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Date: 5th October 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, 11th October, 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,

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

Christina Harrhy
CHIEF EXECUTIVE

AGENDA

1 To receive apologies for absence.

Pages

A greener place Man gwyrddach



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 6th September 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 |

To receive and consider the following Scrutiny reports: -

- | | | |
|---|---|----------|
| 6 | Regional Market Stability Report 2022-2025. | 15 - 78 |
| 7 | Regional Integration Fund. | 79 - 86 |
| 8 | MyST Presentation. | |
| 9 | Budget Monitoring report (Month 5). | 87 - 102 |

Circulation:

Councillors: C. Bishop, A. Broughton-Pettit, D. Cushing (Chair), Cllr (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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SOCIAL SERVICES SCRUTINY COMMITTEE

MINUTES OF THE MULTI-LOCATIONAL MEETING HELD AT THE COUNCIL OFFICES PENALLTA HOUSE AND VIA MICROSOFT TEAMS ON TUESDAY 6TH SEPTEMBER 2022 AT 5.30 P.M.

PRESENT:

Councillor D. Cushing –Chair

Councillors:

C. Bishop, A. Broughton-Petitt, M. Chacon-Dawson (Vice-Chair), P. Cook, K. Ethridge, M. Evans, T. Heron, L. Jeremiah, J. A. Pritchard, D. Price, C. Thomas.

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

Co-Opted Members: Vacant.

Together with:

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

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 were received from Councillors R. Chapman, D. Harse, J. Rao and S. Skivens.

2. DECLARATIONS OF INTEREST

Councillor D. Cushing declared a personal interest only in relation to [Agenda Item No. 7 – Hospital Discharge](#) as her mother had previously been service user of Home Assistance and Reablement Team support (HART).

As a Members of the Task and Finish Group Councillor C. Bishop and Councillor D. Cushing declared a personal interest only in relation to [Agenda Item No. 8 Final Report from the Task and Finish Group on Tackling Potential Mental Health Issues Post Pandemic](#).

3. MINUTES – 26TH JULY 2022.

RESOLVED that Subject to an amendment that the Councillor A. Leonard be included in the apologise for absence it was moved and seconded that the minutes of the Social Services Scrutiny Committee held on 26th July 2022 (minute nos. 1-6) were approved as a correct record.

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

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

5. SOCIAL SERVICES SCRUTINY COMMITTEE FORWARD WORK PROGRAMME

Mark Jacques - (Scrutiny Officer) introduced the report that informed the Committee of its Forward Work Programme planned for the period September 2022 to March 2023.

Following consideration of the report it was moved and seconded that the recommendations 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. HOSPITAL DISCHARGES

Councillor E. Forehead the Cabinet Member for Social Care introduced the report which informed the Scrutiny Committee Members the current services, positions and initiatives regarding the prevention of admission and facilitated discharges from hospital for individuals.

Members noted the National position and pressures on the NHS which, as a result has caused 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.

Members noted the 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 six goals for urgent and primary care and thousand beds initiative. Members also noted 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.

The Head of Adult Services, Jo Williams provided the Scrutiny Committee with updates regarding the areas within the report. The Officer stressed that even though the report referrers to pressures during the winter period, post pandemic this pressure is all the year around

although services could be exacerbated in the winter if there are periods of inclement weather resulting in more slips and falls and more respiratory conditions such as flu and covid. The Officer referred to section 5.1 of the report in relation to Home First and the reference made to funding, advising Members they would find out if the funding would continue in November. The Officer also referred to section 5.2.1 of the report and Members were advised that the Community Resources Team have started work within the Medical Assessment Unit at Ysbyty Ystrad Fawr (YYF) at the weekends to try and prevent unnecessary hospital admissions. The Scrutiny Committee Members were also made aware the Health Board has published a notice to service providers seeking the interest of anyone able to provide beds in relation to the Step Closer to Home initiative. Members were informed that The Older Person's Pathway is being redesigned and a report is being submitted to the Gwent Adults Strategic Partnership. An initiative is also being undertaken called "Breaking the Cycle" which is a review of patients in hospitals to see if there is anything that can be done to move them on if they are medically fit. The Scrutiny were also informed that Domiciliary Care is currently on 512.30 hours which represents 67 people within the Community and 3 people in hospital.

The Chair thanked the Officer and discussion ensued.

A Member raised a question in relation to how the service area is looking to recruit new members of staff. The Officer advised the Scrutiny Committee that, there is a lot of work going into recruitment currently such as revamping the website in an attempt to attract people in different ways and make it easier for them, therefore there will be a lot more videos to show people what the work would entail. Caerphilly is also linking with Social Care Wales and the National Campaign that is currently being undertaken. The Officers are working closely with the HR Department looking at the whole recruitment process and looking at ways to make the application process easier. Applications have been submitted to attend all the winter Fayres across the Borough, where Social Services intend to have stalls to try and recruit people.

A query was raised by a Scrutiny Member in relation to whether it was the departments intention to increase home assessments and whether equipment is being provided to prevent slips, trips and falls, in an attempt to decrease the number of hospital admissions. The Officer clarified there is a Falls Clinic which can give specific advice and information. Also, all care staff are trained in the "I Stumble Tool" which is intended to support people and try to prevent as many trips and slips as possible. The Falls Clinic also looks at service users that have a history of trips and falls to try and ascertain if there is a medical reason for them.

A Member raised a number of questions in relation to the report and stated that it was in way a criticism of the staff and resources. The Officer advised The Scrutiny Committee full responses would be provided to the group following the meeting.

Having fully considered the report, the Social Services Scrutiny Committee noted the contents.

8. FINAL REPORT FROM THE TASK AND FINISH GROUP ON TACKLING POTENTIAL MENTAL HEALTH ISSUES POST PANDEMIC.

The Scrutiny Officer introduced the report which provided the Scrutiny Committee Members with information 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 were asked to consider the recommendations of the review group and recommend that Cabinet supports them. The Scrutiny Officer highlighted to new Committee Members that this report was by a cross party group of Committee Members and was-not a report by Officers.

The Scrutiny Officer thanked all the Panel Members and witnesses for their time and for the contribution that they made to a rigorous piece of work. The Scrutiny Officer outlined how the Task Group had met on five occasions since July 2021 and had 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. Members heard how the conclusion reached was 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 against the resulting issues.

Following Consideration of the report, discussion ensued.

A Member made an observation that the report did not mention how stress from physical pain and delayed operations could affect mental health. The Officer agreed that the stress and pain from any operations that have been delayed because of the pandemic would be very concerning, however this aspect was not considered when the remit of the inquiry was discussed by the Group Members. The Member stated they would have liked it to have been acknowledged in the report.

Following consideration of the report, it was moved and seconded that the recommendations be approved for recommendation to Cabinet. By way of Microsoft Forms (and noting there were 8 for, 0 against and 1 Abstention) this was carried.

RESOLVED that: -

1. Caerphilly County Borough Council prioritises the provision of bereavement counselling across the County Borough during future meetings with Health and Wellbeing partners.
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. Council communications platforms are actively used to promote community health and wellbeing activities such as Bereavement Cafes organised via the Integrated Wellbeing Network.
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.
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.
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.

9. BUDGET MONITORING REPORT (MONTH 3).

Councillor E. Forehead the Cabinet Member for Social Care introduced the report which provided the Scrutiny Committee Members with details of the projected revenue expenditure for the Social Services Directorate for the 2022/23 financial year and its implications for future financial years.

The Members noted the reasons behind the projected overspend of £1,415k for Social Services in 2022/23, inclusive of transport costs and the potential implications of this projected overspend on Social Services reserve balances and for future financial years.

The Financial Services Manager – (Mr Mike Jones) stressed to Members, that even though there was a large overspend this year, the Social Services reserves are healthy, therefore doesn't pose a challenge for the current financial year. However, those reserves will be depleted as a result and there is the potential for an overspend in the current year which will mean those reserves will not be available in future years, along with the adding the impact of the ongoing recovery from COVID and the cost-of-living crisis, then it does mark the beginning of a challenging period.

The Corporate Director Social Services & Housing – (Dave Street) requested the Scrutiny Members note this is the period 3 report and the first budget report of the year which may not resemble the end of year position. Over the past five years there have been reported underspends. This report has not included any grant funding which may be allocated by WG.

In response to a Member's query, the Assistant Director of Children's Services, Gareth Jenkins advised the Scrutiny Committee that there are plans to expand the Residential Care Services. However, this process can be a lengthy process, as appropriate properties need to be found, and then there is a requirement for them to be refurbished to care standards. Finding these properties, that are large enough to accommodate a group of children and have the level of privacy to safeguard the children and their identities and Members of the Community is difficult. The Officer confirmed there is grant funding in place called the Regional Integration Fund (RIF). Approval from Cabinet has been received to add Capital Funding if required.

During the course of debate a Motion was moved and seconded that a letter be sent on behalf of the Chair of the Social Service Scrutiny Committee to Welsh Government, WLGA and the Minister for Health requesting additional funding for Social Care, by roll call this was unanimously agreed.

Having fully considered the report, the Social Services Scrutiny Committee noted the contents.

The meeting closed at 6.28 pm.

Approved as a correct record, subject to any amendments agreed and recorded in the minutes of the meeting held on the 11th October, 2022.

CHAIR

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SOCIAL SERVICES SCRUTINY COMMITTEE – 11TH OCTOBER 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 6th September 2022. The work programme outlines the reports planned for the period October 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 20th September 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 jacqu@carphilly.gov.uk

Consultees: Dave Street, Corporate Director Social Services and Housing
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
11/10/22 17:30	MyST Presentation	To provide the annual update on the Caerphilly service and an overview of the development of the regional service across the other four Gwent Local Authorities.	Welham, Jennie;	Cllr. Forehead, Elaine;
11/10/22 17:30	Period 5 Budget report 2022/23	Identification of significant variances between budgeted expenditure and forecasted expenditure for the financial year based on information available at the end of August, along with causes and any mitigating action taken.	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	Final Report Day Centres review		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				
07/03/23 17:30				

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Meeting date: **Report title:** **Key issue:** **Presenting Officers:** **Cabinet Member:**

05/10/2022 13:00	Trinity Fields update	To update Members on the plans to expand Trinity Fields	Sue Richards/ Andrea West	Cllr. Carol Andrews
05/10/2022 13:10	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 13:20	Agile Working Update	To receive an update on the Councils approach to Agile Working.	Lynne Donovan	Cllr. Nigel George
05/10/2022 13:30	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 13:40	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 13:50	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	Christina HARRY	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

Meeting date: **Report title:** **Key issue:** **Presenting Officers:** **Cabinet Member:**

19/10/2022 13:20	Regeneration Board - Project Proposals	To recommend the allocation of funding from the Regeneration Project Board Development Fund and Community Infrastructure Levy towards four recently endorsed and evaluated project proposals.	Rhian Kyte	Cllr J Pritchard
19/10/2022 13:30	Joint Mileage Protocol	To seek Cabinet agreement to adopt a Joint Mileage Protocol to introduce a measure that provides for a temporary increase in mileage reimbursement costs in the short term to address current market volatility in fuel rates.	Lynne Donovan	Cllr N George
19/10/2022 13:40	Foundation Living Wage	To seek Cabinet agreement for additional funding to implement the Foundation Living Wage rate for 2022.	Lynne Donovan	Cllr N George
19/10/2022 13:50	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

Meeting date:	Report title:	Key issue:	Presenting Officers:	Cabinet Member:
19/10/2022 14:00	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.	Mark Jacques/Cath Forbes-Thompson	Cllr. Elaine Forehead
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
02/11/2022 13:10	Low Cost Home Ownership Policy (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

Meeting date:	Report title:	Key issue:	Presenting Officers:	Cabinet Member:
16/11/2022 13:10	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
16/11/2022 13:20	Notice of Motion - Wyllye Bends	For Cabinet to consider the proposals put forward by Cllr. Janine Reed/Cllr. Jan Jones.	Emma Sullivan	Cllr Janine Reed/Cllr Jan Jones
30/11/2022 13:00	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 13:10	Cyber Security Strategy	To recommend endorsement and implementation of the Strategy	Lucas, Liz, Ian Evans	Cllr. Nigel George
30/11/2022 13:20	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

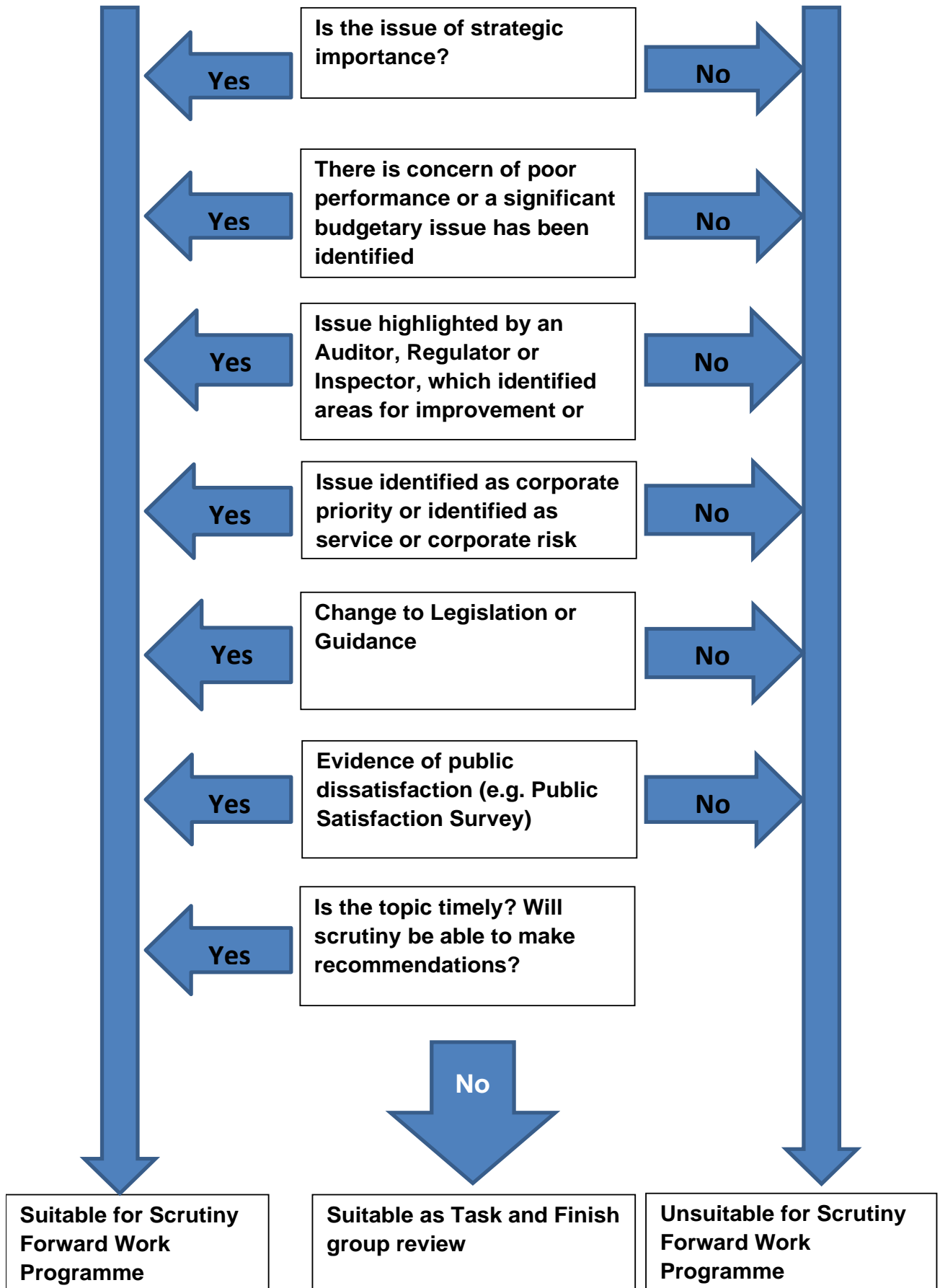
Meeting date: **Report title:** **Key issue:** **Presenting Officers:** **Cabinet Member:**

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
14/12/2022 13:10	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
14/12/2022 13:20	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

Meeting date:	Report title:	Key issue:	Presenting Officers:	Cabinet Member:
14/12/2022 13:30	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 13:40	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
18/01/2023 13:00	Draft Budget Proposals for 2023/24 and Updated Medium-Term Financial Plan (MTFP)	To present Cabinet with details of the draft budget proposals for the 2023/24 financial year and an updated MTFP, to allow for a period of consultation prior to final decision by Council on the 28th February 2023.	Stephen Harris	Cllr Stenner
25/01/2023 13:00	No items currently scheduled			

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Scrutiny Committee Forward Work Programme Prioritisation



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SOCIAL SERVICES SCRUTINY COMMITTEE – 11TH OCTOBER 2022

SUBJECT: REGIONAL MARKET STABILITY REPORT 2022 - 2025

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

1. PURPOSE OF REPORT

- 1.1 Each Regional Partnership Board in Wales is required under Section 9 of the Social Services and Wellbeing (Wales) Act 2014 to publish a regional overview of the stability of the commissioned services in that area.
- 1.2 This report takes an overview of the current position of the registered services in Gwent with a specific focus on the relative 'stability' of the services commissioned. This is known as a 'Market Stability Report' (MSR).
- 1.3 This report seeks the views of Members with reference to:
 - a. As required under the Social Services and Wellbeing (Wales) Act 2014 (SSWBA) accept and agree the Market Stability Report for the local authority area.
 - b. The LA continue to engage with Regional Partnership Board (RPB) and support the development of the regional Area Plan, where actions will be identified setting out how priorities will be addressed
- 1.4 This report is a report for Scrutiny Committee that seeks the view of Members prior to being referred to Council for a decision.

2. SUMMARY

- 2.1 The MSR is a statutory document which each statutory partner is required by Welsh Government to produce on a three yearly cyclical basis. A regional overview report must also be published on the same timescale.
- 2.2 Local authorities are required under the Social Services and Wellbeing (Wales) Act 2014 to work in partnership with health boards to produce a regional MSR.
- 2.3 The MSR sets out the extent to which the commissioned services are stable within the

regional and local footprints to support people in need of care and support.

3. RECOMMENDATIONS

3.1 This report seeks the views of Members with reference to:

3.1.1 As required under the Social Services and Wellbeing (Wales) Act 2014 accept and agree the MSR for the local authority area.

3.1.2 The Authority continues to engage with RPB to support the development of the Regional Area Plan which will set out actions that address how priorities will be met.

4. REASONS FOR THE RECOMMENDATIONS

4.1 The MSR has been completed by the Regional Partnership Board and in close consultation with the statutory partners including the 5 local authorities, the Aneurin Bevan University Health Board, third sector organisations and local citizens and service providers.

4.2 To ensure Caerphilly County Borough Council fulfils its duty under the SSWB Act.

5. THE REPORT

Care Homes

The 6 commissioning organisations in Gwent currently commission 106 care homes and 109 domiciliary care providers for older adults across the region. Prior to the COVID-19 pandemic, there were few concerns with regards to care home vacancies and the financial viability of providers. Most providers require at least 90% occupancy to remain financially viable. Care home bed vacancies are monitored on a weekly basis at local and regional levels. However, the COVID-19 pandemic had a significant impact on the provision of care and support in Gwent.

The residential care home market is, however, generally stable, although Gwent currently has elevated vacancies. However, there are growing signs of vacancies beginning to return to levels previously common prior to the pandemic. A significant increase in vacancies occurred due to the effect of COVID-19, prolonged periods of fewer admissions, suspension of admissions due to infection and prevention control measures and some resulting from the advent of escalating concerns/provider performance issues. There was also some anecdotal evidence of a possible change in attitude towards choosing to live in a care home and this may also have been an additional factor. Staff isolation requirements meant that homes also experienced significant staff shortages thus impacting on providers' ability to accept admissions.

Domiciliary Care

Due to the COVID-19 pandemic and staffing shortages, domiciliary care services are currently at critical levels and are at times unable to fully meet demand. Staff continue to leave the sector due to poor pay, terms and conditions and costs of employment (such as driving and registration). In recent months this situation has been further

exacerbated by the cost-of-living crisis and particular the rising cost of fuel. Staff shortages have increased delayed transfers of care from local hospitals, creating a bottleneck across the wider system. There is currently a marked increase of individuals requiring care at home and it is unsure as to whether this will continue following the COVID-19 pandemic. There is also concern about the number of packages of care that are returned to commissioners, - over 70 providers returning more than 950 weekly hours per week. This causes commissioners to prioritise the most vulnerable citizens with complex needs.

Partnership approach with care homes and domiciliary care agencies

Throughout the pandemic regular, often weekly, webinars were held separately with care homes and domiciliary care agencies. This helped to build a positive working relationship with these key organisations to understand and to support them to continue to deliver good quality, responsive services during the pandemic. It also provided a useful platform to engage providers in critical messages about infection and prevention control and to consider business continuity issues. The seminars continue to be held monthly and are much valued by LA's, ABUHB and service providers alike.

This regional approach adopted in Gwent has resulted in developmental work primarily in relation to market stability, and specifically to support workforce recruitment and retention across the social care sector. Commissioners in Gwent currently pay some of the highest rates to providers in Wales. The removal of subsidies from Welsh Government has been a challenge, alongside the rising costs of service provision.

Emotional well-being of the health and social care workforce

Gwent MSR has identified that there is a need to further support the emotional wellbeing of its vulnerable population. The emphasis is now placed on 'what matters' to an individual and commissioning practices will need to change to reflect this. The further development of preventative services is also key to maintaining the independence of individuals.

Mental health and learning disability services

The COVID-19 pandemic has had a significant impact on mental health support for adults and children, with waiting times for CAMH's increasing. Early intervention has been identified as an area for improvement, as has supporting people with learning disabilities to live independently in their community alongside earlier diagnosis of ASD. In addition, ABUHB are finding it difficult to place complex people with learning disabilities closer to home and therefore this is a growing commissioning issue. Gwent's Shared Lives service is set to expand further with a focus on mental health and learning disability services. Gwent Mental Health and Learning Disabilities Partnership aims to establish what actions are needed to improve the lives of people in Gwent. Finally, a robust action plan has been agreed between all commissioners and the Regional Partnership Team that will pick up commissioning related issues across the piece.

Children's Services

The regional strategic priorities for children and families in Gwent are:

- To improve outcomes for children and young people with complex needs through earlier intervention, community-based support, and placement closer to home.
- There is a need to strengthen services and partnerships around a single front door approach to reduce onward referrals between organisations and establish the right intervention at the right time.
- The Regional Partnership Board (RPB) will continue to implement the principles of NEST/NYTH across all services. Co-production, integration and seamless transitions to adult services remain a key objective.

