

Public Document Pack



County Hall
Rhadyr
Usk
NP15 1GA

26th November 2025

Notice of meeting

County Council

**Thursday, 4th December, 2025 at 2.00 pm,
Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA**

AGENDA

Prayers will be said prior to the Council meeting at 1.45pm. All members are welcome to join the Chair for prayers should they wish to do.

Item No	Item	Pages
1.	Apologies for Absence	
2.	Declarations of Interest	
3.	Chair's Announcement	1 - 2
4.	To confirm the minutes of the meeting held on the 23rd October 2025	3 - 10
5.	Reports to Council:	
5.1.	Annual Report of the Standards Committee for 2024/25	11 - 28
5.2.	Gwent Regional Partnership Board (RPB) Annual Report 2024/25	29 - 78
5.3.	Appointment of the Chief Executive as an Executive Director of CCR Energy Ltd	79 - 140
5.4.	Annual Safeguarding Evaluation Report 2024/25 (Self-Assessment)	141 - 180
5.5.	Annual Director's Report 2024 / 2025, Social Care Safeguarding and Health	181 - 258
6.	Motions to Council:	

6.1. Submitted by County Councillor Paul Pavia

Council Tax relief for residents living with a terminal illness

This Council notes:

- Marie Curie's UK-wide campaign to ensure residents living with a terminal illness receive appropriate Council Tax relief.
- That approaches differ across the UK: in England, the ask is for councils to adopt local discretionary schemes, and several authorities have already implemented such arrangements. In Wales, the ask is for Welsh Government to amend the national Council Tax Reduction Scheme (CTRS) regulations so that terminal illness is explicitly included, creating a consistent statutory route across all Welsh councils.

This Council resolves:

- 1) To support, in principle, the aims of the Marie Curie campaign.
- 2) To ask the Leader and the Cabinet Member for Finance to write to Welsh Government, urging inclusion of terminal illness within CTRS regulations and to work with WLGA to advocate for a consistent Wales-wide framework, ensuring that any regulatory change will be fully funded centrally and the costs passed down to local authorities via the Revenue Support Grant.

6.2. Submitted by County Councillor Martin Newell

This Council:

- Shares the shock felt by residents in communities across Monmouthshire devastated by Storm Claudia, in Monmouth, Skenfrith, Abergavenny and other areas in the north of the county.
- Pays tribute to the emergency services, MCC officers and staff, partner organisations and volunteers who helped ensure there was no loss of life.
- Welcomes the financial relief announced so far, including household grants, non-domestic rate relief and council tax reductions.
- Calls on the Cabinet Member to:
 - Urgently review the major incidences of flooding to determine lessons that can be learned that may assist prevention, or response and recovery in any future flood event.
 - Explain why sandbags weren't provided to homes and businesses in areas expecting high rainfall.
 - Provide an update on regular drain maintenance to prevent flooding.
 - Set out a plan to invest in more resilient flood prevention measures.
 - Confirm that the Wonastow pumping station was in fully operational and when it was last inspected.
 - Return to Full Council with a report with precise details and review on the above points.

6.3. Submitted by County Councillor Tomos Davies

This Council:

- Notes the Chancellor's Budget Statement of 26th November.

- Recognises the UK Government faced difficult and unpalatable choices.
- Calls upon this authority, where possible, to protect and support those families and businesses which may be adversely impacted by the Budget statement.
- Urges the Leader and the wider administration to press Welsh Government colleagues to deliver a fair funding settlement for Monmouthshire County Council.

7. Member Questions

7.1. County Councillor Tony Kear to County Councillor Catrin Maby, Cabinet Member for Climate Change and the Environment

On 23rd November, the Grade Two listed Usk Bridge was hit and damaged for a third time since it was repaired yet again in the summer. Can the Cabinet member advise what proactive steps are in motion to bring a solution to this longstanding and increasingly occurring issue to this historic structure?

7.2. County Councillor Tony Kear to County Councillor Catrin Maby, Cabinet Member for Climate Change and the Environment

On 24th November, a pupil, on his journey to school in Little Mill was struck by a car near one of the school transport pick-up points. Parents have raised with me serious concerns that the bus stops are in appropriately situated particularly give the continue issues of speeding on Berthon Road through to Alexander Terrace. Can the cabinet member undertake a review of the school transport pick up points on safety grounds and advise what further measures can be undertaken by Highways to tackle speeding in Little Mill?

7.3. County Councillor Tony Kear to County Councillor Catrin Maby, Cabinet Member for Climate Change and the Environment

The recent storm Claudia caused flooding in Little Mill affecting residents in Cae Melin and Berthon Road as well as the Little Jockey pub which was due to reopen on 1st December with new Landlords after being closed for over 12 months. The brook and culvert along Ty-Draw lane as well as blocked drains appear to have contributed to the issues. Given this is a repeat of the same matters 12 months ago, what review measures will now be taken to proactively clear and alleviate these hot spots?

7.4. County Councillor Richard John to County Councillor Catrin Maby, Cabinet Member for Climate Change and the Environment

Why have the council and Welsh Government failed to deliver the 'quick wins' cited in the A40 Raglan crossings road safety audit within 12 months of publication back in June 2024?

7.5. County Councillor Richard John to County Councillor Paul Griffiths, Cabinet Member for Planning and Economic Development, Deputy Leader

What is the view of the administration on the series of planning applications by Natural Resources Wales to set up fast food vans at car parks in the Wye Valley?

7.6. County Councillor Louise Brown to County Councillor Laura Wright, Cabinet Member for Education

Please can the Cabinet Member provide details of the following costs to the Council:

1. The WSP reports on home to school walking route assessments (how many reports written, which routes and at what cost?)
2. The cost of the footpath improvements in the Haysgate area of the A48 Pwllmeyric?
3. The cost to the Council of the land surveyors on the A48 Pwllmeyric?
4. The cost of a feasibility study for a potential pedestrian crossing and the loops analysis?
5. The cost of the traffic measures monitoring and for how long?
6. The cost of a potential pedestrian crossing on the A48 Pwllmeyric (including the cost of full engagement and consultation on any potential proposals)?

7.7. County Councillor Rachel Buckler to County Councillor Ben Callard, Cabinet Member for Resources

Will Cllr Ben Callard, Cabinet Member for Resources and Cllr Laura Wright, Councillor for Grofield Ward, explain why no parking impact assessment or mitigation plan was prepared before granting the 30-year lease on the Abergavenny Carnegie Library, despite concerns, and what steps Monmouthshire County Council will now take to ensure residents are not financially penalised through the introduction of an £83 residents' permit scheme?

7.8. County Councillor Alistair Neill to County Councillor Laura Wright, Cabinet Member for Education

The overall school reserves deficit is now forecast to increase by a further £3 million, to over £7 million by the end of 2025/26. This is an extremely serious, unprecedented situation. Each school with a deficit is required to deliver a recovery plan. Would the cabinet member please outline the expected real impact on schools of these recovery plans requiring them to take £7 million out of their current expenditure?

7.9. County Councillor Alistair Neill to County Councillor Catrin Maby, Cabinet Member for Climate Change and the Environment

With investigatory works on the B4598 Chainbridge scheduled for w/c 8th December, and the full engineering work to repair the bridge expected next year closing the bridge for 12-18 months, businesses and residents are very concerned about the impact of this prolonged closure of a critical north-route through the county. It is clear there will be major impact on the businesses/ farms for many miles at both ends of the bridge, involving significant reductions in trade/ customers and problems for staff reaching work, transport of goods and suppliers reaching businesses affected. These business interruption/ reduction impacts are extremely serious – the very least that needs to be done is for MCC to understand and mitigate them by working closely with all the businesses likely to be affected. Is MCC conducting an impact assessment on those businesses before full works begin, and as those full works are drawing so close, would the cabinet member please now share the project plan for these works that will have such serious impact for a prolonged period?

7.10.	<p>County Councillor Tomos Davies to County Councillor Catrin Maby, Cabinet Member for Climate Change and the Environment</p> <p>To ask the Cabinet Member to review the effectiveness of speed calming measures through the villages of Llanellen and Govilon.</p>	
7.11.	<p>County Councillor Tomos Davies to County Councillor Catrin Maby, Cabinet Member for Climate Change and the Environment</p> <p>To ask the Cabinet Member and the administration to prioritise urgent repair and clean-up work to the Tyla Road, Govilon.</p>	
8.	<p>Date of next meeting - 22nd January 2026</p>	

Paul Matthews

Chief Executive / Prif Weithredwr

MONMOUTHSHIRE COUNTY COUNCIL CYNGOR SIR FYNWY

THE CONSTITUTION OF THE COMMITTEE IS AS FOLLOWS:

County Councillor Rachel Buckler	Devauden;	Welsh Conservative Party
County Councillor Laura Wright	Grofield;	Welsh Labour/Llafur Cymru
County Councillor Tony Kear	Llanbadoc & Usk;	Welsh Conservative Party
County Councillor Catrin Maby	Drybridge;	Welsh Labour/Llafur Cymru
County Councillor Jan Butler	Goetre Fawr;	Welsh Conservative Party
County Councillor Ian Chandler	Llantilio Crossenny;	Green Party
County Councillor Sara Burch	Cantref;	Labour and Co-Operative Party
County Councillor Alistair Neill	Gobion Fawr;	Welsh Conservative Party
County Councillor Su McConnel	Croesonen;	Welsh Labour/Llafur Cymru
County Councillor Mary Ann Brocklesby	Llanelly Hill;	Labour and Co-Operative Party
County Councillor Fay Bromfield	Llangybi Fawr;	Welsh Conservative Party
County Councillor Jane Lucas	Osbaston;	Welsh Conservative Party
County Councillor Emma Bryn	Wyesham;	Independent Group
County Councillor Peter Strong	Rogiet;	Welsh Labour/Llafur Cymru
County Councillor Meirion Howells	Llanbadoc & Usk;	Independent
County Councillor Paul Griffiths	Chepstow Castle & Larkfield;	Welsh Labour/Llafur Cymru
County Councillor Jackie Strong	Caldicot Cross;	Welsh Labour/Llafur Cymru
County Councillor Rachel Garrick	Caldicot Castle;	Labour and Co-Operative Party
County Councillor Maria Stevens	Severn;	Welsh Labour/Llafur Cymru
County Councillor Steven Garratt	Overmonnow;	Welsh Labour/Llafur Cymru
County Councillor Angela Sandles	Magor East with Undy;	Labour and Co-Operative Party
County Councillor Ben Callard	Llanfoist & Govilon;	Welsh Labour/Llafur Cymru
County Councillor John Crook	Magor East with Undy;	Welsh Labour/Llafur Cymru
County Councillor Tomos Dafydd Davies	Llanfoist & Govilon;	Welsh Conservative Party
County Councillor Dale Rooke	Chepstow Castle & Larkfield;	Welsh Labour/Llafur Cymru
County Councillor Sue Riley	Bulwark and Thornwell;	Welsh Labour/Llafur Cymru
County Councillor Jayne McKenna	Mitchel Troy and Trellech United;	Welsh Conservative Party
County Councillor Jill Bond	West End;	Welsh Labour/Llafur Cymru
County Councillor Louise Brown	Shirenewton;	Welsh Conservative Party
County Councillor Lisa Dymock	Portskewett;	Welsh Conservative Party
County Councillor Tony Easson	Dewstow;	Welsh Labour/Llafur Cymru
County Councillor Christopher Edwards	St. Kingsmark;	Welsh Conservative Party
County Councillor Martyn Groucutt	Lansdown;	Welsh Labour/Llafur Cymru
County Councillor Simon Howarth	Llanelly Hill;	Independent Group
County Councillor Richard John	Mitchel Troy and Trellech United;	Welsh Conservative Party
County Councillor David Jones	Crucorney;	Independent Group
County Councillor Penny Jones	Raglan;	Welsh Conservative Party
County Councillor Malcolm Lane	Mardy;	Welsh Conservative Party
County Councillor Phil Murphy	Caerwent;	Welsh Conservative Party
County Councillor Martin Newell	Town;	Welsh Conservative Party
County Councillor Paul Pavia	Mount Pleasant;	Welsh Conservative Party
County Councillor Maureen Powell	Pen Y Fal;	Welsh Conservative Party
County Councillor Frances Taylor	Magor West;	Independent Group

County Councillor Tudor Thomas
County Councillor Armand Watts
County Councillor Ann Webb

Park;
Bulwark and Thornwell;
St Arvans;

Welsh Labour/Llafur Cymru
Welsh Labour/Llafur Cymru
Welsh Conservative Party

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Welsh Language

The Council welcomes contributions from members of the public through the medium of Welsh or English. We respectfully ask that you provide us with adequate notice to accommodate your needs.

Public Speaking at Full Council

Members of the public may register to ask a question of the members of cabinet at full council meetings. There is no facility for the public to register to speak as part of the debate of an item on the agenda at full council meetings. The total time allocated for all questions at a meeting of full council is 15 minutes.

No more than one question is permitted per questioner at a meeting of full council and questions will be asked in the order that they are submitted.

In order to submit a question at a full council meeting, notice must be given in writing or by email to the head of democratic services no later than midnight three working days before the day of the meeting with each question providing the name and address of the questioner.

Questions may be rejected if the question;

- Is not about a matter for which the council has responsibility or which affects the county
- Is defamatory, frivolous or offensive
- Is substantially the same question which has been put at a meeting of full council in the past 6 months
- Requires the disclosure of confidential or exempt information

Where a person is not able to ask the question to full council in person, the chair may decide to read the question out on their behalf, instruct a written response be provided or choose to not deal with the question in their absence. Those who do ask a question in person will be entitled to one supplementary question which must arise out of the original question or the reply. The chair may reject a supplementary question on these grounds.

Any questions that cannot be dealt with at the meeting due to exceeding the time limit for public questions will be dealt with by a written response.

Aims and Values of Monmouthshire County Council

Our purpose

- to become a zero-carbon county, supporting well-being, health and dignity for everyone at every stage of life.

Objectives we are working towards

- Fair place to live where the effects of inequality and poverty have been reduced;
- Green place to live and work with reduced carbon emissions and making a positive contribution to addressing the climate and nature emergency;
- Thriving and ambitious place, where there are vibrant town centres and where businesses can grow and develop
- Safe place to live where people have a home where they feel secure in;
- Connected place where people feel part of a community and are valued;
- Learning place where everybody has the opportunity to reach their potential

Our Values

Openness. We are open and honest. People have the chance to get involved in decisions that affect them, tell us what matters and do things for themselves/their communities. If we cannot do something to help, we'll say so; if it will take a while to get the answer we'll explain why; if we can't answer immediately, we'll try to connect you to the people who can help – building trust and engagement is a key foundation.

Fairness. We provide fair chances, to help people and communities thrive. If something does not seem fair, we will listen and help explain why. We will always try to treat everyone fairly and consistently. We cannot always make everyone happy but will commit to listening and explaining why we did what we did.

Flexibility. We will continue to change and be flexible to enable delivery of the most effective and efficient services. This means a genuine commitment to working with everyone to embrace new ways of working.

Teamwork. We will work with you and our partners to support and inspire everyone to get involved so we can achieve great things together. We don't see ourselves as the 'fixers' or problem-solvers, but we will make the best of the ideas, assets and resources available to make sure we do the things that most positively impact our people and places.

Kindness: We will show kindness to all those we work with putting the importance of relationships and the connections we have with one another at the heart of all interactions.

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Report for Council 22nd October – 28th November

Wednesday 22 nd October 10 a.m.	Rogiet Café and Shop Opening Rogiet
Saturday 25 th October 2 p.m.	RBL laying up of the old standard and dedication of the new standard St Mary's Church, Caldicot
Monday 27 th October 10.30 a.m.	Summer Reading Challenge Caldicot Library and Hub
Saturday 1 st November 10.30 a.m.	Annual Coronel Remembrance Service St Mary's Church, Monmouth
Tuesday 4 th November 11 a.m.	Citizenship Ceremony Usk Registrars
Sunday 9 th November 10 a.m.	Remembrance Day Service St Mary's Church, Caldicot
Sunday 9 th November 2 p.m.	Remembrance Day Service Rogiet
Tuesday 11 th November 11 a.m.	Armistice Day County Hall
Saturday 15 th November 6.30 p.m.	Caldicot and Beaufort Male Voice Choir Concert Caldicot Choir Hall
Wednesday 26 th November	White Ribbon - Light a Candle Service Gwent Federation of WI's St Marys Priory Church, Usk
Friday 28 th November 3 p.m.	Service of thanksgiving – St Catherine Day St Mary's Priory Church, Monmouth

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Public Document Pack Agenda Item 4

MONMOUTHSHIRE COUNTY COUNCIL

Minutes of the meeting of County Council held
on Thursday, 23rd October, 2025 at 2.00 pm

PRESENT: County Councillor Peter Strong (Chair)
County Councillor Martyn Groucutt (Vice Chair)

County Councillors: Rachel Buckler, Laura Wright, Tony Kear, Catrin Maby, Jan Butler, Ian Chandler, Sara Burch, Alistair Neill, Su McConnel, Mary Ann Brocklesby, Fay Bromfield, Jane Lucas, Emma Bryn, Meirion Howells, Paul Griffiths, Jackie Strong, Rachel Garrick, Steven Garratt, Angela Sandles, Ben Callard, John Crook, Tomos Davies, Dale Rooke, Sue Riley, Jayne McKenna, Jill Bond, Louise Brown, Lisa Dymock, Tony Easson, Christopher Edwards, Simon Howarth, Richard John, David Jones, Penny Jones, Malcolm Lane, Phil Murphy, M. Newell, Paul Pavia, Maureen Powell, Frances Taylor, Tudor Thomas, Armand Watts and Ann Webb

OFFICERS IN ATTENDANCE:

Paul Matthews	Chief Executive
Peter Davies	Deputy Chief Executive and Chief Officer for Resources
Nicola Perry	Senior Democracy Officer
James Williams	Chief Officer Law & Governance
Deb Hill-Howells	Chief Officer Infrastructure
Craig O'Connor	Chief Officer, Place and Community Well-being

APOLOGIES:

County Councillors Maria Stevens

1. Declarations of Interest

None.

