,942	101,942	0
Adoption Allowances	61,187	55,327	(5,860)
Other Adoption Costs	383,814	383,814	0
Professional Fees Inc. Legal Fees	500,227	500,227	0
Sub Total	**9,118,297**	**9,090,880**	**(27,417)**
Youth Offending			
Youth Offending Team	434,656	434,656	0
Sub Total	**434,656**	**434,656**	**0**
Families First			
Families First Team	202,145	198,926	(3,219)
Other Families First Contracts	2,503,513	2,506,732	3,219
Grant Income	(2,697,747)	(2,697,747)	0
Sub Total	**7,911**	**7,911**	**0**
Other Costs			
Preventative and Support - (Section 17 & Childminding)	61,810	61,810	0
Aftercare	837,215	644,321	(192,894)
Agreements with Voluntary Organisations	709,216	709,216	0
Regional Integration Fund Grant	(296,624)	(296,624)	0
Other	280,209	311,937	31,728
Appropriations from Earmarked Reserves	0	(30,000)	(30,000)
Family Intervention Grant	0	0	0
Regional Integration Fund Grant	(146,025)	(147,415)	(1,390)
Sub Total	**1,445,801**	**1,253,245**	**(192,556)**
TOTAL CHILDREN'S SERVICES	**29,421,562**	**32,408,888**	**2,987,326**
ADULT SERVICES			
Management, Fieldwork and Administration			
Management	138,829	138,702	(127)
Protection of Vulnerable Adults	411,198	403,229	(7,969)

	Revised Budget 2022/23	Projection	Over/ (Under) Spend
	£	£	£
OLA and Client Income from Client Finances	(385,279)	(341,178)	44,101
Commissioning	731,305	743,724	12,419
Section 28a Income Joint Commissioning Post	(17,175)	(17,175)	0
Older People	2,382,796	2,464,249	81,453
Less Wanless Income	(44,747)	(44,747)	0
Promoting Independence	3,004,551	3,058,233	53,682
Provider Services	439,638	437,561	(2,077)
Regional Integration Fund Grant	(298,444)	(298,444)	0
Learning Disabilities	787,259	884,261	97,002
Appropriations from Earmarked Reserves	(172,423)	(111,970)	60,453
Contribution from Health and Other Partners	(44,253)	(47,452)	(3,199)
Mental Health	1,469,245	1,516,067	46,822
Section 28a Income Assertive Outreach	(94,769)	(94,769)	0
Drug & Alcohol Services	398,918	414,573	15,655
Emergency Duty Team	320,246	320,246	0
Further Vacancy Savings	0	(359,183)	(359,183)
Sub Total	**9,026,895**	**9,065,927**	**39,032**
Own Residential Care			
Residential Homes for the Elderly	7,171,643	7,264,681	93,038
Appropriations from Earmarked Reserves	0	(120,075)	(120,075)
Regional Integration Fund Grant	(92,563)	(92,563)	0
-Less Client Contributions	(2,230,000)	(2,410,644)	(180,644)
-Less Section 28a Income (Ty Iscoed)	(115,350)	(115,350)	0
-Less Inter-Authority Income	(55,161)	(55,161)	0
Net Cost	4,678,569	4,470,888	(207,681)
Accommodation for People with Learning Disabilities	2,908,539	2,963,830	55,291
-Less Client Contributions	(89,641)	(80,000)	9,641
-Less Contribution from Supporting People	(41,319)	(41,206)	113
-Less Inter-Authority Income	(336,671)	(336,671)	0
Net Cost	2,440,908	2,505,953	65,045
Sub Total	**7,119,477**	**6,976,841**	**(142,636)**
External Residential Care			
Long Term Placements			
Older People	13,011,035	13,901,437	890,402
Less Wanless Income	(303,428)	(303,428)	0
Less Section 28a Income - Allt yr yn	(151,063)	(151,063)	0
Physically Disabled	984,218	943,876	(40,342)
Learning Disabilities	4,237,645	3,992,170	(245,475)
Mental Health	983,821	1,166,807	182,986
Substance Misuse Placements	64,273	64,273	0
Social Care Workforce & Sustainability Grant	(1,032,639)	(1,032,639)	0
Net Cost	17,793,862	18,581,433	787,571