Children's services are currently insufficient to meet the needs of the region in terms of residential services and foster placements. Demand for foster services currently outstrips supply and it is often difficult to source the right type of placement. The lack of appropriate residential services results in children being placed out of County and Gwent LA's are now focussing on increasing capacity through in-house and external developments and investing in preventative services.

All 5 LA's work in partnership with providers to develop individualised packages of care for local children, supporting independence and resilience. Excessive profits for some independent providers are considerably higher than expected due to a lack of competition and viable alternatives. However, Welsh Government's policy commitment to 'eliminating profit' in children's residential and foster care could inadvertently act as a deterrent to future investment. The successful transition to a 'not for profit' model will need to be managed appropriately to avoid further pressure on local authority children's services. A robust bid for Integrated Care Funding has been developed and submitted. This focuses on building capacity to develop alternatives to independently provided and commissioned services in line with Welsh Government policy.

5.1 Conclusion

In Gwent, individuals have a choice of the services available to meet their needs. However, the stability of the market in adult services is likely to be put to the test during financial year 2022/2023 as increasing cost pressures mount, allied to long running and entrenched recruitment and retention difficulties; and this will further expose the sector to increased levels of risk, this is especially so in the adult domiciliary and residential care markets.

In mental health and learning disability services there is a renewed opportunity for the regional team and commissioning organisations to work closely to develop a framework for action and to take on several key commissioning related activities to further support people at local and regional levels.

In children's services a careful balance will need to be struck between ensuring that the right level of services for looked after children are commissioned close to home and to reduce reliance on high profit organisations often far away from people's homes.

Each of the areas summarised above will be picked up and considered as part of the area planning process and where at all possible mitigating measures will be taken to minimise any associate risks.

6. ASSUMPTIONS

- 6.1 None made.

7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT

7.1 None anticipated.

8. FINANCIAL IMPLICATIONS

8.1 There are no financial implications linked to the recommendations of this report. However, future decision-making may have financial implications for statutory organisations within the RPB.

9. PERSONNEL IMPLICATIONS

9.1 There are no personnel implications associated with this report.

10. CONSULTATIONS

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

11. STATUTORY POWER

11.1 Social Services & Wellbeing (Wales) Act 2014.

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Appendix 1 Market Stability Report

Other background papers: Gwent Population Needs Assessment

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Appendix 1

Gwent Regional Partnership Board Market Stability Report March 2022



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FOREWORD

MELANIE MINTY, PROVIDER REPRESENTATIVE GWENT REGIONAL PARTNERSHIP BOARD

I am delighted to introduce the Gwent Regional Market Position Statement for the period June 2022 to April 2025. This is the first time that commissioning bodies and Regional Partnership Boards in Wales have been required to produce and publish such a wide-ranging market oversight report.

Firstly, I must commend Gwent for their partnership approach with commissioned services which I know is much appreciated by care homes, domiciliary care agencies and 3rd sector bodies alike. Prior to the COVID pandemic partnership working was well developed in the region and this provided a head start when it came to working through the many and varied issues brought about during the 2020 to 2022 period. The weekly webinars were particularly valued.

This report paints a mixed picture of the opportunities and threats to a healthy and vibrant mixed economy of services in the region. Following COVID the twin threat faced by providers is the cost-of-living crisis and the chronic lack of staff wishing to work in social care and health. Both issues are hitting the domiciliary and adult care home care markets particularly hard. Again, the sector is grateful for the partnership approach adopted in Gwent, as well as the willingness of commissioners to find solutions to difficult issues and to make arrangements quickly and effectively to pass on any additional funding that is made available either via annual uplifts or by special grants provided by Welsh Government.

There is no doubt that this is a difficult period for social care and health services in the UK and Gwent is no different in experiencing renewed and continuing challenge. However, the strength and quality of the partnerships in this region can do nothing but help the situation. I am sure that the coming months will be testing times, but solutions will be found, and the sector will return to being the responsive, sustainable and viable sector that we all need.

I hope that anyone reading this report will find it of interest and value and that this will deepen understanding across the population of the social care and healthcare systems.

1. INTRODUCTION

The Social Services and Wellbeing (Wales) Act 2014 provides the legal framework for improving the wellbeing of people, including unpaid carers who need care and support, and for transformation of social services in Wales. Section 144B of the Social Services and Well-being (Wales) Act 2014 requires local authorities to prepare and publish market stability reports and makes provision for regulations setting out the form these must take, matters to be included, and the prescribed period for carrying out market stability assessments. These matters are set out in the Partnership Arrangements (Amendment) and Regulated Services (Market Stability Reports) (Wales) Regulations 2021.

The Act also requires Regional Partnership Boards to complete a market stability report (MSR) on a regional footprint to help local authorities and ABUHB understand the dynamics of the market for regulated services in our area. This MSR is structured in accordance with Welsh Government's '*Code of Practice and guidance on the exercise of social services functions and partnership arrangements in relation to market stability reports*'. The Code of Practice states that: "*Market stability reports are designed to give a high-level overview and assessment of the overall sufficiency of care and support, and of the stability of the market for regulated services.*" The Code of Practice recognises that there will continue to be a need for more detailed Market Position Statements and commissioning strategies for specific services and segments of the market.

This MSR highlights the current provision and will help assess issues such as the sufficiency, quality, and sustainability of regulated services within Gwent. A regulated service is those listed in the Schedule to the Social Services and Well-being (Wales) Act 2014. Currently these are:

- Care home services (adult and children's)
- Secure accommodation service (for children)
- Residential family centre services
- Adoption services
- Fostering services
- Adult placement ('Shared Lives') service
- Advocacy services
- Domiciliary support services

1.1 Population Needs Assessment

This Market Stability Report (MSR) links with the findings of the Population Needs Assessment (PNA) which sets out current and projected need and demand for care in local communities and the range and type of services that will be required to meet that demand. This MSR has been produced in partnership with each of the 6 commissioning organisations that make up the Gwent Regional Partnership Board: Blaenau Gwent County Borough Council, Caerphilly County Borough Council, Monmouthshire County Council, Newport City Council, Torfaen County Borough

Council, and Aneurin Bevan University Health Board; and covers regulated services as well as independent, private and third sector provision. The MSR and PNA documents complement each other and provide a comprehensive picture of current and projected demand and supply, but will not duplicate information, and the MSR should be read alongside the PNA. The MSR will also be a useful tool for providers and potential providers of regulated services to enable a better understanding of the region and help to inform their own strategic thinking about future investment. It will also be of interest to local communities, as it provides transparency about the use of resources and how decisions about service provision are made.

The Gwent Population Needs Assessment can be found on the Gwent RPB website www.gwentrpb.wales

1.2 Context

It is important to recognise that this report was developed and written in the immediate aftermath of the global COVID 19 pandemic. The pandemic has had a significant impact on people who need care and support, unpaid carers, and the wider workforce. The Covid-19 pandemic has also had a significant impact on the stability of providers and increasing the long standing, historical pressures faced by the sector. Reduced funding for local authorities, health board budget pressures, increased demand for services, payments for providers that have not kept pace with rising costs and workforce recruitment and retention have all been magnified by the pandemic.

It should also be noted that the market has changed as a result of the COVID-19 pandemic. Whether these changes are long or short-term remains to be seen, but time is required to allow the market to settle and to determine what will become the 'normal profile of services in future.

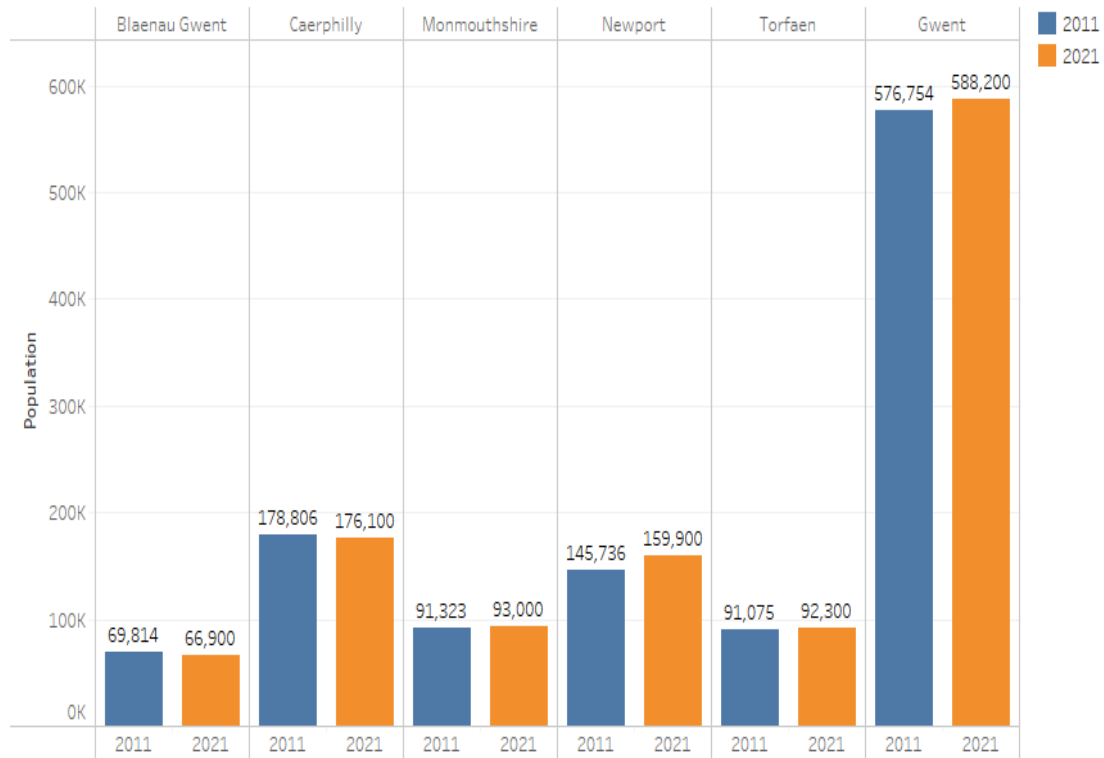
The wider national policy context identifies a long-term drive to help people to live independently in the community and to reduce reliance on residential care. This is described in the Welsh Government's policy paper "*A Healthier Wales*". We have an ageing population across Wales, and this is changing the structure of our population and will bring both opportunities and challenges for the economy, services, and society at both a local and national level. Social care services will not be sustainable without better prevention and community support. Prevention and early intervention are key factors for improving wellbeing, as set out in the Social Services and Well-being (Wales) Act 2014 and more recently in the Welsh Government's '*A Healthier Wales plan*' which was updated in 2021.

The effect of the pandemic, subsequent 'lock-downs' with infection, prevention and control measures put in place for the public's protection, has impacted upon the opportunity to involve citizens in a systematic way in the development of this MSR. However, the MSR draws upon the considerable engagement undertaken by the regional Public Service Board and Regional Partnership Board in developing the Wellbeing Assessment and PNA; and the Gwent Citizens' Panel has also been consulted and kept up to date with the current issues facing the sector, including the stability, of social care markets across Gwent.

This report has been developed in consultation with the active participation of the 6 commissioning organisations and service providers via regular regional weekly webinars and local engagement initiatives.

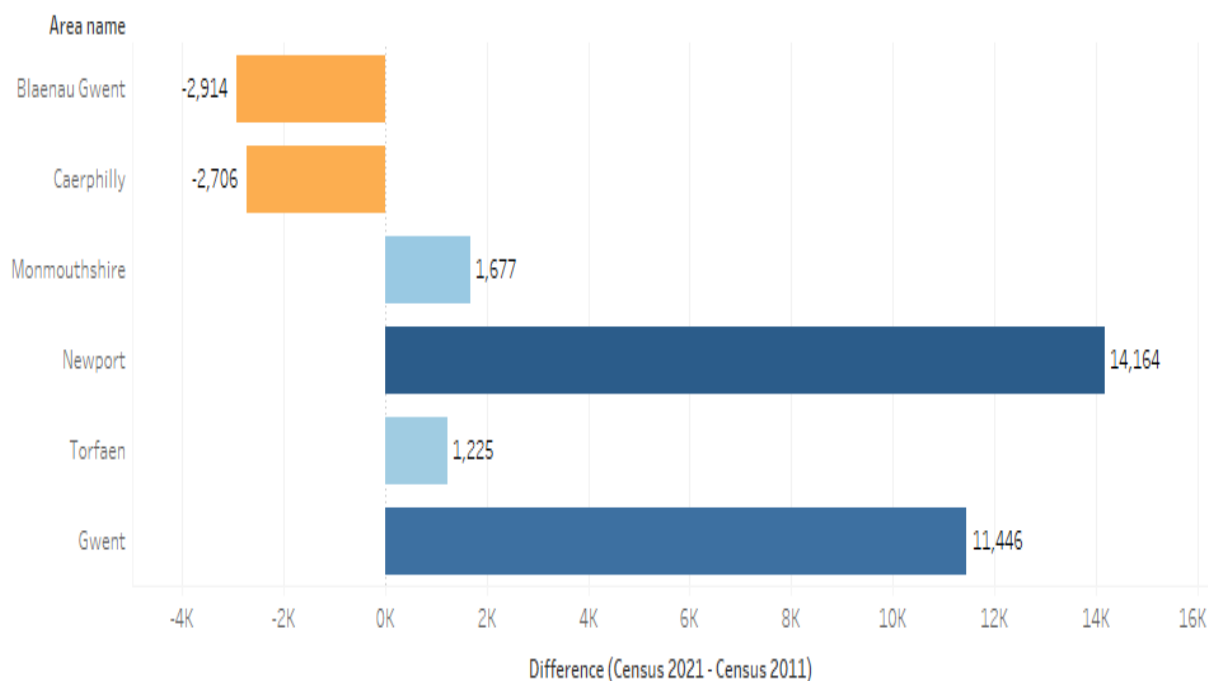
Census 2021 vs 2011 population estimates

Census 2021 vs 2011 population estimates



Difference between Census 2021 and 2011 population estimates

Difference between Census 2021 and 2011 population estimates



2. ADULT SERVICES

2.1 Sufficiency Assessment: Population Needs Assessment (PNA)

This section highlights the gaps and emerging themes in terms of sufficiency of care from the Population Needs Assessment (PNA)

Population Group	Older Adults
Gaps and Emerging Themes	<p>Recruitment and retention of staff is a key challenge across social care and health and is severely impacting both domiciliary and residential care and in relation to persons changing needs and complexities within the community.</p> <p>There is an increasing need to further support the emotional wellbeing for older people, through reducing loneliness and isolation issues and providing multi-agency early intervention and community support to boost wellbeing.</p> <p>An ageing population means that there will be an increasing demand for care and support services including a diverse range of housing options.</p>

It is important to continue to strengthen partnerships, services, and co-production models, to improve the outcomes for people with care and support needs.

A multi-agency partnership approach is needed to ensure appropriate housing and accommodation for older people.

The RPB will need to strengthen partnerships and practices across health, social care, and independent/third sector to ensure we are supporting people to remain well at home for as long as possible, and people are able to return home from hospital, through an enhanced reablement approach.

The complexity of people's needs will continue to grow as the number of people living with dementia and multiple co-morbidities increases. The Gwent PNA suggests predictions indicating that localities can expect increases in people over 65 diagnosed with dementia, ranging from 62.1% increase in Blaenau Gwent to 97.1% increase predicted in Monmouthshire, over the period 2013 to 2035.

2.2 Regional Commissioning Group

The Gwent Regional Commissioning Group comprise the commissioning leads from each of the 6 commissioning organisations in Gwent. It is co-chaired by a Director of Social Services and an Executive Director of ABUHB. The Group is responsible to the Gwent RPB and reports to the Board regularly.

The RCG has met since 2016 and has been responsible for the delivery of several aspects of the Part 9 requirements under the SSWBA:

- Section 33 Framework Agreement Care Home Accommodation for Older People in Gwent
- Regional Framework Agreement for the provision of Care Home Accommodation for Older People in Gwent
- Regional Framework methodology for care home fees in Gwent
- Review of Day Services in Gwent
- Review of Direct Payments in Gwent
- Development and implementation of Gwent-wide medication policy
- Market Stability Report 2022-25

The RCG has recently reset its focus following the pandemic and is due to report back into RPB in the early autumn. The areas of focus will include:

- 1000 beds initiative
- Implementation of findings of the MSR and PNA

- Review of fees methodology
- Review of contract management methodologies
- Third Sector strategic engagement and increased emphasis on 'social value' and 'rebalancing'
- Workforce initiatives such as Gwent Consortium and Micro Carers
- Childrens Services – reducing profit
- Mental Health and Learning Disabilities – new joint commissioning programme
- Further opportunities for pooled fund arrangements
- Increased regional co-ordination of some commissioning functions

2.3 Provider engagement

All 6 organisations in Gwent host regular provider forums for domiciliary care and residential providers. The frequency of these forums increased during the COVID-19 pandemic and additional regional provider fora were held weekly at a local level. Commissioners and monitoring officers maintain regular communication with providers and both report that engagement has been productive in identifying issues and encouraging resolutions. Locality based fora have concentrated on maintaining business continuity, infection prevention and control measures and supporting providers with PPE, as well as the administration of the hardship fund and other specific hypothecated grants, made to social care organisations by Welsh Government.

The regional approach to collaboration has resulted in several strands of developmental work primarily in the area of market stability and particularly to support workforce recruitment and retention. This work has also made an important contribution to the regional civil contingencies response to the pandemic and the unprecedented situations that have arisen as a result.

During the COVID-19 pandemic, regular multi-disciplinary team (MDT) meetings have also been instituted. MDT meetings are led by Public Health Wales with vital input from local authority environmental health teams, commissioning teams, ABUHB colleagues and GPs to discuss ongoing COVID-19 outbreaks with providers. This frequent, open communication has ensured providers have been supported in a consistent and positive manner.

Engagement with service provider groups continues to be encouraged in each locality and regionally. The region believes strongly in taking a co-productive approach to service design and delivery. Examples of a regional co-productive approach include

- design and implementation of a Regional Fee Methodology template.
- Regional contract monitoring
- Workforce based initiatives to reduce the impact of staff shortages in Domiciliary care
- Development of a regional adult advocacy commissioning strategy

Regular communication with providers has enhanced and strengthened relationships and led to a number of emerging key issues being identified by providers:

- A marked reduction in the number of admissions to care homes. It is unknown yet whether this will continue after the pandemic and to what extent.
- Recruitment and retention of staff has been further exacerbated by the pandemic, and general workforce challenges. This is particularly acute in the domiciliary care sector.
- Providers are not able to recruit new staff, so growth and responding to increases in demand has been difficult; however, there were some early signs that the situation appeared to have stabilised; but unfortunately, the cost of living crises and the exponential rise in the cost of petrol and diesel has further exacerbated the number of staff being forced to leave the sector.

Local authorities have continued to liaise with citizens in receipt of care services and relevant stakeholder groups (including third sector organisations) when undertaking any proposed new or changes to service provision. Examples of this include day services reviews and regional advocacy provision for adults and children.

The region also has a Citizen Panel linked to the RPB and this remains actively involved in commenting on and influencing planning and development within the region. There was considerable engagement with citizens when developing the PNA but given the Covid-19 pandemic, was through more virtual means. As the situation improves and restrictions ease, local authorities will continue to look to engage with service users in a cohesive and meaningful way.

2.4 Market Sufficiency

a. Care Homes for Older Adults

Gwent has a range of care homes for older people, ranging from large purpose-built homes to smaller services in converted accommodation. [Local authorities and ABUHB in Gwent currently commission 106 homes across the region.](#)

The 'categories' of care have shifted over the years to meet the changing needs of the population i.e., move from general residential to specialist nursing dementia care (EMI) residential and nursing. Also, there is evidence of increasing acuity of need as well as increased requirement for dementia care. Eligibility criteria is generally greater, as evidenced by the numbers of new requests for packages of care in the community aligned with requests for additional hours to existing packages of care. Citizens now have several alternatives to moving into a residential care home. An emphasis on 'what matters' conversations, has led to individuals often choosing to remain at home for as long as possible. The voice of the citizen has gained increased imperative, and this will be enhanced over time. Therefore, it is likely that commissioning practice will need to reflect the expressed needs of the population more so than has hitherto been possible.

In most areas the health and social care residential market is currently stable, with a sufficiency of supply in residential beds. However, despite record vacancies across the sector there is still some evidence from provider that in some areas a lack of supply of dementia nursing beds may arise. As evidenced in the Gwent Public Needs

Assessment, the diagnosis rates of dementia are likely to increase due predicted population longevity.

Fig 1: Gwent Care Home Bed Vacancies

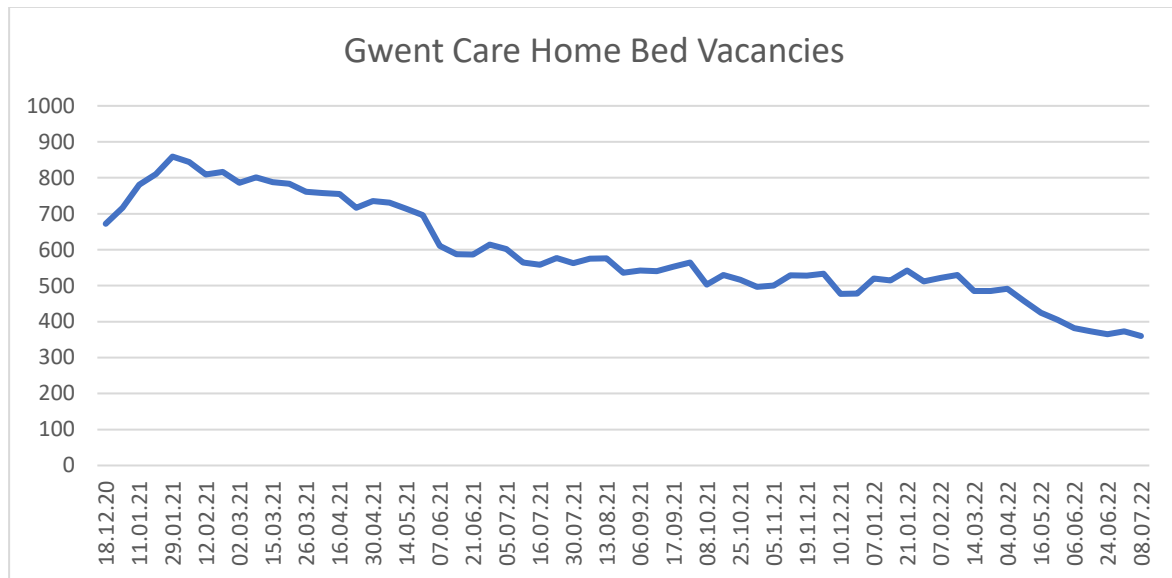


Fig 1 represents the number of care home bed vacancies across Gwent from December 2020 until July 2022. The number of vacancies has reduced since the start of the pandemic, but experienced small fluctuations due to COVID outbreaks.