2. Chair's Announcement

Noted,

3. Public Questions

4. Question for Full Council on 23rd October 2025 from the Gateway to Wales Action Group

In the RLDP, partly underpinning the need for more housing in Monmouthshire is the County Council's ambition to create 6240 new jobs by 2033. Information from the Office of National Statistics and Nomis show that in the first 7 years of the RLDP just 600 jobs were created or put it another way, the employed workforce increased by just 1.7%. The workforce of the county would need to increase by 5640 jobs or 15.4 % by 2033 to achieve this goal. MCC appointed consultants, Lichfield's, forecast a loss of 100 jobs in the period 2022 to 2042. Commercial estate agents, Avison Young, forecast a growth rate for top performing unitary authority, Cardiff, of just 4.1 in the five years to 2029. Does the county council now agree that its job forecast increase is, to say the least, widely optimistic?

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The Cabinet Member thanked David Cummings for the question, acknowledging its importance. In response he referred to the Lichfield's 2022 baseline study, which informed the RLDP. Monmouthshire's economy is at full capacity with 99% of employment spaces occupied and 97% of economically active people are employed. Local employers are eager to invest and grow, but face shortages in land and labour.

Councillor Griffiths explained that the RLDP aims to provide 50 hectares of employment land. It aims to deliver affordable housing to retain younger workers.

The plan is not reliant on inward investment—growth is expected from existing businesses. He clarified that Lichfields' projection of job loss was conditional. If no land or labour is added, jobs will decline. If land and labour are provided, growth is achievable.

[Click here to view the meeting](#)

5. Question for Full Council on 23rd October 2025 from David Cummings, resident of Monmouth

In the RLDP the county council have created an extremely ambitious objective of achieving 50% social housing in the housing development sites selected. One of the stated objectives of the county council is to reduce the housing waiting list. In their own report entitled, Local Housing Market Assessment Refresh 2022 to 2037, it states that 80% of those on the housing waiting list are single and are seeking single bedroom accommodation. Surely a modern housing estate of detached and terrace houses will not suit those on the housing waiting list who are seeking single bed accommodation. Would not a better solution to be to build, close to good public transport and jobs, dedicated single bedroom accommodation in apartment blocks?

The Cabinet Member thanked Mr. Cummings for the question and suggested that Mr. Cummings may be proposing a tower block of single-person accommodation in Monmouth town centre, possibly at Vauxhall Fields. He noted that while this might please some residents (e.g., Dixon Road), it would be poor planning and unpopular with many others.

He went on to emphasize the council's goal of mixed developments across all strategic sites, with families, single young people, and single older people living together. He clarified that single people on the housing waiting list are not just young people and that single older people are one of the fastest-growing demographics.

Councillor Griffiths stressed the importance of diverse, neighbourly communities, and stated that if the plan passes, the council will continue creative master planning for the strategic sites to ensure high-quality design and supportive environments for varied lifestyles

He concluded that there would be no single-purpose accommodation in town centres.

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6. Question to Councillor Griffiths from Richard Liddell

With regard to the Mounton Road site, and Policies H1 and H3, this site, in accordance with PPW edition 12 para 3.67 which requires local authorities to designate Green Wedges to prevent the coalescence of settlements and safeguard the views into and out of the area, has been designated as a Green wedge for the last 42 years in the 1983 Gwent Structure Plan, in

MONMOUTHSHIRE COUNTY COUNCIL

Minutes of the meeting of County Council held on Thursday, 23rd October, 2025 at 2.00 pm

the 1991 Gwent Structure Plan, has been reinforced as Green Space in the 2011 LDP, and there are alternative sites for the above proposals that do not impinge on this Green Space. Given the above, would you not agree that the majority of the residents of Chepstow are not in favour of development on the Mountain Road site, and that, given the recent refusals on the site and alternative suitable and available sites, there is no valid planning policy argument in favour of the proposals to develop the site and destroy the green wedge.

The Cabinet Member thanked Mr. Liddell for his question. He explained that the in original proposal in 2022 the preferred site was Bayfield, near the racecourse. Through consultation feedback Bayfield was criticized for being too far from town amenities, relying on the oversubscribed Dell Primary School and the impact on Barnett Wood.

In the revised proposal the Mountain Road site was chosen instead, with the condition that safe walking routes must be provided to Pembroke School (Bulwark), Chepstow School and local amenities in Bulwark and Chepstow.

Though part of a green wedge for decades, development will preserve a minimum 0.5 km buffer between Chepstow and Pwllmeyric.

The masterplan includes 146 homes; economic development space; extensive amenity land, especially westward toward Pwllmeyric and public parkland from previously enclosed grazing land.

All strategic sites aim to balance urban housing with accessible green space and sustainable drainage. The site integrates well with Chepstow's natural surroundings. Settlement boundaries naturally evolve with development plans.

As a supplementary, Mr Liddell acknowledged the council's effort to listen but raised concerns that the green wedge referred to is not visible from key roads due to tree cover and the Mountain Road site is the first visible countryside when entering Chepstow. He stated that through a resident Survey in Penterry Park, of 35 homes surveyed, 33 opposed the development and 320 objections were submitted during consultation. He suggested reverting to Bayfield, citing overwhelming public opposition.

In response, Councillor Griffiths acknowledged the visual limitations of the green wedge from the motorway. He emphasised the important vista between Chepstow and Pwllmeyric, which will be preserved. He notes that local opposition near development sites is common and pointed out that Bayfield received similar levels of opposition during 2022 consultation.

He reaffirmed that Chepstow needs affordable housing and that Mountain Road is the smallest strategic site and best suited to meet this need. He felt that no compelling reason had emerged to replace it with Bayfield

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7. To confirm the minutes of the meeting held on the 18th September 2025

The minutes of the meeting held on 18th September 2025 were accepted as an accurate record.

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8. Governance and Audit Committee Annual Report 2024/2025

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The Chair introduced Andrew Blackmore, Chair of the Governance and Audit Committee, who presented the 2024/25 Annual Report of the Council's Governance & Audit Committee [which the Committee endorsed at its meeting on 11th September 2025].

Council accepted the report.

[Click here to watch the meeting](#)

9. Deposit Local Development Plan Submission

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The Deputy Leader, Cabinet Member for Planning and Economic Development presented the report to:

- Inform Council of the results of the public consultation/engagement on the Deposit Replacement Local Development Plan (RLDP) as set out in the Deposit RLDP Consultation Report and the subsequent proposed minor non-material amendments to the Deposit RLDP.
- To inform Council of the feedback from Place Scrutiny Committee on 25th September 2025.
- Seek Council's approval of the Deposit RLDP Consultation Report and the Deposit RLDP (as amended following public consultation) and associated documents prior to submission to Welsh Government and Planning and Environment Decision Wales (PEDW) for independent examination.
- Seek Council's agreement to delegate authority to the Chief Officer for Place and Community Well-being and the Head of Planning, so that either may, in consultation with the Cabinet Member for Planning and Economic Development and Deputy Leader, make any minor changes to the Deposit RLDP and associated supporting documents prior to submitting the documents to Welsh Government and PEDW, and make any changes to the RLDP on behalf of the Council as requested by the Inspector(s) during the RLDP Examination.

At 16:16pm County Councillor Louise brown proposed a closure of the debate and that a vote be taken.

Council resolved to take a recorded vote and the proposal was defeated.

For: 20

Against: 25

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NAME	For	Against	Abstain
Councillor J BOND		x	
Councillor M A BROCKLESBY		x	
Councillor F BROMFIELD	x		
Councillor L BROWN	x		
Councillor E BRYN		x	
Councillor R BUCKLER	x		
Councillor S BURCH		x	
Councillor J BUTLER	x		
Councillor B CALLARD		x	
Councillor I CHANDLER		x	
Councillor J CROOK		x	
Councillor T DAVIES	x		
Councillor L DYMOCK	x		
Councillor A EASSON		x	
Councillor C EDWARDS	x		
Councillor M. NEWELL	x		
Councillor S GARRATT		x	
Councillor R GARRICK		x	
Councillor P GRIFFITHS		x	
Councillor M GROUCUTT		x	
Councillor S.G.M. Howarth	x		
Councillor M HOWELLS		x	
Councillor R JOHN	x		
Councillor D. W. H. Jones		x	
Councillor P. Jones	x		
Councillor T KEAR	x		
Councillor M LANE	x		
Councillor J LUCAS	x		
Councillor C MABY		x	
Councillor S MCCONNEL		x	
Councillor J MCKENNA	x		
Councillor P MURPHY	x		
Councillor A NEILL	x		
Councillor P PAVIA	x		
Councillor M POWELL	x		
Councillor S RILEY		x	
Councillor D ROOKE		x	
Councillor A SANDLES		x	
Councillor M STEVENS			
Councillor J STRONG		x	
Councillor P STRONG		x	
Councillor F TAYLOR		x	
Councillor T THOMAS		x	
Councillor A WATTS		x	
Councillor A WEBB	x		
Councillor L WRIGHT		x	

MONMOUTHSHIRE COUNTY COUNCIL

Minutes of the meeting of County Council held on Thursday, 23rd October, 2025 at 2.00 pm

Following an extensive debate and being put to a recorded vote Council resolved to accept the recommendations:

For: 22

Against: 22

Chair with the casting vote: For

That Council:

- **Approves the Deposit RLDP Consultation Report and the RLDP, as amended following public consultation, and associated documents prior to its submission to Welsh Government and Planning and Environment Decision Wales (PEDW) for independent examination.**
- **Delegates authority to the Chief Officer for Place and Community Well-being and the Head of Planning, so that either in consultation with the Cabinet Member for Planning and Economic Development and Deputy Leader, may:**
 - a) **make any minor changes to the Deposit RLDP and associated supporting documents, prior to submitting the documents to Welsh Government and PEDW, and**
 - b) **make any changes to the RLDP on behalf of the Council as requested by the Inspector(s) during the Examination.**

NAME	For	Against	Abstain
Councillor J BOND	X		
Councillor M A BROCKLESBY	x		
Councillor F BROMFIELD		X	
Councillor L BROWN		X	
Councillor E BRYN		X	
Councillor R BUCKLER		X	
Councillor S BURCH	X		
Councillor J BUTLER		x	
Councillor B CALLARD	X		
Councillor I CHANDLER	X		
Councillor J CROOK	X		
Councillor T DAVIES		X	
Councillor L DYMOCK		X	
Councillor A EASSON	X		
Councillor C EDWARDS		X	
Councillor M. NEWELL		X	
Councillor S GARRATT	X		
Councillor R GARRICK	X		
Councillor P GRIFFITHS	X		
Councillor M GROUCUTT	x		
Councillor S.G.M. Howarth		X	
Councillor M HOWELLS	X		
Councillor R JOHN		X	
Councillor D. W. H. Jones		X	
Councillor P. Jones		X	
Councillor T KEAR		X	
Councillor M LANE			
Councillor J LUCAS		X	
Councillor C MABY	X		
Councillor S MCCONNEL	X		

MONMOUTHSHIRE COUNTY COUNCIL

Minutes of the meeting of County Council held on Thursday, 23rd October, 2025 at 2.00 pm

Councillor J MCKENNA		X	
Councillor P MURPHY		X	
Councillor A NEILL		X	
Councillor P PAVIA		X	
Councillor M POWELL		X	
Councillor S RILEY	X		
Councillor D ROOKE	X		
Councillor A SANDLES	X		
Councillor M STEVENS			
Councillor J STRONG	X		
Councillor P STRONG	X		
Councillor F TAYLOR		X	
Councillor T THOMAS	X		
Councillor A WATTS	X		
Councillor A WEBB		X	
Councillor L WRIGHT	x		

10. Date of the next meeting - 4th December 2025

Noted.

The meeting ended at 6.55 pm

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SUBJECT: Annual Report of the Standards Committee for 2024/25

MEETING: Council

DATE: 5th December 2025

DIVISION/WARDS AFFECTED: All

1. PURPOSE

To present the 2024/25 annual report of the Council's Standards Committee.

2. RECOMMENDATION

That Council notes the contents of the report.

3. INTRODUCTION

3.1 The Standards Committee is required by Section 63 of the Local Government and Elections (Wales) Act 2021 ("LGE 2021") to make an annual report to their authority.

3.2 Section 63 LGE 2021 prescribes the content of the annual report as set out below.

4. DISCHARGE OF THE COMMITTEE'S FUNCTIONS

4.1 The Standards Committee is composed of nine members: three County Councillors, one community member and five independent members.

4.2 The Committee met three times in 2024/25 - on 10th June 2024, 16th September 2024 and 16th December 2024.

4.3 The functions of the Committee are defined in sections 54 and 56 of the Local Government Act 2000 ("LGA 2000"). The primary function is to

promote and maintain high standards of conduct by the members and co-opted members of the authority, and by the members of community councils in Monmouthshire.

5. REPORTS AND RECOMMENDATIONS FROM THE PUBLIC SERVICES OMBUDSMAN FOR WALES (PSOW)

- 5.1 The Standards Committee did not receive any referrals from the Public Services Ombudsman for Wales ("PSOW") during the year 2024/25.
- 5.2 The PSOW's annual letter to the Council for the year 2024/25 is attached to this report as Appendix 1.

6. ACTIONS TAKEN BY THE COMMITTEE FOLLOWING CONSIDERATION OF PSOW REPORTS AND RECOMMENDATIONS

- 6.1 Not applicable.

7. NOTICES GIVEN TO THE COMMITTEE BY THE ADJUDICATION PANEL FOR WALES

- 7.1 No notices regarding member conduct were received from APW during the year.
- 7.2 No member of the County Council and no member of any community council in the area of Monmouthshire were respondents at APW tribunals.

8. TRAINING FOR MEMBERS

- 8.1 All members of the Council are required to undergo Code of Conduct training. Code of Conduct training was provided for all members at County Hall on 12th May 2022 in person. Further training has been made available for those members who were unable to attend this training, or who have been co-opted to the Council since this date.
- 8.2 All members and co-opted members have received training on the Code of Conduct, either in person or via the online format.

9. COMPLIANCE OF POLITICAL GROUP LEADERS WITH NEW CONDUCT DUTIES s 52A(1) LGA 2000

- 9.1 The Monitoring Officer is satisfied that all three MCC political group leaders complied with the duties set out above in s 52A(1) of LGA 2000 during the year ending 31st March 2025.

10. RECOMMENDATIONS TO THE AUTHORITY

- 10.1 Section 56B(5) of LGA 2000 states that:

An annual report by a standards committee of a relevant authority may include recommendations to the authority about any matter in respect of which the committee has functions.

- 10.2 The committee has no recommendations for the authority.

11. CONCLUSION

The Standards Committee strongly commends all members of the authority for continuing to maintain high standards of conduct throughout 2024/25.

12. RESOURCE IMPLICATIONS

None.

13. BACKGROUND PAPERS

Appendix 1 - PSOW's annual letter to the Council for the year 2024/25

14. CONSULTEES

Standards Committee
Monitoring Officer – James Williams

15. AUTHOR AND CONTACT DETAILS

Peter Easy, Chair, on behalf of the Standards Committee

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Ask for: Communications



01656 641150



Caseinfo@ombudsman.wales

Date: 14 August 2025

PERSONAL & CONFIDENTIAL

Councillor Mary Ann Brocklesby
Monmouthshire County Council

By email only

maryannbrocklesby@monmouthshire.gov.uk
paulmatthews@monmouthshire.gov.uk
JamesWilliams@monmouthshire.gov.uk
annetteevans@monmouthshire.gov.uk

Dear Councillor Mary Ann Brocklesby

Annual Letter 2024-25

Role of PSOW

As you know, our role as the Public Services Ombudsman for Wales is to consider complaints about public services, to investigate alleged breaches of the councillor Code of Conduct, to set standards for complaints handling by public bodies and to drive improvement in complaints handling and learning from complaints. We also undertake investigations into public services on own initiative.

Purpose of letter

Through this letter, we want to give you an update on our work, share key trends in complaints about local government in Wales and highlight any particular issues for your organisation, together with actions I would like your organisation to take.

Complaints about public services

This letter, as always, coincides with the publication of our Annual Report. Again, we saw an increase in the number of people contacting us about public services. Since 2019-20, the volume of new complaints about public services reaching our office has increased by 44%.

We also closed a record number of complaints about public services – 5% more than last year. This year, we intervened (found that something has gone wrong, and recommended how to put things right) in 18% of complaints that we closed. Positively, this year we resolved many more complaints early on. 87% of our interventions this year involved Early Resolution, compared to 70% in 2023-24.

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We understand that people who come to us want their complaints resolved as quickly as possible and we are committed to dealing with them in a timely manner.

Overall, we assessed incoming complaints, or intervened with an Early Resolution, within an average of 4 weeks; well within our target of 6 weeks. We have also reduced the time it takes us to complete an average investigation, from 64 weeks in 2023-24, to 53 weeks this year.