	Revised Budget 2022/23	Projection	Over/ (Under) Spend
	£	£	£
Short Term Placements			
Older People	271,511	271,511	0
Carers Respite Arrangements	42,917	42,917	0
Physical Disabilities	44,901	14,546	(30,355)
Learning Disabilities	17,747	111,842	94,095
Mental Health	44,032	33,024	(11,008)
Net Cost	421,108	473,840	52,732
Sub Total	**18,214,970**	**19,055,273**	**840,303**
Own Day Care			
Own Day Opportunities	3,654,799	2,634,233	(1,020,566)
-Less Attendance Contributions	(37,560)	0	37,560
-Less Inter-Authority Income	(24,986)	0	24,986
Mental Health Community Support	817,809	818,973	1,164
Appropriations from Earmarked Reserves	(18,818)	(17,423)	1,395
Regional Integration Fund Grant	(87,100)	(87,100)	0
-Less Section 28a Income (Pentrebane Street)	(81,366)	(81,366)	0
Sub Total	**4,222,778**	**3,267,316**	**(955,462)**
External Day Care			
Elderly	42,005	38,040	(3,965)
Physically Disabled	141,546	127,488	(14,058)
Learning Disabilities	1,646,080	1,342,284	(303,796)
Section 28a Income	(72,659)	(72,659)	0
Mental Health	26,408	4,700	(21,708)
Sub Total	**1,783,380**	**1,439,853**	**(343,527)**
Supported Employment			
Mental Health	73,776	73,776	0
Sub Total	**73,776**	**73,776**	**0**
Aids and Adaptations			
Disability Living Equipment	684,482	584,482	(100,000)
Appropriations from Earmarked Reserves	(100,000)	0	100,000
Adaptations	231,781	231,781	0
Chronically Sick and Disabled Telephones	7,511	3,669	(3,842)
Sub Total	**823,774**	**819,932**	**(3,842)**
Home Assistance and Reablement			
Home Assistance and Reablement Team			
Home Assistance and Reablement Team (H.A.R.T.)	4,618,394	4,312,030	(306,364)
Wanless Funding	(67,959)	(67,959)	0
Regional Integration Fund Grant	(32,306)	(32,306)	0
Regional Integration Fund Grant	(138,501)	(180,216)	(41,715)

	Revised Budget 2022/23	Projection	Over/ (Under) Spend
	£	£	£
Independent Sector Domiciliary Care			
Elderly	7,290,108	7,307,802	17,694
Physical Disabilities	1,173,570	1,032,429	(141,141)
Learning Disabilities (excluding Resettlement)	365,038	394,746	29,708
Mental Health	156,970	106,247	(50,723)
Social Care Workforce & Sustainability Grant	(1,235,943)	(1,235,943)	0
Gwent Frailty Programme	2,516,819	2,435,697	(81,122)
Sub Total	**14,646,190**	**14,072,526**	**(573,664)**
Other Domiciliary Care			
Shared Lives			
Shared Lives Scheme	1,803,855	1,349,290	(454,565)
Regional Integration Fund Grant	(173,790)	(173,790)	0
Net Cost	1,630,065	1,175,500	(454,565)
Supported Living			
Older People	218,988	240,635	21,647
-Less Contribution from Supporting People	(2,457)	(2,457)	(0)
Physical Disabilities	1,832,076	1,708,341	(123,735)
-Less Contribution from Supporting People	(17,769)	(14,933)	2,836
Learning Disabilities	12,352,025	12,687,729	335,704
Less Section 28a Income Joint Tenancy	(28,987)	(28,987)	0
-Less Contribution from Supporting People	(233,440)	(229,448)	3,992
Mental Health	2,120,293	2,119,286	(1,007)
-Less Contribution from Supporting People	(7,372)	(7,372)	0
Social Care Workforce & Sustainability Grant	(408,304)	(408,304)	0
Net Cost	15,825,053	16,064,489	239,436
Direct Payment			
Elderly People	100,307	100,307	0
Physical Disabilities	832,498	832,498	0
Learning Disabilities	793,869	793,869	0
Section 28a Income Learning Disabilities	(20,808)	(20,808)	0
Mental Health	4,003	4,003	0
Net Cost	1,709,869	1,709,869	0
Other			
Extra Care Sheltered Housing	747,413	676,280	(71,133)
Net Cost	747,413	676,280	(71,133)
Total Home Care Client Contributions	(1,993,772)	(1,971,619)	22,153
Sub Total	**17,918,628**	**17,654,518**	**(264,110)**
Resettlement			
External Funding			
Section 28a Income	(1,020,410)	(1,020,410)	0
Sub Total	**(1,020,410)**	**(1,020,410)**	**0**

	Revised Budget 2022/23	Projection	Over/ (Under) Spend
	£	£	£
Supporting People (including transfers to Housing)			
People Over 55 Years of Age	455,516	279,096	(176,420)
People with Physical and/or Sensory Disabilities	35,880	40,607	4,727
People with Learning Disabilities	494,176	155,177	(338,999)
People with Mental Health issues	1,135,696	1,817,566	681,870
Families Supported People	547,144	278,636	(268,508)
Generic Floating support to prevent homelessness	2,728,444	2,192,212	(536,232)
Young People with support needs (16-24)	946,998	1,113,619	166,621
Single people with Support Needs (25-54)	427,095	613,179	186,084
Women experiencing Domestic Abuse	521,808	558,345	36,537
People with Substance Misuse Issues	454,313	741,378	287,065
Alarm Services (including in sheltered/extra care)	270,299	188,500	(81,799)
People with Criminal Offending History	144,040	190,245	46,205
Contribution to Social Services Schemes	343,957	336,804	(7,153)
Newport CC funding transfer	(70,000)	(70,000)	0
Less supporting people grant	(8,435,366)	(8,435,366)	0
Sub Total	**0**	**0**	**0**
Services for Children with Disabilities			
Ty Hapus	455,234	491,429	36,195
Residential Care	938,434	898,758	(39,676)
Foster Care	501,040	552,884	51,844
Preventative and Support - (Section 17 & Childminding)	10,091	10,091	0
Respite Care	80,780	78,841	(1,939)
Direct Payments	152,713	152,713	0
Sub Total	2,138,292	2,184,716	46,424
Other Costs			
Telecare Gross Cost	744,588	798,040	53,452
Section 28a Income	(6,539)	(6,539)	0
Less Client and Agency Income	(399,931)	(399,931)	0
Agreements with Voluntary Organisations			
Children with Disabilities	305,272	333,822	28,550
Appropriations from Earmarked Reserves	0	(28,550)	(28,550)
Elderly	73,590	73,590	0
Learning Difficulties	63,815	63,815	0
Section 28a Income	(52,020)	(52,020)	0
Mental Health & Substance Misuse	46,334	46,334	0
MH Capacity Act / Deprivation of Libert Safeguards	118,604	118,604	0
Other	58,761	58,761	0
Gwent Enhanced Dementia Care Expenditure	144,863	145,640	777
Gwent Enhanced Dementia Care Grant	(144,863)	(145,640)	(777)
Regional Integration Fund Grant	0	0	0
Caerphilly Cares	1,503,968	1,415,309	(88,659)
Regional Integration Fund Grant	(336,781)	(310,431)	26,350
Appropriations from Earmarked Reserves	(196,724)	(160,795)	35,929
Children & Communities Grant	(584,065)	(557,685)	26,380
Sub Total	**1,338,872**	**1,392,324**	**53,452**
TOTAL ADULT SERVICES	**76,286,622**	**74,982,594**	**(1,304,028)**

	Revised Budget 2022/23	Projection	Over/ (Under) Spend
	£	£	£
SERVICE STRATEGY AND BUSINESS SUPPORT			
Management and Administration			
Policy Development and Strategy	186,481	183,765	(2,716)
Business Support	872,536	786,468	(86,068)
Appropriations from Earmarked Reserves	(117,822)	(34,574)	83,248
Sub Total	**941,195**	**935,659**	**(5,536)**
Office Accommodation			
All Offices	375,330	375,330	0
Less Office Accommodation Recharge to HRA	(124,681)	(124,681)	0
Sub Total	**250,649**	**250,649**	**0**
Office Expenses			
All Offices	144,486	133,843	(10,643)
Sub Total	**144,486**	**133,843**	**(10,643)**
Other Costs			
Training	349,294	349,294	0
Staff Support/Protection	10,018	10,018	0
Information Technology	59,697	176,956	117,259
Appropriations from Earmarked Reserves	0	(117,259)	(117,259)
Management Fees for Consortia	(51,869)	(51,869)	0
Insurances	264,543	264,543	0
Other Costs	281,266	281,122	(144)
Sub Total	**912,949**	**912,805**	**(144)**
TOTAL RESOURCING AND PERFORMANCE	**2,249,279**	**2,232,956**	**(16,323)**

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