Fig 2: Bed Vacancies per category

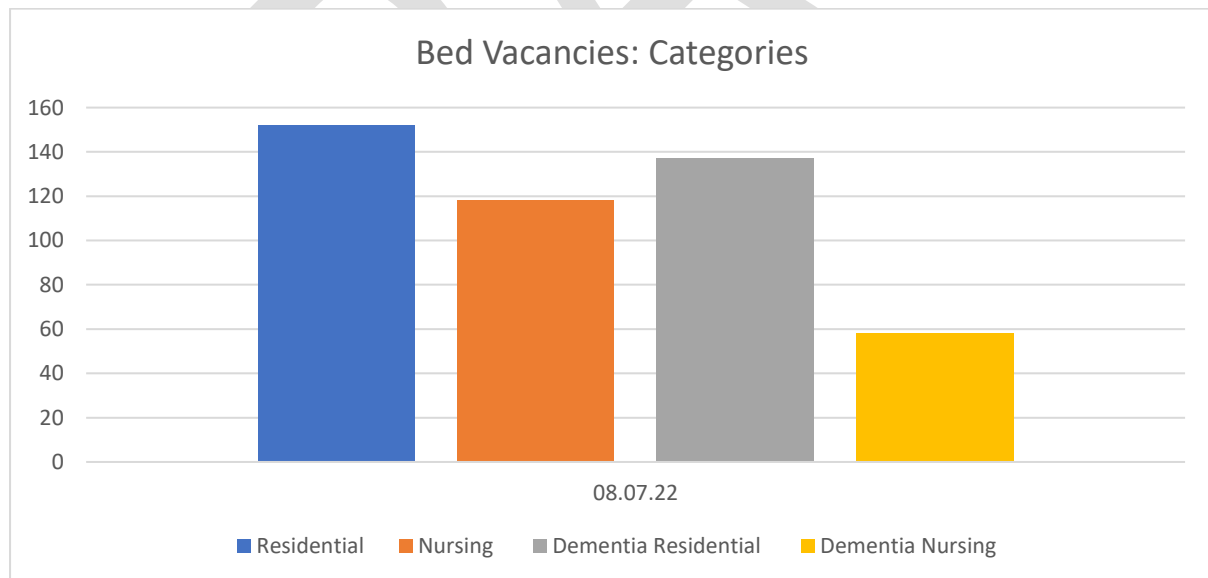


Fig 2 refers to the number of bed vacancies per category, as of 8th July 2022. As illustrated, the number of available dementia nursing beds remain lower than other categories. As the number of people living with dementia increase as predicted by the PNA, the demand for such beds is also likely to increase. These figures are an estimation of the available beds in each category, as each care home is able to amend the category of the bed depending on the needs of the individual, and the COVID

status of the home. Amendments are also made to accommodate individuals who require isolation following a positive COVID result.

Prior to the pandemic, the average occupancy level across care homes was 90% plus, but this has reduced significantly. Monmouthshire fell to around 81% in February 2022. A reduction in capacity has affected homes, and some remain at around 40% occupancy.

Fig 3: Care Home Occupancy Rates: Financial Risk Analysis July 2022

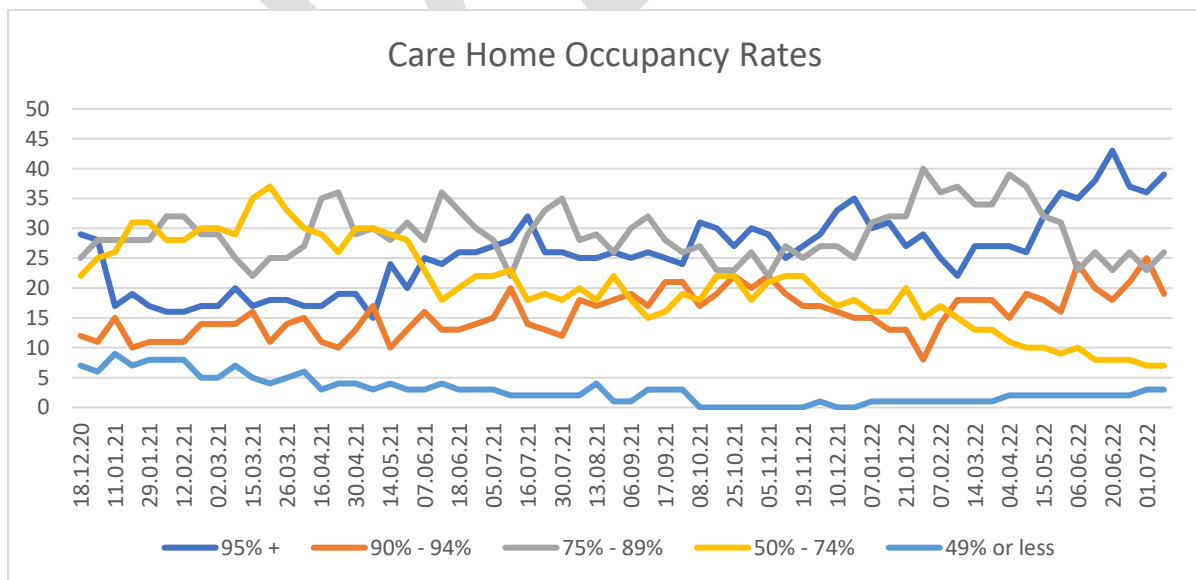


Fig 3 represents the identified financial risks to Care Homes in Gwent, based on occupancy levels on 8th July 2022. During engagement at provider forums, care homes have reported experiencing financial difficulty should they continually operate below 90% capacity which has implications for the financial sustainability of the home. Following the end of the Welsh Government Hardship Fund payment, Care Home

providers have expressed concern at the financial viability of their homes should the occupancy rates remain low. However, overall, this is generally an improving picture.

Fig 4: LA Bed Vacancies

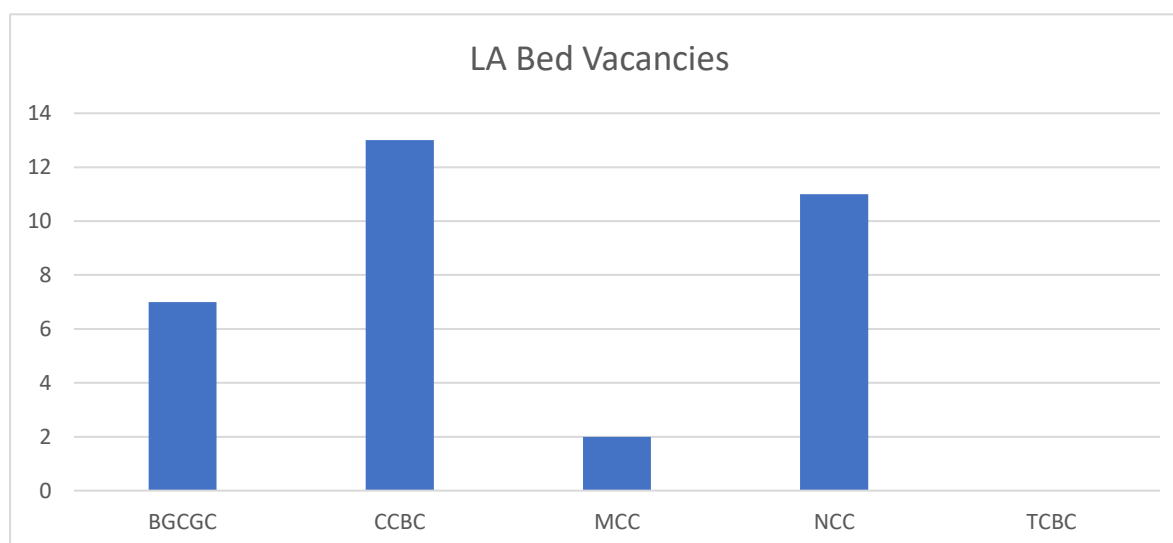


Fig 4 represents the number of vacant care home beds by each Local Authority. Vacancies shown are correct at time of reporting on 8th July 2022. Torfaen Council do not operate any directly provided care homes. Caerphilly County Borough Council hold the highest number of directly provided care homes for older adults, operating 6 homes across the Borough. Newport City Council currently have 3 care homes, Monmouthshire have 2 care homes and Blaenau Gwent have 1.

These vacancies are due to several factors identified by providers:

- Vacancies caused by repeated and protracted periods of non-admissions due to outbreaks of COVID.
- Suspension of admissions due to Escalated Concerns process in a small number of care homes (highlighted by commissioners)
- A possible change in attitude of people wishing to live in a care home, especially notable during the pandemic.

Of the 97 Older Person's care homes used by Local Authorities in Gwent, 12 are owned by Local Authorities.

Some local authorities and the health board have seen a reduction in the number of people it now supports within care homes for older people since March 2020. [The changes seen over the last 2 years in terms of reduced demand for care home placements as reported by Local Authority commissioners will need to be closely observed to understand whether they are short term reactions or trend changes](#) but regardless, the macro-economic issues need to be addressed at local, regional, and national levels if the system is to be fixed.

b. Domiciliary Care

There are currently **109** commissioned providers of domiciliary care services in Gwent. Blaenau Gwent County Borough Council, Caerphilly County Borough Council, Monmouthshire County Council and Torfaen County Borough Council also have in-house domiciliary care and reablement services and Newport City Council operates a Reablement service, providing care to individuals for an initial 6 weeks.

The supply of domiciliary care services is currently insufficient to meet the demands of the region. This has become particularly acute over the past 2 years. As a result, a review of previous commissioning arrangements relating to domiciliary care is to be undertaken across the Region.

The domiciliary care market is in crisis, with the main issue being insufficient staffing levels to meet demand due to poor staff recruitment and retention. Work undertaken on a regional basis with health and social care providers has found that health and social care staff are leaving the sector at an unprecedented rate due to poor pay, terms and conditions, and cost of employment (such as driving and registration.) This has led to significant numbers of unallocated care packages across the region. As of data collected on 4th July 2022, Local Authorities in Gwent reported 3643.40 hours of domiciliary care remain unallocated, with 360 people awaiting packages of care. These unallocated hours may contribute to delayed transfers of care from local hospitals creating ‘bottlenecks’ across the wider health and social care system. However, in many cases individuals will be receiving care, albeit for example, extra care at home or intake/assessment services.

A number of providers have returned packages of care they are no longer able to deliver, often in relation to people with complex needs and requiring more than one carer to visit at multiple times during a day. From September 2021 to July 2022, 83 packages of care, totaling 1192.5 weekly hours had been returned to local authority commissioners.

Fig 5: Domiciliary Care Outstanding package weekly unallocated hours

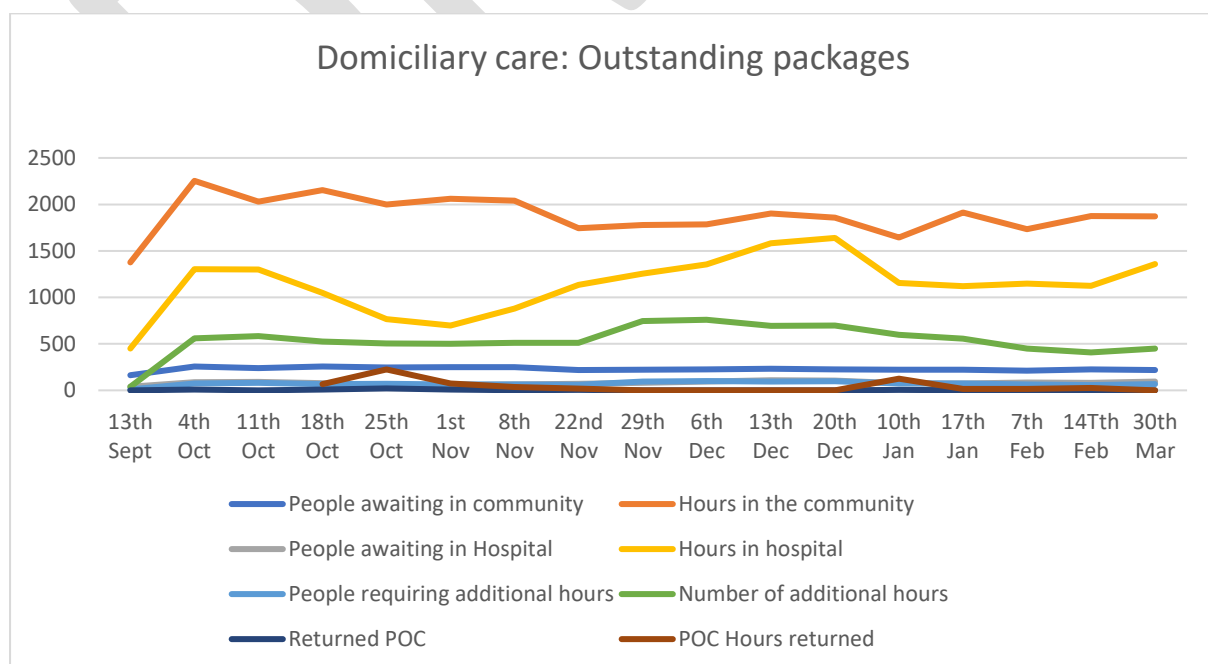


Fig 5 data shows the fluctuations in outstanding requests and hours for domiciliary care in Gwent, from October 2021 to March 2022.

Fig 6: Outstanding packaged of care per Local Authority

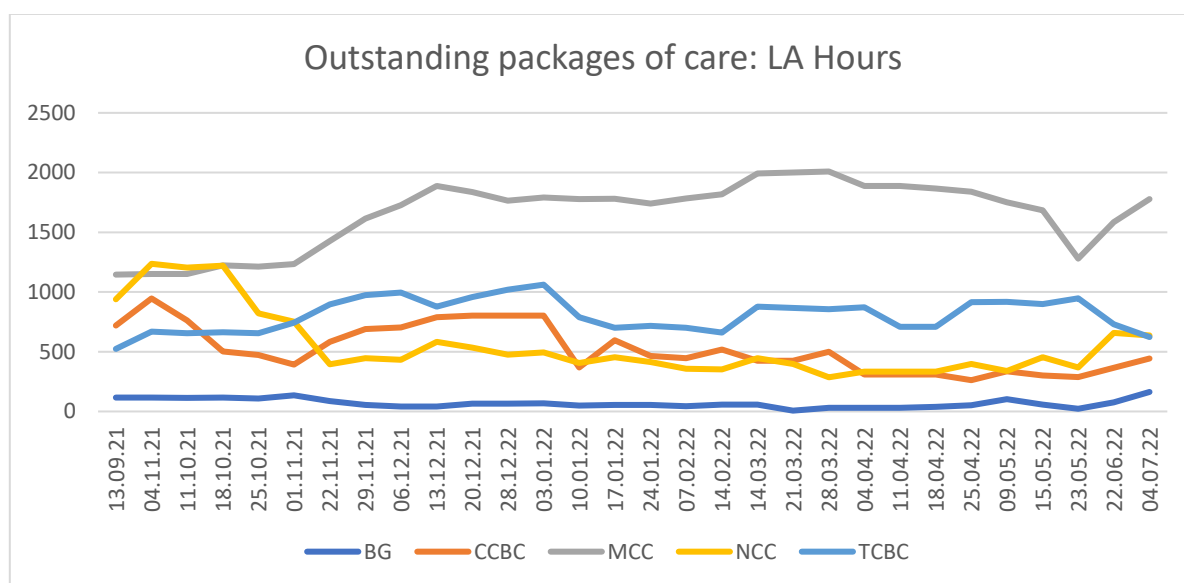


Fig 6 represents the packages of domiciliary care outstanding, by each Local Authority. Feedback obtained at Regional Provider Forums and from Local Authority commissioners has suggested that hours outstanding continue to remain high due to a number of factors; recruitment and the increased cost of living being the two largest contributors. Recently commissioners and providers reported that current staff are unable to maintain services due to the increasing cost of fuel.

Fig 7: Number of hours returned per Local Authority.

BG	CCBC	MCC	NCC	TCBC
80	18.25	136.75	705.75	0

Fig 7 indicates the total number of hours returned to the Local Authority from September 2021 to July 2022. Commissioners reported the main reasons for returned packages of care were increased levels of need for individuals and the current recruitment issues across the domiciliary care sector resulting in insufficient staff to provide care.

2.5 Market Stability

Gwent currently has a diverse provider base throughout the region. Emphasis is placed on ensuring single providers do not have a market share which could threaten stability of the overall market in the event of provider failure.

The health and social care residential care market is currently stable, although the removal of subsidies from Welsh Government is a challenge for the sector which could, in the medium term, precipitate some business failures in the region. However, most local authorities have now settled their fee levels with care homes and domiciliary care agencies and significant increases in rates have been made.

High levels of voids in residential and nursing care remain a concern as does the potential lack of supply of EMI care in some areas. [Providers have been supported through a transparent fee setting process, with some LAs in Gwent paying the highest fees in Wales to providers.](#)

A number of issues continue to affect the adult health and social care sector. [Rising costs of wages, recruitment and retention of care staff is challenging for the care sector as a whole.](#) Residential and nursing care homes also face infrastructure issues, with older buildings requiring repair and modernisation along with the significant impact of rising utility costs and maintaining compliance with the regulatory framework. The rapidly rising cost of living, in particular energy costs as well as food and insurance are all having an impact on operating costs whether independently operated or directly provided.

The domiciliary care sector has reached critical levels at times due to insufficient staffing. Labour shortages and cost pressures to meet the demands of increased wages are causing issues for providers. [Since April/May 2020 there has been a consistent increase in the level of demand for domiciliary care services which exceeds pre-pandemic levels.](#) The market has strived to meet this rise in demand but faces considerable challenges with recruiting and retaining sufficient staff to meet existing packages of care. These issues are not particular to Gwent and replicated across Wales and the UK as a whole.

The national minimum wage and real living wage increase impose further pressures to the domiciliary care sector in particular. While an increase in pay to those delivering direct care and support is welcomed and needed in order to keep pace with wages in other employment sectors, it will have implications. The introduction of the real living wage will inevitably impact the pay bill of providers which, in turn will impact on the costs to local authorities, who are the main purchasers of social care provision. In turn the real living wage could squeeze the pay of staff in more senior roles, impacting career development and potentially increasing staff turnover. This may also lead to differential pay disputes for provider organisation.

The adult social care market is a 'mixed picture' currently in terms of stability. [There has been very little change in terms of care home providers operating in the county over the last 5 years.](#) There has been one new entrant and two homes have ceased to operate.

However, the onset of the pandemic and resultant impact upon care homes does bring questions of financial sustainability for certain homes and therefore potential negative effects upon stability. [A risk register based upon occupancy has been put in place for the region since June 2020.](#) Across Gwent, a sustained reduction in the number of admissions to care homes has been evident which, although increased since waves 1 and 2, has remained stable for 6 months at levels much lower than before March 2020. Overall, longer term, there may be a surfeit of places in care homes across Gwent, but this is difficult to assess at the moment as the full recovery since the pandemic is incomplete. The commissioning challenge in that scenario is to manage a process of reduction while ensuring that where provision is needed it is maintained

and/or increased. This critical issue will be addressed in the Area Plan as the true picture begins to emerge during 2022/23.

A small number of homes in the region remain at below 50% occupancy which is unsustainable without significant external or additional funding. This is a cause for concern and how this will develop is still unclear as already stated. This situation will require close monitoring to understand what, if any action can be taken to support providers who find themselves in this position. Commissioning teams in Gwent have very good relationships with all providers in the region and continue to keep in close contact with those homes who are experiencing particular challenges.

Recruitment into health and social care continues to struggle against other sectors despite many local and national initiatives to raise its profile. The current issues experienced by in-house domiciliary care services who offer better terms than commissioned, private sector businesses exemplify this. Recruitment and retention have been a significant contributory factor to the return of packages of care.

Fig 8: Returned package of care from Domiciliary Care Providers

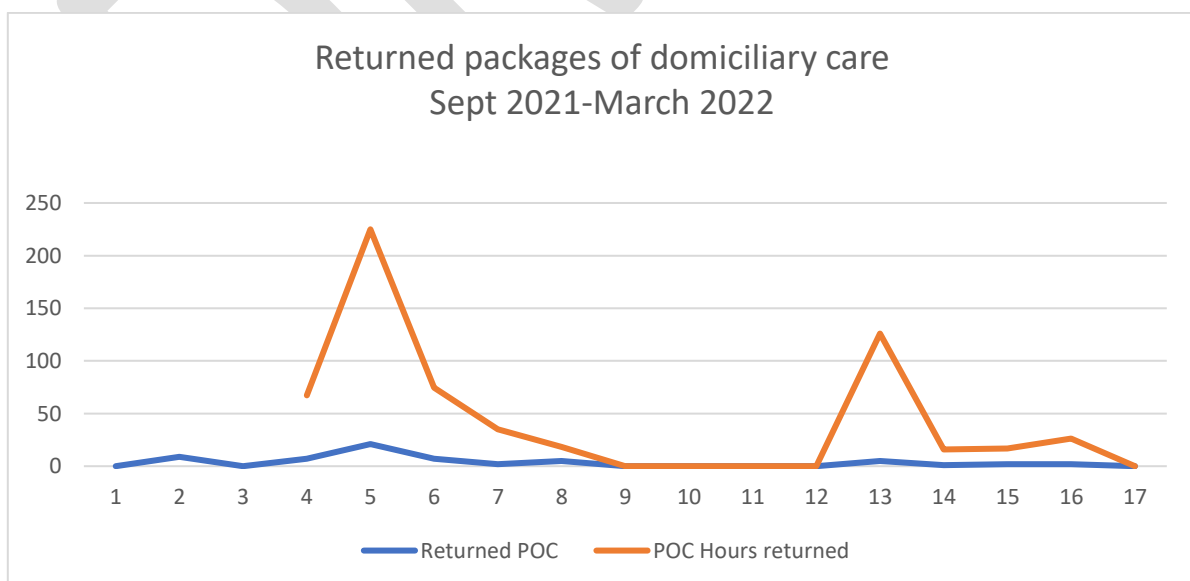


Fig 8 represents the packages of care returned and the number of hours outstanding between September 2021 until March 2022.