During 2024-25, we received 1,337 complaints about local councils - an increase of 20% on the previous year and 54% more than in 2019-20.

The main complaint subjects accounting for this increase related to social services, environment and environmental health, and housing. However, we also saw a welcome drop in complaints about complaint handling.

We intervened in 13% of local council complaints that we closed – a similar proportion to recent years.

We received 19 complaints about Monmouthshire County Council and closed 16 – some complaints were carried over from the previous year. Monmouthshire County Council's intervention rate was 6%. You can find detailed information on complaints about your organisation that we handled this year can be found in the appendices.

In 2024-25, we made 2 recommendations to your organisation. To ensure that our investigations and reports drive improvement, we follow up compliance with the recommendations agreed with your organisation. In 2024-25, 2 recommendations were due. 0% of the recommendations due was complied within the timescale agreed. Recommendations and timescales for complying with recommendations are always agreed with the public body concerned before being finalised, and we therefore expect organisations to comply within the timescales agreed.

Our Code of Conduct work

Our role is to investigate allegations that councillors have breached their Code of Conduct. Where an investigation finds evidence to support the complaint on a matter which is serious enough to require a referral in the public interest, these cases are referred either to the local Standards Committee or to the Adjudication Panel for Wales for consideration.

In 2024-25, we received 4% less new Code of Conduct complaints than the previous year. 60% of these complaints related to members of Town and Community Councils. We continue to see that over a half of these complaints (56% this year) tends to relate to promotion of equality and respect.

We made 15 referrals to Standards Committees or the Adjudication Panel for Wales (compared to 21 last year). We are grateful to your Monitoring Officer for their positive engagement with my office over the last year. We will continue to engage with them on matters relating to the ethical standards framework, including Local Resolution Procedures this year.

Independent Review

As you will be aware, last year, it was brought to our attention that a member of staff who had been the Team Leader of our Code of Conduct Team had been making inappropriate and unacceptable social media posts of a political nature.

In view of the seriousness of the matter, we commissioned Dr Melissa McCullough to conduct an independent review of our Code of Conduct work. [Dr McCullough's Report](#), published in September 2024, found that, "in general terms, the PSOW's Code of Conduct processes and delegations are robust in terms of safeguarding fairness and impartiality. They are systematic, well documented and supplemented with appropriate guidance and the reasoning for decisions is required to be recorded and explained as applicable."

While the findings overall were very positive, the review report included a number of recommendations and lessons learned, to "augment the existing safeguards for ensuring the fairness and impartiality of the processes and would clarify the related guidance as applicable."

Following this, the Senedd's Finance Committee published its report on the [Review into the operations, processes and investigations carried out by the Public Services Ombudsman for Wales](#). The Committee made further recommendations to us in its report. The details of all the recommendations and lessons learned and the actions we have taken in response can be found in our Annual Report.

To provide additional assurance, Dr McCullough undertook further independent assessment of how we implemented the recommendations and lessons learned, as set out in her 2024 Independent Review Report. This [assessment](#) concluded that:

- all recommendations and lessons learned were fully accepted by us and have been fully implemented
- we demonstrated a comprehensive, thoughtful and consultative approach to the implementation
- the pace of implementation has been impressive
- a separate quality assurance review confirmed the robustness of our process.

Supporting improvement of public services

We continued our work on supporting improvement in public services.

During 2024-25, we concluded our second wider own initiative investigation which looked into unpaid carers' needs assessments in Wales. We considered whether 4 local councils – Caerphilly, Ceredigion, Flintshire and Neath Port Talbot - undertook carers' assessments in line with their statutory obligations.

We published the report on this investigation in October 2024. We found that only 2.8% of people in those council areas who identified as carers had received a needs assessment. In addition, only 1.5% had received a proper support plan following their assessment. Many carers were also not aware of their rights with regard to assessments and support services that might be available to them.

We identified some areas of good practice by the councils we investigated. However, we also made several recommendations including to:

- improve recording practices
- improve how information is shared with carers
- offer staff refresher training on carers' rights
- collaborate better with the healthcare sector.

We invited the other local councils in Wales to make similar improvements.

As we did in the case of our first own initiative investigation, we have been actively monitoring how organisations' have been complying with our recommendations.

We are planning to review compliance with the recommendations and any other impacts of the report in October 2025.

Currently 54 organisations across Wales operate our model complaints policy. This includes all local councils, all health boards and now most housing associations - representing about 85% of the complaints which we receive.

Our offer of free complaints handling training has remained popular and we provided a further 52 training sessions to public bodies across Wales during the year. This brings the total to 550 training sessions and 10,000 people, since 2020.

We have continued our work to publish complaints statistics, gathered from public bodies, with data published twice a year. We expect to publish the data on complaints handled by local councils in Wales during 2024-25 in the Autumn. This data allows us to see information with greater context – for example, during 2024-25 5.18% of complaints made to local councils went on to be referred to us. Finally, this year we also published 2 thematic reports, which included as case studies complaints about local councils:

- 'Living in Disrepair' (November 2024): a thematic report about housing disrepair and damp and mould complaints.
- 'Equality Matters' (January 2025): a thematic report on inclusion and accessibility across public services.

These reports include general recommendations for public service providers, drawing on lessons learned from our casework.

Action we would like your organisation to take

Further to this letter, can I ask that your organisation takes the following actions:

- Present this Annual Letter to the Cabinet and to the Governance and Audit Committee at the next available opportunity and notify me of when these meetings will take place.
- Consider the data in this letter, alongside your own data, to understand more about your performance on complaints, including any patterns or trends and your organisation's compliance with recommendations made by my office.
- Inform me of the outcome of the organisation's considerations and proposed actions on the above matters at the earliest opportunity.

I would like to thank you, and your officers, for your continued openness and engagement with my office. Our information shows that local authorities are looking into more complaints than ever before and are using information from complaints to deliver better outcomes for the people of Wales.

Yours sincerely

Michelle Morris

Michelle Morris

Public Services Ombudsman

Cc. Paul Matthews, Chief Executive, Monmouthshire County Council
James Williams, Monitoring Officer, Monmouthshire County Council
Annette Evans, PSOW Liaison Officer, Monmouthshire County Council

Information Sheet

Appendix A shows the number of complaints received by PSOW for all Local Authorities in 2024-25. These complaints are contextualised by the population of each authority.

Appendix B shows the categorisation of each complaint received, and what proportion of received complaints represents for the Local Authority.

Appendix C shows intervention rates for all Local Authorities in 2024-25. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

Appendix D shows outcomes of the complaints which PSOW closed for the Local Authority in 2024-25. This table shows both the volume, and the proportion that each outcome represents for the Local Authority.

Appendix E shows the compliance performance of each Local Authority.

Appendix F shows the outcomes of Code of Conduct complaints closed by PSOW related to Local Authority in 2024-25. This table shows both the number, and the proportion that each outcome represents for the Local Authority.

Appendix G shows the outcomes of Code of Conduct complaints closed by PSOW related to Town and Community Councils in the Local Authority's area in 2024-25. This table shows both the number, and the proportion that each outcome represents for each Town or Community Council.

Appendix A – Complaints received (overview)

	MAL			CODE			Total		
Local Authority	Complaints Received	Population	Received per 1,000 residents	Complaints Received	Population	Received per 1,000 residents	Complaints Received	Population	Received per 1,000 residents
Blaenau Gwent County Borough Council	14	67356	0.21	1	67356	0.01	15	67356	0.22
Bridgend County Borough Council	58	146743	0.40	10	146743	0.07	68	146743	0.46
Caerphilly County Borough Council	78	176437	0.44	3	176437	0.02	81	176437	0.46
Cardiff Council*	219	383536	0.57	4	383536	0.01	223	383536	0.58
Carmarthenshire County Council	86	190083	0.45	14	190083	0.07	100	190083	0.53
Ceredigion County Council	47	73050	0.64	0	73050	0.00	47	73050	0.64
Conwy County Borough Council	29	114410	0.25	9	114410	0.08	38	114410	0.33
Cyngor Gwynedd	46	119173	0.39	2	119173	0.02	48	119173	0.40
Denbighshire County Council	98	97156	1.01	7	97156	0.07	105	97156	1.08
Flintshire County Council	61	155812	0.39	3	155812	0.02	64	155812	0.41
Isle of Anglesey County Council	22	69291	0.32	2	69291	0.03	24	69291	0.35
Merthyr Tydfil County Borough Council	17	58593	0.29	3	58593	0.05	20	58593	0.34
Monmouthshire County Council	19	94572	0.20	9	94572	0.10	28	94572	0.30
Neath Port Talbot Council	48	142898	0.34	1	142898	0.01	49	142898	0.34
Newport City Council	61	163628	0.37	1	163628	0.01	62	163628	0.38
Pembrokeshire County Council	47	125006	0.38	6	125006	0.05	53	125006	0.42
Powys County Council	55	134439	0.41	24	134439	0.18	79	134439	0.59
Rhondda Cynon Taf County Borough Council	62	241178	0.26	3	241178	0.01	65	241178	0.27
Swansea Council	113	246742	0.46	6	246742	0.02	119	246742	0.48
Torfaen County Borough Council	20	93419	0.21	4	93419	0.04	24	93419	0.26
Vale of Glamorgan Council	61	134733	0.45	3	134733	0.02	64	134733	0.48
Wrexham County Borough Council	76	136149	0.56	11	136149	0.08	87	136149	0.64
Total	1337	3164404	0.41	126	3164404	0.04	1463	3164404	0.45

Appendix B – Complaints received (by organisation)

Monmouthshire County Council	Complaints Received	% Share
Adult Social Services	6	32%
Benefits Administration	0	
Children's Social Services	2	11%
Community Facilities, Recreation and Leisure	0	
Complaints Handling	0	
Covid19	0	
Education	1	5%
Environment and Environmental Health	0	
Finance and Taxation	0	
Health	0	
Housing	2	11%
Licencing	0	
Planning and Building Control	6	32%
Roads and Transport	2	11%
Self Funding Care Provider	0	
Various Other	0	
Total	19	

Appendix C – Cases with PSOW intervention (overview)

Local authority	No. of interventions	No. of closures	% of interventions
Blaenau Gwent County Borough Council	0	12	0%
Bridgend County Borough Council	6	57	11%
Caerphilly County Borough Council	11	79	14%
Cardiff Council*	37	190	19%
Carmarthenshire County Council	11	86	13%
Ceredigion County Council	11	45	24%
Conwy County Borough Council	5	29	17%
Denbighshire County Council**	6	98	6%
Flintshire County Council	7	61	11%
Cyngor Gwynedd	3	44	7%
Isle of Anglesey County Council	1	20	5%
Merthyr Tydfil County Borough Council	1	15	7%
Monmouthshire County Council	1	16	6%
Neath Port Talbot Council	5	45	11%
Newport City Council	6	62	10%
Pembrokeshire County Council	8	47	17%
Powys County Council	8	51	16%
Rhondda Cynon Taf County Borough Council	6	60	10%
Swansea Council	12	109	11%
Torfaen County Borough Council	0	18	0%
Vale of Glamorgan Council	12	63	19%
Wrexham County Borough Council	7	72	10%
Total	164	1279	13%

Appendix D – Complaint outcomes (by organisation) (* denotes intervention)

Monmouthshire County Council	Complaint Outcomes	% Share
Complaint investigation discontinued (with early resolution at assessment stages)*	0	
Complaint investigation discontinued (without settlement)	0	
Decision not to investigate complaint	6	38%
Early resolution*	1	6%
Matter out of jurisdiction	2	13%
Non-public interest report issued: complaint not upheld	0	
Non-public interest report issued: complaint upheld*	0	
Non-public interest report issued: complaint upheld with early resolution at assessment stage*	0	
Premature	7	44%
Public interest report issued: complaint upheld*	0	
Public Interest report issued: complaint upheld with early resolution at assessment stage*	0	
Special Interest Report*	0	
Voluntary settlement*	0	
Total	16	

Appendix E – Compliance performance comparison

Local Authority	Number of recommendations made on complaints closed in 2024-25	Number of recommendations falling due in 2024-25	% of recommendations, complied with in line with agreed target date
Blaenau Gwent County Borough Council	0	0	n/a
Bridgend County Borough Council	15	18	17%
Caerphilly County Borough Council	24	24	50%
Cardiff Council*	97	96	59%
Carmarthenshire County Council	29	27	67%
Ceredigion County Council	24	24	63%
Conwy County Borough Council	14	14	64%
Denbighshire County Council	10	8	50%
Flintshire County Council	20	22	100%
Cyngor Gwynedd	9	9	100%
Isle of Anglesey County Council	4	6	0%
Merthyr Tydfil County Borough Council	2	8	75%
Monmouthshire County Council	2	2	0%
Neath Port Talbot Council	11	8	88%
Newport City Council	12	11	36%
Pembrokeshire County Council	20	18	61%
Powys County Council	21	23	22%
Rhondda Cynon Taf County Borough Council	11	10	20%
Swansea Council	25	22	27%
Torfaen County Borough Council	0	0	n/a
Vale of Glamorgan Council	30	31	55%
Wrexham County Borough Council	19	16	63%

Appendix F – Code of Conduct Complaints Closed (* denotes investigation)

Monmouthshire County Council	Code of Conduct Complaints Closed
Cc not acted on	0
Code of Conduct leaflet sent/link to website provided	0
Complaint taken over telephone – awaiting signature	0
Complaint Withdrawn	0
Discontinued. Not in the public interest to pursue*	0
Duplicate complaint with no new evidence	0
Information provided	0
No action necessary*	2
No declaration rec'd – Withdrawn	0
No evidence of Breach*	0
No prima facie evidence of breach	4
Not in the public interest to investigate	1
Out of Jurisdiction - signposted	0
Premature - referred for local resolution	0
Referred to Adjudication Panel*	0
Referred to Standards Committee*	0
Withdrawn	0
Total	7

Appendix G - Town / Community Council Code of Complaints

	Decision not to investigate Code		Investigations					
	Not in the public interest to investigate	No prima facie evidence of breach	Discontinued. Not in the public interest to pursue	No action necessary	No evidence of Breach	Referred to Adjudication Panel	Referred to Standards Committee	Total
Monmouthshire County Council								
Abergavenny Town Council	0	0	0	0	0	0	0	0
Caerwent Community Council	0	0	0	0	0	0	0	0
Caldicot Town Council	0	0	0	0	0	0	0	0
Chepstow Town Council	0	0	0	0	0	0	0	0
Crucorney Community Council	0	0	0	0	0	0	0	0
Devauden Community Council	0	0	0	0	0	0	0	0
Gobion Fawr Community Council	0	0	0	0	0	0	0	0
Goetre Fawr Community Council	0	0	0	0	0	0	0	0
Grosmont Community Council	0	0	0	0	0	0	0	0
Llanarth Community Council	0	0	0	0	0	0	0	0
Llanbadoc Community Council	0	0	0	0	0	0	0	0
Llanelly Community Council	0	0	0	0	0	0	0	0
Llanfoist Fawr Community Council	0	0	0	0	0	0	0	0
Llangybi Fawr Community Council	0	0	0	0	0	0	0	0
Llantilio Pertholey Community Council	0	0	0	0	2	0	0	2
Llantrisant Fawr Community Council	0	0	0	0	0	0	0	0
Magor with Undy Community Council	0	14	0	0	0	0	0	14
Mathern Community Council	0	0	0	0	0	0	0	0
Mitchel Troy United Community Council	0	0	0	0	0	0	0	0

Monmouth Town Council	0	0	0	0	0	0	0	0
Portskewett Community Council	0	0	0	0	0	0	0	0
Raglan Community Council	0	0	0	0	0	0	0	0
Rogiet Community Council	0	0	0	0	0	0	0	0
Shirenewton Community Council	0	0	0	0	0	0	0	0
Skenfrith Community Council	0	0	0	0	0	0	0	0
St Arvans Community Council	0	0	0	0	0	0	0	0
Trellech United Community Council	0	0	0	0	0	0	0	0
Usk Town Council	0	2	0	0	0	0	0	2
Whitecastle Community Council	0	0	0	0	0	0	0	0
Wye Valley Community Council	0	0	0	0	0	0	0	0

SUBJECT: Gwent Regional Partnership Board (RPB) Annual Report 2024/25

MEETING: COUNCIL MEETING

DATE: 4TH DECEMBER 2025

DIVISION/WARDS AFFECTED: Regional Report. All Wards.

1. NON-PUBLICATION

Not applicable. Public documents.

2. PURPOSE:

To update Members on the work of the Gwent Regional Partnership Board (RPB) in fulfilling local authority statutory duties required under the Social Services and Wellbeing (Wales) Act 2014.

Ensure that Members have the opportunity to review the RPB Annual Report 2024/25 and progress made against the objectives set out in the Area Plan 2023-2027.

3. RECOMMENDATIONS:

To receive and endorse the RPB Annual Report 2024/25.


4. KEY ISSUES:




The Social Services and Wellbeing Act (2014) places several statutory duties on local authorities and health boards, including:


- 4.1. To jointly prepare and publish a population needs assessment (PNA) to assess the care and support needs of people in Gwent, which is the foundation of planning of provision and future needs for the Regional Partnership Board (RPB).
- 4.2. To develop and publish a Market Stability Report (MSR), developed alongside the PNA, which determines the overall shape and balance of the care market and helps support planning and commissioning of quality care and support.
- 4.3. To develop and publish an Area Plan reflecting the needs of the PNA, setting out the integrated priorities and actions needed, to improve health and social care services across the region. The ***Gwent Area Plan 2023-2027 (appendix 1)*** was developed in partnership with Monmouthshire, Blaenau Gwent, Caerphilly,


Newport, and Torfaen local authorities, Aneurin Bevan University Health Board and Third Sector partners.

- 4.4. The Area Plan sets out the actions required to achieve the priorities identified in the PNA and closely aligns and shares similar principles of working to the Gwent Public Service Board (PSB) Well-being Plan. The Area Plan is reviewed quarterly through the relevant strategic partnerships within the sub structure of the RPB and is reviewed annually through the **Regional Partnership Board Annual Report (appendix 2)** to ensure we are meeting the needs of our population.
- 4.5. The Statutory Gwent Area Plan was previously approved by Monmouthshire County Council in 2023 and is a commitment to working in partnership. The RPB Annual Report is presented at full council each year to provide assurance to members that we are meeting our statutory duties, highlight progress against the Area Plan and provide democratic oversight.
- 4.6. The following is a selection of the “**Key Developments of the last Year**” taken from the report.

	<p>Carers Annual Report:</p> <ul style="list-style-type: none">• More than 1,760 carers have been supported across hospital discharge programmes. <p>The following projects were delivered:</p> <ul style="list-style-type: none">• In 2024/25 we provided 469 small grants to carers across the region.• Young Carers in Schools Programme: In 2024/25 100 schools engaged in this programme, and 1,681 young carers were identified. In addition, a young carer’s identification scheme operates across the Gwent region.• In Gwent we have a Bridging the Gap model which operates across the region and includes 72 providers of short breaks through the project, available to adult and young carers. In 2024/25 the project supported 982 adult carers and 37 young carers. Additionally, each local authority was provided with funding towards the end of the year to deliver local short breaks in their area supporting 2,330 carers across the region• Projects delivered community support, providing information, advice, and assistance (IAA), activities, individual and peer support to 3,389 carers.• Hospital Hubs to support carer: 1,385 carers accessed the hubs. 1,056 people were satisfied with the support received. 864 individuals felt less isolated. 923 carers became more aware of their need to look after themselves. There were 183 referrals for carers assessment. 1,064 carers were advised on benefit entitlements. 918 carers advised to
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	register with their GP. 597 carers signposted to other support avenues.									
	<ul style="list-style-type: none">• MY Support Team (MyST) is an intensive mental health service for children, young people and their families involved in children’s social care. It was previously a pilot scheme in one local authority and has now been rolled out as a core funded programme, across the 5 local authorities in Gwent. MyST effectively provides intensive mental health support to young people with complex needs arising from early and compounded trauma, notably through the reduction of tier 4 care placements.• Platform Gwent 4YP has delivered a wide-reaching, youth-led mental health and wellbeing service for young people aged 14 to 18 across Gwent. The project provides one-to-one support, check-in sessions, school-based workshops, and community activities shaped by young people's voices. Despite capacity challenges, the team worked with over 800 young people this year and saw measurable improvements in wellbeing. Many reported they felt less isolated (96%) and more confident (94%).									
	<p>Dewis Cymru:</p> <ul style="list-style-type: none">• Dewis Cymru is a website that serves as a central place to go if you want information and resources related to well-being – or want to know how you can help somebody else. Dewis has information that can help you think about what matters to you, and about people and services in your local area that can help you. <table border="1"><thead><tr><th colspan="3">Number of times people have viewed and accessed resources</th></tr><tr><th>2022</th><th>2023</th><th>2024</th></tr></thead><tbody><tr><td>31,227</td><td>40,795</td><td>43,000 +</td></tr></tbody></table> <p>Dewis was promoted across 24 events in 2024/25 and has over 1,800 published resources. Dewis report 2024/25 can be reviewed in the background papers.</p>	Number of times people have viewed and accessed resources			2022	2023	2024	31,227	40,795	43,000 +
Number of times people have viewed and accessed resources										
2022	2023	2024								
31,227	40,795	43,000 +								
	<p>Dementia Friendly Gwent Network</p> <ul style="list-style-type: none">• Dementia Hubs implemented in each local authority across Gwent providing access to information, advice and support for people concerned about their memory, living with dementia or caring for someone with dementia. Partners from across 27 organisations have supported and worked from the hub spaces, engaging with community visitors and fellow professionals. 679 people were supported through the Dementia Hubs between December 2024 and March 2025• In 2023/24 there were 270 multi agency networks members, including both paid professionals, volunteers, carers, and people living with dementia. In 2024/25, there are now 330+ members.• Significant engagement has been undertaken across all areas of Gwent, reaching over 1,500+ individuals through									

	<p>70 + group visits, events, online and in person sessions to find out 'what matters' to people around dementia care. We are continuously working to strengthen links and engagement with seldom-heard voices and ensure their needs are addressed in service planning.</p> <ul style="list-style-type: none"> Partnered with Dementia Friendly Swansea to deliver 10 Dementia Aware sessions across community locations. 110+ people attended, with sessions receiving positive feedback about the content. Attendees completing the session reported an increase in knowledge at the end of the session. 2,187 Dementia Friends over the course of the year. In addition, the Dementia Experience Tour hosted by ABUHB and Training2care delivered sessions to 36 staff. A series of Bitesize sessions across a range of specialist areas including Mental Capacity Act, Audiology, Oral Health Care, Hydration & Nutrition, and more was delivered to 232 participants.
	<p>Citizen Engagement</p> <ul style="list-style-type: none"> In 2023/24 the Gwent Citizen Network had just over 100 members. During 2024/25, membership has grown to over 200 members, from a diverse range of backgrounds. 4 community-based events were hosted through the year, 87 people attended our Coproduction Luncheons from across the region, providing an opportunity for people to share their thoughts, ideas and expertise on the work of the RPB Work continues to implement the recommendations from the Coproduction and Engagement event, 'Decisions Made Together: Inclusion and Experience' which was attended by over 150 professionals and citizens in 2024.
	<p>Workforce & College Consortium:</p> <p>The Gwent College Consortium aims to develop and strengthen relevant work placements and experiential learning opportunities for health and social care learners across Gwent.</p> <ol style="list-style-type: none"> In 2024 the consortium supported 30 health and social care students to secure placements with social care teams across the 5 local authorities. 8 health and social care students secured clinical placements with ABUHB, and 7 independent living skills students secured internships with ABUHB to support work-based learning. Additional Social Care Wales Workforce Development Programme (SCWWDP) funding has played a vital role in the region's ability to sponsor internal staff towards qualifying as social workers. 2024/25 sponsorship figures for Gwent are: <ul style="list-style-type: none"> Social Services Practitioner First Year: 26 Second Year, including First Year Masters: 17 Final Year: 29

	<p>Newly Qualified Social Workers: 19</p> <p>7. WeCare Wales has been promoted through the Regional Integrated Schools Programme. Since 2024 the programme has been successfully implemented across 11 secondary schools and one local training provider, making a significant impact on the educational landscape. The programme has engaged and inspired over 1,000 learners, creating a passion for learning and personal development. Its success and innovative approach have been recognised with a nomination for an Outstanding Achievement Award at the 2025 Careers Wales Awards.</p>
	<p>AskSARA</p> <p>AskSARA is a Self-Assessment Rapid Access tool available in Gwent. It offers impartial advice on assistive technology, products, and equipment for older or disabled individuals and children, to support independent living.</p> <p>8. During 2024/25, 2,227 individuals accessed the platform, with 1,641 being first-time users. 8 training sessions were conducted with the Disability Living Foundation, reaching 136 professionals and community members, to raise awareness of the tool.</p>

4.7. **Conclusion**

The report demonstrates the RPB's ongoing commitment to improving health and social care outcomes for the people of Gwent, through integrated and collaborative working. The Board will continue to monitor progress, adapt to emerging challenges and assess any emerging themes, to ensure we can effectively support people in the region with health and social care needs.

- 4.8. The Regional Partnership Board is constantly reviewing how it does business to ensure that we are looking at what matters to people, are person centred and provide integrated care that evolves with citizen needs. We are faced with rising health and social care demands and there are ongoing challenges with recruitment and retention, so to help support a sustainable system, we are working in partnership to integrate service models, provide strategic alignment across core themes and further improve our prevention and early intervention focus, to improve wellbeing and population outcomes.

5. EQUALITY AND FUTURE GENERATIONS EVALUATION (INCLUDES SOCIAL JUSTICE, SAFEGUARDING AND CORPORATE PARENTING):

- 5.1. Promoting equalities is a fundamental requirement of the Social Services and (Wales) Wellbeing Act 2014 and integral to the development of the Area Plan. An equality impact assessment was developed under the Population Needs Assessment and linked to the Public Service Boards (PSB) Wellbeing

Assessment. Further monitoring and review will be ensured, during the lifetime of the Area Plan.

6. OPTIONS APPRAISAL

Not applicable

7. EVALUATION CRITERIA

The Area Plan progress is evaluated annually via the RPB annual report to highlight key milestones and achievements made.

8. REASONS:

- 8.1.** The Regional Partnership Board complies with the Social Services and Wellbeing Wales Act to improve the wellbeing of the population and improve how health and social care services are delivered.
- 8.2.** The Gwent Regional Partnership Boards Annual Report 2024/25 meets the statutory requirements set by Welsh Government and details progress made against the Area Plan.
We review the layout of the report annually to ensure we are maximising transparency, accessibility and citizen engagement. The report is published on the Regional Partnership Board website and has also been developed into an Easy Read document. We are committed to Coproduction in the RPB and appreciate the complexities and range of the work we do and work together with citizens to constantly adapt how we report and provide information to citizens. This is done through the RPB Citizen network and themed engagement events.

5. RESOURCE IMPLICATIONS:

- 5.1.** There are no direct financial implications related to this report.
- 5.2.** However, there are considerable Welsh Government grant funding streams supporting projects and staff across health and social care in Monmouthshire; and grant requirements and implications will need to be monitored closely. This funding is due to cease on March 31st, 2027, and discussions are underway regarding the post Regional Integration Fund landscape.
- 5.3.** The Regional Integration Fund is a five-year fund running from April 2022 to March 2027 and aims to transform and integrate health and social care services. The Revenue funding allocation in Gwent is £26.415 million, and the Capital funding allocation is £26.458 million.

6. CONSULTEES:

Cllr Ian Chandler – Cabinet member for Social Care, Safeguarding and Accessible Health Services.

Jane Rodgers – Strategic Director of Social Care and Health, Monmouthshire.

7. BACKGROUND PAPERS:

Gwent Regional Partnership Board website: [Home - Gwentrpb](#)

Gwent Population Needs Assessment: [Population Needs Assessment - Gwentrpb](#)

Gwent Market Stability Report: [Market Stability Report - Gwentrpb](#)

Social Services and Wellbeing (Wales) Act 2014: [Principles-Resource-Guide_March-17.pdf](#)

Dewis Cymru (IAA) Report 2024/25:



2024-2025
Regional National Dev

8. **AUTHOR:** Natasha Harris, Head of the Gwent Regional Partnership Team

9. CONTACT DETAILS:

Tel: 07904 921532

E-mail: Natasha.Harris@torfaen.gov.uk

10. Appendices:

1. Gwent Area Plan: [Area Plan - Gwentrpb](#)

2. RPB Annual Report 2024/25.



RPB Annual Report
2425 V2 final..pdf

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Gwent Regional Partnership Board Annual Report 2024/2025



Newport County Borough Council



Torfaen County Borough Council



Torfaen Voluntary Alliance



Gwent Association of Voluntary Organisations
Cymdeithas Mudiadau Gwirfoddol Gwent



Blaenau Gwent County Borough Council



Aneurin Bevan University Health Board



Monmouthshire County Borough Council



Caerphilly County Borough Council

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1. A Message from the Gwent RPB Chair: Ann Lloyd, CBE

It has been a great privilege to Chair the RPB over the past 12 months. Real progress in achieving our partnership goals has been made, in particular the great progress made in pursuit of the Cabinet Secretary's 50-day challenge to enable more extensive care in the community and to discharge people from hospital more effectively. The team working between the RPB partners has been impressive; the collective achievements as a result of the actions of the RPB partners are outlined in this annual report.



As RPB chair it is important to ensure that the RPB recognises the hard work of all partners and creates an environment in which sound partnerships work can flourish. This report aims to recognise the improvement in care and outcomes for the Gwent population which have been delivered in partnership through the considerable efforts of all the staff, volunteers, providers, and carers.

2. Role and Purpose of the Regional Partnership Board (RPB)

The Gwent RPB Vision: **"Working together for a Healthier Gwent, for the right care and support, in the right place, at the right time."**

The Gwent Regional Partnership Board (RPB) was established as part of the Social Services and Wellbeing Wales Act (SSWB) to:

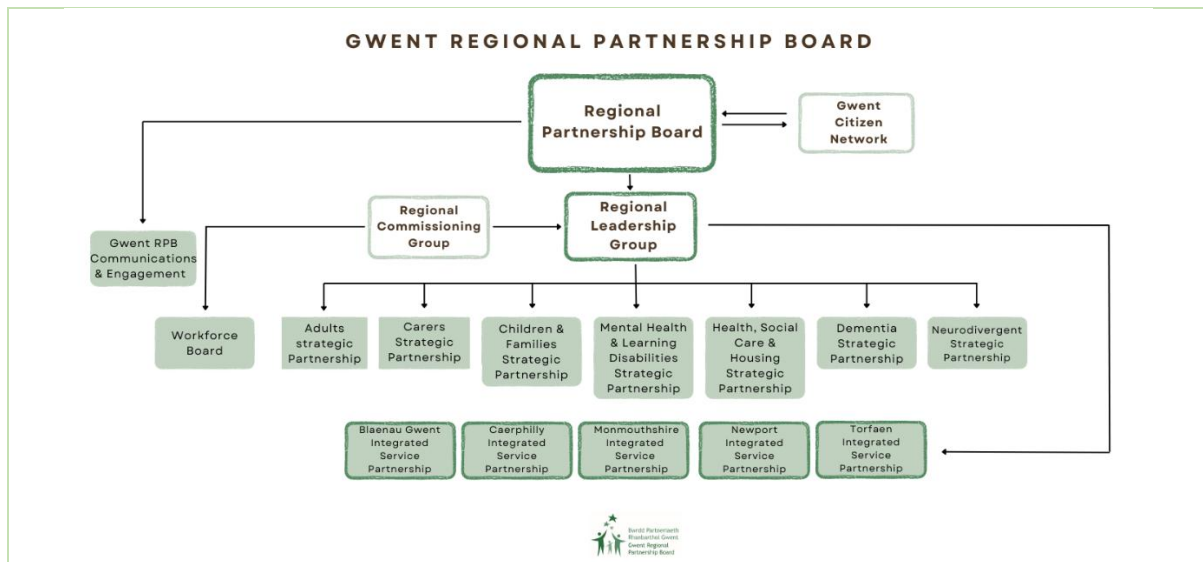
- **Improve care and support, ensuring people have more say and control**
- **Improve outcomes and health and wellbeing for people across the region**
- **Provide co-ordinated, person-centred care and support**
- **Make more effective use of resources, skills, and expertise across partners**

As a partnership we work together on an agreed shared vision for service development and integration of health and social care, aligning to the Social Services and Wellbeing (Wales) Act 2014 and A Healthier Wales, specifically the four themes of:

- **Improved population health and wellbeing**
- **Better quality and more accessible health and social care services**
- **Higher value health and social care, and**
- **A motivated and sustainable health and social care workforce**

[Read about our Role, Priorities and Membership here](#)

Governance arrangements ensure that the RPB operates effectively and efficiently, ensuring that the right processes and sub structures are in place to progress the work and priorities of the RPB. Our governance structure can be found below:



2.1 Self-Assessment

Under the part 9 regulations of the Social Services and Wellbeing (Wales) Act, RPBs are required to complete a self-assessment every 2 years, to evaluate the effectiveness of their performance, in fulfilling objectives. The Gwent RPB self-assessment found that there have been good developments made with integrated practice throughout the RPB, with some effective examples of partnership working. The actions we have been working on through 24/25 are:

To make a significant step in driving forward seamless care across the region: The RPB have been using themed meetings and working to the WG integrated models of Care to develop this work with our partners and Welsh Government officials.

To work within its legal and governance framework and play a stronger role in setting shared direction, communicating purpose and encouraging progress across the region: A governance review was completed during 2023/24 by an independent consultant to identify where we could improve processes and plan for improvement. The RPB continue to work through the recommendations from the review, to ensure we can meet our objectives, and we are effective and compliant in our functions. The Terms of Reference have been reviewed across the partnerships. We have a Governance Review Action Plan which has been monitored through the RPB meetings.

To develop a higher profile with a clearer shared view of seamless future arrangements and ensure the governance and communication arrangements with each partner body, are in place to enable this: The RPB have been working to further improve our website and social media reach, to highlight the work we do with the public and professionals. We have also been further developing the RPB Communication and Engagement Steering Group, and working with communications leads across health, social care and the third sector, to work on further developing a Communications and Engagement Strategy.

To develop a strong and clear perspective on all partner resources and how they might need to change, not just grant-based resources: The RPB have been improving links across our partner organisations in developing this work and also

working with the RPB funding leads, to highlight funding requirements and improve processes.

To make the most of partner contributions and responsibilities: Linking with partners to improve how we work together.

Additional policy, planning and research resources are needed to support the RPB to develop into this role: Support roles have been reviewed as part of the governance review, to ensure we are making the best use of resources and skills to support RPB objectives. This will be completed every 2 years.

3. Engagement and Coproduction at The Heart of Our Work

Always Learning and Improving

The RPB are always striving to improve how we collaborate with citizens and empower people across the region to play an active part in decisions that affect both their health and wellbeing. We provide opportunities at both a local and regional level for people to get involved in the work we do, and we also attend local events and join community groups and public discussion forums, so we can work together with people of different backgrounds and perspectives, to help shape and influence the future of health and social care across the region. We are always learning and improving how we communicate the work of the RPB across our communities, to enable us to foster stronger connections and hear the voices of seldom heard groups.

Working Together

Partnership working is the golden thread that runs through the RPB. We continue to face numerous challenges across the system such as increasing demand for care and support, staff shortages and ever decreasing budgets, so new ways of working are critical to help support the health and social care system for the future. Bringing partners together from across different sectors helps us to effectively plan and provide the right services, to meet the needs of the people in Gwent. Bringing together the breadth of expertise from our partners, to create ideas and solutions to build an integrated health and social care system is key. We work together to ensure all our partners participate in decision making, and everyone feels understood, listened to and valued. This helps us to make progress against the RPB objectives.

3.1 Gwent Citizen Network: What We Do and Our Successes

The Gwent Citizens' Network is made up of community members who live in Gwent and work with us to tell us 'What matters' to them. The network allows citizens' voices to be heard. People share their experiences and expertise to help us improve how we use resources and create support and services that meet local needs and also help shape consultation responses and processes.

Decisions Made Together: Inclusion and Experience Event

This event focused on people's stories and the small things that can make a significant impact in people's lives. The event highlighted the importance of making decisions together and the importance of coproduction, in the delivery of care and support. The recommendations from the event were to:

- Prioritise impactful interactions and engagement with the public.
- Ensure citizen representatives reflect diverse communities.
- Address transport barriers for involvement and provide remuneration for involvement.
- Continue to build on good practice and learn from both successes and challenges.
- Improve, streamline, and maintain good regular communication and transparency across organisations and with the community.
- Emphasise collective efforts and collaborative working.
- Empower citizens to take ownership and lead.
- Provide ongoing learning and training opportunities.
- Regularly monitor and review our progress.

We are continuing to monitor progress against the recommendations and will be providing a further report on work completed later in 2025.

[Watch our Decisions Made Together Conference Video here](#)

Gwent Citizen Network Growth: During 2024/25, we have grown our regional network to over **200** members, from a diverse range of backgrounds.

Coproduction Luncheons: We hosted **4** community-based events through the year, **87** people attended our Coproduction Luncheons from across the region, providing an opportunity for people to share their thoughts, ideas and expertise on the work of the RPB. We collected feedback from community members, to learn what works well and what needs to change.

“I really enjoyed the Coproduction Luncheon and look forward to the next meeting... Great to see so many ideas and suggestions captured.” – Citizen Network Member

Citizen Involvement: We started to co-design our new Citizen Involvement Programme that will support members of the community to become ‘Citizen Champions’, being supported to share their views and help make decisions about services, support and funding.

“Thank you for reaching out and providing the opportunity to contribute to the citizen involvement initiative. The draft Citizen Champion document to support the work of the Gwent Regional Partnership Board looks promising, and I am eager to offer my input to help shape it further. I appreciate the effort to include those who couldn’t attend the coproduction luncheons by seeking virtual feedback.” – Citizen Network Member

Virtual Network Meetings: We held our first virtual network meeting, using a Community of Enquiry approach, a workshop-style session that offers space for a group of people to collaboratively explore ideas and ask rich and meaningful questions of each other, to help us explore how services can work more effectively together. **35** people attended and shared their thoughts.

The Gwent Citizen Network has made great progress during 2024/25, but there is still more that we want to improve:

- **Gwent Citizen Network Growth:** We are working hard to develop a more inclusive, diverse membership, ensuring all voices are heard across our communities.
- **Community Events and Meetings:** We are continuing the success of our Coproduction Luncheons across the region, planning more in-person opportunities for people to come together and share their experiences. Listening to feedback, we will be providing more virtual networking opportunities, so that involvement in our network is flexible and accessible.
- **Citizen Involvement Programme:** We are looking to finalise our Citizen Role Description, which will support increased citizen involvement across the RPB and its strategic partnerships. As well as the role description we're keen to make sure people feel supported to become, and remain involved in our work, that's why we're developing an induction and support programme, based on the feedback citizens gave us about how they would like to be involved, supported, remunerated and access information about the RPB in their Citizen Champion role.

3.2 Communication and Information, Advice and Assistance

We are keen to make the RPB communications clear and accessible for everyone. Good communication has been highlighted as a priority by partners and community members, as part of our engagement work across the region, and was a key part of the feedback from our Decisions Made Together: Inclusion and Experience Event.

Our Communications and Engagement (C&E) group has continued to develop, involving partners from across the RPB, Llais and the Gwent Public Service Board. The group's aim is to provide a golden thread of Communications and Engagement activity throughout the RPB and align with outside partner activities and workstreams, to further improve joined up working, information sharing and limit duplication. This group reports directly to the RPB and provides updates on work aligning to the National and Regional priorities and is under regular review to ensure alignment with individual partner strategies and emerging work, such as the Integrated Service Partnership Boards (ISPB's) newly created strategy. We are making continuous improvements in this area and will continue to work to and improve skills, practices and delivery for 2025/26.

Digital Content

The Gwent RPB website is a key part of how we continue to raise the profile of the RPB, with both the public and professionals. The website acts as platform to share the work of the RPB and partners across Gwent, with the aim to engage citizens in policy decisions and share information about the work we do.

[Visit our Gwent RPB website here](#)

We are working hard to ensure all of our communications and engagement activity is inclusive and accessible. We regularly review our website to ensure it is compliant with

Web Content Accessibility Guidelines, including access to speech, reading and translation support, with the Reach Deck toolbar.

We have continued to highlight national and regional campaigns across our social media platforms, share information advice and assistance about the services we have here in Gwent, and continue to grow our online community and engagement across the region.

Dewis

Dewis Cymru is a website that serves as a central place to go if you want information and resources related to well-being – or want to know how you can help somebody else.



Dewis has information that can help you think about what matters to you, and about people and services in your local area that can help you.

We have attended **24** engagement events this year to raise awareness of the platform in the community and there are over **1,800** published resources across Gwent. People have accessed and viewed resources over **43,000** times during 2024/25.

"I didn't realise DEWIS was Wales wide, I find it useful to find out what activities are in my area" – Dewis User

AskSARA

AskSARA is a Self-Assessment Rapid Access tool available in Gwent. It offers impartial advice on assistive technology, products, and equipment for older or disabled individuals and children, to support independent living. The tool is continually evolving with new topics like pain management, unpaid carers, and menopause. The online assessment guide generates a personalised report from questions based on the individuals need that includes tailored advice from Independent Occupational Therapists (OT'S), recommendations for products and where to purchase them and local signposting and campaign information.



During 2024/25, **2,227** individuals accessed the platform, with **1,641** being first-time users. **8** training sessions were conducted with the Disability Living Foundation, reaching **136** professionals and community members, to raise awareness of the tool.

RPB Newsletters

As part of our information, advice and assistance offer, we have circulated **51** newsletters to our Citizen Network, RPB partners and wider networks, providing weekly information about what's on across the region, information about local services and support and opportunities for people to get involved and have their say. **9,866** people have accessed our newsletter over 2024/25 from across the Gwent region and have found it useful.

Advocacy Support

Provides a single point of contact for those requiring advocacy services, and in particular an independent professional advocate (IPA). Calls are increasing for this service year on year.



“That’s brilliant. I feel a weight has been lifted off my shoulders. Thank you, thank you, thank you!”— GATA caller

In September 2024, a co-produced workshop was held to review the existing Gwent Advocacy Strategy and to shape the new strategy for 2024-29. Attendees felt the 4 strategic priorities identified in the original strategy were still relevant:

1. Co-production.
2. Service design, including equitability of access to advocacy.
3. Awareness and understanding of advocacy.
4. Advocacy in the NHS.

In addition to the original priorities above, two further priorities were identified to be included as part of the strategy review, Parent Advocacy and Workforce Development.

The Regional Commissioning Group (RCG) continues to explore new opportunities linked to funding and will provide a renewed focus to further develop the role of third sector Social Value-Based services in the region. This may be linked to day services or supporting hospital discharge, admission avoidance and maintaining low level support in the community.

Further Faster funding from Welsh Government has an emphasis on community-based care and support, and initiatives to improve social outcomes to reduce hospital admissions and promote more equitable provision. In Gwent part of this funding was used to implement the

CVC Small Grants Scheme and this work was led by our Community Voluntary Councils (CVC's) Torfaen Voluntary Alliance (TVA) and Gwent Association of Voluntary Organisations (GAVO).



Through this scheme **72** community projects were funded across the region supporting the RPB priority groups through projects such as youth clubs, early intervention and prevention support, health and wellbeing, therapy support, nature-based solutions for health and wellbeing, carers support and one to one bereavement and peer support.

The Gwent Regional Domiciliary Care Provider Forum is a long-established forum led by the Gwent Regional Partnership Team and Aneurin Bevan University Health Board (ABUHB), to provide support to domiciliary care providers in Gwent. Meetings are held

quarterly and collaboratively, between the local authorities and ABUHB, and address current issues being experienced by providers. This group undertakes specific workstreams, such as a regional approach to join monitoring processes.

Gwent Care Homes Engagement Forum

As with third sector and domiciliary care providers, the RPB also engages with care home providers through a forum. The group meet quarterly and focus on the issues faced by providers such as recruitment and retention and the effects of the cost-of-living crisis on services. There are also several collaborative workstreams associated with the forum i.e. regional framework and contract review, a regional approach to care home monitoring, the provision of specialist equipment and the development of a bariatric pathway.

The forum provides an opportunity for regular engagement with care providers in Gwent, while also ensuring key priorities are addressed by the RPB, through provider representatives.

Gwent Third Sector (including Section 16) Forum

The RPB engage closely with the Wales Council for Voluntary Action (WCVA) and Community Voluntary Councils active in Gwent, to deliver the Gwent Section 16 Voluntary Sector Forum. This forum works with commissioners and providers to support the development of social enterprises across the region and emphasises the valuable role of voluntary sector organisations, in the provision of care and support. The forum also works to rebalance the care and support market, into a balanced provision of private, local authority and voluntary sector organisations, in line with the Rebalancing Care reforms and refreshed code of practice. The forum is committed to inclusivity, innovation, and transparency, and champions citizen voices and empowering stakeholders to effect meaningful outcomes.

‘Partnership working is vital in the third sector, and it is the combination of good relationships allied to a willingness to put people at the centre of what we do that takes forward our services and support. The Gwent RPB does recognise that importance and works with the third sector to support social value and the voices of those who rely on support from others.’ – David

Williams, TVA Trustee Board Member

4. Population Needs Assessment and Area Plan

The Gwent Population Needs Assessment was published in 2022 and was a joint exercise undertaken by the RPB and partners to gather information on people’s health and wellbeing across the region. This identified what was working well, where changes were needed and where there were gaps in health and social care provision. This information was then used to develop the Gwent Area Plan, which identifies the priorities for Gwent and where action is needed to improve support and services. The Area Plan is a living document which is reviewed by the relevant Strategic Partnerships on a quarterly basis and is updated annually, to consider any emerging needs and themes and acts as the work plan for the RPB. A new Population Needs Assessment is developed every 5 years.

[Read about our Population Needs Assessment \(PNA\) here](#)

5. Joint Commissioning and Pooling of Funds

It's important that people receive the right services, at the right time, and in the right place. To do this, we must ensure funding is directed to meet the needs of our communities in Gwent. Work of the Regional Commissioning Group (RCG) in 2024/25 has focused on delivering a programme of strategic priorities, including the response to the recommendations of the Market Stability Report (MSR).

[Read about our Market Stability Report \(MSR\) here](#)

The region continues to regularly discuss opportunities to further develop the use of pooled funds in addition to the current scope used in the regional expenditure on care home placements across the six partners. This is underpinned by an overarching Section 33 Agreement which provides a contractual framework to enable the development of further regional pooled funds when required. In addition, the Gwent Frailty Service uses a Section 33 Agreement for collaborative arrangements, this is currently under review.

Progress in 2024/25:

- **Section 33 Pooled Fund Arrangement:** Signed and maintained by all parties.
- **Review of Regional Contract:** Initiated for care homes for older people.
- **Regional Fee Methodology Working Group Reconvened:** Focused on regional fee methodology for care homes.
- **Development Work:** Establishing joint contract monitoring frameworks for care homes and domiciliary care services.
- **Gwent Care Homes Engagement Forum and Domiciliary Care Services Forum:** Established as a three-yearly collaborative forum.
- **Pooled Budgets:** Continuing to explore new opportunities with pooled budgets and joint commissioning arrangements; Torfaen County Borough Council hosts the pooled fund manager under a Section 33 Agreement.

The focus for 2025/26 will be to continue to support the domiciliary care and care home sectors and Third Sector (Section 16) forum. We will also continue to develop our social value work and continue to link to the Workforce Development Board and the Regional Workforce Strategy.

6. Achievements Aligning to the Area Plan

The Area Plan outcomes are delivered and monitored through the 7 strategic Partnerships with the following priority areas:

- **Children and young people with complex needs.**
- **Unpaid carers.**
- **Older people, with specific reference to supporting people living with dementia.**
- **People with physical disabilities**
- **People with learning disabilities.**
- **Autism and Neurodevelopmental Conditions.**
- **People with poor mental health and/or emotional support needs.**
- **People with sensory impairment.**
- **People experiencing Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) or homelessness.**

- **Housing.**

The RPB works closely with various partnerships including, the Area Planning Board, which focuses on substance misuse issues and delivers the objectives of the Welsh Government Substance Misuse Strategy 'Working Together to Reduce Harm', and the Safeguarding Board who deliver the objectives of the Welsh Government 'Working Together to Safeguard People' guidance, which accompanies the Social Services and Wellbeing (Wales) 2024 Act. We also support the work of the Gwent Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Partnership Board.

The RPB also works closely with the Gwent Public Service Board who deliver the objectives of the Wellbeing of Future Generations (Wales) Act and implement the 5 ways of working. We continue to work together to align cross cutting workstreams across the RPB and PSB and support the Marmot principles in Gwent. Working together helps to ensure that the RPB Area Plan and PSB Regional Wellbeing Plans are delivered effectively and are aligned.

6.1 Workforce Development Board

“The Gwent Workforce Board has continued to make good progress against our key priorities. In particular, we are pleased with our partnership work via the College Consortium that continues to benefit local health and social care learners while developing talent to meet Gwent’s future workforce needs. As a group we have recently reviewed our strategic priorities for 2025/26, aligning these with regional and national policies to support innovative recruitment pathways, collaborative training opportunities and system flow.” – Jason O'Brien, Strategic Director of Children and Families, TCBC and Workforce Board Chair.

Area Plan Priorities:

1. Increase the number of student placements across health and social care partners.
2. Ensure workplace training and qualifications through the Social Care Wales Workforce Development Programme (SCWWDP) grant.
3. Increase promotion of health and social care recruitment through WeCare Wales campaign.

What we did in 2024/25:

Since its foundation, the Gwent College Consortium has aimed to develop and strengthen relevant work placements and experiential learning opportunities for health and social care learners across Gwent. In 2024 the consortium supported **30** health and social care students to secure placements with social care teams across the 5 local authorities. **8** health and social care students secured clinical placements with ABUHB, and **7** independent living skills students secured internships with ABUHB to support work-based learning.

[Watch our Care as Currency Social Care Work Placement video here](#)

Additional Social Care Wales Workforce Development Programme (SCWWDP) funding has played a vital role in the region's ability to sponsor internal staff towards qualifying as social workers. 2024/25 sponsorship figures for Gwent are:

- Social Services Practitioner First Year: **26**
- Second Year, including First Year Masters: **17**
- Final Year: **29**
- Newly Qualified Social Workers: **19**

WeCare Wales has been promoted through the Regional Integrated Schools Programme. Since 2024 the programme has been successfully implemented across **11** secondary schools and one local training provider, making a significant impact on the educational landscape. The programme has engaged and inspired well over **1,000** learners, creating a passion for learning and personal development. Its success and innovative approach have been recognised with a nomination for an Outstanding Achievement Award at the 2025 Careers Wales Awards.

“Fantastic people and opportunities. I learnt so much and gained so much insight into what the role entails.” – Health and Social Care Level 3 Student after completing an LA work placement.

“It helped me learn about roles I didn’t know about.” – Year 10 Pupil after attending the Integrated School’s Programme

Regional Dementia Experience Training was made available to all care providers in Gwent. Guided by the All-Wales Good Work Dementia Learning and Development Framework, the session has supported the development of a compassionate, caring, and competent dementia informed workforce.

Employee Investigations Training sessions were made available to Local Authority social care teams and focused on delivering employee investigation processes with compassion while creating a learning culture to support financial savings in relation to investigative activity.

Abergavenny Wellbeing Information Centre strengthened multi-agency and partnership working in Abergavenny by attracting new volunteers and increasing staff exposure to co-production and community capacity building.

Next Steps for 2025/26:

- Placements with third sector partners are currently being explored via regional fora and communications.
- Actively progress the establishment of a Gwent Regional Workforce Development service to achieve financial sustainability.
- Continue to support the health and social care workforce across the region.

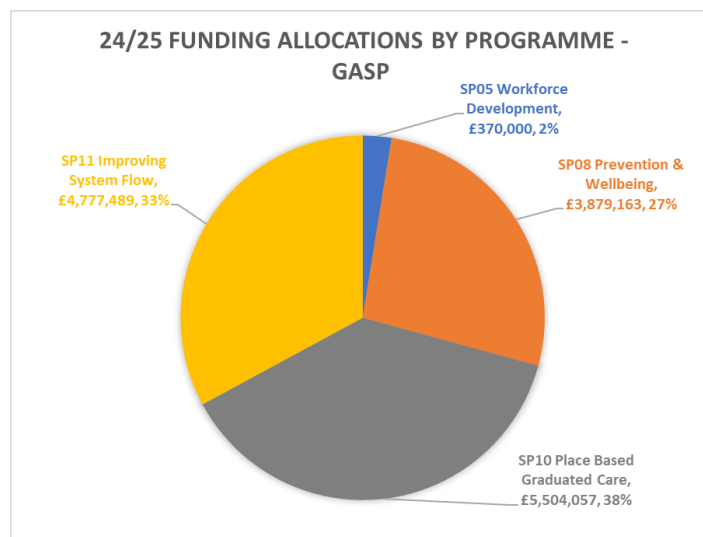
6.2 Gwent Adults Strategic Partnership

‘The Adults Strategic Partnership has made good, steady progress over the past 12 months and has aligned its resources to improve hospital flow, increase prevention of hospital admissions and to support new and innovative ways to address the needs of the population of Gwent’ – Jo Williams, Head of Adult Services, Caerphilly County Borough Council and Chair of the Gwent Adult Strategic Partnership

Area Plan Priorities:

1. To support older people to live, or return, following a period of hospitalisation, to their own homes and communities through early intervention, integrated care models and a whole system approach.
2. To improve emotional well-being for older people by reducing loneliness and social isolation through earlier intervention and building community resilience
3. To mitigate the long-term impact of the Covid-19 pandemic through reducing waiting lists and times to access support, appointments, and medical procedures

What we did in 2024/2025:



Improving System Flow: access to Medequip Assistive Technology through the Gwent Wide Integrated Community Equipment Service (GWICES) was supported across the region. Ongoing Hospital Discharge Coordination and delivery of Home First, helping people maintain independence as they recover from illness or injury after a hospital stay and facilitated a Trusted Assessor at Ysbyty Ystry Fawr stroke ward, both supported hospital discharge.

Place Based Graduated Care: Shared Lives continues to provide a service to vulnerable adults with carers in their local community, catered to individual needs as well as the Community Resource Team (CRT) Pharmacy Project.

Building and Supporting System and Community Resilience:

During 2024-25 GASP reviewed its priorities and the following was agreed:

- **Priority 1 – Early intervention prevention and supporting resilient communities:** Setting expected outcomes for partners in relation to supporting resilient communities. Developing and evaluating systems to support individuals to live well in their community. Creating and commissioning effective partnerships to support community resilience. To support measures to reduce the impact of negative determinants of ill-health. Monitoring long term trends in community resilience
- **Priority 2 – System flow and timely hospital discharge:** Setting and monitoring outcomes for improvement in system flow. Monitoring the effectiveness of systems to support effective and timely discharge. Providing space for evaluation for interventions in system flow. Ensuring two-way communication and learning between the operational and strategic levels.

- **Priority 3 – identifying and testing innovation to develop effective pathways of care:** Ensuring the best use of RIF and other funding and to identify and exploit other sources of funding to support innovation. Supporting the development and rigorous evaluation of new and novel service responses. Identifying and supporting effective staff training and development opportunities to support the above.

Case Study: Hospital 2 Healthier Home led by Care & Repair

“Excellent service and workmanship throughout the whole process, thank you to all of your team especially the lady who came to see us. The visit was for my husband however the lady could see I was struggling and arranged additional help for me too.” – Service User

All clients who are referred to H2HH are offered Healthy Home Check which involves a falls risk assessment and adaptations to prevent falls based on findings. The H2HH caseworkers can assess for adaptations as they are Trusted Assessor qualified. In 2024/25 the service directly helped 1,116 patients leave hospital more quickly, up 16% on 2023/24. The project has also successfully claimed £494,049 in unclaimed benefits for patients in Gwent area to support with independent living at home.

Following two cardiac arrests and a diagnosis of Lance-Adams syndrome Mr W was supported with timely intervention, home adaptations and benefits support which enabled him to be discharged safely and regain independence during his rehabilitation. The compassionate collaboration between the project lead and Mr W’s family ensured tailored solutions, providing not only practical improvements but emotional support. Mr W’s heartfelt gratitude and visible progress brought a profound sense of purpose and job satisfaction to the project lead.

Case Study: Community Resource Teams (CRTs) Pharmacy and SRP Extension

The Community Resource Teams (CRTs) Pharmacy project received additional funding via the Gwent RPB System Resilience Plan (SRP) to expand the service across the region and build in new elements to support discharge, falls prevention and provide home visits to frail elderly patients identified through HRAC criteria collaborating with GP practices across Gwent. The project has contributed to preventing falls by identifying and reviewing high-risk medicines that can impair balance or cognition. Individuals were supported to remain safely at home and reduced the risk of falls, particularly among frail older adults.

The project has supported a reduction in discharge delays and supported the D2RA pathways by enabling timely access to medicines and pharmacist input on wards, virtual wards and community resource teams. Its integrated approach has scaled good practice in medicines optimisation and falls prevention, with pharmacist roles embedded into multidisciplinary teams.

"I feel very reassured and confident with my medicines since pharmacy's input, I would have been 'lost' without them." – Service User

Through the Rapid Medical (virtual ward) service in Blaenau Gwent, supported by the CRT Pharmacy, a frail 92-year-old patient was safely treated at home, avoiding hospital admission. The team played a crucial role identifying harmful medicine interactions, supporting complex anti-coagulation decisions, and working closely with consultants and the wider multi-disciplinary team. Their expert input ensured safer

prescribing and effective, personalised care. The patient's daughter praised the team's professionalism and compassion, stating that receiving care at home preserved her mother's wellbeing and spirit.

Health and Physical Disabilities, Sensory Loss and Impairment

Area Plan Priorities:

1. To support disabled people, including sensory impairment, through an all-age approach to live independently in appropriate accommodation and access community-based services, including transport.
2. Ensure people are supported through access to accurate information, assistance and 'rehabilitation' where required.
3. Improve transition across all age groups and support services.

What we did:

RNIB partnered with Dementia Friendly Gwent to support free hearing loss drop-in sessions across Gwent as part of the Dementia Hub project.

We continued to promote and enhance the accessibility of Information, Advice, and Assistance (IAA) services to empower individuals to make informed decisions regarding their care and support needs through Dewis, AskSARA and advocacy services such as GATA and NYAS in addition to The Veterans Gateway website.

Partners continue to increase and promote Rehabilitation Officers for Visually Impaired (ROVI) to build confidence; provide emotional support; regain lost skills and teach new skills to those with sensory impairment or loss. We will ensure that all people facing sensory loss/impairment receives equal access to specialist assessment and where appropriate services.

At present, this area of work is recognised as a cross-cutting theme, activity in this space is ongoing, with continued efforts to develop and enhance services for these population groups across the strategic partnerships. Progress against these area plan priorities can be found throughout the report.

Next Steps:

- Increase the number of frontline workers who receive up to date training and awareness raising in relation to information, aids and adaptations that support people living with physical disabilities, sensory impairment and loss.
- Ensure people are supported to access information, advice, and assistance in a form that meets their needs e.g. British Sign Language (BSL) and Braille and 'rehabilitation' where required
- Increase the number of Rehabilitation Officers for Visually Impaired (ROVI) within the workforce.
- A focus is needed on further development of generic and specialist services and improving the access to other services for people with a sensory impairment, this will require a multi-agency approach.

Case study: Living with Sight Loss

Carley began losing her sight in 2018 and was diagnosed with cone-rod dystrophy. By 2021, she was registered as severely sight impaired.

“Lockdown was a really difficult time. I entered it without needing a white cane and came out unable to walk short distances without one,” she explained. “I also struggled emotionally- not just because of Covid, but because I didn’t know how to talk about my sight loss with people who knew me before. I felt anxious about going out again.”

After years of self-isolation, Carley found confidence through the support of local initiatives and people, including Sonya, Programme Lead for Dementia Services from Aneurin Bevan University Health Board (ABUHB) and Katherine Hawkins, Age Friendly Lead at Newport City Council.

Alongside attending in her role as Partnership Officer for Health and Wellbeing at Newport City Council and Sonya and Kath’s encouragement, Carley took part in Newport’s parkrun along the accessible Riverside route and was at the launch of the Inclusive parkrun in April. For Carley, this small but meaningful step was a turning point.

“I was very nervous beforehand but the moment we started, I felt supported... the stewards and other participants were so encouraging. I didn’t feel judged or out of place. I actually enjoyed it!”

“I never thought I’d be able to do something like that on my own. But now, I would feel confident going again, even by myself... For the first time in a long time, I felt like just another person in the group. The only difference was that I had my white cane.”



Prevention and Wellbeing

Integrated Wellbeing Networks: Over the past year, the Integrated Well-being Networks (IWN) project has made significant progress in strengthening community support, digital innovation, and early intervention across Gwent. The project expanded its partnerships, notably with the RSPB for nature prescribing and Gwent Police for safe spaces and increased professional involvement. In Blaenau Gwent alone **218** professionals from **66** organisations joined the collaborative network. Community engagement grew steadily, with **420** individuals accessing the project by Quarter 4 and **425** new individuals supported for the first time. The team handled **432** referrals and maintained nearly **1,000** contacts across the year, demonstrating rising demand and visibility. Support through Information, Advice, and Assistance (IAA) reached **6,784** people by the end of the year. Community-driven initiatives flourished, including participatory budgeting events awarding £135,000 to **28** community projects, and creative projects like the "Sit A While Bench" well-being space in Blaenau Gwent. The IWN programme successfully embedded itself deeper within primary care networks, strengthened community resilience, and created more sustainable, community-led health and well-being support models.

Health inclusion Service: A service for people who might not be accessing primary care services in Gwent despite their need, offering a multi-disciplinary and collaborative approach to planning and delivering services.

Rebalancing Rights and Responsibilities Training: Aimed at individuals in health and social care, to shape behaviours, relationships, skills and leadership, required for multi professional teams to work more effectively together.

Winter Planning/System Resilience Plan: The Gwent System Resilience Plan extends over two winters, from October 2023 to March 2025. We have Transitioned to year-round planning to help support clarity and alignment of goals and tactical responses through joint planning and resource deployment all year, as well as through the winter months. There are currently 9 projects supporting timely discharge and training. Hospital to Home delivered positive outcomes and a business case has been developed to expand this across Gwent from core ABUHB funds.

50 Day Challenge: The RPB have also been implementing the 10 best practice interventions set by Welsh Government, as part of the 50 Day Challenge (11th November 2024 – March 2025). The challenge was set to help more people safely return from hospital and to ease winter pressures on our health and care system. Gwent received praise from Welsh Government for their work on the 50 Day Challenge and were recognised as one of the top performing regions in supporting this work.

Next Steps:

We will continue to build on the achievements of 2024/25. A greater focus is required on developing preventative measures including early intervention and prevention, to minimise long term care, hospital admissions and to improve outcomes for people in our community. We will also continue to improve system flow around hospital discharge and work with Welsh Government to continue the good practice identified in the 50 Day Challenge.

6.3 DIRECT PAYMENTS

Key Priority:

1. To research, develop (where possible) and standardise Direct Payments information, process and systems across Gwent

This project aimed to create a work programme for collaborative efforts, sharing resources to support all local authority Direct Payment teams. This included pooling resources to save costs, improve services, and promote regional growth. The goal was to address shared challenges, create training resources and standardise Direct Payments information.

What we did in 2024/25:

- Public Information Guides were created and adopted by Gwent local authorities.
- Direct Payments training for Practitioners was developed for use across Gwent. Social Care Wales is exploring how they can use these on a national level.
- Quarterly meetings for Independent Living Advisors (ILA) and Direct Payment Lead Officers (DPLO) were set up.
- Improved terms and conditions for Personal Assistants were explored.

- Financial review and monitoring processes were looked at to improve support and reduce risk.

Our Next Steps:

- Encourage and support Practitioners to complete the Direct Payments Training.
- Look for opportunities to invest in developing joint guidance and policies and supporting and increasing the use of Direct Payments.
- Review and monitor roles within support teams to ensure timely account monitoring and reclaim surplus funds according to policy.
- Invest in expanding and developing Direct Payment Teams locally.
- Prepare for changes from the Health and Social Care Bill and work with Health Boards to get ready for Direct Payments for Continuing Health Care.

‘These [Direct Payment Guides] look really professional. When we visit service users it is great to be able to leave something tangible behind that they can refer to - they are a great source of information’ – Direct Payments Professional

“Direct Payments is supporting us as a family and allows us [as parents] to relieve some of the pressure from our caring role and spend some quality time with our daughter knowing our son is safe and with someone who is helping him to achieve his goals”. – Direct Payments Recipient

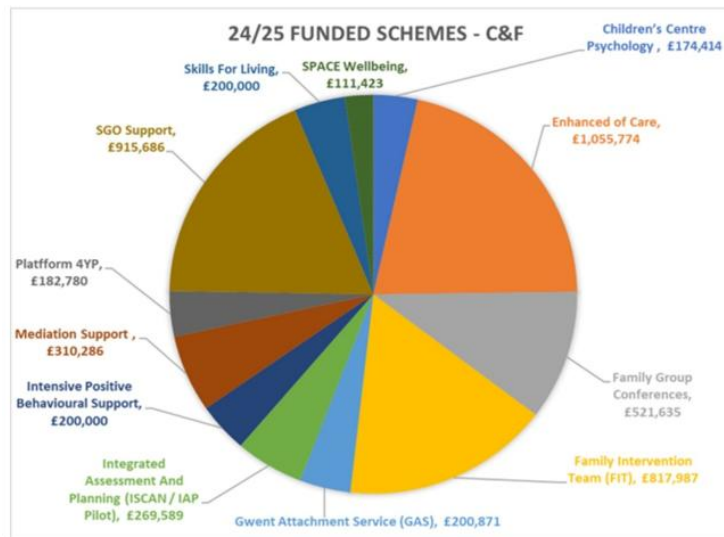
6.4 Children & Families Strategic Partnership

“The Children and Families Strategic Partnership has worked hard to ensure that we have a balanced approach to developing services from early help through to supporting children and families with complex needs. We have aligned our resources to meet shared outcomes including easy access to specialist support and enabling children to stay close to their homes and communities. We have made positive progress in ensuring that our various services and projects are underpinned by the values and concepts of the NEST/NYTH framework. Moving forward we are looking to understand how we can use our partnership to promote whole system and practice change, to secure better outcomes for children.” – Jane Rodgers, Strategic Director for Health and Social Care, Monmouthshire County Council and Chair of the Children and Families Strategic Partnership.

Area Plan Priorities:

1. To improve outcomes for children and young people with complex needs through earlier intervention, community-based support, and placements closer to home.
2. To ensure good mental health and emotional well-being for children and young people through effective partnership working, especially mitigating the long-term impact of the Covid 19 pandemic.

What we did in 2024/2025:



SPACE Wellbeing: The Single Point of Access for requests concerning children's emotional and mental health wellbeing is firmly established in Gwent. The model has been presented to Health Boards and Local Authorities across Wales who have expressed an interest in embedding this way of working.



The implementation of a Single Point of Access simplifies the young person's journey, making it easier for individuals to receive timely support, which has a significant impact in reducing service fragmentation.

SPACE Wellbeing has achieved several significant outcomes during April 2024 – March 2025. The demand for referrals continues to outweigh current capacity, so processes are continuously being reviewed and streamlined, and digital options are in place for parents to easily submit a self-referral. Co-production work with Mind Our Futures Gwent has been more focused this year to ensure the voice of young people is represented. However, unmet needs remain, including post-diagnostic support following neuro-developmental assessments and school-based counselling during term time.

Family Intervention Team (FIT) is an early intervention mental health service for children and young people aged 3-16 with emerging difficulties, and their families, to prevent escalation of their needs in health, Social Care & Education. This service is offered through time limited interventions (12 sessions) and approximately **325** families are supported per year. During Quarter 1 and Quarter 2 of 2024/25, **165** new families were seen, with **508** family members involved and benefitting from the work through a family-based approach.

Platform Gwent 4YP has delivered a wide-reaching, youth-led mental health and wellbeing service for young people aged 14 to 18 across Gwent. The project provides one-to-one support, check-in sessions, school-based workshops, and community activities shaped by young people's voices. Despite capacity challenges, the team worked with over **800** young people this year and saw measurable improvements in wellbeing. Many reported they felt less isolated (**96%**) and more confident (**94%**). Notably, stronger links with Children and Adolescent Mental Health Services (CAMHS) and schools have increased referrals and collaboration. Young people described the

support as life-changing, valuing the safe, non-judgemental space and practical coping tools they were offered.

The NEST/ NYTH Framework provides 6 guiding principles for improving mental health and wellbeing services for babies, children, young people and their families.



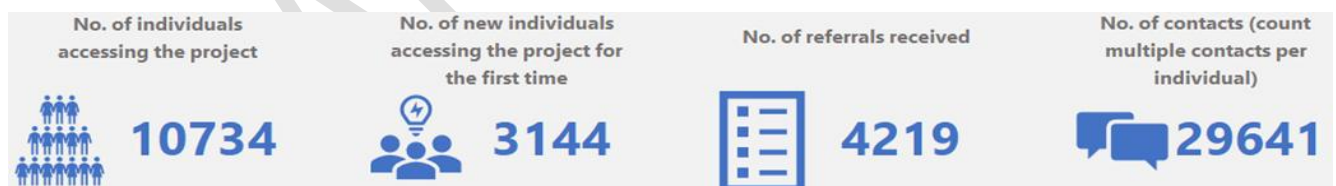
The Children and Families Strategic Partnership are working to embed these principles through all subgroups, so there is a shared language and understanding on the needs of children and young people.

Eliminate Profit from Social Care Bill seeks to eliminate profit from the care of looked after children, by ensuring that residential, secure accommodation and foster care can only be provided by non-profit organisations, such as those in the public sector or charitable organisations. We continue to work with partners to review regional placements and costings so we can implement the processes required within the timeline of this work programme.

MY Support Team (MyST) was previously a Regional Integrated Fund (RIF) Revenue pilot scheme and has now been rolled out as a core funded programme, across the 5 local authorities in Gwent. MyST effectively provides intensive mental health support to young people with complex needs arising from early and compounded trauma, notably through the reduction of tier 4 care placements.

Several RIF funded projects within the Children and Families portfolio are contributing towards building national models of integrated care through the following workstreams:

1. Enhanced Edge of Care
2. Family Group Conferences
3. Mediation
4. Special Guardianship Orders
5. Care Experienced Children



Of the individuals who provided feedback, 90.5% reported that the support they received had helped prevent their circumstances from deteriorating.



Engagement and Coproduction:

A Young People's Board has been established within ABUHB since September 2024 to capture the voices of young people with health and social care needs. Wellbeing in Education forums have been set up as part of the Whole School Approach programme of work by the Cynefin and Gwent Child and Family Community Psychology team, at ABUHB.

These forums provide a joined-up approach between health and education, working together to support school staff, children and young people. Including Needs Assessment Occupational Therapy for Children who have experienced Developmental Trauma via CAMHS (see right).



Next steps for 2025/2026

- Continue to work in collaboration with our partners on the Eliminate agenda across the region.
- Continue to embed the NEST/NYTH principles across the children and families work programme and educate the wider system.
- Continue to develop the voices of children and young people within our partnership to help shape and evaluate the work of the RPB.

6.5 Mental Health and Learning Disability Strategic Partnership

‘The sector faces significant challenges as demand and complexity increases, but the Partnership is committed to working collaboratively to support individuals to improve their lives and live well.’ – Louise Turner, ABUHB Mental Health and Learning Disability Divisional Director and Mental Health and Learning Disability Strategic Partnership Chair

Area Plan Priorities:

1. Increase Information, Advice and Assistance (IAA) in more accessible formats to provide people with informed choices to support their wellbeing and increase understanding.
2. Increase emotional well-being support in schools and the communities through identified best practice models
3. Increase support to the workforce to ensure they have the skills, training, and emotional support, to effectively support their role

What we did in 2024/2025:



Gwent Emotional and Mental Wellbeing Foundation Tier Programme

Melo Cymru is a website that contains information, advice and self-help resources to help people look after their mental health and wellbeing.



Content has grown throughout 2024/25, with printable and downloadable self-help materials now accessible for people without digital access. The Reducing Health Inequalities projects have trained primary care teams on learning disability awareness to improve person-centred care and over **150,000** new users have accessed the site, with ongoing conversations with Welsh Government to discuss a potential national rollout of the website. Feedback provided by Melo website users demonstrate that 9 out of 10 found the information helpful.

'We regularly signpost our clients to Melo but knowing that there is a function to translate the page is a huge bonus for our service. We will definitely be looking to book onto some of the courses' - Clinical Nurse Specialist for Health Inclusion

'I'm really trying hard to better myself since I got out of prison and will be trying some of the courses to help me build my coping skills.'- Service User

The Gwent Connect 5 programme is a mental wellbeing training programme and has delivered **80** modules in 2024/25, with almost **500** participants accessing the programme.



It aims to improve emotional well-being through early intervention and community support for children and adults. Over **1,000** people have been trained since the programme commenced. Over the last year we have increased our trainer cohort from 25 to **50** trainers across various sectors.

Participants identified significant insights gained from attending the training, including:

- "To break down bigger problems into smaller parts"
- "Physical and mental health linking hand in hand"
- "Other people's experiences"
- "Importance of not making subconscious assumptions, elements of connected conversations and the resource melo Cymru"
- "Greater understanding and confidence when having difficult conversations"

The Gwent Suicide Prevention Steering Group and Expert Advisory Group meet quarterly, focusing on communication, engagement, training, and suicide first aid courses. This group currently reports into the Mental Health and Learning Disability Strategic Partnership and continues to implement the Gwent Suicide Prevention Action Plan. The region also has access to the Suicide Bereavement Service and the National Advisory Liaison Service. The SAFE project has run workshops in schools, colleges, and community groups to boost emotional well-being and independence for 16–35-year-olds. **435** people accessed group support. **84%** of participants reported maintaining or improving their independence and **98%** reported improved emotional wellbeing.

Hope Walk 2024

The Hope Walk is a PAPYRUS initiative to raise awareness of suicide prevention in young people and support available to people affected by suicide. Gwent held the largest Hope Walk in Wales for the fourth year with **59** people taking part in the walk and over 10 stall holders providing support resources and speaking to community members at Pontypool Park in Torfaen.



My Mates is a friendship project for people with disabilities supporting individuals to live independently, the membership has now grown to over **390** members. There has been a reduction in social isolation, with over **11,602** well-being contacts made, helping members develop friendships and community connections. There has also been reduced reliance on emergency services, increased self-directed care, and promoted greater resilience.

Transition Support: Projects in each local authority provided seamless support for young people transitioning into adulthood. **Blaenau-Gwent** supported **110** individuals, enhancing community integration through partnerships with Barnardo's and other third sector agencies.

Building Bridges Monmouthshire was set up to improve social inclusion through regular clubs in Monmouth, Abergavenny, and Caerwent, supporting **94** young people in 2024. **Caerphilly** offers comprehensive support, building strong partnerships with local organisations to enhance support networks and prevent crisis escalation, delivering **599** hours of support across community and home visits for anxiety management, emotional support, and recovery planning. **Newport** supported young people with complex needs by developing a 3-bedded residential unit, reducing reliance on 24-hour supported living through outreach support, improving independence skills, and reducing emergency interventions, supporting **31** individuals in the first two quarters of 2024.

My Day My Life supports adults with a diagnosed learning disability to access day opportunities and activities. This service has increased participation, enhanced social inclusion, improved participant confidence and reduced reliance on formal social services through greater independence.

Engagement and Coproduction at The Heart of Our Work

People with Lived Experience are active members of the Mental Health and Learning Disability Strategic Partnership and provide their experience and expertise to help shape the work we do locally but also feed into national programmes of work. This year they are leading the way at a national level, from trialling technology as part of the Royal College of Psychiatry (Early Intervention in Psychosis) to support the voice of unpaid carers and people living with neurodivergent needs and mental health distress to change our systems and processes/policies.

Next steps for 2025/206

- Continue to build on the good work completed throughout 2024/25 and improve cross cutting links, especially around housing in relation to supporting people with learning disabilities and mental health issues.
- Expand the Gwent Connect 5 training programme to reach more participants and include more localised content for everyone, including our health and social care workforce.
- Improve the accessibility of Information, Advice, and Assistance by developing more printable and downloadable self-help materials and improving engagement and co-production with our diverse communities.

- Map and gap the new national Mental Health Strategy, local related strategies and importantly, align priorities/actions for the Gwent region and population. We will hold citizens an overarching engagement workshop later in the year to ensure that people can contribute their views and feedback about our intentions, aligning with our partnership priority areas of focus under the Area Plan for 2025/2026.
- Continue to strengthen co-production with people with lived experience to support the work of the Mental Health Partnership, and individual partner areas of cross cutting focus such as unpaid carers, dementia, neurodivergent needs, substance misuse and housing.

6.6 Neurodivergent Strategic Partnership:

“The Neurodivergent Strategic Partnership remains committed to developing equitable, person-centred services that recognise the diversity of neurodivergent experiences. Through ongoing collaboration, the partnership aims to foster environments in which individuals and their families can achieve positive outcomes and lead fulfilling lives” – Teresa James, Monmouthshire County Council ASD Lead and Neurodivergence Strategic Partnership Chair

Area Plan Priorities:

1. Increase more timely diagnosis of Autistic Spectrum Disorder and access to support services, information, and advice pre and post diagnosis.
2. Increase awareness, understanding and acceptance of neurodiversity across the region and recognise the varying individual support needs; via training to health, social care and wider RPB partners, as well as the wider public.
3. Increase opportunities and practical support for learning, training, volunteering, and paid employment, to support independent living.

What we did in 2024/2025:

The Neurodivergence Improvement Programme (NDIP) is a Welsh Government initiative to improve services for people with neurodivergent conditions through addressing demand, capacity and design of services. The Neurodivergent Strategic Partnership oversees a 12 million budget shared throughout RPBs across Wales.

The Neurodivergence pathway and process is constantly reviewed and since May 2024, the over 5's team in ABUHB, have been screening referrals submitted for consideration of neuro-developmental assessment directly with schools. This has proved to be beneficial, enabling direct conversation regarding referral information and aligned working between health and education professionals to enable feedback and work with parents concerning their child's needs.

ABUHB Families and Therapies have reduced waiting times for diagnosis and implemented the Gwent Profiling Tool. ABUHB has significantly reduced the waiting time for screening, from 5 - 6 months to less than 4 weeks. As of 31st March 2025, the team has hit their target of 80% RTT (Referral to Treatment) for diagnostic assessments.

The Integrated Autism Service (IAS) and Adult ADHD Service have been collaborating to develop a future Neurodevelopmental service model to help reduce

waiting times for diagnostic assessments and support services. They have partnered with Hope GB to assist individuals in filling out referral forms, freeing up time for support workers. Collaboration with schools and Early Years services has strengthened support systems and have improved diagnostic processes, by making them more efficient.

Hope GB assisted **54** individuals with Integrated Autism Service (IAS) referral forms, saving significant time for support workers. In partnership with ABUHB and Gwent local authorities, Hope GB also hosted an **Autism Reality Experience** for **178** individuals (parents, carers and professionals) which is an immersive and hands on training session provided to neurotypical people, so they can experience the sensory processing difficulties faced by some people on the autistic spectrum. Blaenau Gwent Council commissioned the 'Autism Reality Experience' for local authority staff. They also collaborated with Children and Adult Services, prevention (IAA/Families First) and longer-term social services support team, to attend training sessions facilitated by Welsh Local Government Association (WLGA).

Caerphilly County Borough Council teams including the Youth Service, Caerphilly Cares, and Housing completed Neurodiversity training. They held a business breakfast event with **50** attendees to raise awareness about Neurodiversity. **Torfaen County Borough Council's the Health Determinants Research Collaboration (HDRC)** are conducting research into supported employment for people with learning disabilities and/or autism, with a report expected by the end of June 2025. **Monmouthshire County Council** collaborated with Autism Education Trust and National Autistic Society to adapt materials for the Welsh context and Additional Learning Needs (ALN) Reform. Every school now has an Autism Champion and is delivering '**Making Sense of Autism**' training to all staff. They have established an Autism Expert pupil panel in all secondary schools for feedback on school experiences and offer Early Bird Plus training for families and schools, targeting children aged 4 - 9. **Newport City Council** implemented an outreach support initiative from Ysgol Bryn Derw for mainstream schools with plans to expand, adding **40** places for key stage 2 pupils in 2025/26. There is also continued support at Fair Oak and John Frost School for neurodivergent individuals. **Blaenau Gwent County Borough Council** has opened the Independent Living Skills facility 'PODS', designed to support young people and adults with a physical and/or learning disability, to develop independent living skills, enabling them to live as independently as possible. The PODS consist of self-contained one-bedroom units equipped with the resources required to support skill development.

Growing Space supports individuals with neurodiverse conditions through group work, peer mentoring, and one-on-one support with their 'Making Time' project, and their 'Family Support' project aids families and parents with neurodiverse children, improving understanding and support.

Parent Voices in Wales ADHD Adults' 1 year pilot created a supportive community with tailored sessions and a 'waiting well' service, including online and face-to-face groups. Support for families of children and young people on the Neurodevelopmental Services waiting list, offering fortnightly online peer mentoring groups for parents. This is receiving positive feedback for its family-centred approach and practical advice. In collaboration with the ABUHB Families and Therapies Team, parents and carers have

developed a digital resource using Padlet to support families whose children are undergoing neurodevelopmental assessments. The tool is regularly updated to ensure parents have access to accurate information on the referral process and neurodivergent conditions.

"Ceri was very supportive and offered sensible suggestions based on her lived experience and understanding of neurodivergent children. I found this group very helpful both practically and for my mental health. I hope the groups continue." – Group Member, Parents Voices in Wales

"Thank you for my diagnosis... Thank you again for giving people understanding and acceptance for who they are. After waiting 2 years and questioning myself for my whole life, I now have an answer... thank you so much for being understanding and for helping me finally find out who I am." – Service User for IAS

"For years I truly believed myself to be nothing but lazy and unmotivated to get my life onto a track I truly wanted. My weight was poor, my mental health was even worse, along with my home life constantly being in a state of precarious balance between perfect and unsalvageable. Since being moved to the care of your team, I can honestly say my entire life has been turned around in ways I never could have even dreamed. I am a better partner and father than I could have ever been, which I put solely on yourselves. I've finally found myself in the care of people who understand what I was going through, shown me that I am not at fault for the ways I had been feeling and paved me a way forward to get to the life I always wanted." – Service User for Adult ADHD Service

Engagement and Co-production

Co-production plays a key part in the work of the Strategic Partnership, and we have undertaken sessions with parents to improve communication between services and families. Work has also been completed with parents to devise resources and information for families 'whilst they wait' for assessments. Members with lived experience have been integral to the group since it was established as an Autism/Neurodivergent steering group in 2021 and it has now evolved into the Neurodivergent Strategic Partnership, overseeing funding to support the work and also for implementing the Autism Code of Practice across Gwent.

Next steps for 2025/26:

- Exploring potential projects or initiatives in advance of securing additional funding, ensuring that ideas are prepared for rapid implementation once resources become available.
- Continue to increase awareness, understanding, and acceptance of neurodivergence across the region. There are plans to launch Neurodiversity Early Support Hub to provide timely support and reduce confusion between different services.
- ABUHB Families and Therapies team to explore digital solutions that improve family choice and accessibility when engaging with available resources.
- Increase opportunities and practical support for learning, training, volunteering, and paid employment. This involves engaging with local businesses and third-

sector organisations to provide additional support for individuals seeking employment and training opportunities.

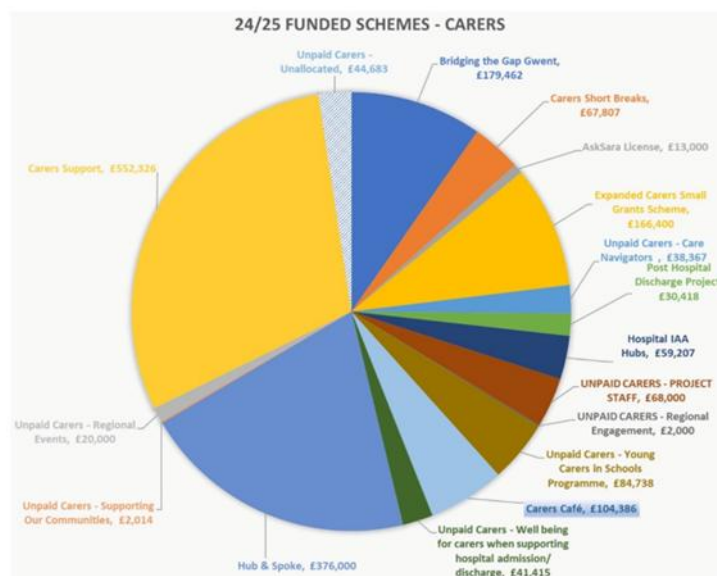
6.7 Carers Strategic Partnership

“We are committed to supporting unpaid carers of all ages and backgrounds and recognise all the good work taking place. We welcome the Welsh Government’s review of its National Delivery Plan to further strengthen and advance the core themes that support carers and continue to look at ways to deliver these.” – Jason O’Brien, Strategic Director, Children and Family Services, Torfaen County Borough Council and Chair of the Carers Strategic Partnership

Area Plan Priorities:

1. Support unpaid carers to care through flexible respite, access to accurate information, peer-to-peer support, effective care planning and through increased public understanding.
2. Improve well-being of young carers and young adult carers and mitigate against the long-term impacts.

What we did in 2024/2025:



*6% of the RIF funding is spent on Carers delivery, the target from Welsh Government is 5%.

Young Carers in Schools Programme: Our commitment to supporting young carers in education remains key. The project has good engagement across primary and secondary schools supporting young carers and further education. In 2024/25 **100** schools engaged in this programme, and **1,681** young carers were identified. In addition, a young carer’s identification scheme operates across the Gwent region.

Short Breaks: In Gwent we have a Bridging the Gap model which operates across the region and includes **72** providers of short breaks through the project, available to adult and young carers. In 2024/25 the project supported **982** adult carers and **37** young carers. Additionally, each local authority was provided with funding towards the end of the year to deliver local short breaks in their area supporting **2,330** carers across the region.

Supporting Carers with Hospital Discharge: In 2024/25, the Welsh Government focused on supporting carers with hospital discharge processes. In Gwent more than **1,760** carers have been supported across hospital discharge programmes. The following projects were delivered:

Gwent Carers Information and Advice Service (GCIAAS) Hospital Hubs aid staff in supporting carers from the point of admission. On-site support hubs are located within each of the five main hospital sites in Gwent. This model involves a partnership with the health board and three third sector organisations: Adferiad, Age Connects Torfaen, and Hospice of the Valleys. The hubs aim to support carers with hospital discharge, improve their wellbeing, and provide access to information, advice, and assistance (IAA). **1,385** carers accessed the hubs. **1,056** people were satisfied with the support received. **864** individuals felt less isolated. **923** carers became more aware of their need to look after themselves. There were **183** referrals for carers assessment. **1,064** carers were advised on benefit entitlements. **918** carers advised to register with their GP. **597** carers signposted to other support avenues.

"I didn't realise how much support was out there until I came to the Carers Hub. They've opened so many doors for me." – Service User

Supporting Carers Post-Discharge: This project, started in July 2024 and provides a 6-week free post-discharge service to help carers settle back into home life. It offers practical and emotional support, aiming to prevent readmission to hospital. **178** individuals accessed the project and received IAA. Carers reported improved emotional wellbeing and could cope better with the discharge process.

The hospital discharge service was a real lifeline for us. When my dad came home, I felt completely overwhelmed, but the support we received—practical help, advice, and just knowing someone was there—made all the difference. I honestly don't know how we would've managed without it" – Service User

Carers Hub and Spoke is situated in the heart of Pontypool town and offers unpaid carers a safe space to talk about them and their caring role. Over 2024/25, the Gwent Carers Hub and Spoke project supported **1,008** carers across the region, with **358** new individuals accessing the service. Outreach workers attended **206** community events, and **115** support groups were held at the Hub. Carers accessed **84** therapy sessions, and targeted activities were introduced in response to feedback. The project improved carer well-being, reduced isolation, and maintained positive satisfaction levels.

Small Grants Scheme is an initiative to support life alongside caring for carers of all ages. It was introduced in 2016 and has become one of our flagship support projects to reflect a gap in provision of financial support for those in caring roles. In 2024/25 we provided **469** small grants to carers across the region.

Supporting Diverse Communities delivered by KidsCare4u, this project supports diverse communities by addressing language barriers and assisting during hospital admissions and discharges. It establishes connections with district nurses and the discharge team to offer long-term benefits. Identified challenges: language barriers, lack of awareness, and transport difficulties. Building trust in diverse communities is key and we need to increase reach to multiple linguistic groups.

Wellbeing for Carers During Hospital Admission/Discharge: This project supports carers at the time of hospital admission and discharge, ensuring they have timely

access to information, advice, and assistance. It also supports carers whose circumstances change dramatically due to the deteriorating health of the person they care for.

Care Navigators provide person-centred support to carers from emergency departments to resettlement at home. Delivered by Age Connects Torfaen this model employs three Carer Navigators to support carers post-discharge. They supported **24** unpaid carers, providing **163.5** hours of support and improved links with ward staff and discharge planning staff. Carers reported reduced stress, anxiety, and isolation. There were also improved physical and mental health outcomes for carers.

Welcome Back Packs provided by Age Connects Torfaen supports unpaid carers when their loved one returns home from hospital. The packs include essential supplies and information on local support services, helping carers manage the transition from hospital to home. **180** packs provided access to food, toiletries, and comfort items, improved post discharge recovery, reduced preventable complications, enhanced emotional wellbeing, and strengthened continuity of care.

“The Welcome Back Pack was an absolute lifeline when my husband came home from the hospital. After days of worry and exhaustion, having essential supplies ready and knowing where to turn for support made all the difference. It reassured me that we weren’t alone, and I finally felt like someone was looking out for us too.” – Service User

Engagement and Coproduction

The Gwent Carers Strategic Partnership values carers as equal partners in care, ensuring their voices shape service design and delivery. Carers are represented at the Gwent Citizen Network and Regional Partnership Board. Projects are co-produced with carers, and the partnership connects with carers groups and coordinators across the region. As of 2025, the Carers Voice Panel, delivered by the Gwent Carers Hub, has been reinstated.

Next steps for 2025/26:

- All RPB partners continue to work towards the recognition of unpaid carers and integrate this into the planning and delivery of their own services.
- Continue to promote the work of unpaid carers including the Young Carers in Schools programme.
- Consider the sustainability of projects, services and resources longer term.
- Continue to evaluate support and services to identify good practice, and gaps in service provision based upon carers feedback and experience.

6.8 Dementia Strategic Partnership

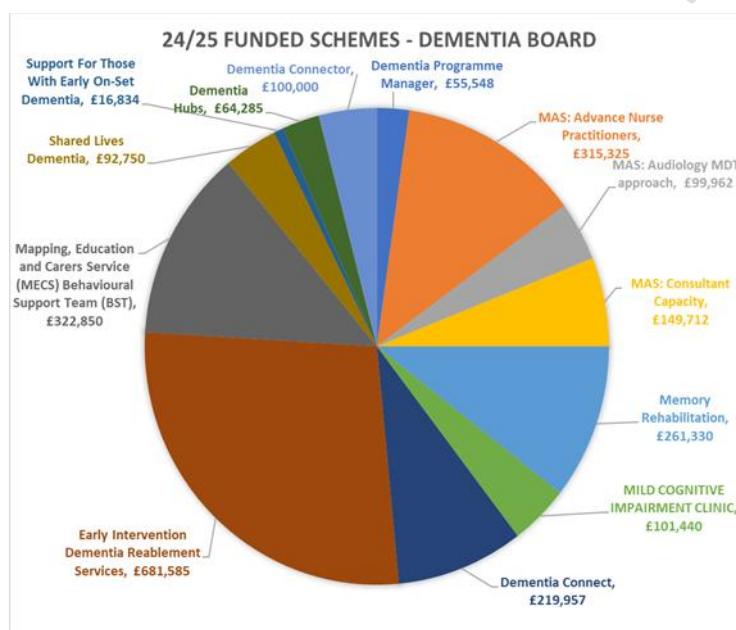
“The Dementia Strategic Partnership and established dementia workstreams continue to make good progress towards the requirements outlined within the Dementia Action Plan, The National Dementia Standards, and the National Dementia Hospital Charter. The past 12 months has seen an increase in community engagement and people’s feedback is enabling a more focused review of what matters to the population of Gwent” – Tanya Strange, Head of Nursing Patient Experience and Involvement and Chair of the Dementia Strategic Partnership

Area Plan Priorities:

To improve outcomes for people living with dementia and their carers through:

- Increase the proportion of people receiving assessment, diagnosis and support.
- Increase Information, Assistance and Advice (IAA), to support cognitive wellbeing and inform of risk factors of dementia and improve understanding and awareness.
- Increase the number of learning and development opportunities linked to dementia for community members, people living with dementia, carers and professionals.

What we did in 2024/2025:



Dementia Hubs were implemented in each local authority across Gwent. These spaces allow professionals, volunteers and community members to access information, advice and support for people concerned about their memory, living with dementia or caring for someone with dementia. Partners from across **27** organisations have supported and worked from the hub spaces, engaging with community visitors and fellow professionals. **679** people were supported through the Dementia Hubs between December 2024 and March 2025.



"I wanted to come back into the dementia hub and say thank you for all the information you gave me. I have passed this onto my Nan who wanted me to thank you too, she was very grateful" – Citizen

"The dementia hubs were a lifeline to our family." – Citizen

In 2024 **Memory Assessment Services** across ABUHB delivered **20,629** appointments, this is an increase of **2,317**. There have been further additions to the

pathway for support following diagnosis as well as identification and recognition of dementia.

Learning and Development opportunities have significantly increased across the region including Dementia Friends, Meaningful Engagement, Bitesize Sessions and Dementia Aware. We partnered with Dementia Friendly Swansea to deliver **10** Dementia Aware sessions across community locations. Sessions were open to all sectors and community members. **110+** people attended, with sessions receiving positive feedback about the content. Attendees completing the session reported a **135%** increase in knowledge at the end of the session. We have also created **2,187** Dementia Friends over the course of the year. In addition, the Dementia Experience Tour hosted by ABUHB and Training2care delivered sessions to **36** staff. A series of Bitesize sessions across a range of specialist areas including Mental Capacity Act, Audiology, Oral Health Care, Hydration & Nutrition, and more was delivered to **232** participants.

The Dementia-Friendly Gwent Network continues to grow and connect communities, raise awareness, and fosters understanding of dementia. Our network now has over **330+** members championing dementia awareness, inclusion, and support across Gwent.



Mapping, Education and Carers Service (MECS) delivered sessions to carers of people living with dementia across Gwent. The MECS team have delivered **9** Courses to **83** attendees across Gwent.

The Meaningful Engagement and Activity Programme was delivered over 18-months. This supported staff and people in hospital wards, care homes and prison services across the region, with Meaningful Engagement skills and resources, to promote and improve people's experience of care, increase cognitive stimuli for people and to support carers. This programme is a collaboration between Aneurin Bevan University Health Board and supported by NHS Charities Together funding.

Case Study: Hospice of The Valleys Young Onset Dementia Service

The aim of the service is to assess and meet the needs of individuals living with early on set dementia and their carers within the community. We strive to promote and maintain their independence, physical and emotional wellbeing and enjoyment of life and prevent future crisis. The CARIAD team also recognise and support the additional challenges faced by family members and carers of those living with an early on set dementia diagnosis. Carer needs are assessed on an individual basis. There were **240** contacts and **76** individuals, both patients and carers who accessed the project during **2024/25**.

Mrs A was diagnosed with young onset dementia by local memory services when she was 57. She was referred to the Young Onset Dementia Service by the memory assessment service. Hospice of The Valleys visited Mrs A and her husband to discuss the service and assess their needs. As part of this assessment a person-centred approach was utilised focusing on "what matters" to them both.

Due to her dementia symptoms Mrs A's husband had become worried she was at increased risk at home without additional support. The family were referred to our

in-house welfare rights service where they were supported to apply for benefits and advised on financial matters.

“I can feel like a burden now I can’t work but it’s good to know people like you are there to help us when times get hard”.

Mrs A shared that she suffers with low mood and due to the complexities of her physical health and her dementia symptoms she has become anxious to leave the house alone. As a result of this Mrs A shared that she would like to improve her social integration and explore what community options may be suitable for her. Mrs A attended the CARIAD day centre for art therapy, this was something she really enjoyed. Moving forward her husband has accessed the AMSER project allowing them to access flexible respite services for free. Mrs A has also accessed a complimentary therapist to aid with relaxation.

“It was important that I felt comfortable and listened to. I felt this”

“I just think services like this are so important. You feel alone when you get diagnosed”

Engagement and Coproduction

Significant engagement has been undertaken across all areas of Gwent, reaching over **1,500+** individuals through **70 +** group visits, events, online and in person sessions to find out ‘what matters’ to people around dementia care. We are continuously working to strengthen links and engagement with seldom-heard voices and ensure their needs are addressed in service planning.



The Dementia Friendly Gwent Network is regularly engaged with to seek views about services, support and proposed pilot projects. People living with dementia and their carers sit on both the Dementia Friendly Gwent Network and the Dementia Standards workstreams under the Dementia Strategic Partnership to help coproduce and shape the dementia care pathway for Gwent. Work is ongoing through collaboration with partners and communities to provide information and awareness sessions, to raise awareness of dementia, brain health and dementia risk factors, highlight the Dementia Care Standards, and gather people’s experiences of dementia care. This engagement includes both virtual and in person visits to groups, organisations, and schools across the community.

Next steps for 2025/26:

- 12-month project funding agreed to continue the success of the implementation of the Dementia Hubs.
- Identify funding streams to introduce a Learning and Development Facilitator role for Gwent to improve workforce knowledge and development.
- Continue to offer training and development opportunities to equip people living with dementia and their carers with the skills and knowledge needed to provide effective support.

- Further develop and implement the 'Train the Trainer' model to continue delivery of Dementia Aware sessions across Gwent, in partnership with Dementia Friendly Communities Swansea and the Dementia Friendly Gwent Network.
- Continue to expand the Dementia Friendly Gwent Network, creating dementia friendly communities and raising awareness and understanding of dementia across Gwent.
- Support the implementation of the 'All-Wales Dementia Care Pathway of Standards'.
- Improving the experience of people living with dementia whilst in hospital, by providing meaningful activities and Dementia Companions through the ABUHB Ffrind I Mi volunteer programme.

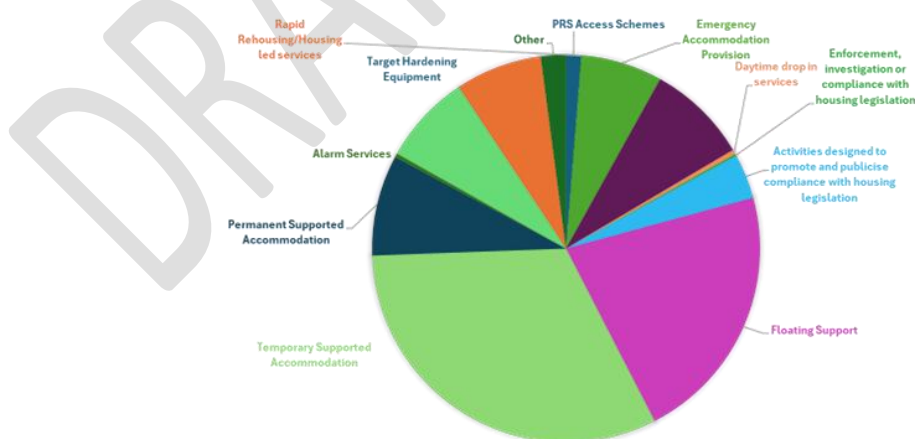
6.9 Health Social Care and Housing Strategic Partnership

As Chair of the Health, Social Care and Housing Partnership I'm proud of the progress we have made in the face of challenges and change. Through strong collaboration across sectors, we have continued to build more integrated and person-centred services. Despite the pressures our shared commitment remains focused on improving lives across the region. – Paula Kennedy, Chief Executive, Melin Homes

Area Plan Priorities:

1. A multi-agency partnership approach to ensure appropriate housing and accommodation for older people and vulnerable citizens.
2. To ensure effective use of Disabled Facilities Grants and appropriate partnership support and available resources.
3. Homelessness requires a collaborative response from public services and partners, especially the non-use of Bed and Breakfast accommodation for young people, and through prevention and early intervention.

What we did in 2024/2025:



Rapid Rehousing Plan: Local authorities have concluded the development of their Rapid Rehousing plans and are now in the implementation phase. These plans aim to highlight how local authorities can holistically support individuals to gain housing and manage sustainable tenancies. Its goal is to make homelessness rare, brief and unrepeated and each local authority has highlighted how they aim to achieve this.

However, we also continue to look at how we can collaborate on these processes on a regional basis, to make sure our resources are utilised most effectively.

Step Up Step Down: £1.4m has been invested in Step-up Step-down beds to provide intermediate care facilities across Gwent, preventing unnecessary admission to hospital or facilitating timely discharge for older people with complex needs.

Housing Support Grant: 9,151 individuals have been supported through Housing Support Grant funded services. These include floating community support, drug and alcohol services, homelessness support and domestic abuse support services. The Housing Support Grant has been aligned to RIF Capital Funding, to maximise funding across housing, homelessness, mental health, drug and alcohol misuse, domestic abuse and Violence Against Women Sexual Violence (VAWDASAV) services.

The Hospital to Healthier Home service continues to assist with safer, quicker hospital discharge and reduces re-admission rates by facilitating discharge of individuals who require home adjustments. The Gwent Region has currently invested £207,000.

Mediation support in Monmouthshire has been implemented, addressing the diverse challenges confronted by young people and families, with a specific focus on issues such as family breakdown, homelessness and conflicts that may lead to family breakdown. The Gwent Region has currently invested £310,000.

‘My worker has been brilliant with me. I can trust her, and her support has been very positive, which has helped me be more positive towards my future and engaging with GDAS’. – Source: Gwent Housing Support Grant Service User Survey, 2024.

Pearl House: The opening of new housing schemes across Gwent; Pearl House provides supported accommodation for residents, and a collaboration with Melin Homes to provide a supported children’s accommodation facility.

Case Study: Supported by Platform, funded through Caerphilly Housing Support Grant

Person A resided in prison in England but was identified as a future placement in Caerphilly. Support started early, with a support worker allocated who immediately started engaging in calls via MS Teams to build rapport and establish a relationship. Person A had progressed through the care system as a child, had a history of trauma and was living with significant mental health issues. During his time in prison, he remained on 15-minute observations for suicide watch. Upon his release, Person A was initially placed in unsuitable accommodation in England, but his support worker facilitated a more suitable transition to 24-hour supported accommodation in Ty Osborne, Caerphilly. His continued engagement with his support worker meant that he avoided hospital admission and intervention by emergency services when his mental health declined, and learned key life skills such as budgeting, cooking and how to manage his tenancy. With continued support, he has now moved to lower-level supported accommodation in the area, receiving continued support in the community, has a dog and is working to develop his independent living skills, while being supported to re-enter employment.

Next steps for 2025/26:

- Collaboration on workforce development and recruitment across the RPB, