

# Public Document Pack



Neuadd y Sir  
Y Rhadyr  
Brynbuga  
NP15 1GA

Dydd Llun, 7 Tachwedd 2022

**Hysbysiad a Gyfarfod :**

## **Pwyllgor Craffu Pobl**

**Dydd Mawrth, 15fed Tachwedd, 2022 at 10.00 am,  
Neuadd y Sir, Y Rhadyr, Brynbuga**

Nodwch y cynhelir rhag gyfarfod 30 munud cyn dechrau'r cyfarfod ar gyfer aelodau'r pwyllgor

### **AGENDA**

<b>Rhif yr Eitem</b>	<b>Eitem</b>	<b>Tudalen nau</b>
1.	<b>Ethol Is-gadeirydd</b>	
2.	<b>Ymddiheuriadau am absenoldeb</b>	
3.	<b>Datganiadau o Fuddiant</b>	
4.	<b>Fforwm Agored i'r Cyhoedd</b>	
5.	<b>Gwasanaethau Troseddau Ieuencid</b>  I graffu ar ganfyddiadau Adroddiad Arolygu'r Gwasanaethau Troseddau Ieuencid	To Follow
6.	<b>Adroddiad Blynyddol: Prif Swyddog, Gofal Cymdeithasol</b>	1 - 138
7.	<b>Blaenraglen Waith y Pwyllgor Craffu Pobl</b>	139 - 142
8.	<b>Cynllun Gwaith y Cabinet a'r Cyngor</b>	143 - 162
9.	<b>Cymeradwyo cofnodion y cyfarfodydd a gynhaliwyd ar 27ain Medi 2022 a'r Pwyllgor Craffu ar y Cyd (Pwyllgor Craffu Perfformiad a Throsolwg a'r Pwyllgor Craffu Pobl) a gynhaliwyd ar 11eg Hydref 2022</b>	163 - 188
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**Paul Matthews**

**Prif Weithredwr**

MONMOUTHSHIRE COUNTY COUNCIL  
CYNGOR SIR FYNWY

MAE CYFANSODDIAD Y PWYLLGOR FEL A GANLYN:

County Councillor Fay Bromfield, Llangybi Fawr;, Welsh Conservative Party  
County Councillor Christopher Edwards, St. Kingsmark;, Welsh Conservative Party  
County Councillor David Jones, Crucorney;, Independent Group  
County Councillor Jayne McKenna, Mitchel Troy and Trellech United;, Welsh Conservative Party  
County Councillor Maureen Powell, Pen Y Fal;, Welsh Conservative Party  
County Councillor Sue Riley, Bulwark and Thornwell;, Welsh Labour/Llafur Cymru  
County Councillor Maria Stevens, Severn;, Welsh Labour/Llafur Cymru  
County Councillor Jackie Strong, Caldicot Cross;, Welsh Labour/Llafur Cymru  
County Councillor John Crook, Magor East with Undy;, Welsh Labour/Llafur Cymru

## Gwybodaeth I'r Cyhoedd

### Mynediad i gopïau papur o agendâu ac adroddiadau

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

### Edrych ar y cyfarfod ar-lein

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

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

# Nodau a Gwerthoedd Cyngor Sir Fynwy

## Cymunedau Cynaliadwy a Chryf

### Canlyniadau y gweithiwn i'w cyflawni

#### Neb yn cael ei adael ar ôl

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

#### Pobl yn hyderus, galluog ac yn cymryd rhan

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

#### Ein sir yn ffynnu

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

### Ein blaenoriaethau

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

### Ein gwerthoedd

- **Bod yn agored:** anelwn fod yn agored ac onest i ddatblygu perthnasoedd ymddiriedus
- **Tegwch:** anelwn ddarparu dewis teg, cyfleoedd a phrofiadau a dod yn sefydliad a adeiladwyd ar barch un at y llall.
- **Hyblygrwydd:** anelwn fod yn hyblyg yn ein syniadau a'n gweithredoedd i ddod yn sefydliad effeithlon ac effeithiol.
- **Gwaith tîm:** anelwn gydweithio i rannu ein llwyddiannau a'n methiannau drwy adeiladu ar ein cryfderau a chefnogi ein gilydd i gyflawni ein nodau.
- **Caredigrwydd** – Byddwn yn dangos caredigrwydd i bawb yr ydym yn gweithio gyda nhw, gan roi pwysigrwydd perthnasoedd a'r cysylltiadau sydd gennym â'n gilydd wrth wraidd pob rhyngweithio.

## Canllaw Cwestiynau Craffu Sir Fynwy

### Rôl y Cyn-gyfarfod

1. Pam mae'r Pwyllgor yn craffu ar hyn? (cefndir, materion allweddol)
2. Beth yw rôl y Pwyllgor a pha ganlyniad mae'r Aelodau am ei gyflawni?
3. A oes digon o wybodaeth i gyflawni hyn? Os nad oes, pwy allai ddarparu hyn?
  - Cytuno ar y drefn holi a pha Aelodau fydd yn arwain
  - Cytuno ar gwestiynau i swyddogion a chwestiynau i Aelod y Cabinet

### Cwestiynau'r Cyfarfod

Craffu ar Berfformiad

1. Sut mae perfformiad yn cymharu â'r blynyddoedd blaenorol? Ydy e'n well/yn waeth? Pam?
2. Sut mae perfformiad yn cymharu â chynghorau eraill/darparwyr gwasanaethau eraill? Ydy e'n well/yn waeth? Pam?
3. Sut mae perfformiad yn cymharu â thargedau gosodedig? Ydy e'n well/yn waeth? Pam?
4. Sut cafodd targedau perfformiad eu gosod? Ydyn nhw'n ddigon heriol/realistig?
5. Sut mae defnyddwyr gwasanaethau/y cyhoedd/partneriaid yn gweld perfformiad y gwasanaeth?
6. A fu unrhyw awdid ac archwiliadau diweddar? Beth oedd y canfyddiadau?
7. Sut mae'r gwasanaeth yn cyfrannu at wireddu amcanion corfforaethol?
8. A yw gwelliant/dirywiad mewn perfformiad yn gysylltiedig i gynnydd/ostyngiad mewn adnodd?  
Pa gapasiti sydd yna i wella?

Craffu ar Bolisi

1. Ar bwy mae'r polisi yn effeithio ~ yn uniongyrchol ac yn anuniongyrchol? Pwy fydd yn elwa fwyaf/leiaf?
2. Beth yw barn defnyddwyr gwasanaeth /rhanddeiliaid? Pa ymgynghoriad gafodd ei gyflawni? A wnaeth y broses ymgynghori gydymffurfio ag Egwyddorion Gunning? A yw rhanddeiliaid yn credu y bydd yn sicrhau'r canlyniad a ddymunir?
3. Beth yw barn y gymuned gyfan – safbwynt y 'trethdalwr'?
4. Pa ddulliau a ddefnyddiwyd i ymgynghori â'r rhanddeiliaid? A oedd y broses yn galluogi pawb â chyfran i ddweud eu dweud?
5. Pa ymarfer ac opsiynau sydd wedi eu hystyried wrth ddatblygu/adolygu'r polisi hwn? Pa dystiolaeth sydd i hysbysu beth sy'n gweithio? A yw'r polisi yn ymwneud â maes lle mae diffyg ymchwil cyhoeddedig neu dystiolaeth arall?
6. A yw'r polisi'n ymwneud â maes lle ceir anhydraddoldebau hysbys?
7. A yw'r polisi hwn yn cyd-fynd â'n hamcanion corfforaethol, fel y'u diffinnir yn ein cynllun corfforaethol? A yw'n cadw at ein Safonau Iaith Gymraeg?
8. A gafodd yr holl ddatblygu cynaliadwy, y goblygiadau cydraddoldeb a diogelu perthnasol eu hystyried?

Er enghraifft, beth yw'r gweithdrefnau sydd angen bod ar waith i amddiffyn plant?

9. Faint fydd y gost hon i'w gweithredu a pha ffynhonnell ariannu sydd wedi'i nodi?

10. Sut fydd perfformiad y polisi yn cael ei weithredu a'r effaith yn cael ei gwerthuso?

## Cwestiynau Cyffredinol:

### Grymuso Cymunedau

- Sut ydym ni'n cynnwys cymunedau lleol a'u grymuso i ddylunio a darparu gwasanaethau i gyd-fynd ag angen lleol?
- A ydym ni'n cael trafodaethau rheolaidd gyda chymunedau am flaenoriaethau'r gwasanaeth a pha lefel o wasanaeth y gall y cyngor fforddio ei ddarparu yn y dyfodol?
- A yw'r gwasanaeth yn gweithio gyda dinasyddion i egluro rôl gwahanol bartneriaid wrth ddarparu gwasanaeth a rheoli disgwyliadau?
- A oes fframwaith a phroses gymesur ar waith ar gyfer asesu perfformiad ar y cyd, gan gynnwys o safbwynt dinesydd, ac a oes gennych chi drefniadau atebolrwydd i gefnogi hyn?
- A oes Asesiad Effaith Cydraddoldeb wedi'i gynnal? Os felly a all yr Arweinydd a'r Cabinet /Uwch Swyddogion roi copïau i'r Aelodau ac eglurhad manwl o'r Asesiad o'r Effaith ar Gydraddoldeb (EQIA) a gynhaliwyd mewn perthynas â'r cynigion hyn?
- A all yr Arweinydd a'r Cabinet/Uwch Swyddogion sicrhau aelodau bod y cynigion hyn yn cydymffurfio â deddfwriaeth Cydraddoldeb a Hawliau Dynol? A yw'r cynigion yn cydymffurfio â Chynllun Cydraddoldeb Strategol yr Awdurdod Lleol?

### Galwadau'r Gwasanaeth

- Sut fydd newid polisi a deddfwriaeth yn effeithio ar y ffordd mae'r cyngor yn gweithredu?
- A ydym ni wedi ystyried demograffeg ein cyngor a sut bydd hyn yn effeithio ar ddarparu gwasanaethau a chyllid yn y dyfodol?
- A ydych chi wedi adnabod ac ystyried y tueddiadau tymor hir a allai effeithio ar eich maes gwasanaeth, pa effaith allai'r tueddiadau hyn ei chael ar eich gwasanaeth/allai eich gwasanaeth ei gael ar y tueddiadau hyn, a beth sy'n cael ei wneud mewn ymateb?

### Cynllunio Ariannol

- A oes gennym ni gynlluniau ariannol canolig a hirdymor cadarn yn eu lle?
- A ydym ni'n cysylltu cyllidebau â chynlluniau a chanlyniadau ac adrodd yn effeithiol ar y rhain?

### Gwneud arbedion a chynhyrchu incwm

- A oes gennym ni'r strwythurau cywir ar waith i sicrhau bod ein dulliau effeithlonrwydd, gwelliant a thrawsnewid yn gweithio gyda'i gilydd i sicrhau'r arbedion mwyaf posibl?

- Sut ydym ni'n gwneud y mwyaf o incwm? A ydym ni wedi cymharu polisiau eraill y cyngor i sicrhau'r incwm mwyaf posibl ac wedi ystyried yn llawn y goblygiadau ar ddefnyddwyr gwasanaeth?

- A oes gennym ni gynllun gweithlu sy'n ystyried capasiti, costau, a sgiliau'r gweithlu gwirioneddol yn erbyn y gweithlu a ddymunir?

Cwestiynau i'w gofyn o fewn blwyddyn i'r penderfyniad:

- A gafodd canlyniadau arfaethedig y cynnig eu cyflawni neu a oedd canlyniadau eraill?
- A oedd yr effeithiau wedi'u cyfyngu i'r grŵp yr oeddech chi ar y dechrau yn meddwl fyddai wedi cael ei effeithio h.y. pobl hŷn, neu a gafodd eraill eu heffeithio e.e. pobl ag anabledau, rhieni â phlant ifanc?
- A yw'r penderfyniad yn dal i fod y penderfyniad cywir neu a oes angen gwneud addasiadau?



## Cwestiynau i'r Pwyllgor ar ddiwedd y cyfarfod ...

A oes gennym ni'r wybodaeth angenrheidiol i ffurfio casgliadau/i wneud argymhellion i'r pwyllgor gwaith, cyngor, partneriaid eraill? Os nad oes, a oes angen i ni:

- (i) Ymchwilio i'r mater yn fwy manwl?
- (ii) Gael rhagor o wybodaeth gan dystion eraill - Aelod o'r Bwrdd Gweithredol, arbenigwr annibynnol, aelodau o'r gymuned, defnyddwyr gwasanaeth, cyrff rheoleiddio...

Cytuno ar gamau pellach sydd i'w cymryd o fewn amserlen/adroddiad monitro yn y dyfodol.







**SUBJECT: SOCIAL CARE, SAFEGUARDING & HEALTH ANNUAL DIRECTOR'S REPORT 2021/22**

**MEETING: Council**

**DATE: 27<sup>th</sup> October 2022**

**DIVISION/WARDS AFFECTED: All**

## **1. PURPOSE:**

To present the Annual Report 2021 / 2022 of the Chief Officer of Social Care, Safeguarding and Health.

## **2. RECOMMENDATIONS**

That Council endorses the report.

That Council tasks the Chief Officer of Social Care, Safeguarding and Health to maintain focus on the priority actions as set out in the concluding section of the report .

## **3. KEY ISSUES**

- 3.1 Preparing and publishing an annual report of the Statutory Director of Social Services is a requirement under the Social Services and Wellbeing (Wales) Act (2014). The purpose of the report is to show how effectively we are meeting the requirements of the Social Services and Wellbeing (Wales) Act 2014 and the Regulation and Inspection of Social Care (Wales) Act 2016.
- 3.2 There is currently no prescribed format for the report.
- 3.3 This is the first Director's Report I have written since taking up the role of Chief Officer for Social Care, Safeguarding and Health in October 2021. I have opted to use the SWAY format, as did my predecessor, so that a wide range of information can be shared from a variety of sources. I have taken an inclusive approach in developing the report. Evidence of performance and analysis of service data is combined with evidence from the lived experience of both the people we support and the workforce. The report aims to be accessible to a range of audiences, including our workforce and the people we support. The link to the report is <https://sway.office.com/FOky4X8gOv1QkDUE?ref=Link>  
A PDF version is also available.

3.4 Of note, the Welsh Government have currently commissioned a review of the Annual Director's Report format and intends to issue guidelines in readiness for the 2022 – 2023 report.

3.5 My aims within the report are:

- To evaluate progress against our social care priorities
- To inform Members and residents about the effectiveness of social care and health in Monmouthshire and identify key risks and challenges.
- To inform Members and residents about the progress made towards meeting the standards set out in SSWBA
- To set out actions and priorities for 2022 – 2023

#### **4. WELLBEING OF FUTURE GENERATIONS IMPLICATIONS (INCORPORATING EQUALITIES, SUSTAINABILITY, SAFEGUARDING AND CORPORATE PARENTING)**

4.1 Supporting the rights, voice and inclusion of people, some of whom are the most vulnerable citizens within the county by virtue of age, disability, socio-economic status, gender or ethnic / cultural background, runs through our approach to social care and health in Monmouthshire.

4.2 Working primarily within the legal framework of the SSWBA, this in turn supports the promotion of the Well-Being of Future Generations (Wales) Act 2015. By promoting an environment that maximises people's physical and mental well-being and by supporting children, young people, adults and their carers and families to fulfil their potential no matter what their circumstances, the well-being goals of a Healthier and More Equal Wales are supported.

4.3 It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

#### **5. OPTION APPRAISAL**

There were no alternative options considered.

#### **6. EVALUATION CRITERIA**

6.1 The annual report contains a raft of data both qualitative and quantitative which reflects the revised performance and improvement framework for social services within the Code of Practice. This contains three component parts; measuring activity and performance, understanding experience and outcomes and using evidence to inform improvement.

6.2 There are over a hundred metrics as part of the framework, the most relevant metrics collated in 2021/22 have been included to support this analysis within the report.

#### **7. REASONS:**

It is a statutory requirement to prepare and publish a Director's Annual Report.

**8. RESOURCE IMPLICATIONS:**

Whilst there are no direct financial implications from this report, the sustainability of social services, well-being and prevention represents a significant pressure to Council budgets.

It is important to note that the Directorate has identified significant in-year budget pressures as well as pressures within the 2023/24 budget setting process.

**9. CONSULTEES:**

Directorate Leadership Team  
SLT

The report was presented to a Joint Scrutiny Committee for People and Performance on 11th October 2022.

**10. Background Papers**

**11. AUTHOR:**

Jane Rodgers Chief Officer Social Care, Safeguarding and Health.

**12. CONTACT DETAILS:**

E-mail: [janerodgers@monmouthshire.gov.uk](mailto:janerodgers@monmouthshire.gov.uk)







# Social Care & Health: Director's Report 2021/22

## Foreword

This report reflects the activity within Social Care and Health between the period April 2021 – March 2022.

It is my first annual report as a new Chief Officer having come into post in October 2021 following Julie Boothroyd's retirement. I have chosen to continue with Julie's now established tradition of using 'Sway' to present the material, primarily because it offers such an accessible and flexible platform for the reader. I have collated the report with the assistance of many contributors and I am extremely grateful for input from the various teams and services within the Social Care and Health directorate.

The overall purpose of the report is:

- To evaluate progress against our social care priorities during the year
- To inform Members and residents about the effectiveness of social care and health in Monmouthshire and identify key risks and challenges.
- To inform Members and residents about the progress made towards meeting the standards set out in Social Services and Wellbeing (Wales) Act 2014
- To set out actions and priorities for 2022 – 2023

The annual evaluation report forms an integral part of the continual development of social care and health practice. It is an opportunity to take stock, reflect and re-calibrate; to celebrate achievements, as well as being honest about some of our very real areas of challenge and concern.

The value-base of the service aligns to Social Services and Wellbeing (Wales) Act 2014 (referred to as the SSWBA) where putting individual people at the centre of what we do and practising with care and compassion is what really counts. Supporting citizens to live their own best lives has been the mantra for Monmouthshire Social Care & Health over many years, and is still at the heart of what we do. Without a doubt, we don't always get it right; we work in constrained circumstances, often with the odds against us and where, more than ever before, 'firefighting' seems to best characterise day to day team life.



There is no denying that this has been a particularly challenging year for social care and health. The Covid pandemic took an immense toll on the residents of Monmouthshire and on the workforce who worked tirelessly to support those who were the most vulnerable. As COVID restrictions gradually lifted across the nation the consequences of the pandemic on people and on services became clearer. With deep-rooted challenges well before the pandemic hit, the health and social care system is now described by many as 'in crisis' and 'broken'. Together with the impact of global instability, this affects us all at a very local and real level. With fragility across the workforce, increased demand, and significant budgetary pressures, the spotlight on social care is inevitable and justified. We are working in uncertain times, where policy frameworks and expectations on services are shifting and where change is one of the only constants.

However; it is times such as these where the importance of holding our values close is critical. We need to understand where and how our social care and health system can be re-balanced and strengthened;

listen, and stay focused on people and outcomes and look to strengths within partnerships. My intention is that this report speaks to all these elements.

At the centre of this, though, is the social care and health workforce. Essentially, the workforce is the service and beyond doubt is our greatest asset.

In many ways, this report, in and of itself, is a celebration of the workforce and an expression of my heartfelt gratitude for everything they do.



## Basis for the report

Social Care and Health operates within the legal framework set out within the SSWBA. Preparing and publishing an annual report that charts our progress in delivering against the principles and quality standards of the SSWBA is one of the statutory requirements.

The four key principles of the Act are woven into every section of the report:

- Voice and control
- Prevention
- Well-being
- Partnership

The six quality standards inform our operational activity and set out the ways in which we should be providing services and orientating social care practice. I have illustrated the standards through a range of case examples throughout the report and specifically within section 5. For reference the standards are provided in this stack.



We will work with people to define and co-produce personal well-being outcomes

We will work with people and partners to protect and promote physical and mental health and emotional well-being

We will support people to safely develop and maintain healthy domestic, family and personal relationships

We will encourage and support people to learn, develop and participate in society

We will work with and support people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs

We will take steps to protect and safeguard people from abuse, neglect or harm



Supporting people to define and achieve personal outcomes with regard to wellbeing is a key concept running through the Act, and similarly features highly in the case material within the report.

Although the SSWBA is the primary legislative framework, the report is written within a wider statutory and policy context including:

- Programme for Government
- The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA)
- The Well-being of Future Generations (Wales) Act 2015
- A Healthier Wales June 2018
- Strategic Programme for Primary Care Nov 2018
- Equality Act 2010
- “More than Words (Welsh language) Strategy” (Mwynna Geiriau),

At a more local level, social care is delivered in the context of the Council's corporate plan (2018 - 2022) particularly Goal A *Best Start in Life* and Goal D *Lifelong Wellbeing*.

I have deliberately provided information and description within the report, as I am aware that in Social Care we are not often provided with opportunities to share *good news stories* or show-case what we do. I have attempted to balance descriptive passages with honest self-evaluation using a range of methods drawing on both qualitative and quantitative data, triangulated where possible through external sources including direct feedback from people.

Information sources include:

- Illustrative information directly from teams and services
- Self-assessment and challenge processes within the social care and health leadership team including self-assessment material under the Local Government and Elections (Wales) Act 2021
- Internal documents such as corporate plan, strategic risk assessment, and service business plans
- Internal Quality Assurance reports

- Complaints and compliments and direct feedback from people using social care and health services
- Performance framework data and analysis
- Regulation 73 reports and Quality of Care reports under RISCA
- Contract monitoring and performance reports (commissioned services)
- Regional documents and performance information associated with the Regional Partnership Board and Gwent Safeguarding Board
- Regulatory reports from Care Inspectorate Wales specifically Assurance Check [February 2021](#) and Performance Evaluation Inspection [July 2022](#). See powerpoint for a summary.



Performance Evaluation Inspection of  
Monmouthshire County Council

### The Inspection

- Care Inspectorate Wales undertook a Performance Evaluation Inspection of Monmouthshire Adults Services
- 5 CIW inspectors undertook the inspection and they were 'with' us for 4 days (virtually) in early July 2022
- Many of the cases they inspected related to work that had taken place within the evaluation period of this Director's report.

### Purpose

- To review the local authority's performance in exercising its social services duties and functions in line with legislation
- Alignment under the principles of the Social Service (Wales) Well-being 2014 Act: People (voice and control), Prevention, Wellbeing, Partnerships
- Particular focus on **adult safeguarding** and whether people and their carers are able to access **appropriate and timely care and support**

## Lines of Inquiry

- Evaluation of the experience of adults using services
- Evaluation of the experience and outcomes people achieve through their contact with services
- Evidence of the local authority and partners having learnt lessons from their recent experiences and plans for service developments and improvement
- Consideration of how the local authority manages opportunity and risk in its planning and delivery of social care at individual, operational and strategic levels

## Methodology

- 30 Cases were inspected
- Interviews and focus groups were held with stakeholders including service users, members of the workforce, partner organisations and commissioned services
- Surveys were sent out to carers, service users, partners and the workforce
- Practice was observed in action
- Key documents were inspected including policies, practice guidance and internal reports.

## Our view

Overall, we felt that the report was fair and balanced, took good account of the challenging context we are working in and identified areas for improvement that we agree with.

*"In common with many other local authorities in Wales, MCC is experiencing a challenging time in relation to the provision of social care. Many of the pressures currently experienced by the local authority's adult services reflect the national pandemic recovery context including high levels of demand and increased complexity of people's needs."*

## Strengths

- People's voices are heard and people are supported to achieve their personal outcomes
- Strong strategic focus on prevention aligned to place-based working
- Effective partnership working
- Working in accordance with the Mental Capacity Act (2005)
- Flexible integrated teams, where different professionals work together, to provide tailored support
- Proactive monitoring and managing of waiting lists
- Effective and timely adult safeguarding

*"We heard how staff morale was generally positive, managers were well regarded by staff, and managers in turn commented they have a committed and dedicated workforce. Workers valued the accessibility of managers and peer support from team members."*

## Areas for Improvement

- Shortages of Domiciliary Care
- Pressure on partnership work at critical points, e.g. hospital discharge
- Maintaining a sufficient and suitably qualified workforce to meet increasing demand
- Gaps and inconsistencies in practice particularly around the identification of risk, contingency planning and timeliness of reviews
- Quality of assessments, and consideration of eligibility criteria
- Quality assurance process and management oversight
- Consistency of the Welsh active offer and the offer of advocacy
- Recognising and responding to needs of carers
- Role of commissioning in brokerage

## Overall Outcome

*"During this inspection we found progress has been made in several areas. This has resulted in developments to practice and better outcomes for people. This progress has been achieved against a backdrop of the additional pressures and challenges of the COVID-19 pandemic."*

*"CIW expect MCC to consider the areas identified for improvement and take appropriate action to address and improve these areas. CIW will monitor progress through its ongoing performance review activity with the local authority."*

The report relates to the period April 2021 – March 2022; however, I have not stuck rigidly to this and where it feels relevant and pertinent I have referred to the current position or used more recent information. This felt sensible and natural to me, as 6 months is a long time in social care, especially given the current climate.

There are 9 sections within the report:

Section 1 - Overview against the priorities from 2020 - 2021

Section 2 - Overview of Children's Services

Section 3 - Overview of Adult's Services

Section 4 - How People Shape our Services

Section 5 - Promoting and improving the Well being of those we help (the quality standards)

Section 6 - How We Performed

Section 7 - Finance

Section 8 - Workforce

Section 9 - Priorities 2022 - 2023



## 1. Priorities

In her final director's report this time last year, Julie set out some key opportunities for the year ahead. I have provided below some headline comments regarding our progress against these, with reference to where further details can be found within the body of the report.

Priority	Progress	Section
Building early help and preventative approaches to supporting children and families, developing placement sufficiency when required.	The emphasis on building coherent early help services has continued. There has been an additional focus on services and practice aimed at preventing family breakdown.  Ensuring that there are sufficient, appropriate placements for children who are looked after remains a very real challenge for the Service. We continue to turn our energy and resources into recruiting carers and developing placements. We are working in partnership to develop bespoke placements for Monmouthshire young people, but overall progress is limited.	See Section 2
Continue the reduction in Looked after Children population in line with Welsh Government guidelines.	The year end figure for the number of children looked after by the Local Authority showed the second consecutive slight decrease from 213 at year end 2021 to 208 at year end 2022.	See Section 2
Paying attention to support required for the whole sector workforce to deliver and adapt to the pandemic conditions.	The workforce showed true resilience and flexibility in responding to the conditions created by the pandemic. This was recognised and applauded within our CIW assurance check in Feb 2021. There continues to be a genuine emphasis on looking for ways in which we can support the workforce through what continue to be very challenging times.	See Section 8
Enabling a Place based approach across health social care and community to continue managing demand.	This has remained at the forefront of strategic development work within MCC with on-going conversations with health and our third sector partners specifically around early help and prevention within communities. We are now at an early stage in setting out some steps in terms of how we might be able to expand and develop the provision of direct care by adopting a more place-based approaches.	See Section 3
Extending further the ideas of 'front doors' in the community	The concept of creating visible and accessible 'front doors' into social care remain strong. We continue to have a social care workers embedded into the council's community partnership teams. We have opened our social care hub in Abergavenny and 'The Cabin' in Chepstow community hospital opened in May. Our third sector partners contribute to providing accessible advice and support around social care too, for example MIND MONMOUTHSHIRE is commissioned to provide vital 'front-door' services to people with mental health problems.	See Section 3
A developing workforce strategy to account and plan for changes ahead.	The toll the pandemic has had on our workforce, together with other factors such as the rising cost of living and fuel costs, is having a significantly negative impact on recruitment and retention. It is an extremely competitive place. We have worked hard to develop recruitment strategy and to review roles - but this priority remains as a central focus moving forward.	See Section 8
With building commencing on the new care home for people with Dementia on the Crick Road site, opportunity to profile care work as a positive career choice.	Building plans and partnership working in the development of Crick Road continue as planned. By way of update a 'spade in the ground ceremony' was held on 6 <sup>th</sup> July	See Section 3

## 2. CHILDRENS SERVICES: Overview

Over recent years Monmouthshire Children's Services has built a strong identity underpinned by a consolidated set of values aligned to the principles of the SSWBA. These include:

- Keeping children at the centre of everything we do, and striving towards a single service ethos so that the child's experience is coherent and seamless
- Practice that is values driven, family focussed, strengths-based and relational
- Ensuring services are appropriately aligned so they add value to each other
- Harnessing the power of early intervention
- Recognising the importance of preventative family support at every tier of need
- Maintaining a strong focus on workforce as our most valuable asset and proactively supporting a positive learning culture and practice development

- Embracing integrated and multi-disciplinary approaches
- Proactively seeking opportunities for participation and engagement within a culture of learning
- Seeking ways of releasing resources and money from the system to get better outcomes and reduce need

These values drive our activity and help us ensure that our service development themes and priorities remain as coherent as possible.

<b>Child Centred</b>	Focus on the child's experience of services & using participation to shape & improve services & inform practice
<b>Workforce</b>	Develop practice & support confident & competent practitioners across the service who are passionate about Children's Services
<b>Quality Assurance</b>	Facilitate a culture within Children's Services which promotes transparency, reflection, learning and review to drive continuous improvement towards achieving the best outcomes for children, young people & their families
<b>Services</b>	Ensure that family support services are in place & sufficient at all tiers including services for children who are looked after & care experienced young people  Ensure that all services focus on prevention & de-escalation & build on individual, family & community strengths
<b>Integrated Working</b>	Harness and embrace the power of integrated / partnership working to maximize access to resources and improve outcomes for children, young people and families

It would be fair to say that this year has been a challenging one for Children's Services. Supporting the wellbeing of our workforce and difficulties in recruitment, particularly into child protection services, is a constant factor requiring considerable investment of time and resource. The pandemic has taken its toll too, with the service seeing increased demand pressures, complexity, and concerns around the emotional and psychological wellbeing of children and young people.

One of the most significant and impactful challenges for the service this year, however, has been the lack of suitable placements for children with complex needs. Good placement options are a crucial component of how we keep children safe and help them recover from any trauma or abuse they may have experienced. Not having placements available is potentially harmful for children, puts additional pressure on resources and is incredibly demoralising for our workforce. I fully anticipate that sufficiency of placements will remain a feature of children's services over the coming years and one of our key strategic risks.

Never-the-less, despite the challenges the service continues to develop. Looking back at our priorities from last year, whilst there remains plenty to do and as new challenges emerge, key achievements are discernible.

Follow this stack to see some of our highlights.



Learning from the pandemic we continue to ensure that flexible working arrangements are in place for individuals, balancing this with creating opportunities to come together as teams to maintain a positive culture of learning and support. We ran 3 whole service events over the year; a summer picnic, a virtual Christmas party with special guest appearances and a conference to launch our participation strategy.

Our participation programme continues to develop at a team level. We have run activity days for children who are looked after and listened to how important it is for children to share experiences with their social workers to help develop trusting relationships.

We were really proud to launch our Participation Strategy via a virtual conference on 30th September. The conference was attended by the then Children's Commissioner, Sally Holland, who commended the strategy and included it on the national website.

Follow this link to see read the strategy. [Participation-Strategy-v5-003.pdf \(childcomwales.org.uk\)](https://childcomwales.org.uk/Participation-Strategy-v5-003.pdf) The strategy ensures that everyone who works in Children's Services has a common understanding of, and is confident in their approach to, children and young people's participation and that our work is rights-based, inclusive, respectful and safe. The strategy underpins our approach to children's participation across the service.

We continue to run a comprehensive training and development programme based on core skills including working with risk and using strengths-based approaches.

Working with our housing association partners, Pobl, we have re-designed a supported accommodation option for care leavers and homeless young people that supports progression planning and a pathway to independence.

With the involvement of children and their families, we have undertaken a review of respite services for children with disabilities and will be taking the outcomes forward over the next period.

Following our successful partnership with Blaenau Gwent, we have now developed our own therapeutic fostering service (MyST) so that the team can focus specifically on Monmouthshire's needs. MyST continues to work with our most complex children to reduce and prevent residential placements.

Along with the rest of Wales MCC launched FOSTER MONMOUTHSHIRE in July 2021. We will continue to build on the Foster Wales brand in our on-going endeavours to recruit local foster carers.

We have continued to develop our family support offer through maximising our partnership working through Regional Partnership Board and Children and Families Partnership.

We are developing a framework for Children's Services to promote a shared understanding and coherent approach to all quality assurance activity.



*1 - Our lovely summer picnic as restrictions lifted*



Can you spot the special guest appearance at the Children's Services virtual Christmas Party?

And in case you were wondering.... he didn't tell jokes; he just thanked the children's services workforce for everything that we do. It was off the cuff and heart felt. What a lovely man!

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*In this next section, I have provided commentary on various aspects of the service, show-casing where positive outcomes are being achieved; where key developments are in progress; and where there are specific challenges and opportunities.*

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The focus and emphasis on **early help and prevention** for children and families has continued through out the year. Our ethos is to use a partnership approach via our Early Help Panel in ensuring that families get the help and support they need at an early stage when vulnerabilities first start to emerge. People are experiencing delays in accessing family support services including from partnership organisations, and waiting lists are in operation in several parts of the service. We continue to seek opportunities of addressing these.

Our offer of family support underpins the entire services and at every stage is focused on prevention, de-escalation of complex or risky situations, and on increasing family and individual resilience. Our services run from school-based counselling, to providing parenting support, through to services aimed at long-term sustainable change for families with complex challenges, therapeutic support for children, as well as services aimed at re-uniting and strengthening families in situations where children are looked after. Our suite of early help and family support services share a common theory base resting on attachment, relational, strengths based, trauma informed and developmental approaches so that they provide a coherent approach.

Please follow our slide deck to learn more about our early help, therapeutic and wellbeing services.



### SPACE Well-being & Family Support Panel

- Weekly, multi-agency single point of entry for referrals for non-emergency support which enables families to access family support, preventive & early intervention support services including Primary Care, Mental Health, non-urgent Child & Adolescent Mental Health Services (CAMHS) & a wide range of other services so that families get the right support more quickly.
- Works to a 'no bounce' principle, so referrals are not 'bounced' between services reducing duplication & multiple referrals.
- In 21/22 MOC saw the highest increase in referrals in Owerit, an increase of 37%. Majority of referrals are from GPs (45%) & schools (20%) for children aged 11-15 (50%) and 5-10 (28%).

### Family Advice Service

- A telephone advice service has been operating since 2020 offering a first point of contact for very early support often offering light-touch support and reassurance with the intention of meeting needs as early as possible in order to reduce the need for escalation at a later stage.
- This will be a major development in 2022/23 with additional funding to develop a place-based model of working taking early support & advice in relation to family support & children's emotional well-being into communities.

### Building Strong Families Team (TAF)

BSFT is a small team who provide short-term support for families who want support with the most difficult job in the world, parenting. It may include help with routines & boundaries or managing children's emotions or behaviour. Referrals have increased since the pandemic & there was a lot of sickness in the team in 21/22 so there are waiting lists but we are working to reduce these.