2.6 Provider Failure

A regional closure protocol is in place reflecting current guidance 'Escalating Concerns and Home Closers in Wales' and to guide appropriate actions when a provider fails. Good partnership working between agencies, ABUHB and Care Inspectorate Wales (CIW) are evident in Gwent which supports providers who are in difficulty. In instances of home closures, providers and residents have been supported to close and move to alternative suitable care provision. In TCBC for example, 2 homes have closed since 2017.

In both cases, the home closure protocol was enacted to support the residents and home to close with minimum disruption.

Within domiciliary care, the risk is managed by ensuring that no single provider could be regarded as having a monopoly or a market share that could not be covered in the event of provider failure. Packages of care have been reallocated and TUPE of staff managed when appropriate. However, staff shortages remain acute so any failure would have serious implications for the stability of the market and ability of local commissioners to provide a service to the quality expected.

The introduction of 'Provider Performance, Escalating Concerns or Enhanced Monitoring' for providers who are either failing or could potentially fail without remedial action have also proved to be beneficial.

2.7 Market Quality

Market quality has been managed in various ways:

- Provider concerns forms via Care Workers
- Annual desktop audits
- Concerns received via external sources (Family members etc.)
- Visits (announced and unannounced) undertaken as part of the audit process or acting on concerns received.
- Safeguarding concerns raised.

Care management feedback systems have also been implemented, which assess quality on an individual service user basis as judged by the care manager and the service user.

Agencies have been required to amend how they deliver their services in-line with infection prevention and control (IP&C) protocols and availability of staff. All providers quickly implemented contingency plans to ensure care services continued to be delivered in light of the pandemic. They also supported each other to share resources, information, and staff, for example day services staff were re-deployed across the region into support services such as community meals and domiciliary care services. The remaining staff then provided wellbeing calls to individuals and support was delivered virtually where possible and safe to do so. Some facility-based services remained open to provide services to those who were assessed as being in critical need. Individual outcomes continued to be met through these services.

There has been a marked increase in the number of people being supported to live at home with 24-hour live-in care across the region, many using their own or a combination of their own and LA resources. It will be interesting to observe whether this is indicative of a trend where people prefer to stay in their own home with more intensive support than consider residential care.

As previously stated, the market has been in a state of flux during the pandemic, it is not possible to assess at this stage whether the changes are short term reactionary changes or likely to be symptoms of longer-term change.

2.8 Current and Projected Trends

Across Gwent, market trends and population assessments are considered along with a variety of other information and intelligence gained from various sources available:

- Aging population with more complex needs
- Increase in nursing and dementia needs
- Increase in preventative services for example, Carer's support services and step up - step down facilities
- The opening of new state of the art facilities (e.g. Ty Glas Y Dorlan, a new purpose-built short stay housing with graduated care facility) to prevent hospital admission and encourage and facilitate discharge with a reable/enable focus and the ability to flex up and down . A community hub providing respite for carers and information ,advice and assistance, welcoming the community in.
- Two additional extra care schemes developed in Torfaen to provide flexible independent care needs.
- Introduction of assistive technology and online services
- Information Advice and Assistance to inform and educate people on what services are available.
- Links with private and third sector organisations to promote choice.

Across the Region, it is anticipated that some residential and nursing care providers may exit the market. The withdrawal of subsidies provided by the Welsh Government hardship fund is likely to impact on some of those providers with current very high levels of voids as businesses may become financially unsustainable.

There is likely to be an increased demand for domiciliary care, as people are expressing a preference to continue to live in their own homes rather than consider a move to residential care. However, recruitment remains an issue. There is a growing impetus among domiciliary care providers to identify a career pathway for workers that acknowledges their experience and skill set and to make it a more attractive career option for people. These initiatives are supported by the Regional Partnership Team.

Future commissioning arrangements will need to build in contingency plans for similar viral outbreaks in the future.

2.9 Impact of commissioning practices on the market

There are many examples of collaboration between the Gwent LAs, ABUHB and third sector organisations. These collaborate schemes often involve shared or pooled

funding streams. Collaborative bids are also common, previously through the Integrated Care Fund (ICF), recently replaced by Regional Integration Fund.

Funding for services needs to be adequate in the long term. The availability of grants and hardship funding has supported providers throughout the COVID-19 pandemic, and this has been critical for service delivery.

The settlements provided to local authorities for 2022/2023 exceed previous levels, but this needs to be reviewed for the future. However, this needs to be seen in the context of many years of austerity and real term cuts to Local Authorities. It remains to be seen whether this increased level of funding will alleviate some of the pressures faced by care providers, particularly the recruitment and retention of staff.

Newport City Council has commissioned a trial of block runs in domiciliary care, which has been ongoing for 3 months. This has helped to meet demand and increase the capacity to meet needs. More work is required to review the outcomes from this trial and to assess whether this approach can be sustainable in the future.

Monmouthshire Council, with the support of the Regional Partnership Team is currently exploring the [development of a micro carers pilot to support local care capacity and delivery](#), providing an alternative to traditional domiciliary care provision. Three key areas have been identified where micro carers can potentially support local care capacity:

- They can provide care to those able to self-fund their care and support.
- They can provide care to those in receipt of direct payments.
- They can be directly commissioned by LAs to deliver care where there may be gaps in provision.

Micro-care pilots have been introduced in other regions as a response to the national shortage of carers and to meet the growing demand for care, particularly in rural areas where recruitment is difficult. Some of these have been regarded as successful and in particular Somerset where the Micro Carers system has been expanded considerably. If successful, then the pilot in Monmouthshire could be scaled up and learning shared with the other Gwent authorities. This pilot runs for 12 months from April 2022 to April 2023.

2.10 Sustainability of provision

There is a mix of provision across Gwent including independent and public sector services, both care at home and care homes. The voluntary sector is strong in the provision of support services i.e., hospital discharge, befriending and other preventative and complimentary services. The third sector has a significant role to play in promoting a diverse range of services, but funding challenges are also acute for them.

The provision of care home and care at home services has remained relatively stable during recent years in terms of numbers of providers in operation. In Monmouthshire there was one new entrant into the care home market in 2018 when a new build 70 bedded care home opened in Abergavenny. Another long-standing provider in Torfaen

recently purchased an office building with plans to convert into a 21-bed residential facility. [One long established and small family run domiciliary care provider decided to cease operation in 2022 with the continuing challenges of recruiting and retaining staff cited as the reason they decided to cease trading.](#)

As previously stated, the withdrawal of subsidies via the hardship fund is likely to impact on the market, with some providers across the sector exiting the market due to a lack of sustainability. In addition, the crisis in the cost of living is exacerbating and already difficult recruitment and retention landscape in Gwent. [Some recent evidence points to domiciliary carers leaving to join care homes to avoid having to use their cars for work.](#) This latter point is being taken up with Welsh Government at the time of writing as some funding has been made available for electric vehicles etc.

2.11 Risks to market stability

As previously indicated, the following are the key risks to market stability highlighted by providers and commissioners:

- High voids in residential and nursing care are a concern as is the possible advent of a lack of supply of specialist EMI nursing care in some areas, particularly highlighted by Commissioners in Torfaen. Also, as highlighted in the Gwent PNA, population projections suggest individuals will live longer, meaning dementia diagnosis rates are predicted to increase.
- Rising costs of staff, recruitment and retention are challenging for the care sector as a whole
- Residential care and nursing care homes face infrastructure issues. Older buildings may require repair and modernisation, along with significant impact of rising utility costs.
- The cost-of-living crisis across the whole economy and particular the rising cost of fuel for cars.
- Funding challenges in both the short and long term.
- The onset of COVID and its effects over a 2-year period has raised questions about longer term market stability.
- Occupancy levels remain well below pre-COVID levels circa 80% average. This position is very mixed with only a few operators being at very low levels i.e. < 40%/50%. It is difficult to see how providers will be able to continue to operate at such low levels if no sustained increase in admissions is forthcoming.
- These systemic challenges may have an impact upon the longer-term stability of the market, but at this stage it is difficult to foresee what that might be.
- Risk assessments are undertaken when procuring regulated services. Open and transparent processes are in place to ensure service provision is the best possible.
- The domiciliary care recruitment crisis is having an acute effect on sustainability of care at home in some areas.
- Insurance for care homes is becoming increasingly challenging in terms of availability and cost

2.12 Non-Regulated provision

Measures have been introduced to promote preventative services:

- Support and assistance given to carers including respite breaks
- New facility, Ty Glas Y Dorlan opened in Torfaen to prevent residential and hospital admissions and facilitates timely hospital discharge enabling people to recover and then reable/enable before returning to their own homes.

Monmouthshire operates a number of preventative services and has invested in a reablement approach which looks to support people to become as independent as possible, preventing a reliance on traditional social care services.

Preventative services have been impacted by the pandemic, with increased social pressures, deprivation, and rising costs of living all impacting on this area. Newport City Council is currently working with Registered Social Landlords and third sector providers to develop accommodation and support services for care leavers, through ICF funding and the housing support grant.

Third sector organisations continue to act as key partners working with Local Authorities to promote social value and to enable the voice of user groups. Further work is required to develop this strand of work, particularly as we move away from the crisis management approach required over the course of the pandemic.

2.13 Resources

In meeting the needs of adults who are eligible for social care, local authorities continue to monitor the availability of resources. It is important to acknowledge that local authorities work alongside care and support providers, service user groups, third sector organisations, and other statutory agencies to consider the sufficiency of available resources. Partnership working with regional colleagues is particularly important to identify common issues and to develop shared approaches.

As with most regions, Gwent is faced with the challenge of increasing demand and limited financial resources. The region recognises that doing things differently in partnership with providers is the best way to work through these challenges. Commissioners strive to maintain good relationships with partners and maximise ability to purchase beds at a fair and reasonable price. The fee rate is reviewed every year to ensure that we are taking account of all relevant material factors.

Over the last 6 years, Gwent RPB received Integrated Care Funding (ICF) and Transformational Funding to support with the wellbeing agenda of citizens in Gwent. In April 2022, this changed to the Regional Integrational Fund (RIF) and is a 5-year fund for Regional Partnership Boards in Wales to deliver a programme of change from April 2022 to March 2027. The RIF puts into practice the ways of working stated in the Social Services and Wellbeing (Wales) Act 2014, and places a focus on long term, prevention, integration, collaboration and involvement to help public bodies better plan for the wellbeing of the population.

All local authorities in Gwent and ABUHB have engaged with providers to produce a regional approach to Fee Methodology, with a regionally agreed template in operation across Gwent. The template was due to be tested in early 2020 but full implementation

postponed due to the COVID-19 pandemic. This has now been re-established for testing in 2022-2023, with engagement from Local Authorities, ABUHB and care home providers.

The template has been produced in collaboration with a number of Care Home providers in Gwent and requires providers to detail costings involved in delivering care in their area. This forms a solid basis for constructive negotiations with commissioners on fee rates for the coming year. This is then reflected in a Fees and Charges Report to Council who set the fees.

Providers are currently facing significant changes to the financial aspects of their business. The cost-of-living crisis has meant that operating costs such as utilities, building maintenance and food have increased significantly. A number of providers have reported large increases of insurance premiums as a result of the COVID-19 pandemic and due to a recruitment crisis across all health and social care services, staff salaries have also been increased.

The template aims to account for these changes. Due to the differences in budgets available to local authorities and health boards and the individual requirements of each home, it is not possible to provide a single fee across Gwent, but the template aims to simplify the negotiation process for both commissioners and providers.

Fee negotiations are ordinarily conducted annually, but providers have reported that due to the rapidly rising costs of care delivery, the figures provided to commissioners are very quickly out of date.

The introduction of the real living wage as a minimum pay rate for carers in Wales will have implications for resources which are currently under consideration.

Clear and transparent methods are always employed when resourcing and investment are undertaken. Best value for money without reducing quality service delivery is always the main goal. Local Authorities adhere to all contract and procurement regulations to promote fair and equitable sourcing of services.

2.14 Self-Funders

The impact of self-funders on the social care market is difficult to assess, due to the limited information available and gathering intelligence on self-funders remains a challenge.

Due to the fact that most self-funders have private agreements that deal directly with care providers, little information is often held on these individuals. Local authorities are supportive in providing advice to self-funders and some include them in their contracts and financial systems.

2.15 Workforce

As previously outlined, the following shortfalls in the workforce represent a significant challenge to the social care market:

- Shortage of nursing staff in care homes
- Increased cost of agency staff

- Poor recruitment and retention of domiciliary care workers is now critical

Staffing continues to remain a significant issue, exacerbated by COVID-19. In the domiciliary care sector especially, worrying numbers of staff were seen to be leaving the sector. Some reasons are highlighted by providers:

- Poor pay
- Poor working conditions
- Lack of perceived career progression
- Lack of job satisfaction
- Increased regulations, including registration.
- Better pay and conditions in other sectors i.e., hospitality and retail
- Lack of younger people entering the sector or seeing social care as a career choice, coupled with an ageing workforce and people taking retirement.

This is coupled with high levels of employment across the region and the current demand for workers in other sectors (transport/hospitality) driving up wages.

As reported at Regional Provider Forums, the COVID-19 pandemic has also placed significant pressure on the mental health of the workforce. Care staff were required to adapt to new ways of working very quickly. Due to legislative requirements, the social aspect of the role was reduced, particularly in care homes, as residents were isolated to their bedrooms and large scale social activities were discouraged during periods of outbreaks. For this reason, more measures are needed to support the wellbeing of the workforce.

Gwent employability projects and Working Wales continue to report that very few of their clients register an interest in working in the social care sector, particularly domiciliary care for the reasons recorded above.

Wales' unemployment rate stands at 3.1%, compared with the UK rate of 4.1% as of February 2021 and employment figures in Gwent remain high. Historically social care does not attract workers from other sectors and is left to either recruit those furthest from the job market or those already working in the sector, contributing to high levels of workforce churn and little increase in capacity across the piece. This is despite several regional and local initiatives aligned with the national 'We Care' recruitment campaign to attract new workers to the sector.

3. DEMENTIA

Population Group	Dementia
Gaps and Emerging Themes	<p>Early diagnosis and timely intervention and support are key factors.</p> <p>Reduced provision of medication prompting services.</p> <p>There may be pressure on EMI nursing care beds across the Region as stated above.</p>

Could see an increased need for appropriate housing for people living with dementia.

People living with dementia, their family and carers have said that access to information and support, are fundamental at an early stage in diagnosis.

There are an estimated 7768 people living with dementia in the ABUHB area in 2017, with this number predicted to rise to 12833 by 2035 (Daffodil Cymru: 2014). Over the period of 2013 to 2035, the increases range from a predicted 62.1% in Blaenau Gwent, to 97.1% in Monmouthshire. Dementia affects a person's **executive functioning**, making it challenging for them to complete simple tasks, and the steps that go into them, such as having a shower or getting dressed. All of these day-to-day tasks have a sequence of steps, which can be difficult if someone has dementia. All local authorities in Gwent are predicting a significant increase in the number of people who require support with at least one domestic task. This suggests that as the number of people living with dementia increases, demands for support services will continue to rise, placing a demanding strain on already sparse resources.

Current research suggests that people with dementia were affected by the pandemic. Community support services were halted, and care homes reported an increase in the needs of their residents, requiring higher staffing provision as transfers to more suitable placements were halted during period of outbreaks and Government lockdowns. The Office of National Statistics (2020) states that 49% of deaths in care homes and 25.6% of all COVID-19 deaths were people with dementia.

As previously stated, commissioners in Gwent have reported that a shortage of EMI dementia beds in care homes in some areas may arise. The availability of respite beds is currently low, with resources unable to meet the demand. This puts further strain on informal carers. Several factors contribute to this, but the COVID-19 pandemic has forced at least one domiciliary care agencies in the area to cease trading and forced providers to reduce their respite beds provision due to the higher costs associated with such placements.

Therefore, the region has identified a need for additional dementia care services, both in the community and a potential requirement for additional EMI dementia beds.

With the emphasis being on preventative services and the focus being on community-based care, the region has developed the National Bevan Exemplar project, 'Get There Together'. Working in collaboration with Cardiff and Vale University Health Board, the Gwent region has developed video and leaflet resources for people living with dementia, and their carers to support social and functional activity recovery. Working with a number of large high-street retailers and transport providers, videos have been produced to help people to familiarise themselves with the changes to services due to the COVID-19 pandemic. This project continues and has now developed a technology app with StarFish Labs, which is being piloted by groups across Wales. The app allows more bespoke materials to be made to suit individual

needs, via videos and audio clips made by the person living with dementia, their family and carers, and added to a daily planner.

We are also supporting the pilot of a multi-agency project led by Gwent Police who are the first police force in Wales to trial the technology. The project provides people who have a dementia diagnosis, with an extra safeguarding measure – wristband – alongside the Herbert Protocol. The wristband holds next of kin details using NCC technology which can be accessed through a mobile phone app by any member of the public to ensure a person needing assistance in the community is able to get home if they get lost or need help. The project will be evaluated in November/December 2022 and feedback sent to the Gwent Regional Partnership Board and the Police and Crime Commissioner.

The Dementia Action Plan for Wales 2018-2022 sets out a vision: Wales to be a dementia friendly nation that recognises the rights of people with dementia to feel valued and to live as independently as possible in their communities.

In Gwent we continue to promote Dementia Friendly Communities across the region, and support individuals to become dementia friends. Throughout the pandemic most of our sessions were online to support connections in our community, including dementia awareness workshops and sessions. As restrictions were lifted, we offered face-to-face sessions with Sporting Memory groups and Parkinson’s Support groups, to raise awareness and highlight support available in the area people living with dementia, their families, and carers.

4. MENTAL HEALTH AND LEARNING DISABILITY SERVICES

Fig 9: Placements in Mental Health Services

Placements in Mental Health Services						
	ABUHB	CCBC	MCC	TCBC	NCC	BGCBC
Supported Living	82	39	N/A	6	N/A	3
Residential	14	11	N/A	138	N/A	0
Nursing	57	9	N/A	44	N/A	6
Secure Services	49	0	N/A	0	N/A	0

Fig 9 indicates the number of placements into mental health services across the Region. This information relates to placements both jointly funded by ABUHB and the LA, but also directly commissioned placements.

4.1 Sufficiency Assessment: Population Needs Assessment (PNA)

This section highlights the gaps and emerging themes in terms of sufficiency of care from the Population Needs Assessment (PNA).

Population Group	Mental Health
Gaps and Emerging Themes	<p>Studies referenced in the PNA highlight that the pandemic is likely to have had a severe impact on mental wellbeing. The long-term impact is difficult to predict, however, there is a significant risk that this will have an impact on services needed to support our population.</p> <p>We need to improve emotional well-being and mental health for adults and children through early intervention and community support.</p> <p>We need to promote the mental wellbeing of people in Gwent and ensure that the workforce is supported to be able to provide people with the support they need at the right time.</p>

Working in mental health facilities can often be a challenging place to work, and as a result, facilities continue to experience significant staff shortages, evident across the health and social care sector. This has led to continuous employment of agency staff, and patients reported a lack of continuity of care. The National Review ‘Making Days Count’ highlighted a number of further considerations in relation to the provision of mental health services.

During the COVID-19 pandemic, mental health services in Gwent were required to amend how they delivered their services. Staff across the region were supported by Local Authorities to move to a community-based service, initially provided virtually and later moving to face to face often one to one services when restrictions allowed. A number of services continue to deliver via both platforms, ensuring that individuals in the community continued to receive support. The National Review supports a move to a community first approach for mental health support, and patients should only move to hospital admissions when necessary. The impacts of the National Review of secure services need further consideration.

Mental health services receiving RIF funding reported an increase in referrals in the past 3 years, with some reporting that referrals to their services had doubled, particularly in the case of Community Connector services in Torfaen and Newport. Mental health services moved to a virtual delivery platform during the COVID-19 pandemic, and have reported that they aim to continue with virtual delivery or a hybrid model of virtual and face to face support as they continue to re-open services following the COVID-19 pandemic. Feedback from individuals accessing such services has stated that virtual delivery is preferred due to accessibility, and services such as SPACE panel have reported that they are delivering an improved service on a virtual basis.

4.2 Learning Disabilities

Fig 10: Placements in Learning Disability Services

	ABUHB	CCBC	MCC	TCBC	NCC	BGCBC
Supported Living	72	187	37	81	170	78
Residential	27	46	51	87	273	23
Nursing	3	8	3	3	231	0
Secure Services	7	0	0	0	0	0

***Figures provided by Newport City Council are totals of both MH and LD placements.**

Fig 10 indicated the number of placements into Learning Disability Support services across the Region. This data is indicative of placements both jointly funded by ABUHB and LA's but also of placements directly commissioned or provided by the LA.

4.2 Sufficiency Assessment: Population Needs Assessment

Population Group	Learning Disability
Gaps and Emerging Themes	<p>To support people with learning disabilities to live independently with access to early intervention services in the community; and greater public awareness and understanding of people with learning disabilities needs.</p> <p>Services and activities need to adapt to suit changes in people's needs.</p> <p>A multi-agency partnership approach to ensure appropriate housing and accommodation for vulnerable citizens</p> <p>Improvements needed to help people find supported training and employment.</p> <p>The demand for residential placements is increasing. There is evidence of a lack of residential beds for individuals with challenging behaviours.</p> <p>Individuals currently experience delays in hospital discharges due to the lack of available community support services or residential placements.</p> <p>Commissioning for Mental Health and Learning Disability Provisions have steadily increased over the last two years.</p>

In Gwent, Local Authorities provide, and externally commission a number of community-based support services for individuals with learning disabilities. My Mates was established by Monmouthshire CBC as a pilot scheme to support individuals with learning disabilities and mental health needs in the community, through a combination of one to one and peer support. Funded through the Integrative Care Fund, the pilot supported individuals in the Borough with independence and establishing peer support groups in their community. Due to the success of the pilot, the scheme became Gwent-wide, with 4 staff members supporting over 200 individuals across the Region. Support during the COVID-19 pandemic was amended in line with legislative requirements and staff maintained over 8000 contacts to individuals, via virtual platforms. Staff held 500 video call chats to maintain wellbeing, held 140 live event virtual parties and completed 20 mail outs to individuals, sharing information and providing gifts.

4.4. Autism

Population Group	Autism
Gaps and Emerging Themes	<p>Provide more timely diagnosis of Autistic Spectrum Disorder and access to support services and information and advice.</p> <p>There is a need for improved signposting across Gwent particularly for supporting young people transitioning to adult social care services</p> <p>Improved access to suitable health provision for effective future support</p> <p>Improvements needed to help people find supported training and employment.</p> <p>The COVID 19 pandemic has led to increased levels of mental health problems and further isolation for people with autism.</p> <p>A multi-agency partnership approach to ensure appropriate housing and accommodation for vulnerable citizens</p> <p>Increase training, for an autism informed and accepting workforce.</p>

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4.5 Engagement

The Gwent region engages with learning disability and mental health providers on a regular basis, receiving reports and monitoring progress, to establish any issues that they may be experiencing, or to discuss any proposed service provision changes. Provider feedback helps to shape service provision with recent engagement focusing on reviewing day activities and the regional advocacy helpdesk and service provision.

