

# Public Document Pack



Neuadd y Sir  
Y Rhadyr  
Brynbuga  
NP15 1GA

County Hall  
Rhadyr  
Usk  
NP15 1GA

Monday, 29 February 2016

## Notice of meeting / Hysbysiad o gyfarfod:

### Adults Select Committee

**Tuesday, 8th March, 2016 at 10.00 am,  
Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA**

*Please note a pre meeting will be held 30 minutes before the start of the meeting for members of the committee.*

### AGENDA

Item No	Item	Pages
1.	Apologies for absence	
2.	Declarations of interest	
3.	Public Open Forum	
4.	To confirm the minutes of the previous meeting <ul style="list-style-type: none"><li>• Joint Select Committee Budget Meeting – 16<sup>th</sup> December 2015</li><li>• Joint Children and Young People Select and Adults Select Committee – 16<sup>th</sup> December 2015</li><li>• Adults Select Committee – 19<sup>th</sup> January 2016</li></ul>	1 - 26
5.	To consider the Supporting People Service Plan and proposals for grant spending	27 - 146
6.	Evaluation of the Community Coordination pilot initiative	147 - 170
7.	To update Members on the delivery of Disabled Facilities Grant Position at year end	171 - 184
8.	Adults Select Committee Work Programme	185 - 194

**Paul Matthews**

**Chief Executive / Prif Weithredwr**

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MONMOUTHSHIRE COUNTY COUNCIL  
CYNGOR SIR FYNWY

THE CONSTITUTION OF THE COMMITTEE IS AS FOLLOWS:

County Councillors:

P. Farley  
R. Harris  
R. Chapman  
R. Edwards  
M. Hickman  
P. Jones  
P. Jordan  
P. Watts  
A. Wintle  
D Hill  
D Husdon

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### Welsh Language

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# Aims and Values of Monmouthshire County Council

## Sustainable and Resilient Communities

### Outcomes we are working towards

#### **Nobody Is Left Behind**

- Older people are able to live their good life
- People have access to appropriate and affordable housing
- People have good access and mobility

#### **People Are Confident, Capable and Involved**

- People's lives are not affected by alcohol and drug misuse
- Families are supported
- People feel safe

#### **Our County Thrives**

- Business and enterprise
- People have access to practical and flexible learning
- People protect and enhance the environment

### Our priorities

- Schools
- Protection of vulnerable people
- Supporting Business and Job Creation
- Maintaining locally accessible services

### Our Values

- **Openness:** we aspire to be open and honest to develop trusting relationships.
- **Fairness:** we aspire to provide fair choice, opportunities and experiences and become an organisation built on mutual respect.
- **Flexibility:** we aspire to be flexible in our thinking and action to become an effective and efficient organisation.
- **Teamwork:** we aspire to work together to share our successes and failures by building on our strengths and supporting one another to achieve our goals.

# 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.

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# Public Document Pack Agenda Item 4

## MONMOUTHSHIRE COUNTY COUNCIL

**Minutes of the meeting of Joint Select Committee held  
at Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA on Wednesday, 16th  
December, 2015 at 10.00 am**

**PRESENT:** County Councillors: D. Dovey, D. Evans, P. Farley, S. Howarth, P. Jones, S. Jones, M. Powell, V. Smith, K. Williams, A. Wintle, P.A.D. Hobson, G. Burrows, P. Clarke, P.A. Fox, R.J.W. Greenland, E. Hacket Pain, S.B. Jones, P. Murphy, J. Prosser and B. Strong

### **OFFICERS IN ATTENDANCE:**

Hazel Ilett	Scrutiny Manager
Kellie Beirne	Chief Officer, Enterprise
Cath Fallon	Head of Economy and Enterprise
Tracey Harry	Head of Democracy and Regulatory Services
Roger Hoggins	Head of Operations
Sarah McGuinness	Chief Officer, Children & Young People
Will McLean	Head of Policy & Engagement
Joy Robson	Head of Finance/Section 151 Officer
Robert Tranter	Head of Legal Services & Temporary Monitoring Officer
Nikki Wellington	Finance Manager
Nicola Perry	Democratic Services Officer
Deb Hill-Howells	Head of Community Led Delivery
Rob O'Dwyer	Head of Property Services and Facilities Management
Ian Saunders	Head of Tourism, Leisure and Culture
Sharon Randall-Smith	Head of Achievement and Attainment

### **APOLOGIES:**

Councillors A. Easson, D. Edwards, R. Edwards, R. Harris, M. Hickman, D Husdon, C Robertshaw (Parent Governor Representative), A. Webb and S. White

#### **1. Election of Chair**

We elected County Councillor S.G. M. Howarth as Chairman.

#### **2. Declarations of interest**

We received declarations of interest from the following Members:

County Councillor P. Farley declared a personal, non-prejudicial interest as a Chepstow Town Councillor.

County Councillor P. Jones declared a personal, non-prejudicial interest as a member of the Raglan Village Hall Association.

County Councillor D. Dovey declared a personal, non-prejudicial interest.

County Councillor D. Dovey declared a personal, non-prejudicial interest.

Any further declarations would be made under the relevant item.

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#### **3. Final Scrutiny of the Budget Mandates for 2016-2017**

The Chairman welcomed Members and Officers to the Joint Special Meeting of the 4 Select Committees, convened to engage with Scrutiny Members on the final budget mandates that would be presented to Cabinet on 6<sup>th</sup> January 2016.

We were advised by the Chairman that individual Select Committees had previously scrutinised budget mandates relevant to their remit and that the purpose of the meeting today was:

- To update Members on the budget position and the updated settlement.
- To provide an overview of budget mandated that had been revised since the initial scrutiny.

We were advised that the Committee would be scrutinising, in particular, the following mandates:

B5, B11, B12, B14, B15, B20 and B21.

The Chairman invited the Leader to introduce the Cabinet's budget and to outline their priorities for delivering services in the difficult financial climate.

The Leader expressed thanks to Officers for work done to date, and Members who had met with members of the public during consultations, particularly noting County Councillor V. Smith who had attended every function.

To provide context we were informed that the Authority had consulted on a budget with a £6.7 million gap, and there were difficult mandates in place to aim to cover that gap. It was expected that there would be a gap of £1.7 – £3 million with additional pressures being identified.

We heard that the expected settlement from Welsh Government would be a 1.4% cut, but there were thought that there may be a 3.1% cut. It was agreed that conversations were needed regarding the discrimination against rural authorities.

Members were advised to take time to read the Continuance Agreement, which outlines how we see us going forward to 2017.

The Chairman invited the Cabinet Member for Resources to update Members on the budget process undertaken this year to engage with the public in producing the budget mandates.

Members received a presentation from both the Cabinet Member and the Head of Finance, to outline the steps taken.

Members were taken through the revised mandates, and were invited to ask questions following each mandate. We were advised that Cabinet Members were present to answer questions on policy and the proposed budget, while officers were present to answer any detailed questions on the mandates.

***Mandate B5 Community Asset Transfer - The savings have increased as income generation targets as we plan to enter into a competitive process to identify suitable partners that may wish to work with us***



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*to optimise use of our prime assets for community large scale events and other income generation activities.*

Concerns were raised that more work had been carried out regarding Melville Theatre rather than Chepstow Drill Hall. We were advised that the Drill Hall would not be neglected. The Cabinet Member expressed that he was keen to ensure that officers would take deep interest to facilitate the transfer. Officers confirmed that a formal process had not been embarked upon regarding either building. Members would look forward to formal consultations.

A Member raised a question regarding the Melville Theatre and referred to a point made by the Leader that facilities would not be closing. Assurance was requested from the Cabinet Member that the course of action being taken in this area would lead to that effect. The Cabinet Member explained that due to the change in the financial situation we were struggling with discretionary services, but we were taking the hard option of avoiding cutting and closing, and exhausting every available option to find the right fit for Monmouthshire.

There remained a concern that the discussion could create a misleading impression and the Drill Hall was not liable to be closed. It was felt that the nature of the activities there, and the commitment around it, could make it an ideal candidate. The Cabinet Member expressed that the Drill Hall was in a class of its own which had created a community asset with community involvement, and should be used as an example of a community asset.

Clarification was sought that the mandate was to increase the income expectation in terms of the revisions made, and delaying the savings until the 2017/2018 period. The Chief Officer for Enterprise explained that there was no delay but were looking to up the number of delivery for 2016/2017. The title of the mandate had been changed to reflect asset optimisation.

It was questioned if we were creating a kind of 'reference bible' to provide a list of processes for organisations. In response we heard that there the following were in place:

- Community Asset Transfer Policy, included within the Asset Management Plan.
- A formal application process which detailed the hurdles that people may need to go through.
- A GAVO appointed officer who oversees and helps community groups take the journey through the Community Asset Transfer Policy.

It was suggested that we could create FAQs to assist these processes.

The Chairman advised that Members were content with the mandate and expressed good wishes to Officers and Communities for the future.

***Mandate B11 Leadership Team Structure Review - An increase in original budget savings by further aligning organisational efficiency and maintaining focus on preserving frontline delivery.***

Members had received a presentation from Public Health the day previously and one of the topics discussed was the health of the workplace. The point was raised that the unintended consequence of the restructure could be added pressures to staff. In response the Leader explained that we are an efficient Council which already had the lowest proportion of staff ratio to 10,000 population. The Leader was extremely mindful to the pressures in the organisation. There was a need to accelerate work around collaboration to alleviate the pressures.

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The Cabinet Member for Resources added that the issue was being monitored closely on the Health and Safety Working Group.

The Chief Officer for Enterprise noted that in terms of stress in the workplace some of the rationale behind making the amendments was with staff wellbeing and pressures in mind, and it was important to make modifications.

Members questioned where the original £225,000 savings in the mandate had been derived from, and requested further information on the reorganisation.

The Leader confirmed that as elected members we held trust in Chief Officers to make judgements around staffing management, noting that Members could set policy and direction.

The Committee resolved to accept the mandate, noting that further information would have been appreciated. A written explanation from the Chief Executive would be appreciated also.

***Mandate B20 Phase 3 of Additional Learning Needs Review - Savings for 2016 will be in line with statutory consultation timescales. The savings have been realigned in line with updated timescales. In addition there are further savings identified to meet the MTFP and these include updating pricing policy for external providers and a delegated funding formula review based on current residential provision.***

Where necessary, Members declared a personal, non-prejudicial interest.

Members noted that the mandate referred only to Mounton House in the context of funding but it reads as though we are actually running it down with a view to closing. Further information on the future of Mounton House was requested, as it was felt we should be improving the facility.

The Cabinet Member for Education explained that the review would be undertaken whether or not the budget takes place. Phase 1 had been completed and we were now looking at Deri View and other such facilities in the County in phase 2. How we could utilise Mounton House to its full potential would be undertaken in phase 3. There was an element of ALN which was decreasing but increasing in other ways. Fundamental work had started but as the work progressed Members would receive further information. It was explained that the needs of children at Deri View had changed over the last 10 years. Our philosophy as an Authority is to provide mainstream support, and most young people with mild to moderate needs were catered to in mainstream, which explained why the facility at Deri View was under-utilised.

It was thought that the mandate documentation could be misleading and could appear to be more conclusive.

The Chief Officer for Children and Young People confirmed that the mandate was a response to a decline in residential numbers, and a decline in demand from other authorities.

Members expressed that the need for the phase 3 review was urgent and requested a timeline. The Cabinet Member explained that where changes were being taken into consideration, there was statutory adherence to protocol, and it was being looked into as quickly as possible.

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A Member noted that the engagement survey results stated that 58% were against the mandate and a twitter poll survey said 70% were against the mandate. The Member questioned the Cabinet Member and the Chief Officer what the reaction to these results had been. In response the Chief Officer explained that the as a reaction to the results the consultation time had been lengthened regarding Deri View, and we were committed to absorbing all responses received. The Cabinet Member confirmed that consultation was a protocol and meetings had been held with staff, governors and parents on 12 occasions and it had been made clear that all views were vital to the process. All the information was essential to making a decision regarding the proposals.

The Leader commented that the questions in the surveys had not been detailed enough, and maybe not that helpful. It had been interesting to hear views of parents, and we were mindful of the assets we have. It was important to be prudent of the resources we have and was hoped that Phase 3 review would be all inclusive.

It was noted that Mounton House was not bottom of the list for review but Phase 3 would be considering ALN provision across the County. The Leader continued to explain that if Mounton House had been an excellent facility in the past and if continued to deliver the type of provision need going forward, that would be part of the assessment. The Leader stated that there was no intention that this was to be considered a way to run down Mounton House.

The Chairman noted that should the numbers not attend the facility it was difficult to sustain the facility, and therefore did not make good reading for the future.

The Cabinet Member explained that Deri View had 7 children in a 24 place unit, due to the unit not being fit for purpose. It was important to look at whether the provision was fit for purpose and with the review we would be able to say we were providing the best education for all children across the County.

Following a request for clarification, the Finance Manager explained that the original proposal for Deri View had been £200,000, because of the extended consultation it had now been reduced to £50,000.

Members agreed to accept the mandate but noted there were concerns over the future at Mounton House.

**Mandate B23 Discretionary Fees and Income - *This mandate has now been incorporated into the fees and charges report that will be presented to Cabinet in January with other budget proposals.***

The Head of Finance explained that the idea of the mandate had been to increase discretionary fees and charges by 10%. More time was needed to analyse the potential impact might be, and to look more closely at benchmarking with other local authorities. The mandate was currently on hold and an additional £25,000 had been found which would be incorporated into the fees and charges report.

The Cabinet Member for Resources added that when the original mandate had come out there had been a schedule of charges which had recorded the 2.5% to increase prices by. An additional column had highlighted what the additional income would be if there was an increase of 10%. It was never the intention to increase all prices by 10%.

Members agreed to accept the mandate.

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Following a short break we were advised that the following mandates would be discussed:

B12, B14, B15 and B21.

#### **Mandate B12 Second Phase Review of Subsidies to 3<sup>rd</sup> Sector - *Continuing to work with 3rd sectors affected groups to understand any potential impact.***

The Head of Policy and Engagement highlighted concerns raised by the Access for All group, informing Members that there were increasing tensions regarding the aspirations to work with the 3<sup>rd</sup> Sector. Officers had spoken to all the affected groups and appreciated that the receipt of less money would never be received positively. However, all groups had valued early conversations and that we were looking to reduce rather than stop funding.

We heard that the list of groups and amount of funding was included on the mandate.

Members questioned if this was now a closed list, and suggested that there may be other groups which should be included. In response we were informed that the list was now closed but any suggestions of other organisations could be addressed with partners in the future.

The Leader informed Members that he had recently addressed the GAVO AGM and had explained the situation Monmouthshire was in, as had the Police and Health Services. There had been an acceptance of the situation and when asked no questions came from the floor regarding the proposals. Confidence had been taken that all were in a similar place.

A Member felt there were concerns for future years and highlighted the importance of remaining sustainable.

A Member raised concerns that the mandate seemed slightly imbalanced, particularly noting the CAB. The Cabinet Member explained that there had been an agreement that had lasted 3 years where funding reduced by 10% each year. CAB fully recognised that MCC had given as much as possible and were happy to embrace other sources of funding.

The Chairman summed up that the Committee accepted the mandate but noted that the grants would be welcomed by other organisations. It was hoped that these sectors could bridge the gap through other sources of funding.

#### **Mandate B14 Grounds Funding Review – *Continue to work with community groups to ensure services are delivered.***

The Head of Operations explained that the mandate was made up of several parts: planting of wildflowers, using voluntary green fingers more extensively, and verge maintenance.

The mandate would work with Mandate B21 to work with Town and Community Councils.

It was noted that at Strong Communities Select Committee there had been concerns surrounding the second cut being withdrawn on the R routes regarding foliage falling on roads and cyclists having to

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move into the centre of the roads. It was noted that wildflowers would be brought back to Select Committee as would the voluntary green fingers.

Members agreed to accept the mandate.

#### **Mandate B15 Highways Maintenance Review – *On target for full year savings in line with mandate proposal.***

Feedback from Select and consultations had been brought forward as the mandate in line with the Continuance Agreement.

Members questioned if where there were resources in place to address urgent situations. The Head of Operations advised that part of the exercise would be to look at all available resources, in terms of revenue and capital. Officers would work with Members to create priorities, and how money would be spent in the future. There may be a case of doing extensive patching work rather than full resurfacing work that had been done in the past.

A Member raised concerns regarding the provision for land slippage. The Head of Operations explained that previously the Capital Budget had been reprioritised in those circumstances. It may be a case of coming back to Members to discuss additional funding in those types of emergencies. In terms of physical resources there would always be enough people to make the road safe, ie closing the road. The level of flexibility would be reduced with the reduced budget but would be managed by officers.

There were concerns from Members if we were reducing too much and whether it was wise to be doing so at this time.

A Member raised concerns regarding the reduction of employees with the amount of people who may claim damage to cars due to pot holes. The Leaders explained that officers had to align with the Continuance Agreement, and therefore prioritise be keeping most used roads at the same standard as they are currently. It was not a case that less used roads would be closed, but that most used roads would be prioritised. It was recognised that there was less money and would therefore be a drop in standards.

A Member expressed that she felt unable to support the reduction in infrastructure, as it was considered a false economy and savings should be found elsewhere. It was felt that there should be a review of the service.

It was noted that the issue of climate change should be brought by WLGA to Central Government.

The Chairman summarised that not all Members agreed with the mandate but the mandate would go forward and future discussions would be welcomed.

#### **Mandate B21 Town and Community Councils – *Continue to consult with Town and Community Councils***

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The Head of Operations explained that officers had been working with Town and Community Councils individually to discuss the initiative. Schedules of services at risk had been provided.

Where appropriate, "dual hatted" members declared personal, non-prejudicial interests as members of their respective town or community councils".

A Member, wished to express that the ongoing dialogue was welcomed and the efforts of officers were appreciated.

The Leader wished to thank Town Councils and Community Councils who had committed and entered into dialogue. It was felt that a cluster of discussions needed to be encouraged and a maturation of debate needed to manifest.

A Member suggested that it would be helpful if it was explained what services would be unable to continue, if Town and Community Councils were not to provide the help required. It was confirmed that the information was available.

A Member expressed that he was unable to support due to the complexity of the issue. It was questioned where the Town and Community Councils would otherwise get the funding, suggesting there would be an increase in Council Tax. The Leader highlighted that the Town and Community Councils were accountable for some services and they needed to make decisions themselves as to whether services would continue.

A Member expressed that clusters were a good way to move forward, and it had worked well in the Severnside area.

It was noted that the mandate had also been in place last year but had not been achieved. The Cabinet Member felt confident that it could be achieved this year with the uptake of Town and Community Councils.

The Leader expressed that the expectation was a saving of £400,000, and the reality was that where this was not made service areas would be trimmed. The collaborative approach in communities was considered the best way to devolve responsibility and provide opportunity. It was important as an Authority to help facilitate the mature discussions needed.

We heard from the Head of Operations that both Town and Community Councils were contributing to or taking on services. There was an awareness of the issue, and Raglan had been very pro-active in moving this forward.

It was noted that Chepstow had made strides forward in taking responsibility for services. It was felt that it would be helpful if an indication whether efforts made were in line with what MCC were expecting.

Members expressed there was a need for better communication.

In summary, the Chairman noted that overall the mandate would be accepted, but Members were looking for continuity with Town and Community Councils where all were on a level playing field.

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December, 2015 at 10.00 am**

**The meeting ended at 1.05 pm**

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# MONMOUTHSHIRE COUNTY COUNCIL

## Minutes of the meeting of Joint Select Committee held at Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA on Wednesday, 16th December, 2015 at 2.00 pm

**PRESENT:** County Councillor P. Farley (Chairman)

County Councillors: P. Jones, M. Hickman, M. Powell, A. Wintle and V. Smith

### **ADDED / CO-OPTED MEMBERS:**

C. Robertshaw (Parent Governor Representative)

### **ALSO IN ATTENDANCE**

Councillor Burrows

### **OFFICERS IN ATTENDANCE:**

M. Gatehouse	-	Policy and Performance Manager
J. Boothroyd	-	Head of Adult Services
C. Marchant	-	Chief Officer Social Care, Health & Housing
H. Ilett	-	Scrutiny Manager
P. Harris	-	Democratic Services Officer

### **ALSO IN ATTENDANCE:**

A. Ferris	-	CSSIW
M. Rooney	-	CSSIW

### **1. Apologies**

Apologies for absence were received from County Councillors R. Edwards, D. Edwards, R. Harris, S. Howarth, A. Webb, D. Evans and Co-opted Member Mr. Plow & Mrs D. Hudson.

### **2. Declaration of Interests**

There were no declarations of interest.

### **3. Risk Assessment for Social Services**

#### **Context:**

To provide members with an overview of the current strategic risks facing the Authority.

#### **Key Issues:**

1. The risk assessment ensures that:
  - Strategic risks are identified and monitored by the authority.
  - Risk controls are appropriate and proportionate
  - Senior managers and elected members systematically review the strategic risks facing the authority.

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2. The existing risks on the Strategic Risk Assessment have been updated based on evidence available in 2015, as presented at Appendix 1. Changes to the council's risk management policy were approved by Cabinet in March 2015. These are:
- including pre-mitigation and post-mitigation risk scores, this was also a key recommendation from scrutiny of the 2014 risk assessment
  - ensuring greater clarity to the phrasing of risk so that each statement includes an event, cause and effect as shown below:

Event	Cause	Effect
Risk of...Failure to...Lack of ...Loss of...Uncertainty of ...Inability to...Delay in...	Because of...Due to...As a result of...	Leads to...and/or... result in...

3. The risk assessment only covers high and medium level risks. Lower level operational risks are not registered unless they are projected to escalate within the three years covered. These need to be managed and monitored through teams' service plans. The pre and post mitigation risk levels are presented separately. In most cases mitigating actions result in a change to the likelihood of the risk rather than the consequences as our actions are generally aimed at reducing the chance of a negative event occurring rather than lessening it's impact. Clearly there will be exceptions.
4. Following presentation to select committees, the risk assessment will be presented to Cabinet for sign off. Prior to this, it will also form part of budget papers for discussion at Council to reflect alignment with strategic risks and proposed budget decisions the Council is taking.
5. The risk log is a living document and will evolve over the course of the year as new information comes to light. An up-to-date risk log is accessible to members on the Council's intranet - The Hub. This will ensure as well as the ongoing specific scrutiny of the risk assessment annually, that select committees are able to re-visit the information at any point in the year to re-prioritise their work plan as appropriate.

#### Member Scrutiny:

It was asked by a Member if the Wellbeing of Future Generations Act deserved its own risk. We were advised that it feed into a number of areas of risk, looking at the potential impact especially reputational. Cabinet and Audit Committee had received the report and it was felt we were on track. It is a significant risk with huge challenges.

A Member commented that was important that as a Committee, along with Officers that we pay close attention to the financial standing of the services we are responsible for, with 3 in particular; Children's Social Services, Youth Services and Adult Education.

We were reassured by the Cabinet Member that the Children's Social Care budget had the full support of Cabinet, it was appreciated that it is an under resourced Directorate and the pressures are understood.

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A Member discussed the difficulties of finance and felt that as an Authority we should encourage people to engage with income generating projects. An Officer briefed the Committee on the Adult scheme 'My day, my life' which aims to give people a sense of purpose and move them away from services.

A Member commented that training for Safeguarding had improved significantly over recent years which reflected how seriously the Authority took Safeguarding matters.

In regard to reductions in the workforce, a Member expressed concerns and stressed the importance of a healthy working environment and talked about having a duty of care for staff.

#### Recommendations:

1. That members consider the strategic risks presented for the next three years, in particular those of relevance to the committee and scrutinise the extent to which:
  - all relevant risks facing the authority are appropriately captured,
  - the level of risk applied is appropriate based on the matrix in the council's risk management policy and guidance and
  - mitigating actions are proportionate and appropriate
2. That members use the risk assessment on an on-going basis to hold the responsibility holders to account to ensure that risk is being appropriately managed.
3. Use the risk assessment to inform the future work programme of the Committee.

#### Committee Conclusion and Chairs Summary:

Members are satisfied that the format and content of the risk assessment report captures the key risks facing social services in terms of the remit for both the Adults Select Committee and the Children and Young People's Select Committee. Members of the Children and Young People's Select Committee have scrutinised safeguarding procedures for Children on a frequent basis, the most recent scrutiny taking place at their meeting on 2<sup>nd</sup> November. Members of that Committee are content with the procedures and will be continuing to monitor the ongoing application of those procedures within Children's Services. An example of this took place at a recent meeting of that Committee whereby officers were requested to return to the Committee with a Safeguarding Children Action Plan for the proposed 'Future Play Model', to provide evidence to the Committee that children would be safeguarded in any proposal. Members of the Adults Select Committee receive regular performance reports on Adult Services and scrutinise Adult Safeguarding specifically on an annual basis through their consideration of the Prevention of Vulnerable Adults Scheme (POVA) performance report. Members of this Committee however, express their concern that the forthcoming Social Services Act presents significant implications for Councils to ensure Adults Safeguarding, which is important for Monmouthshire, given the number of prisons located in the county. Members present today recognise that the Act presents challenges in terms of our procedures and current practice and this will be considered by the Adults Select Committee at their meeting on 19<sup>th</sup> January 2016.

#### **4. Performance Update Quarter 2 Children's services Scorecard**

## MONMOUTHSHIRE COUNTY COUNCIL

### Minutes of the meeting of Joint Select Committee held at Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA on Wednesday, 16th December, 2015 at 2.00 pm

#### Context:

To provide members with a report card that considers quarter 2 performance in children's social services.

#### Key Issues:

1. The report card uses a narrative format alongside graphs to show how the service is performing using a range of measures from the initial referral through to what care leavers are doing when they turn nineteen. It is supplemented by two appendices:
  - Appendix 1 contains national performance indicators showing how we have performed over time and compared to other council's in Wales.
  - Appendix 2 contains a broader range of measures including local data, Wales averages are available for these measures but we are unable to publish performance for other authorities individually
2. The number of looked after children has increased from 108 at the end of 2014/15 to 121 at the end of quarter 2. Over the same period the number of children on the child protection register has declined from 49 to 41.
3. Children's Services continue to focus on four key National performance indicators where significant improvements were made last year. These are:

	Q2	
	2014/15	2015/16
SCC/011b – Initial assessments where the child is seen alone	57.4%	<b>43.2%</b>
SCC/016 – Child in need reviews	85.2%	<b>59.5%</b>
SCC/025 – LAC statutory visits	84.5%	<b>80.6%</b>
SCC/041a – Reviews of pathway plans	98%	<b>100%</b>

4. Performance in three of the four key indicators is lower at Quarter 2 than at the end of 2014-15. Charts 2, 3, 7 and 8 in the main body of the report show rolling-year data for these indicators.
5. Improvements have been made in 2 of the 3 indicators measuring the timeliness of the children protection process. The timeliness of initial child protection conferences and first core groups have both improved since last year but the timeliness of child protection reviews has decreased.
6. At the end of quarter 2, seven looked after children have had a non-transitional school moves (SCC/002), compared to 15 in the whole of last year. Continuing at this level would produce year-end performance slightly lower than 2014/15 when we were 21<sup>st</sup> in Wales. The service manager has confirmed that most (but not all) moves are due to children moving into long-term placements.
7. Two looked after children had 3 or more placements (SCC/004) during 2014/15. By the end of quarter 2 this year two children have had 3 or more placements, a further 8 children have had two placements so we are likely to exceed last year's total.

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8. Three care leavers have turned 19 by quarter 2 and are in touch with social services (SCC/033d). Four more will turn 19 in the remaining 6 months. At present, of those four, two appear to be in contact meaning our likely year end position is 71% (5/7), down from 88.9% last year.
9. Of the three care leavers who are 19, one is in suitable accommodation (SCC/033e). Of the remaining two in touch who will turn 19 later in the year, both are currently in suitable accommodation. Our year end position is expected to be 60% (3/5,) a decrease from 87.5% in 2014/15.

#### **Member Scrutiny:**

We were informed that Children and Adult Services have new I.T. system which will allow for easier use and greater clarity of KPI's.

A Member commented that as Authority we have a once in a lifetime opportunity and asked the Chief Officer for their view of Children's Services. The Chief Officer told us that the Service had been on a journey of improvement over the last 18 months and that improvement must be sustained.

The new framework focusing on outcomes was discussed by a Member and the Chief Officer explained that new measures were being looked at now. We were told that the nature of services and intervention between Adults and Children's Services were very different and as the Chief Officer they would look forward to bringing the progress of both services to Committee the relevant Committees.

#### **Recommendations:**

1. Members should use this report and the associated indicators to scrutinise whether services are being delivered in line with expectations and are contributing to the agreed outcomes.
2. Members should identify any areas of underperformance or concerns that require further investigation

#### **Committee's Conclusion and Chair's Summary:**

The Chair advised that many key points had been discussed during scrutiny of the social services risk assessment (the previous agenda item). The Chair advised that Members of both Committees were prioritising safeguarding and would be considering the application of the new Social Services Act to their respective remits. Members were satisfied that the newly appointed chief Officer for Social Services had a clear understanding of the key issues requiring improvement in terms of performance and it was agreed that future performance reports would be based upon the new Outcomes Framework in line with the impending Social Services Act.

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### **5. Care and Social Services Inspectorate Wales - CSSIW Performance Evaluation Report of Monmouthshire's Social Services 2014-2015**

#### **Context:**

The report sets out the key areas of progress and areas for improvement in Monmouthshire County Council Social Services for the year 2014–15.

#### **Key Issues:**

1. The council is making good progress with a transformation in practice agenda and is well placed to meet the requirements as set out in the Social Services and Wellbeing (Wales) Act (SSWBW Act). The council has concentrated on moving forward an ambitious agenda in adult's services. This has been more difficult in children's services where the department has been working hard to deliver on the post inspection action plan. This was developed to address the recommendations in the inspection undertaken by CSSIW in children's services in November 2014 where a number of areas of weakness were found. The action plan also identified the areas for improvement set out in last year's Annual Council Reporting Framework (ACRF).

2. Progress has been made in a number of areas to date. In particular the council has made improvements around statutory visits to looked after children and the timeliness of reviews for children in need as well as recruitment to permanent posts. However, there is still a journey of improvement that children's services will need to continue over the next year.

3. The council works well with partners across both adult and children's services to deliver better outcomes in the most efficient and effective ways. In adult services, partnership arrangements with Aneurin Bevan University Health Board (ABUHB) are mature at both strategic and operational levels. However, although work is progressing sometimes this needs to develop at a faster pace with renewed energy and clear objectives. The mental health integration work around the Listen Engage Act Participate (LEAP) project across the whole council is an example of this.

4. Performance in adult services has improved further in a number of key areas in particular in relation to delayed transfers of care which have decreased. Ongoing progress in reablement services is evident and is working effectively in the hubs where they have been implemented. However, whilst headway has been made, the pace of change to roll out services overall more systematically across the whole council needs to increase in order to recalibrate services in an appropriate and timely way.

5. There is significant support corporately and from members who have a good understanding of the challenges facing social care. This is evidenced by the protection of budgets in Social Services in 2014-15 and the agreement reached for additional funding of £1.2million in children's services in order to deliver its statutory functions and safeguard children effectively. However, this will become more difficult in the future when there is a need to make significant savings across all services within the council.

6. The council acknowledge that whilst its citizens have high expectations of public services in the future services will need to be provided in a different way and not necessarily by the council. Greater emphasis will be placed on support.

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#### Member Scrutiny:

It was asked by a Member if placements from other Authorities were monitored. It was answered that yes, there was a register, the parent Local Authority would pay the costs and that some Authorities have reciprocal arrangements.

A Member asked what areas the Authority should be concentrating on. We were told that it was important to prioritise the journey that children's services were on, all recommendations were being worked through. It is important that we focus on the outcomes in adult and children's services with particular focus on early intervention and prevention.

The Cabinet Member updated the Committee on the 2 apprentices who sit on the Corporate Parenting Panel and talked about Dementia Care training, which gives people the tools to understand.

#### Recommendations:

A number of areas of improvement were identified:

- Ongoing work with health and social care strategic partnership and relationships with the health board
- Increased capacity and responsiveness corporately in relation to recommendations to drive improvements required and meet demand
- Strengthening of the corporate parenting arrangements to ensure voices of care leavers are heard and drive strategic thinking
- Level of challenge and understanding of Select Committee
- Consider how children continue to be safeguarded in light of financial pressures faced by the council

#### Committee's Conclusion and Chair's Summary:

Members express thanks to the CSSIW Officers for attending and presenting the Social Services Performance Report. Members have discussed several of the key issues highlighted within the CSSIW's report as part of the earlier agenda, the flow of this meeting being partly by design, given the connectivity of the various pieces of work. Members have asked the CSSIW for their view on the Council's readiness for the Social Services Act and have heard that the key challenge facing the Council will be delivering the requirements of the Act in a difficult financial climate. The population is ageing which is leading to a greater number of young people entering the system as young adults who need support against a backdrop of diminishing resources to deliver such services. The CSSIW have advised that we need to focus on ensuring our preventative measures are effective in order to reduce the number of young people requiring specialist services and that the effectiveness of family support programmes in place such as the Joint Assessment Family Framework and Families First will be crucial in reducing the numbers of people requiring these services. The Committee concludes that the meeting of both of these committees planned for late February/early March will be a timely opportunity to scrutinise the effectiveness of these programmes and to consider the challenges posed for them in terms of the new Act. Members furthermore agree to hold an All Members Seminar on the Act in January together with an 'open afternoon with Social Services on the Act's application', in addition to the programmed scrutiny activity. Members agree that

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future scrutiny will need to focus on whether the Council is addressing the specific areas highlighted for improvement in the CSSIW's report. The CSSIW have acknowledged that the report provides a retrospective view of performance, in that it provided 'a snapshot' of performance during the inspection period of 2014-15. Members have expressed that they wish to form a closer working relationship with the CSSIW through pre-inspection and pre-publication meetings to ensure that scrutiny can add value to the work of inspectors by focussing on key areas of underperformance. Members are satisfied that considerable improvements have been made since this time, however have agreed to invite the Chief Officer for Social Services to respond in providing her Social Services Service and Financial Recovery Plan as the next agenda item.

#### **6. Children's Services 3 Year Service and Financial Plan**

##### **Context:**

The purpose of this report is to obtain approval for a 3 year Service and Financial Plan for Children's Social Services which will form part of the overarching Social Care and Health transformation programme, *Changing Practice, Changing Lives*.

##### **Key Issues:**

This plan forms part of an overarching transformation programme in Monmouthshire County Council Social Care and Health which was designed to deliver the cultural and practice change necessary to realise the benefits from the legislative framework in the Social Services and Well-being (Wales) Act (2015). The transformation programme in Social Care has delivered both improved outcomes and quality of life for people and significant savings over the last 4 years in adult social services.

Recognising the differences in children's services, and the different starting place, the first phase of the transformation programme in children's services has focussed on getting the basics right and improving performance. The Changing Practice, Changing Lives programme will continue to be sensitive to those differences between adults and children's services, but also build on the strengths within the different part of the business to deliver a coherent purpose and governance for practice and commissioning in Social Care and Health.

A shared understanding of 'what good practice looks like' and alignment of all systems (from supervision to quality assurance to management meetings) is needed. Change is delivered by individual practitioners and teams coming together around a common purpose, supported by managers and leaders who set direction and remove the barriers that exist. Some limited external support from a recognised expert in children's services will be sought to develop the detail of practice transformation programme within children's services.

This plan has been developed for a very specific purpose – to ensure there is clear set of prioritised actions to deliver service and financial recovery. It builds on the very positive progress which has been made in children's social services over the last 2 years and sets direction over a medium term time frame to address increasing challenges around managing need, workforce stability and financial sustainability. It reflects increasing challenges since the Service Improvement Plan (SIP) for 2015/16 was agreed. As such, the plan includes a set of actions which are additional to current SIP. The 3 year timescale of the plan and financial model, recognises that practice led transformation requires sustained direction and effort over a prolonged period of time.

The detailed plan is appended to this paper. There are 4 themes contained within the plan which detail the improvements required:



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Quality and Effectiveness of Social Work Practice  
Capacity and Capability of the Workforce  
Improved commissioning  
Service and Financial Performance and Accountability

The plan also contains within it a financial model, risks, mitigations and measures which will enable robust tracking of whether the plan is delivering the outcomes required. The key actions from this transformation plan will form the core of an updated Service Improvement Plan for 2016/17. The plan will also need to be flexible and contain within it a dynamic model which allows service and financial performance to be monitored robustly and challenged.

#### **Member Scrutiny:**

It was asked how long the diagnostic expert would be with us, the Chief Officer answered that it would be short and sharp with solutions needing to come from within the Authority.

The Chair stressed that the Chief Officer should not be anxious to share ideas with the Committee, recognising this is the first part of a long process, the Committee will act as a critical friend who will help take things forward.

#### **Recommendations:**

It is recommended that the 3 year Children and Young People Services and Financial Plan be referred to Cabinet for approval.

#### **Committee Conclusion and Chairs Summary:**

Members express thanks to the newly appointed Chief Officer for Social Services for presenting a report detailing how the service intends to make progress both in terms of the need to improve performance and to balance a budget as far as possible. Members acknowledge that the preparation of this report is likely to have been difficult given that the officer is very new in post. Members conclude that the officer has gained an understanding of the key areas that need to be addressed and agree that whilst the report provides a useful outline of key areas for future focus and should be submitted to the Cabinet, Members recognise that the report is not a definitive plan for Social Services for the next three years. The Members present agree that the report therefore should be considered by Cabinet and the Chief Officer is requested to return with the new performance report based on the Outcomes Framework in the spring.

**The meeting ended at 4.02 pm**

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**MONMOUTHSHIRE COUNTY COUNCIL**

**Minutes of the meeting of Adults Select Committee held  
at Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA on Tuesday, 19th  
January, 2016 at 10.00 am**

**PRESENT:** County Councillor P. Farley (Chairman)  
County Councillor R. Harris (Vice Chairman)

County Councillors: R. Chapman, M. Hickman, P. Jones, A. Wintle  
and D Hill

Also in attendance County Councillor(s): V. Smith

**OFFICERS IN ATTENDANCE:**

Julie Boothroyd	Head of Adult Services
Hazel Ilett	Scrutiny Manager
Nicola Perry	Democratic Services Officer
Chris Robinson	Lead Commissioner - Quality Assurance

**APOLOGIES:**

Councillor R. Edwards, Co-opted Member D. Husdon and Chief Officer for Social Care, Health and Housing, C. Marchant.

**1. Declarations of interest**

There were no declarations of interest made by Members.

**2. Public Open Forum**

There were no members of the public present.

**3. To confirm the minutes of the meeting held on 8th December 2015**

The minutes of the meeting of Adults Select Committee held on 8<sup>th</sup> December 2015 were approved and signed by the Chairman.

**4. Scrutiny of the forthcoming Social Services Act and the implications for Monmouthshire Council**

**Context:**

Members received a report in order to brief the Adult Select Committee on the Social Services and Well-Being (Wales) Act 2014, which provides the legislative basis for social services in Wales from April 2016. The report also set out the implementation actions required at a regional and local level.

The Chair advised that in terms of scrutiny it was important for the Committee to fully understand the implications of the Council and to derive assurance that the Council were ready for the requirements of the Act.

**Member Scrutiny:**

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Following presentation of the report Members were invited to comment, during which time the following points were noted:

In response to a Member query regarding which areas would be chargeable we were informed by the Head of Adult Services that there was scoping work to be done surrounding preventative services. Officers would scrutinise the code of practice and identify areas where a charge could be added, which would then be discussed further with Adults Select.

We heard that MCC had been given a real opportunity to shape the Act and officers were very positive about what the Act would bring.

In response to a question surrounding the burden on staff with regards to training it was explained that the training had been put together with a mix of procured providers, along with staff who trained as trainers from local authorities. 4 staff from MCC had been to the 'train as trainers' and had been provided with fantastic training material. It had been decided not to send staff on the assessment and meeting needs training as MCC were so far progressed in this area.

A Member questioned if there was a timeline in mind with regards to regular reporting to the Committee. It was considered to be worthwhile to update the Committee in 12 months to note any changes and to identify any challenges that had arisen, noting that any problems could be brought forward sooner. It was agreed that the timing would also fit well with the Population Needs Assessment.