% of families reporting a positive outcome			
18/19	20/20	20/21	20/22
58%	75.5%	64%	64%

Testimonials:

- "BSFT has assisted my son on the road to recovery in dealing with separation & anxiety" - Parent
- "BSFT has really helped us to work together as mother & daughter over the last few months. Although we (TA) have some way to go we have now built a good foundation & can build on this. Thank you" - Parent
- "The worker so lovely, I felt so comfortable with her straight away. My confidence has gone up a lot & my anxiety is a lot easier to manage & happens less often. I'm able to look on the bright side of things much more now & get rid of negative thoughts." - young person
- "I hope you never lose your smile, enthusiasm & genuine care you show for the children" - Child

**Monmouthshire Young Carers**

The techniques given to me with controlling my anger helped a lot, such as breathing exercises and doing certain stuff to maintain my anger really helped control it. Young Carer

The Young Carers Service has been delivered by MCC since April 2021. It is a small team who work alongside the Carers Team with young carers.

There are 254 young carers known to MCC & who are receiving information & access to activities, information & support including support with grants & ID cards

95 young carers came on trips & activities in the year ranging from bowling & paddleboarding to farm visits and pantomime.

21 young carers received one-to-one support, 18 of whom evidenced successful outcomes.

13 group sessions were run in two schools. This was run as a successful pilot & will be developed into a full programme next year.

Awareness raising sessions were run in 5 schools.

"I'm very pleased how much my child has changed & improved. & I am very thankful for that. He is a lot calmer & more open about his feelings, he could not have said what he said to me yesterday without your support." Parent

Thank you, I have learned techniques to help my anger & the sessions for my CV was really helpful as I can now apply for part time work. Young Carer

**Face to Face - Creative Therapies Team**

Small team of play & family therapists who deliver one-to-one & group based support to families & children.

Average length of play therapy is 20 sessions, average length of family therapy can be much longer

	2020/21	2021/22	2022/23
Referrals received	46	71	36
Referrals accepted	50	71	36
Referrals declined (waitlist)	0	0	0
Number of children in play therapy	4	19	40/38
Number of family therapy sessions	1	0	0
Number of play therapy sessions	4	19	1
Family therapy sessions	26	10	21
Family therapy sessions completed	4	26	28
Family therapy sessions on waitlist	0	0	0

The sessions were an environment which was safe... Taking together has brought us closer together. Once coming to see you, it has forced us to be more open... We were keeping big secrets from each other... We are in a much better place as a family because of the intervention. Parent

"Navigating your way through dealing with your child's mental health is so challenging, frustrating & upsetting. I only wish we'd accessed your service sooner. I'm sure it would have been hugely beneficial... to my sanity for sure!!!!" Parent

Thank you so much for the work you have done. We have noticed a huge improvement in her self-esteem and confidence. Parent

There have been tears & laughter & I would recommend any parent to give it a chance. Parent

A lot has changed since we started this... & it has taught me to think about how I speak to my daughter & how to deal with her anger. Parent

**Face to Face (School Based Counselling)**

Referrals & waiting times are increasing. Work has been ongoing with schools on Emotionally Based School Avoidance & a Wellbeing practitioners team has been introduced as well as volunteers who can work with young people to promote wellbeing as part of Whole School Approaches.

During the 21/22 school year the service delivered the following:

- 428 referrals, 231 children offered appointments, 167 children seen (at DNA)
- 1888 counselling sessions delivered
- Waiting times - 18 weeks (an increase of 2 weeks from last year)
- YP Case indicates a 4.5 point positive change
- 16 young people supported through critical incidents
- 200+ young people supported through the Wellbeing Practitioner team
- Increasing opportunities to connect on-line, via phone & in group work
- Training opportunities for schools - Trauma Informed, Mindfulness, Emotional Literacy

"When I did get a counsel for it was great, I cannot fault them"

"It is a safe space where I can be myself without judgement. I can have the right support for all situations I encounter"

"Because of the huge demand on your service found it really quite frustrating that it would take a while to access the service" Parent

My child found it easy to talk & share their feelings with you. They were worried that adults would either not believe them (past experience) or go against their wishes & make things worse... My child never shows the extent of their anxiety at school... it's a great relief to have my child's true feelings shared. Parent

**Achieving Change Together Team**

Psychologically & systemically informed team working intensively with families who have children on the edge of coming into care. Intensive intervention (up to 12-18 months) based on families setting their own goals, relationships, self-efficacy, trauma/attachment informed

47 families with 144 children have been engaged, 33 families have completed intervention, 4 disengaged, 10 are on-going

- 79% children remain at home at closure, of these 80% remain at home 6 months post closure
- 91% have been supported to improve school attendance
- Average increase in resilience of 30%
- 50 children have come off the Child Protection Register
- 22 children closed to Children's Services at case closure with a further 6 closed at 6 months

Approximate annual cost avoidance of £460,876

"You don't know how much you have helped us, you really have" Parent

"We don't fight a dog as much" Child

"I have overcome so much working with the ACT team. Thank you"

"My biggest fear was I was never thought I was able to turn my life around & my much bigger now & I see a future for myself" Parent

"When we are apart, she [Jesse] knows what to do" Child

## Family Group Conference & Mediation Service

### Referrals to FGC

	2019/20	2020/21	2020/22
Referrals	69	112	140
FGCs	52	42	21
Private FGCs	18	32	40
Family meetings	Not recorded	62	49
FGCs resulting in a positive family plan	58	78	69

- ▶ Referrals to the FGC service continue to rise - received 110 referrals & held 107 family group conferences and family meetings, 63% result in a successful outcome
- ▶ Mediation has taken 35 new referrals in 21/22 with 8 cases carrying over from the previous year. 6 families did not engage. All identified positive outcomes with 40% reporting significant improvement in relationships.

'I felt supported, I felt safe to talk, to be 'you'. No condemnation, no judgement or feeling like there's something wrong with me.' - Parent

'Thanks also for our chat yesterday, I felt like a cloud lifted after talking to you ... Really don't know what we'd have done without you over the last 18 months.' Parent

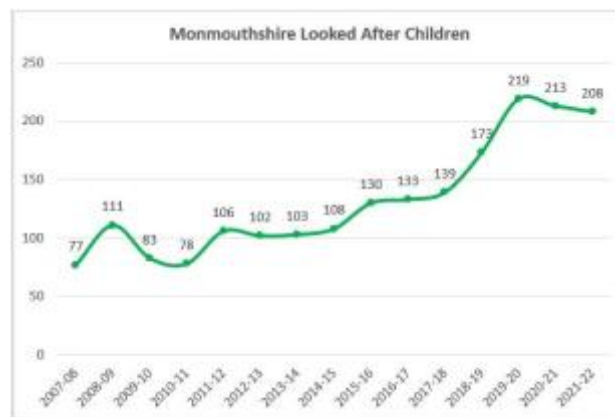
'It's been beneficial for us to have someone who was willing to listen and help with such an awful situation for the children to be in.' - Parent

How we helped me and my family so much. Thank you so much.

## Challenges and Opportunities

- ▶ Increased demand & complexity across all services - using volunteers & students to build up capacity & resilience looking for opportunities to grow teams & reduce waiting times
- ▶ All teams are working on their Participation Action Plans & we are working on improving systems for collecting children's feedback, use data to refine & improve services
- ▶ Group work approaches for children & families
- ▶ Development of the Advice Service to become embedded within community hubs to provide support at the earliest stage
- ▶ Work with schools to explore how young people might be better supported around particularly stressful times & work with partners to reduce the number of children whose school attendance is impacted by emotional based school avoidance (EBSA Project)
- ▶ Work with partners to develop integrated approaches to young people's wellbeing

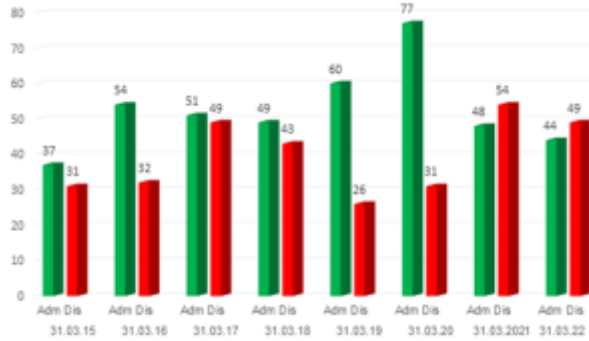
*Work on safe reduction of the numbers of children who are looked after*



This year we showed a further slight decline in the number of children who are looked after from 213 to 208. The figure of 208 includes 2 Unaccompanied Asylum Seeking Children (UA SC) and last year's figure



included 3 UASC. It is anticipated that responding to UASC, as well as the needs of unaccompanied children from Ukraine, is going to be a feature of the year ahead.



During the year 44 children entered care and 49 ceased being looked after.

The following table shows the number of children and young people ceasing to be looked after between 1st April - 31st March each year during the period 2013 to 2022 and reasons for ceasing using Stats Wales categorizations.

Leave Reason	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
When On Ready	0	0	0	0	0	4	2	3	2
Adopted	2	0	1	3	0	3	1	1	0
Case taken over by another LA in the UK	0	0	0	0	0	0	0	0	0
Returned home to the with parents	17	13	12	18	24	7	16	17	13
GGO	21	3	6	7	1	2	0	11	11
Moved into independent living	0	0	0	0	0	0	0	0	0
Transferred to adult social services	1	0	0	0	1	1	0	3	0
Ceased for other reasons	4	7	7	13	9	9	4	13	13
Sentenced to custody	0	0	1	1	0	0	0	0	0
<b>Total</b>	<b>44</b>	<b>23</b>	<b>27</b>	<b>45</b>	<b>41</b>	<b>26</b>	<b>31</b>	<b>54</b>	<b>49</b>

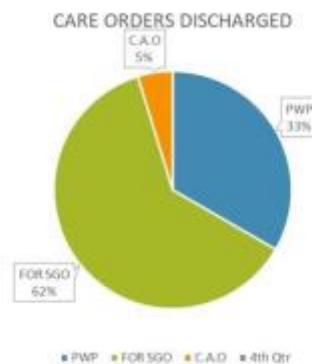
Our reduction strategy is supported by the work of the **Monmouthshire Families Together Team (MFT)** to progress discharges of care orders. This year is the 2nd year of the team’s implementation and has

seen the team really bed-in and become an integral part of the service. Monmouthshire Families Together team work in an integrated way with the statutory social work teams and get directly involved in care planning for children. This has helped to maintain our reduction of children on care orders placed at home with their parents (PWP) and increased children in permanency arrangements through Special Guardianships.

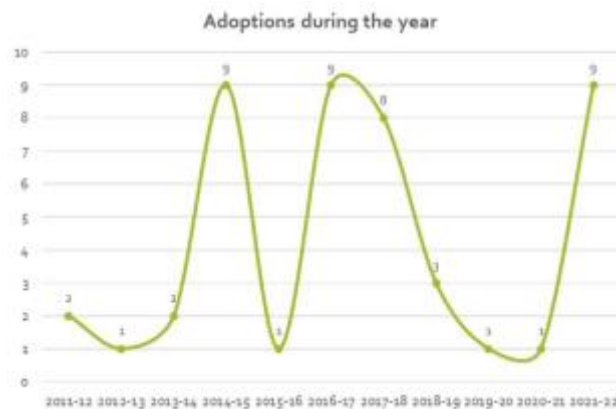
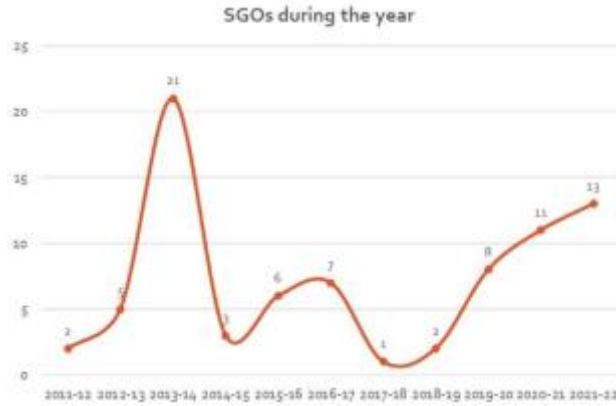
Where Care Orders are in place for children living with their parents (PWP) or with wider family members (kinship care), the Families Together Service provides intensive, targeted, interventions in an effort to develop parenting capacity to a level that ensures risks are managed and the child's needs can be safely met independent of statutory services. The success of this model can be measured by the number of Care Orders that are discharged or varied/replaced for a Special Guardianship Order.

From the 1st April 2021 – 31st March 2022, 21 children's Care Orders have been discharged. This data can be summarised as follows; 13 of those Care Orders were replaced for Special Guardianship Orders for children who were placed with kinship carers (11 placements). 7 Care Orders were for children who were placed with parents (PWP) (6 placements). 1 Care Order was varied for a Child Arrangements Order following a positive intervention via the Families Together Team. Of the 7 PWP Care Orders that were discharged, 5 were via a direct application to the Court, the other 2 were agreed as the outcome of the ongoing care proceedings (Interim Care Order not felt needed to be extended).

Of the 21 Care Order discharges within this timeframe, Families Together delivered interventions with all of these cases.



Converting Care Orders to Special Guardianship arrangements is part of our strategy to ensure that children are in the right permanent placement for them, and where possible to reduce the numbers of children in care. We support carers through undertaking special guardianship assessments, and where required develop a special guardianship support plan, sometimes including life-story work for the child. We review all our special guardianship arrangements on an annual basis, and keep in touch with carers through training, newsletters, and support groups.

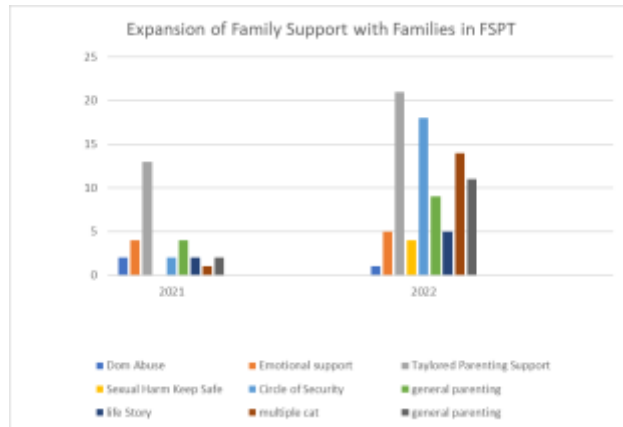


As expected this year, we have been pleased that the children whose permanency plan was adoption have been progressed. It can often be challenging to find the right adoptive placement for a child. We work with the South East Wales Adoption Service (SEWAS) and in partnership with Voluntary Adoption Agencies to secure suitable placements and provide support to new parents.

This year has seen a focussed drive on developing the right culture and practice to prevent and divert children away from court proceedings through a **re-focus on child protection planning and pre-proceedings work**.

By analysing reasons for previous increases we are beginning to tackle some of the underlying causes, where these are in our control, specifically around our approach to risk management; child protection planning and our use of the pre-proceedings framework.

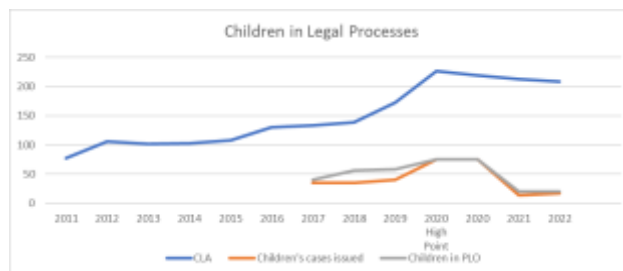
As part of ongoing improvement planning, we re-prioritised our “Practice and Culture Change” programme. A primary aim of the programme is to ensure that assessments, care planning and family support were robust at an earlier stage within the Child Protection process thereby ensuring children and families case work was managed within the “appropriate” arena, away from a legal process wherever possible.



The Family Support and Protection team were the central point for change within the service. Some of our work to date has included:

- Development of the Family Support Worker role within teams to support assessment of parental capacity to change, aligned with the concept of “prevention” within all tiers of the service
- Established of Practice Lead for ‘in-team’ Family Support Work
- Developed Family Support Work programmes with an average intervention of 12-26 weeks to compliment established family support services.
- Strengthened the leadership structure within the Family Support and Protection Team
- Developed a network approach to working with children pre-child protection to help manage demand

These changes in practice and culture within the teams has led to a reduction in the use of legal processes. This often supports better outcomes for children and families and represents a small reduction in spend for the Local Authority particularly in the legal costs of public law care proceedings.

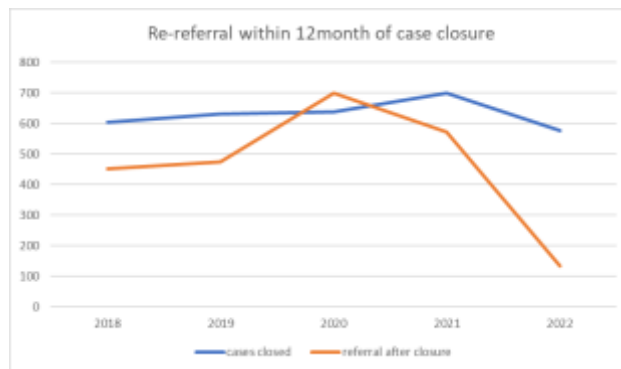




Correspondingly we have seen a rise in child protection registration figures. This is in line with our current practice objectives around retaining children within child protection planning and holding ‘risk’ differently.

The Quality Assurance report completed by the Child Protection Co-ordinator in April 2022 comments,

*“The statistics would suggest that the children are remaining on the Child Protection Register to ensure the Child Protection Plan is completed in its entirety and the risks to children have significantly reduced. Most de-registrations in the last 6 months have resulted in a Care and Support Plan (24) opposed to Legal Orders being in place (9). Supporting the view that de-registration is based on work being completed and improvements being made rather than cases entering the Court Arena”*



Data in regard to re-referral of families/children back into the Statutory Service supports the Child Protection Co-ordinator's position that families supported for longer via a child protection approach are less likely to be re-referred into the service, hence slowing the "revolving door" for families.

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### *Placement Sufficiency*

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The Local Authority has a duty to provide sufficient suitable placements for children who are looked after. Placements should provide a warm and nurturing environment for children and ensure that the child's holistic emotional and physical needs are fully met. Placements should be available close to home and community to allow essential links and support networks to be maintained.

The lack of placement sufficiency has been an issue of growing national concern. Put simply, there are not enough placements for children who need to be looked after. The causes of this are twofold: i) Challenges in recruiting and retaining foster carers; some of these challenges are shared with other Local Authorities and some are specific to the demography of the County. ii) Increased instability in the provider market following the Welsh Government commitment to eliminate profit from children's social care.

The reality of this is that for some children, particularly those with the most complex needs, it can be extremely difficult to find any placement at all. There have been 4 occasions this year when the Local Authority has been required to look after a child without the benefit of a registered placement. This is of extreme concern to the service and presents legal and financial risks to the Council.

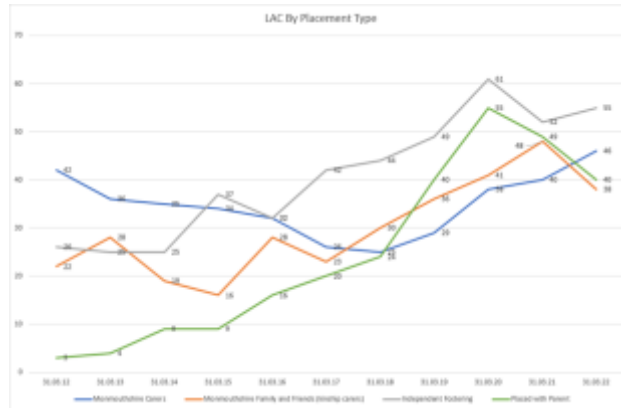
We are taking steps to address the issue of placement sufficiency by:

- Working in partnership with local providers to expand local residential provision
- Maintaining our focus on the recruitment and retention of foster carers in partnership with Foster Wales
- Working with our regional partners within Gwent to implement a regional sufficiency strategy including the expansion of Local Authority residential options.

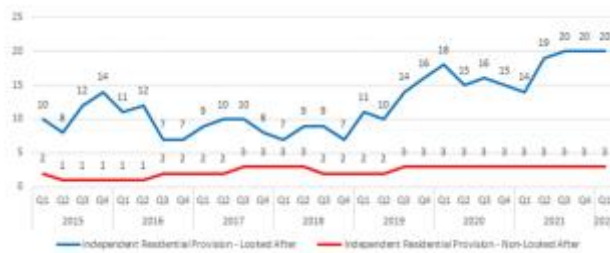
### *Placement Activity*

When a child comes into care we always explore family options first. If a family option is not found, children are placed with Monmouthshire in-house Foster Carers unless it is identified that the assessed needs of the child cannot be met from this provision. This will be either because there are no vacancies or because there are no in-house foster placements that can match the child's needs. In these situations

we look to Independent Fostering Agencies (IFA), or residential provision, again depending on the needs of the child.



2 - The distribution of placements at year end.



3 - Numbers of children in residential placements at year end.

This year end data tells us that:

- Although the ratio of independent foster carers to in-house carers is closing we are still a long way from where we would like to be i.e. the majority of children placed with in-house carers.
- The decrease in numbers of kinship Foster Carers and children on care orders placed at home corresponds to our work on ‘safe reduction’.
- The use of residential placements for children is still too high.

With regards to the use of residential provision, this is partly attributable to the overall shortage of foster placements. Some children who could be better looked after within a fostering environment are in residential care because there are no suitably skilled foster carers available. Normally speaking it is children with the most complex needs who enter residential care. Sometimes the only placement option available for a child will be out of area, making it harder to support good outcomes. The cost of residential placements is extremely high, and represents the most significant pressure on the Children’s Services budget.

Where we can we continue to reduce or prevent residential placements through our MyST service. We ensure that each child in a residential placement has an appropriate progression plan to return to family

based or supported living whenever possible and continue to tailor our support and development offer for carers to increase options for more specialist foster care.

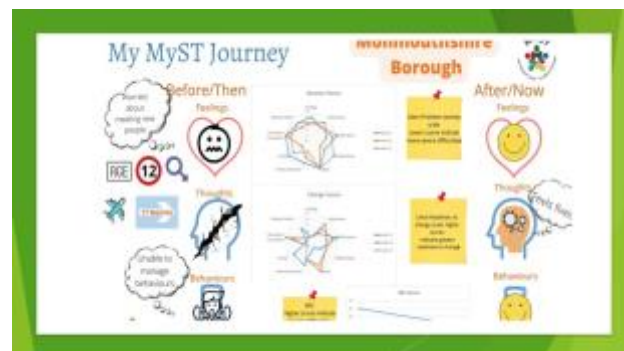
MyST is a multi-disciplinary team that provides 24 hour attachment and trauma based support to young people and carers in a way that allows a child to learn and develop through a dynamic approach to risk. This is long-term work with some of our most vulnerable and complex children. It is a well-established service regionally, and has been externally evaluated to show that it releases both cost savings and cost avoidance to the Council. Frustratingly, for Monmouthshire however; MyST is currently hampered by the overall lack of specialist foster carers.

MyST provides individual consultations to help carers and teams understand children and care for children who have disrupted attachment and have experienced trauma through adversity, abuse or neglect. This helps to reduce the risk of placement breakdown and builds knowledge and skills across the service.



### MyST - what we do

- ▶ Intensive - 24 hour support to a small number (15) children/young people & their caregivers
- ▶ Consultation to foster carers, parents, kinship carers, social workers & direct workers to help them understand & meet children's often very complex needs
- ▶ Long term direct work with children/young people & their caregivers







- ▶ 55 consultations were undertaken with 77 individuals, 63% attendees said consultations were extremely valuable
- ▶ 100% of those using the service said they would recommend the service
- ▶ Out of hours on-call was used 113 times with calls taking between 10 minutes to over 4 hours
- ▶ 13 individual children/young people were worked with over the course of a year



Monmouthshire Foster Carers are a highly dedicated and skilled group of people, who are the very heart of our services for children who are looked after. Foster carers provide stability, nurture, care and support to some of our most vulnerable children and deserve the highest praise.

The Placement and Support Team work incredibly hard to recruit, assess and support foster carers. They work closely with carers to support applicants through a challenging assessment process; understand

their development and training needs and provide carers with personalised supervision and support. Overall, the number of in-house foster carers has increased over the last 4 years from 24 to 40.

Follow this stack to read some of the compliments that have been received over the year.

### **Compliments**

*"the assessment process has been lengthy but thorough. At times it has been uncomfortable thinking about things that have happened in the past, but overall, it has been a positive experience."*

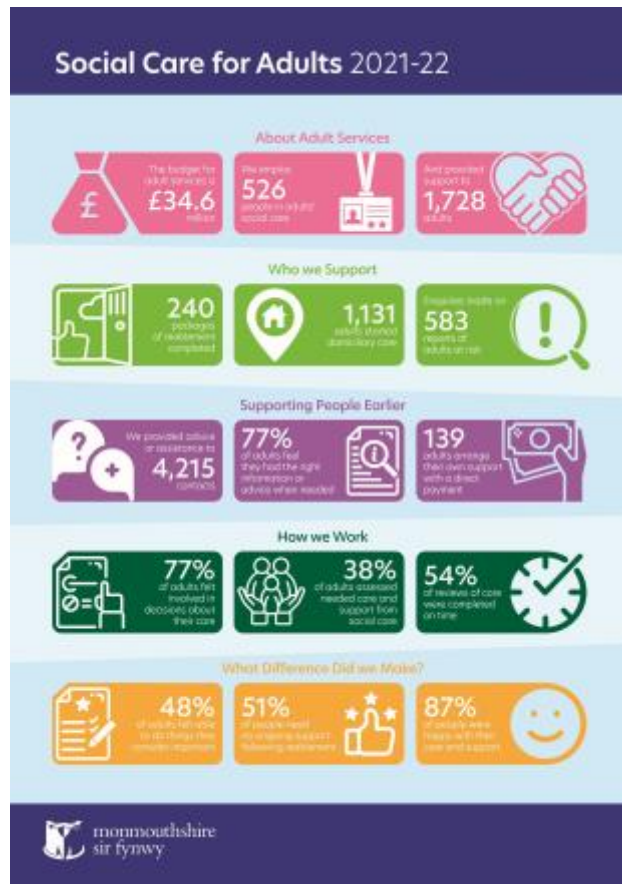
*We have always been a 'talk a lot' family but this whole experience has made us think deeper and made us realise that we are really strong as a family with a lot to offer. We are really pleased that we are going to be recommended by K who has made us feel comfortable and supported and has made our journey to becoming Foster Carers as smooth as possible.*

*In the initial skills to foster sessions we thought 'what are we doing' as everything seemed so alien. But with every session getting to know the other potential Foster Carers things started to fall into place and gave us a deeper insight into what fostering is all about. We know now that it is not about giving a child a roof over their heads and caring for their needs, but it is also about looking at things from a child's perspective, the individual child's perspective. It has seemed to take an age to get to the review panel but it has brought us closer together in the Agreement that it is the right way forward for us whether it be long term, short term or respite fostering. Our assessing Social Worker Kathryn O'Keefe has a gift of mixing formal with the informal making us and our family at ease and we are pleased that she has recommended our approval as Foster Carers".*

*"I have just spoken to B and just wanted to thank you for your support at this time. Much appreciated!"*

The team has numerous emails from Foster Carers thanking us for their gift boxes for various events. For example, Christmas and 'Fostering Fortnight gift boxes' *"Could you please pass this thank you on to Llinos and the Fostering Team? What a lovely surprise to come home to today, a lovely afternoon tea for two! Thank you so much! Wishing you all a peaceful and Happy Christmas!"*

### 3. Adult Services: Overview



Monmouthshire Adult Services comprise of a wide range of social care and health services for individuals aged over 18 who have care and support needs.

During 2021 / 22 Adult Services dealt with 6,633 contacts into the service regarding Monmouthshire residents and provided advice or assistance to 4,215 adults who were not already in receipt of care or support, and undertook 2,177 assessments.

The purpose of Adult Social Care and Health in Monmouthshire is to **help people live their own lives**. Key to this is the ability to understand what matters to people and to identify the support and or services required to find solutions to the issues they face.

Adult Social Care and Health is available to people aged 18+ for both short or long term interventions.

We know that at times of need, health and social care systems often seem complex, confusing and hard to navigate and we have worked over many years to establish an integrated and seamless approach to make this easier.

Across the county we have 3 integrated “hubs” – Abergavenny, Monmouth (which includes Raglan and Usk) and Chepstow (which includes Caldicot). Each hub has a single management structure and brings together a variety of resources e.g., Social Workers, district nurses, Physiotherapists, Occupational Therapists, support staff, facilities, day services (some hubs also have in-patient community wards, and some have rehabilitation beds).

This integrated approach helps both the people and families supported by the service as well as the people working within it. We are developing this further by designing more local teams using a place-based approach.

Anyone can access Adult Social Care and Health – there is no specific criteria, and we receive referrals from many places, such as hospitals, GP’s, families and of course the person themselves.

Our mental health and learning disability services also work in teams with their health colleagues across the North and South of the County.

Adult services also includes:

- Commissioning – working with the independent sector (domiciliary, residential, third sector)
- Commissioning also manages our My Mates and My Day My Life services which are mentioned within the report.
- Severn View – residential home for people with dementia
- Monmouthshire Meals
- Carers Team – supporting people who have caring responsibilities
- Changing Practice, changing Lives – working closely with the third sector and community teams to support people to be part of their community



Monowvale  
Health and Social Care Centre



## Mardy Park Resource Centre

Although the services are wide ranging and varied, they have in common a set of values that are rooted in social care practice and epitomise the principles of the SSWBA such as *choice, voice and control*. We believe that services should be designed around 'what matters' to an individual, supporting people to live their own best lives, as defined by them.



4 - Click play to see how we work



We understand that defining personal outcomes and helping people to reach their own wellbeing goals will look differently for everybody.

To help us express this idea we have developed our 'Wellbeing Tree' in partnership with Swansea University and community groups.

Our practice is strengths-based and seeks to build on the personal resources and assets that the person has, alongside what is available within families and communities. This is because we understand that individual, family and community resilience is more valuable and certainly more sustainable than statutory support.

## BASIC FLOW

- Multiple-front-doors
- Community Conversations
- FISH
- Assessment
- Care and Support
- Review



## : Strengths Based Practice

- Outcome focused public services
- Collaborative communication
- Exploring personal outcomes
- Supporting a skilled workforce

## Skills: engagement to outcomes

- A shift from a process supported by conversations...
- To a series of empowering conversations supported by a process.

- The key elements of good communication.?

- Empathy
- Warmth
- Clarity about concerns
- Recognition of strengths

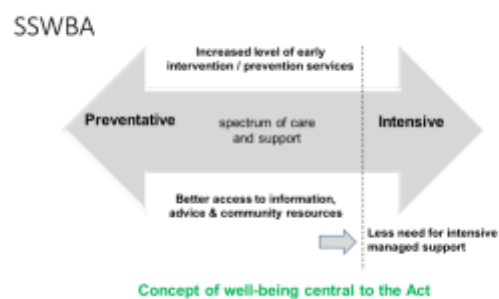
## What is the transformation we are trying to achieve ?

Challenges	Solutions
Difficulty engaging some individuals/families	Skills and approaches that lower initial defensiveness
Increased dependency on services by some individuals/families	Clarification of goals and realistic outcomes, recognition of strengths, knowing when and how to leave
Levels of 'red alert', making people avoid the system	Confidence in skills skills to deal with a range of more effective
Profile specialist assessment and advice needs resulting in families moved about in the system, wasting resources	Confident skills listening ability and understanding key underlying needs, getting to the heart of the matter more quickly, saving resources
Service users who have lost confidence in the system	Listening ability, Empowering service users to be central to their care plans



To support our workforce to practice according to our values we continue to embed Collaborative Communication training across the service.

## Prevention and Place-Based Working Through a Partnership Approach



Over recent years we have remained constant in our belief that providing support as early as possible and working preventatively helps people stay independent for longer and can delay or prevent the need for more complex care and services.

We also know that we can't provide early help services alone and work closely with our partners both within and outside of the council including many third sector and voluntary organisations. Together with our Gwent partners, particularly ABuHB, we are refining our concept of 'well-being networks' and developing what this means for Monmouthshire. A good example of this is our wellbeing link workers, employed through GAVO, and embedded within community health settings. Similarly, responding as we did to the COVID pandemic helped us cement our collaborative relationship with the Council's Partnership Teams and volunteer networks giving us even more experience of working together within communities and creating opportunities to increase involvement and social connection for people.

To help us understand and facilitate community networks we have invested in a system developed by Hitachi during the pandemic called Community Links. This will, in time, enable various teams supporting people and community groups to use the same platform and should provide invaluable information around provision and gaps within a community. It is already allowing our wellbeing link workers to support people by linking them with appropriate community resources.

We recognise the importance of place and community and have continued to develop our concept of '*place based working*'. In essence this means a way of working that builds a network of community support to help people remain connected to things that matter to them supporting their health and wellbeing. By bringing a range of agencies together across social services, primary and community health services, and the third sector, with a shared purpose of supporting people's wellbeing, we are

able to share skills, expertise, time and increase the opportunities for people to access support in the community without needing formal services.

*“Place-based working is a person centred, bottom-up approach used to meet the unique needs of people in one given location by working together to use the best available resources and collaborate to gain local knowledge and insight”.*



# Mr Thomas' 'Community Conversation'

### Background

- Mr Thomas was brought to community conversation by the social care assessor at Mardy Park in Abergavenny. A year ago Mr Thomas had lost his wife and since then had been feeling very low in mood, lonely and feeling very isolated. He used to do everything with his wife. They would both work in their large garden in the spring and summers and go the Abergavenny Market every week together.
- Mr Thomas had been referred to social services after his son had called to say that they were worried about him as he wasn't looking after himself well and had started to drink alcohol more regularly. After speaking with Mr Thomas, the social care assessor found out that he was feeling very lonely and disconnected from the things that made him happy. He wanted to do some of the things he did before his wife died, and feel more connected to his neighbours and wider community. He gave permission for the assessor to talk about his situation via a community conversation.



We are currently using a practice model called 'Community Conversations' to facilitate living well through community and connection. Mr Thomas's story is a great example of this.

We are embracing developments and advances in digital technology to support people with their independence and reduce isolation. Some case examples of how we use digital technology to support people can be seen in section 5.

In the year ahead our aim is to develop integrated approaches based within communities even further, working together to understand local needs and priorities, coordinating services and using local resources to promote the wellbeing of individuals. We will be supported in this endeavour through the national approach to Neighbourhood Care Network (NCN) development and locally under the auspices of the now well-established Monmouthshire Integrated Partnership Board.

We continue to develop our social care hubs to maximise opportunities to provide advice and support to people *where they are* and to make services visible and accessible within the community.

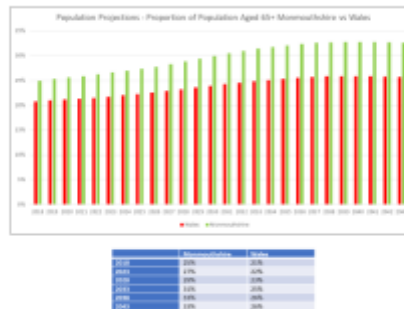


## Statutory Care and Support

Although we have remained steadfast in our commitment to developing our early help offer in Monmouthshire, the demand for statutory care and support continues to rise within our Integrated Teams. In every aspect of our Integrated Teams over the last year, *DEMAND* has outstripped *SUPPLY*.

Broadly speaking this can be explained in three words: demographics, COVID, workforce.