The following multi-agency partnerships in Gwent support engagement with ABUHB, Local Authorities, Independent/Third Sector, and citizens:

- Whole person, whole system MHCrisis and Acute care Model has been co-produced and developed over the past 6 years providing alternatives to hospital admission in a MH Crisis, Sanctuary provision both in the community and ED. Shared Lives are supported by Crisis Resolution and Home Treatment teams and development of a single point of contact and 111 for Mental health pilot and conveyance pilot, Reporting to the Crisis Board
- Mental Health Implementation Group – this group is attended by representatives from all local authorities in Gwent, as well as ABUHB and Gwent Police.
- Delivery group – attended by the Gwent local authorities and ABUHB focussed on Mental Health and Learning Disabilities.
- Regional Partnership Board – representation at Director level from Gwent local authorities and attended by ABUHB
- Caerphilly also has local engagement arrangements with providers and individuals through local meetings involving the Supporting People Team e.g., Platform panel, Accommodation panel, Drug and Alcohol panel.
- Complex Care Team/Quality Assurance panel to discuss services for people with complex needs
- Shared Lives Regional Partnership Board
- Engagement/due diligence undertaken with English providers when placements are made over the border
- Gwent Connect 5 network – Staff trained within the Regional Partnership Team to provide Gwent Connect 5 training; a mental health and wellbeing training course open to all organisations and communities within Gwent. To date, training has been delivered to a number of care providers in the Region in addition to local authority frontline care delivery services.

4.6 Market Sufficiency

There is a well-documented national crisis in recruitment and retention within the care industry and this has led to difficulties in providing timely care across the sector. Currently, providers can find it difficult to provide services to people with mental health conditions, so where possible, more specialist providers are used who have a greater understanding of mental health. Using this approach has been beneficial and provided positive outcomes. Given the population predictions outlined in the PNA, this is an area where a greater level of need is anticipated in the future. Research completed by Cardiff University confirms this and states '[The COVID-19 pandemic and the social](#)

distancing restrictions resulting from it have taken a huge toll on people's mental wellbeing and mental health. We can expect significant pressures and demand for mental health services in Wales over the coming years'. (Prof Wyn Jones et al, 2021).

Gwent also has a lack of nursing homes which can respond to people with complex mental health needs and people with learning disabilities, and some placements have broken down due to behaviour management issues.

Case study: Commissioners in Gwent have reported that there continues to be a lack of provision for individuals with complex needs. In one example provided by commissioners, 4 individuals stepping down from low secure and locked rehabilitation units have been allocated placements in another region of Wales. However, due to the ongoing recruitment issues, the commissioning authority are required to continue to provide staffing support to those individuals. Commissioners have now recognised this as a priority, and the Regional Commissioning Group have started conversations around how providers can be encouraged to establish complex placements within Gwent, supported by the commissioning authorities.

There is a lack of appropriate accommodation with the right levels of support at the right time, rather than 24/7 supported living arrangements. There is a continued need to work with partners, to further develop step down facilities from hospital to independent living. Further development of relationships between Forensic Services, Social Services and Housing is also being addressed as a key priority for Gwent RPB. These links are being improved through the strategic partnerships that are active in the Gwent Region. Gwent RPB are also the only RPB in Wales to be members of the Housing Learning Improvement Network (LIN), meeting quarterly with other health and social care colleagues to discuss issues.

The region's Shared Lives Scheme is continuing to produce positive outcomes, and there is an expectation that this will expand further within mental health and learning disability service provision.

There is a static market in Torfaen, for example, where essentially supply meets demand. Placements are either long term residential in smaller care homes or long-term placements in supported living schemes. Historically, there has been a drive to bring all out of county placements back within the localities. In terms of current and future policy and practice, the local authority, wherever possible, will look to place individuals into their own fully independent accommodation rather than a supported living model, and this has been facilitated by new build supported housing developments in the Borough.

There are 14 care homes for adults with a learning disability or mental health needs in Monmouthshire providing support for people with a range of needs. In the main these are small homes and are well established in the county with very little movement in the market for several years. There is sufficient supply within the county to meet the needs of most people with learning disabilities, however, lower-level support for people with mental health needs remains a challenge, and work is on-going with partners to look at the development of better solutions.

As an example, placement levels remain constant and have remained relatively unaffected by the pandemic across Monmouthshire.

Fig 11: Monmouthshire County Council Adult Placements

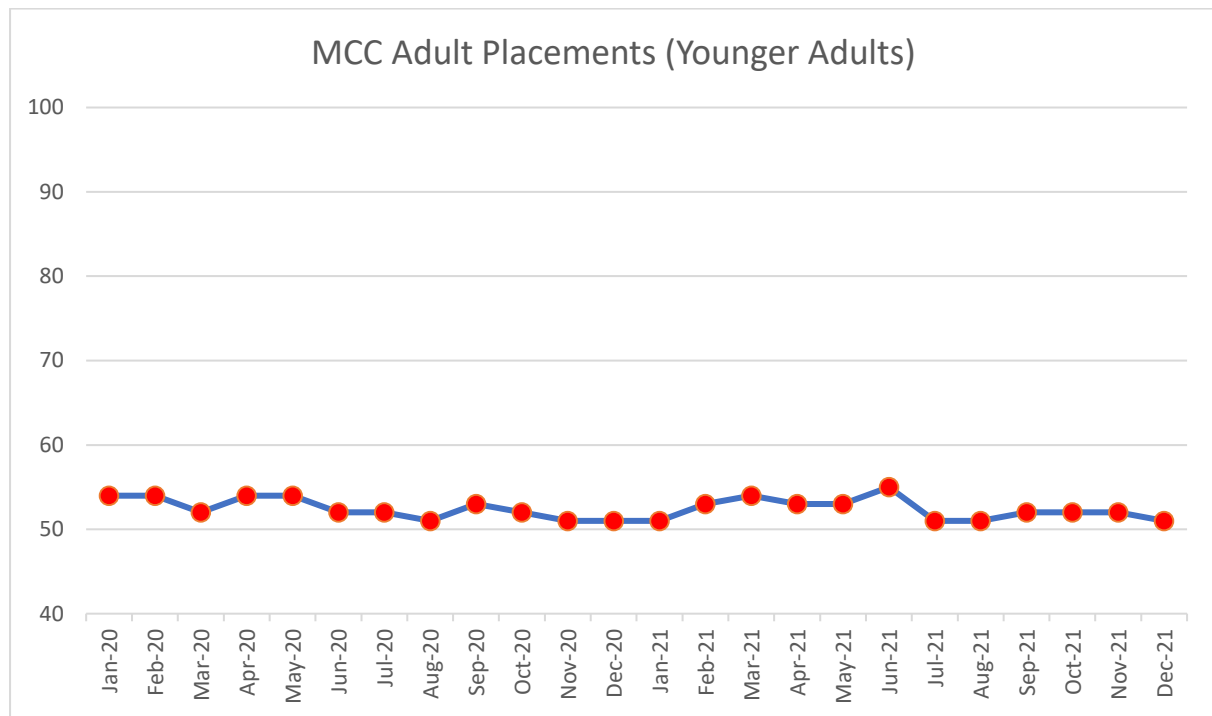


Fig 11 represents the numbers of younger adult mental health placements in Monmouthshire between January 2020 until December 2021

4.7 Market Stability

The provision of care home and supported living services has remained relatively stable during recent years, in terms of numbers of providers in operation, with no care homes exiting the market in the last 6 or 7 years.

There is a mix of provision across Gwent including independent and public sector services with the voluntary sector playing a strong role in the support services arena i.e., daytime support, self-advocacy, and family aid. However, Gwent does have a shortage of providers who can cater for citizens with mental health issues and autism.

As with other areas, the region has seen some smaller organisations acquired by larger organisations over recent years which impacts on the diversity of provision for mental health and learning disabilities. These mergers and acquisitions cause an immediate impact on services delivered. Changes to service can be difficult when staff leave, and new management take over or when a smaller enterprise loses its identity and becomes subsumed by a corporate business entity. An experienced workforce may then be lost which could have a significant impact to the people using the service. Fortunately, this has led to no real deterioration in the quality of care and support to people receiving support. For many years the region has developed good working

relationships with provider partners, and these relationships have been further enhanced during the pandemic.

Local authorities have not needed to take any action in the Gwent area during this specified period, in pursuance of our duty under section 189(2) of the 2014 Act, to meet the care and support needs of relevant individuals. If there were any issues, we would introduce provider performance, or escalating concerns, or enhanced monitoring for providers who are either failing or could potentially fail without remedial action.

While the mental health sector has experienced some challenges during the pandemic in terms of reduction in occupancy and staff issues, it has not been as adversely affected as the older person's sector. Providers have reported that recruitment has been more problematic than usual, but they are still able to recruit and retain staff.

[With the removal of the Welsh Government Hardship funding in March 2022, we will be closely observing the sector to see what impact this has on its sustainability and whether it will be able to return to pre pandemic occupancy levels.](#)

There are improvements to be made with mental health services provision such as:

- The need for more providers who can respond to complex mental health needs as part of accommodation with support, including autism.
- More nursing homes that can respond to complex mental health needs such as learning disability, as most are focussed on dementia support. Some placements have broken down due to behaviour management issues.
- The need for more appropriate accommodation with the right levels of support at the right time, rather than 24/7 supported living arrangements, as well as the need for more single person accommodation with targeted support.

[In recent years Gwent has introduced a standardised fee model, as historically individual fees varied considerably across providers.](#) The aim is to keep a level of sustainability to allow the sector to continue to operate and be a profitable venture whilst still ensuring high quality care.

4.8 Quality of Care and Choice

The quality and availability of services provided were potentially impacted by the COVID-19 pandemic. However, as stated in 2.6 above, providers quickly implemented contingency plans to ensure care services were delivered. Agencies also supported each other to share resources, information, and staff. Day services staff were re-deployed across the region into support services, such as community meals and domiciliary care services. Remaining staff then provided wellbeing calls to individuals and support was delivered virtually where possible. Some facility-based services remained, to provide services to those who were assessed as being in critical need. Individual outcomes continued to be met through these services. However, continued lack of staff in the health and social care sector shows little signs of improvement even in the long term. This may lead to a reduction in services and the quality of those services may be affected. This may have an impact on the sufficiency and the stability of the market across many services. Also, financial difficulties and vacancy levels in

health and social care residential care homes may lead to some providers finding it necessary to leave the market and close services.

In Gwent the aim is to provide choice and control to people through better services and early intervention. An example of this that has worked well is the work to continue to provide support through Community Connector teams in some areas, these in turn work in partnership with local care teams.

Torfaen Council has commissioned a bespoke facility: Ty Glass Y Dorlan, and part of their remit is to offer information, advice and assistance to the community so they can self-solve and use their own networks of support .

Day activities were used prior to the COVID-19 pandemic; however, many services were temporarily closed in line with the UK and Welsh Government's guidance and restrictions to protect citizens. During this time services were adapted to provide virtual sessions across the region to support people, and individuals did seek additional mental health online support due to a decline in their wellbeing because of the suspension of service provision.

Overall, the quality of care and support available to people is of a high standard. However, the onset of the pandemic has affected the type and level of quality assurance monitoring which local authorities and other partner agencies have been able to undertake i.e., Care Inspectorate Wales and the local health board.

Visits by other professionals such as social workers and families has also significantly reduced during the last 24 months, but these have now been reinstated with the lifting of restrictions by Welsh Government. Feedback from these visits has highlighted that the care and support provided is of a high standard with services going above and beyond in their duties to support people during these challenging times. Providers have gone to great lengths to provide person-centred and high-quality support despite the challenges of regularly changing guidance and restricted visiting. Providers' contingency plans have proved robust and have allowed services to continue through the pandemic.

The current complexity of care needs within the community, supported living and care homes now are set to continue which requires a skilled workforce to support nursing and care needs of individuals.

4.9 Current and Projected Trends

There is a vibrant and varied mix of provision across Gwent. In some areas such as Monmouthshire, many younger people are choosing supported living as their preferred option and we have several providers in the county who support people in this way. Providers are very responsive to developing the right type of support for individuals and engage with their families, and others to design person-centred models of support. An example of this is the collaborative working with three people to design bespoke supported living service, which will enable them to live meaningful and engaged lives.

Working with young people and their families through transition is a key steppingstone to identifying bespoke solutions for adult life. People and families often require considerable support as young people move into adulthood and out of the more

prescriptive and routine environments of school and college. Expectations and the re-opening to opportunities remain a challenge for some.

Learning disability residential services remain stable and individuals often move into the service and remain there for significant periods of time, so length of stay and quality of care needs to be continually assessed. However, it can sometimes be difficult to source compatible placements with current tenants.

Local authorities continue to work closely with providers to agree fair and reasonable costs of care and people have a range of support options to choose from, however these options are dictated by geographic and other preferences.

In Gwent it was anticipated that some people with a learning disability approaching middle age would need to move into supported living as their carers aged, but this hasn't materialised. People have stayed at home and kept themselves safe during the pandemic, so future needs are not clear at present.

4.10 Impact of Commissioning

There has been little reduction in the number of people placed in residential and supported living services, since the onset of the pandemic. Funding decisions continue to be made based on individual need and in negotiation with the provider. Where some providers are experiencing financial challenges, local authorities will work with them to seek to understand the issues and ensure that funding is appropriate and reasonable.

[Gwent also uses longer-term contracts to give providers the opportunity to invest in the workforce and better support banking arrangements.](#)

The region has attempted to standardise costings across the services and supported providers to access independent models of support. Supported housing schemes encompassing learning disability provision has also been added to the market.

[The volume of referrals to supported living and residential providers has decreased, so providers would be experiencing the effects of this as they are approximately around 20% of normal volume.](#)

There are many examples of collaboration between Gwent Local Authorities, ABUHB and Independent/Third sector organisations. These collaborative schemes often involve shared or pooled funding streams and/or Continuing Health Care funding.

4.11 Sustainability of Provision

While the learning disability sector has experienced some challenges during the pandemic in terms of reduction in occupancy and staff issues, it has not been as adversely affected as the older person's sector. Reports from providers are that recruitment has been more problematic than usual, but they are still able to recruit and retain staff.

There are concerns from some care providers that provide domiciliary care (sometimes alongside a range of other services), that they may be forced to close this service area in order to maintain the quality and sustainability of their other services

due to a lack of staff capacity to deliver care at home. [One provider in Gwent has ceased the operation of their domiciliary care service to enable them to prioritise their residential care facility.](#)

The removal of the hardship funding in March 2022 is being closely monitored to understand what impact this will have on sustainability of services and whether it will be able to return to pre-pandemic occupancy levels. In common with other market segments many providers have experienced increased operating costs relating to fuel, gas, electric, increased National Insurance and pension costs, National Living Wage, Real Living Wage all of which are all having an impact on service provision.

Resource can be an issue causing difficulties when funding placements for people. Continuing Health Care can cause challenges, as the criteria can be difficult for local authorities and health boards to navigate.

4.12 Non-Regulated Provision/ Prevention

In Gwent there are no secure placements commissioned by local authorities. In Monmouthshire, support to adults with a learning disability has, for a number of years, been provided under the auspices of 'My Day, My Life'. Through this change programme and prior to the pandemic, the Council had moved away from venue-based services and were working with people in a more bespoke way based around the place they live, their families and wider networks. Fixed bases tending to be used as a springboard for more community-based activity.

The pandemic enabled Monmouthshire to move further ahead with this. Since March 2020 'My Day My Life' continued to operate in a very flexible, people focused way, offering people support to engage in opportunities that they choose in the areas where they live. Monmouthshire has scaled up the offer as restrictions have lifted. In general, feedback has been positive and there has been little demand from citizens to return to a venue-based model.

The Housing Support Grant Programme provides preventative support for regulated service provision and has a grant funded programme that provides housing related support for a wide range of people in the community, including those who do not access statutory services.

A National Care Review was completed into the care and treatment of people who are inpatients in learning disability hospitals, either commissioned or provided by NHS Wales as part of a cross government programme 'Learning Disability – Improving Lives'. Through this report 70 recommendations were highlighted where improvements are needed, and the Gwent region has been reviewing services to identify what improvements are required as a priority. The Mental Health and Learning Disability Strategic Partnership with support from the Regional Partnership Team, has been facilitating workshops to gain a collaborative response to the national review to establish what actions are needed to improve the lives of people in Gwent. This work is ongoing, and feedback is being sent to the National Assurance Group.

4.13 Direct Payments

A high percentage of Direct Payments is made up from learning disability service users. There is potential to expand the services and it is starting to grow in some localities. Direct payments are always offered as an option for care delivery where suitable, however this is not always the best option for some individuals. Where it has been used it has been successful with many people, giving them choice and flexibility to tailor their care needs around their own circumstances. See section 8 for more details.

4.14 Social Value

Partners across the region encourage and are supportive to social enterprise ventures. However, they have sometimes found them to be restricted by legal requirements that are prohibitive; for example, with Services for Independent Living (SIL) who were engaged to provide additional services to Direct Payments service users, however this service has now closed.

The development of social enterprises is not something that can be 'designed in' by planners or commissioned in a mechanistic way. Anecdotal evidence suggests that the most successful co-operative ventures have been developed from a 'grass-roots' up approach where organisations and individuals providing services together on a collaborative basis based on mutual trust and the need to share resource more effectively.

Recent day services reviews have indicated that there might be some value in encouraging directly provided and/or commissioned day services to collaborate more formally to create support networks that may operate across geographical boundaries. This shares some commonalities with a 'community work' based approach founded upon voluntary action in its purist sense. This is very much an explorative venture at present post pandemic.

The RPB supports a vibrant provider forum which also acts as a social value forum. This forum is comprised mainly, but not exclusively of 3rd sector provider organisations.

Able Radio in Torfaen is a good example of a successful social enterprise. Initiated by volunteers, the service was supported by TCBC and hosted in a TCBC day services facility until the service expanded. The service provides day activities and training opportunities to individuals with learning disabilities and mental health issues.

Case study: Cartrefi Cymru is also an example of a long-standing social enterprise, established by parents and volunteers of people with learning disabilities. Supported by local authorities in Gwent, the service now provides support to individuals across the Region through supported living facilities, domiciliary care, floating sessional support and respite care. Cartrefi Cymru now operates as a co-operative and the region has been very supportive of the co-operative movement in social care in recent years.

In future the 5 local authorities would also like to develop the presence of the third sector in the fostering market to help deliver social value across Gwent communities as well as supporting the development of local IFAs across the region.

5 CHILDREN'S SERVICES

5.1 Sufficiency Assessment: Population Needs Assessment (PNA)

This section highlights the gaps and emerging themes in terms of sufficiency of care from the Population Needs Assessment (PNA).

Population Group	Children and Young People
<p>Gaps and emerging themes</p>	<p>To improve outcomes for children and young people with complex needs through earlier intervention, community-based support, and placements closer to home.</p> <p>To ensure good mental health and emotional well-being for children and young people through effective partnership working especially mitigating long term impact of Covid-19 pandemic.</p> <p>There is a need to continue strengthening services and partnerships around a single front door approach to reduce hand offs between organisations and establish a sequenced approach to multiple intervention needs.</p> <p>The RPB will continue to implement principles of NEST/NYTH and across all services to remain focused on what matters to children, young people, and families as we move to a whole system approach.</p> <p>Given the new programme of government priority to 'eliminate' profit in residential care for children looked after, the RPB will support this agenda and also the early intervention and preventative services that help reduce children becoming looked after.</p> <p>The young person's voice, co-production, and integration, including more seamless transitions to adult services, remain key areas for development.</p>

5.2 Provider Engagement

The 5 local authorities work in partnership with the health board, third and independent sectors, carers, and others to ensure that the care provided to children is of the highest

quality and value for money; and most importantly provides the best outcomes for children who are looked after within the region.

My Support Team (MyST) is a multi-agency partnership, working to help children who are looked after to remain in their local communities across Gwent. It works seamlessly across statutory agencies to provide an effective alternative to residential care for children who are looked after with highly complex needs.

The Children and Families Strategic Partnership Board (CFB) provides overarching multi-agency strategic oversight and leadership for the delivery of the Gwent Regional Partnership Board's vision for the development and delivery of children's services across the region. Under the CFB an independent and voluntary sector network was established to engage directly with providers and for example, to highlight funding opportunities through Welsh Government's Integrated Care Funding.

Most recently, the CFB has been working with the regional Youth Forum in developing the regional PNA, and a regular dialogue has been established. Each local authority also has its own partnership and engagement arrangements which include but are not limited to:

- Corporate parenting forums
- Young people's forums
- Young Commissioner Programme (facilitated by the 4C's)

5.3 Key Market Sufficiency Factors

The COVID-19 pandemic has impacted on the housing and care provision available to children and young people. COVID-19 has halted developments in many areas which has prevented children and young people 'moving on' and accessing the right care and support at the right time.

Fig 12 Total number of Children Looked After within each Gwent LA

	BGCBC	CCBC	MCC	NCC	TCBC
Total number of Children Looked After within each Gwent LA	200	456	213	378	446

Fig 12 shows the total number of children looked after in Gwent per LA as of March 31st 2022. *Includes children in residential homes and those that are fostered.

a. Foster Care

- Demand for foster placements currently outstrips supply, particularly for children who require a complex multi-agency care package or have challenging risk management plans

- Can often be difficult to source the right type of placement
- Children may go into residential placement in the first instance due to a lack of foster care
- COVID-19 and long periods of isolation have impacted on the resilience of families leading to an increase in demand across children's services.

b. Children's Residential

- External market has become saturated
- Market is insufficient to meet needs
- Majority of Gwent local authorities have focussed on investment of in-house residential services and development of preventative services
- Increase in privately run children's homes across the region
- Sufficiency is at a critical point as demand continues to grow at the highest end of the continuum of need.
- Some children are being placed in settings that are outside of the 'home' local authority

Monmouthshire and Torfaen are the exception; they have no in-house residential provision for children at the moment but remain committed to working with private and 3rd sector providers.

5.4 Market Sufficiency

The Gwent region wishes to increase regional capacity through a combination of in-house and external developments. It is the ambition of the region to care for the majority of children who have a long-term care plans through local residential care or step down to a foster family in a supported way, with support from MyST services, via in house regional provision. Integrated Care Funding has also been accessed to strengthen regional arrangements.