The Chair raised a question regarding the charging and financial assessment and whether it would have an impact on our capacity, or would we need to change the ways we do business. In response the Head of Adult Services advised that one of the aspects of the Act brings in another duty to assess people at home. Officers were not certain what the resource implications or demand would be, but would be considered when assessing the charging responsibility. It could be an extra resource burden depending on the demand it creates. The Chair noted that effort should be made to ensure the appropriate resources were in place, and should any problems arise from the implementation of the Act the Committee should be advised.

The Head of Adult Services wished to inform the Committee of the responsibility for the secure prisoner state, a new responsibility for officers. A number of staff based in the Monmouth team were currently being vetted to be able to be the people who would coordinate discharge planning.

A Member questioned if we provided training to bring providers up to our required standard. We heard that the Social Care Training Grant allowed us to develop the training for the whole workforce, and officers would look to what was relevant to the Act.

The Chair suggested that the prison aspect may be brought to Committee sooner to allow better understanding of the implications. It was noted that the safeguarding framework remained unchanged.

Members were advised of an event being held the following day at Llanishen, which was open to all Members and staff, to provide an opportunity to gain further information on all aspects of the Act.

#### **Recommendations:**

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The report recommended that Adult Select Committee consider the content of this report and the actions required to implement the Social Services and Well-being Act in Monmouthshire County Council by April 2016.

#### **Committee Conclusion:**

The Chair thanked the Head of Adult Services for the informative report and asked that notes from the recent seminar be circulated (**ACTION – JB**).

Adults Select Committee welcomed the Social Services Act and at this stage were satisfied that senior management were on top of the requirements

The Committee would welcome an update no later than January 2017, with the understanding that any problems would be highlighted to the Committee when necessary. Updates regarding the prison dimension would be welcomed sooner.

#### **5. Policy Review of the Raglan Project**

Members received a powerpoint presentation from the Head of Adult Services in order to update Members on training regarding the Raglan Project.

Following the presentation Members were invited to comment.

A Member commented that, in relation the new Social Services Act, it seems that Monmouthshire were already ahead of where expected. The Head of Adult Services agreed but noted that we were never complacent and always acknowledged that there was always more to be done.

When questioned about the roll-out of the project we were informed that the roll-out would be across the whole of Monmouthshire. There were 15 clusters of Raglan type approach and the in-house services. It was intended that to be across Monmouthshire by the end of the year, in terms of supporting people with dementia.

Following a request for clarification it was explained that the care competency framework is an internal framework constructed around this specific training and the specific shift we are trying to make. It focused on the emotional and relationship aspects in order to demonstrate that you operate in that way. People had to provide their own evidence to where they are in the framework, and the manager would provide observations as would service users. Potential weaknesses could be identified and worked upon.

The Chair asked if it was appropriate for Members of the Committee to access the training sessions. It was confirmed that Members would be welcomed and it was seen as a great opportunity.

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To conclude the item the Chair thanked the Officer for the presentation and would welcome any further updates.

#### **6. Consideration of Supporting People Service's Response and Action Plan following the Welsh Government's visit**

##### **Context:**

We received a report from the Lead Commissioner QA & Supporting People in order to make members aware of the conclusions and recommendations made by Welsh Government following their audit of Monmouthshire's (MCC) Supporting People (SP) provision, and to provide assurance that appropriate actions are in hand to address issues as appropriate.

##### **Key Issues:**

Welsh Government conducted an audit of MCC's SP programme in November, 2016. This was based on the Supporting People Programme Grant (SPPG) as delivered in 2014/15.

The audit's overall conclusion was that it could only be partially concluded that MCC's SPPG was being spent for the purposes for which it is intended. There were concerns that insufficient resources were being applied to the management and commissioning of SP services. The audit also concluded that the SP services were being adequately managed given the resources available.

The draft report was forwarded to MCC on 23<sup>rd</sup> December 2015, with a requirement to respond by 8<sup>th</sup> January, 2016.

##### **Member Scrutiny:**

The Chair advised the Committee that a more comprehensive item on Supporting People had been scheduled but it had not been possible to provide the report. Therefore, the report today was to be considered as an interim report, and a fuller report would be received at a future date.

Following the presentation of the report Members were invited to comment.

A Member questioned if meetings had been held with providers since the issuing of the report. In response we heard the report had only recently been received and a meeting would be planned. On the Social; Care and Health side a self-assessment document was being developed in order to provide a quick picture. SP processes were to be brought in line with Social Care and Health.

Members asked for further information regarding the information given surrounding the lack of funding for admin staff. We were informed that we were given around £2 million SP grant and were not allowed to use any of that for administration purposes. This must come from our own budget.

A Member referred to paragraph 2.4 stating '*The Review Team found the information viewed was of an acceptable standard, however, intelligence and monitoring relating to services was not saved centrally. This could impact should there be an issue with staff due to sickness. Overall the Review Team were able to conclude the Supporting People services are being adequately managed given the team resources available.*' Clarification was sought regarding the number of FTE staff. It was confirmed that the staff had reduced from 3.5 FTE to 1.5 FTE.

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To clarify further the Head of Adult Services explained that with regards to the issue of resources, it could be considered that there was a mismatch across all areas and could always argue for more resources. It was important to identify what we could develop differently and what resources are required, within the constrictions of the budget.

In response to a request for information we heard that the total grant received for Supporting People was £2,034,000. It was questioned if the Council was applying the earmarked funds correctly.

#### **Recommendations:**

Members were recommended to consider the recommendations and the outline management responses, appreciating that the audit and its recommendations are very recent and the actions proposed are very much 'work in hand'.

#### **Committee Conclusion:**

The Chair advised that Adults Select Committee resolved to accept the report and noted with concern the capacity for delivery. It was noted that senior management were aware of the issues and were working on them.

The Committee acknowledged that system issues were being addressed and would encourage the preparation of desk instructions.

The Committee appreciated receipt of the interim report and would look forward to the full report in due course, and would expect to see some account of the issues raised today.

The Committee wished to note their appreciation of the constant efforts made to manage and provide the service with constraints.

#### **7. Adult Select Committee Work Programme**

We received the future work programme for Adults Select Committee. The Scrutiny Manager advised the Committee of a special meeting to be held in February, the date to be confirmed.

Members discussed the future joint scrutiny of the Gwent Frailty Programme with all 5 authorities. In principle, the Committee agreed to actively engage in the joint scrutiny process with provisions.

We noted that the next ordinary meeting of Adults Select Committee would be held on Tuesday 8<sup>th</sup> March 2016 and 10.00am.

**The meeting ended at 12.30 pm**

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**SUBJECT: Supporting People Programme Grant – 2016/17 proposals**

**MEETING: Adult Select Committee**

**DATE: 8<sup>th</sup> March 2016**

**DIVISION/WARDS AFFECTED: All**

**1. PURPOSE:**

To present to the Committee the proposed developments in the Supporting People Programme Grant funded provision in 2016/17

**2. RECOMMENDATIONS:**

That members consider the 5 main service developments and approve the proposal to complete detailed negotiations with a view to implementing them for 2016/17

**3. KEY ISSUES:**

During 2015 the expectation was that SPPG would be cut by anything up to 25%. Therefore a number of cut-management scenarios were worked through. However, in January 2016, the Minister announced indicative local authority allocations that maintained funding levels at 2105/16 levels - £2,039,175 for Monmouthshire

Included in these cut-management strategies was the assumption that Phase II of our SP pricing strategy would be implemented. Phase I was implemented in 2015/16 and which ensured a consistency across the provision based on the cost per funded support worker. At the same time the principle of only funding support hours delivered was introduced (as opposed to block contracting). The latter implementation generated some clawback opportunities that generated in-year underspends that allowed 2 younger person services to be piloted. Applying the Phase II strategy, which makes the cost per actual support hour delivered consistent, releases a further £141k for service developments.

Over the last year expectations for SP to link with and/or support other initiatives has increased. On the one hand there are a range of increased expectations associated with the Social services and Well-being Act, from SP's perspective these are primarily related to primary prevention and early interventions. Welfare benefit and housing reforms have also increased the incidence of people needing help and support to address their immediate housing issues. The Minister has further called for a closer collaboration between the 3 Tackling Poverty initiatives and SP (Communities First, Families First and Flying Start). And lastly there are increased expectations with respect to SP support in domestic abuse and violence situations and in the effective resettlement of prisoners on release.

Monmouthshire already has an effective service provision for domestic abuse and further developments in this area and prison release have been organised on a regional basis via the Regional Collaborative Committee.

Monmouthshire's direction of travel in terms of service development incorporates the established Integrated Social Care and Health services with the Place-Based approach that has been piloted in two areas. The proposals included in this paper are in support of these service developments and the under provision of services for younger people and care leavers.

Proposals 1-5 are attached

For younger people, the services piloted in this year through underspends generated by implementing clawbacks within Phase I of the new SP pricing strategy are to be adopted as permanent services in 2016/17.

With demand for support by older people in the community actually decreasing, the opportunity to reassign these resources to Place-Based support in the community is achievable. At the same time, the success of the activity coordination resource for older people is to be expanded across all areas and extended to offer activity and support to a much wider client group.

Lastly, the proposals include a development to the SP assessment and brokerage service – the Gateway. The Gateway will directly manage primary prevention, early intervention and floating support services in addition to brokering to an enlarged database of services that will not only include SP services, but community support assets, Tackling Poverty initiatives and, if needed, to SC&H services.

#### **4. REASONS:**

People in the communities will benefit from easier and speedier access to a wider range of support services. The closer involvement by SP with SC&H and Tackling Poverty initiatives will reduce duplications of support, will enable the various teams to concentrate on their own specialisms relying on SP to provide the specialist housing support. The model increases the provision that is able to initiate and implement one-off primary prevention interventions.

The value for money reviews across all the SP services, and the implementation of the Phase II pricing strategy, creates a grant resource that needs to be utilised for maximum benefit to the aims and objectives in Monmouthshire

#### **5. RESOURCE**

The budget for the administration and management of SP, H064, remains unaffected by these proposals which only refer to the distribution and utilisation of the SPPG itself.

The resulting spendplan, that has been forwarded to Welsh Government, to enable the 2016/17 allocation to be confirmed before 31 March is attached in Appendix II

#### **6. SUSTAINABLE DEVELOPMENT AND EQUALITY IMPLICATIONS:**

In Appendix I an assessment of impact on equalities and sustainable development is presented. In terms of the equality impact, the proposals for an effective increase in generic floating support across the communities will make access to services easier, quicker and wherever possible, preventative in nature. The proposed services are tenure and protected characteristic neutral in nature and therefore unlikely to have any elements of disadvantage associated with them. The actual impacts will be reviewed when the further developments of these pilot services are considered.

#### **7. SAFEGUARDING AND CORPORATE PARENTING IMPLICATIONS**

The proposals increase the number of support workers in the communities. Floating Support caseloads are greater than accommodation based services, so there will be an increase in interactions with people in their own homes. SP already provides support to more than 70 vulnerable families, the proposed model increases this expectation. Taken as a whole, the opportunities for identifying actual or potential abuse of children or adults will increase – a positive impact.

#### **8. CONSULTEES:**

MCC – SP provider Forum; SP Planning Group; SP Regional Officers Group; Welsh Government Officers; Welsh Local Government Association officers, Place-Based coordination

Further consultation required: Regional Collaborative Committee, SP Planning Group, Directorate Management Team; SP Support worker forum; Service User meetings; SP individual providers

#### **9. BACKGROUND PAPERS:**

- Supporting People Local Commissioning Plan 2015-17
- Background information from Comprehensive Spending review

**10. AUTHOR:**

Chris Robinson, Lead Commissioner QA (Adult Social Care & Health) & SP Lead office

**11. CONTACT DETAILS:**

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Service Provision Title: Place-based support – 16/17 PILOT	
Service Type: Floating Support	Client Category: All
Last Yr Units:0	Last Yr £:0
This Yr Units:	This Yr £: 144,000.00
<b>Increase/(decrease) Units:To be negotiated</b>	<b>Extra funding £: 108,000.00</b>
<p><b>Rationale for proposal</b></p> <p>In Social Care and Health, the Place-Based model has been piloted and now is being further developed in terms of the locality model and the number of localities in which the model will operate. At the same time SC&amp;H has a long and successful history of developing Integrated Services (SC&amp;H and Health). The Place-Based model is perhaps the only other provision that is as all-encompassing in terms of tenure neutrality and protected characteristic sub-group vulnerabilities as SP.</p> <p>Both these models involve helping/supporting people many of whom will have a tenancy/housing based support need. For example, social workers can be, and are, involved with resolving housing issues with their service users; GPs treat people with illnesses that may well have their roots in housing-based issues; re-ablement and discharges from hospital are often resettlement in nature as is an opportunity that we have only recently become aware of – the very positive resettlement of residents back out of care homes into their own homes. The placement of support workers in these Place-Based teams will provide the specialist support to make resolving these support needs more effective and will release other resources to concentrate on their own areas of expertise.</p> <p>Further, the early intervention and primary prevention objectives from the SS&amp;W-bA can best be addressed by having the support resource as close as possible to those with the issue that needs resolving – whether that be the service user or the “effective listener” that hears the person explain their problem which might have a housing-based element. The new support role is being designed to offer immediate assessment and referral to a specialist support service via the Gateway service, or immediate primary prevention to resolve a one-off support need that’s threatening tenancy and/or on-going floating support should the case be referred back to the support worker by the Gateway brokerage service.</p> <p>For 16/17, the Place-based service model includes support from a number of different initiatives – including volunteering, Families First, Flying Start, Supporting People, Befriending etc. One purpose of the pilot is to experience how these services have to interact to make an overall effective model, and it may well be that this will lead to the integration of some of these roles – ie a multi-funded support worker able to offer a wider range of services, which has obvious benefits for the service user.</p> <p>The Pilot is costed at £144k for 16/17. This will be funded through £108k coming from the value for money negotiations and Phase II SP pricing strategy implementation and the re-assigning of 1 support worker from an external provider’s over-provisioned older people’s service. The pilot will also be used to experience any difficulties associated with external provider workers working within the MCC SC&amp;H environment – ie access to and use of information, externally hosted workers working within the MCC Gateway provision.</p>	
<p><b>Considered impacts:</b></p> <p>This provision increases the SP generic floating support provision. Detailed analyses of the outcomes delivered through these services demonstrates that generic services are our ‘defence’ against unnecessary discrimination/disadvantage challenge by any protected characteristic sub-group. It is a protected characteristic neutral service.</p>	

Against that, on the face of it support for older people is reduced. However, in 15/16 clawbacks have had to be implemented against these services when demand has been insufficient for the funded resource. These proposals will not impact the availability of services to the older client group.

Service Provision Title: Place-Based social inclusion support – 16/17 PILOT	
Service Type: Floating Support	Client Category: All
Last Yr Units:0	Last Yr £: 0
This Yr Units:	This Yr £:
<b>Increase/(decrease) Units: To be negotiated</b>	<b>Extra funding/(Saving) £: 0</b>
<p><b>Rationale for proposal</b></p> <p>An external provider currently provides a range of floating and activity support to the older person's client group. This provision was remodelled in 2011 when an exercise to change SP for older people via the sheltered housing warden model to the more needs-based floating support model. Since then the client group and their expectations in the older people's accommodation provisions has changed. There is less demand for support and temporary contract amendments have had to be implemented to enable the provider to offer support to a wider group of client support needs – ie not just older people. A development in this provision has been the inclusion of an activity support worker which has become a very much valued service by the service users.</p> <p>It is proposed to re-assign 4 x P/TE workers from the current older people's provision to provide a social inclusion and activity support service to the 4 place-based hubs – Abergavenny, Monmouth, Chepstow and Caldicot. The new service will therefore be funded through a remodelling of a current service and therefore has no financial impact. Contractually, the pilot will be delivered under a variation to an existing contract. At the same time, by re-assigning these support workers, the remaining support in the older person's service will more closely match the current demand.</p> <p>The new role is a development from the current activity coordinator role. This role develops activities but these are then a resource to the service user and their support worker. The new role will involve developing activities and facilitating access to them by the service users. It will become an outcome generating role.</p> <p>Whilst the principles of this provision have been discussed with the provider, detailed negotiations have yet to be undertaken.</p>	
<p><b>Considered impacts:</b></p> <p>On the face of it, this proposal reduces the resources available to older people. However, the reality is that during 15/16, there have had to be funding clawbacks implemented as the provider has been unable to evidence sufficient support delivery – there has been insufficient demand.</p> <p>The redistribution of the resource to a service accessible by all client groups is therefore a positive impact across the protected characteristics as a whole.</p>	

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Service Provision Title: Younger People support	
Service Type: Floating Support	Client Category: Younger People & Care Leavers
Last Yr Units:	Last Yr £:
This Yr Units: Supported Lodging – 2/3 Youth transition - 10	This Yr £: Supported Lodging - £25,000.00 Youth transition - £20,520.00
<b>Increase/(decrease) Units:</b>	<b>Extra funding £: 45, 520.00</b>
<p><b>Rationale for proposal</b></p> <p>For some time it has been appreciated that SP's support for these client categories has been under resourced. During 15/16, underspends of SPPG enabled funding to be provided for pilot projects in these areas. In 15/16, the implementation of Phase I of our pricing strategy also included the principle of paying for support hours delivered as opposed to purely block contract provisions. This greater degree of accountability has enabled in-year clawbacks to be implemented and this has provided resources to continue the pilots for the latter part of the year. The implementation of Phase II of the pricing strategy in 16/17 releases SPPG that will enable these pilot provisions to be adopted into the mainstream spendplan.</p> <p><b>Supported Lodging support – 1 x P/T support worker</b></p> <p>This provision will provide support both to the young person and to the foster parent/carer in developing the life skills required for more independent living in due course. This support role will link with then other Supporting People projects as education and employment and training needs require support. This is a high-intensity support role with only 2/3 service users being supported at any one time.</p> <p><b>Youth Transition Project – 1 x P/T support worker</b></p> <p>This project links closely with the support services being delivered in the accommodation-based services for young people (hostels). It focuses on developing access to employment, volunteering, training and education which will improve the young person's sustainable independence in the community.</p>	
<p><b>Considered impacts:</b></p> <p>In terms of potential disadvantage from these proposals, the resources being utilised could be assigned to other protected characteristic sub-groups and therefore could be considered as being at a disadvantage. However, this client group is an MCC priority and a review of SP services has identified that this client group is under resourced. These proposals are considered as positive action to address an unintended disadvantage already evident in the SPPG provision</p>	

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Service Provision Title: Learning Disability, Physical and Sensory Disability Floating Support	
Service Type: Floating Support	Client Category: LD, Physical/Sensory disability
Last Yr Units: LD = 31 Phys/Sens Dis = 6	Last Yr £: LD = £197,593.00 Phys/Sens Dis = £43,926
This Yr Units: F/S = 40	This Yr £: F/S = £145,800
<b>Increase/(decrease) Units: 0</b>	<b>(Saving) £96,079.00</b>

**Rationale for proposal**

Following a review of the Learning Disability services in 2011, services were reconfigured and balanced between social care and health care and supporting people services. The SP services involved both accommodation-based and floating support. Experience in working this model, and a desire to encourage greater degrees of independence, has resulted in the services becoming more floating support based. This proposal is to complete this transition to a full floating support service. Freeing-up this accommodation based support enables the provider to extend the range of floating support it provides – both in terms of the clients groups and the localities. Part of this resource will provide the new support arrangements as described below.

In 2015/16, Phase I of a pricing strategy was implemented. This put a cap on the funding for each support worker, but was individually negotiated with each provider taking their individual circumstances into account. For 16/17, the implementation of Phase II of this strategy is to be implemented. In this the hours worked and the salaries paid to support workers is taken into account and thus ensuring that there will be a consistency across all the provisions based on the cost per support hour, as opposed to the Phase I outcome of consistency in the funding per support worker.

Similarly, the Physical disability and sensory service has been undergoing reviews from a social care and health care perspective and the eligibility of the services being delivered by the SP support staff has become questionable. There are very limited opportunities of the service users moving to a greater degree of independence and there are, realistically, very limited threats to the service users maintaining their tenancies. That being said, there are occasions when the service users can benefit from tenancy support. This intermittent demand for support is more effectively provided via a floating support provision – both in terms of the service to the service user and in terms of cost effectiveness.

**Considered impacts:****Learning Disability Services:**

Based on the experiences of developing the model that was introduced in 2011, the services provided via floating support meets the service users' needs in a more flexible and appropriate manner. From the service users' perspective, it is a better service.

**Physical disability and Sensory disability services:**

The removal of accommodation based support might appear to be a disadvantage to the service users. In reality, there is very little demand for SP eligible services from this client group in their care supported accommodation. As and when tenancy based support is needed, this will be easily, and quickly accessed via the extended floating support provision outlined above.

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Service Provision Title: Gateway assessment and brokerage development	
Service Type: Access to short-term services – developing to a wider range of longer term services and community assets	Client Category: All
Last Yr Units:	Last Yr £:176,000.00
This Yr Units:	This Yr £: £198,000.00
<b>Increase/(decrease) Units: Prevention and Floating support caseloads to be negotiated</b>	<b>Increase: £22,000.00</b>
<p><b>Rationale for proposal</b></p> <p>The MCC Gateway is fundamentally a triage assessment and brokerage service enabling potential service users to be linked to a service that can provide the support they need. An element of the Gateway service also provides primary prevention – ie an ability to help resolve one-off issues that could, if unresolved, result in a housing/tenancy crisis and homelessness, and does so without the need for the service user having to undergo the full assessment/allocation/support plan procedure.</p> <p>It has recently been identified that circa 6% of people receiving SC&amp;H care and support also receive support from SP. As with the introduction of Place-based support workers, there are opportunities for SP to increase the support to the Integrated Services. Ways of making the interaction of SP with SC&amp;H more effective, from a systems perspective, will be developed during the pilot year.</p> <p>At the same time, the range of services and support that the Gateway can refer to will be increased to include, typically, access to community-based support assets, Tackling Poverty initiatives, befriending and activities.</p> <p>The pilot development will also develop working practices that evidence whether it is possible to integrate externally hosted support staff into MCC teams and systems.</p> <p>During 16/17, the re-developed client management system will be implemented – from SPRINT to GENESIS. Ensuring that all providers are adequately trained in the new system will become the responsibility of the Gateway. As a short-term measure, £22,000 will be invested in backfill staffing arrangements to cover the training input to external providers.</p> <p>These proposals have been discussed and agreed in principle, but further discussions are required to develop an appropriate service level agreement.</p>	
<p><b>Considered impacts:</b></p> <p>These proposals for the development of the Gateway service are tenure and protected characteristic neutral. However, if successful, will contribute to people being able to access a wider range of support more easily, and much of this support will not be MCC funded or provided.</p>	

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**EQUALITY IMPACT ASSESSMENT SCREENING FORM / SUSTAINABLE DEVELOPMENT CHECKLIST**

<b>Name of Policy/Service: Supporting People Programme Grant – 2016/17 proposals</b>			
<b>Assessor(s):</b>	<b>Directorate:</b>	<b>Department:</b>	<b>Date assessed:</b>
Chris Robinson	Commissioning	SCH & SP	24 <sup>th</sup> February 2016
<b>Report Author</b>	<b>Date:</b>	<b>Cabinet/Council Date:</b>	
Chris Robinson	24 <sup>th</sup> February 2016	8 <sup>th</sup> March 2016	

**EQUALITY IMPACT ASSESSMENT SCREENING**

**1 Purpose of Policy/Service:**

To supplement the current SP provision with generic floating support and social inclusion support in the 4 pace-based communities in Monmouthshire; to increase the provision of housing based support for young people and care leavers; reducing the resource available to older people floating support; changing accommodation based support for physical and sensory disabilities to floating support

**2 Which groups of people is the policy/service likely to effect (either positive, negative or neutral)?**

	Positive	Negative	Neutral		Positive	Negative	Neutral
Age	X	X		Race	X		
Disability	X	X		Religion or Belief	X		
Gender reassignment	X			Sex	X		
Marriage or civil partnership	X			Sexual Orientation	X		
Pregnancy and maternity	X			Welsh Language			X

**Please explain the nature of the effect:**

Positive: 6 FTE generic floating support workers in the communities increases the accessibility to needs based support – totally tenure and protected characteristic neutral. There is a net increase of 3 FTE workers in the SP programme – ie more support available throughout the County

Negative: Support to older people reduced by 2.5 FTE, however current demand has caused in-year clawbacks of grant – ie provider failed to deliver 70% of contracted hours. Phys & Sens Dis – service users used to accommodation support – replaced by floating support.

**3 Is there any evidence (actual or hypothetical) for a negative impact or discriminatory effect on any group(s)? Please describe adverse effects and tick relevant groups. If no negative impact please state evidence for this conclusion.**

Age		Race	
Disability		Religion or Belief	
Gender reassignment		Sex	
Marriage or civil partnership		Sexual Orientation	
Pregnancy and maternity		Welsh Language	

On the contrary, the evidence is that older people services are over provisioned for the current demand – clawbacks have been implemented in 15/16 when the provider has been unable to deliver at least 70% of contracted demand.

In Phys & Sens Dis, the service users have no realistic potential to be resettled or achieve a higher degree of independence and their SC&H and accommodation arrangements are such that there is no realistic threat of homelessness

**4 Is there any evidence (actual or hypothetical) for a negative impact or discriminatory effect on staff? Please describe adverse effects and tick relevant groups. If no negative impact please state evidence for this conclusion.**

Age		Race	
Disability		Religion or Belief	
Gender reassignment		Sex	
Marriage or civil partnership		Sexual Orientation	
Pregnancy and maternity		Welsh Language	

Implementing the pilot place based services ensures that staff within the older people’s services have alternative employment – without the pilot there would be negotiations to reduce the older people provision to match demand – ie jobs could be lost.

In Phys & Sens dis accommodation based services, the removal of accommodation based support will trigger further negotiations with SC&H. There will be a duty to ensure that appropriate care and support are delivered. The impact from these negotiations will need to be considered in an EqIA at that time



**5 What data has been used for this assessment?**

Provider invoiced hours for older people services; SPPG outcome analysis for period 7 (1 April to 30 September 2015)

**6 Please indicate below whether you consider this policy/service to have a high, medium or low risk as follows:**

	Risk of Inequality		
	High	Medium	Low
Are a large number of people affected?		2	
Is the potential impact significant?			1
Is the scale/cost to the Authority significant?			1
<b>Score</b>	<b>4</b>		

**Scoring**

- 3    Minor    No significant impact    No further action required
- 4 - 6    Medium    Some impact    Further consultation to decide whether full impact assessment is necessary
- 7 - 9    High    Significant impact    Full impact assessment

**7 Is a full equality impact assessment required? A high rating in question 6 will require a full assessment. A medium rating will require, as a first stage, further consultation in order to determine whether a full impact assessment is required**

**No**

The significant increase in generic floating support means that housing based support will be available to more people on a tenure and protected characteristic neutral basis. Any service potentially affected through an apparent reduction of service will be able to access support through this generic resource – hence potential negative impacts are neutral in fact.

**PEOPLE IN MONMOUTHSHIRE BENEFIT FROM AN ENVIRONMENT THAT IS DIVERSE, VIBRANT AND SUSTAINABLE**

<b>Elements</b>	<b>Contribution</b>			<b>Evidence</b>	<b>Ideas for Improvement</b>
<b>What contribution does this make to:</b>	<b>-</b>	<b>0</b>	<b>+</b>		
Reduce, reuse and recycle waste and water		0			
Reduce carbon dioxide emissions by increasing energy efficiency or use of renewable energy		0			
Prevent or reduce pollution of the air, land and water		0			
Protect or enhance wildlife habitats (e.g. trees, hedgerows, open spaces)		0			
Protect or enhance visual appearance of environment		0			
Reduce car and road freight mileage, and encourage public transport, walking and cycling			X	Support closer to the service users	
Have a positive impact on people and places in other countries		0			

**PEOPLE IN MONMOUTHSHIRE LIVE HEALTHY AND FULFILLED LIVES**

<b>Elements</b>	<b>Contribution</b>			<b>Evidence</b>	<b>Ideas for Improvement</b>
<b>What contribution does this make to:</b>	<b>-</b>	<b>0</b>	<b>+</b>		
Ensure that more people have access to healthy food			x	Social inclusion activities to include cooking & budgeting etc	
Improve housing quality and provision			x	Housing and tenancy based support increased across the County	
Reduce ill health			x	Generic floating support linked to integrated SC & H services	
Improve facilities and choice of health care provision			x	Support available to effective listeners in Health service	
Encourage physical activity			x	Social inclusion activities to include physical activities	
Promote independence			x	The basic principle of SPPG – resources increased	

**PEOPLE IN MONMOUTHSHIRE LIVE SAFELY AND ARE PROTECTED FROM HARM**

Elements	Contribution			Evidence	Ideas for Improvement
What contribution does this make to:	-	0	+		
Encourage community participation/action			X	Place-based housing and social inclusion support will impact positively on all these criteria	
Targets socially excluded			X		
Help reduce crime and fear of crime			X		
Improve access to local facilities for all local people, regardless of age, gender, ability etc.			X		

**PEOPLE IN MONMOUTHSHIRE BENEFIT FROM EDUCATION, TRAINING AND SKILLS DEVELOPMENT**

Elements	Contribution			Evidence	Ideas for Improvement
What contribution does this make to:	-	0	+		
Improve access to education and training			X	3 extra support workers to be employed. Youth Transition focused on employment training and education	
Value and support voluntary work			X	The SP resource in the place based communities supports all these criteria	
Increase and improve access to leisure and recreation facilities			X		
Increase and improve access to cultural facilities			X		

**PEOPLE IN MONMOUTHSHIRE BENEFIT FROM AN ECONOMY WHICH IS PROSPEROUS AND SUPPORTS ENTERPRISE AND SUSTAINABLE GROWTH**

Elements	Contribution			Evidence	Ideas for Improvement
What contribution does this make to:	-	0	+		
Protect local shops and services		0			
Link local production with local consumption		0			
Improve environmental awareness of local businesses		0			
Increase employment for local people			x	The 3 extra support staff are likely to be locally employed	
Preserve and enhance local identity and culture		0			
Consider ethical purchasing issues, such as Fairtrade, sustainable timber (FSC logo) etc		0			



<b>Spend Plan collection period</b>			2016/17	
<b>Regional Collaborative Committee:</b>		Gwent		
<b>Local Authority:</b>		Monmouthshire		
<b>SPPG Annual Allocation:</b>		2,039,175.00		
			<b>Fixed</b>	
			<b>Client Units</b>	<b>Less than 6 Months</b>
<b>Client Spend Category (The category to which the service is primarily focused)</b>	<b>Previous year Total units from spend plan</b>	<b>Previous year Total cost from spend plan</b>	<b>Numbers</b>	<b>£</b>
Women experiencing Domestic Abuse	15	192,960.00	5	102,960
Men experiencing Domestic Abuse	0	0.00		
People with Learning Disabilities	31	221,119.00		
People with Mental health Issues	50	302,400.00		
People with Substance Misuse Issues (Alcohol)	0	0.00		
People with Substance Misuse Issues (Drugs and Volatile substances)	0	0.00		
People with Criminal Offending History	1	6,670.00		
People with Refugee Status	0	0.00		
People with Physical and/or Sensory Disabilities	6	43,926.00		
People with Developmental Disorders (I.e. Autism.)	0	0.00		
People with Chronic Illnesses (including HIV, Aids)	0	0.00		
Young People who are Care Leavers	0	0.00		
Young People with Support Needs (16-24)	39	232,774.00	21	154,800
Single parent Families with Support needs	0	0.00		
Families with Support Needs	2	25,000.00		
Single people with Support Needs not listed above (25-54)	0	0.00		
People over 55 years of age with Support needs (this category must be exclusive of alarm services).	582	254,482.65		
Generic Floating support to prevent homelessness (tenancy support services which cover a range of user needs but which must be exclusive of fixed site support)	124	707,535.00		
Alarm Services (including in sheltered/extra care)	2,283	52,308.00		
Expenditure which does not directly link to the spend plan categories above. (Explanation required in accompanying email).	0	0.00		
<b>TOTALS</b>	<b>3,133</b>	<b>2,039,174.65</b>	<b>26</b>	<b>257,760</b>


Service Type						
Fixed Site (Accommodation Based)				Floating (Com)		
Client Units	6 to 24 Months	Client Units	24 Months plus	Client Units	Less than 6 Months	Client Units
Numbers	£	Numbers	£	Numbers	£	Numbers
						20
		0	0			
						50
				1	6,670	
		0	0			
						5
				21	71,601	
						2
				35	243,000	170
0	0	0	0	57	321,271	247

Community Based)			Local Authority contribution	Other Income	Total Units (exc LA cont)	Total (exc LA cont)
6 to 24 Months	Client Units	24 Months plus				
£	Numbers	£	£	£	Numbers	£
114,255					25	217,215
					0	0
	0	0			0	0
286,200					50	286,200
					0	0
					0	0
					1	6,670
					0	0
					0	0
					0	0
25,000					5	25,000
					42	226,401
					0	0
27,000					2	27,000
					0	0
	73	160,803		18,071	73	160,803
639,590	30	145,800			235	1,028,390
	2,302	61,496		5,067	2,302	61,496
					0	0
<b>1,092,045</b>	<b>2,405</b>	<b>368,099</b>	<b>0</b>	<b>23,138</b>	<b>2,735</b>	<b>2,039,175</b>

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monmouthshire  
sir fynwy

# Supporting People Local Commissioning Plan

# 2015 - 2017



Supporting Independence in Gwent  
Cefnogi Annibyniaeth yng Ngwent

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# Introduction

Supporting People (SP) is a Welsh Government funded programme that provides housing related support to vulnerable people. The programme aims to help the vulnerable to achieve and maintain the highest levels of independence possible through a range of services.

The SP programme in Monmouthshire involves funding from Welsh Government of £2.17m and supports approximately 2,200 people at any time. Following a recent review of the SP programme by Welsh Government, a new funding regime was implemented in August 2012 – Supporting People Programme Grant (SPPG).

The purpose of SPPG funding remains consistent with the original SP principles. However, prevention of homelessness, exclusion, isolation, and institutionalisation and intervention to reduce crime and the resultant effects of housing crises in people's lives are the developing ethos of SPPG.

Since the 2013-16 plan was developed, Welsh Government announced that funding would be cut (potentially by up to 10%), but subsequently mitigated the impact of this and for 2014/15 the indicative funding now remains the same. Indicative funding for 2015/16 suggests a reduction in funding of circa 1%.

This Local Commissioning Plan will:

- In the short-term – address weaknesses and inequalities in the range and scope of the services.
- Ensure that a more comprehensive use is made of the data that has been collated during SPPG's implementation year.
- Focus a comprehensive spending review on key areas of potential change in services from 2015 onwards.
- Ensure that funding and service provision decisions have a robustness in terms of equalities and fair access.

**Typically, SP services can include supported housing such as shared or independent living, homelessness hostels and domestic abuse refuges; Floating support into people's homes, with or without specialist support focused on the needs of the elderly, those with learning disabilities or mental health issues or those living with substance or alcohol abuse; and technological assistive solutions – TeleCare and Community Alarms**

## Strategic Priorities

The Supporting People programme is one of the most cross-cutting initiatives ever created by central government and has links with a number of national and local strategies, plans and agendas. These include the Welsh Government's ten-year Homelessness Plan, Health Social Care and Wellbeing Strategy, Strategy for Older People in Wales, Housing Strategy, Reducing Re-offending Strategy (with National Offender Management Service), Fulfilled Lives – Supportive Communities, Children and Young People's Plan, and Domestic Abuse, Substance Misuse, Autism and Mental Health strategies.

Monmouthshire County Council has developed its Single Integrated Plan (SIP). SP's cross-issue/initiative contribution has been incorporated into the SIP, and the programme will seek to support the SIP objectives

### National Priorities

#### **Supporting People Programme Grant Guidance (Wales) July 2012**

An independent review of the SP programme was commissioned by Welsh Government in 2009. Sir Mansel Aylward's review was published in November 2010. There were 25 wide ranging recommendations presented and these have been developed through a workstream process to implementation in August 2012.

[www.wales.gov.uk/topics/housingandcommunity/housing/supportingpeople/publications/finalreport/?lang=en](http://www.wales.gov.uk/topics/housingandcommunity/housing/supportingpeople/publications/finalreport/?lang=en)

The new delivery structure includes an SP National Advisory Board (SPNAB) that advises the Minister for Housing, Regeneration and Heritage, ensuring that the programme is focused and effectively used to meet the housing support needs of the vulnerable in Wales.

SPNAB is supported by 6 Regional Collaborative Committees (RCC) whose aim is to provide advice to Local Authorities and, through SPNAB, to Welsh Ministers. Each RCC is required to develop a regional commissioning plan, which takes into consideration the local plans agreed by the local authorities. To ensure that the RCC can make considered and proportionate recommendations, membership has been set up to include Local Authority Cabinet Members (or delegated Officials), Health, Probation, Support providers, service user representation, and appropriate Local Authority Officers.

The new guidance implemented SPPG funding from 1 August 2012. Within the Gwent RCC, Monmouthshire is the only Local Authority that has to manage a funding reduction, which was proactively addressed in advance of the cuts and enabled interim contracts to be offered to the service providers at status quo levels of funding under SPPG.

## **The Housing White Paper – Homes for Wales**

Consultation on these proposals has been concluded. The focus is on three key areas:

- Increasing the supply of housing and improving the accessibility to the private rented sector.
- Preventing homelessness and improving the help available to those who have become homeless.
- End family homelessness by 2019

The White Paper acknowledges the significant contribution that SP has, and can in the future, make to preventing homelessness, intervening in times of crisis, and working with people to achieve longer-term positive outcomes. SP is further seen as a positive contributory factor in increasing private landlords' confidence in making stock available to the vulnerable and the opportunities to develop family related services will be pivotal in achieving the 2019 target.

In recognising the significant contribution that SP can make towards the vulnerable's health and wellbeing, it also appreciates that SP services will need to be developed, or remodelled, to address the changing challenges. Not least amongst these will be the duty to provide interim accommodation to households whilst a housing solution is being sought and the need to support people where welfare reform will have a significant impact.

## **Social Services (Wales) Bill**

Again, consultation has been concluded. There are 6 strategic priorities outlined in the Bill and focus on:

- Maintaining and enhancing the wellbeing of people in need
- Enabling citizens to have stronger and real control over their lives.
- Stronger direction and local accountability
- Safeguarding and protection
- Regulation and inspection
- Adoption and transition services

The Bill recognises the increasing numbers of people accessing social services and the need therefore to increase the focus on prevention and early intervention. There is a duty for local authorities to maintain and enhance the wellbeing of people in need in areas such as education, training and recreation, social and economic wellbeing and physical, mental health and emotional wellbeing.

In appreciating the importance of housing in people's overall health and wellbeing, the contribution that SP can, and will make to these priorities has not been underestimated.

## The Equality Act 2010

The Act places obligations on Public Bodies to give due regard to nine protected characteristics in their decision making processes. In order to make proportionate and considered decisions, the assessment of impacts needs to be considered. This in turn implies a requirement to research and consult with those potentially affected by proposed actions.

The SP programme is, to some considerable extent, based on legacy services that pre-existed the implementation of SP in 2003. There will be a need to more fully understand the range and scope of the needs of vulnerable people in Monmouthshire to enable fully considered commissioning decisions to be made in the future. To this end, a comprehensive review of needs and services will have to be completed during the transition period of the SPPG programme.

## Local Priorities

### Single Integrated Plan

Supporting People will be a contributory delivery programme within the Plan that has been developed and consulted upon within the County. The Local Service Board partnership structure model builds on the importance of integrated commissioning, engagement and needs mapping. The SP programme will develop its integration into all elements of the structure.

**Nobody is Left Behind:** we want to be a place of cohesive communities where everybody is treated with dignity and respect and has the same opportunity to achieve what they wish.

**People are Confident, Capable and Involved:** we want Monmouthshire to feel safe and people to be confident. We want to create a place where people want to be involved; they are confident in themselves and their abilities and what they contribute to their own community.

**Our County Thrives:** we want our county to thrive which includes the economy that supports our communities and families to live a good life. It also means that our environment, its range of habitats and biodiversity thrives.