Census data tells us that the age demographic in Monmouthshire is increasing i.e. overall the population within the County is ageing, as illustrated by the graphs.



In headline terms the 2021 census data shows that:

- The largest age group in Monmouthshire (and Wales) was those aged 55 to 59 years

- 25.8% of Monmouthshire's population was aged 65+ (24,000), higher than Welsh average (21.3%)
- In Monmouthshire, the total number of people aged 65 years and over increased by 26% between 2011 and 2021, the highest increase of all the Welsh local authorities. This compares with a 17.7% rise across Wales.

The older people are, the more likely they are to need care and support due to frailty, illness, dementia, disability and isolation.

In the context of this demographic, the impact of the COVID pandemic, particularly on our most vulnerable residents and carers, has been considerable and the effects continue to generate powerful demand pressures across the system.

Over the last two years, many people have not been able to access the medical attention or care and support they require resulting in delayed and more complex presentations. Added to this is the increased care and support needs of people whose health has been compromised by COVID.

The third element impacting the supply - demand equation is the workforce. Growth in demand is not aligned to a similar growth in the workforce with significant recruitment and retention challenges across all posts. Occupational Therapy is particularly affected as well as all direct care posts both within Local Authority services and those of our third sector partners, such as domiciliary and residential care. The social care and health workforce, whilst showing such incredible fortitude and resilience, has been under sustained pressure for over two years now without let up. The workforce as a whole could best be described as fragile. Given also the indications that decreasing numbers of people are choosing careers in care, sustaining an adequate, skilled and resilient workforce remains one of the top priorities for the service.

These demographic, demand and workforce pressures were clearly in evidence and of significant concern pre-2020. It is understandable, therefore, that COVID is viewed by many as a *crisis within a crisis*.

### Impact on our service

In the context of increasing demand and a depleted workforce we are experiencing delays in provision. In many instances this has created situations where we have struggled to meet the care and support needs of our residents and where 'voice, choice and control' for some of our most vulnerable individuals and their families has been compromised. These issues challenge us at the very heart of our practice and value base.

We have completed fewer number of packages of reablement, started less domiciliary care services and our weekly unmet need within home care has reached 2000 hours. There are waiting lists being operated for both social work and occupational therapy. All of this clearly impacts on our ability to respond preventatively to people's needs and over time both exacerbates demand and has a demoralising effect on the workforce.

Reflective of the challenges we are experiencing, whilst our Adult Social Care service user questionnaire shows a high proportion, 86.9%, of services users who are happy with their care and support, this represents a decrease and is below levels seen in previous years. Feedback from services users also shows a slight decrease in other areas including communication and involvement in their care and whether care and support is meeting their needs.

Delays across the health and social care system is creating challenges and tensions within partnership and integrated working, particularly in the area of hospital discharge arrangements. The impact on individuals remaining in hospital longer than they should, are, at best, not conducive to achieving positive outcomes and at worst, can be devastating.

Notwithstanding the scale of the problems, it is incumbent on us to work strategically and operationally with our partners to seek solutions. Aligned to the 6 goals programme at a national level, this work includes:

- Working closely with our partners to better understand and manage demand at a preventative level.
- Working with partners to develop services, practice models and multi-disciplinary working to reduce unnecessary admissions;
- Working with partners to manage the flow through health care settings using a social care perspective, that puts individual rights and choice, including positive risk taking, at the centre of effective discharge planning
- Continue to take steps to address the fragility of the social care provider market,
- Continue to work with others around the recruitment and retention of the social care workforce.

Our award winning **Community Nights Service** is a great example of how we are beginning to address the second bullet point.

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### *Community Night Service*

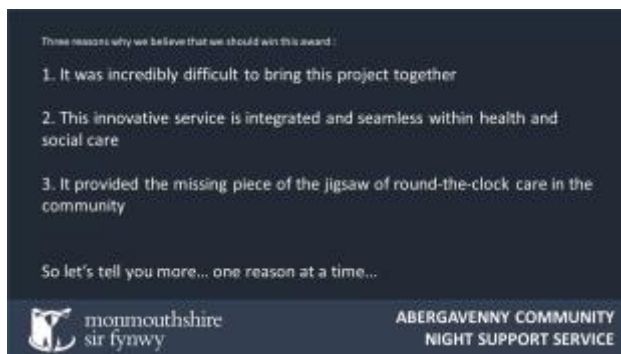
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The team originally started in August 2020, generated from the idea of one of our Occupational Therapists who had a 'vision' about domiciliary night care. It started with a team of three members and 1 bank staff who covered 7 nights a week and covered the North of Monmouthshire. It has since grown to cover the whole of Monmouthshire with 4 teams out each night. The team is currently supported through partnership grant funding (the Regional Integration Fund).

The LGI (Local Government Innovation) award ceremony was held in London on November 4th 2021 where the service was given a 'Highly Commended' in the Health and Social Care category.

Here is the slide show that was presented for the award.

The Community Night Service currently supports around 50 people a night throughout Monmouthshire including scheduled home visits, adhoc visits, phone calls, and careline responses.



## 2. This innovative service is integrated and seamless within health & social care ...

- Now established as part of the Abergavenny Integrated Services Team
- Existing staff seconded to night-time roles
- Worked with what was there and adapted existing systems
- Now an integral part of the wider integrated team's assessment and support planning
- Working to the principles of Abergavenny Integrated Services Team



ABERGAVENNY COMMUNITY  
NIGHT SUPPORT SERVICE

Feedback from a Paula Holborn, Social Care Assessor:  
*"With the night support team it is definitely NOT one size fits all. They are tuned to the individual's needs."*



ABERGAVENNY COMMUNITY  
NIGHT SUPPORT SERVICE

## 3. It provided the missing piece of the jigsaw of round-the-clock care in the community ....



ABERGAVENNY COMMUNITY  
NIGHT SUPPORT SERVICE

This small piece of the jigsaw has a huge effect on people's lives

Feedback from Angela Jones, Occupational Therapist:

*"People can sleep in their own beds and not have to go into care – that is worth everything. We can thrive so much at the day-time but overnight the gaps appeared people risk having to leave their homes if we can't make sure they feel safe and cared for. Not everyone can afford live-in care and so this service provides equity and everyone gets a chance to stay at home."*



ABERGAVENNY COMMUNITY  
NIGHT SUPPORT SERVICE



**One call can make all the difference**

It's not difficult or complicated, usually just basic care as shown in these examples...



Feedback from M, an 18-year-old man with cerebral palsy who is currently receiving our service:

*"The night team gave me the confidence to move into my own flat when I had always lived with my mum and had never been on my own at night. Knowing they are there to call on keeps me living independently as I cannot get out of bed on my own, and washing is too much trouble including picking up my remote control when I dropped it and making me a cheese sandwich at 3am!"*

**ABERGAVENNY COMMUNITY NIGHT SUPPORT SERVICE**

Feedback from daughter of C, an 85-year-old lady living alone:

*"Mum is grateful for help in the middle of the night and she feels more secure having someone around to help with spending a penny and any other issues that arise".*



Feedback from daughter of G, an 96-year-old lady with advancing dementia and at high risk of falls, living alone:

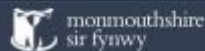
*"By the night team visiting to check Mum was safe and in bed we were able to dispense with the bed alarm which kept going off for no reason and to return back to living in our own home, and even have a night away to visit our daughter."*

**ABERGAVENNY COMMUNITY NIGHT SUPPORT SERVICE**



There are 24 hours in a day...

- A 24-hour approach to assessment is now possible
- Viable and realistic night support is now available
- These options are now embedded into the integrated service team's "toolkit" and provide them with choice to offer the people they are supporting



**ABERGAVENNY COMMUNITY NIGHT SUPPORT SERVICE**



**COMMUNITY NIGHT SUPPORT SERVICE**

What a difference a year makes:  
 1<sup>st</sup> September 2020 – Pilot team started in Abergavenny  
 12<sup>th</sup> February 2021 – Further funding application made to ICF  
 14<sup>th</sup> July 2021 – Further recruitment  
 1<sup>st</sup> September 2021 – **FULL ROLL OUT ACROSS MONMOUTHSHIRE**  
 (4 teams)

monmouthshire sir fynwy

In summary...

With this innovative project we have shown a light on the need for 24-hour services to such an extent that they are quickly becoming an indispensable part of our support to keep people at home.



It makes a massive difference to people being able to have their own homes at the end of a day.



I would like to thank them very much for easing my life...

The stories we have shared have been made possible by the dedication and commitment of a few people despite the challenges of setting up a unique night time service with limited funding whilst navigating the pandemic.

monmouthshire sir fynwy

**ABERGAVENNY COMMUNITY NIGHT SUPPORT SERVICE**

By working together...  
 By listening to the needs of the most vulnerable in our community...  
 By finding new, innovative ways of working...



... We've overcome the challenges and achieved more than we thought possible. We now hope other local authorities will follow the model of service we've created. We'll continue to innovate and meet changing needs. Monmouthshire's residents can now receive the support they need and deserve.

monmouthshire sir fynwy

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### Focus on Domiciliary Care

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Domiciliary Care is the cornerstone of Adult Social Care and Health, and is provided through a mixture of in-house and third sector providers. The demand for care at home is currently extremely high and has been on an upward trend for several years. We work hard to support our partner provider agencies, and have expanded our in-house provision to try and meet the demand. However, the ability to procure home care remains very challenging. The provider market is currently extremely fragile, with the risks of packages of care being 'handed back' to the Local Authority presenting a constant worry.

All other services in adults are reliant on domiciliary care and the impact of the crisis affects all elements of the service.

At the moment, we are seeking to re-design the way that we provide care at home. We want to work in a more integrated way with providers including changing the way that we commission care and

introducing increased flexibility in the way that people's individual outcomes are achieved. Our aim is to expand care at home options in a way that is dovetailed to the needs of individual communities with ideas including supporting 'mirco-carer' enterprises; walking 'runs' to help with recruiting non-drivers as well as patch-based commissioning. These interventions go hand in hand with ensuring that our practice is sharpened around quality of care, assessing and defining personal outcomes and undertaking reviews.

These slides show in more detail where we have unmet need. Notably this tells us that there is more unmet need within communities than within hospitals, and that there is less of an acute problem in the North of the county than in the South and Central areas.



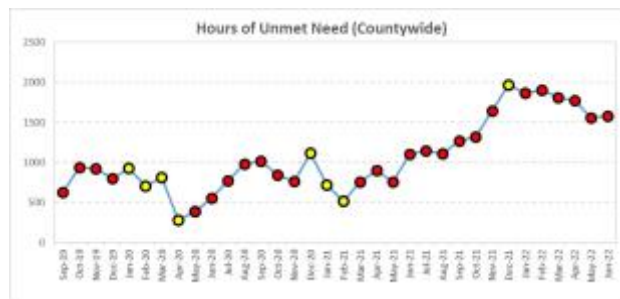
### Domiciliary Care is the cornerstone of Adult Social Care and Health.

#### What constitutes domiciliary care?

- Enablement
- Long term care/ dementia
- End of life care
- Night service

#### What do home carers do?

- Carers support people according to their individual needs and desired outcomes, and deliver care in line with the person's care and support plan
- It could be four double handed calls per day
- It could be walking to the paper shop
- Carers get to know people on a day to day basis so are critical in monitoring their wellbeing



### Demand – Unmet Need by Place Based Areas

Area	Hours
Abergavenny Rural	23.25
North Abergavenny	100
South Abergavenny	1
West Abergavenny (New DCLL)	82.5
<b>North Monmouthshire</b>	<b>298.75</b>
Central Monmouthshire (New Raglan)	124
Uk & District	582.5
Monmouth Rural	81.25
Monmouth Town	203
<b>Central Monmouthshire</b>	<b>395.75</b>
Caldicot Town	557.5
Chepstow Rural	158.5
Chepstow Town	329.5
The Levels	138.5
Caldicot Rural (New)	41.25
<b>South Monmouthshire</b>	<b>795.25</b>
<b>Total</b>	<b>1581.75</b>
Number of People waiting for POC	142



Type	Hours	People	%
a) In Reablement waiting for LTC	88	12	8%
b) No Care at Home waiting for LTC	657	74	52%
c) In Hospital ready for Discharge	469	31	22%
d) Change of Care and/or Agency	186	16	11%
g) In Care Home waiting to go home	68	4	3%
h) In Hospital not fit for discharge	32	1	1%
f) Step Closer to Home (ABUHB)	81	4	3%
<b>Grand Total</b>	<b>1581</b>	<b>142</b>	<b>100%</b>

Notes: Normal position of between 600 – 800 Hours

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## Carers

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Carers Co-ordinator  
Tel: 01291 675474



April 2022

### Monmouthshire Carers

A Partnership Between GAVO & Monmouthshire County Council

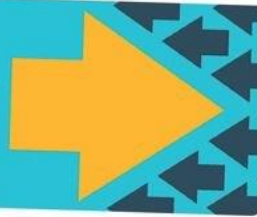


#### *Goodbye and Good Luck Tracey!*

Can you believe it, after 17 years Tracey Davies, Carers Co-ordinator is leaving us, and moving onto pastures new. During those 17 years Tracey has built up a carers database that is now providing newsletters, activities, events, training and information to over 1200 Monmouthshire carers. Whilst Tracey works for GAVO she has been an integral part of the Monmouthshire Carers Team and most importantly someone whom carers know they can rely upon for being friendly, helpful and knowledgeable. We are going to miss Tracey, yet it's an exciting new chapter Tracey starts and we want to say thank you to Tracey for her dedication in supporting Monmouthshire Carers, and that she enjoys all the good things ahead of her.

#### Changes are Afoot

There is going to be a transition of change after February, when Tracey Davies leaves her role as Carers Co-ordinator, GAVO and when a new person steps into the vacant role. The Carers Co-ordinator role is pivotal in maintaining the carers database, producing and disseminating the carers newsletter, co-ordinating and organising carers events and training and managing the leisure card scheme. The Carers Team, Monmouthshire County Council are working with GAVO to ensure there is minimal disruption during the interim period. So please bear with us in the meantime.



#### Carers Week 2022

8th June 2022 Well-being Day – Mind Monmouthshire;  
9th June 2022 Carers Walk – Cefn Isla, Usk;

#### ...INSIDE THIS ISSUE

Carers Co-ordinator;	Carers Hub;	Carers UK;
Carers Week 2022;	Men's Shed;	Monmouthshire Carers Network;
Young Carers;	Carers Handbook;	WhatsApp;
Carers Carers Rights Day;	Royal British Legion;	EPPCymru.

Welcome to Monmouthshire  
Young Carers Service



The Young Carers Service is working with a caseload of young carers and families that are receiving the 12-week Intervention support depending on their level of need. This programme focusses on their goals which includes emotional and/or practical support.

During February half term the Young Carers team organised some activities one of them being a Pottery session in Lollypops and Ladybirds as an opportunity for the young carers to take part in a fun creative therapeutic activity.

We had a great time and parents were invited to get involved to provide the family with some much-needed time out.

The young carers were able to socialise with people who understand their situation and to make new friends.

A great day was had by all.

Feedback from a Mum \*  
Thankyou for today we had a great time and it was lovely to spend some much-needed time with others who are in our situation\*

If you are a young carer/young adult carer aged 25 years and would like any support, please contact the young carers service on:  
Email: [YoungCarers@monmouthshire.gov.uk](mailto:YoungCarers@monmouthshire.gov.uk) / Tel: 01633 644621



### Carers Rights Day Luncheons

Over 40 carers in Monmouthshire enjoyed a three course Christmas luncheon at Llanfoist Golf Club to promote Carers Rights Day.

The luncheons took place on Wednesday 24th November and 1st December, 2021. Carers relaxed and chatted over a scrumptious Christmas feast...

A great day was had by all!



## TIPS TO HELP YOU STAY CYBER SAFE



### Top Tip

Always install anti-virus software on your devices.

For help and advice about staying safe online visit:  
[www.ofcom.org.uk](http://www.ofcom.org.uk)

#### Social Media

- Be wary of the data you post on line. Social media sites do sell your data onto third parties so posts you share can also be shared with a wider audience. Don't put countdowns to holidays on there. Limit the data you post about yourself in your profile. Always keep your on-line presence small.

#### Shopping safety

- Fake emails offering a refund will ask for bank details IGNORE IT
- Received an email from a friend asking to buy a gift card for them? IGNORE IT
- Look out for look-a-like websites, safe sites start 'HTTPS'
- Protect your cards by using RFID card protector sleeves.
- Stay vigilant for counterfeit goods. If it sounds too good to be true, it probably is. IGNORE IT.

#### Passwords

- Never use the same password for different accounts, if one is hacked the others can be too. Use UPPER, lower case characters, numbers and special characters e.g. !Y0u3 Simply Th3 B3ut3. Check if your account has been hacked at:  
[www.haveibeenpwnd.com](http://www.haveibeenpwnd.com)

#### Phishing emails

- Check the spelling of the senders name and the email address. Hover over links to check where the link is pointing to. If in doubt, get the email checked out.
- Report Phishing to: [report@phishing.gov.uk](mailto:report@phishing.gov.uk)

## Men's Shed Sied Dynion



Mae'r grŵp yma i ddynion y gymuned MS allu trafod y pynciau sydd bwysicaf iddynt. Ymunwch a ni i gael paned neu peint drwy Zoom. Mae'r sesiynau ar gael i unrhyw un sydd gyda MS neu sy'n rhoi cymorth i rywun sydd yn dioddef.

Mae'r grŵp yn cwrd ddiwrnod **Mawrth cyntaf y mis am 7 o'r gloch y nôs**. Cysylltwch a'r Hwb Lies am fanylion.

(Yn gyffwrddol bydd y sesiynau yn cael eu rhedeg drwy gyfnewid y Saesneg)

email/e-bost:  
[wellbeingwales@mssociety.org.uk](mailto:wellbeingwales@mssociety.org.uk)

# MS Society



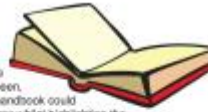
We are the group for the men of the MS community to get together and catch up on the topics that matter most. Whether you live with MS or support someone close to you, join us on Zoom for a moment to unwind!

We meet every month on the **First Tuesday at 7pm**. Contact the Hub for details.

## Are You A Carer?

Please let us know if you have changed your contact details so we can update the carers register.

## COMING SOON ...the New Carers Handbook



The Monmouthshire Carers Handbook has had a makeover! Whilst we have had many positive comments on how useful the handbook has been, carers have also given us some excellent suggestions as to how the handbook could be improved. The new handbook offers guidance and support for a carer whilst highlighting the need for them to think about their own needs beyond their caring role. The handbook also includes a directory of organisations that may be able to offer additional support to carers. In the meantime, the 2018 handbook is still available online at [www.monmouthshire.gov.uk/social-care/carers-project/](http://www.monmouthshire.gov.uk/social-care/carers-project/). Watch this space. We will keep you updated and let you know when the handbook is ready for circulation.

### SOUTH WALES ADMIRAL NURSE SERVICE



ROYAL BRITISH LEGION

ROYAL BRITISH LEGION

supporting those with dementia; to work with carers and practical advice for carers and their families on supporting those with dementia; to work with carers and practical advice for carers and their families on supporting those with dementia; to work with carers and practical advice for carers and their families on supporting those with dementia.

The Legion works with Dementia UK to provide Admiral Nurse support - a service that supports their beneficiaries, which can be the carer or the person living with dementia, who have served in the UK Armed Forces. The focus of the service is to maintain independence and improve the quality of life for carers and families and to provide the practical advice they need. Admiral Nurses have the experience to facilitate the service every step of the way, offering: skilled assessments to determine the needs of family carers and the needs of the person living with dementia; information and practical advice for carers and their families on supporting those with dementia; to work with carers and practical advice for carers and their families on supporting those with dementia; to work with carers and practical advice for carers and their families on supporting those with dementia.

#### Regional South Wales Areas Covered:

Bridgend, Cwmphyl, Cardiff, Rhondda Cynon Taf, Vale of Glamorgan, Merthyr, Monmouthshire, Neath Port Talbot Newport, Torfaen and Blaenau Gwent.

In terms of postcodes, we cover all CF and NP postcodes and SA10 – SA13.  
Telephone: 0333 011 4427 • Email: [admiral@southwales@britishlegion.org](mailto:admiral@southwales@britishlegion.org)



### Carers UK have launched new resources for carers about Disability-Related Expenditure

Carers UK have launched new resources for carers about Disability-Related Expenditure.

If you care for someone with a disability or a medical condition, there may be extra costs involved in helping them manage this. These are called disability-related expenses (DRE). Carers can claim help from their Local Authority regarding their DRE, but this is not always known about or widely shared, and it can be complex to submit a claim.

That's why, to help carers better understand what disability-related benefits are, including whether they are entitled to support, and how to make a claim, Carers UK have recently launched some new resources.

Please visit: [carersuk.org/help-and-advice/financial-support/disability-related-expenses](http://carersuk.org/help-and-advice/financial-support/disability-related-expenses)



# SUPPORT

**When you turn 18 there is still support out there for you**

#### **If you want to talk to someone**

You can talk to Ali Page who works within the Carers Team to see what support you might need. You may just want to talk about how turning 18 might change your caring role and the choices you want to make.

If you do want to have a chat then contact Ali Page, Young Carers & Young Adult Carers Assessment Worker, Monmouthshire County Council

Tel: 07956 188090  
Email: [AliPage@monmouthshire.gov.uk](mailto:AliPage@monmouthshire.gov.uk)

#### **If you want to keep in touch & know what's going on**

You will receive regular updates through the Carers Newsletter which contains information that could help you, gives you access to free events, updates on any new carers grants, access to leisure & wellbeing discounts whilst letting you know there is still support for you in Monmouthshire.

If you want to sign up to the newsletter then please contact Gwent Association of Voluntary Organisations (GAVO)

Tel: 01291 475474  
Email: [carers.co-ordinator@gavo.org.uk](mailto:carers.co-ordinator@gavo.org.uk)



**We hope you want to keep in touch so we can all connect together**

**WhatsApp  
Messaging Service**

We are expanding the way we communicate to our residents by developing a WhatsApp messaging service.

If you would like to subscribe to these messages, please contact [ASS.Engagement@wales.nhs.uk](mailto:ASS.Engagement@wales.nhs.uk)




**Gwasanaeth Negeseuon  
WhatsApp**

Rydym yn ehangu ein dull o gyfathrebu gyda'n trigolion drwy ddatblygu gwasanaeth negeseuon Whatsapp.

Os hoffech gael y negeseuon hyn, cyysylltwch ag [ASS.Engagement@wales.nhs.uk](mailto:ASS.Engagement@wales.nhs.uk)




The Health Board will be launching a **WhatsApp Messaging service** to engage with residents across Gwent.

By subscribing to this service, you will receive frequent updates from the Health Board on a variety of topics including COVID-19 messaging, our vaccination programme and other information about our healthcare services.

If you or someone you know would like to receive these messages, please contact [ASS.Engagement@wales.nhs.uk](mailto:ASS.Engagement@wales.nhs.uk) and file the email 'WhatsApp-Subscriber'.

**In the email, please provide the following details:**

- Your full name
- Postcode/Barrogriff
- The mobile number you would like the messages to be sent to
- If you would like to receive messages in the medium of Welsh

For the avoidance of doubt, messages will be received from the following mobile number: **07973695798.**

**Welsh Ambulance Service  
Non-Emergency Patient Transport**

Transport is available for patients in Wales needing to get to Non-Emergency appointments who have a specific medical need and require Ambulatory Care. You can visit our website to enquire if you are eligible, to search for transport options in your local area and find FAQ's about what to expect if you travel with us.

**Temporary Changes to Booking:** Under normal circumstance we ask patients who are eligible for transport to call and book as soon as they receive their appointment. However, due to the increased risk surrounding Covid cases, we will only be able to take transport bookings within 4-days of our patients' appointments. By limiting advance journeys allows us to obtain the most up to date Covid information from our patients and therefore helping towards ensuring the safety of our staff and patients.




**Free NHS Health & Well Being Course,  
Working with MCC Digital Lending Library**

**Gain Digital skills using an ipad & improve  
your well-being at the same time!**

**You will need to register** with the Digital Library to take part, contact Helena from the MCC Library Service on [helenawilliams@monmouthshire.gov.uk](mailto:helenawilliams@monmouthshire.gov.uk) or phone 07970 380358

This is part of a pilot scheme taking place in **Monmouthshire** libraries for people who want to get online or may benefit from learning digital skills. There will be volunteers to support you.

**For info** on our other courses contact the **EPP Team** by [epp@gavo.org.uk](mailto:epp@gavo.org.uk) or use the **QR Code link**



The challenges within the social care and health system, particularly the domiciliary care crisis, not only affects individuals but have a massive impact on carers too. The isolating impact of the pandemic on carers is well documented, with a significant reduction on people's desire or ability to access respite options including direct care packages, residential and day services. Our data shows that we undertook considerably more carers assessments this year and that there were more carer's support plans in place.

Never-the-less the need to reinvigorate our approach to providing carers' assessments and focusing on the needs of carers was identified within the CIW inspection report as an area for improvement.

The entire health and social care sector relies massively on our unpaid carers. Providing carers with a responsive service, which recognises the pressure that they experience is a critical part of our business.

Throughout the pandemic and beyond our Carer's Team has continued to find ways to support carers and ensure that they feel supported and valued, as illustrated in this newsletter.

The team also took time to consider the needs of *bereaved carers through offering a garden voucher many personally delivered by the team*. The feedback from the carers was extremely poignant and highlighted the importance of keeping in touch, and saying thank you.

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### *Our Registered Services - Mardy Park, Severn View and Care At Home*

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Mardy Park, Severn View and our Care at Home Service are registered under The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

Mardy Park is situated in Abergaveny provides a rehabilitation, re - settlement and respite service for up to 8 adults.

Severn View is situated in Chepstow and is a residential care home for up to 32 people.

In accordance with the legislation all 3 services are routinely monitored in relation to the quality of care provided and compliance with the regulatory framework.

The Responsible Individual (RI) visits quarterly - spending time within the services, reviewing records, discussing issues with managers and meeting with staff, residents and people who use home care. The findings of the RI are recorded in quarterly reports which are then reviewed at the next visit. This creates an on-going improvement dialogue which is collaborative and inclusive.

Within his quarterly monitoring report for Care at Home the RI commented:

*"In talking to people who are supported by the service I am particularly looking at the quality, reliability, responsiveness and consistency of the service; whether we provide sufficient time and flexibility and also whether we communicate well and that people find it easy to get hold of someone to talk to about any issues. When a carer is involved, I am also asking that they feel supported by the team and what else we could be doing. The objective is to see whether we can be any better and how we need to change and develop to do this."*

Alongside of the quarterly reports, Quality of Care reports are produced bi-annually to provide an overview of service performance against 5 key priorities:-

- Keeping people safe and well
- Providing relationship based care and support
- Working together (partnership working)
- Building a stronger workforce
- Smarter uses of resources



All together these quality assurance processes provide a rich data source on information and a real insight into the experience of staff and service users.

Whilst all the services are very different there are some key improvement themes that have arisen during the year:-

- The huge impact that the pandemic has had on all direct services both in terms of the ability to maintain service levels, the wellbeing of teams and the impact on people in receipt of services.
- Laterly there has been a sense of reset across services as we emerge from the pandemic and restrictions have lifted. Although everyone worked extremely hard to minimise service disruption, there is now much work to done to rebuild resilience, capacity, and get back on track.
- Recruitment of team members remains the biggest challenge with high employment generally and all providers experiencing the same shortages.
- Aligned to this is the work to retain our current workforce. The challenge being that many have thought to retire as a result of the pandemic and also the cost of living crisis is forcing people to make difficult decisions about working closer to home. Some work is required to review terms and conditions for services that operate 365 days a year.
- With the emphasis on keeping the service running, some aspects of training lapsed during the pandemic.
- The quality and consistency of recording and paperwork, including how care plans are review, is an area for improvement.
- More analysis and exploration of medication errors is required.

**Overall though, despite everything, what is reported on most consistently is the warmth, compassion and kindness of staff together with a genuine commitment to provide high quality person centred care.**

*People's individual circumstances are considered. We saw people are listened to and they have the opportunity to give their views and opinions. People told us they are happy, staff are kind and treat them well. We observed the dining room experience and saw people are valued and given choices.*

*We observed staff being caring and attentive to peoples' needs.*

*The review and analysis of falls within the service needs attention in order to learn lessons and to support the timely review of personal plans as necessary.*

*Multi-disciplinary meetings are held on a regular basis and healthcare support is sought in a proactive and preventative way.*

*Personal plans lack consistency and the revision of plans requires improvement.*

*People are cared for in a spacious, clean and welcoming environment. The décor in communal areas is homely. Some areas have been freshly painted and we were told people are involved in how the home is decorated.*

There was an inspection of Severn View by Care Inspectorate Wales in March 2022. Strengths were recognised in the quality of care, leadership and quality assurance oversight. Areas for improvement within the report included tightening up of some recruitment and personnel records; storage of medication; timeliness of supervision and appraisals for all staff; health and safety process; and consistency in reviewing personal plans. Here is a selection of feedback from the CIW report.

As part of his quarterly reports the RI gathers feedback from people who use direct care services.

Here are some of the comments and views.

I spoke with the daughter of M. She was generally satisfied but did relay some issues regarding laundry when some soiled towels hadn't been washed. She did say though, that if there are any issues, these are always resolved by a single phone call. Overall, she felt that there was nothing we could do to improve the service and 'quite satisfied'

I met with Mr & Mrs S. Mrs S was unwaveringly positive about the support she receives from the team. There is clearly a very close bond between the team and this couple.

Had a phone conversation with K from Raglan. Described consistent approach from the team but did state that the rotas appear chaotic at times. Happy with the reliability and consistency and only very occasionally did she receive support from someone outside the normal team. Very complimentary about the Senior. Only real comment was that she would like an earlier call. K gave some lovely examples of when the team have gone above and beyond.

Met with J who has been having rehab following a number of falls at home. Her reflection overall was that I 'should be very proud of what I have here and the staff'. She couldn't fault the level of care and support. In discussing the rehab she felt that the team have the right balance between supportive and making you work. She says they do monitor her to make sure she is working hard enough and they do give a gently nudge. Very complimentary of the food.

Met with D&J [husband and wife]. D has been staying with us for about a month following a succession of falls in his garden at home. During a recent home visit supported by X, she was concerned to see how poorly J was. She was able to arrange an urgent admission as J was clearly not safe to remain at home. In talking to J she said she was reluctant to come in but was now so glad she had. They were both extremely complimentary of the team, the food, the support and everyone working on the wing. The team have managed to move things around so they can have adjacent rooms with a shared kitchen so that they can be together all the time.

Specifically in relation to his experience of Severn View, Mrs W had tried two homes prior to settling on Severn View; neither of which were satisfactory. Mr W views Severn View as adequate but he has highlighted a number of areas for improvement. He raised concerns about the external spaces at and felt that these were terrible.



### **Severn View Parc (Crick Rd Development)**

Building work continues on the replacement for Severn View Residential Home. This is a joint project with Melin Housing who are building a residential development in the same area. Lovell are responsible for both the care home and the residential build which has created local employment opportunities and apprenticeships.

The staff at Severn View have been involved in the naming of the home as a whole as well as the naming of the four individual households which it is made up of. These will be called Oak, Ash, Hazel, and

Willow. Each household will have a 'household support team' who will promote the involvement of the residents in all aspects of daily living.

A meeting took place in November with families of current residents to discuss and share information about the new build. Seven family members attended on behalf of six residents. The purpose of the meeting was to share the philosophy and ambition of the new Crick Care Home. The general feedback from families about the new care home has been very positive. There is a good understanding of the ethos and what the home is trying to achieve.

The new build will take advantage of modern assistive technologies to keep people safe whilst encouraging as much independence as possible.



*5 - An aerial view of Severn View Parc*



*6 - The kitchen diner in one of the households*





7 - The village hall and village square will be key to the promotion of social connectivity

#### **4. How are people shaping our services? Engagement, participation, partnership and collaboration**

Social Care is all about connecting with and listening to people. Right across the service the expectation is clear that people using care and support services have a voice, and should be treated equally with respect, attention and care. This means that understanding what matters to people and responding to need or vulnerability is a shared, collaborative endeavour. The fact that the response to our adult survey question '*I have been actively involved in decisions about how my care and support was provided dropped this year to 77.4% from 83.0%.*' and is reflective of our challenging circumstances.

Positively, our Care Inspectorate Wales inspection found that,

*"For many people, their voices are heard, and people's personal outcomes are captured. We saw some detailed and comprehensive biographies and personal circumstances, evidencing 'what matters' to the person. Many people said social services were helpful and they were treated with dignity and respect by practitioners."*

*However, they commented that the quality of assessments and care plans varied and that,*

*"The local authority must improve the way it reflects people's strengths and barriers to achieving their personal outcomes, and the risks of them not achieving them."*

Re-focusing on the quality of our engagement and partnership practice at an individual level remains a priority for the coming year.

There are countless examples of how services engage people to participate in their care and support in an enabling and empowering way. Here is a brief overview of some participation activity within Children's Services.

## Participation and Engagement Activity within Children's Services

- People from My Day My Life or Care Experienced Young People have been involved in every leadership appointment from Chief Officers, Heads of Service and Team Managers
- We are delivering young carer led group work in all secondary schools, which has also been piloted in some primary schools, where young carers are able to decide what they want the group to cover. Work is on-going to re-launch the young carers forum
- Children who are having supervised time with people who are important to them have been involved in ideas about what they like about the service and how we can make it better.

Children with Disabilities use lots of different ways to communicate with children and ensure that their wishes and feelings are understood, and that they are involved in decisions about their lives. Consultation is currently in progress around the re-design of Children with Disability respite services.



### Children with Disabilities – My Time Project with Action for Children

- Children with disabilities and their families were fully consulted in the design of their support services.
- The support services are now fully embedded, providing a vital support to many families and plenty of fun for children, reducing social isolation and reinforcing the long-term resilience of families.
- During lockdown the CWD team and Action for Children worked closely together to ensure that services remained flexible and supported those families under the most pressure.
- Providing flexible support with passion, ambition, inclusion and collaboration is a core aim of the service.



With the fantastic support of our partners and colleagues in MonLife, Children Looked After activity days have continued.

This is a great opportunity for children to engage with social workers, members of Corporate Parenting Panel and each other to talk about their experiences in a more informal, fun and relaxed setting.



Are you confident in sharing your wishes and feelings with your social worker?  
*I feel that every bit of my heart trusts my social worker.*

Are you confident in sharing your wishes and feelings with your social worker?  
*No, I don't know her well enough.*  
Who would you like to help you?  
*My teacher Mr P.*

Do you have any ideas that will support better communication between children / young people and their social workers?  
*To see her more and out at the park or cafe.*

Is there anything else that you would like to tell us?  
*I just want to say thank you for asking.*

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### *More Than Just Words - mwy na geiriau yn unig*

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As a directorate we work very closely with our Welsh Language officer to ensure we support the workforce with the current **More and Words** strategy. Within our workforce intranet we have a 'More than words' tile, this includes information about various resources to encourage, assist and support colleagues to use their Welsh language skills, to include links and resources to promote the Welsh language within social care and information about the **Active Offer** and **More than Just Words**. We have Welsh language courses for social care with learning available for both internal and external care providers who work across both Adults and Children's services including online Welsh taster course as well as courses suitable for the workforce who understand spoken Welsh with ease but lack confidence in speaking Welsh. **More Than Just Words** and the **Active Offer** is part of our induction.



When making a referral or seeking advice or assistance over the phone, we offer our callers the invitation to speak to someone in Welsh. We keep an up to date list of people within both the whole organization and our directorate, both Adult's and Children's Service with Welsh language skills. This list can be accessed by colleagues who may need to identify Welsh speakers to communicate with people we provide care and support for, carers, parents and / or other professionals. The question of preferred language is part of all initial conversations and assessments, this information is included in our social care recording system. The active offer was accepted by **17 people** in our community at the point of assessment across both adult's and children's services. Our Welsh Language Officer regularly reminds us of the requirements of the Welsh language Standards and visits team and leadership meetings to discuss how he can support them. All our Social Care social media posts are bilingual and feedback forms seeking views are bilingual. We offer the whole end to end attraction and selection process as bilingual if required and all our advertised vacancies as well as our applicant app. We are looking forward to working with the new More than Words 5 year plan 2022 to 2027.

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### *What Matters Conversations with Children*

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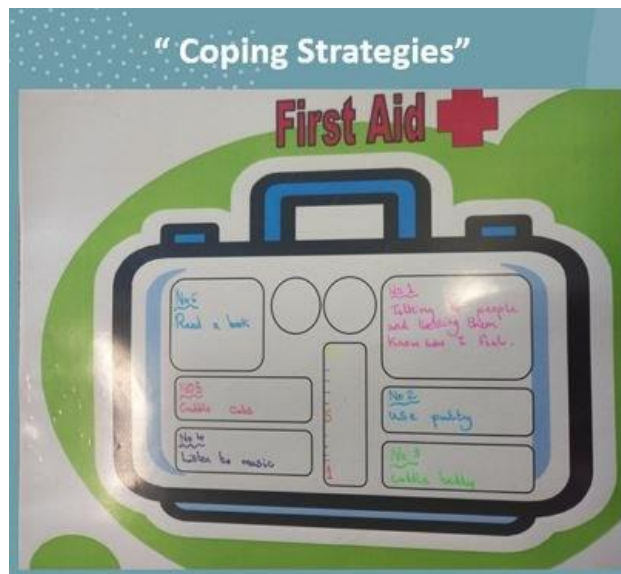
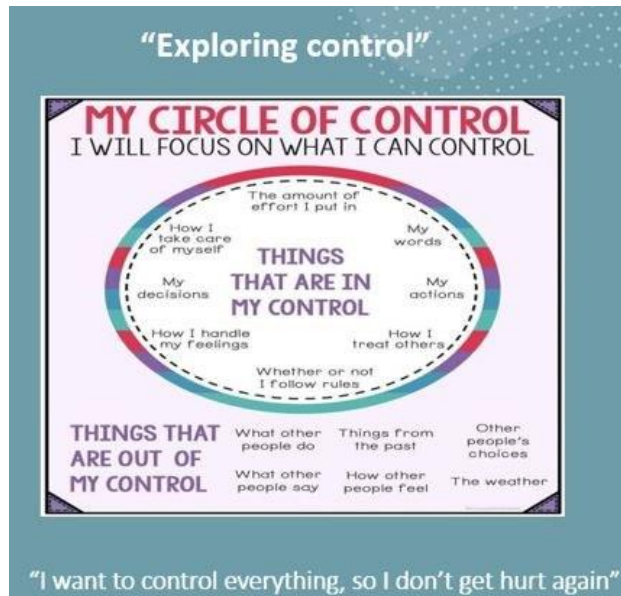
Children are encouraged to set their own goal and are invited and encouraged to attend **Achieving Change Together Team** reviews and other meetings, where appropriate although they often don't want to. If they don't we try and get feedback from them about what they want to achieve and change for example one child wanted his mother to 'keep up the good work on her drinking' and 'less shouting, talk to us'. Another child fed back that their mum was 'stronger' and his sibling said that when they were upset their mother now knew what to do to help them.

### **Building Strong Families Team**

Children are involved in setting their own goals. For example "I would like some help and tools to reduce my frustration. I would like feel more comfortable about my parents divorce. I would like home to be more peaceful and fun again."

Activities undertaken with families involve children and children are engaged in reviewing the work. Children are encouraged and supported to find their own voice and to identify what it is they can do to help themselves.

At the end of support, children are asked for feedback about what worked and what could have been better.



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*The directorate employs a number of organisations and methods to support people more formally in their interactions with services.*

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The Children's Services Independent Reviewing Officer (IRO) is critical in terms of helping children and young people participate in their Children Looked After Reviews. The small size of the authority enables our IRO service to develop individual relationships with children which is helpful in encouraging them to express their wishes and feelings.

It is an expectation that *proper consideration* is given to all children over the age of 8 attending their child looked after review, or at least part of it. Above the age of 11, it is an expectation that children will always be invited.

There were 126 children aged above 8 years old who had reviews.

Of the 126 children 97 were invited to their reviews.

Of the 97 who were invited, 86 attended.

Some analysis of this data shows:

- Children are less likely to attend their reviews whilst the matter is going through court
- Children placed with their parents and relatives are generally less likely to attend
- There is an increase in children taking up the offer of having conversations with the IRO outside of the review through remote methods
- The number of children being supported by an advocate for their review is 5. This seems to be reducing.

Overall, the number of children who attend when they are invited is consistently positive, and is something we need to maintain. Moving forward the intention is to encourage children to feed their views, wishes and feelings into their reviews beforehand via digital technology, as this appears to be something that they would embrace.

The IRO also encourages parents to attend children looked after reviews. Attendance of parents at reviews is important in order to ensure that all parties have the opportunity to contribute to the review process. Attendance of parents is consistently high at between 80% - 90%.

If required, the IRO facilitates separate meetings for parents to enable their views to be heard. In some respects virtual meetings via TEAMS have helped parental attendance, with less need for separate meetings as family members are all able to safely attend one meeting. For example, some parents have indicated that they are able to attend meetings via TEAMS when, if they were face to face, they would struggle to be in the same room.



8 - NYAS is commissioned on a Gwent wide basis to provide advocacy for children and young people.

### National Youth Advocacy Service

Between April 2021 - March 2022 the impact of the pandemic saw advocates using lots of flexible working practices in a virtual world of video calls, texting and Teams. Positively, much of this has continued with advocates now offering young people different options regarding engagement including face to face since the lifting of national restrictions.

Over the year there were a total of **242** referrals into service. The average number per quarter was 61, with a high of 80 and a low of 49. This comprised of 137 Issue Based Advocacy (IBA) and 105 Active Offer (AO) referrals.

The number of Active Offer referrals has increased 30% since 2020-2021, and the Issue Based Advocacy figure represents an increase of 25% year on year. Overall the numbers of referrals are higher than predicted, which is a positive thing. Overall, there have been **838** hours of issue based advocacy delivered and **184** hours delivered related to Active Offer referrals.

During the year there were 51 self referrals for Issue Based Advocacy, all following Active Offer meetings. 45% of IBA referrals related to requests for advocacy involvement in children on care and support plans; 39% for Child Protection services and 16% for Children who are Looked After.

The most popular reason why young people requested advocacy support this year continues to be presenting their views and feelings at formal meetings. 67% of the issues identified fall into this category. 10% of issues were around helping young people express their views regarding Family Time arrangements (Contact) such as issues around frequency and location, and 7% were related to issues regarding a young persons placement.

Advocacy for Adults Services is also commissioned on a regional basis with the lead commissioning authority being Blaenau Gwent.

The service is called GATA – Gwent Access to Advocacy, and there is a website which provides citizens and professionals with more information : [Gwent Advocacy Service – Home Page \(gata.cymru\)](http://gata.cymru). This service is a single point of access for information and advice regarding advocacy for adults. Citizens or professionals can ring the phone line and can be assessed and referred to the two main providers, Dewis and Age Cymru, if required. Social Workers can also ring Dewis or Age Cymru directly under the scheme.

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## Complaints and Compliments

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Representation and complaints procedures in Social Services departments are a statutory requirement. Everyone who makes a complaint about social services has a right to be listened to properly and have their concerns resolved quickly and effectively. We always take complaints seriously and use them as an opportunity to critically appraise our actions and reflect on any improvements that need to be made.

General advice about the procedure is published in our complaints leaflet “How to be heard”. Alternatively, people can contact the Customer Relations team for help and advice about how to make a complaint.

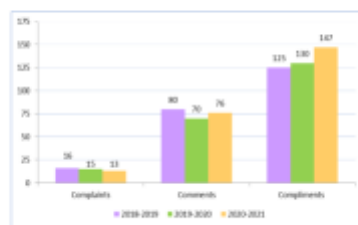
There are 3 stages to the complaints process. Local resolution (stage 1); formal investigation (stage 2) and referral to the Public Services Ombudsman for Wales (stage 3).

During the year covered by this report we received 12 complaints (6 of which progressed to stage 2), 93 compliments, and 57 comments in Adults Services. In Children's Services there were 21 complaints (3 of which progressed to stage 2), 10 compliments, and 10 comments received.

General themes that within complaints include communication issues; not being listened to or involved in decisions; and dissatisfaction with the provisions of services.

We always take complaints seriously and use them as part of continued professional development and to help us shape policy, operational practice and the design of services.

Period 1 April 2020 – 31 March 2021



9 - In 2020 - 2021 13 complaints were registered at Stage 1, 10 of which were resolved and 3 of which went to Stage 2

The SOCIAL CARE AND HEALTH CUSTOMER RELATIONS officer compiles an annual report including complaints, comments and compliments.





*To the staff of St Anne's, There are no words that can adequately express our thanks to all the staff of St Anne's, who looked after our mother, \*\*\*, in her final years, with such dedication, love and care. We know mum will have appreciated that she was cared for in such a way that she could maintain her dignity and feel safe and secure in a new environment. Special thanks are sent to those staff who showed such kindness and empathy in her end of life care when we ourselves were not able to be there. We are so very grateful to you all...*

*The service is reliable but timings are not regular and do not suit my schedule. I do things, I would ask for help with if someone was there at the right time. Lots of different staff.*

*Thanks \*\*\* The DP thing is going well. We are so lucky to be able to provide this level of care for our parents. So glad they live in Wales where the support from you and other people in the system is SO much better and much more caring. The thing you and \*\*\* do so well is making it personal. I always feel I can reach out and you will help us out. And you talk to each other. It makes it all work so well and means we all feel very supported. So between us all we are making a real difference to the lives of two elderly people Thank you ☺ \*\*\**

*I am currently staying with my Daughter as there is currently no care available for me, and no care home available*

*Today will be \*\*\* and \*\*\* last call with us, the private carer will be taking over, the daughter is extremely grateful for all the hard work and commitment that the team have provided for years and will miss the team.*

*MCC supply a good meals on wheels service. I have a private arrangement for cleaning and a local manager on site. I feel able to live in my own flat with these support services.*

*While I am a Direct Payment Service User which suits me well. I sometimes have to have a care agency in, which never send the same carer, never tell me of changes and I feel I am being ignored.*

*During COVID Lockdown the staff assisted me in choosing colour schemes and redecorating my bungalow and making a portfolio. The hub staff visited daily and assisted with craft work and painting. District Nurses came twice a day and my social worker zoomed. Now able to go out and about. Thank you to all. During Covid Lockdown excellent service and assistance from the same staff. Hub staff and district nurses and my social worker all enhance a very happy life for me. Thank you to all who care and support me in leading a happy, busy life.*

*A complaint was received around the way in which their father's respite care was handled.*

*She was extremely complimentary of the work that has gone into this case. She especially commented upon the amount of work that \*\*\* has done to ensure that everything has been covered and that court has every single piece of information that they could need to inform the decision making. Her words “\*\*\* has left no stone unturned” and “I can’t think of anything else that could possibly be requested, \*\*\* has provided it all”. She said that from the evidence submitted, it was very easy to see the journey that this family has been on and the exceptional support that the LA have provided throughout. She did comment that she thought it most beneficial that the family have not experienced any changes of social worker from the beginning and felt this was a big positive as \*\*\* knew the case “ inside and out.*

*To the OT gang, Just a quick note and a little something to say thank-you for all you have done. Thanks for putting up with my mood swings, I do appreciate how hard you have worked. Many thanks.*

**We are committed to ensuring that people's involvement and participation in services have a direct impact on how policy is shaped and services develop.**

There is an active corporate parenting panel in Monmouthshire with representatives from directorates across the Council, care leavers and foster carers, as well as cross-party elected members. The panel is chaired by Cllr Tudor Thomas, lead member for social care and health. The panel offers members opportunities to hear directly about the experiences of children who are looked after, care experienced young people and foster carers. Although face to face events have been curtailed over the pandemic, the panel was happily able to host an evening with care experienced young people in September 2021. Issues discussed included loneliness and isolation; the impact of COVID; the difficult experiences some young people have in care; challenges around move on accommodation and securing employment opportunities. Meeting with and listening to young people has helped the panel champion many of the issues that were raised by the group as being important to them.

Some of these have included:

- changing some of the terms and language used within the council
- developing activity days for children looked after so that they can
- ensuring priority interviews for care leavers
- arranging leisure passes

Moving forward, we are looking at ways that care experienced people can get more involved in recruiting and training carers.

On 17th March 2022 children's services arranged an on-line event for in-house foster carers to meet with senior managers and the Chair of corporate parenting, so that their views and feelings about the service could be heard directly. Much positive feedback was shared particularly regarding the support provided by the supervising Social Workers and the Placement and Support Team. However, we also heard concerns around a lack of routine communication between children's social work teams. Another


issue of concern was that carers felt they were not always included as an equal partners in key decision making and care planning for the children, even though they are the ones who know their day to day needs the best. Issues regarding fees and allowances were also raised particularly in light of the rising cost of living and energy costs.


This event was part of our developing participation plan with Foster Carers, including ensuring that carers become an integral part of the wider team of professionals around a child. Together with our Gwent partners we have started some joint training to promote this. We are ensuring that foster carers views are fed back directly to the teams to consider ways we can improve particularly regarding frustrations around communication, information sharing and professional respect. The financial situation for Foster Carers will be monitored and reviewed as part of Foster Wales alongside of the wider foster care support offer.

## Face to Face School Based Counselling Wellbeing Practitioners IT'S ALL ABOUT RELATIONSHIPS

- ▶ The Emotional and Mental Wellbeing Practitioner Team launched a project in March 2022 and have been working to support students in Monmouthshire secondary schools and school colleagues.
- ▶ The team works as part of the umbrella of existing school interventions but also are embedded directly in school life.
- ▶ They bring training and skills into the school that can be developed with a strong therapeutic focus alongside the relative independence that comes with sitting in the independent broader counselling service offer

- ▶ The practitioners take time to build relationships with the students they support, both in the unstructured manner during every day school life, as well as through more structured counselling interventions.
- ▶ This supports their emotional regulation and active listening themes), to the more structured intervention
- ▶ This variation in support has enabled them to be **in the middle of student life and influencing school culture**
- ▶ It has enabled the team to **hear directly from students and incorporate their ideas and suggestions for what would promote their wellbeing.**

- 
- ▶ The Wellbeing Practitioners work alongside education colleagues to create practical plans to implement students' ideas.
  - ▶ These have included ideas such as a girls' football group, sensory areas and group sensory programmes for students who find great value in this experiential way of regulating; and wellbeing spaces that create areas of welcoming, warmth and support.
  - ▶ Schools have identified that this has led to better use of resources, better informed support staff and greater awareness of young people's needs as well as a contribution to the whole-school culture of wellbeing.

- 
- ▶ These outcomes have been a blend of adult-initiated and child-initiated decisions but have seen empowered choice and a sense of self-created reward as outcomes, as well as embedding participatory principles.
  - ▶ The supportive and welcoming way in which schools have embraced the emotional and wellbeing practitioner role has been pivotal to enabling those staff members to understand the nuances of young people's needs in educational settings.
  - ▶ The team continue to work alongside school colleagues to build the whole school culture and ethos.
  - ▶ As always relationships are key and the collegial way in which young people have been supported to have their voice and choice really bodes well for the future.

**In terms of using participation to influence whole systems see this great example from the Schools Based Counselling service.**

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*There are many examples of how we strive to keep in contact with and communicate with people who use our services.*

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In this issue: Jubilee; Community Care; Dementia Awareness week; Boys in Blue; Helpful Information; Wellbeing; Good news stories. Issue No: 12 July 2022



Chepstow Hospital Platinum Jubilee Celebrations were enjoyed by the inpatients and staff on Sunday 5<sup>th</sup> June.  
Working with our partners CCS everyone was delighted to have a dining with a Royal inspired breakfast and afternoon tea. Our catering staff went to great lengths to perfect the Lemon and Amoretti Trifle which was crowned the official Platinum Jubilee pudding and feedback from our patients was one of pleasure and enjoyment.





Re-opening of the Community Cabin

The grand re-opening of the Community Cabin which took place on 23<sup>rd</sup> May 2022 was a huge success and we would like to thank everyone who took part.

The Community Cabin is a building just off the main entrance in Chepstow Community Hospital, the non-clinical space is perfectly situated and invites curiosity from people using the hospital. If you would like to book a place in the cabin please contact **Stacey White**, South Monmouthshire Integrated Services on either Tel: 07814061610 or Email: [staceywhite@monmouthshire.gov.uk](mailto:staceywhite@monmouthshire.gov.uk)

Our Community Cabin hosts a variety of wellbeing related organisations and charities that are able to provide advice, guidance and support on a wide range of issues from mental health, dementia to volunteering. It is aimed at supporting people maintain their independence and remain in their own homes.

Using the Community Cabin as a place to see community members face to face not only helps reduce their isolation, it gives an opportunity to network and work collaboratively with other organisations who also use the cabin space.

**We are really looking forward to welcoming people back into our Community Cabin.**





**Dementia Awareness Week 16<sup>th</sup> – 22<sup>nd</sup> May 2022**

The Older Adult Mental Health Team based at Chepstow held a Dementia Awareness Day on the 18<sup>th</sup> May 2022. The team spent time during the day talking to members of the public and staff from different departments based in the hospital.

The Occupational Therapists had a stand with technology that could be offered out to the public to support families within the home environment. The memory clinic had a stand with a registered nurse and a Health Care Support Worker promoting awareness to members of the public and staff.

Positives from the day included a lovely gentleman who had concerns about his memory and did not know where/ who to discuss this with, after speaking to the team he said that he now has no fears about approaching the GP for a referral to the memory clinic.

Another lovely couple came in and had a chat. The lady had a diagnosis and had moved to the area to be with their family. They were looking forward to their referral to the team and impressed with the support from all services since they had moved here. Staff from the physio department came and took leaflets, along with the Occupational Therapists and their students who were looking over all the technology that was on display. There was also a man who has anxiety and a history of Alzheimer's in the family. He felt more comfortable in approaching his GP to have this looked into.

All of the team have been extremely enthusiastic about today and it was very informative and well received.





Mount Pleasant Hospital "Boys in Blue"

Mount Pleasant Hospital had been built by the Admiralty in 1917 for the workers at the National Shipyard in Chepstow.

In 1919 Mount Pleasant Hospital was transferred to the Ministry of Pensions, and became a centre for accommodating permanently disabled war pensioners. Particularly poison gas victims, known as the "boys in blue" for their serge uniforms.

The photos of the "Boys in Blue" were stored in the old Library at Chepstow Community Hospital. The photographs are now on display in the concourse for staff, patients and visitors to view.







**CARING FOR YOU AND YOUR FUTURE**  
Please take a look at our short animations about helping us help you

The animations include:

- The full extended animation - choosing the right healthcare service first time
- Pharmacy Services
- Primary Care
- Minor Injury Units
- ED Triage System

Click on the attached link to the animation download page [Animations - Aneurin Bevan University Health Board \(nhs.wales\)](#) (The files are available in a variety of formats for full screen and social media use)

#### Work With Us Roadshow



We are still out and about on a tour around the Health Board area to recruit new members of staff and to ensure local residents know where they should go when they need health care.

The Roadshow schedule is available on our website: <http://abuhb.nhs.wales/aboutus/public-engagement-consultation/work-with-us-roadshows/> and publicised on our social media channels. Please note that times and dates can be subject to change. Please visit the Roadshow schedule on our website which is updated daily with the latest information.

#### Keep an eye out for our Roadshow bus and get on board with us!

Help us help you to understand the changes to your healthcare services by coming to speak with us at one of the events below...

Date	Time	Area	Location
Monday 25th July 2022	10.00 - 14.00	Tofwen	AGDA Cwmbran
Wednesday 27th July 2022	10.00 - 14.00	Newport	Newport Centre, Kingsway
Wednesday 3rd August 2022	11.00 - 15.00	Tofwen	Zent on the Park Family Fun Day, Pontypool Park
Tuesday 9th August 2022	14.00 - 16.00	Tofwen	Pontypool 50+ Forum





**Slimming World on Referral from your Health Professional**

**Slimming World on Referral gives GPs, nurses and other health professionals the opportunity to offer free membership of a local Slimming World group to those patients who they feel would benefit. Referred patients attend at no cost to themselves for an initial agreed period.**

Patients are provided with a referral form by a health professional (typically, a GP, nurse, midwife or Health Trainer) and these are redeemed at a local Slimming World group (choose the most convenient). The group Consultants contact details are also available should the patient wish to talk to them before attending - no booking is required

**Cost of Living: Wellbeing Support and Advice for Staff**

The Health Board is aware that the current cost of living crisis will cause stress and anxiety for many of our staff.

A dedicated hub of advice and information has been created on the AB Pulse Employee Wellbeing support pages. This was put together by the Workforce & OD, Comms and Employee Wellbeing teams. We hope that this can help staff in these difficult times

**Free Home Fire Safety Check**  
**Monmouthshire Community Teams working in Collaboration with South Wales Fire Service.**

South Wales Fire and Rescue Service are working in partnership with our Community Teams to access high risk / vulnerable clients who may otherwise be unreachable. The main focus has been to engage with organisations who work with groups on a regular basis. Our Community Teams can refer for a home safety check by a Fire Service Home Safety Practitioner.

**The practitioner will contact you and will go through advice asking you a few questions about your home. If alarms are required the Home Safety Practitioner will chat through a few options to get these to you. They will offer you the opportunity to have a FREE Home Safety visit in your home. If you or a family member wish to book a Home Safety visit please [click here to Request a visit - South Wales Fire and Rescue Service](#)**



**Cost of Living: Advice and Support**

**Anyone can fall behind with bills and get into debt, but it's NEVER too late to seek help and advice.**

**Please [click here to discover what support is available to you in Monmouthshire](#).** It includes details of national organisations as well as local links and connections within Monmouthshire.

The good news is that this is because there is lots of help available. If you're struggling it is always better to seek help and advice sooner rather than later - but it is also never too late to ask for help, you may be surprised at how much can be done to help you get back on your feet!



**if you want to talk to someone you can call our Monmouthshire Local Authority Contact Centre on 01633 644644 or walk into one of the community hubs they can advise what help may be most relevant for your circumstances.**

You can also contact Citizens Advice on 0800 702 2020.





**GRAND OPENING – Usk and Raglan Integrated District Nursing Team  
Community Clinic Launch**



The Usk and Raglan Community Clinic is a new initiative lead by District Nurses. The clinic provides high quality, evidence based, person focused health and social care. The clinic will fulfil the Welsh Governments Agenda to achieve a proactive, flexible and sustainable primary care service.

Renee Cotson, Usk and Raglan District Nurse Team Manager, said "The Integrated District Nursing Team are exceptionally passionate and proud of the Community Clinic and look forward to developing further initiatives in the future"



District Nurses provide a broad range of nursing expertise that can be delivered within your home or the community clinic setting. Care delivered is person centered with the aim of promoting independence and quality of life. The District Nursing Team will always aim to visit at home or maintain clinic appointments as arranged. However, due to the varied and unpredictable nature of their work, they must prioritise urgent calls received throughout the day. Therefore, routine calls may need to be rearranged on occasion.

There are many benefits to the introduction of the Community Clinic such as its location in the Roger Edwards Trust Building which is central in Usk and Monmouthshire. This will improve efficiency and quality of care due to ease of access to treatment and resources. It will also provide patients with a choice regarding where they would like to receive care and treatment.

Renee said, "We couldn't have achieved it without the support of Leanne Watkins, (Director of operations), and the Trustees of the building. They have been so supportive and believed in our project".





# MIST

Monmouthshire Integrated Services

## WELLBEING INFORMATION

We hope some of this information is of interest.

### What is Active Monitoring?

Active Monitoring is an early intervention service which uses guided self-help tools to support your mental wellbeing as soon as you need it. It involves 5 short sessions with a trained practitioner to hear what support you need and develop a wellbeing toolkit of self-help tools.

Active Monitoring has been developed with people who have lived experience of mental health problems and professionals.

### How does it work?

Trained mental health practitioners deliver Active Monitoring in community settings and remotely via telephone. The first session is a 40-minute introduction to discuss what support you need. If both you and your practitioner feel Active Monitoring is appropriate, you will have five 20-minute sessions using evidence-based tools and resources to develop a wellbeing toolkit.

### What does support look like?

You and your practitioner can select one of seven pathways to support your mental wellbeing. These include anxiety and panic attacks, low mood, low self-esteem, stress, grief and loss, feeling alone and managing anger. From these pathways, you can try a range of self-help tools to help you stay well and put together a toolkit of resources that work best for you. Your practitioner will support you to do this in your weekly sessions.

### What can it do for me?

Our Active Monitoring programme offers one-to-one support to help you make positive choices in your life and improve your mental health. We will work with you to help you understand your symptoms and offer some handy hints and tips so that you can help yourself feel better.

For further information on your mental health symptoms go to: [mind.org.uk/information-support/](http://mind.org.uk/information-support/)  
To join a community of people with similar mental health experience go to: [sidebyside.mind.org.uk](http://sidebyside.mind.org.uk)  
If you need someone to talk to urgently call Samaritans on 116 123

### Melo Website Refresh and Relaunch

The Health Board's website: Melo, which was developed and designed to help the workforce and population of Gwent look after their emotional and mental wellbeing has been refreshed and is being relaunched **Tuesday 2<sup>nd</sup> August**. It is now easier to navigate and has an increased range of materials, including topics such as menopause, sleep, financial worries and self-harm and suicide prevention.





**A well-deserved CONGRATULATIONS to Dawn James, Community Nurse in Abergavenny**

Dawn won the award for "Kindness in the Community" under the category "Triumph over Adversity".

A mother of a patient with Learning Disabilities and Complex Needs nominated Dawn for this Award from the support they had been shown.

All the Monmouthshire Community Teams are very proud of Dawn – Fran Cunningham the Team Leader for Abergavenny said:

"Basically, Dawn is extremely kind and generous of her time to patients, carers and team members, or to anyone who needs it. She goes the extra hundreds of miles. Always wanting the best outcomes for patients, she can see through problems, and how to improve patients' lives in a way that others can't. Dawn has the ability to work around obstacles, seeing them as something to overcome rather than a difficulty. As the team "go to" trouble shooter, Dawn shines through difficult and challenging situations, demonstrating high levels of tenacity.

The nomination for this award represented the hours, very often on top of her normal working hours that Dawn spent listening, supporting, building up confidence and breaking down barriers with the patient and family.

*And this was on top of doing her degree!!*



**GOODBYE and GOOD LUCK - Dr Shyam Pankhania**

For the past year, we had the pleasure of having Dr Shyam Pankhania with us as Specialty Doctor for the Monmouthshire CRT.

Shyam helped establish the rapid medical service and played a huge part in the development and roll out of pathways to facilitate the rapid assessment of patients and prevent unnecessary hospital admissions.

Shyam completed his year with us and has left to commence specialty training in East England. He wishes to be a Consultant in Emergency Medicine. We wish him all the best in his training post and his future career.





**PANCAKE DAY AT MONNOW VALE**



**What do they say?  
"Laughter is the best medicine"**

It proves how important fun and stimulating activities are for people with dementia - the laughter that was had by all who attended day services on pancake day at Monnow Vale Health & Social Care Facility, could be heard right down the corridor! So rewarding for staff to see the smiles and watching people leave to go back home with such a feel good factor.

One husband when meeting his wife to go home said "I can tell the difference in my wife after being with you every Wednesday, she is so happy and I can't thank you all enough"

**Fund Razor**

John Hindener shared his shavings and raised £250 by cutting his hair and beard. He kindly donated this to Chepstow Community Hospital staff for their hard work and dedication throughout the Covid Pandemic.

John said "I was working in Canada and it was very cold just before covid restrictions happened. As it was cold I started to let my hair and beard grow.

My mum was on Cas-Gwent ward two years ago and I thought let's do something to raise money for NHS workers. My mum hated me growing my hair and beard but as this was for a good cause, she let it go this time".

Thank you from all of us John for your Beardless Support



We would like to say a big thank you to year 1 children at the Dell Primary school

Their wonderful "Thank you Letters" to the staff at Chepstow Community Hospital for their work throughout the covid-19 Pandemic was very gratefully received by all our staff.





monmouthshire  
sir fynwy

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**SGO Newsletter May 2022**

Hello everyone!

We've made it through the Easter holidays and now, finally, it's looking like we're getting into summer. We hope you've managed to get out and enjoy some sunshine.

**Updates**

As most of you may already know, Gabby and Sara have both moved on to new pastures and we all wish them the best in their new ventures.

Joining the team is Mike, who some of you have already met at annual reviews, or at our last support group in April, and Bethan who will be starting with the team towards the end of June.

Whilst there have been no new Special Guardianship Orders made since February, we have been joined by two Special Guardians, who have moved over from other local authorities, and we wish them a warm welcome.

**Support Groups & Training**

Since the last newsletter, we have been able to hold three face-to-face meetings at various locations around the county, and it has been fantastic to meet some of you in person for the first time and to talk, share stories, drink tea and eat biscuits.

We now are able to access four venues around Monmouthshire; Chepstow Library Hub, Monmouth Library Hub, County Hall Usk, and as of the first time earlier this week, The Cabin in Abergavenny, to meet, deliver training and offer advice or information to all SGO carers who wish to join us.

Upcoming SGO Training and Support Groups are as follows.

Tuesday 7<sup>th</sup> June 2022 - SGO Support Group - 10:00 – 11:30 Monmouth Library Hub

Wednesday 13<sup>th</sup> July 2022 – SGO Training Session 10:00 – 12:00 Chepstow Library Hub

Thursday 18<sup>th</sup> August 2022 – SGO Support Group 10:00 – 11:30 Abergavenny (The Cabin) TBC

Monday 19<sup>th</sup> September 2022 – SGO Training Session 10:00 – 12:00 Monmouth Library Hub

Tuesday 11<sup>th</sup> October 2022 – SGO Support Group 10:00 – 11:30 Chepstow Library Hub TBC

Email invites to the sessions will be sent out around 3 weeks prior to the date, confirming the venue and the topic of training or information sharing. At this time, if you require a TEAMS invite to the session, let us know and we shall email one to you.

With the training / information sharing sessions, if anyone has any issues or topics that they would like to have covered, please let us know and we will be able to offer information and advice based around these subjects.

Also, just a reminder that [www.kinship.org.uk](http://www.kinship.org.uk) have lots of great information and resources on subjects such as dealing with emotional stress and tips and assistance in regard to rising living costs.

#### Summer in Monmouthshire

With the Queens diamond jubilee approaching fast, here are a few ideas for you for the bank holiday weekend:

There's a packed programme of events to look forward to over the May half-term and the Queen's Platinum Jubilee Bank Holiday weekend. These include ten days of spectacular happenings at the [Wye Valley River Festival](#) (27 May – 5 June), the [Welsh Perry & Cider Festival](#) (2 – 5 June) at Caldicot Castle & Country Park, the [Abergavenny Steam, Veteran & Vintage Rally](#) (3 – 4 June), and a [Jubilee Party Race night](#) (4 June) at Chepstow Racecourse.

[See the full programme for May half-term and the Queen's Platinum Jubilee Bank Holiday](#)

[See all forthcoming Monmouthshire events](#)



With the summer fast approaching, we have been discussing amongst the team the idea of hosting an activity day for you, the Special Guardians, and the children you care for. Is this something you may be interested in? Fairground games, scavenger hunt, etc? If this appeals to you, then please let us know!

**Interesting Fact.**

In the UK.....

Number of SGOs granted in 2006 – 70

Number of SGOs granted in 2015 – 3520

Thanks everyone and take care!

Mike & Giovanna

Families Together Team

[mikeyates@monmouthshire.gov.uk](mailto:mikeyates@monmouthshire.gov.uk)

[giovannastancia@monmouthshire.gov.uk](mailto:giovannastancia@monmouthshire.gov.uk)

Mike – 07773657139

Giovanna - 07929017107

Issue 3

February 2022

# foster wales news

working together to build better futures for local children

## what's happening in wales

There are currently over 7000 looked after children in Wales, under the legal responsibility of your local authorities. Three quarters of those children live with wonderful foster carers like you. There are 2700 local authority foster carers in Wales, but we need 500 more.

Thank you to the foster carers and fostering teams from all around Wales who travelled to the Senedd in Cardiff for our campaign launch to stand proudly beside our doors as 22 local authorities working together.

In September we launched our first TV advert on ITV and 54C with over 4 million views.



A simple fix or share could help us to find new foster carers.  
[www.fosterwales.com](https://www.fosterwales.com)  
@Foster\_wales



## message from Llinos

Hi everyone and welcome to our February newsletter. I hope you have all been keeping warm and dry and surviving all the storms unscathed! Lots of information in our newsletter this week. Please take special note of Ros' message this month which will benefit you all. We have an important communications event coming up on the evening of March 17th at 7pm. The event will be via 'teams' on this occasion as we are making every effort to ensure that our team members remain in work! We want to ensure we are able to maintain our service and have learned by experience, with many staff having contracted covid at the same time! The event is not to identify specific issues but to raise awareness of current themes that may affect you all and influence your role as foster carers. The invitation explains how you are able to convey your thoughts and views about what is working well – and what isn't, or what you have that you don't need and what you need and don't have! Please take some time to share your thoughts with FC4FC (foster carers for foster carers). I have met with FC4FC recently and we are planning to have regular information sharing meetings – including how we can improve an induction to new carers to ensure you are all supported and 'included'! We really want to make a success of this event so please would you make every effort to share your feedback to FC4FC (details in the invitation). We are all in this together! See you all soon.....

Llinos



fc4fc

Next meeting is  
Wednesday 2nd March  
12.30-14.30

[Click here to join  
the meeting](#)

## recommend a friend

and you will receive

**£250**

when they are approved.

Money is paid when they start their first  
placement.

(Includes Supported Lodgings)



## message from Ros



### Changes to allowances and expenses.

We want to keep you updated of some changes to fostering and expense payments. If you have any comments or queries, please feel free to discuss with your supervising social worker.

### Late payments.

Expense claims that are later than 3 months will no longer be processed and paid unless there are mitigating circumstances. This is due to budgeting and accountancy issues. The additional payments we make need to be forwarded on a regular and routine basis, so the people who do the maths and forecast what budgets we need (the accountants) are able to review and gather an understanding of how much money the service needs.

### Mileage claims to and from school.

In line with Mornmouthshire's Policy, we will not automatically pay all the mileage to and from school. Primary schools, if the school the child attends is less than 3.5 miles from home then mileage expenses to and from school is not covered.

Secondary schools, if the school the child attends is less than 2 miles from home then mileage expenses to and from school is not covered.

The above is in line with Mornmouthshire policy, and links in with the number of miles the local authority will offer school transport.

### Retainer fees.

As you have all probably experienced, there can sometimes be a delay between the time a childcare social worker agrees a child has been matched with you and the actual placement. If this is the case, we will pay a retainer fee, that is half a fostering allowance per child until that child is placed. Paying a retainer fee recognises your commitment to that child and the fact you are unable to consider any other placements during this period.

### Emergency Placements.

It is likely you have all taken that call from one of our team, asking are you available tonight/this weekend as childcare social workers are out assessing a crisis and have asked us to identify an immediate placement. You cancel plans, move bedrooms around and put-up equipment in readiness, then we call you to say 'stand down' children are remaining home.

In these circumstances, we will now pay you the fostering allowance per child for that day to recognise your commitment to changing plans and reorganising your home to accommodate children who may be in need of a fostering placement.

As mentioned above, if you need any more information, please contact your social worker to discuss.

Kind regards

Ros McAtee

## learning & development

Hi Everyone

I have sent you a number of emails recently regarding some upcoming learning and development. Here's a reminder in case you missed any and if you need any more information or help booking a place please let me know. Links to book all courses are in the emails I send. Don't forget to let me know if you are booked on any sessions so that I can update your records.

Based on running a number of sessions in March on the following:

Talking to Young People Around Substance Use  
Alcohol  
Families  
Substances & Wellbeing  
Social Media & Drugs  
NPS - New Psychoactive Substances

I have organised some drop in sessions in March for you to come and use a laptop and start/complete any outstanding core e-learning on:

Thursday, 3rd March 10am until 1pm  
Wednesday, 16th March 10am until 1pm  
Tuesday, 22nd March 10am until 1pm  
Tuesday, 29th March 10am until 1pm

The Fostering Network are offering a number of Digital Skills Sessions on the following dates in March:

Wednesday 2 March  
Thursday 3 March  
Wednesday 9 March  
Thursday 23 March  
Wednesday 30 March  
Thursday 17 March  
Wednesday 23 March  
Thursday 24 March  
Wednesday 30 March  
Thursday 31 March

Fostering Hope, the parent-and-child fostering forum, are hosting a webinar on 24th February 11-12.30 called Circle of Security and other tools to help parents meet their babies needs.

Brook Sexual Behaviour Traffic Light Training is taking place on the following dates (you only need to attend one session):

Monday 28th February 2022 - 13:00 - 16:30  
Tuesday 5th April 2022 - 09:30 - 13:00  
Thursday 26th May 2022 - 13:00 - 16:30  
Wednesday 29th June 2022 - 09:30 - 13:00  
Monday 5th September 2022 - 13:00 - 16:30  
Monday 7th November 2022 - 13:00 - 16:30

HyET are running Child Development 0-8 training on 10th March 10am - 2pm at Victoria Village School in Abersychan. Let me know if you wish to attend and I will book your place.

Finally there is Autism training on 2nd March at 10am on Microsoft Teams and here is the link for that one [MCC - Man Workforce Development Team \(office365.com\)](#) You will need to scroll down until you see the course title Autism Awareness Training Children & Young People.

If you have any queries please don't hesitate to contact me.

Best wishes  
Rachel



## recipe

Wrth i Ddiwrnod Crempog ddisgyn ar Ddydd Gŵyl Dewi eleri dyma 2 rysât:  
efallai yr haffech chi rai cynnig arnyn nhw - Bara-Brith a chrempogau  
Americanoidd. Rhwch wybod i ni sut hwyl gawsoch chi, byddem wrth ein  
bodd yn gweld eich lluniau!

### Sugar-crusted Bara Brith

#### Ingredients

- 400g/14oz luxury mixed fruit
- 75g pack dried cranberries
- mug hot strong black tea
- 100g butter, plus extra for greasing
- 2 heaped tbsp orange marmalade
- 2 eggs, beaten
- 450g self-raising flour - try a mix of wholemeal and white
- 175g light soft brown sugar
- 1 tsp each ground cinnamon and ground ginger
- 4 tbsp milk
- 50g crushed sugar cubes or granulated sugar, to decorate

#### Method

- STEP 1  
Mix together the dried fruit and cranberries in a large bowl, then pour the hot tea over. Cover with cling film and leave to soak overnight.
- STEP 2  
Heat oven to 180C/fan 160C/gas 4. Butter and line the bottom of a 900g/2lb loaf tin with baking parchment. Melt butter and marmalade together in a pan. Leave to cool for 5 mins, then beat in the eggs. Drain any excess tea from the fruit. Mix the flour, sugar and spices together, then stir in the fruit, butter mix and milk until evenly combined. The batter should softly drop from the spoon - add more milk if needed.
- STEP 3  
Spoon into the tin and level the top. Sprinkle with the crushed sugar and bake for 1-1½ hrs until dark golden and a skewer inserted comes out clean. Cover loosely with foil if it starts to over-colour before the middle is cooked. Leave to cool completely in the tin and serve sliced.



# recipe

## American Pancakes



### Ingredients

- 200g self-raising flour
  - 1 ½ tsp baking powder
  - 1 tbsp golden caster sugar
  - 3 large eggs
  - 25g melted butter, plus extra for cooking
  - 200ml milk
  - vegetable oil, for cooking
- To serve
- maple syrup
  - toppings of your choice, such as cooked bacon, chocolate chips, blueberries or peanut butter and jam

### Method

- **STEP 1**  
Mix 200g self-raising flour, 1 ½ tsp baking powder, 1 tbsp golden caster sugar and a pinch of salt together in a large bowl.
- **STEP 2**  
Create a well in the centre with the back of your spoon then add 3 large eggs, 25g melted butter and 200ml milk.
- **STEP 3**  
Whisk together either with a balloon whisk or electric hand beaters until smooth then pour into a jug.
- **STEP 4**  
Heat a small knob of butter and 1 tsp of oil in a large, non-stick frying pan over a medium heat. When the butter looks frothy, pour in rounds of the batter, approximately 8cm wide. Make sure you don't put the pancakes too close together as they will spread during cooking. Cook the pancakes on one side for about 1-2 mins or until lots of tiny bubbles start to appear and pop on the surface. Flip the pancakes over and cook for a further minute on the other side. Repeat until all the batter is used up.
- **STEP 5**  
Serve your pancakes stacked up on a plate with a drizzle of maple syrup and any of your favourite toppings.



[www.mysupportteam.org.uk](http://www.mysupportteam.org.uk)

**MyST** is a Therapeutic Mental Health Service working with children looked after aiming to help children remain in their local communities. We are based at Victoria Village School. Exciting developments of the existing Blenheim Green - Monmouthshire MyST service. We are very pleased to let you know that our existing joint service will become 2 separate services from the 1st April 2023. This will mean one whole MyST service for Blaenau Gwent Local Authority and one for Monmouthshire. This is in recognition of the success of the initial joint service and will enable us to increase our capacity to support more children, young people, their families, and carers to remain and live in their local communities. It will also enable the service to work fully in partnership with our Local Authority colleagues in each area. We hope that these changes will have minimal impact on the day-to-day delivery of our services and arrangements are in place to continue with business as usual until we move to two separate services. Please be in touch with us if you have any further questions about these changes.

### Foster Carer Clinic

We offer three one-hour slots monthly at present on teams but hopefully back in person soon. The clinic provides a reflective space to explore a particular theme.

- A behaviour, explore the meaning behind
- Look at how history has impacted on a child's emotional or physical development
- Consider strategies to manage a difficult behaviour or emotional distress
- Talk about what is going well, strengths and what you might want to change
- Look at transitions from primary to secondary school
- Look at ideas around family time and the impact on the child/young person
- Reflect on the impact of caring on you and your self-care

We don't ask for any preparation beforehand and we go with what you would like from the session. If you are interested, please speak to your supervising social worker who will arrange to book you in. The team look forward to meeting you.

### MyST are recruiting Therapeutic Foster Carers

- Gives you the opportunity to provide a young person with positive influences and promote wellbeing with a team who will support you with training and supervision
- We need people who are willing to reflect on the level of care they provide and accept at times they may not always get it right but learn
- You need to have an element of playfulness, acceptance, curiosity, and empathy
- A great remuneration package as well as allowances paid for the child and young person
- You will be offered 24 hours on call service available 365 days a year
- Extensive training package including MyST carers support group, 1:1 clinical supervision, part of case meetings and other training delivered by the team
- Your own dedicated Lead Therapeutic Practitioner (they have small caseloads to enable them to intensively support their placements)

If you would like to find out more information: Lir Trigg, Foster Carer Recruitment Officer  
[lirtrigg@monmouthshire.gov.uk](mailto:lirtrigg@monmouthshire.gov.uk)  
Hadi James, Therapeutic Practice Manager [hadijames@monmouthshire.gov.uk](mailto:hadijames@monmouthshire.gov.uk) ( 01495 784880  
(07970 192 099)



## children's corner



Have a go at making your own and send in some photos.

Please send in drawings or paintings, we would love to include them in the newsletter and there will be a prize for everyone who sends something in to:

[liztrigg@monmouthshire.gov.uk](mailto:liztrigg@monmouthshire.gov.uk)

### ***5. Promoting and improving the wellbeing of those we help***

We will work with people to define and co-produce personal well-being outcomes



Achieving Change  
Together Team

## Background

A family who have been working with children's services for over ten years felt that the child's increasingly complex and aggressive behaviour was placing the family under a lot of pressure which could potentially lead to family breakdown.

## ACT's work focused on

- Building a trusting relationship with the family as Mum was very anxious about different professionals being in her home and involved with her family.
- Overcoming negativity from both professionals, who were sceptical about the family's ability to change, and family members who weren't positive about previous involvement from professionals.
- Reflecting on the family's current situation – the parents were supported to identify their own solutions using a range of therapeutically-informed techniques. This allowed them to build trust in the process and to encourage a more positive and future-focused approach to the family's life.
- Taking time to understand the roles and functions within the family, looking at systemic approaches and values around genders, parenting, and discipline.

## Strategies and outcomes

- ▶ Strategies for working positively with aggressive behaviour were introduced, to help parents manage aggressive outbursts and rebuild relationships afterwards. This helped reduce Mum's anxieties and increased her confidence in her parenting.
- ▶ The success of these strategies also increased the family's confidence in professionals.

## Strategies and outcomes

- ▶ Initially, Dad left managing the children's behaviour to Mum, he was anxious and sad that his relationship with the children was not good. Mum and Dad didn't understand each other's emotional responses.
- ▶ Workers provided the opportunity to be a 'safe space' for parents to explore their own feelings and this enabled them to explore some more sensitive and difficult issues within the family dynamics.
- ▶ Towards the end of this work, both parents were able to talk with each other about their feelings and worries and felt comfortable enough to express different opinions to me and to each other.

## Overall outcomes

The work enabled them to become closer as a couple and stronger as parents. By the end of the work Dad could see the progress they had made as a family and was keen to learn more about autism and techniques and strategies to de-escalate their child's outbursts. Having initially been on the edge of coming into care, the children are now closed to Children's Services.

We will work with people and partners to protect and promote physical and mental health and emotional well-being



Dave's story

## Background

Dave is very isolated and most weeks the mental health support worker is the only person he sees other than his wife.

## Actions

The support worker will take Dave's wife out and on other occasions will spend time with both of them in the house.

## Outcomes

- Dave has said that for the times when his wife is out with the support worker he has time to recharge. For that time he's not a carer, he's not a cleaner, he's Dave.
- Dave has also taught the support worker how to knit, something that he really enjoyed. He said it's passing on a life skill to someone.
- He said he doesn't know what he would have done without the support worker's support and friendship and looks forward to their visits every week.

**BASE**  
Building Attachments, Security and Emotional well-being  
Using attachment principles to improve outcomes for children & young  
people in care.  
Base@Monmouthshire.gov.uk





## Background

Casey (not real name) is a 12-year-old who had been taken into foster care following concerns for Mum's mental health and disclosure regarding sexual abuse by family members. Casey was displaying extremely traumatised behaviour, becoming very dysregulated and the foster carer was struggling to keep all the children in the home safe. A new foster carer was found for Casey and support from BASE was required to promote these new relationships and to address some of her early trauma.

## Assessment

The assessment showed that Casey struggled to share control of the sessions with her carers and was extremely sensitive to / frightened of physical touch. When carers would try to feed her, she would snap at their fingers and said even light touch 'hurt her bones'. This made sense given her earlier experiences of sexual abuse.

## Outcomes

By the end of our work, Casey was fully engaged in the sessions and could tolerate nurture and physical touch and would even seek it out. By session 6, Casey was happy to sit on her carers lap, be fed a snack and cuddle in for a song. We could see mutual joy, laughter and delight between them.

## Review

Her carer reported finding all the sessions helpful and could see from the videos how many changes there had been and just how close Casey now lets her get. The carer would have liked to continue with the sessions but Casey felt as though she did not need any more and that she had grown out of the approach. This felt appropriate given that she was about to transition to secondary school, and we wanted to respect her views. We therefore agreed to close with the proviso that she could return whenever she wanted.

We will support people to safely develop and maintain healthy domestic, family and personal relationships

## Jack's story

### Background

- ▶ Jack, 83, lives alone since his wife died. He has 2 sons and a daughter who live locally. All work and therefore too busy to visit him often. He likes to be as independent as possible and fears loss of his mobility. He is a very sociable person and enjoys telling people stories about his childhood and his extended family.
- ▶ Jack has no previous experience of any tech and only uses a basic mobile phone.

### Ethel Care Tablet trial

- ▶ This is a communication device but sensors can also be incorporated. It is customised for the user.
- ▶ It can be used by the person, loved ones, and health & social care professionals.
- ▶ It can aid with health monitoring e.g. vital signs
- ▶ It has a 15 – 18 inch touch screen.
- ▶ It allows for video calls, uploading photos, live streaming, exercise videos
- ▶ Reminders & prompts, wellbeing surveys and check ins can be created
- ▶ Alerts can be created
- ▶ Email, text & web browsing is possible for the user
- ▶ Analytics & dashboard can be sent to a web browser or Phone app for family and care agencies to use.

## Outcomes

- ▶ The Ethel has given him the opportunity to video call his family and therefore 'see' his great grandchildren more often.
- ▶ Grandson, Sam, lives in London and is a plasterer. Sam would video call Jack to show him what he was working on, especially if it was a tricky bit of plastering. Jack would love this because he is a retired builder.
- ▶ The family found it simple to call from the app, to send the photos and videos which Jack enjoyed. Jack found it easy to make the video calls himself. He also loved showing off his 'fancy device'.

### My Mates



My Mates is a group of 345 members who are self-directing and shaping the way people with a learning disability live their best life.

The focus is on non-paid friendships and the creation of close personal relationships; we value and promote choice, well-being, education, and independence.



Throughout 2021/22 we have held educational workshops on topics including: social media safety, sexual health & well-being, what a good relationship looks like, personal hygiene, using your voice. We have held daily get togethers & events including: Celtic Manor Christmas ball, Bowling, Nightclubbing, Pubs, Coffee Shops, & Restaurants, after all life isn't Monday-Friday 9-5pm.

We have promoted venues throughout our local communities that are free to access including castles, libraries, museums & marketplaces which is encouraging community presence, supporting our local communities & strengthening community bonds, giving a sense of belonging.

Over 12,000 wellbeing calls & advice/contacts recorded have taken place during April 2021 – April 2022. 272 face-to-face events took place during April 2021-2022 in addition to 54 online events via Microsoft Teams.











We will encourage and support people to learn, develop and participate in society

DM's story



## What was the challenge?

- ▶ DM had a period of rehab on Deri wing following a fall and struggling to cope at home. DM has been unable to use his right arm since a child.
- ▶ It was important for DM to be able to walk outside without needing someone with him. DM had a wheeled zimmer frame that could be used using only one hand, however it required two hands to steer and control.
- ▶ DM had not returned to accessing the community following his stay in Mardy Park. He was unsure of what key exercises to carry out to help improve his mobility.
- ▶ We worked with DM to identify what he wanted to get out of attending the Amblers group. He had felt quite isolated and had missed interaction with people.
- ▶ We discussed working with ReMAP to alter a four wheeled walker to make it suitable for DM to use single-handedly.

## What impact did you make?

- ▶ DM is delighted to be getting out and having the opportunity to see other people.
- ▶ He knows it is important to maintain active and work on his exercises; he now has a detailed exercise plan.
- ▶ The session provides him an opportunity to do so much more than he would on his own and varies what he does. It has provided a chance to chat and discuss issues with other members of the group.
- ▶ Using ReMap he now has an aid that he can use on his own and access the community. In his own words 'this has opened up a whole new world.' The walker can now be controlled by DM alone as his walking has improved. It also has a seat to enable him to rest when needed.
- ▶ He reports 'I never thought I would be able to get back to this.'



We will work with and support people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs

## New housing in Caldicot

### Background

The Community Learning Disabilities Team in collaboration with Melin Homes have been lucky enough to be involved in a project that has seen an office facility turned into a supported living home for three gentlemen.

Melin Homes purchased the property and were instrumental in the conversion. They will continue to be the landlords for the property and have been very supportive every step of the journey with the project completed in August 2022.

### Outcomes

The 3 gents are moving on from their family homes and need a supportive, enabling staff team around them to live their lives to their full potential. The company supporting them is Consensus who have been working closely with the team to ensure that the transition for each person is as smooth as it possibly can be.

The conversion has been carried out to the highest standard with all the adaptations necessary, including a specialist bath and rise and fall worktops in the kitchen.



## Supporting a refugee with dementia

### Background

A 79 year old gentleman from Ukraine, with a diagnosis of dementia was referred to the Community Mental Health Team. He and his wife were in a hotel and there were concerns about the level of support he may require and the impact of this on his and his wife's well-being, particularly due to the trauma they had experienced losing their home and having to flee their country.

### Actions

The team has been regularly visiting the couple to offer support and carry out assessments.

The role of the dementia support worker has been invaluable, because this gentleman is often restless and wanders. This, in addition to the language barrier, has made things challenging with regards to assessing need and identifying outcomes and risks.

### Outcome

With the assistance of Google translate (not always ideal, but at times necessary) and interpreters situated at the hotel, we have been able to carry out the processes required and find this individual a care placement that can appropriately meet his needs.

## Impact

I feel the impact this will have on both individuals will be very positive. The individual's wife is very relieved, especially after months of being confined to a small hotel room at times and many sleepless nights.

Although there will be challenges for him and those supporting him during this transition, we will continue to use a multi-disciplinary approach, involving other professionals e.g. Occupational therapy, to ensure that communication is as effective as possible.

The verbal feedback from the individual's wife has been immense gratitude and relief. At times, she has displayed frustration at the length of time this has taken, driven by how exhausted she has been feeling. The gentleman is of some understanding that he will be going somewhere that he can be supported and has conveyed happiness about this.

We will take steps to protect and safeguard people from abuse, neglect or harm

## Family Group Conferencing

### Background

Mum was referred to us at 15 weeks pregnant in her third pregnancy. Mum has mild learning difficulties and was unable to care for her first child due to a lack of appropriate family support. Sadly her second child had a life limiting condition and died.

Mum and Dad are living together however because Mum has learning difficulties and only a limited support network, it was felt that she would need support to care for the baby and keep the child safe after birth.

Dad's family care a great deal for Mum. They know about her earlier experiences and are understanding and supportive. The request was for a Family Group Conference to be held with paternal family members to explore what support family members could offer Mum which could help keep the baby safe.

### Actions

A child protection plan was put in place and the Family Group Conference was intended to identify how wider family could support this.

The Family Group Conference brought together various family members who live locally and were excited at the prospect of the new baby.

The baby will be the first grandchild and the family were very keen to be involved in creating a network of support around the couple and their baby. Their kindness and compassion helped Mum to be honest and open about her difficulties.

## Outcomes

This history has enabled the family to be aware of any significant changes in Mum's presentation so they can act upon it to support her. Together the family created a safety plan as part of the Family Group Conference. Plan and the family members were confident in their ability to implement this, which they have done.

Following a review of the Family Group Conference plan the baby's name was able to be removed from the Child Protection Register and the family is being supported by social services.

## Agnes' Story

### Background

Sam moved back to live with his mum, Agnes who has dementia. She was disorientated to time and was wandering. Once she had been brought back home by strangers, Sam was concerned that she might get on the bus and get lost miles away; he needed a device that would alert him as soon as she left the house.

### Actions

Cascade 3D fitted a front door sensor & if his mum left the house, an alert would be sent to his phone. He could then contact a neighbour who would go check on his mum. Over the year he received at least 6 or 7 alerts and his neighbours kindly went out and brought his mum back.

Sam then also set some sensors elsewhere in the house, so he was able to track on where his mother was in the house - this information was useful to see if she had been wandering in the night.



## 6. How we performed in Social Services

An integral part of our delivery in Monmouthshire Social Services is understanding how we are performing and how we know we are making a difference. The use of data and metrics is an integral part of building knowledge and insight into our performance.

The code of practice sets a revised performance and improvement framework for social services which contains three component parts; measuring activity and performance, understanding experience and outcomes and using evidence to inform improvement.

2021/22 is the second year of reporting these metrics as part of the measuring activity and performance element of the framework. There are over a hundred metrics as part of the framework, the most relevant metrics collated in 2021/22 have been included to support this analysis.

As is illustrated with this report, metrics alone do not tell story of the performance of social services. To supplement these, we have combined some of them to create performance measures to further understand how well services are performing and included some of our own locally derived performance data used by our services. How we measure and evidence our performance will continue to be developed in 2022/23, including further development of the remaining two parts of the performance and improvement framework.

### *How we Performed in Adult Services*

During 2021/22 we have seen increased demand for services and complexity of support in Adults' Services. Some of this is attributable to the effect of lockdown as people experiencing reduced confidence and physical frailty. The number of contacts to social care has increased over the last year, as has the number of assessments completed.

While this demand has increased, we are experiencing delays in provision. We have completed fewer number of packages of reablement, started less domiciliary care services and our weekly unmet need

within home care has reached 2000 hours. We are working hard to address a range of issues, a number of which are wider issues prevalent in the sector. These include the fragility of the social care market, a number of providers leaving the market, and a lack of care staff, as well as on-going challenges at the interface of health and social care where there are delays in provision.

Our Adult Social Care service user questionnaire shows a high proportion, 86.9%, of services users are happy with their care and support, although this has decreased and is below levels seen in recent years. The feedback from services users shows a slight decrease in many areas including communication and involvement in their care and care and support meeting their needs, which we have attributed to the overall challenges in the provision of adult social care.

### The Front Door

Main Quality standard core principles:			
People	Prevention	Partnership & Integration	Well-being
	✓	✓	

Where people need to contact social care, multi-disciplinary professionals are available at the first access point. During 2021/22, the front door of adult services received 6,633 contacts from people not already in receipt of care and support. This is a 15% increase on the previous year and some of this is attributable to the effect of lockdown and people experiencing reduced confidence and physical frailty. Health colleagues remain the main source of contacts received (2,693) as integration continues to be key to our way of working.

Of the total contacts received, 4,215 were provided with advice or assistance, over 250 more than the previous year, again indicating increasing levels of demand. Feedback from our customer questionnaire shows a reduction to 77% of adults receiving care and support who feel they have had the right information or advice when they needed it which is the lowest level record in recent years.

Similarly, we have seen an increase in volume of contacts received relating to carers, with 272 received in total during 2021/22, of which 92 were provided with advice or assistance.

Metric Number	Metric	2020/21	2021/22
<b>Front Door (Adults)</b>			
AD/001	The number of contacts for adults received by statutory Social Services during the year	5787	<b>6633</b>
AD/002	The number of contacts for adults received by statutory Social Services during the year where advice or assistance was provided	3961	<b>4215</b>
<b>Front Door (Carers)</b>			
CA/001	The total number of contacts to statutory social services by adult carers or professionals contacting the service on their behalf received during the year	226	<b>272</b>
CA/002	The number of contacts by adult carers received by statutory Social Services during the year where advice or assistance was provided	88	<b>92</b>

Adults Questionnaire	2017/18	2018/19	2019/20	2020/21	2021/22
	Actual	Actual	Actual	Actual	Actual
I have had the right information or advice when I needed it	84.0%	81.8%	84.3%	82.5%	<b>77.4%</b>

### Assessments and Care & Support Plans

Main Quality standard core principles:			
People	Prevention	Partnership & Integration	Well-being
✓		✓	

We have completed 142 more assessments, 2177 in total, in the last year with an increased proportion of those assessed with needs that require a care and support plan.

The demand and complexity of support required from Adults' Services has increased over recent years. Due to the fragility of the social care market there are delays in provision. Access to care and support is not always timely, and this has contributed to a reduction in the number of adults with a care and support plan at the end of the year.

Our service user survey responses show a reduction - and the lowest levels in recent years - in people feeling involved in decisions about their care and feeling listened to. There are a number of factors that we feel will have contributed to this including lack of choice around services and providers, for example within residential care; difficulties in sourcing packages of care; the shortages in some key posts such as Occupational Therapy and Social Work together with demand increases causing delays in assessments and formal reviews of care and support plans.

The number of carers receiving assessments has also increased and so too has the number with a plan to support their caring roles. Our view is that this relates to the additional pressures (including not being able to access the same level and range of support services) that carers experienced during the pandemic.

Metric Number	Metric	2020/21	2021/22
<b>Assessments and Plans (Adults)</b>			
AD/004	The number of new assessments completed for adults during the year	2035	2177
AD/005	Of which:		
AD/005a	Needs were only able to be met with a care and support plan	721	826
AD/005b	Needs were able to be met by any other means	630	542
AD/005c	There were no eligible needs to meet	627	506
AD/012	The number of adults with a care and support plans at 31 March	1813	1728
<b>Assessments and Plans (Carers)</b>			
CA/004	The total number of carers needs assessments for adults undertaken during the year	132	196
CA/005	Of which:		
CA/005a	Needs could be met with a carer's support plan or care and support plan	39	48
CA/005b	Needs were able to be met by any other means	32	43
CA/005c	There were no eligible needs to meet	55	25
CA/008a	The number of adult carers with a support plan at 31 March	68	105
CA/008b	The number of adults with a care and support plan who also have carer responsibilities	41	64

Adults Questionnaire:	2017/18	2018/19	2019/20	2020/21	2021/22
	Actual	Actual	Actual	Actual	Actual
I have been actively involved in decisions about how my care and support was provided	81.4%	81.4%	83.1%	83.0%	77.4%
I feel that I was listened to	82.6%	82.7%	86.5%	85.9%	81.4%

## Preventative Services

Main Quality standard core principles:			
People	Prevention	Partnership & Integration	Well-being
	✓		✓

While we are seeing an increase in demand for social care, we have completed a fewer number of packages of reablement, in part as a result of a lack of available provision. Reablement provides intensive short-term interventions aiming to restore people to independence, mitigating the need for long-term services in the immediate future. During 2021/22 we saw a reduction in the percentage of people who were independent following reablement. This is likely as a result of the increasing



complexity of people’s needs due to delayed presentations; de-conditioning and loss of confidence during periods of shielding / lockdown and delays in sourcing packages of care.

The number of people arranging their own care through a direct payment has increased during the year, this gives people more choice and control over their own care and support.

Survey responses show that overall satisfaction with care and support remains high, although this has dipped slightly to 87%.



Metric Number	Metric	2020/21	2021/22
<b>Early Intervention and Prevention</b>			
<b>Reablement</b>			
AD/010	The total number of packages of reablement completed during the year	291	240
AD/011	Of which:		
AD/011a	Reduced the need for support	50 (17.2%)	54 (22.5%)
AD/011b	Maintained the need for the same level of support	45 (15.5%)	36 (15.0%)
AD/011c	Mitigated the need for support	171 (58.8%)	122 (50.8%)
AD/011d	Neither reduced, maintained nor mitigated the need for support	25 (8.6%)	28 (11.7%)
<b>Direct Payments</b>			
AD/015	The total number of adults with a care and support plan where needs a met through a Direct Payment at 31 March	123	139
AD/018	The number care and support plans for adults supported with direct payments that were due for review during the year	150	185
AD/019	The number care and support plans for adults supported with direct payments that were due for review during the year that were completed within statutory timescales	94	133
Local	The percentage of care and support plans for adults supported with direct payments that were due for review during the year that were completed within statutory timescales	62.7%	72.1%

Adults Questionnaire	2017/18 Actual	2018/19 Actual	2019/20 Actual	2020/21 Actual	2021/22 Actual
I am happy with the care and support I have had	85.7%	88.5%	89.4%	89.0%	86.9%

### Provision of Services

Main Quality standard core principles:			
People	Prevention	Partnership & Integration	Well-being
✓		✓	✓

Fragility in the domiciliary care market, combined with the increased demand evidenced through the increase in volume of contacts and assessments for adults social care has meant that access to care and support has not always been timely. This has resulted in a decrease in the number of adults starting a domiciliary care services in the year.

There has, however, been an increase in the number of adults starting a residential service which appears to correlate with the restrictions on care homes easing as well the difficulties in sourcing packages of care to support people living in their own homes. Hospital discharge pathways such as 'Step Closer to Home' have also influenced a rise in residential placements.

Care and support should be reviewed annually and during 2021/22 53.6% of reviews were held within timescales. This runs the risk of people’s changing needs not being identified and addressed at the earliest stage, including opportunities for services to reduce if appropriate. Delays in undertaking formal

reviews are due to the overall pressure across the system, and again correlates with a decrease in satisfaction around care arrangements in responses to the service users to questionnaire.

Metric Number	Metric	2020/21	2021/22
<b>Provision of Services and Reviews</b>			
Local	The total number of adults starting a service during the year where that service is:		
Local	Residential Care	80	92
Local	Domiciliary Care	1324	1131
A0/036	The number of care and support plans for adults that were due to be reviewed during the year	-	2094
Local	The percentage of care and support plans that were due to be reviewed during the year that were completed within statutory timescales	-	53.6%

Adults Questionnaire	2017/18	2018/19	2019/20	2020/21	2021/22
	Actual	Actual	Actual	Actual	Actual
The service I get is reliable and I'm told about any changes in good time	78.3%	80.0%	81.5%	82.1%	75.8%
I usually get assistance from the same staff	69.9%	67.8%	70.3%	70.1%	68.4%
Do you think that the care and support you get still meet your needs?	92.0%	92.4%	92.8%	91.2%	87.9%

## How we Performed in Children's Services

There has been a significant increase in demand for early help, pre- and post-statutory children services intervention with families in the last year.

Children's Services have focused on working with families to support their strengths, manage risks and achieve good outcomes.

The impact of the lockdown has meant that some families may not have received the support they needed to reduce harmful behaviours, abuse and neglect at an early stage. The potential risk that child welfare concerns were not recognised or referred early enough continues to be a contributory factor in the increased complexity of support required from Children Services and is an on-going pressure on the service.

While continuing to manage these pressures we have seen an increase in the timeliness of some of our key processes such as: decision on contacts made by the end of the next working day, 99.9%; new assessments completed within statutory timescales, 91.2%; and maintained performance in child protection, 96.0% and looked after reviews, 98.6%, completed within statutory timescales. Reviews of Children in need of care and support completed within statutory timescales still requires improvement.

Overall, the number of in-house foster carers has increased over the last 4 although there remains a shortfall in carers to meet demand and challenges remain within the provider market, which could result in adverse outcomes and reduced well-being for children requiring support.

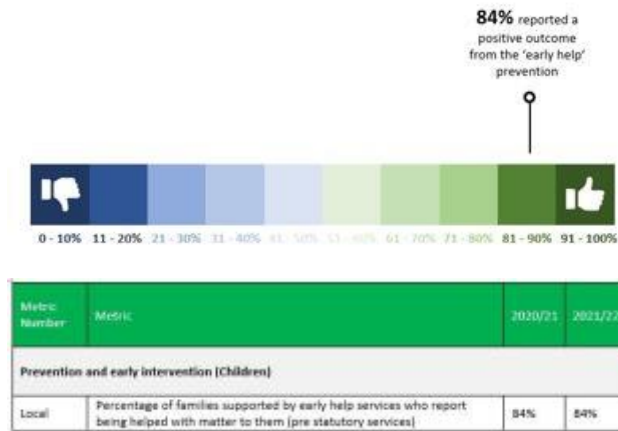
### Prevention and early intervention

Main Quality standard core principles:			
People	Prevention	Partnership & Integration	Well-being
	✓		

Children's Social Services have implemented a co-ordinated approach to early intervention and prevention providing support to children and families who need it as soon as possible, and ensuring that the right help is provided at the right level of intensity. Evaluation and feedback of family support

services indicates clear and positive outcomes for families. For example, during 2021/22, out of 140 families, 84% reported a positive outcome from the 'early help' intervention.

The council has services in place to manage early identification of risk and vulnerability has implemented pre- and post-statutory children services to support families and reduce risk. There has been a significant increase in demand for these services in the last year, particularly due to the impact of the pandemic. Services are under pressure trying meet this demand and providing appropriate and timely support is challenging. There is a need to develop capacity and arrangements to meet increased demands for early help and preventive services.



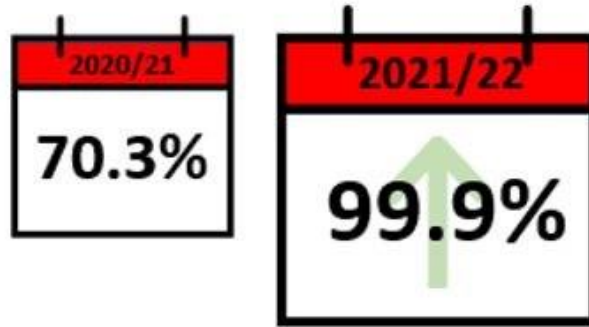
### The Front Door

Main Quality standard core principles:			
People	Prevention	Partnership & Integration	Well-being
	✓	✓	

The number of contacts for children not already in receipt of care and support received increased in 2021/22 from 4,329 to 5,776. The majority of these contacts were received from Police and education colleagues. Services are under pressure trying meet this increased demand and providing appropriate and timely support is challenging.

Similarly, there has been an increase of 63% in contacts received for young carers, which we have viewed as a positive measure, and attribute to the on-going awareness raising and presence of young carers projects within schools.

A decision on how to progress a contact is expected with 1 working day, and during 2021/22 this happened in 99.9% of contacts, an improvement from last year.



Metric Number	Metric	2020/21	2021/22
<b>Front Door (Children)</b>			
CH/001	The number of contacts for children received by statutory Social Services during the year	4329	5776
CH/002	The number of contacts for children received by statutory Social Services during the year where advice or assistance was provided	2700	3379
CH/003	The number of contacts received by statutory children's social services during the year where a decision was made by the end of the next working day	3042	5769
Local	The percentage of contacts received by statutory children's social services during the year where a decision was made by the end of the next working day	70.3%	99.9%
<b>Front Door (Young Carers)</b>			
CA/011	The total number of contacts to statutory social serviced by young carers or professionals contacting the service on their behalf received during the year	143	235
CA/012	Of those identified, the number where advice and assistance was provided	61	86

## Assessments

Main Quality standard core principles:			
People	Prevention	Partnership & Integration	Well-being
✓		✓	

During 2021-22, 884 assessments were completed to better understand the needs of children and families, which is an increase on the previous year. There was a similar increase in the number of children requiring care and support following an assessment. Often needs are met in other ways, such as referring to our Early Help services or where more suitable to an external agency. In some cases a decision on the best course of action needs further investigation, for example, where child protection procedures are to be followed.



Assessments are usually expected to be concluded within 42 working days and during 2021-22 an increasing number (91%) did.

Metric Number	Metric	2020/21	2021/22
<b>Assessments (Children)</b>			
CH/006	The total number of new assessments completed for children during the year	828	884
CH/007	The total number of new assessments completed for children during the year where:		
CH/007a	Needs were only able to be met with a care and support plan	249	264
CH/007b	Needs were able to be met by any other means	448	424
CH/007c	There were no eligible needs to meet	25	17
CH/008	The total number of more comprehensive assessments for children completed during the year for children who were born at the time the assessment concluded	798	861
CH/012	The number of new assessments completed for children during the year that were completed within statutory timescales	721	806
Local	The percentage of new assessments completed for children during the year that were completed within statutory timescales	87.1%	91.2%
<b>Assessments (Young Carers)</b>			
CA/014	The total number of young carers needs assessments undertaken during the year	36	40
CA/015	The total number of young carers needs assessments undertaken during the year where:		
CA/015a	Needs could be met using a young carer's support plan or care and support plan	16	18
CA/015b	Needs were able to be met by any other means	13	11
CA/015c	There were no eligible needs to meet	0	0

### Care and Support Plans and Reviews

Main Quality standard core principles:			
People	Prevention	Partnership & Integration	Well-being
✓			✓

Children's Services have focused on working with families to support their strengths, manage risks and achieve good outcomes. There were 74 children in the Achieving Change Together team; during 2021/22, 81% were supported to remain at home, 91.5% have improved school attendance, and 100% reported increased family resilience. Some of the support to families was adapted during the pandemic, although direct care and responding to safeguarding referrals remained in place.

At the end of the year, 518 children had a care and support plan which detailed how their support was to be provided. Of these, 54 children had a direct payment, allowing their families to choose how their care and support should be delivered. An increasing number of young carers have a care and support plan which includes support for their caring role.

Of the children with a care and support plan, 60% are supported to remain at home, and for the second year we have seen a reduction in the number of children looked after. This accords with the work that

the service is doing to promote the safe reduction of children who are looked after, particularly in cases where children can be fully repatriated to parents or into Special Guardianship arrangements with extended family members.

The timeliness of reviews of children on the Child Protection Register and Children Looked After remains high, although the timeliness reviews of children in need of care and support requires improvement.

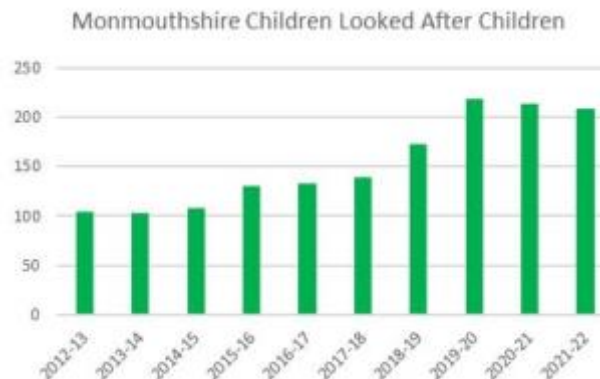
Metric Number	Metric	2020/21	2021/22
<b>Plans (Children)</b>			
CH/015	The number of children with a care and support plan at 31st March	515	518
Local	The percentage of children supported to remain living within their family	58.6%	59.8%
CH/016	The total number of children with a care and support plan where needs are met through a Direct Payment at 31st March	48	54
<b>Plans (Young Carers)</b>			
CA/017b	The number of children or young people with a care and support plan who also have carer responsibilities	22	34
<b>Reviews</b>			
Local	The percentage of reviews due during the year that were completed within statutory timescales, which were:		
Local	Child protection reviews	94.2%	96.0%
Local	Looked after reviews (including pathway plan reviews and pre-adoption reviews)	99.8%	98.6%
Local	Reviews of children in need of care and support (including children supported by a direct payment)	67.3%	66.8%

Measure	2017/18	2018/19	2019/20	2020/21	2021/22
	Actual	Actual	Actual	Actual	Actual
The percentage of children supported to remain living within their family	63.8%	63.4%	57.5%	58.6%	59.8%

### Children Looked After and Leaving Care

Main Quality standard core principles:			
People	Protection	Partnership & Integration	Well-being
			✓

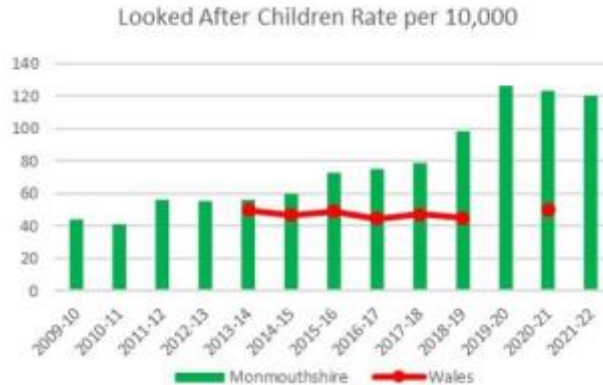
The council is supporting 208 children who are looked after (31st March 2022). The number has risen substantially in recent years but has recently stabilised. It remains higher than the average rate of children who are looked after across Wales.



During 2021/22, the number of children ceasing to be looked after to move to permanent homes, both through adoption and special guardianship orders, has increased. Looked after children benefit from stability and, where possible, placement and school moves are minimised. The number of children

experiencing school moves has decreased this year, although the number of children experiencing three or more placements in the year has increased.

The council is working with Foster Wales to run active campaigns to increase the rates of in-house foster carers to provide accommodation and support to children requiring it, which launched in September 2021. To date, the transition from local to national campaigns has not had the anticipated impact in Monmouthshire and no new foster carers were recruited during 2021/22. Overall, the number of in-house foster carers has increased over the last 4 years from 24 to 40. No new foster carers were recruited during 2021/22 and there remains a shortfall in carers.



There is also a critical shortage of specialist fostering and residential placements, with considerable instability within the provider market, which could result in adverse outcomes and reduced well-being for children requiring support.

Care leavers are supported by personal advisors to transition into adulthood and independence. One year after leaving care 73% of care leavers were in employment, education or training, although this is lower 2 years after leaving care.



Metric Number	Metric	2020/21	2021/22
<b>Children Looked After and Care Leavers</b>			
<b>Children Looked After</b>			
CH/D43	The total number of children looked after at 31 March who have experienced three or more placements during the year	9	14
CH/D44	The total number of children looked after on the 31 March who have experienced one or more changes of school during the year (excluding transitional arrangements, moves associated with adoption or moves home)	15	8
<b>Care Leavers</b>			
CH/O52	The total number of care leavers who experience homelessness during the year (As defined by the Housing (Wales) Act 2014) within 12 months of leaving care	*	*
CH/O53	The total number of care experienced young people	64	59
Local	The percentage of care leavers in categories 2, 3 and 4 who have completed at least 3 consecutive months of employment, education or training in the 12 months since leaving care	-	73.3%
Local	The percentage of care leavers in categories 2, 3 and 4 who have completed at least 3 consecutive months of employment, education or training in the 15-24 months since leaving care	-	25.0%

Measure	2017/18	2018/19	2019/20	2020/21	2021/22
	Actual	Actual	Actual	Actual	Actual
Number of Looked After Children	139	173	219	213	208
Number of Children Adopted in the Year	8	*	*	*	9
Number of Children Leaving Care with Special Guardianship Orders in the Year	*	*	8	11	13
Percentage of Looked After Children placed with MCC generic/kinship foster carers	35.6%	37.6%	36.1%	41.3%	40.4%
Number of Generic Foster Carers	24	26	34	38	40
The percentage of looked after children who have experienced 1 or more changes of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the year to 31 March	9.5%	5.3%	12.7%	10.9%	5.4%
Numerator: The number of children of compulsory school age looked after at 31 March who have had one or more changes of school, which were not due to transitional arrangements	9	6	18	15	8
Denominator: The number of children of compulsory school age looked after at 31 March	95	114	142	138	147
The percentage of looked after children on 31 March who have had three or more placements during the year	5.8%	6.9%	7.3%	4.2%	6.7%
Numerator: The number of children looked after at 31 March who had three or more separate placements during the year	8	12	16	9	14
Denominator: The total number of children who were looked after at 31 March	139	173	219	213	208

Provisional data awaiting final data from Welsh Government

\*Small numbers redacted

## Safeguarding Adults Services

Main Quality standard core principles:			
People	Prevention	Partnership & Integration	Well-being
			✓





Metric Number	Metric	2020/21	2021/22
<b>Adult safeguarding</b>			
AS/001	Number of adults suspected of being at risk of abuse or neglect reported during the year	483	528
AD/020	The total number of reports of an adult suspected of being at risk received during the year	680	799
AD/022	The total number of reports received during the collection year where it was alleged that there was abuse under the primary category of:		
AD/022a	Neglect	258	344
AD/022b	Physical abuse	260	269
AD/022c	Sexual abuse	35	58
AD/022d	Emotional or psychological abuse	176	214
AD/022e	Financial abuse	106	97
AD/023	The total number of reports of an adult suspected of being at risk where it is necessary for enquiries to be made	906	583
AD/024	The total number of enquiries completed within 7 working days from the receipt of the reported alleged abuse	282	382
Local	The percentage of enquiries completed within 7 working days from the receipt of the reported alleged abuse	31.5%	65.5%
AD/026	The total number of enquiries where it was determined that additional action should be taken	356	440

As with other areas of adult social care, adult safeguarding has seen an increase in volume of reports being made during the year. During 2021/22 799 reports were made regarding 528 adults. The majority of reports are from providers and most reports fall under the category of neglect where we have seen a 33% increase in reports in the last year.

The number of reports leading to enquiries has also increased during the year. Enquiries should usually be completed within 7 working days and during 2021/22 65.5% were. While this is an increase on the previous year, it is still lower than we want it to be. Waiting for information to come back from a number of different sources can impact on timeliness of completion and work will continue to influence the timely undertaking of enquiries over the coming year.

The Care Inspectorate Wales inspection reported that there were "good examples of effective and timely adult safeguarding, and this opinion was supported by key partners."

*"Practitioners in adult safeguarding are confident in their ability to respond to safeguarding concerns and act where necessary. We saw the response to safeguarding referrals was timely and that strategy discussions and meetings involved relevant professionals, and most are held in a timely manner"*

78% of adults tell us they feel safe, where they do not, people often comment on mobility concerns and fear of falling.

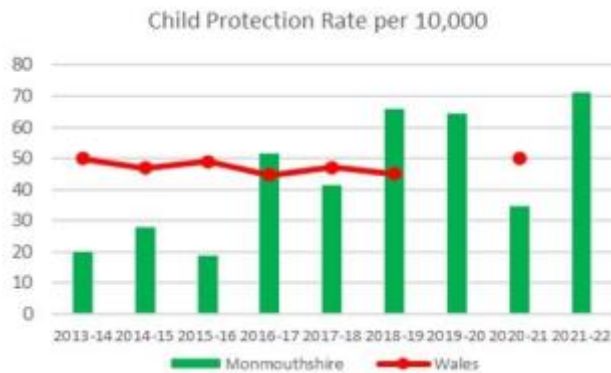
Adults Questionnaire	2017/18	2018/19	2019/20	2020/21	2021/22
I feel safe	Actual 79.1%	Actual 81.8%	Actual 81.1%	Actual 78.8%	Actual 78.5%

## Children's Services

Main Quality standard core principles:			
People	Prevention	Partnership & Integration	Well-being
			✓

At the end of the year there were 123 children on the child protection register, which has increased significantly from the 60 children on the child protection register at the end of 2020/21. There has been a steady increase of the number of children on the register, particularly during the last six months of the year. This appears to be linked more so to a reduction of the number of children being removed from the register during this period, rather than significant rises in the number being added. More children are remaining on the Child Protection Register to ensure the Child Protection Plan is completed in its entirety, which is supported by a decrease in the percentage of children leaving the register to become children looked after.

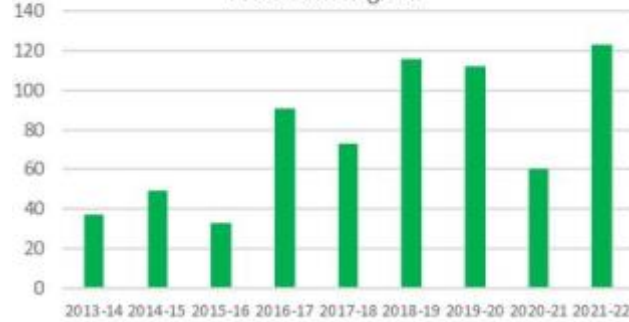
The rate of 71 children on the child protection register per 10,000 child population in Monmouthshire, exceeds the most recently published Welsh rate from 2020/21. While the number of children on child protection plans fluctuates, the critical issue is that the right children are registered and remain subject to child protection core groups and planning for the right length of time.



There has been an increase in volume of required initial conferences, and consequently the number of children registered, followed by the number of initial core groups required. Alongside these increases, there has been a decrease in the number of children removed from the register this year.

The timeliness of some child protection processes, such as initial conferences and child protection statutory visits, has decreased during the year. In Monmouthshire we have continued to count the 15 day timescale to convene an initial conference from the point at which the decision is made to arrange a conference, which explains the low percentage against the official metric.

Monmouthshire: Children on the Child Protection Register



Metric Number	Metric	2020/21	2021/22
<b>Safeguarding Children</b>			
CH/022	The total number of Section 47 enquiries completed during the year that progressed to Initial Child Protection Conference	113	176
Local	The percentage of initial child protection conferences held during the collection year that were held within statutory timescales	40.7%	23.6%
CH/028	The total number of initial core group meetings held during the year that were held within statutory timescales	72	120
Local	The percentage of initial core group meetings held during the year that were held within statutory timescales	66.7%	76.4%
CH/029	The total number of visits to children placed on the child protection register that were due during the year	2115	2161
CH/030	The total number of visits to children placed on the child protection register that were due during the year that were completed within approved timescales	1408	1256
Local	The percentage of visits to children placed on the child protection register that were due during the year that were completed within approved timescales	66.6%	58.1%
Local	The percentage of children removed (de-registered) from the child protection register during the year who later became looked after	27.3%	18.7%

Measure	2017/18	2018/19	2019/20	2020/21	2021/22
	Actual	Actual	Actual	Actual	Actual
Number of Children on the Child Protection Register	73	116	112	60	123
The percentage of re-registrations of children on local authority Child Protection Registers (CPR)	5.3%	3.5%	2.4%	5.6%	0.6%
Numerator: Number of re-registrations of children on the CPR during the year	6	6	*	6	*
Denominator: Total number of registrations on CPR during the year	114	172	*	108	*
The average length of time for all children who were on the CPR during the year	227	260	270	302	215
Numerator: The total number of days each child had been on the CPR if they were removed from the CPR during the year	9,946	3,794	5,046	49,872	19,537
Denominator: Number of children who were removed from the CPR during the year	132	130	130	165	91

## 7. Finance

Service Area	Annual Budget 2021/22	Actual Outturn	Actual (Under) / Overspend
Adult Services	£8,261,000	£8,431,000	£170,000
Community Care	£24,342,000	£24,070,000	(£272,000)
Commissioning	£1,394,000	£1,163,000	(£231,000)
Resources & Performance	£607,000	£590,000	(£17,000)
<b>Total</b>	<b>£34,604,000</b>	<b>£34,254,000</b>	<b>(£350,000)</b>

## ADULT SOCIAL CARE

The Adult Social Services budget for 2021/22 was set at £34.6 million and is made up of different service areas, these include Adult Services, Resources & Performance, Community Care, and Commissioning. Adult Social Services spent £34.25 million in 2021/22 and therefore there was an underspend of £350,000.

The headline breakdown of each service area within Adult social care is as follows.

The Community Care service area was the highest contributor to the underspend within Adult Services with an underspend of £272,000, although there was an overspend in the south of the County within the Chepstow Integrated team which resulted from the need for increased care packages.

The Adult Services service area produced an overspend of £170,000 due to the recruitment of additional carers, over and above the budget, into the in-house care at home service to facilitate additional packages of care in accordance with increased demand, and in situations where care cannot be sourced from providers.

The Commissioning service area had an underspend of £231,000, this was due to an ongoing vacancy, along with the continued closure of day facilities transport which led to the costs being lower than the set budget.

It is of critical importance to note; however, that **the underspend in Adult Social Care this year was a result of numerous funding's and grants**. These included one-off regional partnership funding grants, The Social Care Sustainability Grant, the new Social Care Recovery fund and a one-off injection from the Welsh Government to help cover the cost of Social Care overspends. Whilst of huge benefit to the Council this year, the grants and one-off payments masked considerable pressures within the adult services moving forward.



## Children Services

The Children Social Services budget for 2021/22 was set at £16.1 million and produced an outturn of £16.6, this created an overspend of £534,000.

While children looked after numbers reduced, new children required higher costing residential placements because of increased complexity. This is opposed to those leaving that have been placed in

lower cost fostering/kinship/family placements, this accounts for £364,000 of the overspend in Children Services.

A recent legal case led to the need for the directorate to pay kinship carers in line with the foster carer rate, along with an increase in payment for foster carers due to increasing skills, training and increased fostering placements, this contributed £329,000 towards the overspend. Legal costs associated with the court proceedings resulted in a £154,000 overspend, with staffing budgets contributing a further £74,000.

There has been compensating savings including from vacancies and a decrease in contracted transport costs as a result of the pandemic. Finally, Children's Services also benefited from one off ICF funding and various Welsh Government grants and funding assistance that help reduced it's in year costs by £1,789,000.

## 8. Workforce



The last 2 years have been, without a doubt, the most challenging, eventful period for our Social Care workforce.

Everyone in the directorate will have felt the negative effects of the pandemic on the health and wellbeing of our communities. Even so, the whole workforce rose to the challenges and continued to respond with compassion, empathy and dedication, in protecting and promoting people's opportunities to have the best possible lives.

COVID-19 has touched all of us in different ways, not only was there our own personal experience, but our workforce witnessed its often devastating effects on others. We all deeply admire the hard work, tenacity, understanding and kindness shown by all our teams day in day out to our residents and each other.

If the pandemic taught us anything, it was the need to forge even closer cooperation and collaboration across our directorate and this was evident across all of our workforce. Everyone in social care and health across our integrated services and beyond, in children's, adults and YOS are the all-seeing eye of integrated social care and health, making vital linkages to make sure people with care and support needs don't fall through the gaps. Each and everyone of our social care staff work tirelessly to support people, their carers and each other.

In short, we have never needed the expertise and insights of our workforce more than we do now. As we emerge from the privations of the pandemic, only to face fresh challenges and anxieties, tragedies borne of war in Eastern Europe, and the economic pressures we will be facing, once again our workforce will be tested and relied upon to support our communities.

It continues to be a very long, hard road with everyone very tired, especially following the Omicron outbreaks which compounded the stress on the whole directorate. Our teams stepped up to ensure our social care response was the best it could be during such an unprecedented period.

As the workforce recover and grapple with the changes and the 'new normal', the challenge for us is to take a big leap forward by redesigning and reimagining how we support our workforce moving forward and how we ensure they are skilled, equipped prepared to work alongside people, their carers and our communities, to be ambitious for the best possible lives and outcomes for all.

Flexible and collaborative approaches to working with health partners and improved approaches to working with the community sector, who have stepped up across the country to respond to people in their communities, have shone a light on strength-based practice and the benefits of community-led, asset-based approaches to supporting people in achieving the changes that matter to them.

The wellbeing of staff has also become much more central. Ensuring our workforce has access to supervision and peer support as well as continuing professional development opportunities is a top priority.

The following is a look back summary of the year in how we have supported our amazing workforce and then how we will set the direction for the year ahead.



Learning & development (L&D), wellbeing, recruitment, onboarding, retention and development of career pathways have been priority workstreams that the WDT have been focussed upon during 21-22. During 21-22 despite the ongoing Covid-19 restrictions **2505** people undertook L&D opportunities.

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### Face to Face Learning

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Due to the ongoing Covid-19 pandemic the return to classroom learning had to be carefully assessed, ensuring a Covid secure environment was created. During 21-22 we commissioned and developed a L&D Hub in Mamhilad Business Park to facilitate the delivery of face-to-face training. Completion of Covid risk assessments for accommodation and course delivery were completed and updated in line with Welsh Government Regulations and Guidance. Since commissioning Mamhilad L&D hub in June 2021, **634** people have received face to face training in these facilities. Delivery of essential H&S training face to face has been prioritised for the services and saw the following numbers of staff trained respectively: **103** manual handling passport, **27** manual handling refresher, **124** care of medicines, **146** emergency first aid at work and **10** first aid at work.

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### Digital Learning

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Despite the return to some face to face L&D, there are certain opportunities that lend themselves to a digital platform. Prior to the pandemic **359** staff undertook L&D on a digital platform in 19-20. This has dramatically increased and in 21-22 saw **737** undertake online training and **848** complete e-learning, a total of **1585**.

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### Onboarding and Registration

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To facilitate the onboarding of staff into direct care monthly week-long inductions have been developed and delivered to all new staff within Monmouthshire. These have been evaluated and developed over the year in response to staff and managers feedback.

This comprehensive induction is aligned to the All Wales Induction Framework (AWIF) and introduces the principles & values qualification that staff are required to complete in order to register with Social Care Wales (SCW). Registration to SCW by domiciliary homecare staff is compulsory within 12 months of starting work in homecare, a stipulation that is coming in for residential staff as of 1st October 2022. Place based workshops to support staff with completion of their principles & values module have been delivered by the WDT to ensure staff have undertaken the necessary learning to register with SCW. Current compliance data for homecare team registration is in a table to the left.

Homecare Registration		
North	Central	South
50/65	40/50	26/47
77%	80%	55%

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### *Placed Based Learning*

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Place Based L&D to upskill care staff and improve continuity of care for people receiving care in Monmouthshire has been delivered as part of a project with Aneurin Bevan University Health Board. Opportunities that have been delivered as part of the project included vital signs, rehabilitation, oral care, catheter awareness, skin care, hydration and nutrition. The learning that was delivered as part of this project will become embedded into the WDT, 'business as usual' based upon the learning needs of staff within the direct care team.

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### *In-House Trainers*

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Delivery of training by in—house trainers is well received by staff within MCC as it is aligned and reflects the values and protocols of Monmouthshire. This year has seen us grow the number of in-house trainers by 2.0 WTE providing the WDT an opportunity to develop and deliver greater learning opportunities both centrally and place based. The social care trainers have been working with local services to support locally identified learning and mentoring needs.

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### *Foster Carers*

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Foster Carers are invaluable within our workforce in Monmouthshire, with the critical role of caring for looked after children. In order to support foster carers in their development, the WDT has embedded a workforce development officer into the team that specifically focusses on the L&D needs of foster carers. As well as working extremely closely with the foster carers, they work collaboratively with the supporting social workers in the fostering team, with other workforce development office rs across Gwent and the National Fostering Framework to maximise the support to foster carers and support the embedding of the L&D Framework.

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### *Training Management System*

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In the absence of a corporate -wide training management system the WDT have successfully implemented the use of MS bookings to advertise training to allow staff to quickly and efficiently book onto the training they wish to attend. MS forms have been utilised for staff to request e-learning which once allocated generates an automated response to the staff member confirming their learning is ready and how to complete the e-learning module. Transforming the way in which we facilitate the booking of training through utilisation of these digital platforms has allowed the WDT to produce a comprehensive training data dashboard to interrogate and analyse training data in greater detail. 22-23 will see the implementation of Thinqi across MCC.



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## Wellbeing

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This year saw a number of staff from the social care directorate become Connect 5 trainers. Connect 5 is based upon the 5 ways to wellbeing and supports participants with their own mental wellbeing as well as the mental wellbeing of others by giving them the confidence to engage in open conversations. The course focusses on a number of tools that can be used to support staff and help build resilience not only in their personal lives but also in the workplace. Melo is also a fantastic website resource available to staff to support mental wellbeing.



Programme	Numbers on programme April 21-22	Numbers at risk during 2021/22	Numbers achieving during 2021/22	Numbers withdrawing	Numbers carrying forward to 2022/23
Level 2 Approved Qual	34	18	3	1	12
Level 3 Approved Qual	38	4	0	0	21
GCSE - English	1	0	0	1	0
Level 4 Approved Qual	40	8	0	4	4
Level 5 Approved Qual	5	1	2	1	1
Social Services Practitioner Programme	9	1	7	0	1
Social Work Degree Level 6 - Approved	2	1	2	0	1
Social Work Degree Level 6 - Approved	1	1	0	0	0
Social Work Degree Level 6 - Approved	1	0	1	0	0
Social Work Degree Level 6 - Other	0	1	0	0	1
Social Work Degree Level 6 - Other	2	0	4	0	0
Social Work Degree Level 6 - Other	4	4	4	0	4
Master Social Work Degree - Year 1 - Other	1	1	1	0	1
Master Social Work Degree - Year 1 - Other	1	1	1	0	1
MSW in 18 weeks	1	0	1	0	0
Consultation	1	0	1	0	0
Enabling Practice & 17 (Practice Assessor approval)	0	0	0	0	0
Approved Managerial Practice	2	2	2	0	0
Team Manager Development Programme	1	1	1	0	1
Multi-Manager Development Programme	0	1	0	0	1

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## First 3 Years in Practice

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Post Qualifying	Team
NQSW	Integrated Services, Monmouth and Adults Mental Health
NQSW	Older Adults Mental Health
NQSW	Family Support & Protection Team
NQSW	Family Support & Protection Team
NQSW	Family Support & Protection Team
NQSW	Early Help & Assessment Team
Consolidation	Integrated Services, Abergavenny
Consolidation	Child Protection & Support Team
Consolidation	Child Protection & Support Team
Consolidation	Children with Disabilities team

First 3 years in practice is an important transition from student to qualified social worker. In Monmouthshire we believe it is essential that social workers are supported with a comprehensive induction, a specific NQSW programme to consolidate their university learning and embed their learning into practice before undertaking the CPEL consolidation programme at either Cardiff Metropolitan University or the University of South Wales.

Staff currently within their first 3 years in practice are identified in the table to the left:

**3 social workers in adults services & 7 social workers in children's services**

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*Student Social Workers*

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Level	Programme
1	Cardiff University x 2 University of South Wales x 2 Open University x 2
2	Cardiff University x 2 Open University x 3
3	Cardiff University x 2 University of South Wales x 4

Enabling people to become qualified social workers is an opportunity and privilege that MCC makes considerable investment in to ensure the workforce is fit for the future. As a local authority we host students from both Cardiff University & University of South Wales. We also invest in our own workforce and sponsor staff to become qualified social workers whilst working in their existing role via the Open University.

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## *Recruitment*

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### **Attraction & Selection**

In order to deliver our services across the directorate, we require a stable, experienced, and highly skilled social care workforce with the knowledge, skills, and values to meet our commitment to our communities in Monmouthshire.

Monmouthshire is a great place to build a career in Social Care, and we constantly strive to deliver our attraction, recruitment and retention plans to support existing and new workers to progress their career goals. Recruitment challenges continue to escalate and evidence shows this will only get harder in the coming years.

During the Pandemic we brought various people together to create a virtual recruitment team in order to support all services across the directorate and beyond. This virtual team were creative and proactive in finding attraction and recruitment solutions working alongside managers and staff in order to fill vacancies and support the increase in demand. Here is a flavour of how we supported services with attraction and recruitment:-

- Individualized marketing material for each specific locality
- Creating a Social Care web page within the Monmouthshire website
- Business Cards
- Clothing with advertising
- Banners for buildings and street advertising
- Applicant app
- Digital booking system for interviews.
- Videos and images for marketing on social media
- Multi media platform advertising
- Career Fair attendance
- Joint road show attendance with Health

We will continue to focus on our attraction techniques and methods in order to support services and will continue to evolve and develop our end to end recruitment strategy during the next 12 months.

# JOBS FOR CARING PEOPLE

'You have to work in a job you enjoy, and I LOVE my job'



## Join our team and make a real difference

- You'll get to work with a wonderful team, making a difference everyday - knowing what you do really matters to the lovely people in the community you meet.
- We look after our team, everyone is valued and recognised - with enhanced weekend pay, excellent training and lots of support.

 monmouthshire  
sir fynyw  
@MonmouthshireCC  
monmouthshire.gov.uk

monmouthshire.gov.uk/socialcarejobs  
socialcarejobs@monmouthshire.gov.uk  
07970894429

# **JOBS FOR CARING PEOPLE**

**'It's the people  
you work with  
that make this  
job so special'**



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sir fynywy

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monmouthshire.gov.uk



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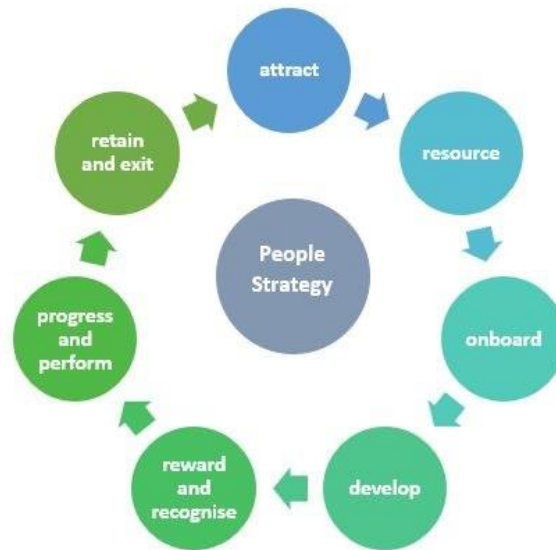
### *The Year Ahead*

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Our future priorities will focus on supporting the whole life cycle of our employees. We will be setting ourselves 7 priorities in line with the life cycle of our workforce and we will do this through the lens of the All Wales Health & Social Care Workforce Strategy [Health and Social Care Workforce Strategy - HEIW \(nhs.wales\)](#) Additionally, supporting recovery from the impact of the pandemic on staff remains a key priority.

There are lots of challenges ahead, but we are well placed to respond to those challenges and to make a vital contribution to helping people to live happier, healthier lives for longer in their communities.

## Employee Life Cycle



### Our focus for the future

**Attract:** Use all of Monmouthshire Social care attributes in order to be the exclusive employer of choice in our community.

**Resource:** Facilitate all available talent to apply. No stone unturned.

**Onboard:** Welcome and induct everyone who joins us.

**Develop:** Support everyone in all corners services to grow, develop and learn.

**Reward and Recognize:** Everyone's efforts are recognized.

**Progress and Perform:** Hold regular conversations about performance and development.

**Retain and Exit:** Encourage our people to stay and then learn from those who leave.

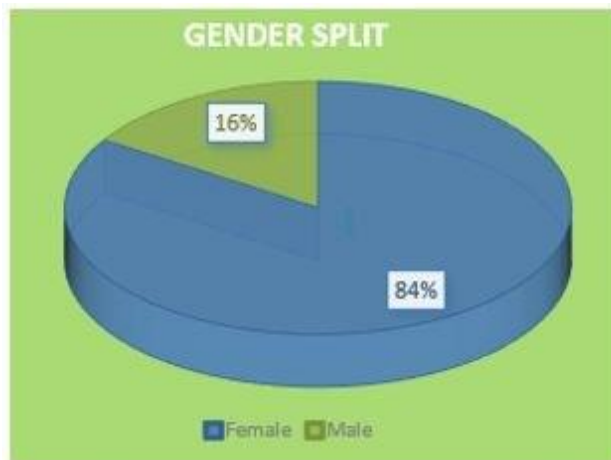
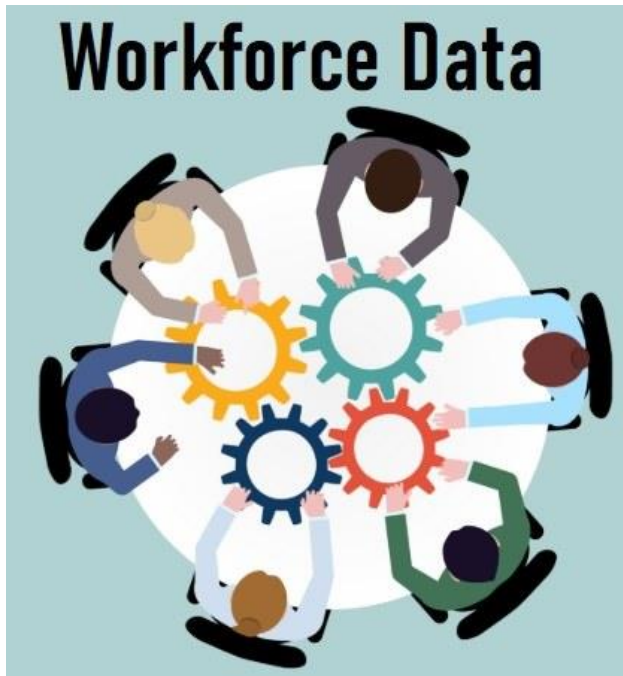
We are extremely proud of everything achieved by our workforce. It is also testament to the leadership and commitment of all the leadership teams who support and guide our frontline workforce. There are challenging times ahead however we have the leaderships teams that believe in our vision and are committed to its delivery.

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*What Does Our Workforce Look Like?*

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# Workforce Data

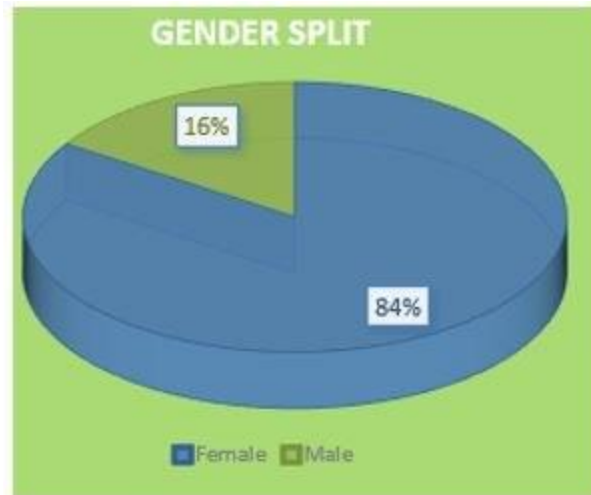


Across the whole of the directorate 84% of the workforce is female.

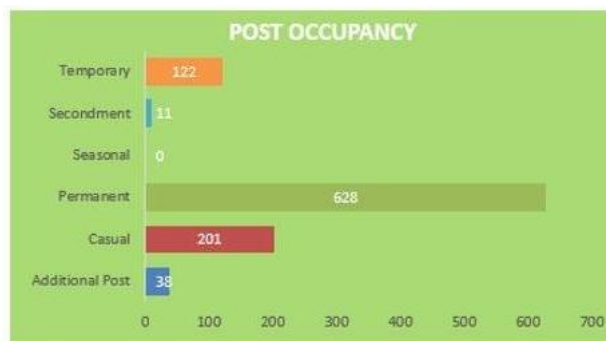




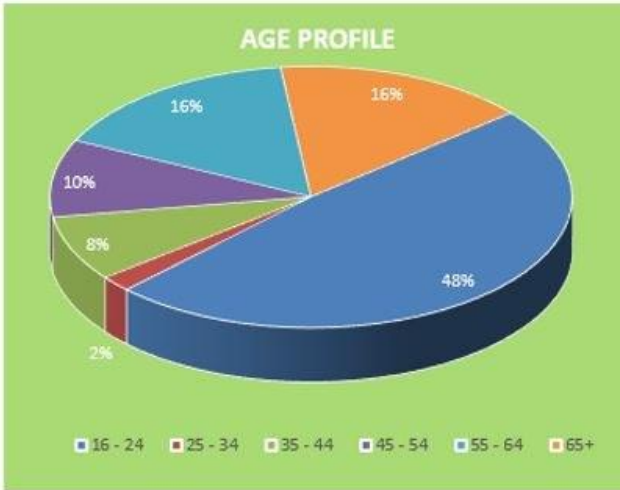
Gender Split Adult Services



Gender Split Children's Services



The majority of our workforce are in permanent contracts, there is a smaller number in temp contracts this will be as a result of the temporary nature of the funding streams.



64% of our workforce of over the age of 55 years of age. This data is essential in order for us to build workforce planning strategies for the future in order to replace experienced and knowledgeable workforce as people retire or work towards retirement.



A large part of our workforce being part time shows how we can offer flexible working patterns to meet the needs of our workforce.

New Starters and Leavers – Social Care April 2021 – March 2022			
Team	New Starters	Leavers	Trend
Care at home	49	63	↓
Integrated Services Adult's	7	11	↓
Safeguarding and Quality Assurance	2	2	←
Children's Services	26	20	↑
Business Support – Children's Services	2	2	←
Commissioning	0	1	↓
YOS	5	4	↑
Finance	2	1	↑
Transformation Team	2	0	↑
Leadership	1	1	←
<b>Total</b>	<b>96</b>	<b>105</b>	<b>↓</b>





## 9. Next Steps, Key Challenges and Priorities

Whilst I have endeavoured to include a balanced and representative selection of service areas, the breadth and depth of Social Care and Health activity within Monmouthshire is nigh on impossible to capture in a single report. Similarly, although I have exposed some of the current challenges we face, I have in no way explored them all or captured the issues in their entirety. I would hope, however, that the report provides a sufficient basis to evidence what I feel are the most pressing strategic and operational challenges for the service moving forward. In summary these are:

### Operational Challenges

- Maintaining a sufficient and stable workforce that is suitably qualified and experienced
- Dealing with the on-going ripple effect of the impact of the pandemic on people, families and on the workforce
- Managing on-going increased demand across all services
- Maintaining sufficient capacity to meet our statutory requirements
- Maintaining sufficient capacity to respond preventatively to risk and need for individuals and families
- The fragility of the provider landscape within the sector specifically direct care and placements for children

- Working in a climate of increased budgetary pressure
- Maintaining partnership working when all key partners and statutory agencies are under significant pressure

### **Risks**

- Inability to meet the care and support needs of vulnerable people resulting in their welfare being compromised or harmed
- Failure to comply with statutory requirements
- The financial consequences of a failing social care and health sector

### **Priority Actions**

- Continue to develop and implement the workforce strategy for recruiting into the social care and health workforce over the immediate and longer term
- Continue to develop and implement the workforce development plan with emphasis on individual wellbeing and increased opportunities for professional support and development
- Maintain a strategic and operational focus on preventative services with emphasis on community resilience and targeting the most vulnerable groups and individuals to help reduce demand
- Further develop innovative responses to the challenges within the provider market, specifically through a 'place-based' approach to home care
- Re-focus on practice particularly within adult's services including quality assurance process and management oversight, support of practice, specifically to address issues raised within the Performance Evaluation Inspection
- Work with partners to develop and implement services that will address the insufficiency of placements for children and young people, particularly those with complex needs
- Continue to maintain a strong partnership presence in key forums particularly within the Gwent Safeguarding Board and the Regional Partnership Board.

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## Monmouthshire's Scrutiny Forward Work Programme 2022-23

People Scrutiny Committee				
Meeting Date	Subject	Purpose of Scrutiny	Responsibility	Type of Scrutiny
30 <sup>th</sup> June 2022	<b>Forward Work Programme</b>	To discuss the process for formulating a forward work programme and agree items for future inclusion.	Hazel Ilett	Work Programming
	<b>Gypsy and Travellers Needs Assessment</b>	To discuss the future programme of work and agree whether to establish a series of workshops to conduct the work.	Ian Bakewell	Work Programming
27 <sup>th</sup> September 2022	<b>Home to School Transport policy</b>	To conduct pre-decision scrutiny on the policy	Deb Hill Howells Cabinet Member Martyn Groucutt	Pre-decision Scrutiny
	<b>Ambulance Stations at Monmouth and Chepstow</b>	To discuss the changes to ambulance stations in Monmouth and at Park wall between Chepstow and Caldicot.	Ambulance Trust Cabinet Member Thomas	External Scrutiny
29 <sup>th</sup> September at 10am	<b>Workshop Introduction: Gypsy and Travellers Needs Assessment</b>	To introduce and communicate the Gypsy & Traveller responsibilities to all members, advise of the need and provide an update on work undertaken to date.	Ian Bakewell Mark Hand Craig O'Connor	Policy Development
Joint Scrutiny with Performance and Overview  11 <sup>th</sup> October 2022	<b>Safeguarding Performance Report</b>	To scrutinise the performance of the service area.	Jane Rodgers	Performance Monitoring
	<b>Chief Officer for Social Care and Health: Annual Report</b>	To conduct pre-decision scrutiny on the report and scrutinise the performance of the service area.	Jane Rodgers	Pre-decision Scrutiny/Performance Monitoring

## Monmouthshire's Scrutiny Forward Work Programme 2022-23

People Scrutiny Committee				
Meeting Date	Subject	Purpose of Scrutiny	Responsibility	Type of Scrutiny
	<b>Chief Officer for Education: Annual Report</b>	To conduct pre-decision scrutiny on the report and scrutinise the performance of the service area.	Will Mclean	Pre-decision Scrutiny/Performance Monitoring
<b>12<sup>th</sup> October 2022 at 2pm</b>	<b><u>Workshop 1: Gypsy and Travellers Needs Assessment</u></b>	To share site sifting work to date; consider and make recommendation on RAG rating sites.	Ian Bakewell Mark Hand Craig O'Connor	Policy Development
<b>3<sup>rd</sup> November 2022 at 10am</b>	<b><u>Workshop 2: Gypsy and Travellers Needs Assessment</u></b>	To discuss and plan a report on outcome of applying RAG; Members to recommend consulting on determined site(s).	Ian Bakewell Mark Hand Craig O'Connor	Policy Development
<b>15<sup>th</sup> November 2022</b>	<b>Youth Offending Service</b>	To scrutinise the findings of the Youth Offending Service Inspection Report.	Chick Chesney Jane Rodgers	Performance Monitoring
	<b>Chief Officer for Social Care ~Annual Report</b>	To conduct further scrutiny of the report following recent joint scrutiny.	Jane Rodgers	Outstanding Questions
<b>10<sup>th</sup> January 2023</b>	<b>Corporate Parenting Strategy</b>	To conduct pre-decision scrutiny on the Corporate Parenting Strategy.	Jane Rodgers	Pre-decision Scrutiny
	<b>Respite Provision for adults with learning disabilities</b>	To conduct pre-decision scrutiny on proposals relating to Respite Provision.	Jane Rodgers	Pre-decision Scrutiny
<b>28<sup>th</sup> February 2023</b>				



## Monmouthshire's Scrutiny Forward Work Programme 2022-23

People Scrutiny Committee				
Meeting Date	Subject	Purpose of Scrutiny	Responsibility	Type of Scrutiny
18 <sup>th</sup> April 2023				

### Workshops: Gypsy and Travellers Needs Assessment

- **29<sup>th</sup> September** ~ To introduce and communicate the Gypsy & Traveller responsibilities to all members, advise of the need and provide an update on work undertaken to date.

### Items for future Inclusion into the Work Programme

- New Year onwards ~ To be confirmed

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

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

Committee / Decision Maker	Meeting date / Decision due	Report Title	Responsible Cabinet Member	Purpose	Author	Date item added to the planner
Page 143 Council	01-Sep-25	RLDP for Adoption	Paul Griffiths - Sustainable Economy	To adopt the RLDP following receipt of the Inspector's report, making it the County's Development Plan as defined by S38(6) of the Planning and Compulsory Purchase Act 2004	Mark Hand / Rachel Lewis	23-Aug-22
Council	01-Sep-24	RLDP submission for examination	Paul Griffiths - Sustainable Economy	To endorse the submission of the Deposit RLDP to the Welsh Government for examination by an independent Inspector. By agreeing, Council will be saying it wants this document to be the adopted RLDP for Monmouthshire.	Mark Hand / Rachel Lewis	23-Aug-22
Cabinet	01-Dec-23	Adoption of Abergavenny Placemaking Plan	Paul Griffiths - Sustainable Economy	To adopt the Abergavenny Placemaking Plan, co-produced with Abergavenny Town Council, to inform future regeneration priorities and grant bids	Mark Hand / Dan Fordham	3-Oct-22

Cabinet	01-Sep-23	Local Flood Strategy	Catrin Maby	To adopt the Local Flood Strategy Plan	Mark Hand / Ross Price	4-Oct-22
Cabinet	01-Jul-23	Adoption of Magor Placemaking Plan	Paul Griffiths - Sustainable Economy	To adopt the Magor with Undy Placemaking Plan, co-produced with Magor with Undy Town Council, to inform future regeneration priorities and grant bids	Mark Hand / Dan Fordham	3-Oct-22
Cabinet	01-Jul-23	Adoption of Monmouth Placemaking Plan	Paul Griffiths - Sustainable Economy	To adopt the Monmouth Placemaking Plan, co-produced with Monmouth Town Council, to inform future regeneration priorities and grant bids	Mark Hand / Dan Fordham	3-Oct-22
Council	23-Jun-23	Standards Committee Annual Report		This report is the first annual report from the Standards Committee to Council as required by the change in law set out in the Local Government and Elections Act 2021. It has to report on the discharge of the Committee's functions for the financial year 1 Apr 22-31 Mar 23	Matt Phillips	10-Oct-22
Cabinet	07-Jun-23	2022/23 Revenue and Capital Monitoring - Month 12			Jon Davies	

Council	01-Jun-23	Standards Committee Annual Report				
Council	01-Jun-23	RLDP Preferred Strategy consultation report	Paul Griffiths - Sustainable Economy	To endorse the RLDP Preferred Strategy including any proposed changes arising from the public consultation.	Mark Hand / Rachel Lewis	3-Oct-22
ICMD	01-May-23	Highways TRO Amendment Order 10 - exception orders to national 20mph rollout	Catrin Maby - Climate Change and Environment	Agreement to make the traffic order	Mark Hand	3-Oct-22
ICMD	01-May-23	Highways TRO Amendment Order 9 - including Llantrisant 20mph village lane and 40mph through road; Llantrisant (Usk to Wentwood) 50mph??? tbc; 20mph Gilwern and surrounding villages	Catrin Maby - Climate Change and Environment	Agreement to make the traffic order	Mark Hand	3-Oct-22
ICMD	05-Apr-23	Welsh Church Fund Working Group - meeting 7 held on 9th March 2023			Dave Jarrett	
Cabinet	03-Apr-23	Road Safety Strategy	Catrin Maby	To adopt the Road Safety Strategy	Mark Hand / Paul Keeble	4-Oct-22

Council	09-Mar-23	Capital Strategy & Treasury Strategy			Jon Davies	17-May-22
Council	09-Mar-23	Final Budget Sign Off including Council Tax Resolution			Jon Davies	
Page 146 ICMD	08-Mar-23	Highways TRO Amendment Order 8 - including Monmouth Road, Raglan no right turn onto A40; resi permit parking at Exmouth Place, Chepstow and Ross Road, Abergavenny; 3T weight restriction on Old Wye Bridge Chepstow; waiting restriction on raised crossing point on Castle Street, Abergavenny; Abergavenny; parking restrictions at St Moor Gardens and Steep Street, Chepstow, Hereford Road, Monmouth; Mill Common/Pennyfarthing Lane, Magor; Church Road by Castle Inn, Caldicot; B4245 layby Magor; MUCH car park, Magor (charges and/or waiting limits tbc); parking restrictions around STJ car park; disabled person parking places on Victoria Street and Fosterville Crescent, Abergavenny	Catrin Maby - Climate Change and Environment	Agreement to make the traffic order	Mark Hand	

Cabinet	01-Mar-23	2022/23 Revenue and Capital Monitoring - Month 9			Jon Davies	17-May-22
Cabinet	01-Mar-23	2023/4 Final Revenue and Capital Budget Proposals			Jon Davies	17-May-22
Cabinet	01-Mar-23	2023/4 WCF/Trust Treasury Fund Investments			Dave Jarrett	17-May-22
Cabinet	01-Mar-23	Monmouthshire Destination Management Plan			Matthew Lewis	10-Feb-22
Cabinet	01-Feb-23	Adoption of Transforming Chepstow Masterplan	Paul Griffiths - Sustainable Economy	To adopt the Transforming Chepstow Masterplan, co-produced with Chepstow Town Council, to inform future regeneration priorities and grant bids	Mark Hand / Dan Fordham	3-Oct-22

Cabinet	01-Feb-23	Pavement Café Policy	Catrin Maby	To adopt the pavement café policy as the basis for making decisions on applications for licences	Mark Hand / Paul Keeble	4-Oct-22
Cabinet	01-Feb-23	Local Transport Plan	Catrin Maby	To adopt the Local Transport Plan	Mark Hand / Paul Keeble	4-Oct-22
Cabinet	01-Feb-23	Transforming Towns Strategic Grant regeneration priorities	Paul Griffiths - Sustainable Economy	To agree the priority projects for bids for WG Strategic grant funding to 24/25	Mark Hand / Dan Fordham	3-Oct-22
ICMD	25-Jan-23	Community Council and Police Precepts - final			Jon Davies	17-May-22
Council	19-Jan-23	Final Statement of Accounts			Peter Davies	7-May-21



Council	19-Jan-23	Council Tax Reduction Scheme			Ruth Donovan	31-May-22
Cabinet	18-Jan-23	Draft Revenue & Capital Proposals			Jon Davies	
ICMD Page 149	11-Jan-23	Highways TRO Amendment Order 7 - including 20mphs for Dingestow, Mitchel Troy and MT Common, Usk, Wye Valley Villages; make experimental 20mph areas in Tintern and Raglan permanent; B4245 60mph to 40mph between Rogiet and Undy	Catrin Maby - Climate Change and Environment	Agreement to make the traffic order	Mark Hand	3-Oct-23
Cabinet	04-Jan-23	Proposal to establish a Welsh Medium Seedling school in Monmouth		To seek cabinet approval to commence statutory consultation processes to establish a Welsh Medium seedling provision in Monmouth.	Debbie Graves	23-Sep-22
Cabinet	04-Jan-23	Review of school places in Caldicot Town		To seek cabinet approval to commence statutory consultation processes in relation to the provision of School places in Caldicot Town.	Debbie Graves	23-Sep-22

Cabinet	04-Jan-23	Socially Responsible Procurement Strategy			Scott James	22-Aug-22
ICMD	14-Dec-22	Council Tax Base report			Ruth Donovan	31-May-22
ICMD	14-Dec-22	2023/4 Community Council & Police Precepts - draft			Jon Davies	17-May-22
ICMD	14-Dec-22	Welsh Church Fund Working Group			Dave Jarrett	17-May-22
Cabinet	07-Dec-22	2022/23 Revenue and Capital Monitoring report - Month 6			Jon Davies	17-May-22

Cabinet	07-Dec-22	MCC Statement of Accounts			Jon Davies	17-May-22
Council	01-Dec-22	Procurement Strategy			Scott James	7-Sep-22
Council	01-Dec-22	Corporate Parenting Strategy			Diane Corrister	24-Aug-22
Council	01-Dec-22	RLDP Preferred Strategy	Paul Griffiths - Sustainable Economy	To seek Council endorsement of the new Preferred Strategy for eight week consultation over December and January	Mark Hand / Rachel Lewis	25-Jul-22
Council	01-Dec-22	Governance & Audit Committee Annual Report 2021/22			Andrew Wathan	18-Oct-22

Council	01-Dec-22	SACRE Terms of Reference		To consider the revised terms of reference for the Standing Advisory Council on Religion. Vales and Ethics.	Wendy Barnard	7-Oct-22
ICMD	30-Nov-22	Highways TRO Amendment Order 6 - including STJ car park charges; Wyebridge Street car park charges; enforcement of EV bays; Abergavenny bus station restrictions for HGVs, caravans, motorhomes and motorbikes; Frogmore Street, Abergavenny prohibition of driving 10am to 4pm, deliveries only 4pm to 10am	Paul Griffiths - Sustainable Economy	Agreement to make the traffic order	Mark Hand	23-Aug-22
ICMD	30-Nov-22	Highways TRO Amendment Order 5 - speed limit changes including B4245 changes to 30mph in Caldicot and Portskewett;	Paul Griffiths - Sustainable Economy		Mark Hand	3-Oct-22
ICMD	30-Nov-22	Planning Annual Performance Report (APR) Deferred to 30-Nov-22	Paul Griffiths - Sustainable Economy	To agree the planning department Annual Performance Report for submission to WG	Mark Hand Phil Thomas	3-Oct-22
Cabinet	09-Nov-22	A County of Sanctuary		To begin the process of formally applying to become a county of sanctuary for those fleeing persecution and to provide updates on the Council's ongoing support for Ukrainians and future	Matt Gatehouse	20-Sep-22

				accommodation for asylum seekers arriving in the UK		
Cabinet	09-Nov-22	Implementing Sharepoint online		To secure funding to implement the project	Sian Hayward	13-Oct-22
Cabinet	09-Nov-22	Revenue & Capital MTFP update and process			Jon Davies	17-May-22
Cabinet	09-Nov-22	MonLife Heritage Strategy (or ICMD)		DEFERRED	Matthew Lewis	10-Feb-22
Cabinet	09-Nov-22	SPF Update Report			Hannah Jones	12-Sep-22

Council	27-Oct-22	Annual Safeguarding Report			Kelly Turner	24-Aug-22
Council	27-Oct-22	RESPONSE TO URGENT NEED FOR HOUSING ACCOMMODATION		<p>To present a proposal to enable Council to respond flexibly and promptly to the urgent need for housing accommodation, to address the increasing budget deficit relating to the use of temporary accommodation</p> <p>To seek endorsement of the new Community and Corporate Plan setting out the purpose, values and priorities for the organisation along with a description of some of the things we will do to deliver against these up to March 2023</p>	Cath Fallon	10-Oct-22
Page 154 Council	27-Oct-22	Community and Corporate Plan			Matt Gatehouse / Paul Matthews	3-Oct-22
Council	27-Oct-22	Outside Bodies Appointment			John Pearson	3-Oct-22
Council	27-Oct-22	Social Care & Health: Directors Report 2021/22			Jane Rodgers	6-Jul-22

ICMD	26-Oct-22	Welsh Church Fund Working Group			Dave Jarrett	14/7/22
Cabinet	19-Oct-22	Land adjacent to Caldicot Comprehensive School - Housing Development Opportunity		To seek approval of the disposal of land at Caldicot Comprehensive School for the Development of 100% affordable housing	Nick Keyse	
Cabinet	19-Oct-22	22/23 Revenue and Capital Monitoring report - Month 4			Jon Davies	17-May-22
Cabinet	19-Oct-22	Regional Partnership Board - Gwent Market Position Statement		To provide a Market Stability Report produced by the Regional Partnership Board setting out a high level overview and Assessment of care & support, and of the stability of the market for regulated services within Gwent to comply with Section 9 of the Social Services and Wellbeing (Wales) Act 2014	Phil Diamond Head of Regional Partnership Team Mark Saunders, Regional Service Manager – Regional Partnership Team	22-Sep-22

Cabinet	19-Oct-22	PSOW annual letter		Present the Public Services Ombudsman For Wales' annual report as required by the letter received Aug 22	Matt Phillips	28-Sep-22
Cabinet	19-Oct-22	Community and Corporate Plan		To seek endorsement of the new Community and Corporate Plan setting out the purpose, values and priorities for the organisation along with a description of some of the thing we will do to deliver against these up to March 2023	Matt Gatehouse / Paul Matthews	20-Sep-22
ICMD Page 156	12-Oct-22	Local Development Annual Monitoring Report (AMR)		<b>DEFERRED TO 26 OCT</b>	Rachel Lewis/Cllr Paul Griffiths	23/08/22
ICMD	12-Oct-22	Ending Library Fines		To approve the abolition of library fines on all books enabling more people to enjoy reading without the worry of incurring a fine if they are unable to return their books on time	Cheryl Haskell/Fookes?	20-Sep-22
ICMD	12-Oct-22	Welsh Church Fund Working Group		<b>DEFERRED TO 26 OCT</b>	Dave Jarrett	14/07/22



ICMD	28-Sep-22	Transport Policy			Deb Hill Howells - MG	22-Aug-22
ICMD	28-Sep-22	B4245 speed limit		DEFERRED TO 26 OCT	Mark Hand	18-Jul-22
Council	27-Sep-22	Tackling poverty and inequalities			Nick John	24-Aug-22
Council	27-Sep-22	RLDP Options Report			Rachel Lewis	25-Jul-22
Council	27-Sep-22	Rivers and Ocean			Hazel Clatworthy	9-Jun-22

Council	27-Sep-22	Monmouthshire County Council self - assessment report 2021/2			Richard Jones	23-May-22
ICMD	14-Sep-22	Welsh Church Fund Working Group - meeting 2 held on 21st July 2022 (no meeting/no report - withdrawn)			Dave Jarrett	17-May-22
Cabinet	07-Sep-22	Transport Policy Consultation Update.			Deb Hill Howells	22-Aug-22
Cabinet	07-Sep-22	Cost Of Living			Matt Phillips	25-Jul-22
ICMD	31-Aug-22	Homesearch Policy & Procedure - Amendments & Welsh Translation Requirement			Ian Bakewell	

ICMD	31-Aug-22	MY DAY, MY LIFE SERVICE EVALUTATION			Ceri York	15-Aug-22
ICMD	03-Aug-22	Additional Resources in Educations Strategy		Resources required to develop and maintain schools education systems and the implementatin of WG Ed Tech Programme	Sian Hayward	14-Jun-22
ICMD	03-Aug-22	Designation of Secondary Catchment Areas			Matthew Jones	6-Jun-22
ICMD	03-Aug-22	Welsh Church Fund Working Group - meeting 1 held on 23rd June 2022 - <b>Moved to ICMD 3rd Aug 2022</b>			Dave Jarrett	
Cabinet	27-Jul-22	Wye Valley Villages Future Improvement Plan			Mark Hand	1-Jul-22

Cabinet	27-Jul-22	Regen Three Year Programme			Mark Hand	1-Jul-22
Cabinet	27-Jul-22	Review of Chepstow High Street closure			Mark Hand	1-Jul-22
Cabinet	27-Jul-22	Home to School Transport Policy 2023-24.			Deb Hill Howells	27-Jun-22
Cabinet	27-Jul-22	MUCH (Magor & Undy Community Hall) report			Nick Keys	9-Jun-22
Cabinet	27-Jul-22	Shared Prosperity Fund Local Investment Plan and Regional Lead Authority Arrangements			Hannah Jones	23-May-22

Cabinet	27-Jul-22	Welsh Church Fund Working Group - meeting 1 held on 23rd June 2022 - <b>Moved to ICMD 3rd Aug 2022</b>			Dave Jarrett	17-May-22
Cabinet	27-Jul-22	2021/22 Revenue and Capital Monitoring outturn			Peter Davies/Jon Davies	17-Feb-22
Cabinet	27-Jul-22	Play Sufficiency Assessment and Action Plan 22/23			Matthew Lewis	10-Feb-22
Cabinet	27-Jul-22	Housing Support Programme Strategy (Homeless Strategy)			Ian Bakewell	

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## Monmouthshire Select Committee Minutes

Meeting of People Scrutiny Committee held at County Hall, Usk - Remote Attendance on Tuesday, 27th September, 2022 at 10.00 am

### Councillors Present

County Councillor Angela Sandles, (In the Chair)  
County Councillors: Sue Riley, Fay Bromfield, Jayne McKenna, Maureen Powell, Maria Stevens and Jackie Strong  
Also in attendance County Councillors: Jan Butler (substituting for County Councillor Christopher Edwards)

### Officers in Attendance

Hazel Ilett, Scrutiny Manager  
Robert McGowan, Policy and Scrutiny Officer  
Deb Hill-Howells, Head of Commercial, Property, Fleet and Facilities  
Estelle Hitchon, Director of Partnerships and Engagement, Wales Ambulance Trust  
Becky Pritchard, Transport Officer  
Jason Killens, Chief Executive, Wales Ambulance Trust

**APOLOGIES:** County Councillors David Jones, Christopher Edwards and Richard John

#### 1. Declarations of Interest.

None.

#### 2. Public Open Forum.

No public submissions were received.

#### 3. Home to School Transport Policy: To conduct pre-decision scrutiny on the policy.

Cabinet Member Martyn Groucott presented the report and answered the members' questions with Debra Hill-Howells and Becky Pritchard.

#### **Challenge:**

*Spare places are sometimes taken up by people choosing to send their children outside their catchment area. Is there a charge for doing so? How is it determined who will take the spare places?*

The policy is clear that children are taken to their nearest or catchment school, so parents don't have the right to choose which school the transport will take them to. But if there are empty spaces on a bus, we can release those to offset some of the cost of transport. Post-16 applications would get priority because there is no statutory requirement to transport them, and we would want to support them continuing their education. For vacant seats above that, there is a concessionary policy to which parents can apply, currently done on a first come-first served basis; in the new policy we suggest dealing with those policies based on who lives furthest from the school.

*Is the safety threshold in the learner travel measurement not too high? Could the walking assessment be modified to state that there is an appeal process in which local members can put forward their local knowledge to the chief officer?*

There is no change to the distance that a pupil would be expected to walk before qualifying for transport. The decision on whether a route is safe to walk or not is not taken by a member of the school transport team but by an independent qualified road safety officer. We have merely expanded and extended the explanation (e.g. that it is assumed that all primary age children will be accompanied by an adult) – the basic policy remains unchanged.

*Under resource implications, the cost for 22/23 is c.£5.4m. Has this been stress-tested against the increased cost of living and fuel etc., and if so, how?*

We go out to tender for all contracts, so they are awarded after a blind bidding process. We also ask our internal team to submit a tender cost so that we can compare internal provision with external. We aren't currently receiving any tenders for some contracts, so our internal team has no choice but to take on the contract. Latterly, this has included having to acquire new vehicles to undertake them, increasing the cost of the provision to the authority. We have to take on annual uplifts based on the national picture, working with Torfaen and Newport colleagues to ensure that when we do so it doesn't create a competition market between us and neighbouring authorities. The majority of the cost is borne by the authority, not affecting service users unless they are post-16 or concessionary. The cost for those is £440 p/a, subsidised significantly by the authority: the cost of a non-ALN place is £1900 per seat per pupil. Parents can pay in instalments over the academic year. £440 is likely to be much cheaper than if they tried to make their own arrangements for those individuals.

*Is there an opportunity to review those contracts with operators e.g. in light of fuel cost rises?*

We uplifted all contracts by 9.7% this April to reflect the cost of living, a rate agreed nationally. An operator can return the contract.

*Across the county different primary and secondary schools have different catchment areas. Will transport still be provided for different locations from the same area? What are the cost implications?*

This has come about from the change in catchment to Caerleon Comprehensive from some of the primary schools in the Usk/Llangybi area. Because Caerleon was previously the nearest available school, the average journey was 3 miles. But they now go to Monmouth Comprehensive, with an average journey is now 18 miles, and therefore a huge increase in cost. We have agreed to undertake a limited review of catchment areas. There are difficulties in some areas, such as the aforementioned, which the review will therefore include. As long as the requirements for distance are met, pupils will have a statutory entitlement to transport.

*For children looked after by the authority, placements sometimes break down and they might be with a different family. Is there anything in the policy to consider them, and their continuity of schooling?*

The right to appeal underpins the whole policy, to take into account special circumstances. Because they relate to individual cases, it would be very difficult to fold all possible outcomes



into one policy. We therefore emphasise that right to appeal so that special circumstances can be taken into account.

*Relating to the A40/42, many residents raise safety issues about crossing the road to get on the bus. Are safe routes assessed for secondary school pupils?*

The route assessment takes into account the traveller's age, as it is assumed in the policy that primary school age children will be accompanied. We are not aware of this particular issue – we can ask the Road Safety Officer to look at it, but we can't ever completely eliminate risk. They will look at whether there is sufficient visibility etc., a safe route to cross doesn't necessarily mean a designated crossing point.

*None of the bus stops except one on the A40/42 has a drop kerb for wheelchair access.*

For a specific pupil with specific needs, we would evaluate the provision, but all the transport that we provide is accessible anyway.

*The Zebra crossing in Goytre needs to be finished, as part of the safe walking route to the primary school.*

Safe routes are the responsibility of MonLife – email the cabinet member and it will be raised with the team.

*Is notification of whether a post-16 learner has been awarded a seat to an out-of-county school prior to term commencement a change to the policy?*

Yes, this is a proposed change because we recognise the difficulty of pupils accessing Welsh medium or faith-based education, as we don't offer those in county, having listened to the consultation feedback. From next year they will be prioritised when we consider post-16 applications.

*The Road Safety Officer assessing routes constitutes a change in policy. It would be useful if there was an appeal mechanism to chief officers so that members' views could be taken into account, as otherwise the member is powerless if local knowledge were to contradict the RSO. I recommend that discretionary hazardous routes be added to the policy, so that a member could ask the senior officer for review of a decision.*

Assessment of the route is handled by a trained officer separate from the school transport team, operating from clear guidelines, so the same rules are applied objectively to every application. That is fair because the assessment isn't made by the officer who makes the final decision. Relating to the right of appeal against a judgement that a route is safe to walk along, currently, there is a clear policy for making an objection. Our Transport Officer makes the initial judgement as to whether to accept a safe walking route recommendation; if parents were to appeal, it would go to the Head of Transport for further consideration. The views of the local member would be taken into account, as they have been in previous instances this year. The two-stage process is therefore fair and objective, and in no need of further refinement.

*It would still be helpful if the policy itself allowed the local member to ask the Chief Officer to review a discretionary decision.*

We would not want to interfere with a policy such that the initial RSO analysis could be in any way compromised. It is right that it is independent. What we could do is add a few words where it says that 'parents have the right', to the effect of 'in conjunction with a local member' – the Cabinet Member will look at that immediately after today's meeting.

*Is there any means via our legal department to strengthen contracts with operators? If a contractor drops out when it becomes 'too expensive' surely it's not really a contract?*

We could raise that with Matt Phillips, the Chief legal officer.

*For Welsh-medium pupils there is no in-county choice in their secondary provision, meaning long journeys for many, and this will also be the case once children attending the new primary school in Monmouth need to get to Welsh-medium secondary – we need to look at that in the future.*

The policy concerning provision for Welsh-medium transport has been strengthened this year: "we will provide transport to the nearest Welsh-medium or faith school." But we take the point that there is more than one phase to education and secondary Welsh-medium phase isn't currently provided by Monmouthshire. That is an argument for a different committee, however, and as an authority we are committed to the expansion of Welsh-medium education.

*If a child is moved overnight to a foster family, how are we going to support them as corporate parents to not have disruption in their education? Is the appeals process good enough in that instance?*

If a young person were being relocated, we would automatically work with our social service colleagues to ensure that transport was provided, probably on a discretionary basis, as they wouldn't meet the statutory requirements. We would certainly look to ensure that a child wasn't disadvantaged as a result of being moved.

*Some families are now paying £400 for transport due to the catchment area changing while their children were in primary school – can consideration be given to them? They currently feel penalised by the council. Can a case-by-case ruling be made?*

We are aware of these families through the councillor's intervention, so will look into the matter. The catchment change in question (for Caerleon school) was made by Newport City Council unilaterally – MCC wasn't consulted. Unfortunately, we can't take into account a child's wish to stay with their friends, but we have already pledged to undertake a limited review of catchment areas during the current academic year.

### **Chair's summary:**

The policy is required to be reviewed annually and it has been through a public consultation process. The feedback has been considered in amending the policy. The Scrutiny Committee has been asked to endorse the policy for 2023-2024. We've been able to discuss this in detail this morning with helpful contributions from the cabinet member and officers. Does the committee feel satisfied with the responses to their questions and is it the committee's

conclusion to endorse this policy, subject to any amendments we have suggested that the Cabinet Member has agreed to take on board? Any outstanding responses to questions will be provided by the Cabinet Member after the meeting. If the committee is content, we will move forward with our agenda with thanks to Councillor Groucutt, Deborah Hill-Howells and Becky Pritchard for attending today.

Councillor Brown wished to note the Cabinet Member's agreement to alter the wording concerning Member inclusion in appeals.

#### **4. Presentation - Ambulance Stations at Monmouth and Chepstow: To discuss the changes to ambulance stations in Monmouth and at Park wall between Chepstow and Caldicot.**

Jason Killens and Estelle Hitchon from the Welsh Ambulance Service delivered the presentation and answered the members' questions.

##### **Challenge:**

*The key concern is the removal of emergency response cars in Monmouth and Chepstow, and therefore the response time to something like a heart attack or serious farm accident in those areas.*

We recognise those concerns. We are setting out to use our available resources in the most efficient way, to get the best service for patients. It is true that the data used is from 2019, and much has changed since then; in May, we did modelling with a different company to test whether what we were doing still gives us an improvement in response times and the answer to that is yes. While the scale of the benefit is reduced, due to the disruptions and losses in emergency departments, we still see an improvement in red and amber performance. The roster changes won't entirely fix the problems that we have in the timeliness of our responses, but they will help.

*The models are reassuring but what is the plan if the response times fall?*

We monitor performance on an hourly basis. If performance deteriorates, we would first consider what is happening around that e.g. there is more activity, more lost capacity at emergency departments, etc., but otherwise we would respond either with changes to the local cover profile, additional people, tweaks in the hours of production, or other measures. It should be remembered that we are putting in extra ambulances and extra urgent care resources in response to the change in ambulance rosters.

*With fewer ambulances in these areas, will the air ambulances be used more?*

We aren't taking ambulances away but putting more in. There'll be more ambulances nationally and locally – in excess of 30 additional nationally, with 40 additional hours across the fleet in Monmouthshire per week. We are not responsible for Welsh Air Ambulance but are aware that with their modelling on the proposed changes to their operational basis, there is no detriment in access for those patients who need Air Ambulances or their road responses – there is no connection between what they're doing and what we're doing, except that both are about making best use of available resources.

*With a hub-based situation, the problem is the 8-minute time – physically, an ambulance can't get from a central location to areas in Monmouthshire in that time period. The software model might result in improved overall average response time, but it won't be applicable to outlying areas that will get a worse response time?*

We are not closing stations. We plan to invest in and maintain a physical presence in Monmouth. There are no plans to close either Monmouth or Chepstow stations as a result of this roster change.

*The average red times are for ABHB but that's largely urban – it would be helpful to see red times for Monmouthshire. Is there going to be another full emergency response ambulance in Monmouth, replacing the rapid response vehicle? With emergency services, is over capacity not better than meeting capacity?*

We agree about over capacity. Our fleet's utilisation rate is currently much too high, which leads to the long waits for patients. A lot of our work is to bring down that utilisation rate. We are commissioned to deliver a service on a health board level, which is why we have used data at that level. We aren't resourced to deliver those targets in every locality every day. We work with averages, as a result. Not every ambulance works every hour of the week – some will be staffed, 12, 16, 18 hours a day. In some cases where we have additional capacity, we will operate the vehicle for a longer period of time. In some cases, there are additional vehicles going in. We can supply the committee with specific data for Monmouth.

*How do you link with ambulance services in England?*

On a day-to-day operational level with England, we take calls for each other and pass them back and forth, with us occasionally responding into another patch e.g. Herefordshire, and they will respond to some of ours, especially for Red calls.

*Regarding "safely closing episodes of care", what impact is treating people where an episode happens going to have on the primary health care team?*

As a hypothetical example: an elderly person with COPD is short of breath and can't access primary care for some reason, so calls 999 – at the moment, we would respond and probably convey the patient to the emergency department. It is likely that they just need antibiotics. Now, we can send a paramedic practitioner to the scene who will assess the patient, write a prescription for the antibiotics, arrange for the pharmacy to deliver them, and inform the GP. The patient can therefore stay at home instead of being taken by ambulance to an emergency department, waiting outside for a long time, then potentially be exposed to additional risk once inside – and while waiting outside, the ambulance is not available for anyone else in the community. So, if we can close the episode of care safely and appropriately in the community, it will be better for the patient and the overall health system. It has to be part of how we improve the service and our patients' experiences.

*Treating at home needs to be more holistic – another bit of the NHS needs to complement what you're trying to do.*

We completely agree, and therefore continue to work with partners across the NHS to create opportunities for our clinicians to refer to other parts of the system. We can't continue to convey the same number of patients to emergency departments – there are better ways. But we need support from health boards to achieve that aspiration.

*Can you confirm that when 999 is called, it goes to a call centre, then they make the decision about a road or air ambulance – how is that determined?*

On dialling 999 the person is connected to a BT operator who will ask which emergency service is needed. If the answer is ambulance, the call goes to the north or south Wales control room. The call handler asks a series of questions, at which point an ambulance is dispatched. Further questions are then asked about the patient to determine if further help is needed, including the air ambulance, based on 'dispatch criteria'. So, the type of patient and problem is the critical aspect, not the location.

*The Monmouth station plans are good. Where will more local ambulances be located? Residents will be concerned about the red response times; given the time to get across rural areas, I fail to understand the rationale of downgrading the stations in Monmouth and Chepstow.*

We are adding in more ambulance capacity as a result of this change. But the rurality point is a good one: no matter how many vehicles were available, it simply isn't possible to service every location in 8 minutes, due to geography and the road network. To improve our chances of getting to more calls more quickly, we have the community first responder scheme: 6-700 individuals across Wales responding to calls in their community to provide life-saving intervention while awaiting the ambulance. We are investing in this group, adding capacity, training, and advertising new recruits, particularly in rural patches. We recognise there is more to do to support rural communities and believe that the CFR scheme is the way to do that.

*Chepstow ambulance station closed a long time ago but there is a rest area for emergency response vehicles. How does that manage the large, combined population of Caldicot and Chepstow, and with such a distance from Royal Gwent and The Grange?*

It is a Community Response bay – it is not a full station but there are resources that work from there. There is no intention to change or reduce the locations that we work from as a result of the roster changes. We are happy to write a full response separately about the operation of Chepstow Response bay.

#### **Chair's summary:**

We have discussed the proposals in detail and have explained our concerns on behalf of our residents in terms of the capacity and timeliness to attend critical incidences in a rural county. We understand that the Trust has undertaken detailed modelling to predict demand patterns and to evidence the changes they are proposing. Whilst the committee recognises that the Trust is making these changes with the aim of utilising its resources to give the best possible service to communities, I'm sure the Trust appreciates that we have concerns and that we are championing on behalf of our residents. The Committee is reassured that there are no plans as a result of the roster changes to close any of the stations in Monmouthshire and that the Trust

intends in its Business Plan to invest in its physical presence. Equally, the Committee is reassured to hear that the Trust is putting in extra ambulances nationally and over additional hours in Monmouthshire as part of these proposals and the Trust will continue to monitor performance and response times. Whilst we may not fully support the Trust's proposals, we do appreciate wholeheartedly the opportunity to discuss these with the Trust, in order to better understand the decision it is taking and to reflect the concerns of our community. We would like to thank Jason for the opportunity to talk to you and understand how busy you are, so your attendance today has been very much appreciated and valued by this Council. I would like to thank all Members, including those not on the Committee for their input on this important issue.

**5. People Scrutiny Committee Forward Work Programme.**

Note the earlier start time of the joint meeting on 11<sup>th</sup> October.

**6. Cabinet and Council Work Plan.**

**7. To confirm the minutes of the meeting held on the 20th July 2022.**

The minutes were confirmed and signed as an accurate record.

**8. To confirm the date of the next meeting as 15th November 2022.**

The meeting ended at **12.09 pm**

# Monmouthshire Select Committee Minutes

Meeting of Joint Select Committee held at The Council Chamber, County Hall, Rhadyr, Usk, NP15 1GA and remote attendance on Tuesday, 11th October, 2022 at 9.30 am

## Councillors Present

County Councillor Alistair Neill, (Chairman)  
County Councillor Tony Kear (Vice Chairman)

County Councillors: Jill Bond, Fay Bromfield, Ian Chandler, John Crook (substituting for Maria Stevens) , Christopher Edwards, David Jones, Penny Jones (substituting for Paul Pavia) Jayne McKenna, Maureen Powell, Sue Riley, Jackie Strong, Peter Strong and Laura Wright

Also in attendance County Councillors: Paul Griffiths, Deputy Leader and Cabinet Member for a Sustainable Economy, Rachel Garrick, Cabinet Member for Resources, Martyn Groucutt, Cabinet Member for Education and Tudor Thomas, Cabinet Member for Social Care, Safeguarding and Accessible Health Services

## Officers in Attendance

Peter Davies, Deputy Chief Executive and Chief Officer, Resources  
Jane Rodgers, Chief Officer for Social Care, Safeguarding and Health  
Hazel Ilett, Scrutiny Manager  
Jonathan Davies, Head of Finance  
Tyrone Stokes, Accountant  
Nikki Wellington, Finance Manager  
Mark Hand, Head of Place-making, Housing, Highways and Flood  
Rachel Lewis, Planning Policy Manager  
Diane Corrister, Head of Children's Services  
Craig O'Connor, Head of Planning

**APOLOGIES:** County Councillors Angela Sandles, Paul Pavia and Maria Stevens

### 1. Election of Chair.

Councillor Alistair Neill was elected as Chair.

### 2. Appointment of Vice-Chair.

Councillor Tony Kear was appointed as Vice-chair.

### 3. Declarations of Interest.

There were no declarations of interest.

### 4. Public Open Forum.

No public submissions were received.

**5. To confirm the following minutes:**

**Performance and Overview Scrutiny Committee dated 7th July 2022.**

*Performance and Overview Scrutiny Committee Minutes – 7<sup>th</sup> July 2022*

The minutes were confirmed as a true and accurate record. Concern was expressed regarding actions arising and the timeliness of responses received.

**People Scrutiny Committee dated 20th July 2022.**

*People Scrutiny Committee Minutes – 20<sup>th</sup> July 2022*

The minutes were confirmed as a true and accurate record.

**6. Safeguarding and Performance Report - To Scrutinise the performance of the service area.**

Jane Rodgers presented the report and answered the members' questions.

**Challenge:**

*Please can you explain what 'Thinky' training is and confirm when it will begin?*

It's a database for storing safeguarding training. We do not have a date for the roll out, but the expectation is that it will be this year.

- *With reference to Appendix 4, which reviews the previous actions outlined in the action plan, there are explanations for the delay in implementing the actions in red, however, it doesn't say when these are expected to be completed. Do you have timeframes for these?*

There were 2 red actions, the first being related to the development of the core data set, which we have moved forward into our current action plan and set a completion date for March 2023. The second red action relates to the delay in the revision of the safeguarding training strategy. This was a deliberate delay because there is a national training framework being implemented, so that needs to dovetail, the expectation being that this will be April 2023.



- *In Section 3 of the report which outlines the preventative approach, I note there are professional strategy meetings, and you refer to 63 professionals for 78 children with 33 claims being substantiated ~ this seems to be a high figure, but is this a high figure compared to previous years? I'd like to ask the same question for adult services.*

It is higher than previous years. Prior to this year, for adult services, there hasn't been a statutory duty, whereas for children's services, there was a statutory duty in place. We are continuing to use the excellence we have developed to upskill teams across multiple agencies to understand what a professional concern looks like and the process that needs to happen. For example, we have trained managers at McDonalds who meet children through their occupation, so working with partners is very important.

- *Page 27-28 refers to the Violence Against Woman, Domestic Abuse and Sexual Violence (VAWDASV) training. I'd like to know if that training is being undertaken in schools as it doesn't feature in your report.*

Yes, it is undertaken in schools.

- *Would greater spending in targeted preventative services prevent children being on child protection plans for neglect. I'm not familiar with the contracts of shared preventative services, but my concern is around safe recruitment, being aware that the shared Emergency out of hours service has some staff retirement age. Are contracts proportional to the size of the authority?*

Yes, we have a set contract that is proportionate to the size and need of the county. We are aware of the retirement of some of the staff in that service and there are clear plans in place, so we shouldn't need to rely on agency staff.

- *In terms of how we measure ourselves, in paragraph 3 of Appendix 1, there are 6 scoring levels and of the 6, 4 are described as positive. Do you think there may be a tendency towards a positive bias? Do you have any comment on that?*

Yes, quite possibly. It's a corporate scoring framework and is just one way to describe where we are, but the body of evidence is wider than that, so we wouldn't use the score in isolation. It's the analysis of information that assesses what the score should be and allows us to assess our priorities.

- *I'm not suggesting things are more negative, but I think we may want to consider how we measure ourselves to see if there is any relevance there. For example, if prevention is measured down from a level 5 to 4 and safe services is measured up from a level 3 to 4, does that reflect some diminishment in our previous focus, in that we are picking up post prevention, when problems emerge?*

I don't think that's the case. I think it's very clear in the report that we gave that measurement because of the impact of the pandemic at that time. It's a snapshot in time and where we felt we were at that point.

Cabinet Member Councillor Tudor Thomas: I do think we have been through the most difficult period of time during the pandemic which affected the ability to undertake visits in person, so it was more difficult to identify some of the issues that you may when conducting visits in person rather than by the telephone. Also, teachers who would ordinarily be able to raise concerns weren't seeing pupils in person, so I think the pandemic certainly impacted on the score we have given ourselves at that point, which is an honest reflection.

- *We're looking analysis of key strengths in this report, but why are we also not looking at key weaknesses in the same way, to ensure there isn't a positive bias?*

I accept your point, we have tried to draw out areas for improvement in our action plan. We will bear this in mind for future reports. We have been very good at identifying risks and managing those, rather than outlining our weaknesses but I accept that point.

- *Has training been adapted to take into account the cost-of-living crisis, which may cause more family breakdowns and are you adapting your training to take account of this?*

Yes, we have had to adapt our training over the years due to different factors and this latest context will need to be taken into account as it will undoubtedly place great pressure on families. The signs of family breakdown are likely to be the same, but the context different.

- *Being a new councillor, how does the performance compare to the previous year? And are you confident the measures you are putting in will ensure your continued progress?*

I think we have been on a real journey since 2016 and it's hard to say whether we have improved, but we are very flexible and we have a good regional and local approach and a comprehensive safeguarding hub. We have put tremendous effort into embedding safeguarding into all services, into everything we do as a council and I believe we have a strong infrastructure, good skills, the right culture and a lot of experience to guide us, so I think we are well placed moving forward.

Cabinet Member Councillor Tudor Thomas: In my view, it's one of the key responsibilities of the authority to safeguard vulnerable people and as a key feature in the Corporate Plan, I can see this is embedded through everything we do.

- *In relation to previous approaches to prevent escalation, do you think the school's councillor service is adequate and is it part of the curriculum to teach self-esteem and resilience? Do we have independent visitors to support young people in this way?*

Within schools and the Looked After Population, we have undertaken training on well-being and health and young people can access advocates, however, we do not have independent visitors. I will provide the committee with a written explanation to explain the position on this (Action – Diane Corrister).

- *I have concerns that the cost of petrol is affecting the provision of some of adult services. How are we going to attract people to provide important services when the cost of petrol is inhibiting?*

Cabinet Member Councillor Tudor Thomas: This is unfortunately a national issue and as a small authority with a wide geographical span, we do inevitably have to draw on people from outside the county to provide services. There isn't a simple solution to attracting people into care when other roles are better paid and less challenging, but I agree, we need to consider how we can encourage them.

### **Chairs summary:**

I'd like to offer thanks to all the services for their work during extremely challenging times and to officers for the report. The committee supports the report's recommendations.

## **7. Chief Officer for Social Care and Health: Annual Report - To conduct pre-decision scrutiny on the report and scrutinise the performance of the service area.**

Jane Rodgers presented the report and answered the members' questions.

**Challenge:**

- *Some of the language that used objectively is somewhat alarming and may need further consideration, an example being of a system that is "broken" and "in crisis" which links to a statement of "expectations of services that are shifting" and "change being the only constant". Please can you explain what is changing significantly, that is not predictable, accepting that the pandemic wasn't.*

We have a system that does feel at times in crisis, for all the reasons we are aware of such as demography and the pandemic. We have thought hard about how to solve those challenges, but the change required is to think about how we can organise ourselves from a whole system approach, re-engaging with our partners to understand practice and to determine risk in our communities. This is happening slowly, neighbourhood care networks being a new development that has been positive in developing an understanding of our communities and repurposing ourselves to do things differently. We know things are shifting but we don't know exactly how it will develop.

Cabinet Member Councillor Tudor Thomas: It's a challenging question, because the demographic in Monmouthshire is aging and that means people will need more support. The health service is under such strain and the pressure on hospitals is immense. We also have practical challenges such as recruitment, which we've spoken about.

- *What is predictable change versus unexpected change?*

Our demographic and our workforce issues are predictable to a degree, but the pandemic has brought about changes that were less predictable and we are in a different territory, trying to determine how to respond.

- *Looked after children numbers have declined whilst the number of children on the child protection register have doubled. Please can you explain potential reasons for this?*

We have had a strategy of changing the culture and practice, becoming more effective at care planning, which builds on the preventative approach, so children are staying on the register longer to seamlessly integrate them back into the community with family support services, so that's the reason for the decline in the numbers of LAC together with those higher numbers on the child protection register.

- *In terms of the future challenge, we've seen examples such as the very successful Raglan Project, where the situation required us to be creative in solving our challenges, so given that we are in a similarly difficult situation, is there a prospect doing something similarly creative?*

The question is whether we go alone or with others. I think we need to do both, working with the health board and other Gwent partners, accepting we have different challenges to our Gwent partner authorities, but we need to do it in partnership with health. I agree that we often have to find our own solutions, our Community Night Sitting Service and the Micro Carers project being key examples. We are starting to think of different ways of procuring care at home by taking a place-based approach, to put options in place that suit the community. This will require us to have a different relationship with the care provider, commissioning a different service where there is more flexibility and autonomy in the care offered, whilst providing greater security than a spot purchase contract. This direction will require us to upskill our micro carers, our direct payments, our in-house care and our procured care, but this where we are heading in trying to address the issue.

- *In terms of the data, if we are to adequately scrutinise the performance of services, we need more data, for example, rather than solely the number of children on the child protection register, we need to know how long they have been on the register and their status on the register, so I'd like to request that.*

We do collate this information so we can provide you with this following the meeting (**Action: Jane Rodgers**). In terms of what happens to children on the register, they are reviewed frequently on a multi-agency basis with the children sometimes involved in this and every 3-6 months, there is an independent review, so the review process is continuous and is robust.

- *The report refers to 89% of adults in receipt of social care being satisfied with the services they receive, however, I'm concerned that responses can be overly positive where people are reluctant to say anything negative, so how was the survey conducted?*

The adult services questionnaire is sent automatically to service users via the Council's Policy and Performance Team, so it's not a case of a service provider going through the questions with the service user. The template is a national one, but I accept your points around needing to see numbers not just percentages and I will convey that. I will provide further information on this following the meeting (**Action: Jane Rodgers**).

*The report indicates a low score in terms of the participation of service users in the design of their care packages, so what are we doing to rectify that?*

Unfortunately, the figure is lower, which is very disappointing. The reason for this is that there is so little choice currently, so people do not have a lot of choice in their care plan and are not able to make decisions about coming home or going into care, because of the challenges these services are facing.

- I note in the report that there are 2000 weekly hours of unmet care which is highly alarming. The Care Inspectorate Wales has also highlighted this. It is also very concerning that people are not being able to choose their own care plan, given the Social Services and Well-being Act champions this. What are your thoughts about the financial impact of people going into residential care as opposed to receiving care at home? Has thought been given to the social price of a person losing their independence and connection with the local community? Conversely, if a person needs residential care and cannot obtain it, there would be significant pressure placed on carers to deliver care at home.*

I agree with many of your sentiments – I feel this daily and so staff. The challenges are impacting on the choice. All we can do at the moment is continuously assess and prioritise, try to broker the right care for the person and to support carers, working with people and their families to deliver the best outcomes for them. We know people are in hospital waiting to come home, rather than going into residential care and we know it has a negative effect on people and on their carers. Our staff feel very strongly about this every single day, but the circumstances are so strained. As the chief officer, this is something I carry with me every day. I want to work preventatively with partners to change the situation and to avoid people going into hospital, to increase our options around direct care, our micro carers, doing more work to support direct payment carers to support people to live the lives they want to live in the best way we can.

Cabinet Member Councillor Tudor Thomas: It concerns me greatly, but it's a very difficult situation and there are clear fundamental issues in the care system that we cannot solve ourselves.

- *Is there an opportunity to capitalise on some of the wonderful work that was undertaken in communities during the pandemic to support people in tasks such as shopping, collecting medication, running errands and cleaning.*

Yes, there is. We have new community teams that work alongside our social care colleagues, and they work closely with the Gwent Association of Voluntary Organisations and Bridges Community Project to provide lower level support, such as shopping, making telephone contact and home calls and running errands. We have a new point of contact system, whereby people are redirected to that service rather than front line social care if appropriate.

- *I have personal experience of the difficulty in recruiting direct care by out of county providers, following a lengthy assessment process, with services since being cancelled, due to the increased fuel costs. Do you have any solutions for this?*

We do face particular challenges that are different to our colleagues in Gwent, particularly our rurality, the higher cost of living and our demographic, which makes it difficult to recruit carers who live in Monmouthshire, so many do come from Torfaen and Blaenau Gwent and the increased fuel costs, and the cost of living means they choose to take up work closer to home. There is no easy solution to this. As an authority, we do pay above living wage and we make sure any additional payment to carers from Welsh Government flow directly to carers, but this is a problem that we cannot dog ourselves out of financially, it needs a multi-faceted solution. The 'place-based' approach tries to reduce costs and time for carers in terms of travelling, by basing them in the community in which they live.

- *Recognising that the current economic challenges may mean some people may not occupy the same roles in coming months, is there potentially an opportunity to recruit people into social care?*

Yes, you are correct we look at any and every opportunity to attract and recruit staff.

*What are the contingency plans within the services to ensure we don't lose essential skills and experience through people retiring?*

I accept your concerns; we are very aware of this and note your point.

- *In terms of workforce development, you refer to a 10% staff turnover in adult services and a 12% in children's social care. Is that directly within the council? I'm*

*not sure what grades or roles that refers to, but is there a similar percentage within the external sector? You talk about recruitment in the report, but I don't see much about retention.*

We put a lot of effort into retaining our staff with a significant well-being offer for staff, put in place during the pandemic and continued afterwards. Our Workforce Development Team look carefully at our training offer for all different types of practitioners who are building a career in social care. There are several aspects: supporting professional development, then listening to staff on their terms and conditions and then also supporting them day to day in their work. We take this very seriously, meeting senior leaders every week for 2 hours to talk about their staff, so we know the individuals and their needs for coaching or mentoring and we look at caseloads. Also, wider than this, we think about how we can support home carers, foster carers and social guardians, because it's a highly stressful field in which to work and we know we are in direct competition with other fields where you can earn similar wages without the stress and responsibility.

#### **Chair's Summary:**

Thank you so much for bringing this report, which we have scrutinised in detail and we support. I'm aware there are staff vacancies across the council, so workforce retention is not an issue isolated to social services. One point I would like to raise, is the timeliness of reviews into need. The report indicates that 54% are completed on time, so my concern is that if 46% of reviews are delayed, people may be in receipt of services they may not need, against a backdrop of increased need. I would urge the Chief Officer to explore this further to ensure this isn't affecting the availability of services for those who need them (**Action: Jane Rodgers**).

#### **8. Chief Officer for Education: Annual Report - To conduct pre-decision scrutiny of the report and scrutinise the performance of the service area (report to follow).**

This report was deferred from this agenda after agenda publication and will be received by full Council at a future meeting.

#### **9. Local Development Plan (LDP) annual monitoring report - To scrutinise the annual monitoring report for the current adopted LDP prior to submitting to Welsh Government.**

Councillor Paul Griffiths, Cabinet Member presented the report and answered questions, together with Mark Hand and Craig O'Connor.



## Challenge:

- *The shortfall in actual housing and affordable housing in particular is a key concern and the plan will be for significant growth, so please can you comment on the potential for different construction methods, such as pre-fabricated houses and timber frame houses, to make faster progress?*

One thing to note before answering the question is that the replacement Local Development Plan runs from 2018-2033, so what is coming through the system now, is counting towards our newly identified housing need. We have a desire to move at a faster pace, but large strategic sites can take some time to come forward, so we need to secure some smaller easy wins that can come forward quicker. Methods of construction is not something we can greatly influence as this is more 'a land use' document so, those are things for site developers to consider, although homes will need to meet the zero carbon and other required criteria. As part of the plan, we have to show trajectories of delivery and show how the new housing number will be delivered in the new plan. We are working with developers to put master planning in place so that by the time we are at the point of our plan being examined, we are ready to go, thus avoiding a time lag. So in conclusion, there are a range of things we can do to expedite delivery.

- *What is the definition of affordable housing, low-cost housing and what is an allocated site?*

This means a site allocated within the exiting LDP. Six of the seven residential sites have already got planning permission, it's just that there's just a time lag for construction. There are number of sites coming forward that are currently under development. The aim is to ensure sites meet the active travel requirements and are sustainable sites. We use Welsh Government's Technical advice note 2 for the definition of affordable housing, which means 'affordable in perpetuity', but I will forward the definition of affordable housing and low-cost housing to the committee (**Action: Craig O'Connor/Mark Hand**).

- *What is an unallocated site?*

We have to review the appropriateness of sites that come forward in line with policy, so we are not looking to support unallocated sites that don't meet the criteria.

- *The affordable housing delivery figures do raise concern, given that only 35 affordable houses were completed during this monitoring period, plus the ones not*

*delivered in the 10-year plan. How do we compare with neighbouring authorities? Also, in terms of completed dwellings, Chepstow accounted for 90 completed units, but Monmouth only 3. In the report, you state that there isn't a significant issue with the implementation of the plan's spatial strategy in relation to the delivery of new housing in the main towns, so please can you explain how you came to that conclusion?*

In terms of comparison with neighbouring authorities, we are all completing our annual monitoring reports at the same time, the end of October being the deadline to submit them, so I'm afraid that at this point, we don't have any information on how others are faring. In respect of your question around completions, there are a few things taking place at the moment. Generally, in terms of our plan's performance, it has done very well, with sites being completed. Our big issue at the moment is the difference between the number of completions in Chepstow versus Monmouth, due to one area being affected by phosphates and the other not being affected. This issue means that drawing comparison with neighbouring authorities is not helpful because Torfaen and Newport are not affected by phosphates in the same way as the north of our county, which is affected due to the non-tidal reach. We will reflect on the wording of the report in terms of whether the spatial strategy has been achieved. We measure the proportion of properties in different settlement hierarchies that are completed in the main towns, so against the plan's intention, we feel completions are being achieved, but it is possibly helped by the fact most of the site at Wonastow Road, Monmouth was completed before phosphates became a problem.

- *Is it possible to prioritise the affordable houses in a scheme, as in to build them first before the market housing?*

Not really, because housing developments tend to be built in phases, to ensure the infrastructure is in place and is ready. We have a 'pepper potting' approach in place so that properties are not distinguishable as affordable or market housing, so when developments take place, there is a balance in the delivery of market and affordable housing. That said, to reassure you that we do ensure the affordable housing is delivered, we have trigger points in our contracts with developers in which we discuss the progress of delivery.

- *I am concerned about Monmouth town's vacant shops, the vacancy rate having gone from 10% to 15.5%, so if we haven't got the housing or the jobs, I'm concerned about how many young people will be attracted to stay and work in the area and that there may be a decline of the economy. Do you have any timescale for when we will have a decision from Welsh Government on our bid for Levelling Up Funding and if we are not successful, do we have an alternative plan?*

In terms of town centre vacancies, outside of this process is the regeneration work that is ongoing. We have met with Monmouth Town Council to seek their agreement to co-produce a masterplan for the town, having been identified in a report to Cabinet in July 2022 as a key priority. From a planning perspective, our town centres have changed significantly since this plan was produced in 2011 and adopted in 2014. Considerations will include whether the central areas should be contracted and whether they should encompass more mixed use i.e. leisure use, cafes and community use as opposed to solely retail use, potentially freeing up areas surrounding for residential use.

As to when we expect to hear back from Welsh Government on whether we have been successful in our bid for Levelling up Funding (LUF funding), we hope to hear at some point during the autumn. There's a separate Welsh Government funding stream for 'transforming towns' and some work could happen simultaneously with that funding and if we aren't successful in the LUF funding, we'll have to look at what we can prioritise using other funding streams. We have a report to bring to cabinet to discuss what those priorities should be, but we can't draft that until we know whether we have the LUF funding.

- *In relation to the proposal for Raglan that was rejected, do you think this was due to the amount of housing and that a smaller number of houses would have been more accepted?*

In short no. The policy we had in place for unallocated sites did us proud for a short amount of time, but that policy is no longer in place, so this will be a discussion for determining which candidate sites to bring forward in the replacement plan.

- *I would like to request that officers reword the reference to Raglan having a village hall, when the facility referred to is in poor condition and is not usable as a village hall. **Action: Mark Hand agreed to discuss outside the meeting.***
- *The plan refers to the successful '21<sup>st</sup> century schools' programme. Are we marketing the education success story, by highlighting the learning and skills offer, thus attracting people to Monmouthshire?*

We're in discussions with colleagues around the wider skills agenda but there's an extent to which the council should influence the education curriculum and a question as to how a land use planning document can influence that. It is something we are mindful of and can give further thought to.

- *With reference to the transport strategy analysis on page 95, the report mentions that there are no new Section 106 agreements because there are no new developments and goes on to discuss existing road infrastructure and primarily rail interchanges, but there is nothing spoken about other forms of public transport or active travel. It then says, 'nothing recommended' and 'no action required at present', and I'm wondering if we giving it the attention it requires?*

Just to advise members that this is a report about historic performance at bringing sites forward, so it's not to say that changes aren't required, but this is essentially a backward-looking document.

### **Chair's Summary:**

Thanks are given to officers for this report and to members for their questions. The recommendations are moved and agreed by members.

### **10. Month 4 Budget Monitoring report - Scrutiny of the Council's budgetary position (revenue and capital).**

Cabinet Member Councillor Rachel Garrick presented the report, Jonathon Davies and Peter Davies in attendance to assist her in answering members' questions.

### **Challenge:**

- *I was surprised and disappointed to hear of the £8.8m shortfall in the budgetary position and I'd like to know whether there are weaknesses in our budget management process, and I'd like to ask why we heard of this via a press release. I don't feel this was adequately communicated. Also, I object to the term 'budget recovery' when we are talking about service cuts.*

Cabinet Member Councillor Rachel Garrick: All group leaders were briefed in advance of the agendas for Governance and Audit Committee and this committee being published so this is a conversation you would need to have outside the meeting with your group leader. I can confirm that due process was followed.

- *If we are already in month 7 but are discussing a report detailing the position at month 4, given the severity of the situation, is it not appropriate that we look at the month 7 headline position, rather than waiting for the lengthy reporting schedule to catch up?*

Cabinet Member Councillor Rachel Garrick: We are reacting to the forecast and looking to see how we can recover the budget.

Deputy Chief Executive: There are times when our budget monitoring reporting and the alignment of the scrutiny committee dates may mean that we are reporting retrospectively and there is a process those reports have to go through. The first cabinet meeting was 19<sup>th</sup> October, so it's just been a consequence of this, however, the month 6 report will be available in the next couple of months. It is my responsibility to arrest and recover a budgetary position and there are times that this can be achieved without necessarily resorting to service cuts or services being withdrawn, as sometimes efficiencies can be made, and conscious decisions taken. Today's report talks to the levers we are intending to use, and the month 6 report will provide further detail on those. In terms of your question as to whether there are inherent weaknesses in our budget management process, I'd like to emphasise the budget pressures that were evident in March and the risks in the escalating social care costs reported at that time. Together with factors such as the pay award and the current economic climate, these factors together have led us to the current position. We need to arrest the position to achieve a balanced budget by the end of the year, which is something we have a track record of being very effective in doing.

- *In your role, you will have a good understanding of what month 5 and 6 look like, however I think it's important all councillors are kept up to date with the headline position, rather than awaiting the full report.*

We have management accountancy maintaining this continually, identifying where the biggest risks are and preparing updated forecasts. The month 4 report provide a very representative analysis of the situation we face at month 5.

- Has this happened before on this scale? What can councillors do to assist and what do you think the impacts are on services? Why are children's services costs so high?

We always knew there was pressure coming forward into this financial year and we know the Covid Hardship Fund was due to end on 31<sup>st</sup> March. This created uncertainty as to how quickly the legacy pressure would impact. The wider economic environment has accelerated those impacts in addition to the inflationary environment, the staffing shortages that have led to the need for agency staff and the increased demand for additional services. For example, if we consider the homelessness challenge - we knew there would be a residual pressure coming into this year as a result of the policy change by Welsh Government and we knew that sufficient consequential funding wasn't going to flow from Welsh Government, but what we didn't know was how quickly the

situation would develop and together with the cost of living crisis and the inflationary pressures, it has accelerated things and created an unprecedented overspend position early in the year, to which we knew we would have to apply a level of reserve. There are options available outlined in the report in terms of leverage measures and the senior leadership team will be keeping all options on the table given that the situation is rapidly evolving on a daily basis.

- In terms of the overall position, recognising this is not a planned monitoring report, the descriptions and language used in the report is akin to Armageddon situation, whereas you are suggesting that things haven't got any worse or any better, which could suggest there hasn't been corrective action taken at month 5 and month 6 and that now there is 5 and a half months to correct a serious situation. The question I want to answer residents in my ward is if this continues and reserves continue to be applied in the way suggested, doesn't this inevitably lead to council tax rises to fill the space that would otherwise be managed by budgetary control?

Cabinet Member Councillor Rachel Garrick: I think you may have taken a lot from some casual language on that implication, but I'll ask officers to provide an update on the actions that have been identified and that we believe we can take at this stage.

Officers: The 'no better, no worse' comment is related to the £8.8m position. The question around the used of reserves is well made and we are very cautious in drawing on those and similarly, the use of capital reserves. There are things we cannot precisely pre-determine, and we have an upcoming central government fiscal event that will talk to the position for public services. Regardless of any fiscal deficit that needs to be arrested nationally, if not next year, but over the medium term for the current government, it's difficult to speculate on the outcome of that. Council tax will be a topic for conversation for all councils across the UK with hard decisions to be made to bring a balanced budget to the council. We are not unique, all councils are in this situation. We need to communicate honestly with each other and with communities about such difficult decisions.

- *As a new councillor, please can you explain why the children services overspend is so high?*

The overspend is due to the cost of placements for children. When a child comes into care, the process begins by exploring opportunities with family and friends, but if this isn't successful, we try our in-house carers, then if that isn't possible, we seek independent carers, with a residential setting being the last resort. This is extremely challenging, as there is a national shortage of placements and foster carers across the UK. So every time we need to place a child in care, it is a major

incident for us to even find a placement, never alone to find the right placement. Often the children have complex needs and may have suffered abuse and trauma and therefore they need a bespoke package to look after them – these placements are costly at the best of times, but in the current market which is so constrained, they are even more difficult to find, and this is our statutory duty as a council.

- *Of the £8.8m budgetary shortfall at month 4, are you able to say how much of that was incurred by month 4 or whether it is building month on month? You also mention £9.8m of capital receipts that we are due. Are financial factors likely to affect receipt of that and put greater pressure on the budgetary position?*

It would be a challenge to explain the monthly progression, but we can provide further detail on the major issues and how they have progressed through the year if the committee requests it. In terms of the capital receipts that were expected, we have now received £7m of the £9.8m, so a significant part of the risk falls away.

- The committee would like to be kept as closely up to date with the situation because whilst we understand the process in forecasting and preparing the reports, members need to be informed in order to reassure their residents.
- *Are we responding to crisis in families that result in high-cost placements rather than putting in preventative provision, recognising the staffing input required and the costs of placements?*

The costs of these placements are very high, but the preventative work we do to try to avoid children going into residential care is consistent right throughout the service, at all levels to reduce and prevent children coming into care. If foster placements break down, we have services in place, and I want to reassure you that there is prevention and de-escalation of risk at every tier, but there are some instances when a residential placement is the only option. We also have our MIST service which seeks to bring children out of residential, but a key issue is our shortage of foster carers.

- *Chair: I think this is an area where members could assist, in spreading the message about how rewarding foster caring is.*
- *Will schools with a projected budget deficit be assisted to manage it?*

We have 6 schools and the Pupil Referral Service in a deficit position at present. We do not provide them with financial assistance; however, the finance teams

work with the schools over an extended period of time to produce budget recovery plans to bring them back into a surplus position.

### **Chair's Summary:**

The Performance and Overview Scrutiny Committee has scrutinised the Month 4 budget position and expressed significant concern for the Council's budgetary position at month 4. The Committee acknowledged the reasons for the deficit position and recognised that other councils will be facing similar challenges, however, the scale of the challenge is felt to be unprecedented and significantly concerning at month 4. Members have expressed concern about the use of reserves and agreed that this approach would be an unsustainable approach to fund service delivery in the subsequent year. I would like to request that, if possible, the Month 6 report be brought to the next meeting on 21st November 2022, however if that isn't possible, that an interim report be brought before members to detail the headline position. The chair expressed thanks that two cabinet members, Councillors Garrick and Thomas, attended the Scrutiny Committee and responded to questions raised, restating how important it was for the scrutiny function and for the cabinet, but also for residents, to be assured that they have a well-functioning council.

#### **11. Performance and Overview Scrutiny Committee Forward Work Programme.**

The forward work programme was noted.

#### **12. Cabinet and Council Work Plan.**

#### **13. Next meetings:**

The next Meeting was confirmed as Thursday 21<sup>st</sup> November 2022 at 10.00am.

The meeting ended at **12.56 pm**