All 5 local authorities seek to work in partnership with local providers to develop bespoke packages of care for local children, who will support them to develop their independence skills and resilience for the future.

a. Foster Care

During the period of 31st March 2016 to the 31st March 2020, the number of local authority registered foster carers within the Gwent increased by 2%. However, the region also experienced a 17% increase in the number of children living in independent foster placements during the same period. This illustrates that the current level of demand is outstripping in-house provision and overall supply of foster homes. The Covid-19 pandemic has compounded this issue and it continues to prove difficult to source foster care placements, particularly for sibling groups and teenagers. As a result, some children are entering residential care following family breakdown in the first instance.

Multiple Independent Fostering Agencies (IFA's) operate within Gwent with a mix of charitable and commercial providers. All these providers are party to the All-Wales Framework for Foster Care Services. All fostering agencies irrelevant of status are

currently facing a recruitment shortfall. Gwent local authorities continue to recruit and grow their in-house fostering provision, but recognise that there is continued demand, as well as competition for independent provision due to lack of in-house supply.

This shortage in foster carers directly impacts upon the choice of placement and permanence planning for children looked after. It is therefore essential, that foster carers are provided with a comprehensive range of support services to enable them to cope and effectively manage the challenging behaviour(s) they will encounter through the fostering process.

Fig 13 Number of children looked after by internal LA foster carers

	BGCBC	CCBC	MCC	NCC	TCBC
Number of children looked after by internal LA foster carers	71	162	40	160	134
Total number of children in external IFA placements (Includes external residential placements)	33	78	66	81	50

Fig 13 shows the total number of children looked after with LA foster carers and the number of children looked after by IFA's in Gwent as of March 31st 2022

b. Residential Care

The total number of children living in a residential provision increased by 58% in Gwent during the period 31st March 2016 to 31st March 2020

Demand for residential care has increased across Gwent, despite the development of the MyST teams and a regional drive to attract and recruit more foster carers. Newport and Caerphilly local authorities are expanding in-house residential home provision with a view to building Gwent wide capacity. Caerphilly has 3 LA residential homes for children and is currently developing a fourth. Newport is currently developing a new residential home that will provide a step-down service from secure provision. The availability of an annex to support short term stays will also help facilitate emergency placements. It is anticipated that these new homes will have capacity to offer places to other local authorities in Gwent. Torfaen is also planning to develop a residential provision for children in partnership with a locally based Registered Social Landlord (RSL) and an external provider, commissioned to deliver care. Monmouthshire have a similar provision in place with a Registered Social Landlord and are currently in the

process of purchasing a facility with a view of having a similar partnership with a third sector provider.

Fig 14 Total number of children looked after out of county.

	BGCBC	CCBC	MCC	NCC	TCBC
Total number of children looked after out of county. *Includes IFA placements.	78	151	102	130	120

Fig 14 shows the total number of children looked after out of county in Gwent as of March 31st 2022

5.5 Market Stability

The Residential Care market in Gwent is currently failing to provide a sufficient supply of quality care providers to ensure that local authorities can consistently place children in appropriate placements that are close to home and meet their needs. Profits for large children’s social care providers are higher than one would expect in a well-functioning market, and the lack of placements leaves all 5 local authorities in a weak position when attempting to negotiate the price of a placement. This financial instability mirrors the national picture.

The Competition and Markets Authority’s (CMA) market study into children’s social care in March 2021 reports that the UK has created “a dysfunctional market for children’s social care with local authorities forced to pay excessive fees for privately run services.” Source: [Action needed on “dysfunctional” children’s social care market - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97422/action_needed_on_dysfunctional_childrens_social_care_market.pdf)

There has been a steady increase of privately run children’s homes across the region. A lack of competition aligned with increasing demand for places is driving up costs. Mergers and acquisitions in the private sector have impacted on the quality of services delivered with changes of owner often resulting in the exodus of experienced and established staff. There is also some anecdotal evidence of small, local providers developing services for short term profit rather than sustainable growth. In recent years the sector has seen an increase in capital investment companies with a focus on profits for little demonstrable investment.

In March 2017, the Gwent Children & Families Partnership Board identified and recognised that the decision-making process for children with complex needs was inconsistent, overly complex, and not fit for purpose. A regional joint decision-making panel made up of senior leaders from the three key stakeholders (health, social care, and education) was created to discuss and resolve contentious complex cases that

required financial and care package agreement that could not be agreed at a local level. However, several issues remain which include but are not limited to:

- The financial responsibility split between the LA's and health remains unresolved and there continues to be a lack on national guidance on this issue.
- The introduction of new continuing care guidance for health boards has not facilitated further agreement on legal and financial responsibilities of all stakeholders.
- There continues to be a difference in the interpretation of the new continuing care guidance for children with complex needs.

Individual market position statements on children's services have been developed for Caerphilly, Blaenau Gwent, Monmouthshire, and Torfaen, which can be obtained by contacting the Children's Commissioning Consortium (4C's.) These cover independent fostering agencies and children's residential care providers who are: delivering, able to deliver, or are planning to deliver' services within each local authority. The market positions statements help to structure engagement between the local authorities, Children and Family Services, local providers, looked after children, their family, and carers regarding the future vision of services. They also support the local authorities to co-produce outcomes focussed services acknowledging that there are a range of different methods for strategic commissioning with multiple partners.

5.6 Provider Failure

a. Torfaen

In 2020/21 a residential care provider was identified as operating below expected standards. Torfaen CFS were holding weekly Multi-Disciplinary Team (MDT) meetings, with NHS, the care provider and Torfaen commissioning representatives. Through these meetings it became apparent that level of care and support expected was falling below expectation and that the provider was failing in its obligation to keep the young person safe.

Torfaen Council supported the provider to introduce new processes and attempted to make the placement both safe and successful. However, the provider was unable to operate safely, so work was undertaken to place the young person with a different provider. The MDT was supported by health but time scales for actions proved problematic due to ongoing capacity issues.

b. Monmouthshire

Monmouthshire County Council supported a new entrant into the residential care market last year however, the provider eventually went into liquidation. It was generally felt that this provider had grown too quickly and overextended itself. The provider saw a gap in the market for single bespoke care provision and was in the process of setting up several residential homes across Gwent and beyond responding to that gap in the market. However, there were several concerns brought from practitioners and partners that the provider was not following care plans, had poor communication with commissioners and a high turnover of managers. The Care Inspectorate Wales (CIW)

were informed and became involved. Shortly after this the provider went into liquidation.

5.7 Market Quality

All LA's in Gwent have individual quality assurance frameworks for children's services that feed into the wider collective processes co-ordinated by The Children's Commissioning Consortium (The 4C's) to assess the overall quality of care and support provision being provided by regulated providers. The 4Cs has in place an 'issues, concerns and compliments' process which supports the LA's to consider the extent to which regulated services meet the requirements of quality care and support, and whether the state of the market poses any risks to the future quality of care provision.

The insufficiency of supply regarding suitable foster placements aligned with the stagnation of the children's residential market is impacting on the quality of placements available to children and young people. Placing children outside of their local authority makes maintaining family relationships and the continuity of care and support more difficult. Ultimately this will impact on a young person's outcomes and future.

5.8 Current trends

a. Foster Care

The region would like to support the development of foster carers who can provide short notice, emergency placements alongside placements for young people with more complex needs and teenagers. The provision of general foster placements is typically met by local authority services. The Gwent region would like to see IFAs target their recruitment and training at areas where there are current shortfalls in provision.

The region is keen to work with IFAs who have an established local footprint of capacity and those who will invest in service development locally for local children. The ambition is to offer and deliver strong collaborative services for children and young people in Gwent to help them remain closer to home.

The 5 local authorities would also like to develop the presence of the third sector in the fostering market to help deliver social value across Gwent communities.

b. Residential Care

The 5 local authorities in Gwent are committed to developing sufficiency of accommodation in their local area. Where sufficiency cannot be achieved there is a joint commitment to prioritise sufficiency across regional footprints that mirror the Regional Partnership Board (RPB) and Local Health Board (LHB) footprint. The basis for this commitment is evidence based, intended to support improved outcomes for looked after children and to maximise use of local resources for local children.

All 5 local authorities are experiencing an increase in children entering care with complex behaviours that foster carers are either not prepared to or not sufficiently skilled to support. This has led to an increase in the number of young people being referred to residential services. In response the region plans to increase residential capacity due to the cost and lack of specialist providers, and bring those young people

placed outside of the region back to Gwent. This approach supports the regional strategic priorities for children and families. To improve outcomes for children and young people with complex needs through earlier intervention, community-based support, and placement closer to home.

There is also a commitment to work in collaboration with public sector partners across the regional footprint where this offers identifiable benefits. This is evidenced through the co-produced projects being developed in Torfaen and Monmouthshire with an existing RSL, and [Newport who have developed links with specialist providers of adult care to enter the children's care market and support the development of two new children's residential homes.](#)

5.9 Impact on commissioning practices

Welsh Government's commitment to the phasing out of profit in children's care may significantly impact the market and act as a deterrent to future investment. Any sudden loss of private providers will increase pressure on local authority services and negatively impact the wellbeing and outcomes of children and young people. It is therefore vitally important that the transition period is well managed. It is likely that removing the profit from children's social care will lead to an increase in third sector providers being commissioned to fill gaps in capacity and meet demand. However, there is no guarantee that moving to third sector providers will yield significant savings.

The readily availability of grants and hardship funding, particularly during the Covid-19 pandemic has supported local providers, but the withdrawal of this funding will potentially affect the financial viability of some providers. However, the scale of impact remains difficult to predict.

The 'National Transfer Scheme' for unaccompanied asylum-seeking children (UASC) aligned with the war in Ukraine means that the number of children is predicted to rise putting further pressure on local authorities in terms of capacity.

5.10 Sustainability of provision

As previously reported:

- There is a lack diversity within the residential children's homes market.
- New and existing providers have the market power to demand higher care prices.
- The withdrawal of subsidies such as Welsh Government's Hardship Fund may impact on the sustainability of some providers.
- WG's commitment to removing the profit from children's care may reduce diversity and increase instability further.

As a result, there arises a classic 'make or buy' scenario. Clearly with prices so high to externally purchase placements it is more cost effective for local authorities to provide their own. However, evidence within the recent Competition and Markets Authority (CMA) Children Social Care study report (October 2011) contends that there is no material difference between the costs of internally provided care homes and externally provided care homes (however, this does not consider the individual needs of the child). However, it remains to be seen if this is sustainable in the longer term or

if indeed, sufficient provision can be provided directly to make a material difference to the overall situation.

5.11 Risks to market stability

As previously reported: Welsh Government's commitment to the elimination of phasing out profit in children's care may significantly impact the market and act as a deterrent to future investment. Any sudden loss of private providers will increase pressure on local authority services and negatively impact the wellbeing and outcomes of children and young people. It is likely that removing the profit from children's social care will lead to an increase in third sector providers being commissioned to fill gaps in capacity and meet demand. However, it is far from clear if there are enough third sector providers and if these are offering or able to offer placements at more affordable prices. Historically third sector providers of IFAs and/or residential care have not offered significant savings compared to their independent sector counter-parts.

The 4Cs, as the residential care framework commissioning body, regularly advise caution to leaders on messaging that can create a more hostile market environment, which can have a disproportionate impact on effective smaller enterprises who add social value to local communities, thereby perversely leading to increased strength of large UK commercial providers and reducing healthy competition in the market.

5.12 Non-regulated provision

There is a mismatch between the needs of the children and young people requiring homes and the models of service or care offered by the market, leading to vacant beds and some young people having no regulated placement available to them. Due to lack of suitable residential placements Gwent like other regions in Wales must occasionally rely on unregulated residential providers, especially those that target the lack of sufficiency in secure estate, which is a major concern for local authorities in relation to both quality and price. In emergency situations local authorities find themselves occasionally having to place young people with these unregulated providers, supplemented with additional safeguards, due diligence, and ongoing discussions with CIW.

6 DAY SERVICES

Day services in Gwent have been in operation for several years, and traditionally are facility-based services based across the region. Individuals could access the services through social worker referrals, and would engage in meaningful activities within the service, supported by staff. Services were typically offered on a full day basis, providing a longer period of respite for carers.

Prior to the Covid-19 pandemic, there were 16 in-house, facility based day services in operation across Gwent, alongside 13 community-based services. These services were temporarily closed in March 2020 as a result of the Nationwide lockdowns. Staff in the services were redeployed to alternative support services: domiciliary care, care homes, local specialist schools and community meals provisions. Remaining staff provided one to one support for individuals in the community, via face to face or on a virtual basis. Facility based services continued to be offered on a reduced capacity in

line with social distancing guidelines for individuals with significant care needs or individuals who had an identified safeguarding risk.

Referrals to the services increased and all Local Authorities in Gwent responded with increased community support provisions. As these services progressed, individuals accessing the services reported that they preferred a community-based service, allowing them to access their surrounding community, engage in meaningful activities, meet with friends, and learn essential life skills.

Local authorities in Gwent are currently reviewing their day services provisions to include increased community support services alongside a reduced facility-based service. Facility based services will now operate on a sessional basis (mornings, afternoons, or full days) and the community-based services have been expanded to include face to face on an individual and group basis, and virtual support. Referral pathways have been amended to ensure an individual is offered the appropriate support for them.

7 Social value in Children's services

The RPB were one of the first boards to develop a Social Value Forum (Provider Forum). A key area of work progressed by the provider forum was a regional approach to an advocacy strategy for adults. In many respects advocacy work and the advocacy organisations are in the truest sense social value organisations. There was a deliberate agreement to take a co-production approach and further details are set out in section 10 below.

The RPB continues to engage with WCVA and the Wales Cooperative centre in adopting a Social Value Forum Toolkit and will look to support the development of social enterprises across the regions working with our third sector umbrella organisations.

Also, the Regional Commissioning Group and the new opportunities linked to RIF funding will provide a renewed focus to further develop the role of 3rd sector social value based services in the region. This may be linked to day services or to supporting hospital discharge, admission avoidance and maintaining low level support in the community.

Third sector organisations continue to act as key partners in delivering children's services across Gwent. Further work is required to develop this strand of work and all 5 LAs would like to see more charitable, co-operative and SME provision available within their area.

There are active discussions with children's residential / foster care providers regarding this, as detailed above. However, it remains to be seen if this will be successful even in the medium term. For now, the market remains very much a 'sellers' market with LAs having to pay high prices for residential placements.

Some commissioning teams have attempted to work with and be supportive of social enterprise ventures and Torfaen engages with services for Independent Living, to provide additional services to individuals who utilise direct payments.

A similar approach has been taken with the Social Value (Provider) Forum. This forum is led from a regional perspective and has the benefit of a mixed set of attendees, third sector as well as private sector. Attendees on the provider forum are providers from all sectors within social care: domiciliary care, care homes and mental health services.

8 DIRECT PAYMENTS

Fig 15: Direct payments data per LA: Adults

Adult services	CCBC	BGCBC	NCC	TCBC	MCC
Number of adults receiving Direct Payments	129	111	87	80	145
Number of adults with a care and support plan	*Information unavailable	1067	1990	1138	147
% with care plan in receipt of DP	*Information unavailable	10.40%	4.40%	7.03%	7%
Number of PA's	163	160		90	225

Fig 15 shows the number of adults in receipt of Direct Payments in Gwent. Figures provided are accurate at the time of reporting in December 2021.

Fig 16: Direct payments data per LA: Children

Children's services	CCBC	BGCBC	NCC	TCBC	MCC
Number of children receiving Direct Payments	44	35	51	28	55
Number of children with a care and support plan	*Information unavailable	324	493	149	51
% with care plan in receipt of DP	*Information unavailable	10.80%	10.00%	18.80%	28%
Number of PA's	51	44	73		60

Fig 16 shows the number of children in receipt of Direct Payments in Gwent. Figures provided are accurate at the time of reporting in December 2021.

Direct payments (DP) continue to be used by local authorities to enhance the range of support options available to people with eligible support needs. The role that it plays in the care market for regulated services is recognised and it will continue to feature

as an integral element of the region's future commissioning plans. Across Gwent, each local authority has dedicated direct payment teams to initiate and provide ongoing support to those using the direct payments schemes.

The number of children/families in Gwent who receive a direct payment has remained static over recent years and the arrangements in place to support people, who wish to take up this option, are fragmented and inconsistent. Recruitment of personal assistants remains a critical issue and severely limits DPs as a viable alternative to other care provision.

A regional DP steering group was established and a review of direct payments in Gwent was undertaken in March 2022 with the following recommendations currently being considered by Heads of Adult Services:

- Establish a regional direct payment hub
- Commission a Gwent wide list of approved payroll providers
- Adopt Gwent wide policy and practice guidelines
- Establish one regional direct payment rate across Gwent

This work will progress through 2022.

Fig 17: Direct payment data per LA: Adults

Adult services	CCBC	BGCBC	NCC	TCBC	MCC
Number of adults receiving Direct Payments	129	111	87	80	145
Number of adults with a care and support plan	*Information unavailable	1067	1990	1138	147
% with care plan in receipt of DP	*Information unavailable	10.40%	4.40%	7.03%	7%
Number of PA's	163	160		90	225

Fig 17 shows the number of adults in receipt of Direct Payments in Gwent. Figures provided are accurate at time of reporting in December 2021.

Fig 18: Direct Payments data per LA: Children

Children's services	CCBC	BGCBC	NCC	TCBC	MC C
Number of children receiving Direct Payments	44	35	51	28	55
Number of children with a care and support plan	*Information unavailable	324	493	149	51

% with care plan in receipt of DP	*Information unavailable	10.80%	10.00%	18.80%	28%
Number of PA's	51	44	73		60

Fig 18 shows the number of children in receipt of Direct Payments in Gwent. Figures provided are accurate at the time of reporting in December 2021.

The current workforce capacity dedicated to Direct Payments in Gwent varies across the 5 Local Authorities, with 13.5 FTE posts across Gwent whose main function is to provide Direct Payment advice and support. A number of additional posts have involvement with Direct Payment work, in a management, training or financial function.

Payroll services are provided by a commissioned list of providers, ensuring that payroll providers deliver a service that meets people's needs, including those who do not have the mental capacity to administer their own Direct Payment, or is a child under 16 and has a Suitable Person to act on their behalf and also fulfils their audit requirements.

9 CARERS

This section highlights the gaps and emerging themes in terms of sufficiency of care from the Population Needs Assessment (PNA).

Population Group	Carers
Gaps and Emerging Themes	<p>The level of care and support for unpaid carers is projected to increase significantly over the next 10 years as our population grows older, with many carers themselves over the age of 65.</p> <p>There is a need to improve access to services and support for unpaid carers.</p> <p>Young carers need more emotional and mental health support. The pandemic has had a significant negative impact upon young people and young carers.</p> <p>There is still a need to increase awareness of the needs of carers and for frontline staff to be able to recognise when people take on caring responsibilities so they can signpost to support.</p> <p>Peer to peer support and respite provision are continually highlighted as being a priority need for carers. There is a need to increase support through third sector and community partners to increase befriending opportunities and community groups.</p> <p>The COVID-19 pandemic has negatively impacted on the availability of respite provisions.</p>

There are an estimated 71,497 unpaid carers in Gwent (Daffodil Cymru). This does not include those who provide care but do not recognise themselves as carers. In the

State of Caring Report 2021, carers were referred to as the third pillar of health and social care. In 2021/2022, Welsh Government awarded the Aneurin Bevan University Health Board (ABUHB) a per capita sum of £191,000, which was used alongside the Integrated Care Fund to further support unpaid carers.

The demand for care provision by carers is projected to increase with growing life expectancy, resulting in more people living longer and requiring care. Given these projected increases, it is likely that there will be an increased need for support services for carers, to ensure that they are not at risk of social isolation.

The carers voice is paramount in identifying and delivering the priorities of the Gwent RPB and are represented on the Gwent Carers Strategic Partnership Board, Citizens Panel and RPB. The Carers Expert Panel at Carers Trust SE Wales is also a mechanism used to ensure that carers can influence, change and shape the services that affect them in Gwent. Primary care services are often the first point of contact for carers and influential in identification of unpaid carers. Carers champions have been supported in GP services in Gwent, supporting carers at first contact.

Support services in Gwent faced a number of pressures during the COVID-19 pandemic. GP services changed to virtual consultations and legislative requirements required services to temporarily close, then begin support on an amended delivery programme. Face to face support was initially halted, and in some services, staff were redeployed into frontline care delivery services. This initial reduction in support placed strain on some carers.

Respite is a key provision for carers, providing a much-needed break from the care role. The COVID-19 pandemic meant that availability of respite services reduced, further exacerbated with travel restrictions and the closures of hospitality, tourism and leisure in line with legislation. In June 2021, Welsh Government launched a £3m respite fund to both meet an anticipated surge in demand for respite services and to fund a new Wales-wide short breaks fund. In Gwent this was used in a variety of ways:

- In Caerphilly, leisure memberships were purchased for carers to contribute to health and wellbeing.
- In Blaenau Gwent, the fund was used for day care, funding a combination of overnight stays, sessional support and short break respite.
- In Newport carers were provided with vouchers for lunch at carers café events, farm sessions for families and a range of day activities and resources.
- In Monmouthshire, young carers attended various activities at local theatres, and adult carers accessed short term respite support.

The pandemic has significantly affected the mental health and wellbeing of carers, with 40% of carers in Wales reporting that they felt unable to continue their caring role (State of Caring Survey, Carers Wales). The recommendations for carer support in Gwent include:

- Providing respite opportunities.
- Working with dementia and mental health divisions to help develop the Good Work Learning and Development Framework

- Continuing engagement with carer groups and continuing to support unpaid carers in the region.
- Continue to support unpaid carers in education and the workplace.

A regional Carers Board support the RPB to deliver the national carers agenda and Welsh Government's '*Strategy for unpaid carers: delivery plan 2021*'. Further details on the needs of carers and a market position statement are included in the Population Needs Assessment with actions to address priorities to be set out in the developing Area Plan.

10 EQUITY, SOCIO-ECONOMIC DUTY AND HUMAN RIGHTS

Preventative services have been impacted by the pandemic, with increased levels of social pressures, deprivation, and rising costs of living all impacting on this area. All local authorities in Gwent are committed to the principles of social equality and comply with the requirements set out in the Equality Act 2010 and the Well-being of future generations Act 2015.

All LA services in Gwent are designed with due regard to the Equality Act 2010 and the Socio-economic Duty which specifies that local authorities must:

- eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited by the Act.
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

Services are also designed with due regard to the Wellbeing of Future Generations Act which requires LAs to demonstrate that they are improving social, economic, and environmental wellbeing, alongside sustainable development. Engagement with third sector and private providers has increased, to offer individuals holistic means of support.