## The Director's Annual Report, 2012. – Transforming Social Care in Monmouthshire

The annual Director's report outlines three key themes:

- Changing practices – changing lives
- Safeguarding People
- Working with and through others



From these themes 6 priorities are developed:-

- **Focusing on families:** SP services already provide support to families in crisis, through the Family Intervention Project and Domestic Abuse Refuge. Further support is provided through the generic and specialist floating support services. The appropriate level of investment into these services will need to be re-assessed.
- **Doing what matters:** a comprehensive review of the needs and services available to the vulnerable in Monmouthshire will identify what matters and the services that need to be commissioned to address them. In order that more informed decisions can be made, the development of cost-benefit modelling, social and economic impact assessments and evidenced equality impact assessments will be undertaken during the transition period.
- **Finding Integrated solutions:** SP has already been incorporated into the Social Care and Health commissioning structure. It will thus be integrated into the partnership and collaboration, transformational and quality assurance and contracting approaches, linking with, and supporting initiatives within this and other directorates.
- **Strengthening Communities:** The directorate is currently exploring the potential of Local Area Coordination (LAC). This community focused initiative will provide an opportunity for SP to develop support where it is most needed and in the most appropriate and innovative way. Whilst the LAC approach will address a wide range of needs and solutions, by its nature, a proportion of these will be housing related. SP will therefore, as resources become available, support this initiative.
- **Building new safeguarding and protecting systems:** Following the review of all interim SPPG services and contracts, the longer-term contractual and monitoring arrangements will include a strengthening of obligations under safeguarding and protection requirements..
- **Developing our people:** In line with local authorities' challenge to 'do more with less'; SP will need to develop its systems, and the skills within the teams, to manage its contracts more effectively. The focus must be on reducing the administrative burden on the teams and the providers, making contract management more reflective of risk as informed by collating meaningful intelligence.

**Supporting People Programme Grant**

Monmouthshire's SP programme has to be delivered within Welsh Government's indicative funding predictions and based on a new distribution formula:

For 2012/13, Monmouthshire's SP funding was cut by 2.19%. With prior notice of these cuts, it was possible to manage the situation so that it was possible to offer all SP providers in Monmouthshire new, interim, SPPG contracts at status quo, or pre-agreed levels.

During 2013, cuts to the SPPG funding were announced and likely to be of the 7%-10% order. At that time a 'conservative' approach was taken in respect of the un-committed funds within the SP budget. It made little sense to allocate the funding only to have to cut it the following year.

However, Welsh Government was subsequently able to mitigate the impact of the cuts. The indicative funding for Monmouthshire for 2014/15 remaining at 2013/14 levels with an indicative reduction of circa 1% in 2015/16.

### **SPPG Distribution Formula**

This is based upon:

- Welsh Index of Multiple Deprivation (WIMD) [20%];
- Social Fragmentation Index (SFI) [20%];
- Number of people in receipt of at least the middle rate of the care component of Disability Living Allowance (DLA) [10%];
- Age structure of the population (the proportion of older people living alone) [20%];
- Local measures of homeless people [30%];

As the funding intentions became clear during the latter part of 2013, complying with the funding conditions became an increasing challenge. The uncommitted funding had to be allocated and utilised during the 2013/14 financial year.

Fortunately, some innovative work had been undertaken in analysing the outcome data in terms of distance travelled by the service users. This enabled a better appreciation of the inequalities of access to services, the effectiveness of the range of services, and the complexities of need of the client groups. Thus, the uncommitted funds were utilised to address issues that these analyses had highlighted – actions being effectively equality impact driven.

An analysis of the funding allocation to the range of 19 client categorisations in Monmouthshire and Pan-Gwent, suggests that the Ayelward recommendation that funding should be based on need has, as yet, not been met. It is likely that for some protected characteristics a postcode lottery exists within Monmouthshire, Gwent and Nationally – a driver for the comprehensive review.



# Needs, Supply and Service Gaps

## Profiling and Assessing the Needs

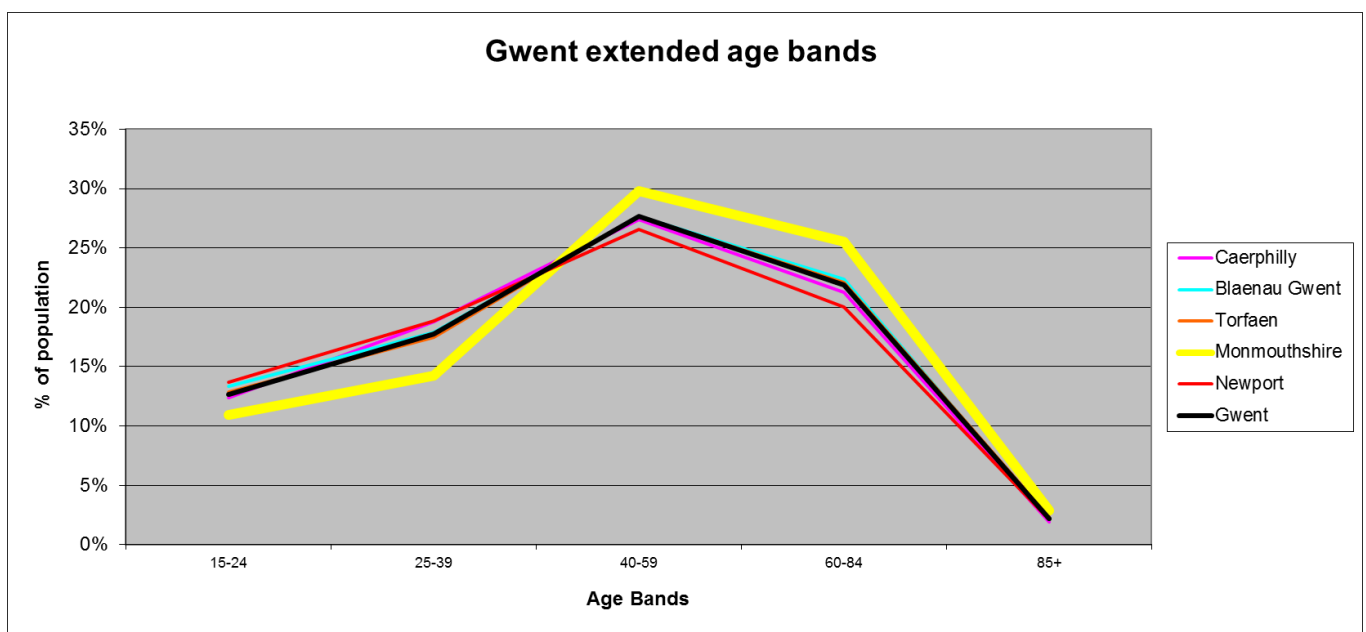
The process of gathering the needs data and profiling the gaps comes from a wide range of services, some of these are:

- Gwent Needs Mapping Exercise
- Departments within MCC
- Needs Gathering Days
- Census information
- Daffodil Cymru Website
- Wales Data Unit
- Project proposals
- Quarterly Monitoring Questionnaire's
- Providers
- Outcome monitoring

It is essential that Monmouthshire Supporting People (MSP) map Monmouthshire's current provision of services efficiently in order to give a clearer picture of the future demand.

## Supply of Current Service's

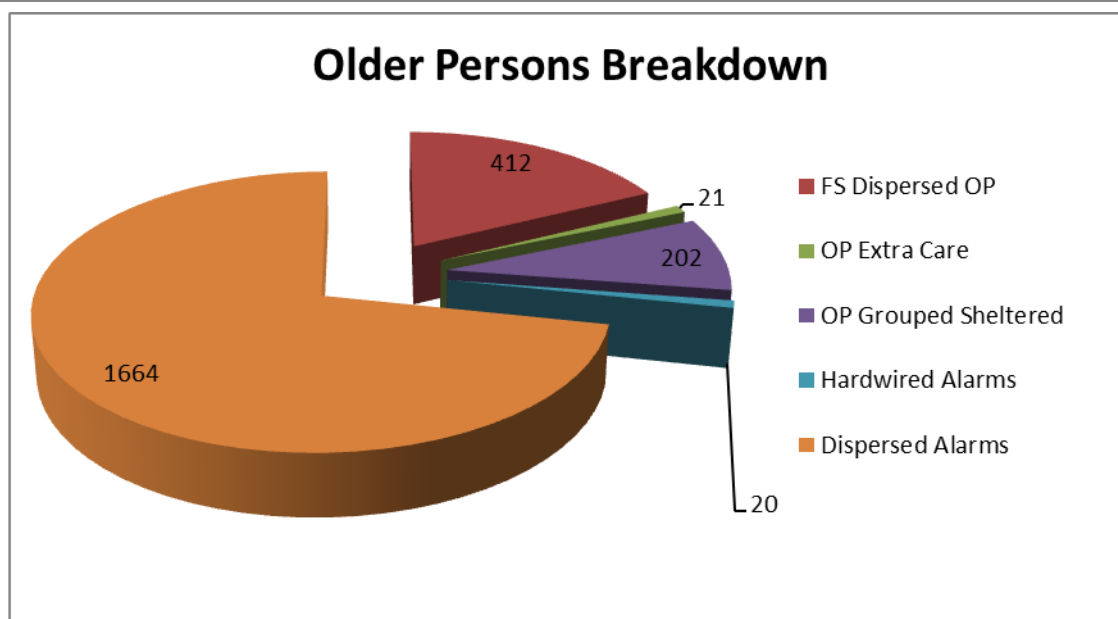
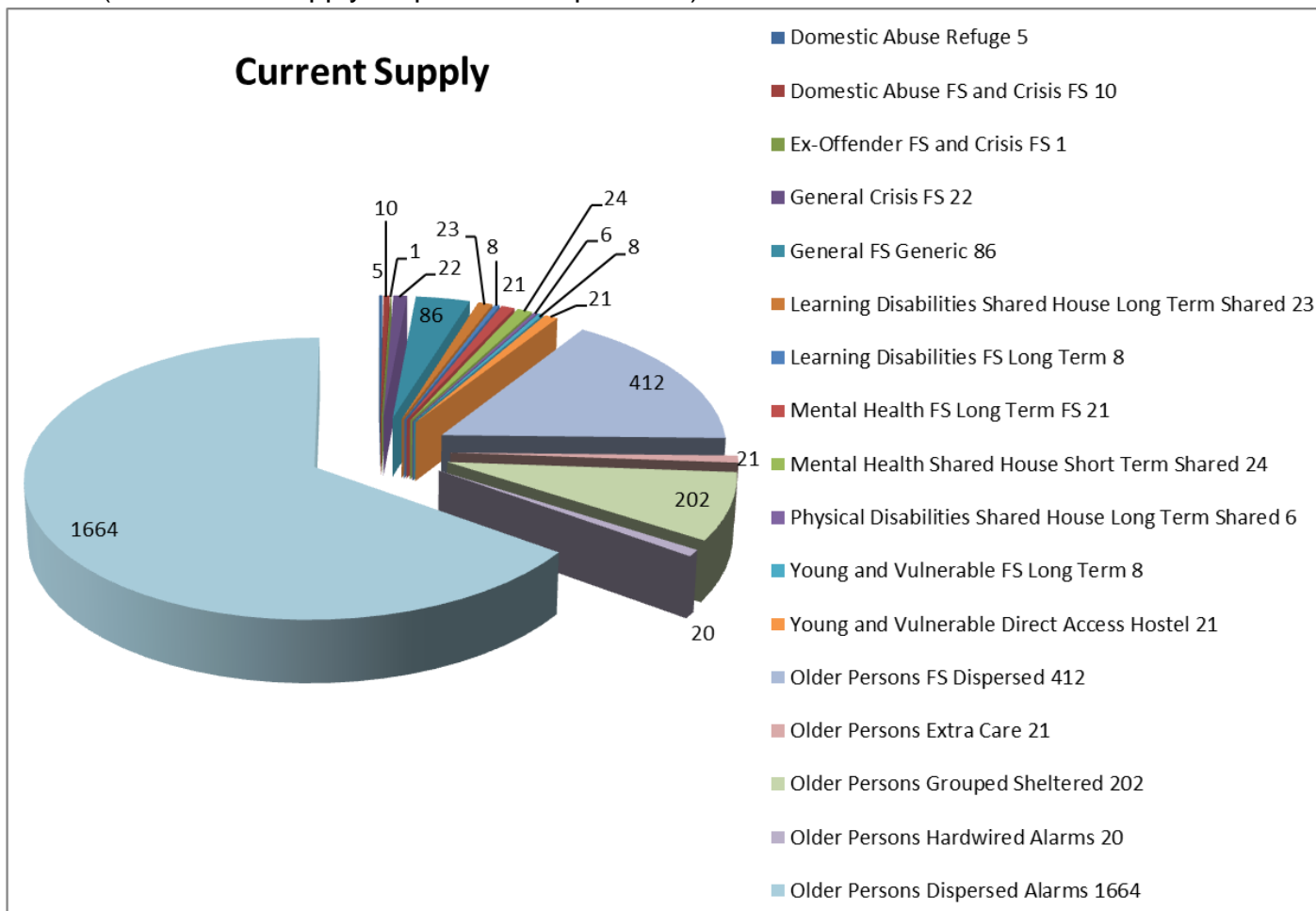
The Supporting People programme in Monmouthshire supports a total of 2556 units as at 1<sup>st</sup> April 2013. Monmouthshire is a rural aging county with 46% of the population being over the age of 55 (Daffodil Cymru). As can be seen from the chart below, Monmouthshire has a significantly older population than other Gwent local authorities. This will need to be reflected in the services provided.



Monmouthshire's Supporting People (MSP) current provision caters for an aging population; Older Persons Services currently hold 90% of the supply in terms of

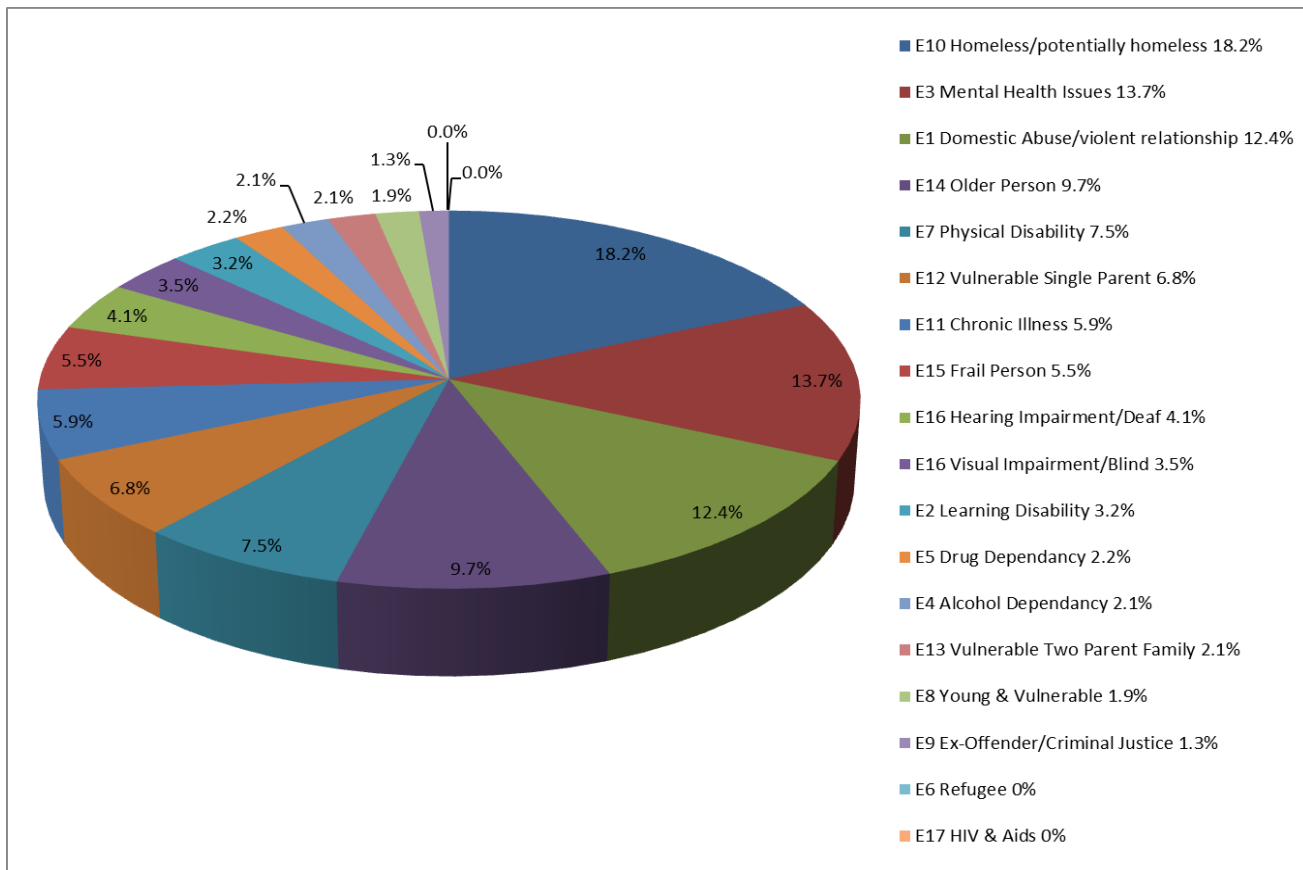
service users - the majority of this being alarms with 1664 units. However, Older Persons only represent 63% of those accessing SP services. This reflects the longer term nature of the Older Persons services and the lower turnover rate of these.

(Taken from Supply Map as of 1<sup>st</sup> April 2013)

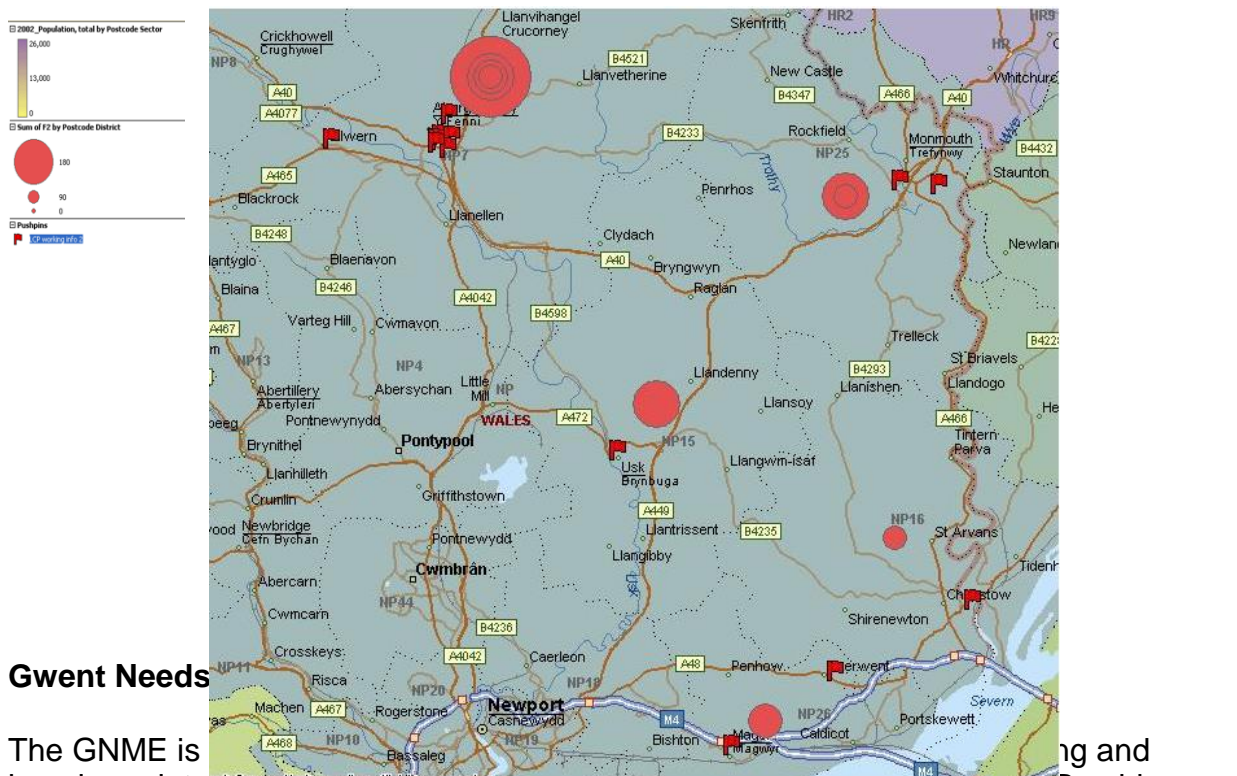


Excluding Older Persons, MSP's budget is mainly directed towards a 'Generic' Client group with 29% of the throughput being generic, followed by Young Persons (2.3% throughput) and Domestic Abuse (2.1% throughput).

## All Needs Identified by Current Clients through GNME



The supply is fairly well distributed across the County, however because of the North / South divide some services are only in one particular area and this may need to be re-assessed.



and other agencies working with vulnerable people to complete on a continuous basis. MSP use this data to help plan for future service commissioning developments.

### GNME Data from 1<sup>st</sup> April 2012 – 31<sup>st</sup> March 2013

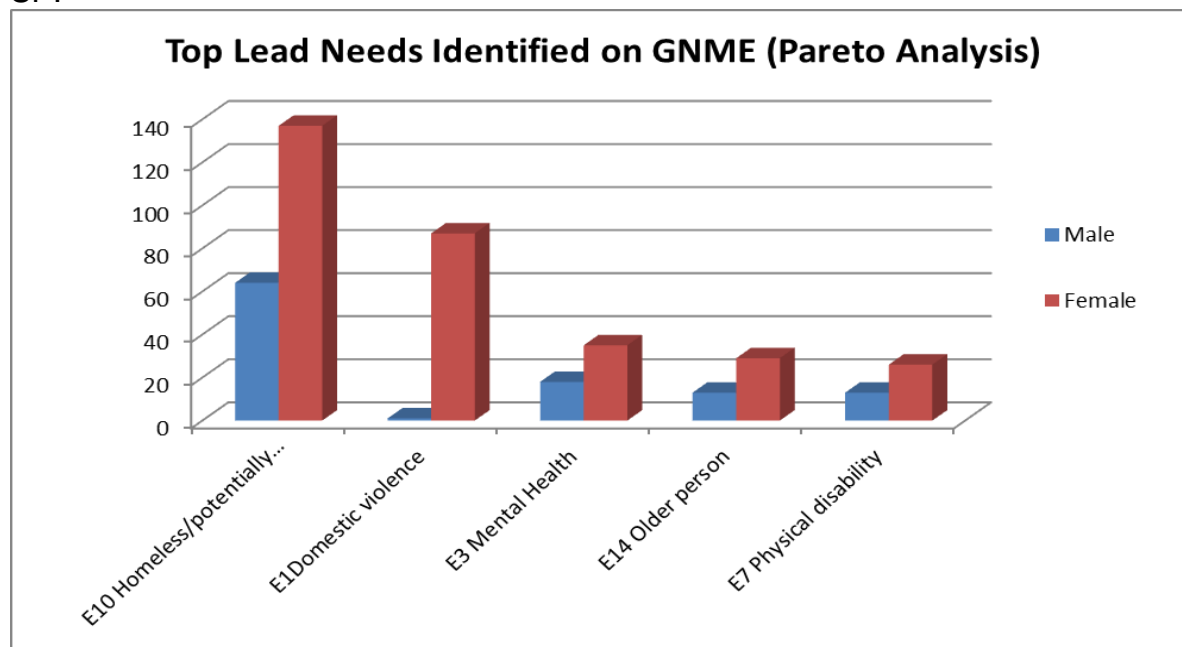
A total of 568 GNME's were completed during the above period (please note not all questions were completed).

	Male	Female	Other	Total
Under 16	0	0	0	0
16/17	1	1	0	2
18-24	20	85	0	105
25-39	40	83	0	123
40-59	40	117	0	157
60+	41	106	0	147
Total	142	392	0	534

As highlighted in the above table the number of returns for males and females varies greatly. This may be an indication that MSP provides more support to women than it does to men. Whilst MSP remains sure that access to SP services is fair, some work will have to be done to mitigate the impact that gender has on utilisation of services.

The data from the GNME shows that the main need within Monmouthshire is Homelessness. However, it clear from the Outcome Monitoring data, that Homelessness is but a symptom of a complex range of needs and vulnerabilities.

Data from the GNME's can be very subjective depending on how many forms each provider returns. Outcome monitoring data will increasingly become the data driver for SP.



The above chart highlights the top 'Lead Needs' identified through the GNME data. As shown in our current supply the highest percentage of funding is going towards these lead need groups. Homelessness is mainly covered under 'Generic' funding.

Evidence of returns shows our services focus on high needs:

Percentage of returns:		Average Level of need:	
E10 Homeless/potentially homeless	40%	E13 Vulnerable Two Parent Family	8.7
E3 Mental Health Issues	30%	E10 Homeless/potentially homeless	8.6
E1 Domestic Abuse/violent relationship	27%	E1 Domestic Abuse/violent relationship	8.1
E14 Older Person	21%	E12 Vulnerable Single Parent	7.9
E7 Physical Disability	16%	E11 Chronic Illness	7.7
E12 Vulnerable Single Parent	15%	E5 Drug Dependency	7.7
E11 Chronic Illness	13%	E3 Mental Health Issues	7.6
E15 Frail Person	12%	E9 Ex-Offender/Criminal Justice	7.5
E16 Hearing Impairment/Deaf	9%	E4 Alcohol Dependency	7.5
E16 Visual Impairment/Blind	8%	E8 Young & Vulnerable	7.2
E2 Learning Disability	7%	E7 Physical Disability	6.9
E5 Drug Dependency	5%	E16 Visual Impairment/Blind	6.9
E4 Alcohol Dependency	5%	E14 Older Person	6.8
E13 Vulnerable Two Parent Family	5%	E15 Frail Person	6.7
E8 Young & Vulnerable	4%	E2 Learning Disability	6.3
E9 Ex-Offender/Criminal Justice	3%	E16 Hearing Impairment/Deaf	5.9
E17 HIV & Aids	0%	E17 HIV & Aids	0.0
E6 Refugee	0%	E16 Refugee	0.0

Evidence from the GNME highlights men and women have similar unmet needs for 'Housing Related Support'. The top four largest unmet needs for both men and women are; advice, advocacy and liaison; budgeting/managing finance/managing debt; benefit claims; and help finding other accommodation.

Male	Need
Setting up/maintaining a home	43.2%
Advice, advocacy and liaison with other agencies	42.5%
Budgeting/managing finances/debt management	40.4%
Benefit claims	39.0%
Finding other accommodation	35.6%
Access to services	28.8%
Monitoring health and well-being	28.1%
Emotional support/counselling	26.7%
Social skills/confidence	26.0%
Domestic and practical living skills	23.3%
Social contacts and activities	21.2%
Personal safety/security	18.5%
Managing behaviour/attitude	17.8%
Peer support and befriending	15.8%
Arranging services	15.1%
Community alarm services	5.5%
Assistive technology e.g. tele-care, tele-health etc	1.4%
Other	1.4%

Female	Need
Advice, advocacy and liaison with other agencies	50.4%
Emotional support/counselling	45.5%
Budgeting/managing finances/debt management	39.9%
Finding other accommodation	37.2%
Benefit claims	33.8%
Personal safety/security	31.1%
Setting up/maintaining a home	29.0%
Monitoring health and well-being	27.5%
Social skills/confidence	26.0%
Social contacts and activities	24.6%
Access to services	21.4%
Peer support and befriending	16.8%
Domestic and practical living skills	15.3%
Arranging services	10.7%
Managing behaviour/attitude	5.8%
Community alarm services	3.6%
Other	2.2%
Assistive technology e.g. tele-care, tele-health etc	1.5%

Help 'Setting up and Maintaining a Home' was also highlighted as a need by 43.2% of males. Whilst 45.5% of females highlighted a need for 'Emotional Support and Counselling'.

## Service Gaps

Monmouthshire has no dedicated housing related support units for a range of client groups. (listed below)

- People with Alcohol issues
- People with substance misuse issues
- People with refugee status
- People with development disorders
- People with chronic illnesses
- Young people who are care leavers
- Single families with support needs
- Single People with Support Needs (25-54)

However, the generic floating support service has been analysed in terms of the needs it actually supports. Generic floating support works with the issues listed in the table and circa 39% of the funding budget is applied to this support.

<b>Support Categories supported in Generic Floating Support</b>	
Mental Health Issues	22.9%
Vulnerable Single parent	17.3%
Drug/Substance Misuse	12.6%
Young & Vulnerable	8.9%
Domestic Abuse	7.2%
Physical Mobility Issues	7.1%
Frail Persons	5.5%
Criminal Justice Issues	4.3%
Alcohol Dependency	3.7%
Vulnerable Two Parent Families	3.1%
Learning Difficulties	2.7%
Older Persons	2.4%
Chronic Illness	1.7%
ASD Asperger's	0.5%

## Outcome Monitoring evidence

Outcome monitoring in SP services was implemented in 2012. Monmouthshire is the first local authority to undertake an in-depth analysis of this data, the headline conclusions being:

- Enabling older people to feel safer in their homes proves to be the most challenging outcome to achieve.
- There is an under-provision for younger people, especially for care leavers.
- Generic floating support is effective at providing services across a wide range of needs and vulnerabilities,
- Family support is under resourced.
- Positive action needs to be taken to ensure equality of access to service for men.
- Lessons need to be learned to ensure that men achieve outcomes at the same rate as women.
- Addressing issues highlighted in the outcome monitoring analyses is unlikely to compromise plans developed in the comprehensive review.

## Consultation evidence

### Supporting People Planning Surgery

Monmouthshire held a planning surgery to consult with providers and support agencies/partners regarding our current provision and service gaps. This was very well attended and all the information gathered helps influence MSP with the planning process and potential development of services.

The Planning Surgery consisted of attendees were asked the below questions across all client groups:

- What needs are not currently being met locally?
- What new services are needed locally?
- What equality issues need to be taken into account?

Attendees highlighted the below:

Client Groups	Outcomes from Planning Day
Domestic Abuse (E1)	More Services in South of County
Domestic Abuse (E1)	Complex Needs
Learning Disabilities (E2)	Transition Services for 16-25
Learning Disabilities (E2)	Housing Support e.g. Improving Skills
Mental Health (E3)	SL Dementia Care – early Onset 55+
Alcohol Issues (E4) & Drug Issues (E5)	Wet House
Physical Disability (E7) & Sensory Impairment (E16)	Transition Services for 16-25 / Floating Support
Young and Vulnerable (E8)	Care Leavers Accommodation
Young and Vulnerable (E8)	Floating Support Young People
Ex –offenders (E9)	MCC currently only has 1 unit – further needed
Homelessness (E10)	Welfare reform / Home Affordability
Homelessness (E10)	Expansion of low level services / Gateway
Vulnerable Single Parents (E12) & Two-Parent Families (E13)	Mother and Toddler – Transition from pregnancy through to toddler
Older Persons (E14) and Frail Elderly (E15)	Dementia Care – early Onset 55+
Older Persons (E14) and Frail Elderly (E15)	Befriending Service
Older Persons (E14) and Frail Elderly (E15)	New ES units in Monmouthshire

### Supporting People Provider Forum

Monmouthshire recently held a provider forum to consult with providers and support agencies/partners about the proposed cuts to the Supporting People budget.

To start the day a brief presentation was given on the budget cuts and an update of what Monmouthshire was doing in preparation. Providers were asked to give feedback on using the Prioritisation Matrix as a tool for distributing the cuts and as a brief exercise were also asked how they thought the cuts should be distributed.

The event was well attended by Monmouthshire's providers and the re-establishing of the forum was welcomed by all those in attendance. The information gained from the day will help MSP plan for the cuts. Providers at the forum gave their support for the way MSP proposed to handle these cuts.

Whilst there was the threat of immediate cuts, providers appeared enthusiastic to take a collaborative approach to achieving business/financial efficiencies. This enthusiasm needs to be nurtured in the future – to help manage the indicative cuts in 2015/16 and to generate funding that can be used to address the highlighted priorities.

### **Monmouthshire Planning Group**

As well as re-establishing the Provider Forum, Monmouthshire has also re-established the Supporting People Planning Group. This group aims to bring together a range of skills, knowledge and experience from within our stakeholders.

The Planning Group has agreed that it should oversee the development of the comprehensive spending review project and that it should have a significant input to the detail and evidence within the review.

### **Service User Involvement**

During the review of SP services Monmouthshire held four service user coffee mornings across the county. The aim of these coffee mornings was to gain feedback about our services from those who use them. The events were attended by a cross section of service users. The feedback from this day will be fed into the service reviews.

Currently Gwent is in the process of creating a Gwent Service User Involvement Framework. This document will act as a strategy for effective service user involvement within the commissioned schemes. It will be used as a tool by the SP teams and providers to plan and organise service user involvement. Ultimately the framework will enable the voices of those people that use our services to be heard with the following basic principles;

- Service users have the right to be heard
- Service users have something unique and interesting to say about the services they use
- Service user involvement should be meaningful and not tokenistic
- There should be equality of opportunity for service user involvement

MSP will develop its own Service User Involvement Strategy, which will be in line with the Regional plans.

The Gwent SP Teams have agreed to consider funding a regional officer post to drive forward engagement and ensure service users are at the centre of SP planning, commissioning and delivery, if this is requirement of service users.



## Priorities for Development

### Local Priorities

Monmouthshire has developed 6 headline priorities, and consultation of these has been approved by the Directorate Management Team and partner agencies. These are not specifically based on Supporting people defined client groups but cover what MSP have identified as the main areas that are in need of development.

Supporting People's working strategic priorities:

1. Helping mitigate the impact of welfare reform
2. Supporting transition to independence in young adulthood
3. Addressing the complex needs of ex-offenders
4. Helping mitigate the impacts of early on-set dementia
5. Taking a regional lead in gender-based violence services
6. Develop a fit for purpose client and performance management system

Following on from the Planning Surgery, MSP asked providers to submit detailed project proposals outlining the strategic context and evidence of need for the project proposal. This was the first year of requesting this and subsequently 15 proposals were received from 10 different agencies. The project proposals that MSP received reflect the main strategic priorities (as detailed in Section 6).

Realistically, the opportunities to address priorities 1-5 are limited in a status quo funding environment. However, they will be given due consideration in the development of the Local Commissioning Plan following the comprehensive spending review.

In the short-term, in which less than 3% of the funding budget is available for priorities, the outcome monitoring in-depth analysis has provided a range of options by which the overall service can be significantly improved. These are discussed under the Equality Impact Assessment as mitigating and positive actions that have already been taken.

During 2013/14, the authority approved and started to implement a pilot programme of Community Coordination (based on the Local Area Coordination model). This is the only Social Care and Health provision with the same range of client groups as SP and with outcome targets that are easily recognisable within the SP outcome framework.

The opportunity to part fund this initiative was taken in 2013 with the aim of achieving a better understanding of the needs within the community, the range of support services within the community (formal and informal), and how Co-Production can work at community level, whilst, at the same time, helping some citizens to achieve SP related outcomes.

Both the First Minister, in May 2013 in respect of the Social Services and Well-being (Wales) Bill and the Williams Commission in 2014, make reference to the importance of Co-Production in the future development of services. Therefore, depending on the progress and achievements of this initiative, it is likely that Community Co-Production may become a significant driver in funding allocation in the future. This possibility will be considered in the comprehensive review, although at that time, it is unlikely that the full impact of the initiative will have been assessed.

## **Regional Priorities**

At this stage, discussion with the RCC and SP officers group suggests that the regional priorities we have a mutual commitment to are:

- To achieve some regionally-based economies of scale
- To develop a robust contract and performance data management system
- Service User Involvement

Achieving regionally-based economies of scale is crucial if Monmouthshire is to develop uncommitted funding with which to achieve other priorities. There are, in particular, four providers with a significant Pan-Gwent involvement with individual contracts with three or more local authorities. The SP teams will work collaboratively to review these contracts on a region-wide basis – building into contracts the principles that improve flexibility from both the providers' and commissioning perspectives and that achieve improved value for money. It is from this initiative that uncommitted funding can be generated with which to address other, local, priorities.

Within SP, there are 3 basic performance data management processes – Needs Mapping, Outcome Monitoring and Quarterly Performance. As yet, Welsh Government has been unable to fund/implement consistent methodologies for these processes. In an ad hoc fashion, Local Authorities have developed their own solutions. Most recently, many Authorities have started to use SNAP survey on-line technology to collate information. At this time, 3 independent processes are available. Monmouthshire will implement these as an interim measure but following a systems-based analysis of the data needs, will develop with SNAP a singular system, based on client management histories, that is able to output the requirements for the current 3 independent processes.

In implementing the comprehensive service review, the importance of developing more effective service user involvement was incorporated into the project specification. Monmouthshire will be actively involved with the RCC's task and finish group which is tasked with devising and implementing plans to improve the effectiveness of involvement in Gwent. The RCC has recently appreciated the need to build on small, successful, initiatives rather than trying to resolve all the challenges across all the characteristics across all of Gwent, and all at the same time.

## Service Development

Project Proposals received following the planning days:

Client Group	Generic	
<b>Current Provision</b>	72 Unit General Floating Support 16 Units Low level Floating Support	
Service Model	Approximate Cost	Need Gap identified by:
Housing Support for clients in Temporary accommodation	£31,545	Housing Options Manager – B&B accommodation evidence
Family Intervention Project	£33,700	National and Local. Current project with increasing demand.
Home Affordability Service for homes registered within Monmouthshire Homesearch.	£31,545	Local evidence from provider and new welfare reform.

Client Group	Learning Disabilities	
<b>Current Provision</b>	23 Units Shared House 8 Units Floating Support	
Service Model	Approximate Cost	Need Gap identified by:
Asperger's Project that creates a person centred pathway that supports people 16+	£36,000	Commissioning Manager,

Client Group	Young Persons	
<b>Current Provision</b>	21 Units Direct Access Hostel 8 Units Floating Support	
Service Model	Approximate Cost	Need Gap identified by:
To engage with young people who are 16-25, who are currently homeless or at risk of becoming homeless. Tailored programme of work.	£27,545	Post 16 steering group
Transition project for Young People in care or leaving care post 16+	£160,340	Children's services team manager
Young Mums Support Service	£33,700	Local evidence provided by local provider.

Client Group	Domestic Abuse
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<b>Current Provision</b>	10 Units Floating Support 5 Units Specialist Refuge	
<b>Service Model</b>	<b>Approximate Cost</b>	<b>Need Gap identified by:</b>
Move on Project – Resettlement Support and Homeless Prevention: Freedom Programme	£55,225	National and Local evidence provided by service provider
Specialist Complex Needs 24hr Women’s Refuge	£165,962.50	National and Local evidence provided by service provider
Crisis Floating Support Service	£151,150	Gwent Pilot group findings ‘Modernising Housing Services for those Experiencing Domestic Abuse’
24hours Specialist Refuge	£193,386	Gwent Pilot group findings ‘Modernising Housing Services for those Experiencing Domestic Abuse’

<b>Client Group</b>	<b>Mental Health</b>	
<b>Current Provision</b>	21 Units Floating Support 24 Units Shared House	
<b>Service Model</b>	<b>Approximate Cost</b>	<b>Need Gap identified by:</b>
Early Onset dementia Supported Housing Project	£153,384.94	Commissioning Manager, Demand for local dementia services.
Perinatal Support Project for women at risk of post-natal depression and with pre-existing Mental Health problems	£24,910	National and Local evidence provided by provider,

<b>Client Group</b>	<b>Older Persons</b>	
<b>Current Provision</b>	416 Units Floating Support 21 Units Extra Care 202 Units Grouped Sheltered 36 Hardwire Alarms 1800 Dispersed Alarm	
<b>Service Model</b>	<b>Approximate Cost</b>	<b>Need Gap identified by:</b>
24 ‘Homes for Life’ Almshouse Flats	£7,979	Evidence provided by Chief Executive of provider.

<b>Client Group</b>	<b>Sensory Impairments</b>	
<b>Current Provision</b>	Nil	
<b>Service Model</b>	<b>Approximate Cost</b>	<b>Need Gap identified by:</b>
Specialist Floating Support for people with Dual Sensory impairment	£29,676.26	Local Evidence provided by provider.

The Local Commissioning Plan considers how the uncommitted funds will be allocated during the SPPG transition period.

Realistically, the options concern less than 3% of the total grant and will therefore have marginal or insignificant impact.

However, the plan identifies the need to conduct a comprehensive review of SPPG funding, to determine how the funding can best be applied for the benefit of citizens within Monmouthshire.

An initial equality challenge has been prepared for this initiative which has 4 main objectives:

1. To fully understand the protected characteristic profile and their needs.
2. To ensure that services are accessible where they are needed.
3. Engage and involve current and potential service users in the design of SP services
4. To enable considered decisions to be made.

<b>Supporting People Local Commissioning Plan , 2013/16, Equality Impact Assessment – Initial challenge</b>	
During the SPPG transition period, total funding grows at 0.5%. Uncommitted funds represent an insignificant proportion of the whole funding package. Marginal impacts will therefore be limited/insignificant. However, as SPPG funding is predominately focused on pre-2003 legacy services, a comprehensive review is required to ensure that SPPG's positive impacts are maximized	
<b>Issue</b>	<b>Positive Impact</b>
All service users	Funding made available from service reviews will provide extra services
SPPG provider staff	Reviews will address unsustainable financial models, improving employment sustainability
<b>Initial Equality to be considered within the Comprehensive Review of SPPG funded services</b>	
<b>Issues for consideration</b>	
<ul style="list-style-type: none"> <li>➤ Protected characteristic profile of citizens and their support needs has to be evidenced – remove reliance on legacy rationales</li> <li>➤ The mapping of current services suggests that a 'postcode lottery' may exist.</li> <li>➤ The current service user consultation mechanisms do not reach all the protected characteristics</li> <li>➤ The historic methodology for determining funding options does not evidence due regard</li> </ul>	<ul style="list-style-type: none"> <li>➤ Needs mapping to include regional and local considerations and take unmet need into account</li> <li>➤ Services to be focused where need is geographically or provided more flexibly via floating services</li> <li>➤ During the transition period, invest resource in interacting with service users directly</li> <li>➤ Develop a methodology that combines cost-benefit and outcome volume evaluation into the decision-making process. Implement more robust consultation via SPPG planning group (to be set up) and the Equality and Diversity group</li> </ul>

During 2013/14 a considerable effort was made to analyse the available data to better inform the Equality Impact Assessment. Analyses of the outcome monitoring data, access data across all Social Care and Health services and detailed provider-based information, have highlighted potential gender and age related disadvantage.

As previously mentioned, response rates to the GNME methodology skew results. The gender access assessed from these returns suggests unequal access to service by men across all age groups. Further work undertaken with providers, is reflected in a more accurate appreciation below.

Across all services, including SP, access to services by those under 21 years of age is equitable (gender neutral) and access to services by those over 55 tends to reflect the population's gender profile. However, in the 21-55 years range a significantly higher proportion of women access services. To understand this skew, and to take positive action to address this, a pilot project was commissioned in 2013/14.

The outcome monitoring also identified that women achieved circa 40% more positive outcomes than men. This potential anomaly remains to be understood and will be an issue investigated within the service user framework implementation.

From these analyses, the gap in our services to younger people, especially care leavers, became evident. Again, funds have been allocated to address this in a pilot project in partnership with the Children and Young Persons Services.

A further analysis has been undertaken to compare how local authorities in Gwent allocate their funding across the 19 client categorisations. Whilst there is still further work to be done on the analysis – understanding who benefits from generic floating support in other authorities, in particular – the comparisons do suggest that a postcode lottery may well exist across Gwent in respect of access to SP services. Thus, as members of the Regional Collaborative Committee, efforts will be made to ensure that the RCC is more robust in its equality considerations and influencing.

{A similar comparison using the Williams Commission recommendations shows the allocation of funding across the categorisations to appear more balanced. Whether this actually better reflects need is yet to be determined.}

Monmouthshire allocates a significant proportion of its funding to generic floating support. The outcome analysis demonstrated that these services provide support to the widest range of SP client categories and thus, to a considerable extent, ensures that services are available to the full range of protected characteristics. Again, in 2013, additional funding has been invested in these provisions.

However, the analyses showed that whilst generic floating support was inclusive in terms of access by the range of client categories, the demand for these services tends to limit the time that the services are available to each client. Thus, generic floating support has not been as effective as specialist floating support in achieving outcomes. In order that the amount of resource available to each service user in generic floating support is increased, demand has to be reduced. In 2013, a pilot at the 'front end' of the SP services was commissioned. The purpose of this is 'primary prevention' - preventing potential service users with very limited needs having to

access the SP programme and bear the full weight of the assessment, support planning and outcome achievement processes. The pilot is based on a 'quick fix' for individuals that prevent the need to access the SP programme.

## Spend Plan 2014/2015

Monmouthshire County Council - Supporting People Spend Plan 2014/15			Service Type												Local Authority contribution	Total Units (exc LA cont)	Total (exc LA cont)
			Fixed Site (Accommodation Based)						Floating (Community Based)								
			Client Units	Less than 6 Months	Client Units	6 to 24 Months	Client Units	24 Months plus	Client Units	Less than 6 Months	Client Units	6 to 24 Months	Client Units	24 Months plus			
Client Spend Category (The category to which the service is primarily focused)	Previous year Total units from spend plan	Previous year Total cost from spend plan	Numbers	£	Numbers	£	Numbers	£	Numbers	£	Numbers	£	Numbers	£	£	Numbers	£
Women experiencing Domestic Abuse	15	196,969.01	5	118,604.00	0	0.00	0	0.00	10	78,365.00	0	0.00	0	0.00	0.00	15	196,969.00
Men experiencing Domestic Abuse	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0	0.00
People with Learning Disabilities	31	221,119.00	0	0.00	0	0.00	23	164,056.00	0	0.00	0	0.00	8	57,063.00	0.00	31	221,119.00
People with Mental health Issues	45	306,089.00	0	0.00	0	0.00	24	197,573.00	0	0.00	21	108,516.00	0	0.00	0.00	45	306,089.00
People with Substance Misuse Issues (Alcohol)	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0	0.00
People with Substance Misuse Issues (Drugs and Volatile substances)	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0	0.00
People with Criminal Offending History	1	6,670.56	0	0.00	0	0.00	0	0.00	1	6,670.00	0	0.00	0	0.00	0.00	1	6,670.00
People with Refugee Status	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0	0.00
People with Physical and/or Sensory Disabilities	6	68,200.00	0	0.00	0	0.00	6	43,926.00	0	0.00	0	0.00	0	0.00	0.00	6	43,926.00
People with Developmental Disorders (I.e. Autism.)	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0	0.00
People with Chronic Illnesses (including HIV, Aids)	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0	0.00
Young People who are Care Leavers	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0	0.00
Young People with Support Needs (16-24)	29	199,040.33	21	178,774.00	0	0.00	0	0.00	18	56,266.00	0	0.00	0	0.00	0.00	39	235,040.00
Single parent Families with Support needs	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0	0.00
Families with Support Needs	2	25,000.00	0	0.00	0	0.00	0	0.00	0	0.00	2	25,000.00	0	0.00	0.00	2	25,000.00
Single people with Support Needs not listed above (25-54)	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0	0.00
People over 55 years of age with Support needs (this category must be exclusive of alarm services).	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	412	238,766.00	0.00	412	238,766.00
Generic Floating support to prevent homelessness (tenancy support services which cover a range of user needs but which must be exclusive of fixed site support)	108	829,237.60	0	0.00	0	0.00	0	0.00	32	205,454.00	86	612,458.00	0	0.00	742.00	118	817,912.00
Alarm Services (including in sheltered/extra care).	2,374	319,305.17	0	0.00	0	0.00	232	45,374.00	0	0.00	0	0.00	1,662	34,766.00	0.00	1,894	80,140.00
Expenditure which does not directly link to the spend plan categories above. (Explanation required in accompanying email).	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0	0.00
<b>TOTALS</b>	<b>2,611</b>	<b>2,171,630.67</b>	<b>26</b>	<b>297,378.00</b>	<b>0</b>	<b>0.00</b>	<b>285</b>	<b>450,929.00</b>	<b>61</b>	<b>346,755.00</b>	<b>109</b>	<b>745,974.00</b>	<b>2,082</b>	<b>330,595.00</b>	<b>742.00</b>	<b>2,563</b>	<b>2,171,631.00</b>



## Monmouthshire Supporting People Team

Monmouthshire's Supporting People Team are currently based at:

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Chris Robinson  
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Samantha Ravenhill  
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### **On-going feedback**

Comments and feedback from readers of this plan would be welcomed by the Project Officer. These will be given due consideration and will inform and influence the comprehensive review and the resulting plan

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## Background Information

# SUPPORTING PEOPLE

## COMPREHENSIVE SPENDING REVIEW

# STRATEGIC CONTEXT

In order to shape this section of the document we have read an extensive list of papers that are either directly related to the Supporting People Programme, or are more loosely connected by the client group they are aimed at. Whilst reading these documents some key themes began to emerge. Below is our take on these themes and how they might impact the Supporting People Programme. The complete list of documents and our summary notes on each can be found in [Appendix 1 PG.231256](#)

## New Steering from Welsh Government

Welsh Government has recently passed three acts; Wales' First Housing Act, the Social Services and Well-Being Act, and Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act . The Housing (Wales) Act places a new duty on Local Authorities to take all reasonable steps to alleviate and prevent homelessness and also encourages LAs to use suitable accommodation in the private rented sector where necessary. The Social Services and Wellbeing (Wales) Act provides the legal framework for improving the well-being of people who need care and support from social services and aims to promote people's independence giving them stronger voice and control. Finally the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act raises the profile of these issues predominantly affecting women and provides more strategic direction in tackling these, with focus on prevention and protective mechanisms. Supporting People will have a stake in delivering each one of these, especially the preventative elements of homelessness and domestic abuse and improving people's independence and well-being.

## Working in a Challenging Financial Climate

The biggest challenge highlighted throughout the literature is the combination of budget cuts against increased demand for services and the pressures of welfare reform; a mix clearly capable of placing a strain on our current provision. The aim in Monmouthshire, as laid out in many plans including the Single Integrated Plan, is to use innovation to redesign services and achieve savings, with the aim of increasing sustainability of services and achieving value for money. We expect therefore, an increased focus on collecting and analysing data driven from the top down. Data should enable us to make evidence based decisions and ensure services reflect genuine need. Outcomes Monitoring will also provide a measurement of how well a service is performing and whether it is delivering planned goals.

## Working Together

Throughout the documents there has been a strong emphasis on the importance of working together. In light of these challenging financial times it appears increasingly important that the private, public, voluntary sectors, and communities work together to create and achieve a common vision. The Williams Report discusses the complex relationships in the public sector and highlights that there seems to be a lack of coherent approaches. The recommendations are that LAs merge to increase capacity to deliver services, that relationships are streamlined, and that there is more lucid public leadership. The document also lays out the vision for a sense of common purpose between government, citizens and communities. Monmouthshire specific documents stress the aim of creating resilient communities in which individuals can become fully involved members.

## Engaging Communities and Helping People Fulfil Their Potential

To create sustainable services we need to create more self-sustaining people. In order for people to become fully involved in the community and to live fulfilled lives people need to be enabled and empowered to do so. Co-production has been discussed in much of the literature as a possible way of delivering public services differently. Co-Production is based on principles which see people as assets and not simply as passive recipients of services; essentially it views professionals, communities, and individuals as equals. More importantly it recognises that the people who use services are the experts and are better placed to know what they need; they are therefore empowered to make decisions that

will impact their lives. To achieve sustainability it is important to form partnerships with the communities and give service users the ability to shape the services that are being delivered.

#### Tackling Barriers and Joining up Services

Tackling barriers and stigma when accessing services is another theme which has emerged in many of the documents. It is important that people have access to services when they need them and therefore any barriers which hinder this will need to be tackled. Great weight has also been placed on recognising that the needs of individuals are complex and a 'one size fits all' approach is not considered appropriate nor desirable. Instead the aim is that all needs of an individual should be captured and services should aim to be much more holistic in delivering support against these. Failing to join services up effectively and only tackling one support need where there could be others intrinsically linked may be detrimental to that person's ability to move forward in their lives; thus producing a barrier at the other end of service. Where possible there should be much more greater joined up working between divisions of public services and people should feel confident that services are communicating effectively.

#### Crisis Prevention and Early Intervention

Crisis prevention and early intervention is a recurring theme in all the documents. The overall aim is that services should prevent crises rather than react to them and documents such as the Housing (Wales) Act have already highlighted the input expected from Supporting People. The push for crisis prevention and early intervention no doubt has cost incentives and as the Supporting People budget is expecting further cuts it appears there is a clear direction of travel for the programme. To achieve a more preventative programme a lot of inclusive planning will be required as well as a firm grasp on what the current and future needs are in Monmouthshire.

#### Accommodation

As Supporting People is a programme geared towards enabling people to live independently in their own homes, accommodation has been a recurring theme within the literature. The emphasis, however, is that accommodation is appropriate to the needs of the individual; the right accommodation has the ability to provide stability in a person's life, as well as enhancing community connections and feelings of safety - whilst inappropriate accommodation can have adverse effects. Supporting People may therefore find it needs to better understand what appropriate accommodation is and how it can support a person to live independently in their desired housing. Ultimately the aim in Monmouthshire as set out in the Single Integrated Plan 2013-17 is that: nobody is left behind; that people are confident, capable and involved; and that our county thrives. Appropriate accommodation and timely support will be one of the main areas to deliver this vision.

# NEEDS ANALYSIS

In order to project the likely demand on services in the future we have consulted a wide range of data sources. Some of the data used has been higher level national data whilst other sources have focused more locally on the demands in Monmouthshire. In this section we have pulled together emerging themes and patterns to put into context what the data is actually telling us. We have tried to keep this data section as to the point as possible but have included some of the more detailed data at the end of this chapter.

## **Shift in Age Makeup of the Population**

Over the next 15 years in Monmouthshire there will be an increase in the number of 55+ and a decrease in the number of younger and working age people.<sup>1</sup>

## **Demand for Community Based Care Increasing**

With higher levels of older people, with increasingly complex needs, diminishing health budgets, and increasing levels of people living alone the demand for community based care is going to increase.

## **Lack of Affordable Housing in Monmouthshire**

Although there are more owner occupiers in Monmouthshire there is also a lack of affordable housing with more people renting via a registered social landlord than through the private rented sector<sup>2</sup>. Analysis of homelessness data shows end of private rented accommodation was one of the main reasons for homelessness. This suggests more needs to be done in Monmouthshire to properly engage the private rented sector and ensure relationships with tenants and landlords are more effective.

## **Homelessness Data Trends**

Analysis of homelessness data also shows that single parent households are more vulnerable to homelessness and that 1/5 of homelessness applicants cited that they were fleeing domestic abuse. We need to ensure that there is safe and appropriate housing for families, especially those who are fleeing domestic abuse. Engaging with and utilising the Private Rented sector will be important to this end.

## **Increased Number of Homelessness Applicants Not in Priority Need**

Evidence also shows an increasing number of people being confirmed as homeless and eligible for assistance but who are not in priority need. As there is simply not enough resource to rehouse all those who present as homeless we must ensure that services can react quicker to prevent homelessness. The aim should be to embed quick reacting preventative services in the community and ensure people know where to turn for help, before their housing situation reaches crisis.

## **Harder for 18-24 Year Olds to Gain Employment**

Monmouthshire has a higher percentage of working age people in employment when compared to the Welsh Average. However Monmouthshire is only just below the Welsh Average for 18-24 year olds claiming Job Seekers Allowance, 7.8% in Monmouthshire compared to 8% in Wales;<sup>3</sup> suggesting that those struggling to gain employment may be in this age range.

## **Link between Poverty and Lower Levels of Attainment in Schools**

Evidence across the country highlights the link between poverty and lower levels of attainment in schools and this has clear consequences on employment opportunities later. Data shows this is a relatively low need in Monmouthshire, yet we want to ensure young people are enabled to become prosperous and successful adults, especially in line with the prevention agenda. To this end Supporting People must ensure firm and appropriate links are built up with services such as the Youth Service.

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<sup>1</sup> Daffodil

<sup>2</sup> Infobase Cymru Percentage of Dwellings 2012-2013

<sup>3</sup> Monmouthshire Strategic Needs Assessment Version 2 pg.86

### **Numbers of Looked After Children Increased**

Although the numbers of looked after children in Monmouthshire has been relatively stable over the last twelve months the numbers have increased by over 20% from 2011-14. In comparison with their peers young people leaving care tend to be much more vulnerable in a number of ways, such as: having lower levels of educational attainment, living in unstable and poor quality housing, being young parents, having mental health problems, relatively high levels of drug use, and be over-represented in prison. As Care leavers are much more likely than their peers to be living independently at a young age they need dedicated support to ensure they can make a successful transition to adulthood.

### **Pockets of Crime in Monmouthshire**

In Monmouthshire crime rates are generally low but there are areas where crime rates well exceed the Welsh average. Data highlights that areas with higher than average crime rates often comprise night-time economy characteristics that are associated with public houses. As 'Feeling Safe' is an outcome of the SP programme and 'People Feel Safe' is a goal of Monmouthshire's Single Integrated Plan, community safety and wellbeing is firmly on the agenda. Supporting People may therefore need to establish better links with Gwent Police and support initiatives that can tackle fear of crime; more intergenerational work and community building projects may support this.

### **Not all Victims of Domestic Abuse Report to Police**

Disparity in data sources highlights that not all victims of domestic abuse report to the police. In 2012/13 there were 1,008 incidents reported and 886 incidents reported in 2013/14, showing a decrease in the incidents reported, however referrals to support agencies did not decrease. The average time spent on the waiting list to access Supporting Peoples dedicated domestic abuse service was 4.2 weeks. Where victims feel unable to report incidents to the police other professionals must ensure they are aware of services they can signpost victims to; services should also be visible to the general public and communities for self-referral.

### **Learning Disability Services to Also Cater to Needs of Older Population**

According to Daffodil statistics in 2013 there were 1,702 people over the age of 18 with a Learning Disability; this figure is projected to increase slightly to 1,733 by 2030. The challenge here exists in providing services that are also able to meet the demands of general old age including dementia; as the number of people 85 and over with a learning disability is predicted to more than double from 53 in 2013 to 111 by 2030.

### **Mixed Anxiety and Depression Most Common Mental Health Problem**

In 2012/13 of those who had selected Homelessness as their lead need, 21.1% had a secondary or tertiary need of mental health. According to research by the Mental Health Foundation about half of people with common mental health problems are no longer effected after 18 months, but poorer people, long-term sick and unemployed people are more likely to still be effected; the vulnerable people Supporting People helps may therefore suffer more stubborn mental health issues.

### **Monmouthshire Adults more likely to Exceed Recommended Daily Allowance for Alcohol**

The Welsh Health Survey suggests adults from less deprived areas such as Monmouthshire are more likely to exceed the recommended daily allowance for alcohol consumption; particularly in Monmouthshire older professionals are more likely to fall into this category. We must be mindful of this trend and ensure appropriate service provision is in place should alcohol use increase past manageable levels.

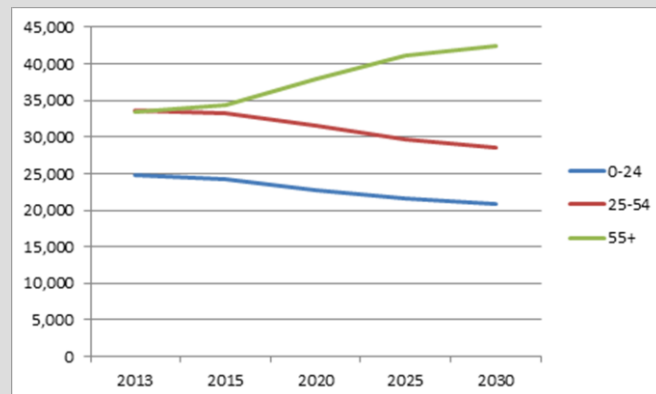
The overall picture in Monmouthshire is that needs are varied across client groups and tackling these is made more difficult by the rural nature of the county and the growing population of older persons. Despite Monmouthshire being a viable, economically prosperous, and healthy county in general, there are distinct pockets of deprivation where levels of crime, ill-health, and unemployment are much higher than in the rest of the county. We must also be mindful in ensuring that young people do not get left behind, although data tells us the population of older persons is set to increase this does not diminish

the needs of the younger generation. Being able to meet the demands of the county against increasing budgetary pressures will require far greater joined up working, not only with other professionals but communities as a whole.

### A Picture of Monmouthshire

#### Population to remain stable at around 92,000

SOURCE INFOBASE CYMRU



SOURCE DAFFODIL

Age shift in the population and significant increase in the number of 85+



Data estimates there will be an increasing number of people living alone from 20,337 in 2013 to 23,175 in 2030

SOURCE DAFFODIL



People with a Limiting Long Term Illness increasing from 23,012 in 2013 to 26,989 in 2030, especially among the 55+

Number of 65+ attending A+E due to falls increasing from 540 in 2013 to 920 in 2030

Increase in number admitted to hospital due to falls from 557 in 2013 to 945 in 2030

Overall increase in number of people with moderate or severe hearing impairment from 11,150 in 2013 to 16,000 in 2030

Dementia increasing among 65+ from 1,422 in 2013 to 2,445 in 2030

Increasing numbers receiving community based services, especially among 85+ from 1,553 in 2013 to 2,353 in 2030

SOURCE DAFFODIL



Monmouthshire has highest life expectancy for men and women across Wales, however across the wards there is a variance of 11.9 years in life expectancy

Difference between life expectancy and healthy life expectancy is 11 years for men and 13.9 years for women (data from 2005-2009)

Welsh healthy 2008-2010 survey estimates 28% of 65+ being treated for heart condition

SOURCE MONMOUTHSHIRE STRATEGIC NEEDS ASSESSMENT VERSION 1

## Average House Price £242,000 compared to £161,000 in Wales

2011 census shows 2,057 lone parent households with dependent children

Between 1997-2011 20% increase in 20-34 year olds living with parents

As of 1<sup>st</sup> February 2015 there are 2,749 households on the Housing Register with only 960 affordable units planned over the Local Development Plan period 2011-2021



1.9% claiming Jobseekers Allowance compared to 3.5%  
Welsh Average

Low Level of Long-term unemployed 1.2% compared to  
1.7% Welsh Average

SOURCE INFOBASE CYMRU

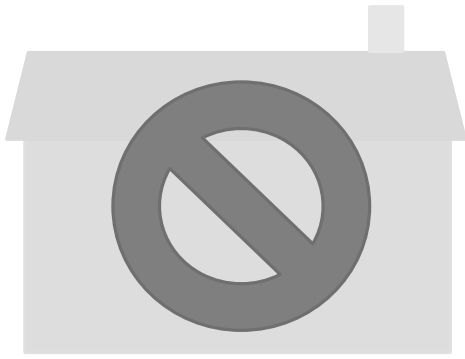
61.34% of people in Monmouthshire are of working age 16-64  
years

July 2011 – June 2012 there were 11,500 working age who  
were economically inactive

Excluding students Monmouthshire has second lowest proportion of  
economically inactive adults at 18.8%

7.8% 18-24 year olds claimed Job Seekers Allowance in 2012,  
similar to Welsh Average

SOURCE MONMOUTHSHIRE STRATEGIC NEEDS ASSESSMENT

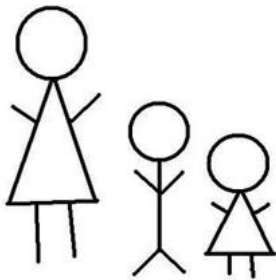


2013/14 388 Homeless Decisions made  
 170 eligible and in priority need  
 128 eligible but not in priority need

90% former prisoners presenting as homeless were male

19.2% eligible but not in priority need in 2012/13

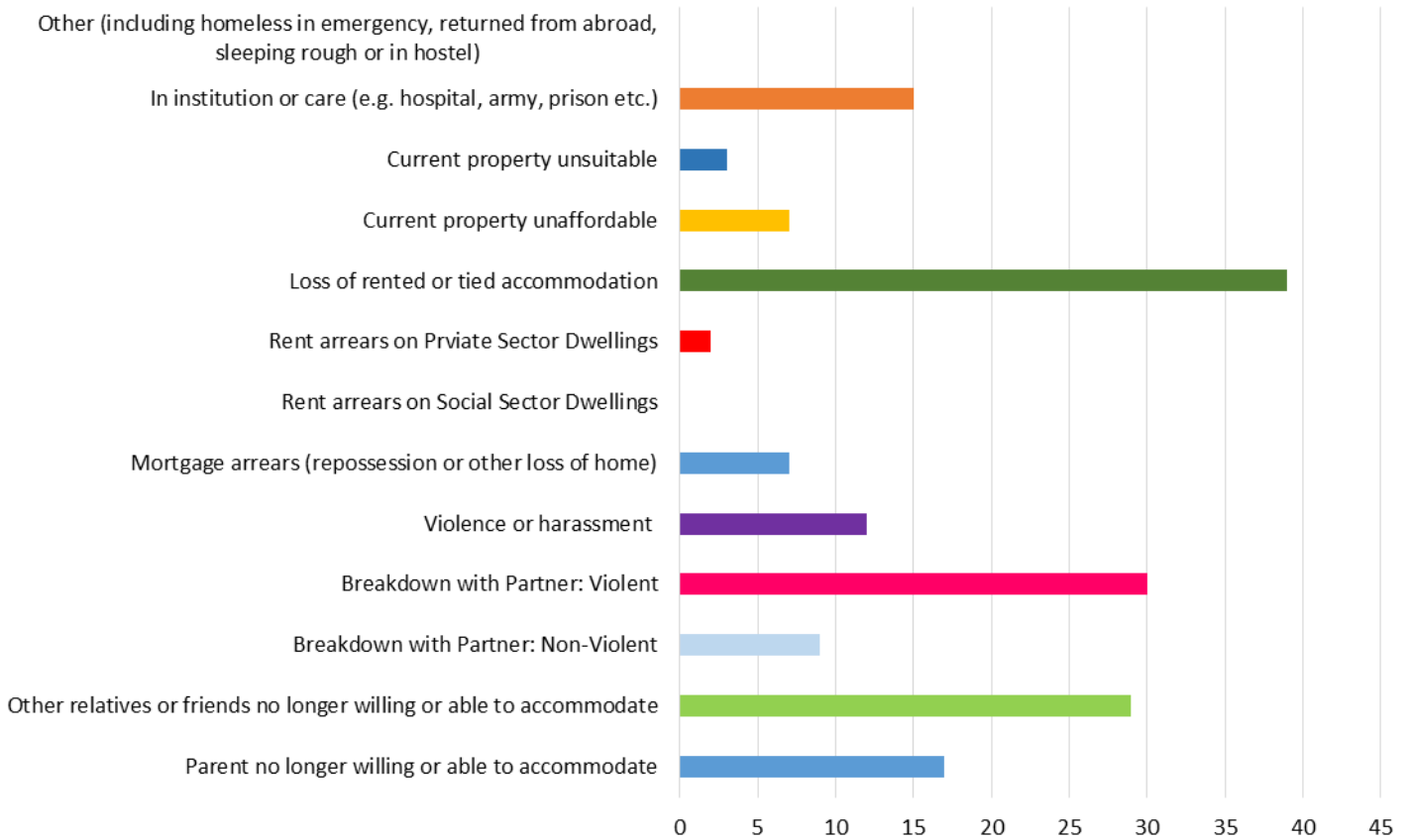
32.9% eligible but not in priority need 2013/14



In 2013/14 37 Single Parent Households presented as homeless compared with 22 couples with dependent children

31 of these single parent households were women

### Main Reason for Loss of Home



SOURCE HOUSING OPTIONS PERFORMANCE INDICATORS 2013/2014



Rate of violent crime with injury per 1,000 was 3.68 compared to 6.16 Welsh Average

Areas where levels of crime far exceed Welsh Average of 63 per 1,000 residents

SOURCE INFOBASE CYMRU

**Table 24: Six wards in Monmouthshire with crime rates above the Welsh average.**

Ward	Area	Rate per 1000 people
St Marys	Chepstow	201.71
Priory	Abergavenny	170.25
Grofield	Abergavenny	149.33
Drybridge	Monmouth	80.3
Green Lane	Caldicot	74.19
Lansdown	Abergavenny	64.33

Source: Gwent Police

SOURCE MONMOUTHSHIRE STRATEGIC NEEDS ASSESSMENT VERSION 1

According to Welsh Government estimates there are a potential 5,862 victims of domestic abuse in Monmouthshire

In 2010/11 729 incidents of domestic abuse were reported to the police

In 2011/12 there were 782 incidents reported a rise from 8 incidents per 1,000 to 8.8 incidents per 1,000

SOURCE MONMOUTHSHIRE STRATEGIC NEEDS ASSESSMENT VERSION 1

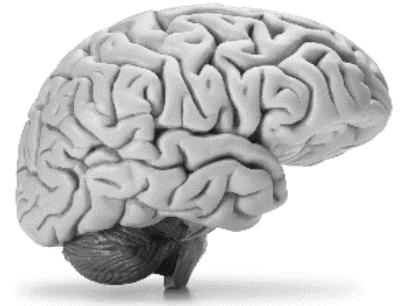
1 / 3

Of Monmouthshire domestic violence cases **reported** to the police in 2011- 12 occurred in Abergavenny

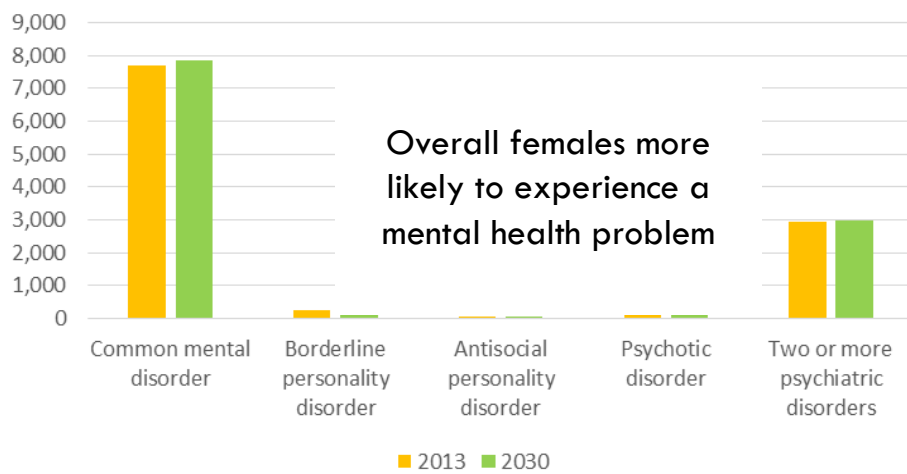
SOURCE SOUTH WALES ARGUS REPORT PUBLISHED 2013

Levels of Mental health expected to remain fairly stable however significant increase in number of 65+ with dementia

Mental Health need is often selected as a secondary or tertiary need behind a person's 'Lead Need'



### Female Mental Health



### Male Mental Health





75% of domestic abuse incidents involved the perpetrator or victim having consumed alcohol or drugs

44% violent crime also had an aggravating factor of alcohol

Wards with higher levels of crime often comprise night-time economy characteristics

Regional intelligence unit for Wales identified Monmouthshire as high use area for mephedrone with Abergavenny as a hotspot

MONMOUTHSHIRE STRATEGIC NEEDS ASSESSMENT VERSION 1

30.1%

16-24 admitted to misusing drugs in past year



SOURCE DAFFODIL



Decrease in drug misuse from 7,162 to 5,882 by 2030

SOURCE DAFFODIL

Increase in number of individuals referred for alcohol misuse between 2009/2010

Year	Alcohol	Drugs	Heroin
2008/09	186	216	92
2009/10	296	209	87
2010/11	271	222	109

Source: WNDSM, NHS Wales Informatics Service quoted in Monmouthshire Strategic Needs Analysis 2012

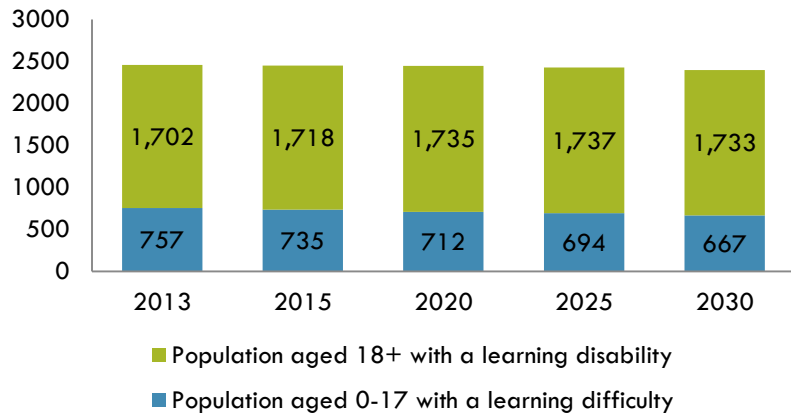
Number of adults with a learning disability predicted to remain stable at around 1,700 in Monmouthshire



2015

349 with a moderate to severe learning disability in Monmouthshire

SOURCE DAFFODIL



SOURCE DAFFODIL

SOURCE DAFFODIL

Decreasing numbers of young people with LD, in line with age shift of population

Needs of older persons with a learning disability likely to become more complex as they experience general problems of old age, including dementia

Just above 720 adults with ASD in Monmouthshire, this figure predicted to remain stable up to 2030

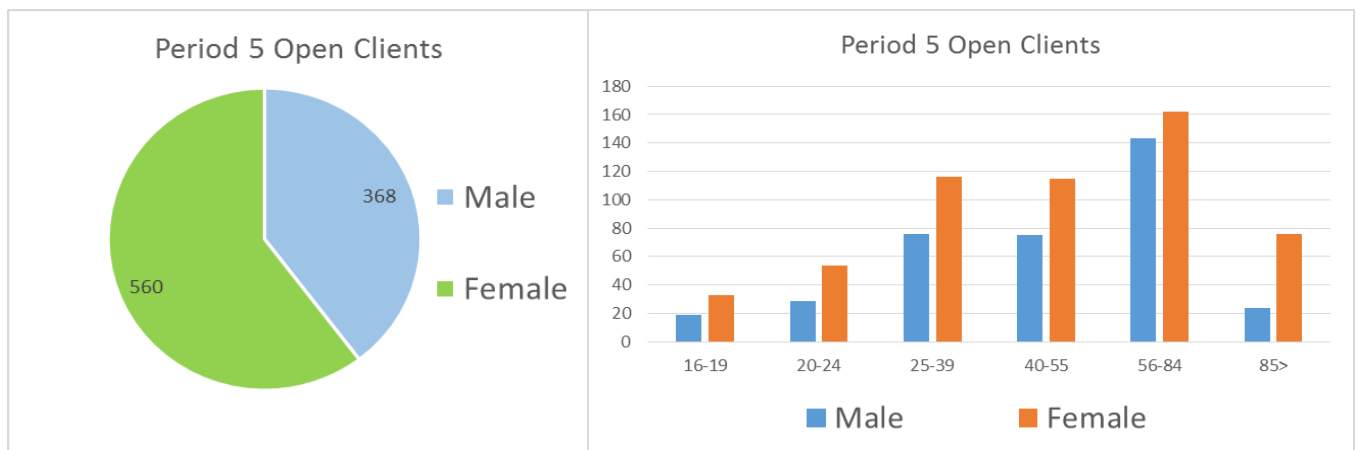


# SERVICE MAPPING

In order to gauge what housing-related support services may be needed in the future we must first understand what services are currently being commissioned; both by ourselves and by other funding streams. In this chapter we will take a closer look at our own services to see who is being supported and how, and we will also look at what non-Supporting People services exist, and whether they are complimenting or duplicating our own services. The overall aim is to start building a picture of any gaps we may have, and whether the services that do exist are able to achieve the aims of the Supporting People programme. We have used the best data available at the time of writing this section and therefore have used different collection periods where necessary.

## Who We Support

Whole year data for 2014/15 shows we supported just over 4,300 individuals, with just under 2,500 (58%) of these through our alarm only contracts. Analysis of the period 5 outcomes submission has helped us to gain an understanding of who these clients were between 1<sup>st</sup> April 2014 – 30<sup>th</sup> September 2014. According to our analysis there were a total of 928 persons receiving support in this period (excluding those supported through alarms as outcomes are not completed for these contracts).



## OUTCOMES DATA: OPEN CLIENTS APRIL 1<sup>ST</sup> 2014 – SEPTEMBER 30<sup>TH</sup> 2014

Some key observations of the 928 clients:

- 60% of clients were female
- 33% of all clients were in the age band 56-84

### Lead Needs (LN)

- 34% LN of People over 55 with Support Needs
- 34% LN of Homeless/Potentially Homeless
- 17% LN of Mental Health issues
  - 48% of which were male
- 7.5% LN of Domestic Abuse
  - 100% were female
- 99% of those with a LN of Vulnerable Single Parent were female

### Second Lead Needs (SLN)

- 38% of clients had a SLN, which comprised:
  - 18% with SLN of Mental Health Issues
  - 13% with SLN of Young and Vulnerable
- Of those with a LN of Homelessness 29% had a SLN, which comprised:
  - 43% with SLN of Young & Vulnerable
  - 26% with SLN of Mental Health Issues

### Third Lead Need (TLN)

- 14% of clients had a TLN, which comprised:
  - 15% with TLN of Mental Health Issues
  - 11% with TLN of Homeless/Potentially Homeless



Some of the above data reinforces what we already expect, for example given the percentage of older persons in the county and the number of services offered to this client group it is not surprising that 34% of clients had a lead need of Person Over 55 with Support Needs.. Evidence also states that the majority of victims of domestic abuse are women; and that women are also more likely to be single parents, both of which is reflected above. We also see proportionally more men have a lead need of mental health issues. What is surprising is the low number of clients who have a second lead need recorded, especially when considering how complex reasons for homelessness can be and yet only 38% recorded a second lead need. This highlights the need to work closer with providers to ensure they can accurately reflect the needs of their clients and the services provided.

### Supporting People Services

In 2013/14 Monmouthshire commissioned 34 schemes from 14 providers with a capacity to support approximately 2,600 individuals at any one time. In 2013/14 we supported 3,887 individuals. The below table highlights the schemes we commission by client type, the funding split, and the total number supported in 2013/14.

Client Type	Amount Spent	Supported	Number of Schemes	Number of Providers	Average Spend Per Client
Generic	£796,153	684	8	5	£1,163.97
Mental Health	£306,089	141	2	1	£2,170.84
Domestic Abuse	£196,969	108	2	2	£1,823.79
Young Persons	£233,040	89	4	2	£2,618.43
Learning Disability	£221,119	34	1	1	£6,503.50
Physical Disability	£43,926	6	1	1	£7,321.00
Criminal Offenders	£6,670	4	1	1	£1,667.50
Alarm Only	£9,766	1992	5	4	£4.90
Older Persons Housing	£24,056	226	7	4	£106.44
Older Persons FS	£263,766	574	1	1	£459.52
Extra Care	£21,318	27	1	1	£789.56
<b>Total</b>	<b>£2,122,872</b>	<b>3,885</b>	<b>33</b>	<b>23</b>	

### Specialist Vs Generic

In 2013/14 we commissioned 21 specialist schemes, 5 alarm only contracts, and 7 generic schemes. Although we fund more specialist schemes than generic schemes we can see in the above table that approximately 37% of the annual Supporting People budget is spent on generic services, while some of the smaller specialist schemes such as our Physical Disability scheme only gets a small portion of funding. However it should be noted that spending per head is comparatively very high.

The table above highlights some of our bigger spending areas on specialist services. These include:

- People with Mental Health Issues
- Young People 16-24
- Women experiencing Domestic Abuse
- Older People with Support Need

We do not fund specialist services for all of the 19 client categories as some are simply too small in Monmouthshire; for example 'People with a Refugee Status'. Other clients groups who receive little to no dedicated SP funding include:

- People with Criminal Offending History
- People with Substance Misuse
- Men who suffer Domestic Abuse
- People with Sensory Disabilities
- People with Alcohol Misuse
- People with Chronic Illness

A purpose of providing generic floating support services is that they are able to support the smaller groups who do not have a specialist service, thereby ensuring every person should have equality of access to services. A breakdown of those accessing generic services has been included as Appendix 2.