11 ADVOCACY

The Gwent Regional Partnership Board, with support from Age Cymru's Golden Thread Advocacy Programme (GTAP), has developed a co-productive approach to developing a regional adult advocacy strategy. '*Our Vision and Intentions for Adult Advocacy 2019-2024*' was officially launched on the 25th of October 2019. Its purpose: to guide the future procurement of adult advocacy services across the Gwent region. Local authority commissioners, advocacy organisations and local citizens worked together to shape the strategy and a unique infrastructure to support co-productive commissioning was developed to support the development of the strategy as well as the development of future advocacy services in Gwent.

Fig 19

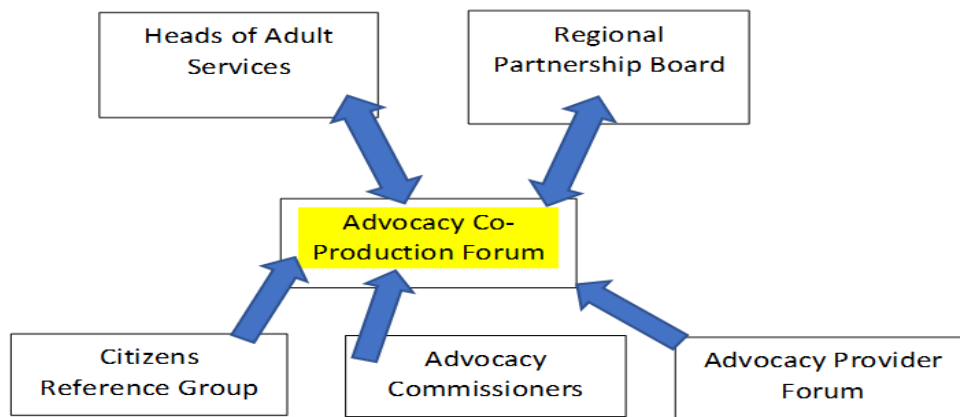


Fig 19 illustrates the unique governance structure for advocacy commissioning within the Gwent region.

The development of the regional, co-produced strategy was showcased at the launch of the ‘National Framework and Toolkit for Commissioning Advocacy’ in October 2019 as an exemplar. The national framework and accompanying toolkit developed by Golden Thread Advocacy Programme (GTAP) outline the commissioning approach that we have adopted in Gwent.

Prior to the development of the commissioning strategy two multi-stakeholder workshops were held alongside a workshop for people with learning disabilities, these were co-facilitated by the Golden Thread Advocacy Programme (GTAP) and the Co-production Network for Wales.

A single point of access, independent of social services and advocacy providers was recommended following the consultation process and a successful ICF bid led to the development of the Gwent Access to Advocacy Helpline (GATA.) pilot. Launched in October 2019 the GATA helpline has three main components:

- To create an independent single point of access (i.e., a referral helpline) for advocacy services across the partner authorities.
- Raise awareness of advocacy for the public and professionals, across health and social care.
- To provide for increasing demand for statutory Independent Professional Advocacy and wider forms of advocacy.
- To collect information that will enable commissioners and their co-production partners to build a clearer picture of the need and demand for advocacy, and of the gaps and trends.

It was anticipated that a regional advocacy awareness raising campaign would lead to greater demand of advocacy services across the region and drive referrals through the GATA helpline. However, the Covid-19 pandemic halted progress and made it difficult to establish a true picture of the need and demand for advocacy across Gwent as well as the impact of the GATA helpline over the past 18 months. An extension to funding for the GATA helpline has been secured until April 2023 and it is anticipated

that this will support consistent data collection across the region and help identify gaps in provision, while mapping demand more accurately.

Due to the Covid-19 pandemic direct advocacy referrals were also permitted to providers from practitioners to prevent bottlenecks and support timely hospital discharge. However, the option to self-refer, through a single point of access remains important for Gwent citizens. Advocacy providers and the GATA helpline have highlighted that referrals are now returning to pre-COVID levels with a marked increase in parent advocacy relating to child protection and mental health cases. An overall picture of advocacy provision within Gwent is now being developed. This will help to measure the success of the GATA pilot and inform an options paper for future advocacy commissioning.

From April 2023, the Citizen Voice Body (CVB) will replace Community Health Councils (CHC) and listen and represent the voices and opinions of the people of Wales in respect of health and social care services. It is not clear what impact the CVB will have on advocacy services already commissioned in Gwent. However, links have already been established in Gwent with the existing CHC. This should provide the opportunity to co-ordinate the provision of advocacy support across the health board in order to strengthen the citizen's voice in relation to health and social care as the CVC develops.

The Mental Capacity (Amendment) Act 2019 will result in the transition from the existing Deprivation of Liberty Safeguards (DoLS) arrangements to the revised Liberty Protection Safeguards (LPS). Those deprived of their liberty will have rights that will include access to appropriate advocacy support. It is likely that this will increase the demand for advocacy support across Wales, including Gwent.

In relation to Children's Services, the National Youth Advocacy Service (NYAS) has been commissioned across the region to provide advocacy services to children and young people. NYAS support children looked after through an Independent Visiting service and are able to ensure the voice of the child is heard at child protection conferences and assessment reviews.

12. WELSH LANGUAGE

In Gwent, the PNA has considered the delivery of the Welsh language within the context of three key themes. These are:

- Increasing the number of Welsh speakers
- Increasing the use of the Welsh language
- Creating favourable conditions (infrastructure and context)

These key themes will be delivered through wider Local Authority and Health Board corporate Welsh language policies. The Gwent RPB has sought to identify the actions required to deliver the range and level of services identified as necessary through the medium of Welsh. The Welsh language strategic framework 'More than just words' aims to improve frontline health and social services provision for Welsh speakers, and family and carers. In keeping with the principles in the framework we have included

the linguistic profiles of local authority areas to help identify where to focus provision and service delivery.

Accessing service provisions in Welsh is an important element of care and support across all patient groups. The Local Authorities in Gwent will:

- Ensure the 'active offer' is provided, whether through social workers or nurses.
- Ensure older people, including Dementia services, are able to provide Welsh language support as part of the Dementia Friendly Community Agenda.
- Ensure individuals accessing mental health services and learning disability services will be supported to use the Welsh language, and Local Authorities will promote the use of Welsh language through contracts with third sector partners.
- Ensure all RPB partners will have individual Welsh language policies in place.

Care and language go hand in hand, as quality of care can be compromised if people are unable to communicate in their preferred way. Although there is not a significant demand for services in the Welsh language in Gwent, providers are asked as part of monitoring activity how many Welsh speaking staff they have as well as how many people they support who, given the choice, would use the medium of Welsh.

The 2011 census recorded that 19% of people living in Wales can speak Welsh and shows that for the percentage of people aged 3+ who can speak Welsh that all areas across Gwent are below the Wales average (19.01%) ranging from 11.19% in Caerphilly to 7.85% in Blaenau Gwent. The table below shows the percent of people aged 3+ who can speak Welsh across the Gwent region. All areas fall below the Welsh average.

Fig 20: Percentage of people aged 3+ who can speak Welsh

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Blaenau Gwent	18.0	17.8	17.8	17.5	19.7	17.1	16.1
Caerphilly	23.4	24.8	21.8	22.0	23.7	23.6	24.6
Torfaen	15.5	16.0	18.3	19.0	17.7	18.0	18.5
Monmouthshire	17.1	16.7	16.8	16.7	17.6	17.5	16.5
Newport	23.3	19.6	19.8	20.6	20.9	17.8	20.5
Wales	27.8	27.3	28.8	29.0	29.8	28.4	29.1

Throughout Gwent Welsh Language training is available to the workforce and also through Welsh Language units. Gwent adheres to the Welsh Language Policy to promote the use of Welsh and provide bilingual material when required or requested and 'The More Than Just Words' active offer is always considered as part of monitoring visits. Additional information on Welsh Language use can be found in both the Population Needs Assessment and Gwent Well-being Assessment www.gwentrpb.wales required under the Well-being of Future Generations (Wales) Act and through weblinks included.

As more people across Gwent start to use Welsh on a daily basis, public services need to be able to provide services in Welsh. Public services (Local Authorities, Gwent Police & Aneurin Bevan University Health Board) across Gwent report the Welsh language skills for staff in different ways so it is difficult to provide a cumulative figure. A detailed breakdown is included in the regional Wellbeing Assessment and the RPB will utilise this information when planning services. [CULTURAL-FINAL-VERSION.pdf \(gwentpsb.org\)](#)

13 SUMMARY

Adult Services

- Care home market is currently stable, given the additional funding throughout the pandemic, however serious risks are present which threaten sustainability and stability due to fewer placements being made during the pandemic leading to an overprovision of places in some areas. Despite this the cost-of-living crises now threatens to bring further instability linked to funding.
- Workforce crisis threatens social care and domiciliary care in particular – recruitment and retention losses appear to be levelling off leaving some areas unable to cover all packages
- Growing recognition that the mental health of the workforce has been seriously affected by the pandemic and measures are needed to support the workforce.

Mental Health and Learning Disabilities

- Pandemic has had a significant impact on mental health support for adults and children particularly in the general population leading to increased waiting times for CAMHs
- Early intervention needs to be improved across all emotional wellbeing and mental health services
- A more diverse and responsive market for complex learning disabilities placements is needed in the region
- A focus on support for people with learning disabilities:
 - to live independently in their communities
 - earlier diagnosis of ASD required.

Children's Services

- Residential and foster care placements are currently unstable due to demand outstripping supply.
- Cost and outcomes of arranging residential placements and independent foster care placements are unsustainable and need to be improved leading to 'make or buy' decisions for future services
- Welsh Government's policy of 'removing the profit' from Children's Services will need careful management if the market is not to become further restricted/destabilised.

In Gwent, individuals have a choice as to the services available to meet their needs. However, the stability of the market is likely to be put to the test during financial year

2022/2023 as increasing cost pressures, allied to recruitment and retention difficulties will further expose the sector to increased levels of risk, this is especially so in the adult domiciliary and residential care markets.

Care Homes are currently able to meet the demand for the services, although a shortage of dementia care beds is of concern in some localities in the region. Domiciliary care services have reached critical levels due to staffing availability and providers continue to have issues with recruitment and retention. Currently the demands for domiciliary care services are significant, with individuals choosing to remain at home if possible, and these demands are likely to exacerbate already strained resources. As community-based services continue to reopen following the COVID-19 pandemic, it is hoped that pressure on domiciliary care will alleviate somewhat.

In children's services, the external provider market is subject to instability caused by acquisitions and mergers. There is also currently a lack of competition and choice in the market and the costs and profits are significantly higher than they would be in a healthy, competitive marketplace.

Working throughout the pandemic in conjunction with partnership agencies, alongside independent providers within the care home and domiciliary care sector has required and allowed us to work differently and apply some creative commissioning in the best interest of our citizens. This has further strengthened the positive working relationships between health and social care and provider partners in the region.

The issues raised in this MSR will be picked up in the Area Plan and measures to mitigate threats to market stability will be outlined.



SOCIAL SERVICES SCRUTINY COMMITTEE – 11TH OCTOBER 2022

SUBJECT: REGIONAL INTEGRATION FUND

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

1. PURPOSE OF REPORT

- 1.1 This report is provided to Scrutiny Committee to consider the financial liabilities and implications of the new Regional Integration Fund (RIF) and its tapered funding model.
- 1.2 Scrutiny Committee are asked to comment on the intended use of the RIF, its associated rules and financial liabilities.

2. SUMMARY

- 2.1 Part 9 of the Social Services & Wellbeing (Wales) Act 2014 required local authorities and Health Boards to establish Regional Partnership Boards. RPB's were established on Health Board footprints with consequently seven Boards being established. The RPB for this area is titled the Gwent Regional Partnership Board.
- 2.2 Previously the RPB has been supported by grants via the integrated Care Fund (ICF).

3. RECOMMENDATIONS

- 3.1 Members are asked to scrutinise the report together with the rules and use of the RIF.
- 3.2 Members comments are sought on the tapering arrangement in place between 2023 and 2027.

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 Welsh Government are clear on their intentions on the intended use of the RIF together

with the associated tapering arrangements around the grant funding over a 5 year period. This tapering requirement will result in financial pressures on the authority as the tapering funding can only be replaced by taking funding from other budget areas or in budgetary growth.

5. THE REPORT

5.1 RIF Definition

5.1.1 The Regional Integration Fund (RIF) is described by Welsh Government as a key lever to drive change and transformation within the health and social care system, with Regional Partnership Boards tasked to consider how they deploy their collective resources, including both partnership funding and wider core resources to meet their objectives. The RIF, brings together previous funding streams provided to RPBs into one source of strategic revenue funds, providing £26.8m for Gwent annually, from April 2022 to March 2027.

5.1.2 The key features and values of the Regional Integration Fund are identified as:

- A strong focus on prevention and early intervention
- Developing and embedding national models of integrated care (also referred to as models of care within the guidance)
- Actively sharing learning across Wales through communities of practice
- Sustainable long term resourcing to embed and mainstream new models of care
- Creation of long term pooled fund arrangements
- Consistent investment in regional planning and partnership infrastructure

5.1.3 Regional Partnership Boards are required to utilise funding to deliver a programme of change over the next 5 years. There is emphasis on the learning from both the Integrated Care Fund and the Transformation Fund, and the desire to create sustainable system change through the integration of health and social care services.

5.1.4 The RIF aims to have established and mainstreamed at least six new national models of integrated care at the end of the five year period so that citizens of Wales, where ever they live, can be assured of an effective and seamless service experience in relation to. There are 6 models of care prescribed by Welsh Government:

1. Community based care – prevention and community coordination
2. Community based care – complex care closer to home
3. Promoting good emotional health and wellbeing
4. Supporting families to stay together safely, and therapeutic support for care experienced children
5. Home from hospital
6. Accommodation based solutions

5.1.5 The RIF will support the further progress and mainstreaming of these models of care by:

- Helping regions to share learning through Communities of Practice
- Designing 'blueprints' for these national models of care
- Measuring impacts against a nationally agreed outcomes framework and using data to shape and improve delivery 16
- Securing mainstream 'match funds' alongside a tapering of WG funds to ensure mainstreaming of these integrated models of care

- Leave a longer term 'pooled fund' legacy to continue sustainable delivery of these models of care

5.2 Ministerial Expectations

5.2.1 Ministers have explicitly set their expectations within the RIF guidance, and also in subsequent dialogue during RPB quarterly meetings, these are summarised below:

- Efforts should be focussed on accelerating the progress of A Healthier Wales (Appendix 1) to secure the best care, support and outcomes for the people of Wales.
- The Regional Integration Fund is provided to embed models of care developed through the Integrated Care Fund and Transformation Fund, whilst maintaining some scope for the continued development of new ones.
- Expectations are set for Regional Partnership Boards to continue to provide strategic support within their region to deliver seamless services that support ongoing response to system pressures, including the covid-19 pandemic.
- Ministers are clear that the new funding architecture hardwires in the sustainability planning and investment for the new models of care relying on partners to bring forward match funds and a firm commitment to long-term mainstreaming of effective new models of care. Whilst recognition is made to the challenge of providing match funding, unless investment is made in transforming our core system we will not achieve the transformation we are seeking.

5.3 RIF Rules

5.3.1 All activity funded by the Regional Integration Fund must directly support the development and delivery of the six national models of integrated care (see para. 5.1.4).

5.3.2 Regional Partnership Boards will have some flexibility to determine which projects and services align to which model of care but essentially all RPBs will need to ensure that:

- They invest in the development and embedding of the six priority models of care
- That they are able to demonstrate that projects and services are evolving to meet the needs of the relevant population groups within each of the models of care (noting some priority groups will be more relevant than others for each model of care)
- That they are maximising the use of key enablers to ensure their models of care are innovative, integrated and transformative.
- Across all population groups every opportunity is taken to increase the 'active offer' of integrated services through the medium of Welsh. Partners are able to 'shift' core resources to invest as match funding to ensure sustainable long term delivery of new models of care.

5.3.3 RPBs must consider how they will meet the specific needs of the priority population groups identified within the RIF guidance (informed by the Social Services & Wellbeing Act):

- Older people including people with dementia
- Children and young people with complex needs
- People with learning disabilities and neurodevelopmental conditions
- Unpaid carers
- People with emotional and mental health wellbeing needs

- 5.3.4 Delivery of the national models of integrated care must be underpinned by the four fundamental principles within the Social Services and Wellbeing Act; voice and control, prevention and early intervention, wellbeing, and coproduction.
- 5.3.5 To effectively deliver the national models of care that will be developed by the RIF, RPBs must consider and make good of key enabling tools; integrated planning and commissioning, technology and digital solutions, promoting the social value sector, integrated community hubs, workforce development and integration. By maximising effective use of the identified key enablers, RPBs can ensure they strategically align resources and capabilities in order to create integrated systems and services that will support better outcomes for priority population groups.
- 5.3.6 RPBs will be expected to invest a minimum of 5% of the RIF into direct support for unpaid carers, a minimum 14% for children and young people with complex needs, and a minimum 20% in the social value sector.
- 5.3.7 RPBs must adhere to the RIF tapered funding model as described below:
- 1. Fully Funded National Priorities Fund (100% WG funded - £2.825m)**
- Ring fenced funding provided to Regional Partnership Boards at 100%, no tapering or resource match required for initiatives within this category. This includes Dementia ringfenced funding, and the Integrated Autism Service.
- 2. Acceleration Change Fund (90% funded via RIF, 10% tapering)**
- Funding to test and develop new models of care, for a maximum period of 2 years. Following robust evaluation these models can be considered to move into the embedding fund.
- 3. National Delivery Model Embedding Fund (70% funded via RIF, 30% tapering)**
- Projects successfully tested can move into the embedding fund with a clear business case for sustainability. Embedding funding can be received for a maximum of 3 years. If appropriate, projects can move into the mainstreaming fund at the end of this period.
- 4. 50/50 Integrated Mainstreaming Fund (50% funded via RIF, 50% tapering)**
- After a project has concluded its three years funding under the Embedding Fund it should now be ready to be mainstreamed. Partners must agree and commit resources to ensure that the project or model of care will be sustained long term. This fund will take the shape of a recurrent pooled fund with partners contributing 50% and Welsh Government contributing the remaining 50%
- 5.3.8 The tapering element of the RIF will only be applied to projects run by LHBs and LAs. For third sector led projects, statutory partners should work in collaboration with those providers to develop longer term sustainability and mainstreaming plans.
- 5.3.9 All RIF funding decisions must be determined collaboratively by the Regional Partnership Board. RPBs are expected to put in place a memorandum of understanding that sets out the agreed governance, accountability and decision

making processes including appropriate arrangements to enable scrutiny of investment decisions by relevant sovereign bodies.

Regional Partnership Boards must put in place mechanisms to ensure effective management of funding allocated, including to third sector partners and other alternative delivery models, to ensure that schemes successfully achieve identified outcomes on time and on budget, including assurances of match funding and resources where necessary.

5.4 Development Process

5.4.1 Recognising the level and range of services enabled by partnership funding, thorough assessments were undertaken to demonstrate the learning and potential risk within the system should services need to cease due to funding availability. The evaluation and assessment approaches focussed on supporting sustainability planning, to identify areas of good practice and learning able to be shared to introduce or strengthen regional models of delivery. The outcomes and impact of the projects, along with weighted prioritisation scoring and workforce implications were all included within detailed consideration packs for each strategic partnership to aid this process.

5.4.2 Gwent Regional Partnership Board reviewed the Strategic Portfolio Assessment at the meeting of 16th November 2021.

5.4.3 RPB approved the approach to develop strategic programmes, to bring together activity from different funding streams into single related strategic programmes.

5.5 Consequences of Tapering

5.5.1 As the RIF funding model prescribes a tapering arrangement during the course of the 5 year programme, budgetary match liabilities have been identified as a reflection of the status of individual projects, i.e. projects identified as accelerate, or embed agreed at strategic partnership development sessions.

5.5.2 The liabilities associated with the Regional Integration Fund are identified against the relevant delivery organisation, reflected within the table below.

Caerphilly CBC Specific schemes (See Appendix 2 for full breakdown)

	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Funding Source	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Welsh Government grant funding	£2,252,360	£1,770,069	£1,645,371	£1,365,412	£1,365,412	£1,240,714
Additional funding required from Caerphilly CBC	£0	£482,291	£124,698	£279,959	£0	£124,698
Cumulative funding required from Caerphilly CBC	£0	£482,291	£606,989	£886,948	£886,948	£1,011,646

5.5.3 The above liabilities are reflected within RIF Executive reports that have been drafted for Directors across all health and social care to aid organisational consideration of liabilities within necessary governance mechanisms. A timeline of consideration has been developed, which identifies late October to mid-November for completion of considerations.

5.5.4 Consideration will be needed on schemes developed in partnership via the Regional Partnership Board to agree shared liabilities. The schemes to which this relates are included in the table below:

Regional Integration Fund – Regional Schemes

Funding Source	Project Name	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Welsh Govt grant funding	Various	£2,337,308	£2,012,207	£1,636,116	£1,544,746	£1,544,746	£1,168,654
Additional funding required from RPB	MYST Leadership Costs	£0	£88,767	£0	£59,178	£0	£0
	Shared Lives	£0	£8,104	£16,208	£0	£0	£16,208
	Home First	£0	£179,942	£359,883	£0	£0	£359,884
	My Mates	£0	£48,288	£0	£32,192	£0	£0
	Total	£0	£325,101	£376,091	£91,370	£0	£376,092
Cumulative funding required from RPB	Various	£0	£325,101	£701,192	£792,562	£792,562	£1,168,654

5.5.5 As identified within the development process, monthly updates regarding the funding model development have been provided to both Region Leadership Group and Regional Partnership Board. A special meeting of the Regional Partnership Board was arranged on 1 February to consider the draft guidance and implications of funding. It was acknowledged during this meeting that budget setting for the 2022-23 financial year had already been undertaken, therefore, no availability of budget to allow for tapering within year 1 of the programme.

5.6 Evaluation Framework

5.6.1 Results Based Accountability remains the methodology prescribed by Welsh Government for the evaluation of the Regional Integration Fund. As a reflection of the learning from both ICF and TF evaluations, Welsh Government have prescribed an Outcomes Framework for the evaluation of the Regional Integration Fund.

5.6.2 The outcomes framework, and associated technical guidance provide near 100 pages of guidance on the outcomes by model of care, associated indicators and methods for capturing data. This framework does not provide a recommended approach for measuring social value added. For preventative activity, social value added can be a useful evaluation metric. There are a wide range of methodologies available for this purpose; it may be appropriate to scope and test approaches to enable the Regional Partnership Board to agree a method for calculating social value added.

5.6.3 The continued programme development work in 2022-23 will focus on benefits realisation plans and evaluation strategies for each programme. A monitoring and evaluation framework has previously been developed for the RPB, aligned with the Results Based Accountability principles. There have been limitations to the data previously captured, lessons from this recognises for any evaluation framework to be

successful, regular and consistent data reporting from partnership organisations is vital.

5.7 Conclusion

- 5.7.1 The regional Integration fund is clearly the mechanism via which Welsh Government intend to fund Regional Partnership Boards in future. The new concept of tapered funding presents a financial challenge/pressure to the local authority which could ultimately require the authority to allocate further growth to Social Services or for the Directorate to cease or reduce some of its activity.

6. ASSUMPTIONS

- 6.1 None made.

7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT

- 7.1 None anticipated.

8. FINANCIAL IMPLICATIONS

- 8.1 The financial consequences of the tapering arrangements are set out in paragraphs 5.5.2 and 5.5.4.

9. PERSONNEL IMPLICATIONS

- 9.1 There are no personnel implications associated with this report.

10. CONSULTATIONS

- 10.1 There are no consultation responses that have not been reflected in this report

11. STATUTORY POWER

- 11.1 Social Services & Wellbeing (Wales) Act 2014.

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Richard Edmunds, Corporate Director of Education and Corporate Services
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Cllr Donna Cushing, Chair Social Services Scrutiny Committee
Cllr Marina Chacon-Dawson, Vice Chair Social Services Scrutiny Committee
Jo Williams, Head of Adult Services
Gareth Jenkins, Head of Children's Services
Stephen Harris, Head of Financial Services and S151 Officer

Mike Jones, Financial Services Manager

Appendix 1 [Link to - Welsh Government: A Healthier Wales: Our Plan for Health and Social care](#)

Appendix 2 [Link to - Regional Integrated Fund – Growth Requirement for 2022/23 to 2027/28](#)



SOCIAL SERVICES SCRUTINY COMMITTEE 11TH OCTOBER 2022

SUBJECT: BUDGET MONITORING REPORT (MONTH 5)

REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES & 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 £804k 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 £804k 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 9th September 2022, the Social Services Scrutiny Committee received the month 3 budget monitoring report, which identified a revised budget for Social Services of £107,957,463 following a number of budget virements that were explained within that report.

5.1.2 There have been no further budget virements approved since that date so the revised 2022/23 budget for Social Services remains at £107,957,463.

5.1.3 Information available as at 31st August 2022 suggests a potential overspend of £1,036k against the revised budget identified above. Details of this potential overspend are provided in sections 5.2, 5.3 and 5.4 of this report and in appendix 1.

- 5.1.4 In addition to the revised budget for Social Services identified above, a further £1,625,981 is included in the Economy & Environment Directorate budget in respect of transport costs for social services. Current information suggests a potential underspend of £232k against this budget as a result of reduced costs of transport to day centres.
- 5.1.5 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 £804k as summarised below:-

Division	Revised Budget (£000's)	Projection/ Commitment (£000's)	Over/(Under) Spend (£000's)
Children's Services	29,422	33,055	3,633
Adult Services	76,286	73,708	(2,578)
Service Strategy & Business Support	2,249	2,230	(19)
Sub-Total Directorate of Social Services	107,957	108,993	1,036
Transport Costs	1,626	1,394	(232)
Grand Total	109,583	110,387	804

5.2 Children's Services

- 5.2.1 The Children's Services Division is currently projected to overspend its budget by £3,633k as summarised in the following table: -

	Revised Budget (£000's)	Projection/ Commitment (£000's)	Over/(Under) Spend (£000's)
Management, Fieldwork & Administration	10,269	9,624	(645)
Residential Care Incl. Secure Accommodation	8,146	12,416	4,270
Fostering & Adoption	9,118	9,214	96
Youth Offending	435	435	0
Families First	8	8	0
After Care Support	837	749	(88)
Other Costs	609	609	0
Totals: -	29,422	33,055	3,633

Management, Fieldwork and Administration

- 5.2.2 The month 3 budget monitoring report received by the Social Services Scrutiny Committee on 9th September identified the reasons for a £518k underspend in this area. Continued vacancies, particularly across the Children's Services locality social work teams has increased this underspend to £645k.

Residential Care Including Secure Accommodation

- 5.2.3 The number of young people entering independent sector residential care since month 3 has matched the number that have left. However, some of the recent admissions have been particularly challenging cases, including 2 mother and baby placements at a cost of around £7k per week and 1 residential placement costing in excess of £9k per week. This has increased the overspend in this area by £545k since month 3, resulting in a potential overspend of around £4.27million.

Fostering and Adoption

- 5.2.4 An increase in demand for in-house foster care placements and special guardianship arrangements since month 3 has resulted in a potential overspend of £40k for fostering and adoption placements. The professional fees associated with the growth and increasing complexity of children looked after cases is expected to add a further overspend of around £56k.

Aftercare

- 5.2.5 A recent increase in the provision of support to care leavers aged over 18 years has reduced the potential underspend in this area since month 3 by around £105k to £88k.

5.3 **Adult Services**

- 5.3.1 The Adult Services Division is currently projected to underspend its budget by £2,578k as summarised in the following table: -

	Revised Budget (£000's)	Projection/ Commitment (£000's)	Over/(Under) Spend (£000's)
Management, Fieldwork & Administration	9,027	9,080	53
Own Residential Care and Supported Living	7,146	6,777	(369)
Own Day Care	4,196	3,191	(1,005)
Supported Employment	74	74	0
Aid and Adaptations	824	865	41
Gwent Frailty Programme	2,517	2,339	(178)
Supporting People (net of grant funding)	0	0	0
External Residential Care	18,215	19,013	798
External Day Care	1,783	1,411	(372)
Home Care	12,129	10,615	(1,514)
Other Domiciliary Care	17,918	17,748	(170)
Resettlement	(1,020)	(1,020)	0
Services for Children with Disabilities	2,138	2,217	79
Other Costs	1,339	1,398	59
Totals: -	76,286	73,708	(2,578)

Management, Fieldwork and Administration

- 5.3.2 The £53k projected overspend in this area can be attributed to a number of fixed term appointments made in the Learning Disabilities Assessment and Care Management team to tackle backlogs and improve transition from children's services.

Own Residential Care and Supported Living

- 5.3.3 Of the £369k underspend forecast in respect of our own residential care and supported living homes, around £256k 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. The remaining underspend can largely be attributed to a reduction in the staff support required at Clos Tir y Pwll supported living home.

Own Day Care

- 5.3.4 Alternative service provision within our own day opportunities is expected to result in an underspend of £1,005k. 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.

Aids and Adaptations

- 5.3.5 The projected overspend of £41k in this area reflects the level of demand for disability living equipment provided by the Gwent Integrated Community Equipment Service during the early part of the financial year.

Gwent Frailty Programme

- 5.3.6 The underspend of £178k in respect of the Gwent Frailty Programme reflects the continued difficulties in recruiting Reablement Support workers and Emergency Care at Home staff.

Supporting People

- 5.3.7 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 despite a significant reduction in the contributions that will be made towards the cost of supported living placements funded by the Adult Services division.

External Residential Care

- 5.3.8 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 £798k.

External Day Care

- 5.3.9 External day care provision has not yet recovered to pre-pandemic levels resulting in a projected underspend of £372k. This underspend has increased by around £29k since the month 3 position was reported to Members, largely due to some additional day time support packages provided at supported living establishments coming to an end as Covid 19 restrictions are eased.

Home Care (In-House and Independent Sector)

- 5.3.10 The £1,514k underspend in respect of Home Care includes £518k in respect of in-house service provision and £996k in respect of independent sector provision. The in-house underspend has increased by around £170k since the month 3 position was reported to Members This is because the month 3 projections had been over-estimated as they were skewed by a one off payment made to care staff in June relating to Welsh Government's commitment to ensure all care staff are paid at least the Real Living Wage. The independent sector underspend has also increased since month 3 as it has become apparent that the value of outstanding payments to care providers relating to the 2021/22 financial year had been over-estimated as we had not predicted the extent of the recruitment difficulties that were experienced by provider organisations towards the latter part of that year. The underspends for both in-house and independent sector home care reflect the staff recruitment difficulties faced across the sector that have culminated in 410 hours of unmet need at the end of September. The forecasts included in this report reflect current service provision so if staff recruitment can be improved this underspend could be significantly reduced.

Other Domiciliary Care

- 5.3.11 Shared lives care provision has increased since month 3 but is still significantly below pre-

pandemic levels, resulting in a potential underspend of £373k. Further underspends are forecast due to a reduction in extra care service provision (£65k) and the termination of some direct payment arrangements (£45k). However, this has been partially offset by increased demand for supported living placements (£104k), a reduction in Supporting People contributions towards the cost of supported living placements (£123k) and a shortfall in income from non-residential charges due to a reduction in home care provision (£87k). All this has contributed to a net underspend of £169k in this area.

Children with Disabilities

5.3.12 The £79k overspend projected in respect of Children with Disabilities can be attributed to the full year impact of a supported lodging placement that commenced late in 2021/22 and an increase in demand for direct payments.

Other Costs

5.3.13 The £59k 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 £19k as summarised in the following table: -

	Revised Budget (£000's)	Projection/ Commitment (£000's)	Over/(Under) Spend (£000's)
Management and Administration	941	931	(10)
Office Accommodation	251	268	17
Office Expenses	144	118	(26)
Other Costs	913	913	0
Totals: -	2,249	2,230	(19)

Management and Administration

5.4.2 The underspend of £10k 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 Accommodation

5.4.3 The overspend of £17k in this area is largely due to the additional offices used to accommodate staff that have been relocated from Ty Pontygwndy.

Office Expenses

5.4.4 The underspend of £26k in this area is due to reduced printing and postage 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 The Social Services general reserve balance currently stands at around £2.278million. Therefore, the projected in-year overspend of £804k could readily be funded from the general service reserve balance. However, this would reduce the general service reserve balance to around £1.474million which is just 1.35% of the total annual budget for Social Services, which poses a significant risk for future years given the impact that the current cost of living crisis is having on vulnerable families and the increasing costs faced by our care providers.

5.5.2 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 £804k 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 across the social care market coupled with 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 5)

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APPENDIX 1 - Social Services Budget Monitoring Report 2022/23 (Month 5)

	Revised Budget 2022/23	Projection	Over/ (Under) Spend
	£	£	£
SUMMARY			
CHILDREN'S SERVICES	£29,421,562	£33,054,885	£3,633,323
ADULT SERVICES	£76,286,622	£73,707,792	(£2,578,830)
RESOURCING AND PERFORMANCE	£2,249,279	£2,230,288	(£18,991)
SOCIAL SERVICES TOTAL	£107,957,463	£108,992,964	£1,035,501

	Revised Budget 2022/23	Projection	Over/ (Under) Spend
	£	£	£
CHILDREN'S SERVICES			
Management, Fieldwork and Administration			
Children's Management, Fieldwork and Administration	£11,803,252	£11,244,221	(£559,031)
Appropriations from Earmarked Reserves	(£685,977)	(£732,294)	(£46,317)
Less Wanless Income	(£51,115)	(£51,115)	£0
Performance & Improvement Grant	£0	(£40,000)	(£40,000)
Regional Integration Fund Grant	(£797,069)	(£797,069)	£0
Sub Total	£10,269,091	£9,623,743	(£645,348)
Residential Care Including Secure Accommodation			
Own Residential Homes	£1,685,365	£1,919,174	£233,809
Gross Cost of Placements	£6,543,557	£10,576,837	£4,033,280
Contributions from Education	(£83,116)	(£79,935)	£3,181
Sub Total	£8,145,806	£12,416,075	£4,270,269
Fostering and Adoption			
Gross Cost of Placements	£8,071,127	£8,119,382	£48,255
Other Fostering Costs	£101,942	£101,942	£0
Adoption Allowances	£61,187	£53,276	(£7,911)
Other Adoption Costs	£383,814	£383,814	£0
Professional Fees Inc. Legal Fees	£500,227	£555,882	£55,655
Sub Total	£9,118,297	£9,214,296	£95,999
Youth Offending			
Youth Offending Team	£434,656	£434,656	£0
Sub Total	£434,656	£434,656	£0
Families First			
Families First Team	£202,145	£195,657	(£6,488)
Other Families First Contracts	£2,503,513	£2,510,001	£6,488
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	£749,554	(£87,661)
Agreements with Voluntary Organisations	£709,216	£709,216	£0
Regional Integration Fund Grant	(£296,624)	(£296,624)	£0
Other	£280,209	£314,603	£34,394
Appropriations from Earmarked Reserves	£0	(£30,000)	(£30,000)
Regional Integration Fund Grant	(£146,025)	(£150,355)	(£4,330)
Sub Total	£1,445,801	£1,358,204	(£87,597)
TOTAL CHILDREN'S SERVICES	£29,421,562	£33,054,885	£3,633,323

	Revised Budget 2022/23	Projection	Over/ (Under) Spend
	£	£	£
ADULT SERVICES			
Management, Fieldwork and Administration			
Management	£138,829	£139,045	£216
Protection of Vulnerable Adults	£411,198	£395,519	(£15,679)
OLA and Client Income from Client Finances	(£385,279)	(£348,049)	£37,230
Commissioning	£731,305	£746,149	£14,844
Section 28a Income Joint Commissioning Post	(£17,175)	(£17,175)	£0
Older People	£2,382,796	£2,448,707	£65,911
Less Wanless Income	(£44,747)	(£44,747)	£0
Promoting Independence	£3,004,551	£3,018,005	£13,454
Provider Services	£439,638	£429,741	(£9,897)
Regional Integration Fund Grant	(£298,444)	(£328,110)	(£29,666)
Learning Disabilities	£787,259	£923,442	£136,183
Appropriations from Earmarked Reserves	(£172,423)	(£98,279)	£74,144
Contribution from Health and Other Partners	(£44,253)	(£47,452)	(£3,199)
Mental Health	£1,469,245	£1,476,557	£7,312
Section 28a Income Assertive Outreach	(£94,769)	(£94,769)	£0
Drug & Alcohol Services	£398,918	£430,621	£31,703
Emergency Duty Team	£320,246	£299,249	(£20,997)
Further Vacancy Savings	£0	(£248,841)	(£248,841)
Sub Total	£9,026,895	£9,079,613	£52,718
Own Residential Care			
Residential Homes for the Elderly	£7,180,631	£7,308,821	£128,190
Appropriations from Earmarked Reserves	£0	(£140,561)	(£140,561)
Regional Integration Fund Grant	(£92,563)	(£92,563)	£0
-Less Client Contributions	(£2,230,000)	(£2,485,866)	(£255,866)
-Less Section 28a Income (Ty Iscoed)	(£115,350)	(£115,350)	£0
-Less Inter-Authority Income	(£55,161)	(£59,864)	(£4,703)
Net Cost	£4,687,557	£4,414,617	(£272,940)
Accommodation for People with Learning Disabilities	£2,926,448	£2,801,935	(£124,513)
-Less Client Contributions	(£89,641)	(£80,000)	£9,641
-Less Contribution from Supporting People	(£41,319)	(£22,601)	£18,718
-Less Inter-Authority Income	(£336,671)	(£336,671)	£0
Net Cost	£2,458,817	£2,362,663	(£96,154)
Sub Total	£7,146,374	£6,777,280	(£369,094)
External Residential Care			
Long Term Placements			
Older People	£13,011,035	£13,883,031	£871,996
Less Wanless Income	(£303,428)	(£303,428)	£0
Less Section 28a Income - Allt yr yn	(£151,063)	(£151,063)	£0
Physically Disabled	£984,218	£928,170	(£56,048)
Learning Disabilities	£4,237,645	£4,066,371	(£171,274)
Mental Health	£983,821	£1,087,920	£104,099
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	£18,542,635	£748,773

	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	£116,094	£98,347
Mental Health	£44,032	£25,685	(£18,347)
Net Cost	£421,108	£470,754	£49,646
Sub Total	£18,214,970	£19,013,388	£798,418
Own Day Care			
Own Day Opportunities	£3,627,902	£2,564,678	(£1,063,224)
-Less Attendance Contributions	(£37,560)	£0	£37,560
-Less Inter-Authority Income	(£24,986)	£0	£24,986
Mental Health Community Support	£817,809	£811,916	(£5,893)
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	£4,195,881	£3,190,704	(£1,005,177)
External Day Care			
Elderly	£42,005	£34,248	(£7,757)
Physically Disabled	£141,546	£195,720	£54,174
Learning Disabilities	£1,646,080	£1,249,071	(£397,009)
Section 28a Income	(£72,659)	(£72,659)	£0
Mental Health	£26,408	£4,692	(£21,716)
Sub Total	£1,783,380	£1,411,072	(£372,308)
Supported Employment			
Mental Health	£73,776	£73,776	£0
Sub Total	£73,776	£73,776	£0
Aids and Adaptations			
Disability Living Equipment	£684,482	£629,127	(£55,355)
Appropriations from Earmarked Reserves	(£100,000)	£0	£100,000
Adaptations	£231,781	£826,645	£594,864
Promoting Independence Grant	£0	(£594,864)	(£594,864)
Chronically Sick and Disabled Telephones	£7,511	£3,669	(£3,842)
Sub Total	£823,774	£864,576	£40,802
Home Assistance and Reablement			
Home Assistance and Reablement Team			
Home Assistance and Reablement Team (H.A.R.T.)	£4,618,394	£4,142,409	(£475,985)
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)
Independent Sector Domiciliary Care			
Elderly	£7,290,108	£6,646,187	(£643,921)
Physical Disabilities	£1,173,570	£881,722	(£291,848)
Learning Disabilities (excluding Resettlement)	£365,038	£348,636	(£16,402)
Mental Health	£156,970	£112,734	(£44,236)
Social Care Workforce & Sustainability Grant	(£1,235,943)	(£1,235,943)	£0
Gwent Frailty Programme	£2,516,819	£2,338,504	(£178,315)
Sub Total	£14,646,190	£12,953,768	(£1,692,422)

	Revised Budget 2022/23	Projection	Over/ (Under) Spend
	£	£	£
Other Domiciliary Care			
Shared Lives			
Shared Lives Scheme	£1,803,855	£1,430,703	(£373,152)
Regional Integration Fund Grant	(£173,790)	(£173,790)	£0
Net Cost	£1,630,065	£1,256,913	(£373,152)
Supported Living			
Older People	£218,988	£242,394	£23,406
-Less Contribution from Supporting People	(£2,457)	(£1,421)	£1,036
Physical Disabilities	£1,832,076	£1,646,348	(£185,728)
-Less Contribution from Supporting People	(£17,769)	(£8,350)	£9,419
Learning Disabilities	£12,352,025	£12,620,494	£268,469
Less Section 28a Income Joint Tenancy	(£28,987)	(£28,987)	£0
-Less Contribution from Supporting People	(£233,440)	(£123,874)	£109,566
Mental Health	£2,120,293	£2,118,478	(£1,815)
-Less Contribution from Supporting People	(£7,372)	(£4,262)	£3,110
Social Care Workforce & Sustainability Grant	(£408,304)	(£408,304)	£0
Net Cost	£15,825,053	£16,052,517	£227,464
Direct Payment			
Elderly People	£100,307	£109,938	£9,631
Physical Disabilities	£832,498	£902,687	£70,189
Learning Disabilities	£793,869	£668,327	(£125,542)
Section 28a Income Learning Disabilities	(£20,808)	(£20,808)	£0
Mental Health	£4,003	£3,930	(£73)
Net Cost	£1,709,869	£1,664,074	(£45,795)
Other			
Extra Care Sheltered Housing	£747,413	£682,326	(£65,087)
Net Cost	£747,413	£682,326	(£65,087)
Total Home Care Client Contributions	(£1,993,772)	(£1,906,407)	£87,365
Sub Total	£17,918,628	£17,749,424	(£169,204)
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	£246,136	(£209,380)
People with Physical and/or Sensory Disabilities	£35,880	£40,847	£4,967
People with Learning Disabilities	£494,176	£154,226	(£339,950)
People with Mental Health issues	£1,135,696	£1,833,319	£697,623
Families Supported People	£547,144	£303,578	(£243,566)
Generic Floating support to prevent homelessness	£2,728,444	£2,290,638	(£437,806)
Young People with support needs (16-24)	£946,998	£1,143,064	£196,066
Single people with Support Needs (25-54)	£427,095	£613,408	£186,313
Women experiencing Domestic Abuse	£521,808	£557,906	£36,098
People with Substance Misuse Issues	£454,313	£742,991	£288,678
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	£200,508	(£143,449)
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	£487,801	£32,567
Residential Care	£938,434	£951,082	£12,648
Foster Care	£501,040	£515,734	£14,694
Preventative and Support - (Section 17 & Childminding)	£10,091	£10,091	£0
Respite Care	£80,780	£78,841	(£1,939)
Direct Payments	£152,713	£173,479	£20,766
Sub Total	£2,138,292	£2,217,028	£78,736
Other Costs			
Telecare Gross Cost	£744,588	£803,288	£58,700
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)
Caerphilly Cares	£1,503,968	£1,369,087	(£134,881)
Regional Integration Fund Grant	(£336,781)	(£301,265)	£35,516
Appropriations from Earmarked Reserves	(£196,724)	(£141,367)	£55,357
Children & Communities Grant	(£584,065)	(£540,058)	£44,007
Sub Total	£1,338,872	£1,397,572	£58,700
TOTAL ADULT SERVICES	£76,286,622	£73,707,792	(£2,578,830)

	Revised Budget 2022/23	Projection	Over/ (Under) Spend
	£	£	£
<u>SERVICE STRATEGY AND BUSINESS SUPPORT</u>			
Management and Administration			
Policy Development and Strategy	£186,481	£182,873	(£3,608)
Business Support	£872,536	£768,142	(£104,394)
Appropriations from Earmarked Reserves	(£117,822)	(£19,669)	£98,153
Sub Total	£941,195	£931,346	(£9,849)
Office Accommodation			
All Offices	£375,330	£382,394	£7,064
Less Office Accommodation Recharge to HRA	(£124,681)	(£114,020)	£10,661
Sub Total	£250,649	£268,374	£17,725
Office Expenses			
All Offices	£144,486	£117,863	(£26,623)
Sub Total	£144,486	£117,863	(£26,623)
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	£281,022	(£244)
Sub Total	£912,949	£912,705	(£244)
TOTAL RESOURCING AND PERFORMANCE	£2,249,279	£2,230,288	(£18,991)

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