### **Support Vs Maintenance**

Between the 19 client categories there is a divide between clients who can be supported to be fully independent and clients who can be supported to maintain as much independence as possible. In 2013/14 we commissioned:

- 2 dedicated short term crisis/intervention services with 24 units;
- 16 support services
- 10 long term 'maintenance' services largely supporting older people and those with a physical disability

We therefore provide more standard support services which include floating support and accommodation, than we do for either crisis or longer term maintenance schemes. However as the aims of the Supporting People programme shift more toward prevention it may be necessary to put more resource into early intervention schemes.

### **Types of Organisation**

In general the organisations we commission sit in the not for profit sector with some having adopted charitable rules. Of the 14 providers commissioned in 2013/14, only one provider was a global organisation while the rest generally had a remit no larger than South East Wales. Most of these organisations originated in South East Wales with a view to helping the most vulnerable in their original locality. Over time the size of these organisations have grown, but their core aims have remained the same.

It should be no surprise therefore that these are the organisations delivering the Supporting People Programme. Many of these were contributing to the Supporting People agenda long before Supporting People existed.

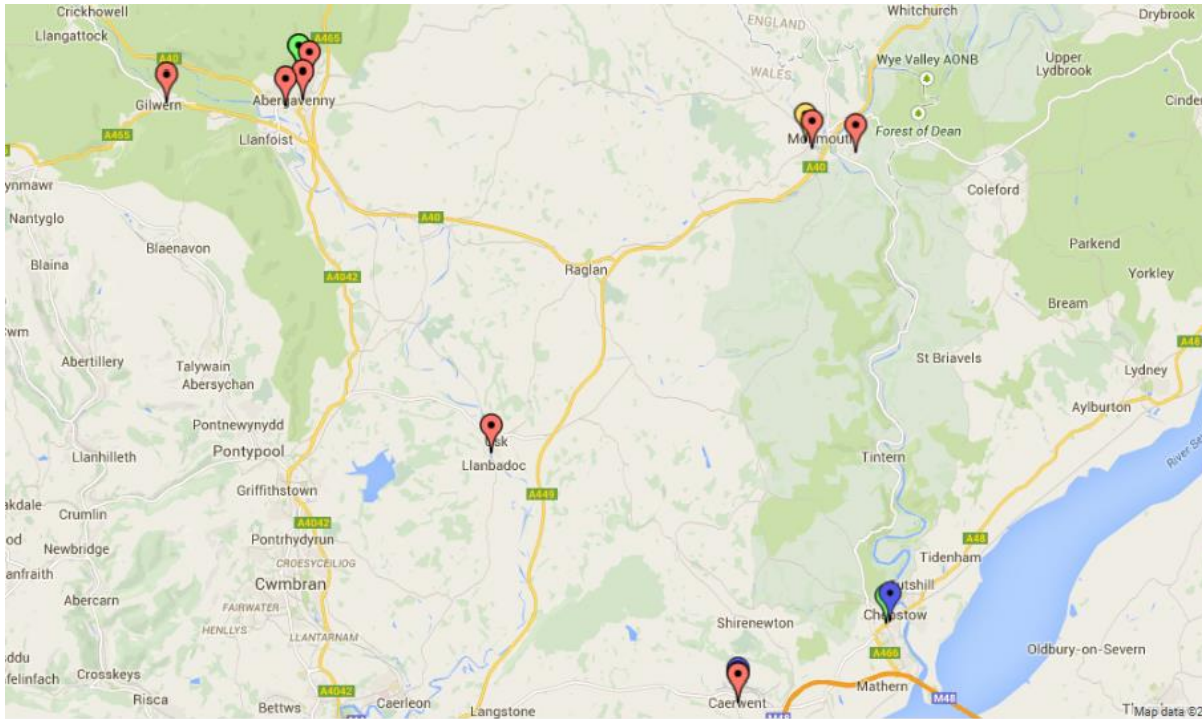
### **Where**

As Monmouthshire is a rural county with a large geographical spread we make use of lots of floating support schemes; in 2013/14 13 of 34 schemes were floating support schemes. Floating support services can enable us to reach more people in smaller communities where access to services may be poorer.

The majority of accommodation based services are supported housing for older persons. There are also a number of alarm only contracts that are fixed to accommodation. Aside from these schemes there are few client groups with accommodation based schemes. Accommodation schemes are made up of the following:

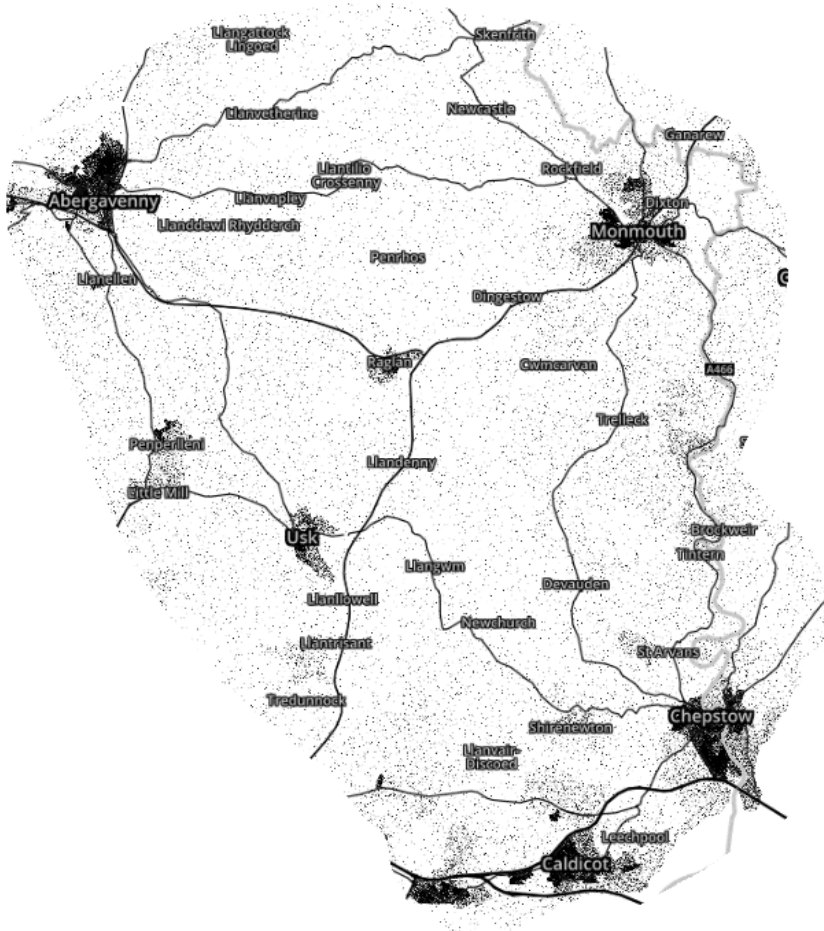
- 1 domestic abuse refuge
- 1 supported accommodation for people with a physical disability
- 1 supported accommodation for people with mental health issues
- 2 young persons hostels
- 6 older persons supported accommodation

These fixed location services are delivered largely around the four main towns of Monmouth, Abergavenny, Caldicot, and Chepstow, with another scheme based in Usk and Gilwern. However, we also have alarm contracts attached to a fixed location and accommodation schemes providing support such as our young person's hostels.



- Red • Older Person's Housing
- Blue • Alarm Only
- Green • Young Person's Hostel
- Yellow • Physical Disability Accommodation

**OVERVIEW OF FIXED LOCATION SCHEMES 2013/14**



The map to the left depicts the population density of Monmouthshire by dots according to the 2011 census. The darker the area, the more dense the population.

Comparing the two maps we could say there are service gaps in Raglan, Magor, and Penperllini. Yet as a whole our fixed services seem to be located where the population is highest.

This is by no means infallible in ensuring that no one gets left behind but budgetary pressures mean we cannot be everywhere. Where there are gaps in service provision we would hope that our floating support services would meet these demands.

**GUARDIAN ARTICLE: POPULATION DENSITY ACCORDING TO 2011 CENSUS**

## Access to Services

In Monmouthshire we commission the Gateway, an in-house brokerage service which sits within the housing team. The Gateway receives referrals from all over the county from various teams and undertakes assessment of these referrals. Analysis of the referral report should provide a picture on how people access the short-term floating support services offered in Monmouthshire.

Referral Source	Received
One Stop Shops	617
Housing Association	160
Gwalia	63
Housing Options Team	61
Self Referral	57
Social Services	20
Community Mental Health Team	20
MIND	14
Llamau	12
WAIMON	13
Health Professional	10
Solas	8
Education	7
Citizens Advice Bureau	7
Drug Aid	6
Multi Agency Centre	4
Llamau Mediation Service	4
Criminal Justice	3
Youth Offending Service	3
IDVA	3
Reach	2
Gwent Substance Misuse	2
Wallich	2
Kaleidoscope	1
Seren	1
<b>Total</b>	<b>1100</b>

The table to the left highlights all referrals received by the Gateway from April 14 – Mar 15. The sources highlighted in grey are services commissioned by SP in Monmouthshire.

It is clear to see that the biggest source of referrals are the One Stop Shops (OSS), making up 55.6% of all referrals. Second are Housing Associations with 15.4% of total referrals.

It is not unusual that the OSS should make so many referrals as they are often the first service the public make contact with. When someone enters the OSS with a housing need an 'Initial Contact Form' is completed and simultaneously sent to the HOTs team and the Gateway team, which may explain why the HOTs team only make a small number of referrals.

The table may also highlight what is already known about SP in that there is a lack of awareness of the programme. Considering the expanse of the programme teams such as education, criminal justice, and social services should be key partners. However, the table highlights how few referrals are received from these areas.

### SPRINT REFERRAL REPORT APRIL 14 – FEBRUARY 2015

Aside from this referral report we cannot analyse how people access the longer term services as people liaise directly through the organisation. It may be possible that this is where the likes of social service and health etc. step in to make these referrals.

## Outcomes of Services

Outcome Monitoring returns are completed by all schemes, aside from alarm only contracts, every six months. These monitoring returns record how each service user within a scheme has been able, or unable, to achieve goals that were identified from the start of their support with their support worker.



### OUTCOMES MONITORING AREAS

In total there are eleven outcomes that fall within four goal areas as shown above. Not all outcomes are relevant to each service user.

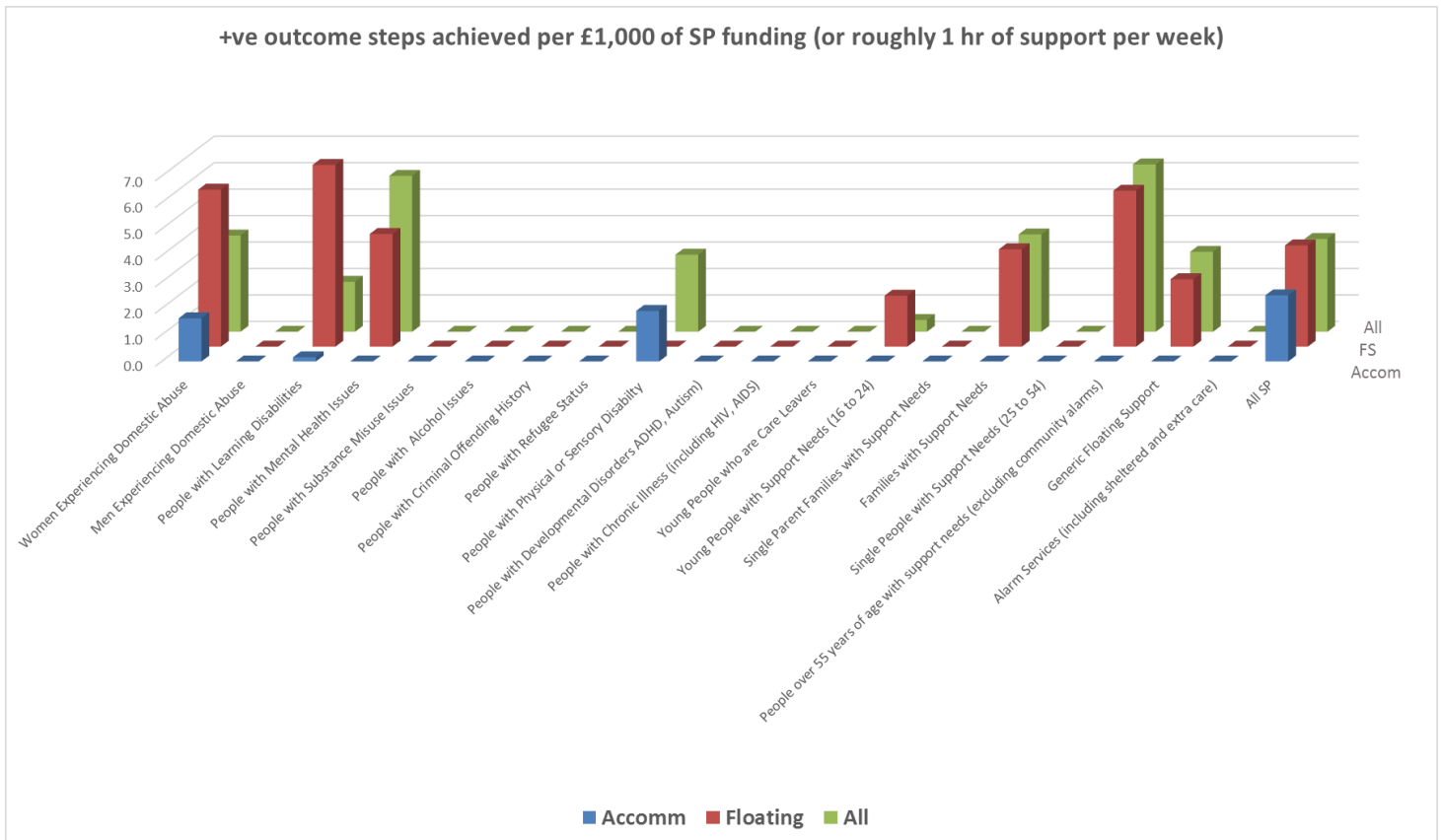
Analysing the outcomes of service users open within the period 5 collection (1<sup>st</sup> April 14 – 30<sup>th</sup> September 14) shows on average 3.75 positive steps were achieved per service user from date of entry. The average for females was 3.82 and males 3.62, it appears it is slightly easier for women to make positive steps toward their identified goals than men.

### Accommodation Vs Floating Support Schemes

At first glance it appears there is very little difference in terms of effectiveness between floating support services and accommodation. The average positive steps achieved for males and females in floating support and accommodation services ranged from 3.5 – 3.8.

Breaking this down further we see accommodation services are slightly more effective for users aged 16-24, whilst floating support services are slightly more effective for users aged 25-85+.

### Positive Steps Achieved Per £1,000



Layering the analysis of positive steps achieved against money spent, as in the above graph, highlights once again that floating support services seem to be more effective in helping service users positively work towards their goals. The graph above however shows that in all cases floating support services have been able to achieve more positive steps per £1,000 than accommodation services. Although this is another crude analysis and one which has been completed with data that is not without fault, it does build an interesting picture.

### Breakdown of Costs

It is slightly more complicated however than saying £1,000 spent on floating support will yield better results and there are a few things to unpick first. Below is a table breaking down the difference in areas such as cost and capacity between our accommodation and floating support services.

Service Type	Units	Contract 13/14	Supported 13/14	Cost Per SU	Turnover
Accommodation	688	£861,710.42	950	£907.06	138.08%
Floating Support	562	£1,092,711.62	2941	£371.54	523.31%

#### CONTRACT AND MONITORING DATA 13/14

At first glance it appears the costs of our accommodation services is not a great deal higher than our floating support services, which is unusual when considering how much lower the turnover is and how much longer clients are supported on scheme. However the accommodation element above also contains older persons' accommodation, if we take this out we may find the picture changes.

Service Type	Units	Contract 13/14	Supported 13/14	Cost Per SU	Turnover
Accommodation (without OP)	63	£562,423.42	131	£4,293.31	207.94%
Floating Support	562	£1,092,711.62	2941	£371.54	523.31%

The above table takes the same data without including older persons' accommodation; as older persons' accommodation is typically lower level and geared more towards maintenance than support. The 'Cost per Service User' is crudely worked out by dividing the total contract amount by the number of clients supported in that year; if we now compare the cost per service user for floating support and accommodation we can get a more accurate picture.

The total spent on accommodation (not including older persons) is just over half of what we spend on floating support services. If we channelled this 50% into floating support we could hypothetically provide a further 281 units, which based on 13/14 figure could potentially support a further 1,470 individuals; 11x more than was supported through accommodation.

At this moment, however, it would not be correct to say that either type of service is more effective or provides greater value for money, as the measure of these things goes far beyond the capabilities of the outcome monitoring return. The question this section begs to ask is what type of programme we want to offer in Monmouthshire. If we solely want to focus on providing as much support to as many people as possible it would appear that floating support services would be the way to deliver this. However, if we want to provide a programme that can be tailored to individual needs we will have to accept the variance in capacity, turnover, and costs etc. that is created by providing a mix of accommodation and floating support services.

### Non-Supporting People Services

Understanding what other services exist in Monmouthshire presents a slightly different challenge. One of the best tools we have to use is the Gwent Association of Voluntary Organisations (GAVO) Community Directory; this is not a live document and can only include organisations who wish to be included in it, however it is considered to be a substantial and thorough list of voluntary organisations operating with Monmouthshire.

Searching through the GAVO Directory we have noted all services which appear to link with the Supporting People Programme. From this brief analysis it appears there are some areas and categories which are better catered for.

A total of 32 services appeared to link with SP:

- 6 were focused on the support, advice, and representation of those with a learning disability
- 5 were based on supporting, representing, and providing advice to older persons
  - 6 senior social clubs were also listed
  - A further 2 specifically focused on supporting those with Alzheimer's or dementia
- 4 services were dedicated to those suffering with a mental health issue
  - 3 of which were support groups focused on a specific issue mental health issue such as schizophrenia
- 2 services worked with people with a disability
  - A further 2 groups were representative groups of people with a disability

There was a wider assortment of services available to younger people including 17 youth clubs around the county. Other services included:

- A counselling service for young persons
- A crisis service for young people
- A drug and alcohol service for 11-24 year olds
- A homelessness prevention charity working with 16-25 year olds

The other services were as follows:

- 1 service dedicated to preventing family breakdown and also supporting families with a disabled child
- 1 support group for blind persons
- 2 support groups for families whose child has an autistic spectrum disorder
- 1 service for women experiencing domestic abuse

As well as the GAVO Directory the Monmouthshire SP team undertook a small survey of its providers to map other services that they may refer into for their clients. Of the responses received 82 different services were identified. These services could be grouped into one of the following identified categories:

- General advice, information, and signposting
- 1-1 support
- Social; support groups, activity groups, befriending
- Employment & Volunteering; skills, training, and support
- Practical; aids, adaptations, and equipment
- Targeted support on issues such as; tenancies, finances/benefits, family mediation services etc.

From this list the majority of services were aimed at older persons (36/82), most of which offering general advice or social support through activity groups and befriending. There were also a number of services offered to people suffering domestic abuse, those with a mental health issue, individuals with alcohol issues, and services catered to people aged 16-24. None of the services identified by the providers seemed to cater to individuals with complex needs, those with a refugee status, those with HIV or AIDS, and those with developmental disorders including ASD.

The above analysis tells us that although there are groups and services operating in Monmouthshire who work with some of the same client categories that we do, none appear to be providing the same housing related support service. It also appears that some groups are better represented than others; services for older persons and those with a learning disability appear particularly well catered for.

As a whole it is considered that these services compliment, rather than duplicate our own Supporting People services. However, as has been stated throughout the document the needs of any individual can be complex and may require a range of support services to tackle. It should therefore be the aim that Supporting People is well connected to these services, especially under the agenda of prevention and early intervention.



# GOING FORWARD

In the previous chapters we have tried to understand Monmouthshire as a county; the people who live in it and the services it provides. We have also aimed to understand how Monmouthshire may look in the future, and what the needs of its population will be. Throughout this document some recurring themes have emerged, in this chapter we will aim to bring these themes together to better understand what direction Supporting People should be travelling in based on the evidence.

## **Empowering People and Communities**

If there is one certainty it is that services cannot continue in their current arrangement. Supporting People is expecting year on year cuts, yet we know demand and expectations are unlikely to decrease. One of the most prominent themes in this document is the need for stronger communities with more empowered and resilient people. To protect the services we deliver we must look at new ways of doing things. As budgets shrink and demand goes up we cannot miss the opportunity to engage communities in a process of change. It is crucial that communities are enabled to set the agenda for themselves; our overall intention is that in the future there will be greater emphasis on communities delivering services.

The main purpose of the Supporting People programme is that people are enabled to be as independent as possible; yet we know a portion of clients are stuck in a revolving door of support and continue to fall in and out of crisis. In order to create strong and resilient communities we must ensure people are empowered and enabled throughout their support. We want people to leave our services with the tools, knowledge, and confidence to take charge of their own lives and become fully involved members of their communities.

Supporting People on a national basis has already become muchThe principles of co-production have been mentioned in this document but it seems they are most appropriate here. Co-production promotes a state of shared power between professionals and citizens and rejects the idea that a person's worth can be solely measured by a monetary contribution, instead it recognises that time, knowledge, and skill are of equal worth. People are therefore empowered and enabled to contribute to the communities and the services around them as their worth is recognised. We believe now is the time that co-production principles are incorporated into the Supporting People programme.

Another certainty is that the earlier a person can access support the better. By embedding services locally within communities it is hoped that people will have somewhere to turn far sooner than waiting to be picked up by a professional agency. In Monmouthshire we are aware of two realities; first is that according to the Welsh Index of Multiple Deprivation Monmouthshire is deprived as a whole county against Access to Services, secondly people here are particularly vulnerable to social isolation. In our aging and rural county we must consider that some people will be accessing services purely to meet their basic needs of social interaction, at the same time whilst people are socially isolated their mental health can plummet, having a knock-on effect into the rest of their lives. Creating services that are locally accessible, clearly visible, and that enhance community connections will hopefully provide an important element of prevention and early intervention, whilst at the same time empowering individuals and communities to tackle needs in their local areas and be more self-sustaining.

## **Ensuring People are Mentally Healthy**

One of the eleven Supporting People outcomes is 'Mentally Healthy'. No outcome is mandatory however and it is up to the client and support worker to decide whether this goal is relevant for the duration of support. Yet repeatedly we have been confronted with evidence that mental health issues are often background factors for people being supported through our services. Evidence tells us those most vulnerable in society are more likely to suffer longer term mental health issues. Research by Hafal Cymru also suggests loneliness is a contributing factor for people suffering mental health issues and

people with a caring responsibility were particularly at risk as they have often lost touch with family and friends. Our service users are therefore particularly vulnerable to poor mental health.

Evidence from our Service Mapping chapter suggests that although there is provision for mental health, this provision is targeted more at those with a more serious mental health issue. Supporting People itself commissions two dedicated Mental Health services. Monmouthshire also has the Community Mental Health team which supports those with more serious mental health issues, and there are a handful of voluntary services set up mainly dealing with specific mental health issues such as schizophrenia. What appears to be lacking, therefore, is a general all-encompassing approach to achieving good mental health in the county.

It is imperative to all that maintaining good mental health is not overlooked and that weaving good mental health practices into our services should be a priority. We would like to see a county with many more opportunities for people living with mental health issues to reach out to one another and provide more peer to peer support, with special emphasis on providing support earlier on. Tackling loneliness and stigma around mental health will be one of the main forces in creating a 'Mentally Healthy' county and one where people are 'Capable, Confident, and Involved'.

Achieving a 'Mentally Healthy' county is not the sole responsibility of Supporting People but will require buy in from all other agencies and services operating in Monmouthshire; once again communities must be engaged to create this vision and the more services and groups that can be run by the communities the more likely we will have a preventative approach to the more common mental health issues.

#### **Streamlining Data and Reporting Mechanisms**

If we hand over more power and control to communities to deliver Supporting People services it is important that we do not lose the ability to report on what these services are achieving. Currently there is great emphasis that the Supporting People programme be evidence based to ensure it is delivering its objectives. As services move closer into the communities we cannot risk losing the 'good outcomes' of the programme. However the current data collection is vastly confused amongst providers and Supporting People teams alike. More needs to be done to ensure there is transparency and a clear understanding of why we collect and report certain data.

It is extremely important that reporting mechanisms are not overly burdensome as this will present a barrier when trying to engage communities. We must also acknowledge that the Supporting People team has limited capacity and so we need to ensure that data collection is efficient, analysis is made easier, and evidence of the programme's good work is collected more thoroughly; it is vastly important that we get buy-in from every provider so that all data returns are as efficient and as accurate as possible.

Where different providers appear to be providing the same service it may also be more efficient to merge contracts with one provider nominated as the lead. We want to make sure there is the best return possible on our Supporting People funds and that we reduce the administrative burden of the programme as far as we can. Having one lead provider efficiently managing data and reporting responsibilities would hopefully allow more time to be spent on actually delivering support.

#### **Investment into Family Focused Services**

One client category which is at risk of being overlooked is young people. We are all aware that Monmouthshire is an aging county and yet we cannot fail the young people who reside here. The data chapter highlighted that of those with a lead need of homelessness and who selected a second lead need, 43% were 'Young and Vulnerable'. This suggests that when young people need access to Supporting People services that they are either already in crisis or at risk of entering crisis shortly.

Anecdotal evidence would suggest that when a young person enters the homelessness route it is unlikely to be due to failure to pay their mortgage, rather it is much more likely that they find themselves at risk of homelessness due to a relationship breakdown with their family. Although the Housing Options Team already works closely alongside a mediation worker to help keep families together when a young person presents as homeless, this approach is often a reaction to a family breakdown that has already occurred. To prevent young people finding themselves in a position of homelessness we must take a more proactive approach therefore.

As we want every single young person to make a full and successful transition into adulthood we must help provide the tools for them to do so. Working closely alongside the Youth Service and Youth clubs to educate young people and help them gain skills needed for a successful and independent life later on should be considered a priority for early prevention.

### **Refocusing the Aims of Supporting People**

There is a widening gap between supporting people to become fully independent and supporting those who want to maintain their current level of independence. All the while the same message is being relayed to the Supporting People teams that they should increase their focus on crisis prevention and early intervention. Through good intentions and a genuine desire to support the vulnerable in society the aims of the Supporting People Programme appear to have become increasingly vast. Supporting 19 client categories from 16+ to be independent and prosperous people in society is no mean feat.

As Homelessness Prevention has now become a statutory duty and Supporting People is seen to be a key figure in preventing this, we must ask whether the two strands of support can co-exist successfully. Moving more towards crisis prevention and early intervention does not come without a financial burden and we must be sure when making tough financial decisions that these are in line with the aims of the programme.

This work has already been started in the form of implementing the recommendations of the Aylward Review that all service users receive services based on needs rather than age or tenure. It may now be time to take this further by prioritising services that aim to support and prevent above services that can only maintain. In this instance it would be the hope of the Supporting People team that if communities can be properly engaged they will be able to provide lower level befriending and support services to those whose housing situation is not at crisis point, but who risk isolation, poor mental health, and general disempowerment if services were to be withdrawn completely.

Refocusing the aims of the programme will also serve another purpose in Monmouthshire as we begin to recognise the limited capacity we have within the team. Although we match the general ambitions of the Supporting People programme we must balance these ambitions against the resources we have available. It will therefore become ever more important that we accept under the current staffing levels we simply cannot dedicate ourselves to all activities and work streams as they arise, be they local, regional, or national. Moving forward it will be imperative that we have clear priorities to focus on and for the sake of these we may have to distance ourselves from other areas of development.



# APPENDIX 1

<u>Name of document</u> <u>Date</u>	<u>Key points</u>
The Aylward Review Nov 2010	<p>Welsh Government commissioned review</p> <p><u>Recommendations</u></p> <ul style="list-style-type: none"> <li>• To review the redistribution formula and consolidate into one ring-fenced grant managed by local authorities</li> <li>• To encourage collaboration and cross authority working including setting up SPNAB; also a greater role for Public Health in commissioning</li> <li>• Automatic eligibility of older people to be reconsidered as it is based on age and tenure rather than need</li> <li>• Need to provide more robust evidence of the cost benefit of the programme, including more emphasis on outcomes data and a proper toolkit</li> <li>• Services to compliment care services already inexistence rather than duplicating</li> </ul> <p><u>Other areas touched on:</u>            Voice of service user            Tailoring to individual needs            Services for young people</p> <p>Report was accepted in full by Welsh Government</p>
SPPG Guidance June 2013	<p>Following from Aylward Review new SPPG guidance published</p> <ul style="list-style-type: none"> <li>• Implementing recommendations of Aylward review</li> <li>• Emphasis on SU at heart of services</li> <li>• 'Meaningful opportunities to influence decisions', systematic process for gathering views</li> </ul> <p>Local Commissioning Plan</p> <ul style="list-style-type: none"> <li>• Summary of Commissioning and decommissioning intentions over 3 years</li> <li>• Evidence based</li> <li>• Developed in partnership with stakeholders</li> <li>• Based on the experiences of SU</li> <li>• Single Integrated Plan</li> </ul>

	<ul style="list-style-type: none"> <li>• Existing service supply and gaps</li> <li>• Need for housing related support</li> <li>• Regional working opportunity</li> </ul> <p>Details of what constitutes Housing Related Support</p> <ul style="list-style-type: none"> <li>• Helping vulnerable people develop the skills and confidence necessary to live as independently as possible</li> <li>• Housing/preventing homelessness at the core</li> <li>• Support for people over the age of 16</li> <li>• Cannot fund care services – enabling, not ‘doing for’</li> <li>• To include written support plans agreed with SU</li> </ul> <p>Service User Consultation</p> <ul style="list-style-type: none"> <li>• Need to capture views of current services users and ex-service users</li> <li>• Equality of opportunity</li> <li>• Barriers to be addressed</li> <li>• Consultation needs to be representative of diverse client categories</li> </ul>
Gwent SP RCP 2013-2014	<p>Regional Priorities for development</p> <ul style="list-style-type: none"> <li>• Welfare reform floating support service</li> <li>• Minority ethnic communities domestic abuse floating support</li> <li>• Specialist Supported Accommodation for families fleeing DA</li> <li>• Domestic abuse crisis FS</li> <li>• Chronic illness FS</li> <li>• Criminal offenders service</li> <li>• Gypsy traveller FS service</li> <li>• ASD supported accommodation</li> <li>• Complex needs FS service – Family Intervention Project</li> <li>• Dementia FS</li> <li>• Forensic Mental Health services FS &amp; Accommodation (MH and criminal offending)</li> <li>• Night Stop or supported lodgings</li> <li>• Wet House (alcohol)</li> </ul>
Equality Act 2010	<ul style="list-style-type: none"> <li>• Protection against discrimination on the basis of the nine protected characteristics</li> </ul>

	<ul style="list-style-type: none"> <li>• Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex, Sexual Orientation</li> <li>• Simplifies into one act existing discrimination law</li> <li>• Indirect discrimination = a policy that applies to everyone and indirectly discriminates a group who share a protected characteristic</li> </ul>
Ten year homelessness plan for Wales 2009-2019	<ul style="list-style-type: none"> <li>• Holistic approach to break cycles of homelessness</li> <li>• Sustainable housing solutions</li> <li>• Prevention - support services to be more focused on advice/early intervention rather than reacting to crisis</li> <li>• More joined up working between partners</li> <li>• Welsh Government to lead on strategic direction of services</li> <li>• Services should be tailored to the individual</li> <li>• Homelessness is complex; one size fits all does not work</li> <li>• Making best use of resources</li> <li>• Focus on reducing evictions – more advice, stronger early intervention, possible mediation services, more support for landlords</li> <li>• People coming through homelessness services should be skilled up</li> <li>• Plan looks at skills and employment, financial inclusion, minimising mortgage repossession, health and wellbeing.</li> <li>• Identifies certain groups as particularly vulnerable</li> <li>• More data and monitoring needed e.g. rough sleepers and asylum seekers</li> </ul>
Improving Lives and Communities April 2010	<p>High Level Document</p> <p>Challenges:</p> <ul style="list-style-type: none"> <li>• Demand outstrips supply: build new houses, bring back empty properties</li> <li>• Housing needs to be more affordable</li> <li>• Ageing population: help people live independently for longer</li> <li>• Age and quality of current housing stock is poor</li> <li>• Increasing demand on housing and housing related support services</li> </ul> <p>Housing: the right type, appropriate to needs</p> <p>Improving Homes: existing stock</p> <p>Improve Housing related support services;</p> <ul style="list-style-type: none"> <li>• Services to reflect need</li> </ul>

	<ul style="list-style-type: none"> <li>• Tenants given a clear voice</li> <li>• Respond to needs of ageing population</li> <li>• Gaps in knowledge and understanding of minority groups such as gay and lesbian need to be addressed to help find suitable accommodation to meet needs and provide support</li> <li>• Homeless prevention</li> <li>• Housing related guidance and support</li> <li>• Complete a major review of SP so that support is delivered as efficiently as possible</li> </ul>
Housing (Wales) Bill 2013	<ul style="list-style-type: none"> <li>• Compulsory registration and licensing of landlords (raising standards of PSL)</li> <li>• Reduce homelessness by increasing prevention role of Housing Options Team (HOTs)</li> <li>• New statutory duty to provide sites for gypsy and travellers where a need has been identified</li> <li>• Standards placed on local authorities for rent, service charges and quality of accommodation</li> <li>• Mutual Housing Associations to gain ability to grant assured tenancies</li> <li>• LA power to charge higher council tax rate on empty properties</li> </ul>
Standards for improving the health and wellbeing of homeless people and specific vulnerable groups April 2013	<ul style="list-style-type: none"> <li>• Vulnerable groups – homeless, asylum seekers and refugees, gypsies, substance misusers, EU migrants who are homeless or insecure accommodation</li> <li>• Some points on cost benefit and health – clear evidence that lack of access to preventative support leads to increased pressure on other services. Rough sleepers use hospital services around 4 times more than general population and in patient costs can be around 8x that of general population</li> <li>• Looks at how to break down barriers to preventative services</li> <li>• Focus on collaboration and joint working</li> <li>• SP Regional Collaborative Committees (RCC) should include health representatives</li> <li>• Number of homeless people is unknown – no current data set for them</li> <li>• More service user involvement in design and delivery of services</li> </ul>
Monmouthshire SIP 2013-2017	<ul style="list-style-type: none"> <li>• Plan for Local Service Board – top executives of key organisations in Monmouthshire to discuss the partnership agenda</li> </ul> <p>1. Nobody is left behind;</p> <ul style="list-style-type: none"> <li>• Older people are able to live their good life</li> <li>• Living independently in their own homes</li> <li>• Preventative programmes are important</li> <li>• People have access to appropriate and affordable housing</li> <li>• Combat negative effects of welfare reform and fuel poverty</li> </ul>



	<ul style="list-style-type: none"> <li>• People have good access and mobility</li> <li>• Services closer to home, improving access to services: opening hours and location</li> </ul> <p>2. People are Confident Capable and Involved</p> <ul style="list-style-type: none"> <li>• Peoples' lives are not affected by drug or alcohol misuse</li> <li>• Preventative activities and increased awareness of drug/alcohol abuse</li> <li>• Educating the young (skills and employment?)</li> <li>• Focusing services where there is the greatest need</li> <li>• Drug/alcohol abuse linked to domestic violence – prevention and education programme</li> <li>• Families are supported</li> <li>• DA figures rising in Monmouthshire – may be more people coming forward, more awareness etc.</li> <li>• Economic pressure due to welfare reform , likely to increase number of vulnerable families</li> </ul> <p>3. People feel safe</p> <ul style="list-style-type: none"> <li>• Fear of crime is relatively high</li> <li>• DA accounts for 33% of violent crime against the person in Monmouthshire</li> <li>• Business and enterprise: wide range of employment opportunities needed</li> <li>• People have access to flexible and practical learning</li> </ul>
<p>MCC Adult Social Care Commissioning Plan 2014-17</p>	<p>Themes</p> <ul style="list-style-type: none"> <li>• Personalising care support services</li> <li>• Early intervention</li> <li>• Co-production</li> <li>• Doing things differently, more innovation due to less money</li> <li>• Carers a strong theme e.g. people with LD supported in parental home</li> <li>• Focus on regaining independence and promoting responsibility for own life</li> <li>• Direct payments tripled over last five years – must ensure individual choice and control – tailoring services</li> <li>• Dementia a key issue – no specific service despite increasing prevalence</li> <li>• New approaches - community co-ordination, My Day My Life</li> <li>• SEWIC gaps – hard to meet need if more complex needs</li> <li>• Very low rate of people in nursing and residential care – many receive support in the community – possible options for more flexible housing options</li> </ul>
<p>Co-production, a Manifesto for Growing the Core Economy NEF</p>	<p>Distinguishes between two 'economies':</p>

- Monetary economy = public, private and non-profit sectors
- Core economy = home, family, neighbourhood and civil society

#### A desire to grow the core economy

- Stepping away from benefits based system, and focus on earned entitlements. People more than passive beneficiaries; belief that the welfare state disempowered people, now must work to re-empower them
- Rejection that money and market price is the sole acceptable measure of value
- Time banking as a method of co-production; everybody's time is valued equally – rejection of 'price value'
- Multi-faceted network of mutual support
- People as assets; not ignoring them but asking them to use their own experiences as human beings

#### Examples

- Ex patients visiting newly discharged patients rather than visits by professional – ex patients are the 'experts', discharged patients then encouraged to do the same for somebody else. Dramatically cut the admission rate, benefits for volunteers as well e.g. self-esteem.
- Families helping families

#### What isn't co-production?

- Individual budgets – focuses on the monetary economy, pooled budgets may be better where there is a common 'need'

#### Co-production core principles:

- Clients are assets who have skills vital to the delivery of services
- Work includes anything that people do to support each other
- Always include some element of reciprocity
- Build the community and grow the core economy
- Support resilience of individuals and communities

#### Things we can do

- Reward reciprocity in funding regimes
- Reward people for their efforts in the local neighbourhood
- Shift the way professionals are trained
- Develop ways of capturing the real benefits of coproduction – capture benefits of mutual support
- Set a duty to collaborate
- Embed networks of exchange such as time banking

	<ul style="list-style-type: none"> <li>• Swap targets for broad measures of wellbeing</li> <li>• Review current health and safety measures so a culture of risk aversions doesn't present barriers to service user involvement</li> <li>• Launch a coproduction award scheme and co-production fund</li> <li>• Acknowledge the importance of size and innovation – human scale interaction, something small and successful cannot always be 'rolled out'</li> </ul>
Building Resilient Communities July 2013	<p>Action plan to tackle poverty</p> <ul style="list-style-type: none"> <li>• Preventing poverty: improve achievement of children from poorer backgrounds</li> <li>• Helping People into Work: Reducing number of workless households</li> <li>• Reduce the number of younger people not earning or learning</li> <li>• Mitigating the impact of poverty: fairer access to services including access to digital services</li> </ul> <p>Helping People into work</p> <ul style="list-style-type: none"> <li>• Emphasis on young people and care leavers</li> <li>• Traineeships and apprenticeships</li> </ul>
Places of Change Cymru: From exclusion to employment June 2013	<p>Research based; what is needed and what works when getting people into work and training</p> <ul style="list-style-type: none"> <li>• POCC (Places of Change consortium) Model: supporting homeless and vulnerable people</li> <li>• Overcoming barriers to employment</li> <li>• Wide range of accredited training</li> <li>• Assisting people in finding and sustaining employment</li> </ul> <p>Conclusion:</p> <ul style="list-style-type: none"> <li>• Service users spoke positively about what was out there, POC model well received</li> <li>• Stumbling point however about finding employment: need to build more links with private sector, support people to build their own social enterprises etc.</li> <li>• Provision of accommodation considered most valuable thing you can provide someone with</li> <li>• Service users valued being treated with respect, having options, and having someone to talk to</li> <li>• Service users noted it sometimes took time for service users to engage with services: particularly young</li> <li>• Important that service users felt safe and not stigmatised: training in more familiar environments with people they know</li> </ul>

	<p>Gaps:</p> <ul style="list-style-type: none"> <li>• Direct Access beds</li> <li>• Wet Houses</li> <li>• Move on accommodation</li> <li>• More in house nurses and GPs (community health)</li> <li>• Better access to computers</li> <li>• Food banks</li> <li>• Move on accommodation that allows children to stay as well (for parents without full access to their children)</li> </ul>
<p>Together for Health: A five year vision for the NHS in Wales 2011</p>	<ul style="list-style-type: none"> <li>• Sustainability is a key issue</li> <li>• Improve health for everyone with focus on Young People</li> <li>• Reducing inequalities in health</li> <li>• High quality care</li> </ul> <p>Challenges</p> <ul style="list-style-type: none"> <li>• Rising elderly population</li> <li>• Inequalities</li> <li>• Increasing number of chronic conditions and complex needs</li> <li>• Rising obesity</li> <li>• Challenging financial climate</li> <li>• Rising demands</li> <li>• People to take more responsibility for own health and own communities</li> </ul> <p>The Vision</p> <ul style="list-style-type: none"> <li>• Health to be better for everyone</li> <li>• Access and patient experience to be better for everyone</li> <li>• Better service safety and quality will improve outcomes</li> <li>• Improving health as well as treating sickness</li> <li>• One system to health (integrated systems)</li> <li>• Hospitals for the 21<sup>st</sup> Century</li> <li>• Aiming for excellence everywhere</li> <li>• Absolute transparency on performance and accountability</li> <li>• A new partnership with the public, involving communities in assessing and designing services</li> </ul>

	<ul style="list-style-type: none"> <li>• Making every penny count</li> </ul>
Williams Commission January 2014	<ul style="list-style-type: none"> <li>• Complexity; design and structure, too many complex relationships – simplify accountability and streamline partnerships</li> <li>• Some organisations small in comparison which impacts their capacity – recommend merges between LAs and service integration</li> <li>• Governance Scrutiny and delivery – ambiguous and not robust – service user voice and co-production has role to play here</li> <li>• Public leadership: we need new and more coherent approaches from current and future leaders</li> <li>• Shared collaborative citizen centred set of public service values</li> <li>• Performance management is poor: new more streamlined approach focusing on outcomes</li> <li>• Basic nature purpose of public services: cleared shared vision and sense of common purpose between government at all levels, citizens and communities</li> <li>• A much greater focus on co-production with citizens and communities</li> <li>• Much stronger emphasis on enablement, empowerment and prevention</li> </ul>
Social Services and Well Being Bill 2013	<ul style="list-style-type: none"> <li>• Significant challenges</li> <li>• Increasing expectations</li> <li>• Demographic change</li> <li>• A difficult resource environment</li> <li>• Two aims: to improve wellbeing outcomes for people who need care and their carers; &amp; to reform social services law in one act</li> <li>• Commitment to integrate social services</li> <li>• Promoting peoples independence</li> <li>• Stronger voice and control to people</li> <li>• Greater consistency and clarity with the law</li> <li>• Shared focus on prevention and early intervention</li> </ul> <p>Introduces overarching wellbeing duty to public services</p> <ul style="list-style-type: none"> <li>• Development of new models of delivery</li> <li>• Co-operatives, user led and third sector services</li> <li>• Duties on LAs to provide information and advice to understand the system; what's available and how to access it</li> <li>• Single right to assessments including carers assessment</li> <li>• National eligibility framework</li> </ul>

	<ul style="list-style-type: none"> <li>• Carers to be treated in the same way as service users</li> <li>• Framework for direct payments</li> <li>• Care plans to be portable across local authority boundaries</li> <li>• New national independent safe guarding board</li> <li>• New statutory framework to protect adults at risk</li> <li>• Statement of outcomes to be achieved in terms of wellbeing</li> <li>• Duty on local authorities to promote cooperation with partner bodies</li> <li>• Local authorities to promote integration of health and social care</li> <li>• Joint adoption service</li> <li>• A new framework for complaints</li> </ul>
<p>Sustainable Social Services for Wales: Framework for Action</p>	<ul style="list-style-type: none"> <li>• Challenges, increasing expectations, fragmentation of families, increase of issues such as substance misuse, rising demand, poor financial outlook</li> <li>• Sustainable and renewable rather than retrenchment</li> <li>• Social services should listen to peoples voices</li> <li>• Allow people to have maximum control over their lives</li> <li>• Build on our strengths on people, not their needs</li> <li>• Reinforce the families wish to sustain and strengthen</li> <li>• Enable people to make a full contribution to the community and draw on it to support them</li> <li>• Welsh Government to take greater responsibility for driving the direction of services</li> <li>• Ensure everything isn't done 22 times; more efficiency</li> <li>• Service users and carers have much greater voice and control</li> <li>• Work force is confident and supportive</li> <li>• Prioritise integrated services especially for families with complex needs, looked after children, transition into adulthood, frail older people</li> <li>• Local authority to draw on its community leadership duties and deliver preventative services</li> </ul>
<p>Criminal Justice Liaison Services in Wales consultation document 2013</p>	<ul style="list-style-type: none"> <li>• Criminal justice liaison services identify offenders with MH, LD or other complex needs and liaise as appropriate with other services</li> <li>• Document focusing on the development of these services in Wales</li> <li>• Effective screening, assessment and appropriate referrals for early intervention</li> <li>• Need to recognise they are part of a socially excluded population, often come from deprived communities with generally poorer health</li> <li>• Services are for adults only</li> <li>• Schemes have developed in piecemeal fashion over the years – absence of nationally agreed guidelines</li> </ul>

	<ul style="list-style-type: none"> <li>• Increasing prison population; significant proportion of these will have complex issues – failure of system to identify and support them</li> <li>• Operational planning groups to be set up in 2007 within each police force area</li> <li>• Early intervention</li> <li>• Moving away from activity monitoring and towards outcomes measuring</li> <li>• Service user rights</li> <li>• Service to work with range of mental disorders and/or learning disabilities – not exclusive to serious MH</li> <li>• 9/10 prison population in Wales have mental health and/or substance misuse problems</li> </ul>
<p>Strategic Plan Protecting the Public Wales Probation 2013-16</p>	<ul style="list-style-type: none"> <li>• Payment by results for offender services</li> <li>• Three year programme</li> </ul> <p>Objectives</p> <ul style="list-style-type: none"> <li>• Optimise investment in Wales by developing and maintaining partnerships with stakeholders</li> <li>• Respect needs of local communities</li> <li>• Promote social responsibility, inclusion, and equality</li> <li>• Respect distinctiveness</li> <li>• Measurable outcomes for Wales</li> </ul>
<p>White Paper: Legislation to end Violence against women, domestic abuse and sexual violence November 2012</p>	<ul style="list-style-type: none"> <li>• Not about criminal law, focus on social issues, prevention, protection and support</li> <li>• Excepts women are the majority of victims</li> <li>• Rights based language used</li> </ul> <p>Improving leadership and accountability</p> <ul style="list-style-type: none"> <li>• More consistent approach and standardized services – stronger leadership instead of piecemeal approach</li> <li>• Higher priority for domestic abuse</li> <li>• Collaboration on a regional basis</li> <li>• Consistent data collection, monitoring and information sharing</li> <li>• Establish an independent ministerial advisor to ‘end domestic violence’</li> <li>• Require local authorities to collaborate with partners on a local and regional basis</li> </ul> <p>Improving education and awareness</p> <ul style="list-style-type: none"> <li>• Educational settings: working with schools</li> <li>• Mandatory training for public sector professionals</li> <li>• Ensuring all public sector employers have a workplace policy</li> </ul>

	<p>Strengthening services in wales</p> <ul style="list-style-type: none"> <li>• Information sharing and multiagency approaches</li> <li>• Public sector responsibilities to have a duty to ask and act</li> <li>• Safe accommodation: support victim choice, physical security fixtures in accommodation, improving safety of own homes to allow victims to stay there if they so choose</li> </ul>
<p>The Right to Be Safe 2010</p>	<ul style="list-style-type: none"> <li>• 6 year strategy for tackling all forms of violence against women</li> </ul> <p>Four key priorities</p> <ul style="list-style-type: none"> <li>• Prevention and raising awareness</li> <li>• Providing support for victims and children; housing has a role to play; gender equality duty shouldn't prevent gender specific services</li> <li>• Improving the response of criminal justice agencies</li> <li>• Improving the response of health services and other agencies</li> </ul>
<p>The fiscal case for working with troubled families UK Government Feb 2013</p>	<ul style="list-style-type: none"> <li>• Spending 8x more reacting to problems of these families than delivering targeted planned interventions</li> <li>• Looked at 120,000 troubled families</li> </ul>
<p>Families First programme guidance Welsh Government Oct 2011</p>	<ul style="list-style-type: none"> <li>• Sustainability, inclusivity, and social justice</li> <li>• Families First promotes multi-agency systems and support; emphasis on prevention and early intervention for families, especially those in poverty</li> </ul> <p>Follows on from Child Poverty Strategy</p> <ul style="list-style-type: none"> <li>• Reduce no of workless households</li> <li>• Improve the skills of parents and young people</li> <li>• Reduce inequalities in health, education, and economic outcomes</li> <li>• Integrated approach to family support</li> <li>• Based around whole family and tailored to individual needs</li> </ul>



	<ul style="list-style-type: none"> <li>• Clear need to be proactive through early intervention</li> <li>• Families first should have completed communities based needs assessment</li> <li>• IFSS (Integrated Family Support Service) – to provide intense support for families with drug and alcohol issues; extending to families with other complex needs</li> </ul> <p>Features:</p> <ul style="list-style-type: none"> <li>• Strengths based model, not based on peoples deficiencies</li> </ul>
Strategy for Adults with a Learning Disability 2012-2017	<ul style="list-style-type: none"> <li>• First integrated strategy across Gwent</li> <li>• Consultation priorities: to have friendships and relationships, having person centred plan, make moving from child to adult services better, paid work, accommodation</li> <li>• Vision: to lead fulfilled lives, same opportunities as others, range of services, specialist support when required</li> <li>• Core principles: maximise potential and promote independence and social inclusion, comprehensive range of services, timely responses and person centred, people can use and understand appropriate services, service users and carers at centre of planning, reviewing and changing support, should have the opportunity to remain in their local area, should have a life safe and free from abuse, services should promote wellbeing and intervene early, services should be sensitive to diversity of communities, carers are supported, services are cost effective, partners work together</li> <li>• Objectives: people have choice and control, choice about how they spend their day, people have choice of where they live and who they live with, transition from child to adult services is smooth and effective, families and carers receive timely and appropriate support, interventions promote social and emotional wellbeing, people with complex needs can access appropriate and timely specialist services, people have coordinated, safe, and timely support to plan for the future, people receive clear information</li> </ul>
The Keys to Life Scottish Government 2013	<ul style="list-style-type: none"> <li>• People with LD to be fully included and valued members of community and treated equally and fairly</li> <li>• Emphasis on health issues</li> <li>• Whole life approach: health, independent living, keeping safe and developing good relationships, breaking the stereotypes especially around education and employment</li> <li>• Importance of good quality housing</li> <li>• Mitigating the impact of welfare reform</li> <li>• One size fits all approach not good enough</li> <li>• How housing adaptations can be really beneficial</li> <li>• Volunteer and befriending as a successful initiative 'Dates and Mates'</li> </ul>

<p>Evaluation of European Social Fund peer mentoring Wales: Summary</p>	<ul style="list-style-type: none"> <li>• To assist ex substance misusers across wales to enter employment or further learning</li> <li>• Four year programme 2009-2014</li> <li>• Provided by six different providers</li> <li>• 9,600 people mostly male 25-54 supported</li> <li>• Aim to enter employment</li> <li>• Peer mentors were people who had been trained and ex substance misusers</li> <li>• At end of project 10% entered employment, 9% further learning, 14% gained a qualification, 65% achieved at least one other positive outcome</li> <li>• The largest group of people supported had few qualifications, long standing substance misuse issues and had been unemployed most of their lives</li> <li>• Second group had qualifications and had past job experience but had been out of work for some time</li> <li>• Third group interested in helping with those with substance misuse</li> <li>• Second group were most likely to be employed again although success with first group as well</li> <li>• Clients were overwhelmingly positive, valued the fact their mentors had been through similar experiences to themselves</li> <li>• Peer mentors also benefitted in terms of confidence and ability to get a job</li> <li>• Organisations generally substance misuse experts rather than employment experts: this approach more successful</li> <li>• Peer mentoring highly successive particularly due to aftercare</li> <li>• Once someone was in a job they didn't get as much support, this was considered negative: highlights that support is also needed once a person secures employment</li> <li>• Three different approaches might be appropriate for the three different groups</li> </ul>
<p>Working Together to Reduce Harm: Substance Misuse Strategy for Wales 2008-18</p>	<ul style="list-style-type: none"> <li>• Ten Year Strategy for tackling substance misuse and alcohol</li> </ul> <p>Four key aims</p> <ul style="list-style-type: none"> <li>• Reducing harm to individuals, families and wider communities</li> <li>• Improving the availability and quality of education, prevention and treatment (greater emphasis on alcohol in strategy)</li> <li>• Making better use of resources, supporting evidence based decision making, better outcomes, developing skills, and joining up agencies</li> <li>• Embedding sustainability, equality and diversity, and developing user focussed services</li> </ul> <p>Three Action Areas</p> <ul style="list-style-type: none"> <li>• Preventing harm: awareness raising, focus on children, young people, and parents</li> <li>• Support for substance misusers to improve their health: aid and maintain their recovery, range of support including accommodation</li> </ul>

	<ul style="list-style-type: none"> <li>• Supporting and protecting families to reduce the risk of harm as a consequence of substance misuse within a family and related issues such as poverty and domestic abuse</li> <li>• Tackling availability and protecting individuals and communities via enforcement</li> </ul>
<p>Refugee Inclusion Strategy Action Plan Update WG June 2013</p>	<ul style="list-style-type: none"> <li>• Builds on Refugee Inclusion Strategy 2008 which aims to support and enable refugees to rebuild their lives in Wales and make a full contribution to Welsh society</li> </ul> <p>Priority 1 – supporting the most vulnerable separated children and families</p> <ul style="list-style-type: none"> <li>• Actions include ensuring sustainable advocacy is in place for UASCs, raise awareness of advocacy needs; implement the Right to Be Safe strategy</li> </ul> <p>Priority 2 –access to services</p> <ul style="list-style-type: none"> <li>• Actions include ‘ensure every refugee has access to immediate support and advice on housing once their application has been accepted’; increase access to employee and volunteering opportunities and broaden the range of volunteering; promote training and awareness for those working with refugees and asylum seekers</li> </ul> <p>Priority 3 – Building community and empowering asylum seekers and refugees to live active and fulfilling lives</p> <ul style="list-style-type: none"> <li>• Actions include build strong and safe communities for all and encourage people to report racist incidents to the police; develop strong active inclusive refugee community organisation in Wales and enable people to participate in decisions; increase participation in arts, sports, culture; ensure HE and FE are aware of and support people</li> </ul>
<p>Proposed Welsh declaration on the rights of OP – consultation doc Dec 2013</p>	<p>I have the right to:</p> <ul style="list-style-type: none"> <li>• Be who I am</li> <li>• Be valued</li> <li>• Free will and to make decisions about my life</li> <li>• Decide where, how and with whom I live</li> <li>• Work, develop, participate and contribute</li> <li>• Safety, security and justice</li> </ul>

<p>Strategy for OP in Wales 2013-2023 WG 2013-2023</p>	<ul style="list-style-type: none"> <li>• Making Wales a great place to grow old; people Living longer, emphasis on ageing well</li> </ul> <p>Over the next 10 years:</p> <ul style="list-style-type: none"> <li>• Full participation for all OP, making sure this contribution is valued</li> <li>• Age friendly communities</li> <li>• Ensure future generations are well equipped for later life</li> </ul> <p>3 key things that OP said they want:</p> <ul style="list-style-type: none"> <li>• I have a sense of purpose and good relationships</li> <li>• I live in a community that is sensitive to my needs</li> <li>• I can afford a good quality of life</li> </ul> <p>What else is important</p> <ul style="list-style-type: none"> <li>• Feeling of belonging</li> <li>• Having something to do and feeling needed and productive</li> <li>• Accessible information and advice</li> <li>• Carers are supported</li> <li>• Concerns about scams, rogue traders and ASB</li> <li>• Housing needs change as we age and either the home or its location needs to change – OP should have access to housing and services that support their needs and promote independence</li> <li>• Increasing cost of energy and heating a home</li> <li>• More opportunities and support to find new employment</li> </ul>
<p>Strategy for intergenerational practice in Wales October 2008</p>	<ul style="list-style-type: none"> <li>• Follows on from OP strategy for Wales</li> <li>• Unanimous support for more intergenerational work</li> <li>• This document sets out a framework for this</li> <li>• IG work should be mutually beneficial, promote greater understanding and respect between generations, develop from the group up, engages and values all</li> <li>• IG work can help counteract social isolation among OP, growing negativity towards children and YP, fear of crime, old and young feeling not listened to</li> </ul>
<p>Framework for delivering integrated health and social care for older people with complex needs WG July 2013</p>	<ul style="list-style-type: none"> <li>• We face increased demand for acute and comm care for older people especially 85+ yrs.</li> <li>• Frailty, dementia and chronic conditions are prevalent</li> <li>• Task group of NHS, third sector and LA worked to produce this document</li> <li>• Need to improve existing services and develop wide range of preventative services to help people manage their own lives at home without having to go into hospital/residential</li> </ul>

	<ul style="list-style-type: none"> <li>• Need to end fragmented care and become more integrated to meet this challenge</li> <li>• We need community based, fully co-ordinated services designed to support people, give them a say and retain control of their lives. Integrated services better meet needs</li> </ul> <p>We want:</p> <ul style="list-style-type: none"> <li>• Preventative services</li> <li>• Linked community based services with smooth transitions</li> <li>• Fully integrated referral pathways</li> <li>• Capturing once and addressing all needs of the service user</li> <li>• Balanced set of services from early intervention to end of life and specialist care.</li> <li>• SUs to be able to take part in developing own plan of care with a single named point of contact</li> <li>• Carers supported and enabled</li> </ul>
<p>Older People's Mental Health (Swansea?) No date</p>	<ul style="list-style-type: none"> <li>• Not clear what this document is trying to do – seems to be an explanation e.g. what is dementia etc. and seems to focus on Swansea</li> <li>• Prevalence of dementia among older people (and often full picture not properly captured by available data) as well as all other mental health issues which affect population more generally. Anxiety, eating disorders and alcohol misuse especially common</li> <li>• Most mental health problems, particularly dementia, more common among LD population</li> <li>• Promotion of good mental health, preventative measures, early diagnosis and assessment, effective person-centred care delivered by integrated, seamless and comprehensive services.</li> <li>• Meaningful activity essential component of mental wellbeing</li> </ul>
<p>National Dementia Strategy (DH not Wales) No date</p>	<ul style="list-style-type: none"> <li>• Dementia is common and is increasing, especially among older population. LD particularly at risk. Family carers are often old and frail themselves.</li> <li>• Early diagnosis is really important.</li> </ul> <p>3 key steps</p> <ul style="list-style-type: none"> <li>• Ensure better knowledge and remove stigma</li> <li>• Ensure early diagnosis and information, start support and treatment as soon as possible</li> <li>• Develop services to better meet changing needs</li> </ul>

<p>Age Friendly Cities and Communities Dublin declaration WLGA letter and briefing May 2013</p>	<ul style="list-style-type: none"> <li>• Follows on from OP strategy for Wales vision to create age friendly communities by 2020</li> </ul> <p>Dublin declaration</p> <ul style="list-style-type: none"> <li>• Promote general public awareness of OP, their rights, needs and potential and highlight the contribution they make</li> <li>• Value and listen to views and opinions of older people and develop citizen-centred engagement processes</li> <li>• Develop urban spaces and public places that are inclusive, sharable and desirable to all</li> <li>• Develop neighbourhoods that are diverse, safe and sustainable with high quality housing</li> <li>• Public transport that is available and affordable</li> <li>• Promote participation in social and cultural life</li> <li>• Develop employment and volunteering and lifelong learning</li> <li>• High quality community support and health services</li> </ul>
<p>Hearing Matters; action on hearing loss No date – 2011?</p>	<p>Sets out the case for change and why this should be a priority</p> <ul style="list-style-type: none"> <li>• 10 million people currently affected (1 in 6), an upward trend</li> <li>• Significant personal and social costs e.g. social isolation, mental ill health, people with hearing loss have double risk of dementia, significant impact on education and employment – deaf people 4x more likely to be unemployed</li> </ul> <p>What we need to do</p> <ul style="list-style-type: none"> <li>• Prevention and early diagnosis – currently very opportunistic and ad hoc and average 10 year delay in people seeking help; many YP also at risk due to amplified music</li> <li>• Tackle barriers to access – currently only 1/3 people who could benefit from hearing aid have one, serious lack of integration between health and social care and rehab services e.g. lip reading classes – need to promote new models of service</li> <li>• Communication is a key challenge for everyday interactions; social and accessing vital services – technologies and services exist to help but lack of awareness and lack of use of these, much more could be done</li> </ul>
<p>Designed to Improve Health and the Management of Chronic Conditions in Wales March 2007</p>	<ul style="list-style-type: none"> <li>• Need to meet local needs more effectively</li> <li>• More partnership working – a ‘whole system’ approach – joint commissioning across partners</li> <li>• Managing health in own communities, increasing more independence in managing conditions</li> <li>• Services designed around the user and not the provider – tailored services</li> <li>• Services can be clustered to meet collective needs however – more sustainable</li> <li>• Develop role of the local communities – however not just about relocating services into community settings, a whole systems approach is needed – new job role in the community – a Chronic Conditions Care Coordinator</li> <li>• New coordinator to advise on commissioning of CC services</li> <li>• Health needs should not be treated in isolation to other needs such as housing - a coordinated and efficient system required</li> </ul>

	<ul style="list-style-type: none"> <li>• More sustainable health and social care required – can be achieved through engaging patient with their own health and promoting self-management – echoes co-pro principle where service users are not just passive recipients of services</li> <li>• Telecare and Telehealth to play role in flexibility of services, help people stay in own homes</li> <li>• Need to identify champions in the field who can bring about new age of innovation – evidence based working</li> <li>• Social inclusion a barrier to community involvement</li> </ul>
Providing for the needs of people with HIV/Aids in Wales August 2009	<ul style="list-style-type: none"> <li>• Morbidity and mortality related to HIV can be significantly reduced by effective monitoring and treatment</li> <li>• Need to recognise and address stigma of HIV through partnership working across voluntary and statutory services, services to be non-discriminatory</li> <li>• Individuals with HIV should be treated as individuals with unique demands, services and advice tailored</li> <li>• HIV affects broad section of society, all services should be geared up to support range of clients</li> <li>• Services should engage service users and encourage joint decision making – service users not passive recipients but empowered to become ‘expert patients’ – aim to increase self-esteem, independence and self-management</li> <li>• Service users also encouraged to become actively involved in supporting the development of services to best meet their needs</li> <li>• Anyone dealing with results of HIV testing should have knowledge of local services and have clear pathway for referral</li> <li>• Awareness of other non-related health care issues such as monitoring of mental health</li> <li>• Each LA to have a nominated individual with knowledge of HIV</li> </ul>
Together for Mental Health in Gwent 2012-2017	<ul style="list-style-type: none"> <li>• First integrated strategy for mental health in Gwent</li> <li>• Based on the views of service users, carers, staff and stakeholders</li> <li>• Although possibility of joint funding, important to work together as equal partners</li> <li>• A person centred approach based on equality without discrimination</li> <li>• Aims; <ol style="list-style-type: none"> <li>1. Communicate and work alongside SUs, carers, staff and communities in planning, monitoring and provision</li> <li>2. Develop range of services that support community well-being</li> <li>3. Enable the provision of a wide range of accommodation options</li> <li>4. Ensure services based in the community offer support, advice, assessment and treatment (where necessary)</li> <li>5. Specialist services where required</li> <li>6. Cross organisational working to meet needs of those with dementia</li> <li>7. Best use of mental health services</li> </ol> </li> </ul>

	<ul style="list-style-type: none"> <li>• 8. Work across the six organisations to establish rules and structure that supports working together and a plan to deliver good quality mental health services</li> <li>• Shared responsibility, not limited to mental health but housing jobs etc. – role for the community, large economic costs of MH if not treated – strong interface with community planning processes, housing organisations, educational establishments and third sector orgs.</li> <li>• Empowerment of services users – enable them to recover their place in the community, important not to lose sight of them as a person and not just a ‘service user’</li> <li>• Person centred approach</li> <li>• Early intervention – workers in the heart of the community with the right training and experience to be that first point of access</li> <li>• Need to inspire confidence in the system – number of assessments too high, people getting passed from pillar to post – what are the real experiences of the people who use services</li> <li>• Autonomy of the service users, SUs are the experts – SUs and carers should be at the centre of developing their own care and treatment plans, ensuring they are listened to the first time</li> <li>• Promoting independence of service users – eventually able to manage own health but know where to turn when feel MH deteriorating again, important to have ‘safety nets’ in place</li> <li>• Accommodation – all should provide opportunity for developing or enhancing social networks and community belonging – always thinking of the next steps</li> <li>• Service user feedback to be test of how well strategy is achieved</li> </ul>
WAG ASD Strategic Action Plan 2008-2011 2008	<ul style="list-style-type: none"> <li>• Access to services without discrimination; policy built upon equality law</li> <li>• Partnership working, awareness raising, and needs mapping crucial to development of services where gaps identified</li> <li>• Commissioners can identify how to best make use of finance and pool resources where appropriate; also share their knowledge</li> <li>• Options for inter-authority joint and/or regional commissioning</li> <li>• Establishment of an ASD co-ordinating group in each local area as well as an ASD champion to work with stakeholders</li> <li>• Services to meet individual needs, rather than providing generalised service; recognition that ASD does not exist without other needs</li> <li>• Desire for children with ASD to have full participation in society</li> <li>• Estimates suggest only 11% of adults with ASD are in fulltime employment (figure from 2008 or before)</li> <li>• Adults with ASD to have equal access to full range of government funding programmes for education and training</li> <li>• SPPG Planning Group to plan for transitional move from family home into own accommodation; early enough for families and individuals to be properly prepared</li> </ul>



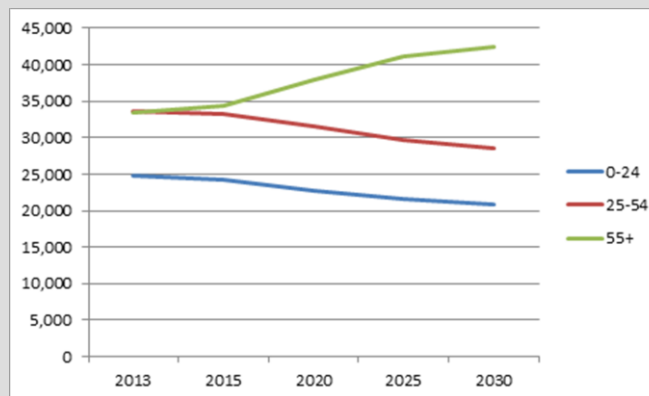
	<ul style="list-style-type: none"> <li>• Lowering stress important; self-help groups valuable; great value in the cooperation of practitioners and parents</li> <li>• Training for family members to provide the necessary support in the community</li> </ul>
Autistic Spectrum Disorder: A Guide for Homelessness Practitioners and Housing Advice Workers March 2011	<ul style="list-style-type: none"> <li>• Individuals with ASD significantly more likely to be faced with homelessness than general population</li> <li>• Having their own home or space can improve their quality of life</li> <li>• Eagerness to please wrong crowd may lead to susceptibility to illegal behaviour including drug taking</li> <li>• Difficulty in understanding or fearful of legal jargon may lead to people with ASD not responding to letters and appointments; also a difficulty in understanding official processes</li> <li>• People with ASD are legally vulnerable adults</li> </ul>
Making the connections April 2013	<ul style="list-style-type: none"> <li>• Statistics show there are clear though complex links between DV and substance misuse</li> <li>• Women who experience gender based violence are 5.5x more likely to be diagnosed with substance misuse problem – most began their problematic use after experiencing DV</li> <li>• Approx. third of DV incidents happened when perpetrator was under influence; majority of perpetrators with substance misuse problems were problem users before becoming domestically violent; majority of cases problematic substance misuse increase during incidents of violence</li> <li>• Few programmes systematically address DV and substance misuse together although examples of good practice do exist</li> <li>• Methods of supporting DV perpetrators align well with methods for supporting substance misusers – co-existing risk behaviours should be treated in parallel</li> <li>• Substance misuse and DV needs a particular approach with LGBT community – other types of drugs often involved, unique DA issues, barriers to access for this group</li> <li>• Young people and DV/substance misuse also an issue especially young girls and parents as victims</li> <li>• Services need to be aware of the impact on children and families</li> <li>• DV and substance misuse require a holistic joined up approach</li> </ul>

# APPENDIX 2

## A Picture of Monmouthshire

Population to remain stable at around 92,000

SOURCE INFOBASE CYMRU



SOURCE DAFFODIL

Age shift in the population and significant increase in the number of 85+



Data estimates there will be an increasing number of people living alone from 20,337 in 2013 to 23,175 in 2030

SOURCE DAFFODIL

People with a Limiting Long Term Illness increasing from 23,012 in 2013 to 26,989 in 2030, especially among the 55+

Number of 65+ attending A+E due to falls increasing from 540 in 2013 to 920 in 2030

Increase in number admitted to hospital due to falls from 557 in 2013 to 945 in 2030

Overall increase in number of people with moderate or severe hearing impairment from 11,150 in 2013 to 16,000 in 2030

Dementia increasing among 65+ from 1,422 in 2013 to 2,445 in 2030

Increasing numbers receiving community based services, especially among 85+ from 1,553 in 2013 to 2,353 in 2030

SOURCE DAFFODIL



Monmouthshire has highest life expectancy for men and women across Wales, however across the wards there is a variance of 11.9 years in life expectancy

Difference between life expectancy and healthy life expectancy is 11 years for men and 13.9 years for women (data from 2005-2009)

Welsh healthy 2008-2010 survey estimates 28% of 65+ being treated for heart condition

SOURCE MONMOUTHSHIRE STRATEGIC NEEDS ASSESSMENT VERSION 1

## Average House Price £242,000 compared to £161,000 in Wales

2011 census shows 2,057 lone parent households with dependent children

Between 1997-2011 20% increase in 20-34 year olds living with parents

As of 1<sup>st</sup> February 2015 there are 2,749 households on the Housing Register with only 960 affordable units planned over the Local Development Plan period 2011-2021



1.9% claiming Jobseekers Allowance compared to 3.5% Welsh Average

Low Level of Long-term unemployed 1.2% compared to 1.7% Welsh Average

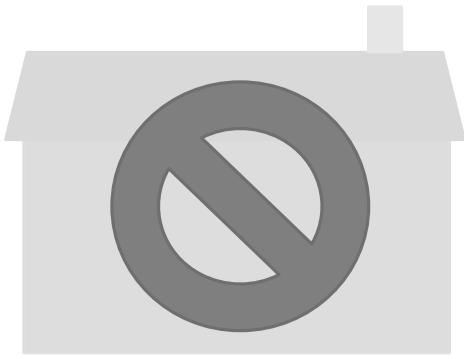
SOURCE INFOBASE CYMRU

61.34% of people in Monmouthshire are of working age 16-64 years

July 2011 – June 2012 there were 11,500 working age who were economically inactive

Excluding students Monmouthshire has second lowest proportion of economically inactive adults at 18.8%

7.8% 18-24 year olds claimed Job Seekers Allowance in 2012, similar to Welsh Average

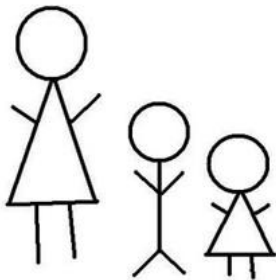


2013/14 388 Homeless Decisions made  
 170 eligible and in priority need  
 128 eligible but not in priority need

90% former prisoners presenting as homeless were male

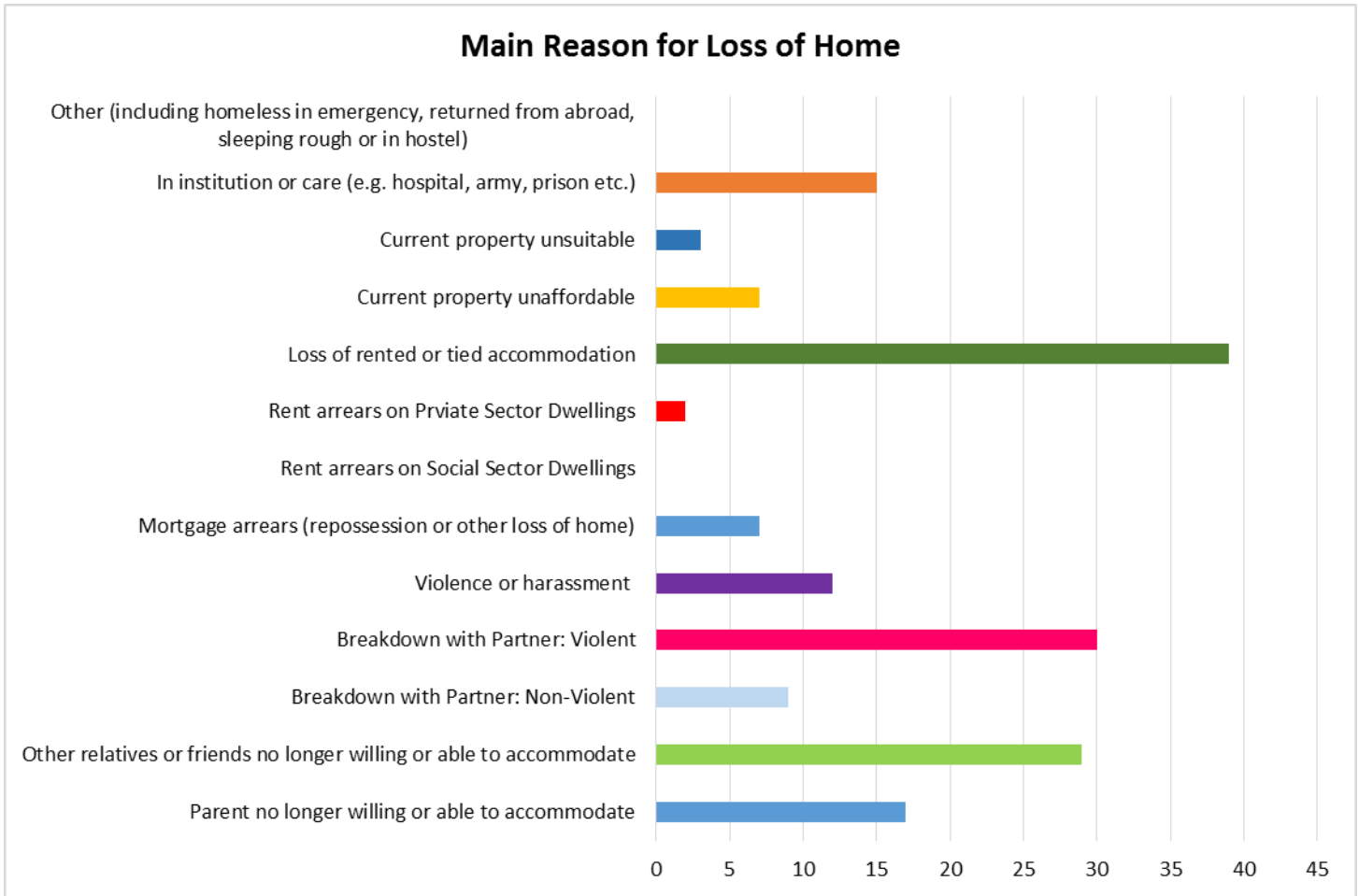
19.2% eligible but not in priority need in 2012/13

32.9% eligible but not in priority need 2013/14



In 2013/14 37 Single Parent Households presented as homeless compared with 22 couples with dependent children

31 of these single parent households were women



SOURCE HOUSING OPTIONS PERFORMANCE INDICATORS 2013/2014



Rate of violent crime with injury per 1,000 was 3.68 compared to 6.16 Welsh Average

Areas where levels of crime far exceed Welsh Average of 63 per 1,000 residents

SOURCE INFOBASE CYMRU

**Table 24: Six wards in Monmouthshire with crime rates above the Welsh average.**

Ward	Area	Rate per 1000 people
St Marys	Chepstow	201.71
Priory	Abergavenny	170.25
Grofield	Abergavenny	149.33
Drybridge	Monmouth	80.3
Green Lane	Caldicot	74.19
Lansdown	Abergavenny	64.33

Source: Gwent Police

SOURCE MONMOUTHSHIRE STRATEGIC NEEDS ASSESSMENT VERSION 1

According to Welsh Government estimates there are a potential 5,862 victims of domestic abuse in Monmouthshire

In 2010/11 729 incidents of domestic abuse were reported to the police

In 2011/12 there were 782 incidents reported a rise from 8 incidents per 1,000 to 8.8 incidents per 1,000

SOURCE MONMOUTHSHIRE STRATEGIC NEEDS ASSESSMENT VERSION 1

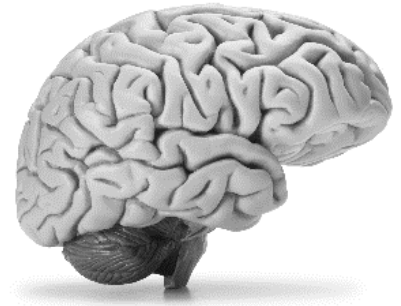
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Of domestic violence cases **reported** to the police in 2011- 12 occurred in Abergavenny

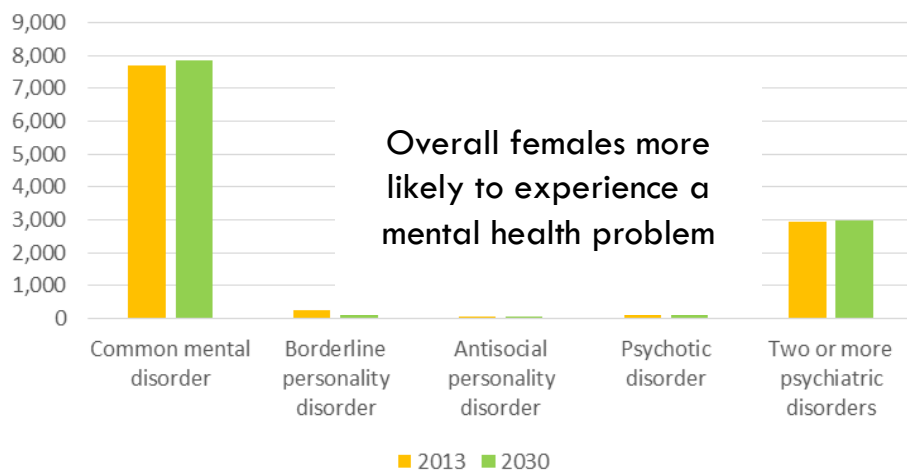
SOURCE SOUTH WALES ARGUS REPORT

Levels of Mental health expected to remain fairly stable however significant increase in number of 65+ with dementia

Mental Health need is often selected as a secondary or tertiary need behind a person's 'Lead Need'



### Female Mental Health



### Male Mental Health





75% of domestic abuse incidents involved the perpetrator or victim having consumed alcohol or drugs

44% violent crime also had an aggravating factor of alcohol

Wards with higher levels of crime often comprise night-time economy characteristics

Regional intelligence unit for Wales identified Monmouthshire as high use area for mephedrone with Abergavenny as a hotspot

MONMOUTHSHIRE STRATEGIC NEEDS ASSESSMENT VERSION 1

30.1%

16-24 admitted to misusing drugs in past year



SOURCE DAFFODIL



Decrease in drug misuse from 7,162 to 5,882 by 2030

SOURCE DAFFODIL

Increase in number of individuals referred for alcohol misuse between 2009/2010

Year	Alcohol	Drugs	Heroin
2008/09	186	216	92
2009/10	296	209	87
2010/11	271	222	109

Source: WNDSM, NHS Wales Informatics Service quoted in Monmouthshire Strategic Needs Analysis 2012



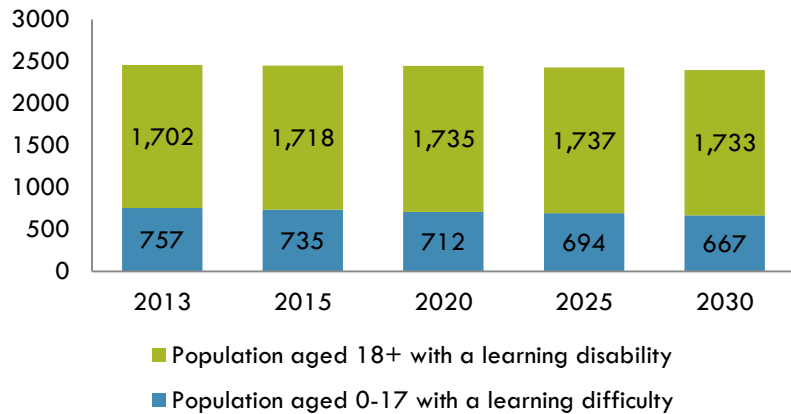
Number of adults with a learning disability predicted to remain stable at around 1,700 in Monmouthshire



2015

349 with a moderate to severe learning disability in Monmouthshire

SOURCE DAFFODIL



SOURCE DAFFODIL

SOURCE DAFFODIL

Decreasing numbers of young people with LD, in line with age shift of population

Needs of older persons with a learning disability likely to become more complex as they experience general problems of old age, including dementia

Just above 720 adults with ASD in Monmouthshire, this figure predicted to remain stable up to 2030



# APPENDIX 3

## Understanding Generic Services

To understand who accesses our generic services we have analysed outcome submissions for clients who started support from 1<sup>st</sup> April 2014 – 30<sup>th</sup> September 2014. The below table highlights the lead needs selected for these new starters within this time frame.

Lead Need	
Homeless/Potentially Homeless	238
Single Parent Families with Support Needs	7
Families with Support Needs	5
People with Physical/Sensory Disabilities	2
People with Alcohol Issues	1
People with Substance Misuse Issues	1
People with Criminal Offending History	1
Young People 16-24 with Support Needs	1
Generic/a range of Support Needs	1
<b>Total</b>	<b>257</b>

OUTCOMES NEW STARTERS APRIL 1<sup>ST</sup> 2014 – SEPTEMBER 30<sup>TH</sup> 2014

Although the above table is only a very brief snapshot it mirrors other analysis we have undertaken from our generic services in terms of lead needs. The table highlights the most selected lead need was Homeless/Potentially Homeless; as we would expect the majority of these clients were supported through our Crisis Service held with Gwalia.

The below table highlights some work previously undertaken by the Supporting People team in Monmouthshire to analyse the secondary and tertiary needs behind Homeless/Potentially Homeless as a Lead Need. The data used to produce the table is not perfect and the results should at best be considered indicative of trends, rather than hard evidence. However it does provide some insight into the type of needs that generic services are supporting behind 'Homeless/Potentially Homeless'.

Understanding Homelessness as a Lead Need	
Mental Health Issues	21.2%
Vulnerable Single parent	17.0%
Drug/Substance Misuse	15.8%
Young & Vulnerable	9.3%
Frail Persons	6.1%
Physical Mobility Issues	6.1%
Criminal Justice Issues	5.5%
Domestic Abuse	4.8%
Alcohol Dependency	3.9%
Vulnerable Two Parent Families	2.9%
Learning Difficulties	2.6%
Older Persons	2.3%
Homeless/Potentially Homeless	1.3%
Autism Spectrum Disorder & Aspergers	0.6%
Chronic Illness	0.6%
	100.0%

OUTCOMES DATA: COMBINED SECONDARY & TERTIARY NEEDS BEHIND HOMELESS/POTENTIALLY HOMELESS

The table shows a strong trend between homelessness and mental health issues though it is not clear whether these mental health problems were a cause or effect of their housing situation. Regardless the data chapter has already discussed the link between longer term mental health issues and those who are less economically affluent, therefore it is important that mental health is not underestimated in support services. This table also suggests Vulnerable Single Parents and those with Drug/Substance Misuse issues were also proportionally more affected by homelessness.

It should be noted here that Homeless/Potentially Homeless is no longer a client category as defined by the Supporting People Programme. This is due to fact it masks the needs which might contribute to the loss of home. In Monmouthshire we therefore need to 'clean up' the outcomes data and ensure all current client categories are being used.

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# Supporting People Programme in Monmouthshire 2016/17

Chris Robinson  
Supporting People

# 2016/17 Local Commission Plan

- A new approach, being introduced in 16/17 by Welsh Government, being piloted this year – more resource efficient
- Only individual proposals for altering, amending or developing the programme as outlined in the approved 2015/17 plan are presented

# 2016/17 Headlines

- The indicative Supporting People Programme Grant remains the same as for 2015/16 - £2,039,175
- Strategies for managing the predicted cuts make resources available for developing the programme
- Overall there is pressure to support an increasingly wider range of initiatives/objectives



# Freeing-up resources for developing services

- Phase II of pricing strategy –
  - Ensuring value for money on an individual provider basis
  - Moving from a capped cost per support worker to a consistent cost per support hour
- Identifying where accommodation based support is inappropriate – replacing with floating support, based on need





# Required Areas of focus

- Social Services and Well-being Act – prevention agenda
- Collaboration/integration with Tackling Poverty agenda – Families First and Flying Start
- Domestic Abuse and Violence
- Learning Disability and Mental Health
- Younger People and Care Leavers
- Support based on need not tenure or accommodation



# Contributing to MCC's approach

- Place-based support around the 4 hubs in Abergavenny, Monmouth, Chepstow and Caldicot
- Integrated services
- Prevention and early intervention
- Effective support transition for younger people, especially care leavers

# MCC's Place-based model

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# Place-Based support

A pilot programme, involving 4 x FTE support workers that:

- Links tenancy support to the integrated services and health services in each community
- Ensures that effective listeners have ease of access to tenancy support
- Takes access to tenancy support closer to the service user
- Provides experience that will inform the development of further, more seamless provisions
- Situated in the Gateway environment

# Gateway development

- Currently 10% of SPPG with no outcomes
- Increased intervention – prevention – floating support provision; become an outcome delivering service
- Piloting MCC support workers in Abergavenny & Monmouth and External provider hosted workers in Chepstow and Caldicot (to understand reality of concerns around external staff working in MCC environment)
- Gateway brokerage to develop access to other place-based support assets.



# Place-based social inclusion (activities)

- 4 x P/T social inclusion & activity support workers, hosted by an external provider
- Resource transferred from over-provided older people floating support
- Support available to all client groups in the community
- More than the current activity support worker role – not just organising for other support workers to access
- An outcome delivery role



# Younger People & Care Leavers

## Supported Lodgings:

- 1 x PT support worker
- To support foster parents/Carers in supporting Young People to develop and enhance life skills to move into independent living

## Youth Transition project

- 1 x PT support worker
- Supporting Young People into Education, Employment or Training



# Accommodation based support

Developing floating support based on need to replace accommodation based support

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- Physical and sensory disability service
- Learning Disability services
- Spendplan shows reduction in expenditure against these categories, but appropriate floating support actually maintained





**SUBJECT: Evaluation of Community Coordination and Small Local Enterprise Learning Programme**

**MEETING: Adults Select Committee**

**DATE: 8<sup>th</sup> March 2016**

**DIVISIONS/WARDS AFFECTED: All**

## **1 PURPOSE**

- 1.1 To provide members with an evaluation of the Community Coordination and Small Local Enterprise learning pilot that is scheduled to run until the end of May 2016.

## **2 BACKGROUND**

- 2.1 Public services are encountering huge pressures brought about by demographic changes coupled with more complex needs and increased expectations set against a backdrop of declining local authority budgets. In 2013 Monmouthshire County Council estimated that it would require an additional £9 million a year by 2025 to deliver like-for-like services.
- 2.2 Two methodologies were piloted to explore potential solutions to these challenges, Community Coordination and the development of Small Local Enterprises. In October 2013 Cabinet agreed to fund a two year learning pilot to test the potential of these approaches to improve outcomes for individuals and mitigate the costs pressures associated with an ageing population.

## **3 RECOMMENDATIONS**

- 3.1 Members are invited to scrutinise this report and the accompanying appendix to ensure that they present a robust and evidence-based evaluation that can be used to inform the future development of services.

## **4 KEY ISSUES**

- 4.1 The Social Services and Well-being (Wales) Act 2014 comes into effect on 6th April 2016 and highlights the role of public services in building on individual and family strengths, helping people to have a stronger voice, choice and more control supporting a meaningful contribution to local community life, the co-production of person centred services and the achievement of personal

outcomes. The Act also creates a duty on local authorities to ensure appropriate services to help prevent, delay and reduce the need for care and support.

- 4.2 Community Coordination is based on establishing local coordinators within communities to work with people who may otherwise require traditional social services. By engaging early on, building on strengths and helping people to build local connections they help people find their own lasting solutions. The development of small local enterprises facilitates the promotion of community enterprises whose aim, in general, is to improve the wellbeing of those involved as well the wider impact of improved community integration.
- 4.3 The work was initially presented as a learning pilot. Cabinet decided that the programme would be monitored throughout and the learning used to adapt the work as it progressed. Consequently Adults Select have received reports over the past eighteen months and will be broadly familiar with the evolving nature of the programme but not the precise nature of it.
- 4.4 The learning pilot produced a number of stories that identified improved outcomes for individuals. While there is not yet enough evidence to aggregate the impact of these studies, in some cases practitioners within the integrated teams were clear that without the intervention individuals on their way towards a care package had been diverted towards a more informal community arrangement.
- 4.5 The most significant conclusions highlight the importance of place and in particular the existence of buildings and facilities where individuals and groups can come together to create a sense of community, friendship, reciprocity and belonging that builds lasting connections.
- 4.6 People have a need to be involved in shaping their own future. Many of those who benefitted from the work wanted to be active participants who co-produced their own solutions not passive recipients of services. It is through contribution and involvement that people achieve a greater sense purpose and identity.
- 4.7 This cannot be viewed in isolation from the system-wide transformation taking place in adult social services and it is difficult to separate out the relative impacts of the different transformation strands. The decision to go ahead with the programme back in 2013 has yielded valuable learning that will position the authority well to implement the Social Services and Well-being Act as well as aligning very clearly with the principles of the Well-being of Future Generations Act.
- 4.8 The programme has facilitated positive outcomes for individuals and enabled the service to be on-budget. There has been no need to make a case for budget increases which could be expected when aligned to the projected rise in demand caused by an ageing population and increased complexity of need.

4.9 There is enough evidence of the positive impact that contribution and participation make to consider how these key aspects of well-being can form part of the future model of service provision. These can be incorporated into the wider transformation of adult services. It is anticipated that this can be delivered within existing budgets by maximising the potential of external funding streams such as the Intermediate Care Fund. Any future proposals that affect the nature of service delivery will be brought forward in a future report as needed.

## **5. RESOURCE IMPLICATIONS:**

5.1 There are no resource implications from this report

## **6. FUTURE GENERATIONS, SAFEGUARDING AND CORPORATE PARENTING IMPLICATIONS**

6.1 The programme has clear alignment to the sustainable development principles of being long-term; integrated; collaborative; involving people in its development and focusing on prevention. There are no safeguarding or corporate parenting implications arising from this report.

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# Community Coordination and Small Local Enterprises

an Evaluation



## An Evaluation of Community Coordination

### Background

Public services are encountering huge pressures brought about by demographic changes coupled with more complex needs and increased expectations set against a backdrop of declining local authority budgets. In 2012 Monmouthshire County Council estimated that it would require an additional £9 million a year by 2025 to deliver like-for-like services. The council began to look at transforming the way it meets needs to try and improve outcomes within its available resources.

Community coordination is an approach that originated in Western Australia and has been implemented in parts of England and Scotland<sup>1</sup>. The model is based on establishing local coordinators within communities to work with people who may otherwise require social services. By engaging early on, building on strengths and helping people to build local connections they help people find their own lasting solutions.

The development of small local enterprises facilitates the promotion of community enterprises whose aim, in general, is to improve the wellbeing of those involved as well as the wider impact of improving community integration.

Cabinet agreed to fund a two-year learning pilot. The pilot has taken forward community coordination in two areas, Abergavenny and Caldicot and the development of small local enterprise across the whole county. The first community coordinator began on 1 April 2014. The second community coordinator and small local enterprise coordinator took up their posts two months later.

The learning pilots took place within a programme of transformational change across the whole of adult social care and health. This whole system approach to helping people live their own lives is changing the nature and shape of all existing practice and provision and as such the impact of the pilots cannot be seen in isolation from the wider work.

During the life of the learning pilot Welsh Government has been preparing to implement two major pieces of legislation:

The Well-being of Future Generations Act which makes clear the need for public bodies to consider the long-term impact of their decision making, work better with people, communities and each other, look to prevent problems and take a more joined-up approach. This new law introduces, for the first time, a duty upon public bodies to ensure what they do is sustainable. It has defined the principles of sustainability as long-term; integrated; collaborative; preventative and involvement.

The Social Services and Wellbeing (Wales) Act which makes clear the need to provide services that enhance wellbeing, with a new definition of people in need and a focus on families and communities. It highlights the role of public services in building on individual and family strengths, helping people to have a stronger voice, choice and more control and supporting meaningful and valued contribution to local community life.

### Methodology of the Evaluation

The initial business case identified the use of a Learning and Evaluation Framework. This identified a number of metrics including measurement of personal outcomes, estimates of financial impact and reflective practice from coordinators employed to implement the approaches. These were to be overseen by a leadership group.

The business case recognised that this type of culture change would take a long time to realise its full potential. The short-term impact would be limited to a small number of individuals with the greatest gains taking many years to materialise as the resilience of individuals and communities is developed. The modelling of impact was initially projected up until 2030.

The original intention had been to use a distance travelled tool to assess the progress individuals made against self-defined personal outcomes. Early in the learning pilot coordinators identified that this method of evaluation was creating a potential barrier whilst they were attempting to establish informal relationships with people and a decision was taken to replace the tool with self-assessment questionnaires<sup>2</sup>.

One limitation of the questionnaires is that the responses were gathered by the coordinators themselves which can impact on the veracity of the findings. Nonetheless they are consistent with unsolicited feedback provided by individuals, their families and other agency partners.

In the absence of personal outcomes data the effectiveness of the approach is mapped against the original high level business case outcomes. Monmouthshire was also a site for the national outcomes pilot across Wales and so these are also linked to national outcomes which have subsequently been established as part of the Social Services and Well-being Act (Wales) 2014.

The development of a new social services system to support transformation is in progress. More work is needed to ensure data from the old system is migrated to accurately evidence changes in the number of people requiring long term care.

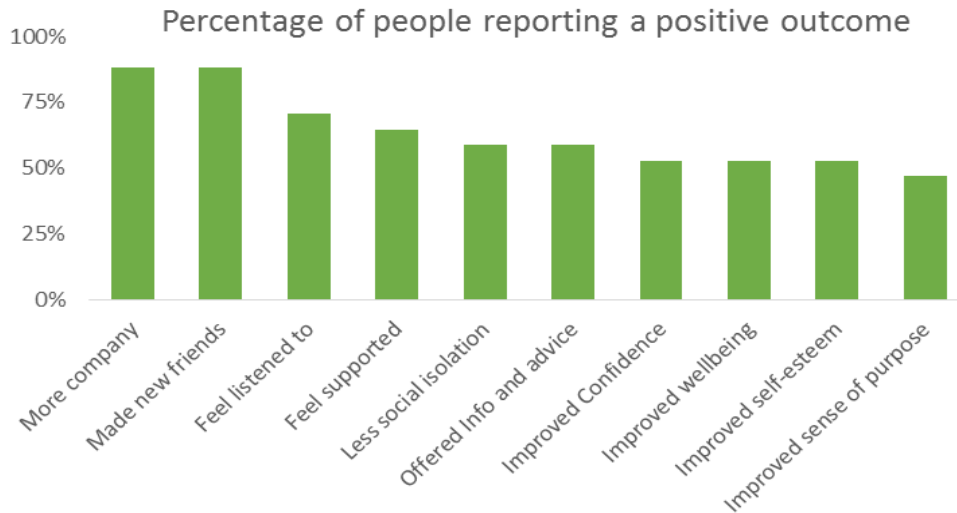
## Findings

The project employed two community coordinators. One in Abergavenny and one in Caldicot. These are communities with very different health, social and demographic characteristics. By selecting these areas, a comparison of the approach in different settings was enabled. This is explored in the second-half of this section

### **Outcomes for Individuals and Families**

It is recognised that there are difficulties in measuring the results of this type of work where there may not always be tangible outcomes, since a positive result may be stopping a future event from occurring. There is a strong-reliance on feedback and self-assessed outcomes and since the evaluation is being completed after a relatively short pilot the longevity of any impact cannot be assessed.

All of those who responded to the community coordination evaluation questionnaire reported at least one positive outcome. Several questions came back with the same percentage response although not necessarily from the same respondent with people reporting a variety of outcomes.



The prevalence of different outcomes the learning pilot engendered is shown in the chart above and then explored in more detail over the following pages. These are set out to show how the outcomes relate to those outlined in the original business case alongside national outcomes that were subsequently established as part of the Social Services and Well-being (Wales) Act 2014.

### 1. People are well informed about resources in their community

53% of people who responded to the evaluation questionnaire said they had been offered information and advice by a coordinator. This situation seems to be broadly similar in Caldicot and Abergavenny.

92% of professionals and partners across the county said the coordinator had signposted them to information or services. This is articulated by a social worker who described how the coordinator:

*“...provides me with an instant link to what is out there, what is being developed and what needs to be developed to serve the community. [The Role] provides practitioners with an opportunity to have support to find ways to meet needs that are outside of traditional services and targets needs that are often hard to reach such as emotional and psychological needs and enabling people to feel joined up to their community.”*

Coordinators made themselves known in the community in a variety of ways from community engagement events to newspaper articles, Facebook accounts and market place consultation. The reach of the coordinators has been beyond health and social care with a local shop-keeper and member of the *Town Team* reporting it as *“a vital role in our community.”*

When mapping the availability of local groups and resources, coordinators identified a wealth of well-being provision, both formal and informal, but found this to be fragmented and not always well-communicated.

#### National Outcomes:

- I know and understand what care, support and opportunities are available and use these to help me achieve my well-being
- I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being



## 2. People have a greater sense of well being

53% of people the coordinators worked with reported improved well-being while 79% of partners stated that the coordinator has helped them to support others in the community.

One attendee of the Stroke Support Group, established through the coordinator, commented *“Coming here makes me feel better and I wouldn’t miss it for the world.”*

Another said:

*“It has been the best thing that has happened to me since having the stroke, the welcome friends made and the purpose has given me a reason for getting up in the morning and something to look forward to.”*

In a further example a person had been in regular contact with the integrated team telephoning twelve times in a six month period. Despite being provided with lots of information and advice about opportunities, it seems none were able to meet the person’s outcomes. The practitioner subsequently described how this person appeared to be heading towards a traditional care package which would have had a financial cost to the authority and could have led to further dependency.

Through the community coordinator, a role was developed which enabled this individual to begin to feel well through helping others. Since the role was created there has been no further contact with the integrated team – a care package seems to have been avoided.

### **Cooking up an Opportunity**

M is in his 60s and lives alone in his own home. He has one son who lives in London, and is his main carer. M’s son was worried that he lacked motivation and was spending too much time alone. M is a retired chef and catering lecturer who enjoys food and cooking. He was very willing to share his skills with others.

M visited the lunch club run by a local church. He now volunteers there each Thursday morning peeling and slicing carrots and potatoes, returning to the hall at the end of the lunch to polish glasses and cutlery. He cooked and carved turkey for 80 people for the Christmas lunch at the lunch club.

M has agreed to provide cookery lessons to the staff at a local homecare agency. The staff are required to prepare meals in a very short time, and often they only have a microwave and a toaster to cook with. This can be quite difficult, and the agency manager was looking for someone to provide training. M also plans to create a photographic cook book from his menu so that staff can receive this as part of a training manual during their induction process.

M has also agreed to assist the Macmillan coordinator with the set-up of a men’s group in the local library.

Through Community Coordination M has been supported to become involved in his local community again. He is using his valuable skills to help others, and is becoming more active and less isolated through volunteering. The link with the homecare agency is particularly exciting as members of the community will benefit greatly from M’s extensive knowledge and expertise in cookery. M’s son is also very pleased that he is getting out and becoming more active. He feels better knowing that there is someone local who can help his dad stay active and well.

National Outcomes:

- I am happy and do the things that make me happy
- I am healthy and active and do things to keep myself healthy

### 3. People are empowered to find their own solutions

65% of people said they felt supported by the coordinator.

A newcomer to the area described how the community coordinator had helped him establish a clear sense of purpose and social belonging. He reported improved self-esteem, a reduction in social isolation and making new friends after the coordinator involved him in the development of the *Men's Shed* project. He stated how positive this had been:

*"(Through) Information dissemination, therefore giving grounding – as my role became apparent in the community; to a sense of purpose and social belonging."*

This was consistent with feedback from a family member:

*"Our community coordinator has supported my father to access local activities which has really helped him to be more motivated, confident to meet new people and empowered him to continue with these activities enriching his life."*

Partners have also responded positively, a Police Community Support Officer writing:

*"Whenever [the coordinator] and I met we would talk about gaps in the provision for isolated people. [They] have implemented so many projects that make a difference to the quality of life of people in the community."*

At the mid-point of the pilot it was clear that success was greatest when people were provided with opportunities to contribute. To develop this potential, more formal support for individual contribution through volunteering was introduced. In partnership with Bridges Community Centre a volunteer coordinator was appointed, funded through a successful bid to the Intermediate Care Fund.

**People want  
to be active  
participants  
not passive  
recipients**



5 people have begun volunteering



50+ people have attended a volunteer open day



25 people have been benefited from volunteer support



160 volunteer hours have been provided



26 people are prospective volunteers

This local experience and learning is supported by a wealth of national evidence that contribution through volunteering is a key element of helping people to stay well:

*“Through years of successful work, we know by investing in people through the power of volunteering the service can make a tangible difference; improving health and well-being, building stronger more cohesive communities and achieving lasting results. Those working in adult social care believe that everyone can play a role in their community and should have a chance to participate.” Volunteering Matters (formerly Community Service Volunteers)<sup>3</sup>*

National Outcomes:

- I do the things that matter to me
- I engage and make a contribution to my community
- I feel valued in society
- I contribute to my social life and can be with the people I choose

#### **4. People are supported to identify, use and develop their social capital**

47% of people reported an improved sense of purpose after working with a coordinator. There are no specific questions in the methodology that measure social capital.

One of the key ways in which social capital has been unlocked is through the small local enterprise coordinator. The coordinator works with people who have ideas to develop small enterprises in their community that would benefit others, to help bring concepts to life and sustain them through advice and or opportunities to connect with others who can offer support, guidance or resources.

Through the Rogiet Community Café story (see below) it is shown how social capital that lay dormant was brought to life and grew. The support of the coordinator was integral to releasing this latent energy as summarised by the one of the founders of the café:

*“I don’t know what she does but I talk to her and she sows seeds in my head and they grow in my sleep...She believes in us, she believes that we can do more than we think we can and then we believe it too.”*

#### **Rogiet Community Café**

Two residents of Rogiet were sad about what they felt was the decline of their community which had once been a vibrant place with local shops a pub and a heart. The small post office was closing and due to be replaced with a bi-weekly van service.

The friends began talking to the small local enterprise coordinator who describes her role as to “listen, challenge, mentor and ask: *is there a market? how do you know? do you have the skills? what do you need to make this work?*” The coordinator’s objective was to promote natural connections, using the community as a resource and being a resource to the community.

A steering group was formed who began to explore the idea of a community shop and set about researching the idea. They sent questionnaires out to assess the market and had around 200 responses. People were concerned about the closure of the post-office and about the lack of places where people could get together.

Lack of suitable venues was a potential barrier. An opportunity arose to use the community church hall. Monmouthshire Housing Associated awarded a small grant, the local authority gifted a food hygiene course, the group created an on-line presence and logo and Roget Community Café was born. Posters were printed and the café officially opened in October 2015.

Since opening: the local nursery group have begun using it; local craft people have stalls there; Police and Community Support Officers are on hand with monthly surgeries, a national supermarket has offered time and supplies and the co-op is also donating milk. The team of volunteers has grown from four to ten people.

The community café shows just how much the community wants to help when it is asked; that a prudent person centred approach can be a more effective and cheaper way of working and that it can grow the community's social capital.

National Outcomes:

- I engage and make a contribution to my community
- I feel valued in society

## 5. People are supported to develop non-traditional, person centred support

The small local enterprise coordinator is in touch with 42 enterprises across the county. She has worked closely with 27 of these either in creating the enterprise or helping it towards sustainability. People involved with these organisations have all either had contact with social care and health services at some point or are providing support to people with physical and/or mental health needs. There are a further 14 enterprises at the development stage.



16 people are in regular paid employment



103 people are in regular unpaid employment



350 people are weekly beneficiaries



1600 people have attended events

# People will volunteer to build better communities

Community coordinators are also working with existing organisations to deliver non-traditional support as evidenced from this quote from Macmillan Cancer Support:

*"I have benefitted from (the coordinator's) experience of working with the community, (the coordinator) has helped me to share information with other organisations. We are working together to support someone...to improve a difficult situation and reduce social isolation. We are working together to deliver a winter wellness event offering advice, guidance and workshops around well-being."*

## National Outcomes:

- I get the right care and support as early as possible
- My individual circumstances are considered

## 6. People live the life of their choosing within their local community

59% of people reported less social isolation, 53% reported improved self-esteem and 88% reported they have more company and met new friends

One of the people attending the Shared Reading Group wrote

*"It is stimulating and starts me thinking of new ideas. I enjoy the contact with different people whom I would not otherwise meet".*

Comments from the group are incredibly positive as to the benefits people are receiving. Others attending the group indicated that without it they would have been at home or had nothing to do.

These are pre-cursors of social isolation that has the potential to lead people towards day centres and other traditional social care models run by the local authority. However there are also individuals attending groups who indicate that they would still have a very full-life without the groups suggesting a diversity of attendance.

# People make people happy

## Musical Connections

D met the community coordinator during summer 2015. She is a lady in her mid-nineties who lives locally to the resource centre. D doesn't receive any support from social services and has quite a supportive family, but was beginning to feel as though she needed something to occupy her time.

After meeting with her, the coordinator learned that over the years she had enjoyed volunteering; specifically playing the piano for a range of audiences including people with dementia:

*"There is nothing like music to evoke memories from the past and if I can help people remember the past, that's what I will do."*

Through the support of the coordinator D began to volunteer at the resource centre to play piano for the people attending on Wednesdays. This began in November and over time, D who would have previously been at home by herself, become a member of the resource centre family.

In December, she and the community coordinator performed together at the local Action Fifty Plus Christmas Party. This was D's first public performance in years and after a series of rehearsals, D felt comfortable enough to play in front of the group. Following this, D and the coordinator performed at the day centre Christmas celebrations also. In December, BBC Wales filmed D. The focus of the broadcast was to share positive stories of contribution in older age. Through this and the weekly volunteer sessions at the centre, she has not only become a symbol of wellness-through-contribution but also contributes towards local culture change; inspiring older people, irrespective of age or ability to give back to their community and feel well. During 2016, D plans to alternate days at the centre in order for a wider range of attendees to hear her play.

Six months ago, D was relatively well, but beginning to feel the pressures of loneliness at home. Now after investing in the wellbeing of others, D shares how she feels better and happy that she is able to contribute to her local community.

### National Outcomes:

- I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me

## 7. People are in control of their lives

71% of people feel listened to

People can only be in control of their lives if a number of things are in place. They must be empowered, well-informed and able to live the life of their choosing. This outcome then is an amalgam of those that have gone before.

### National Outcomes:

- I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me
- Less social isolation

## Differences between localities

As the learning pilot progressed and coordinators established many positive relationships with communities, links to existing and new well-being opportunities were created. Examples include introducing people to the older persons' youth group, knit and natter, shared reading and the creation of a Men's Shed, Women Starting Over group and Stroke Support.

In many of the individual stories it was apparent that new and existing community groups were a vital part of the support network. The ability of the coordinator to connect people to groups seemed to make the real difference and led to a more sustainable longer term relationship developing.

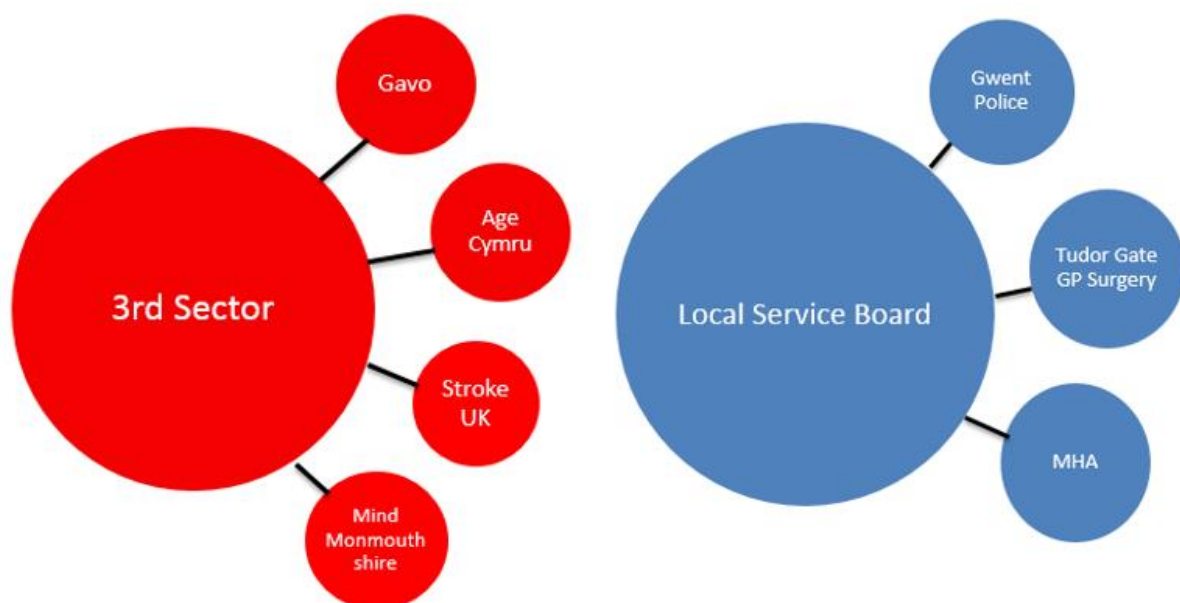
These groups are far more prevalent in Abergavenny with a greater success in that area and this appears to have been a factor in helping people connect with others. That is not to say the pilot in Caldicot was without successes – with around one in every five people the coordinator worked with connecting up to groups such as U3A.

Shared community space was sparse in Caldicot when compared with some of the other larger communities in Monmouthshire, also highlighted in the Rogiet case study. Opportunities in Caldicot are less well-developed although they are emerging, for example through the creation of the Town Team. The experience of the learning pilot has been that the social capital in this part of the county is evolving rather than established when compared with Abergavenny.

An associated factor is that each coordinator brought different skills, knowledge and experience to the role. This in turn would have had a bearing on the impact of the role within localities although this cannot easily be measured.

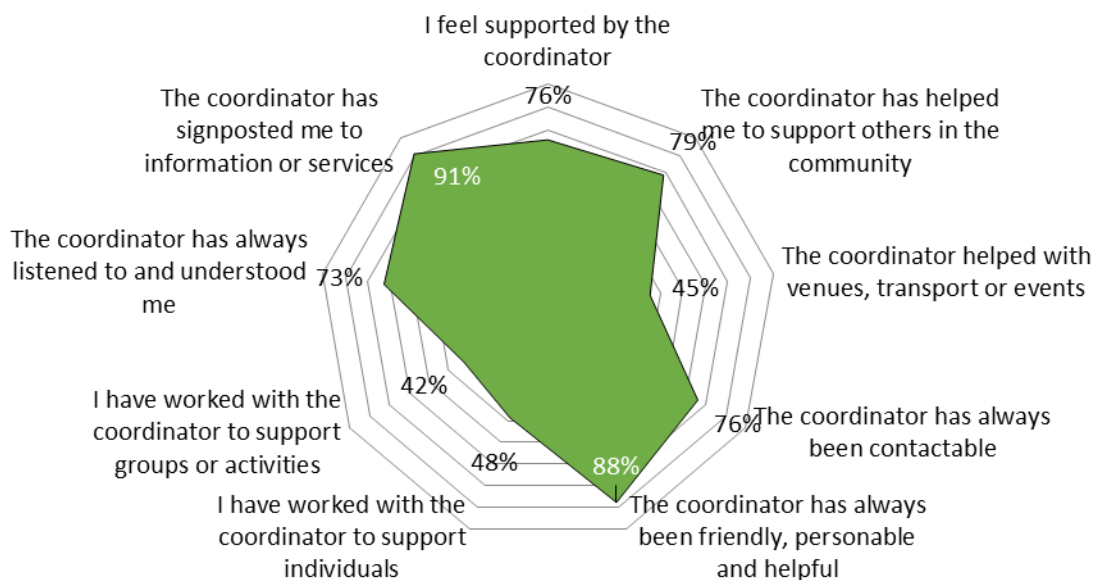
## Response from Partners and other professionals

Engaging with a range of partners allowed coordinators to identify need, provide information and advice, map and make use of local resources, support individuals and groups and develop events and other opportunities at a community level. Some of these partnerships and connections are shown in the diagram below:





Qualitative feedback from partners has been incorporated into the analysis above. The following chart summarises quantitative evidence to illustrate where partners judged the approaches to have had greatest impact. More positive responses are signified by a shaded area closer to the edge of the diagram.





## Learning

We have learned that working alongside individuals can be a fragile and nuanced process requiring not only the traditional interpersonal skills of reflective and active listening, but those that enable us to arrive at bespoke solutions based upon **interdependency and friendship**.

We recognise that natural associations and connections provide a structure of support for people to live enjoyable and fulfilled lives. Our experience has been that in bringing people together via shared interests/circumstances they begin to support one another independently of external support or interventions. In other words **people make people happy**.

We have learned that the need to be occupied, attached and included are fundamental to an individual's well-being. We understand **that people want to be active participants not passive recipients** as it is through contribution and involvement that people achieve a greater sense purpose and identity.

We have learned that **people will volunteer to build better communities**. When we have the right conversations with the right people it is possible to recalibrate relationships, craft new opportunities and develop new responses.

We have learned that the wider community is already part of the solution but that **one size does not fit all**, people are different, and communities are different so our solutions will have to be different.

# One size does not fit all

## Demand Management

It was initially envisaged, by the end of the learning pilot, coordinators would be supporting around 40 people per year to develop community connections in place of traditional social care services. It was expected that through these new methodologies, the authority would be able to help individuals identify and achieve personal outcomes, the progress towards which we could measure through the use of a shared agreement.

In reality people who were *"just coping"* or *"could go either way"* as identified in the original business case have been difficult to engage. Contact with established local entities such as businesses, libraries, GP's and U3A resulted in very few connections. When people were identified they generally said they were doing okay, were already engaged in the community through existing groups/activities, or were not interested in engaging.

As a result the main source of referrals for more intensive one-to-one support, originated from integrated teams and consisted largely of individuals already receipt of services or at risk of becoming dependent on services. Working with this group it became apparent that the opportunities to support people in different ways was impeded by a number of internal and external influences rather than lack of opportunity.

This can perhaps better be described in terms of an 'anatomy of dependence' or a combination of key elements which impacted on a person's intrinsic motivation to accept alternatives to the traditional services provided. Some of the elements we identified are shown below, a full overview can be found in the appendices<sup>4</sup>.



These factors help to explain why, despite providing a range of information and support, people who have been supported historically via a traditional care management/ commissioned service approach do not or indeed cannot reintegrate into the community. It should be remembered that user satisfaction with traditional services is very high in Monmouthshire – consistently over 90% of people report they are happy with their services<sup>5</sup>. Once in receipt of a traditional service people are very reluctant to see it taken away.

The impact of historic and traditional practice and provision has been recognised and a range of approaches across assessment, care management and direct care developed in line with the “anatomy of resilience” model.<sup>6</sup> The impact that the specific methodologies of community coordination and small local enterprise can have on building that resilience should continue to be considered when shaping the future of social care provision across the county.

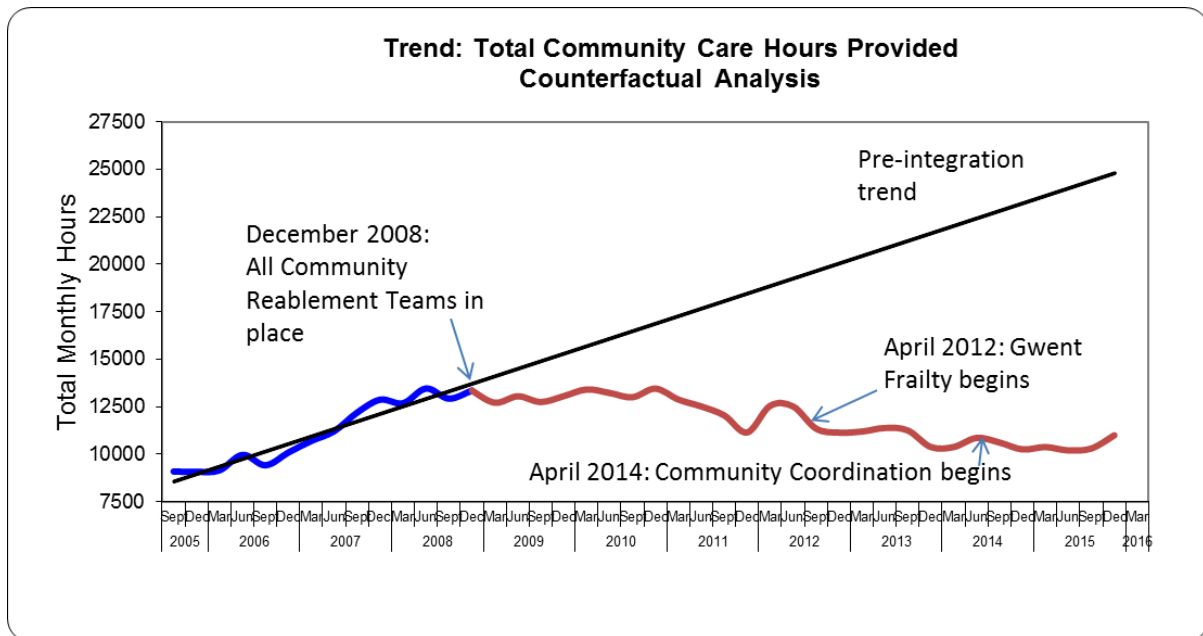
### **Financial Benefits**

The initial business case was based on estimates of how the approaches would reduce the pressures forecasted to fall on to community care budgets in future. The business case recognised that it would not be possible to separate out the impact of community coordination and the development of small local enterprise from other elements of the transformation programme happening concurrently.

Reserve budget allocation over the two year learning pilot totalled £391,908. This together with further sources of external funding (notably a successful bid to the Intermediate Care Fund) has given rise to a predicted 2015/16 year end underspend of £57,000. A request has been made to carry this underspend into 2016/17 to mitigate the costs associated with delays in coordinator recruitment. The costs were scheduled to be off-set by the impact of the project in reducing future demand and avoiding the cost pressures associated with this.

During the course of the learning pilot, the directorate began the development of a new database for both adult and children’s services. Differences in recording practice mean it has not been possible to produce a reliable figure for cost avoidance from April 2015 onwards. The last available figure was £211,789 which was in-line with the targets set of £123,000 – £246,000.

Overall there has been an increase of 2.3% reduction in the number of care hours purchased weekly over the period from 2013 (when the business case was agreed) to 10,999 hours in December 2015. This cannot solely be attributed to community coordination and small local enterprise. As has been reported to date, the relative financial benefit of these approaches cannot be isolated from those achieved by other transformation work streams across adult services. It should also be borne in mind that these figures have historically shown month to month fluctuations in the short-term and readers should be wary of attaching too much significance to short term trends.



It is important to highlight that lack of market capacity and above inflation cost increases for commissioned care mean this does not translate proportionately into cost-avoidance. What is important to note is that adult social care has delivered services on-budget and have not needed to make a case for budget increases which could be expected when aligned to the projected rise in demand caused by an ageing population and increased complexity of need.

### Conclusions and Recommendations

The purpose of adult social care and health is to “help people live their own lives.” Key to this is the ability to intervene at the earliest opportunity and support people to build networks and connections and to find their own solutions to the issues they face.

The intention set out in the original business case was for people to be supported by coordinators in three ways: through the provision of information and signposting, through the provision of information, advocacy, and advice and in the community as an alternative to medium or long term care and support.

As an alternative to care and support for those already in receipt of services the experience and learning of the pilot demonstrated that the pure Local Area Coordination methodology of coordinators holding caseloads was not feasible. Consequently the numbers of people receiving medium to long term care packages did not decline as modelled in the original business case.

The implementation of the approaches as a learning pilot, together with ongoing review, meant the team were able to evolve the way they were working to areas where it was felt they could have the

greatest impact. The original business case was to scale up the project after two years. The learning suggests that it should not be scaled up in its current form.

There is evidence of positive impact on the well-being of individuals and this evaluation includes instances where people have been diverted from a path that would have taken them towards costly statutory services.

There have been a number of successes with new enterprises coming into existence. In some instances, such as the FreeWheelers club, these were successful but short-lived. The benefits in terms of individual personal outcomes cannot be measured through hard-evidence. Case studies, feedback from partners and anecdotal evidence however suggests that there has been a positive impact at community level which in turn led to improvements in individual well-being.

What does appear to have worked well has been to engage people through contribution. People clearly have a need to be involved and to shape the future for themselves and their community rather than be passive recipients of services. The team has worked hard and learned much to inform the wider programme of transformational change developing thinking as to what needs to be in place going forwards to support people to live a life they value, with purpose and meaning.

Preventative approaches comprise a range of elements which, when deployed, developed and adapted to suit a specific community, have the capacity and flexibility to support people at individual and community levels.

These have been effective when rolled out as part of a whole system of service transformation at strategic, operational and individual levels and cannot be considered in isolation either from other approaches or from the communities in which they exist.

Increased resilience and the sustainability of preventative approaches may be gained if Monmouthshire **acts as a place not an organisation** by developing place based wellbeing teams designed to *“develop creative ways of working, which overcome departmental or agency silos in order to make best use of the resources available within the area in question.”*

The learning pilot has offered enough positive evidence that further work should be considered to maximise people’s individual contribution and to develop community spaces where people can come together to develop friendships and to share experiences and support; with the understanding that, over time well-being at an individual and community level will continue to improve.

It is recommended that the findings from this report are used to develop a model of place-based support which reflects the requirements of the Social Services and Well-being Act and is underpinned by the sustainable development principles of the Well-being of Future Generations (Wales) Act: long-term, integrated, collaborative, preventative and above all one that involves people in co-creating their own solutions.

## Act as a place not an organisation

## Appendix 1 – Factors which contribute to a person’s “Anatomy of Dependence”

Cycle of dependency	The person remains in a constant cycle of dependency, (crisis → intervention → fix) because the focus is not preventative nor supports the person to anticipate and manage another decline/crisis we constantly perpetuate the cycle and maintain/increase dependency
Service creep	Insidious increase in service provision over time, due to lack of focus on personal outcomes and active measurement
Loss	The persons experience is of wider scale loss - role, identity, familiarity, support, finance
Learned behaviour	The person has been conditioned to think, expect and respond in a service led way. Changing the way that people think, and go about their life requires a significant shift in behaviour. Breaking the pattern of dependence requires a set of attractive alternatives
Unwilling to participate	The person is too entrenched in the current service model, they cannot see or don't want to consider any alternatives. They have their “package for life” it is difficult sometimes impossible to introduce change. The reasons are complex and the result of many issues. At this point it is difficult to introduce the concept and make change. People have become conditioned to receive a package of care.
Lack of motivation	A lack of desire and/or energy (frail) to be interested and committed to consider alternatives. The person does not want to make the effort to change their current life
Confidence	The feeling or belief that the person cannot succeed in doing something for themselves, or rely on someone else to do something for them
Family anxiety	Concerns of the family that the person could lose the services and support they currently receive
Provider collusion	Obvious collusion between the person and the provider in maintaining the current service. Concerns about zero hours contracts, and employment insecurity, creation of co-dependency
Poor models of care	Transactional care provision which does not place the person at the centre. Characterised by inconsistency, unreliability and poor communication leading to stress/distress for the person and their carer
Relationship dynamics	Service provision impacts negatively upon the relationships between family members. Caring becomes an identity for carers not a role. Care commodified by policy agenda
Instability	The health and wellbeing of the person is likely to fail should no preventative work be done
Safeguarding	The person is in a vulnerable position due to living in a high risk situation
Financial advocacy	The person has a lack of access and control of their finance, either physically or mentally
Loneliness	A mismatch of the relationships the person has and those they want.
Rural isolation	The feeling of disconnection experienced by a person as a consequence of living in a rural area

## References

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<sup>1</sup> In Australia this is called Local Area Coordination, in Monmouthshire we decided to use the name Community Coordination as the acronym LAC was already in common use to describe Looked After Children

<sup>2</sup> Self-Assessment Questionnaire context

<sup>3</sup> <http://volunteeringmatters.org.uk/app/uploads/2015/11/Vol-Social-Action-Health-and-Care-web-version.pdf>

<sup>4</sup> See appendix 1 for full complete overview of factors

<sup>5</sup> Monmouthshire County Council, Community Care Questionnaire

<sup>6</sup> "The anatomy of resilience: helps and hindrances as we age A review of the literature" By Imogen Blood, Ian Copeman & Jenny Pannell October 2015

<sup>7</sup> Ageing Well – a whole system approach - a guide to place based working Local Government Association



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**SUBJECT: CAPITAL FUNDING - DISABLED FACILITIES & SAFETY AT HOME GRANTS**  
**MEETING: ADULTS SELECT COMMITTEE**  
**DATE: 8<sup>th</sup> March 2016**  
**DIVISION/WARDS AFFECTED: ALL**

**1. PURPOSE:**

- 1.1 To provide an update on the capital budget provided to support disabled facilities grants (DFGs) and Safety at Home (SAHs) grants and the impact on overall service performance and on services provided by Social Care and Health.

**2. RECOMMENDATIONS:**

- 2.1 That the Committee note the contents and implications of the report.
- 2.2 The Committee consider the options itemised in this report and recommend to Cabinet a proposed option for going forward.

**3. KEY ISSUES:**

- 3.1 The Council has a statutory obligation to provide DFG's within six months of receiving a valid application. Failure to do so it risks legal challenge. It also has discretion to provide SAHs. Since 2006 a capital budget of £600,000 has been provided annually to fund both types of grant. In broad terms the budget is split into £500,000 to support DFGs and £100,000 to support SAHs.
- 3.2 All DFGs are capped at £36,000 and while the majority are in the region of £4,500, each year a number of larger, complex grants are provided to meet the needs of children with complex disabilities. Increasingly, this also relates to adults who are disabled as a result of trauma or degenerative diseases. Client feedback has confirmed that adaptations significantly impact on the quality of life of both applicants and carers. Also, customer satisfaction scores of 95% are regularly being achieved.
- 3.3 SAHs are intended for smaller works such as handrails, half steps and minor alterations, often costing less than £250 but which make a dwelling safer. They are frequently commissioned to facilitate hospital discharge, or to reduce the risk of falls and injuries which might necessitate hospitalisation. Both grants play a key role in facilitating discharge from hospital and preventing admission.
- 3.4 In addition to the impact upon client of having to wait longer for adaptations to be carried out, the annual shortage of funds and ever earlier full commitment of them has adverse effects on the Council's performance in respect of DFG turnaround which is a KPI that is monitored closely by the Welsh Government and in particular by the Older Persons Commissioner for Wales.
- 3.5 Alternatives to DFGs and SAHs do exist, though none are as attractive as grant aid but nevertheless some potential grant recipients do opt to proceed with the necessary works at their own cost. Options which can be pursued include:-

- **Interest free Home Improvement Loans** – a Welsh Government funded scheme is available through Housing & Communities. This is interest free, but attracts a 15% administrative fee. The fee is likely to be reduced to 8%.
- **Moving house to suitable accommodation** – an option which may in any case be necessary if a resident's present home is not suitable for adaptation. In the case of private rented properties many landlords will not permit significant adaptations to be carried out as this may affect the value and marketability of the property.
- **Application for social housing** – this option is open to anyone but the shortage of RSL properties to rent is a major obstacle.
- **Housing Solutions advice** - if in the absolute situation staying isn't an option the Council's Housing Solutions Service can consider an application under the homeless related duties to assist a resident to find more suitable accommodation. This, however, would be challenging and possible landlord resistance to adaptations can be problematic.
- **Equity release** – while the Council no longer offers such a scheme, various private sector providers are available.
- **Care & Repair** – may be able to assist in a number of ways including making an application for benevolent funding from various charities.
- **RSL purchase of existing home and subsequent adaptation** – in very limited circumstances privately owned properties may be purchased by RSLs to address a bespoke need. This option is reliant on the RSL being able to fund the purchase and/or the availability of Social Housing Grant.
- **Self or family funding** - the most common way (other than DFG/SAH) of funding necessary adaptations, and, in the case of large projects exceeding £36,000 the resident would in any case have to fund the balance.
- **Different use of existing accommodation** – eg a ground floor living room being used as a bedroom

### 3.6 The options available to the Council are:

- Continue with the status quo. The advantage of this option is the Council's current capital commitment for disabled adaptations is maintained and there is no additional impact on the wider capital programme. The disadvantages are: the Council will continue to have a backlog of applicants waiting for disabled adaptations and the associated impacts on safety and quality of life for associated individuals; it makes no allowances for the impact of certainly previous inflationary pressures and there will be a continued impact on Social Care & Health services.
- Increasing the annual available capital funding for disabled adaptations. The advantage of this option is this will help to reduce (or eliminate) the number of applicants waiting and ease the pressures on Social Care & Health services. The disadvantage is there will be a knock on impact on the Council's wider capital programme and the Council may need to dis-invest in another priority in order to facilitate any increase
- One-off additional capital contribution to the current budget. The advantage of this option would be to help temporarily reduce (or eliminate) the number of applicants waiting for adaptations and ease the current pressures for individuals and Social Care and Health services. The disadvantage is that this

option only provides a temporary respite and a backlog would quickly build up again.

- Prudential borrowing. This option requires revenue funding. The necessary available revenue is cannot be facilitated because of the on-going commitment to meet financial targets relating to Cabinet mandates. Also, although the addressing of the current backlog may have some revenue benefits for Social Care through reduced care packages, these are regarded to be marginal and would not provide cashable/bankable benefits that could be directed towards funding borrowing repayments.

#### 4. REASONS:

4.1 Each year, since 2006, the date at which the full budget has been committed has been earlier than the previous year and in the current year “full commitment” occurred before the end of July 2015. The reason for this is that each year there are a number (and, therefore, value) of grant enquiries which have to be placed on hold until the following financial year. This results in one or more of four impacts:

- Clients have to wait for six months or more for funds to become available to enable the necessary work to be carried out.
- A minimum of 185 days are automatically added to the processing time for the grant and this adversely affects our KPI that is measured by WG.
- An ever increasing amount of capital is fully committed each year on the 1<sup>st</sup> of April to award DFGs which have been waiting since the previous financial year.
- Increased demand for spending on mandatory DFGs puts pressure on the discretionary but greatly valued SAH grants.

4.2 At the end of Q3, 46 DFGs had been completed against an annual total of around 80 - 120 in previous years. Twelve DFGs were awaiting processing but were on hold due to a lack of funds and all SAH grant referrals were on hold. **Appendix 1** provides an overview as at the end of January 2016.

4.3 The situation with SAH's is similar as for DFG's. These small discretionary grants are often an essential part of the process or expediting discharge from hospital or indeed, reducing the risk of falls which lead to hospital admission. The shortage of capital has meant SAH grants have been available since November 2015.

4.4 The implications of the current situation are set out in **Appendix 2**.

4.5 **Appendix 3** shows the actual spending by Welsh Council's in 14/15. Benchmarking of costs within the Gwent councils also indicates that our average costs for a typical DFG involving the provision of wet floor shower are lower than other authorities and have remained relatively stable over the years. **See Appendix 4**.

#### 5. RESOURCE IMPLICATIONS:

5.1 There are currently 47 clients waiting for DFG's with an estimated value of £492,421

**5.2** It is also important to be aware that the situation has revenue implications for Social Care and Health services. It is not possible to directly calculate this. Nor is it 'bankable' but OTs are clear that, as well as the obvious benefits to clients who have DFG and/or SAH funded adaptations, in many cases the need for ongoing care and support is reduced or even eliminated. A sample of outcome reports from the OT service are attached as **Appendix 5**.

**6. SUSTAINABLE DEVELOPMENT AND EQUALITY IMPLICATIONS:**

6.1 DFG's and SAH grants are predominantly awarded to older people, who are a protected group under the Equalities legislation, as are disabled children.

**7. SAFEGUARDING AND CORPORATE PARENTING IMPLICATIONS**

7.1 While the majority of grant recipients are adults, a small number are children, often with profound and complex disabilities. The adaptations that are carried out not only improve the lives and wellbeing of the disabled child, they often make significant improvements to the wellbeing and safety of the whole family including siblings. It follows, therefore, that any delay in carrying out adaptations affects the overall safeguarding of all the children in the family.

**8. CONSULTEES:**

Housing Management Team; Assistant Head of Finance; Integrated Service Manager; Head of Adult Services; Chief Officer Social Care & Health; Chief Officer for Enterprise; Cabinet Member for Community Development; Cabinet Member for Social Care, Safeguarding & Health

**9. BACKGROUND PAPERS:**

Report to Adults Select Committee – 1<sup>st</sup> September 2015

**10. AUTHORS:** John Parfitt, Housing Renewal Manager

**11. CONTACT DETAILS:** John Parfitt, Tel: 01633 644681, E-mail: [johnparfitt@monmouthshire.gov.uk](mailto:johnparfitt@monmouthshire.gov.uk)

## APPENDIX ONE

### Position Statement as at 31/01/16–

#### (a) actual and potential unmet demand (b) impact upon performance indicators

#### **CAUTIONARY NOTE:-**

*In the case of DFGs the actual number of OT referrals are*

*(a) never consistent year on year and,*

*(b) are so small (average 100pa)*

*that statistical variations can be great and distorting. However, previous year's rates of referrals have been used as a basis for forecasting.*

#### **2015/16 Budget Position:**

Initial budget	£586,554 (includes 19,196 for variations)
C/F	£ 58,365
<b>Total</b>	<b>£644,920</b>
Spent or committed	£635,772
Balance	£ 9,148 to fund CRM fees on DFGs in 15/16

#### **2016/17 Forecast:**

Processed and awaiting approval on 1/4/16	£362,421
Q4 (Feb/Mar) 15/16 forecast 26 referrals (est val)	£130,000
<b>Total</b>	<b>£492,421 as at 1/4/16</b>

Required to fund 16/17 OT referrals (est 100 No) £550,000

Required to fund 16/17 SAH grants £100,000

**Capital budget required for 16/17 £1,142,421**

#### Average processing times for DFGs delayed due to lack of capital in 15/16:

From initial point of contact with OT service – when approved on 1/4/16 (plus time with contractor) 357 days

Delay component due to lack of funds 130 days

## **APPENDIX TWO**

### **Implications of a shortage of DFG and SAH funding for Social Care and Health clients**

- 1.1 The rate of older people supported in the Community per 1000 population aged 65 or over the last 2 years has remained around the 60, which is very low when compared with our neighbouring authorities, part of the reason for this is due to providing a timely approach to funding and installing both major and minor works of adaptation. However, this has become increasingly difficult as the DFG budget has remained unchanged for the last ten years. Each year the committed date is falling earlier in the year which puts subsequent pressures on other Monmouthshire County Council budgets, and Frailty Resources.
- 1.2 The lack of appropriate accommodation to meet the needs of the individual gives rise to an increasing need for crisis intervention and the assistance of longer term Care and Support Packages. If there is a delay in meeting completion of the adaptation, and people become dependent on Care and Support Packages it is then more difficult to withdraw any support even though the adaptation itself would have initially prevented the need for long term support.
- 1.3 The adaptation component of a Care and Support Plan is an essential component to sustain Monmouthshire's trend of providing minimal care packages, thereby limiting the week on week commitment of care packages via Community Care. This in turn enables people to maintain their community connections which maintains both their physical and mental wellbeing as well as assisting to maintain the local economy.
- 1.4 A case example of providing a level access shower to the cost of approximately £3000 has enabled the individual to maintain their ability to maintain their own personal hygiene which has the effect of negating the need for long term care to assist with bathing 3 times a week with ongoing weekly cost of £23.40 [£1216.80 per year] to Social Services.
- 1.5 Another example would be providing ramped access to/from the property, which would enable the individual to go out to connect with their community, rather than necessitate the commissioning of on-going services to provide social interaction within the home and potential lead to the associated isolation, which research shows would over time would lead to increasing dependency.
- 1.6 Whilst it may be easy to think SCH could pick up the adaptation bill, it is the duty of the Housing Authority to provide what is reasonable and practicable based on the Social Services needs assessment as to what is necessary and appropriate, using the DFG funding under the Housing Grants, Reconstruction and Regeneration Act. An increase the DFG and other adaptation budgets would undoubtedly offset the potential ongoing commitment from other budgets within the authority.
- 1.7 In the future the Chronically Sick and Disabled Persons Act 1970 will be replaced by the Social Services and Well-being (Wales) Act 2014, focusing the attention on the need for preventative works such as adaptations, however it will remain the housing grants duty to provide the adaptations as outlined in the Housing Regeneration Act, therefore it is in the Council's interest to support the provision of adaptations as an essential service

- 1.8 Outlined below are some examples below of the type of situation which Social care and Health Services are trying to deal with as a result of not be able to have DFG supported work carried out:-.

*Example 1*

Sixty – two year old lady in Monmouth area with a diagnosis of Motor Neurone Disease and is very unsafe on the stairs. Downstairs accommodation is not suitable and influenced by the fact that she regularly has her grandson to stay over since the death of her daughter. Requires a stair-lift, family are having to rent a stair-lift in the interim although she is eligible for a DFG.

*Example 2*

A gentleman in Monmouth area who is housebound awaiting installation of ramps. We are currently dealing with the complaint submitted with regards to this.

*Example 3*

A lady who had been living in an MHA property until she had a stroke and moved in with her family so they could help care for her. She is currently living in the family front room with access to a small downstairs toilet. Following assessment, recommendation is to adapt the garage to allow her to have accommodation that would be independent from the family but they could still provide her with support. As funding is committed for this financial year this won't be looked at until April 2016.

*Example 4*

Mrs B – she's 68. She lives with her Husband in their own house in Abergavenny. She has a Neurological disorder affecting her communication and she is unable to mobilise or transfer independently. Her Husband assists with all care. To manage personal care her husband is carrying her to the car then carrying into Avenue Road where carers are attending to her personal care needs. Her Husband then repeats the process to return her home. Mrs B has recently had a ceiling track hoist fitted, following assessment I recommended wet room installation this would allow her to have her personal care needs met within her own home. Also, Her Husband is more than happy to manage all of her personal care needs thus avoiding the need to have Carers to support.

**NOTES:**

It should be noted that the lack of adequate capital impacts only on private owned or rented property, residents in MHA property are still able to access adaptations as it is a different process funded directly by MHA and brings about significant inequity.

*This information was previously reported to Adults Select Committee on 01/09/15*

## APPENDIX THREE – DFG SPENDING BY WELSH COUNCILS

2014/15

Wales		31694238.23
Wales	Isle of Anglesey	687421
	Gwynedd	1123623.98
	Conwy	1160422.04
	Denbighshire	1111427.5
	Flintshire	803638.67
	Wrexham	1209143.34
	Powys	873341.9
	Ceredigion	1034808.93
	Pembrokeshire	985134
	Carmarthenshire	1157047.57
	Swansea	3288304
	Neath Port Talbot	2728806
	Bridgend	1261047.16
	Vale of Glamorgan	993092.53
	Cardiff	3854608.04
	Rhondda Cynon Taf	4094698.91
	Merthyr Tydfil	771789.09
	Caerphilly	1160628.09
	Blaenau Gwent	778105.28
Torfaen	1091045.2	
Monmouthshire	473176	
Newport	1052929	



## **APPENDIX FOUR**

### **DISABLED FACILITIES GRANT'S DATA AND PERFORMANCE 2008/9 – 14/15**

Year	Average No. of days	Average Cost	No. referrals received
2008-2009	377	£5,249.43	94
2009-2010	316	£4,801.89	169
2010-2011	311	£5,939.67	163
2011-2012	318	£5,133.24	118
2012-2013	236	£5,820.00	141
2013-2014	186	£4,330.59	153
2014-2015	213	£5,993.10	161

Average cost of wet floor shower installation in MCC is £3745 compared with a Gwent wide average of £4,013 (MCC is 7% cheaper)

The level of OT referrals to the team is showing an increasing demand for disabled adaptations

- 12/13 - 141
- 13/14 - 153
- 14/15 – 161
- 15/16 - 96 (Q1– 53; Q2 -28; Q3 15)

DFG approval levels over the same period are:

- 12/13 - 91
- 13/14 – 104
- 14/15 – 85
- 15/16 72 (Q1 52; Q2.19; Q3 1)

(This is an unprecedented number of approvals in Q1. Last year it was 21 and 13/14 it was 31. This year's Q1 spike relates to the number of grants that needed to be carried forward from 14/15 due to lack of budget)

### **KPIs**

In order to produce a reportable Key Performance Indicator for the Welsh Government the time taken to process DFGs is recorded from the first point of contact a client has with the Occupational Therapy service to the certified date of completion of the works. The Housing and Community Service has direct control of the process for only a part of the overall time with the remainder being with the OT, the client and the contractor(s). In addition some of the more complex DFGs which involve building

extensions requiring time with the Planning Department and Welsh Water all of which add to the overall processing time.

In recent years the Council has performed well and in 2013/14, the last year for which records are published it was the second fastest in Wales with an average completion time of 186 days. However, several factors can cause the average processing time to increase and these include:-

- Time with the OT for assessment
- Time with the client while legal and financial information is produced
- Client choice for timing of works (any time within 12 months)
- The need for planning permission
- The need for Welsh Water to give building over sewers permission
- Availability of bespoke equipment
- Availability of specialist contractors
- Lack of capital funding

Performance for 14/15 was 213 days in relation to 81 completed DFG's.

#### **Variables:**

There is no discernible year on year pattern to the number or nature of OT referrals for DFGs, but the majority of the work involves the provision of ramping for wheelchair access, stair lifts, and wet floor shower rooms. Each year there are likely to be some cases involving clients with complex disabilities where there is a need for large scale adaptations and the building of extensions to homes to accommodate specialist sleeping and bathing facilities.

Feedback from Social Services is that it's not uncommon with some cases, that it is not possible to determine whether a DFG is needed immediately at the point of referral. Occupational Therapists have advised it is often appropriate to explore other options, such as equipment. Also, applicants needs can change during the assessment procedure

Once a grant has been approved it is the applicant who dictates how quickly an adaptation is undertaken, this can be compounded by levels of vulnerability. As an example, for DFGs completed in Q1 in 15/16 the following highlights the average time taken to complete each stage:

- Average time with OT – 48 days
- Average time with Renewals Team – 106 days
- Average time with builder/contractors – 78 days
- Average time with applicants and/or Care & Repair – 97 days

At the end of 14/15 there were 23 referrals in total ready for approval but which had to wait until the start of the new financial year for funds to become available. This added an average of 61 days to the overall DFG performance for DFG's completed in Q1.

**Outcomes:**

With regards to beneficial outcomes for clients and possible reduction in demand for SCH services, an arrangement has been established with Social Services who have started to review the impact of DFG's for individual applicants. The feedback is extremely positive. Examples of Social Care feedback is included in Appendices Two and Five to the report.

- 1.12 With an aging population and more children with complex disabilities, it is inevitable that the demand for DFGs is increasing. As the budget for DFGs is committed earlier in each financial year, the delay for those referred later in the year will inevitably increase. In the current year total commitment of the budget occurred by mid-July and unless further funding is obtained some DFGs that will be approved early in the next financial year will have as much as 270 days added to the time taken to process them.

## APPENDIX FIVE

### Examples of DFG Outcomes as reported back by OTs

**NAME:** Mrs R, Chepstow

<b>ADAPTATION</b>	<b>Wet Room</b>
<b>CARE COSTS</b>	<b>£37.98 pw / £151.90 4 weekly</b>
<b>DFG VALUE</b>	<b>£4003.33 + Fees</b>
<b>ISSUES IDENTIFIED PRIOR TO ADAPTATION</b>	<b>OUTCOME OF ADAPTATION TO SERVICE USER</b>
<ul style="list-style-type: none"><li>• Unable to access bath safely and risk of falls and injury to Mrs R when carrying out personal care.</li><li>• Mrs R was unable to access her bath and had to have personal care carried out by care staff twice daily.</li><li>• Mrs R had to have a strip wash at the sink which impacted on her dignity and choice.</li></ul>	<ul style="list-style-type: none"><li>• Since having a wet room adapted to the property Mrs R is now able to have a shower safely and independently. This has reduced the risk of falls and injury to Mrs R.</li><li>• Mrs R no longer requires care staff to attend and assist with personal care</li><li>• Mrs R's dignity and choice has been restored since having the adaptations to the property.</li></ul>
<ul style="list-style-type: none"><li>• High risk of falls and Injury</li><li>• Anxiety</li><li>• Fear of falls</li></ul>	<ul style="list-style-type: none"><li>• Decreased risk of falls and injury</li><li>• Reduced anxiety</li><li>• Improved on quality of life</li><li>• Increased independence</li><li>• Reduced fear of falls</li></ul>
<ul style="list-style-type: none"><li>• Reduced independence due to ill-health which impacted on Mrs R wellbeing. Mrs R had a history of falls and fractured her hips which affected her mobility.</li></ul>	<ul style="list-style-type: none"><li>• Mrs R stated that since having the adaptations to the property it has made a great difference to her quality of life. Mrs R was unable to access her bathroom to have a bath and had to depend on care staff to assist with personal care. Mrs R stated that she did not enjoy having a strip wash at the sink. Since having the wet room installed she stated that she can have a shower whenever she wants and no longer requires care staff to assist with her personal needs. Mrs R explained that she loves having her independence back and being able to take care of herself. Having the adaptations has enabled Mrs R to maintain as much of her independence as possible and restored her dignity.</li></ul>

**NAME: Mr G**

<b>ISSUES IDENTIFIED PRIOR TO ADAPTATION</b>	<b>OUTCOME OF ADAPTATION TO SERVICE USER</b>
<ul style="list-style-type: none"><li>• Unable to access bath safely and risk of injury to Mr G and carer`s when carrying out personal care.</li></ul>	<ul style="list-style-type: none"><li>• Since having a wet room adapted to the property Mr G is now able to have a shower safely. This has reduced the risk of injury to Mr Gill and the carers who assist in carrying out personal care.</li></ul>
<ul style="list-style-type: none"><li>• Unable to access the garden at the property due to the depth of the step to get out. High risk of falls and injury.</li></ul>	<ul style="list-style-type: none"><li>• Since having a ramp put in at the back of the property Mr G can now access his garden safely and is looking forward to being able to sit out in the garden when the weather improves. Decreased risk of falls and injury to Mr G and carer`s.</li></ul>
<ul style="list-style-type: none"><li>• Care staff having great difficulty mobilising Mr G safely due to the width of the doors being too narrow. This would impose a risk of injury to Mr G and care staff trying to access the bathroom and living room. Mrs G further explained that her property would be frequently damaged due to care staff trying to mobilise Mr G through the narrow doorways.</li></ul>	<ul style="list-style-type: none"><li>• Now the doors have been widened to the bathroom and living room this has prevented further damage to the property and reduced the risk of injury to Mr G and care staff when mobilising from one room to another.</li></ul>
<ul style="list-style-type: none"><li>• Reduced independence due to ill-health which impacted on Mr G`s wellbeing.</li></ul>	<ul style="list-style-type: none"><li>• Mrs G stated that since having the adaptations to the property it has impacted on Mr G`s wellbeing as she has noticed that he is more happy and alert. Mrs G stated that it has enabled Mr G to continue living at home which is important to both of them and it has restored his dignity.</li></ul>

**NAME: Mrs H**

<b>ISSUES IDENTIFIED PRIOR TO ADAPTATION</b>	<b>OUTCOME OF ADAPTATION TO SERVICE USER</b>
<ul style="list-style-type: none"><li>• Unable to access bath/shower safely and risk of injury to Mrs H. Mrs H stated that she had to have a strip wash and was unable to have a bath or a shower. Mrs H stated that she did not like having to strip wash but had no other choice. Mrs H stated that she would also need assistance from family members to have a wash.</li></ul>	<ul style="list-style-type: none"><li>• Since having a wet room adapted to the property Mrs H is now able to have a shower safely and independently. This has reduced the risk of injury to Mrs H and no longer needs assistance from family members when carrying out personal care.</li></ul>
<ul style="list-style-type: none"><li>• Reduced independence due to ill-health which impacted on Mrs H's wellbeing.</li></ul>	<ul style="list-style-type: none"><li>• Mrs H stated that since having the adaptations to the property it has improved her quality of life and her independence and dignity.</li></ul>

**NAME: Child J**

<b>ISSUES IDENTIFIED PRIOR TO ADAPTATION</b>	<b>OUTCOME OF ADAPTATION TO SERVICE USER</b>
<ul style="list-style-type: none"><li>• Child has multiple and complex disabilities as well as challenging behaviour. Child is a wheelchair user and has to be carried up and down stairs. He required specialist bathing facilities.</li></ul>	<ul style="list-style-type: none"><li>• Separate bedroom and bathing facilities with through floor lift has made major improvements to child's quality of life. Improved access to all parts of the home and rear garden has also been of great benefit</li></ul>
<ul style="list-style-type: none"><li>• Significant adverse impacts on the quality of family life and on relationship with siblings.</li></ul>	<ul style="list-style-type: none"><li>• Increased space has dramatically improved the quality of family life and for child J and siblings</li><li>• Parents report much improved behaviour and far better relationships with siblings</li></ul>

## *Monmouthshire's Scrutiny Forward Work Programme 2016*

Adults Select Committee				
Meeting Date	Subject	Purpose of Scrutiny	Responsibility	Type of Scrutiny
Special Meeting 1 <sup>st</sup> March 2016	Gwent Frailty Programme	Section 33 legal agreement for the frailty service. Scrutiny of the Wales Audit Office review.	Claire Marchant WAO	Performance Monitoring
	Budget Monitoring	To scrutinise the financial position for the directorates within the committee's remit.	Tyrone Stokes	Budget Monitoring
	Mardy Park Resource Centre	To scrutinise the latest position of the review.	Colin Richings	Performance Monitoring
8 <sup>th</sup> March 2016	Supporting People	Consideration of the Supporting People Service Plan and proposals for grant spending.	Chris Robinson	Performance Monitoring
	Community Coordination	Evaluation of the pilot initiative together with... Volunteer Support	Matthew Gatehouse Nikki Needle	Performance Review
	Disabled Facilities Grant	To update Members on the delivery of Disabled Facilities Grant Position at year end.	John Parfitt	Performance Monitoring
Special Meeting End March/early April	Monmouthshire Carers Strategy	To consider the draft Carers Strategy  - Invite partners who form the Carers Group - Invite carers to offer their views  To understand the range of services that support carers and those being cared for.	Deborah Saunders Julie Boothroyd	Policy Development / Pre-decision Scrutiny
Provisional Special Meeting April 2016	<u>Partnership Scrutiny:</u>  Anti-poverty (Single Integrated Plan Theme 3)  Families First Programme	Presentation of the Anti-poverty Statement of Intent	Sharran Lloyd  Will Mclean (Anti-poverty Champion)  Andrew Kirby	Performance Monitoring

## *Monmouthshire's Scrutiny Forward Work Programme 2016*

Adults Select Committee				
Meeting Date	Subject	Purpose of Scrutiny	Responsibility	Type of Scrutiny
*Date to be confirmed*	Joint Assessment Family Framework (JAFF)	Digital Stories: What we are delivering and the impact on families Report on "Families First" (the central WG funded programme of the JAFF (which has 7 family focussed projects in total)	Kirsten Major	
26 <sup>th</sup> April 2016	CSSIW Domiciliary Care Report	To consider the report and findings of the inspectors on the Domiciliary Care Service.  Link with the Turning the World Upside Down Project on Domiciliary Care.	CSSIW Claire Marchant	Performance Monitoring
	Partnership Working for Adults	Discussion on how various services are coordinated and how we engage people:  Befriending Project ~ Invite Miranda	Sharran Lloyd	Performance Monitoring
	Review of Allocation Policy	To review the Housing Allocation Policy in light of the new Housing (Wales) Act 2014.	Karen Durrant Ian Bakewell	Policy Review

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### Future Work Programme items:

- × **Gwices** - to return approx. April 2016
- × **Continuing Health Care** - Topic Suggested by Member of Public - meeting to be held with Chair and Public
- × **Future meetings with the ABUHB** ~ the role of the Health Board's Public Health and Partnerships Committee in relation to health improvement.
- × **Stroke Redesign** ~ ongoing scrutiny of implementation.
- × **End of Life Care** ~ with ABUHB
- × **Social Services Act** - post implementation, no later than Jan 2017. Prison dimension to return.



*Monmouthshire's Scrutiny Forward Work Programme 2016*

- × **Joint Housing Solutions Service Pilot - 21<sup>st</sup> June - Joint evaluation**

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## Council and Cabinet Business – Forward Plan

Monmouthshire County Council is required to publish a Forward Plan of all key decisions to be taken in the following four months in advance and to update quarterly. The Council has decided to extend the plan to twelve months in advance, and to update it on a monthly basis.

Council and Cabinet agendas will only consider decisions that have been placed on the planner by the beginning of the preceding month, unless the item can be demonstrated to be urgent business

Subject	Purpose	Consultees	Author
<b>22<sup>ND</sup> JANUARY 2016 – COUNCIL</b>			
Final Budget Proposals			Joy Robson
Council Tax Reduction Scheme 2016/17			Ruth Donovan
Affordable Housing SPG			Mark Hand
Community Infrastructure Levy			Mark Hand
<b>27<sup>TH</sup> JANUARY 2016 – INDIVIDUAL CABINET MEMBER DECISIONS</b>			
Allocation Policy – Amendment – Syrian Relocation			Ian Bakewell
<b>3<sup>RD</sup> FEBRUARY 2016 - CABINET</b>			
Budget Monitoring report – month 9	The purpose of this report is to provide Members with information on the forecast outturn position of the Authority at end of month reporting for 2015/16 financial year.		Joy Robson/Mark Howcroft
Changes to school funding formula	To approve changes to the school funding formula for: Threshold payments, primary school		Nikki Wellington

Subject	Purpose	Consultees	Author
	top up and free school meal funding for primary schools.		
New Monmouthshire Carers Strategy			Deborah Saunders
<b>10<sup>TH</sup> FEBRUARY 2016 – INDIVIDUAL CABINET MEMBER DECISIONS</b>			
<b>23<sup>rd</sup> FEBRUARY 2016 – SPECIAL COUNCIL</b>			
SRS			Peter Davies
City Deal			Peter Davies
<b>24<sup>TH</sup> FEBRUARY 2016 – INDIVIDUAL CABINET MEMBER DECISIONS</b>			
Usk Play Lottery bid			Tim Bradfield
Poplars Road			Peter Woodrow
Proposed traffic regulation Tory St & Agincourt			Phaedra Cleary
Transfer of Post from Aneurin Bevan University Health Board to MCC			Bernard Boniface
Redundancy report			Ruth Donovan
Childcare Development Worker			Sue Hall
JAFF Project coordinator			Andrew Kirby
<b>2<sup>nd</sup> MARCH 2016 – CABINET</b>			
NEET strategy			Tracey Thomas
Welsh Church Fund Working Group	The purpose of this report is to make recommendations to Cabinet on the Schedule of Applications 2015/16 meeting 5 held on the 21 <sup>st</sup> January 2016		Dave Jarrett
2015/16 Education & Welsh Church Trust Funds Investment & Fund Strategy	The purpose of this report is to present to Cabinet for approval the 2016/17 Investment and Fund strategy for Trust Funds for which the Authority acts as sole or custodian trustee for adoption and to approve the 2015/16 grant allocation to Local Authority beneficiaries of the Welsh Church Fund.		Dave Jarrett

Subject	Purpose	Consultees	Author
New Monmouthshire Carers Strategy (Adults)			Deb Saunders
Mounton House Formula Change			Nikki Wellington
Mardy Park			Colin Richings
Proposed closure of Deri View			Debbie Morgan
Removal of post from CYP			Sharon Randall Smith
SRS			Sian Hayward
Pay Policy			Sally Thomas
<b>9<sup>th</sup> MARCH 2016 – INDIVIUDAL DECISION</b>			
Flexi retirement request			Ian Bakewell
Allocation Policy			Karen Durant
<b>10<sup>th</sup> MARCH 2016 – COUNCIL</b>			
Final Composite Council Tax Resolution	To set budget and council tax for 2016/17		Joy Robson
Treasury Management Strategy 2016/17	To accept the annual treasury management strategy		Joy Robson
The Future Food Waste Treatment Strategy: Outline Business Case & Inter Authority Agreement	for the Council to consider the inclusion of MCC in the Heads of the Valleys Anaerobic Digestion Procurement. To agree the Outline Business Case and the Inter Authority Agreement which commits the Council to the procurement and partnership and a 15-20 year contract.	SLT Cabinet	Rachel Jowitt
The Future Food Waste Treatment Strategy: Outline Business Case & Inter Authority Agreement	for the Council to consider the inclusion of MCC in the Heads of the Valleys Anaerobic Digestion Procurement. To agree the Outline Business Case and the Inter Authority Agreement which commits the Council to the procurement and partnership and a 15-20 year contract.	SLT Cabinet	Rachel Jowitt
Waste Strategy			Carl Touhig/ Roger Hoggins
CIL			Martin Davies

Subject	Purpose	Consultees	Author
SPG			Martin Davies
Draft Diary			
Pay Policy			Sally Thomas
<b>17<sup>TH</sup> MARCH 2016 – SPECIAL COUNCIL</b>			
City Deal (TBC)			Peter Davies
<b>23<sup>RD</sup> MARCH 2016 – INDIVIDUAL CABINET MEMBER DECISIONS</b>			
Release of restrictive covenant			Gareth King
Creation of business support officer post	To gain agreement to employ a full-time Business Support Officer within Children's Services.		Gill Cox
<b>24<sup>TH</sup> MARCH 2016 – SPECIAL CABINET</b>			
Risk Assessment			Richard Jones
Proposed closure of Llanfair Kilgeddin CIW VA Primary School (23 <sup>rd</sup> March)			Debbie Morgan
Proposed establishment of an ALN facility and reduction in the capacity at Monmouth Comprehensive School (23 <sup>rd</sup> March 2016)			Debbie Morgan
Removal of CYP post (EXEMPT)			Sharon Randall-Smith
CYP Call-In (Moun-ton House)			Tracey Harry
EAS Business Plan			Debbie Hartevel-d (EAS)
<b>APRIL 2016 – COUNCIL</b>			
IRPW report			
<b>13<sup>TH</sup> APRIL 2016 - CABINET</b>			
Digital Strategy	To update members on progress with the digital		Sian Hayward

Subject	Purpose	Consultees	Author
	strategy and to agree the next steps.		
Welsh Church Fund Working Group	The purpose of this report is to make recommendations to Cabinet on the Schedule of Applications 2015/16, meeting 6 held on the 25 <sup>th</sup> February 2016		Dave Jarrett
Flood Plan			Dave Harris
Community Coordination evaluation of pilot			Matt Gatehouse
<b>27<sup>th</sup> APRIL 2016 – INDIVIDUAL DECISION</b>			
SHG Programme			Shirley Wiggam
<b>4<sup>TH</sup> MAY 2016 - CABINET</b>			
Welsh Church Fund Working Group	The purpose of this report is to make recommendations to Cabinet on the Schedule of Applications 2015/16, meeting 7 held on the 24 <sup>th</sup> March 2016		Dave Jarrett
BUDGET MANDATE 2016/17 – PREPAREDNESS ASSESSMENT	To provide Cabinet with an assessment on the preparedness of services to deliver the 2016/17 budget mandates.		Deb Mountfield

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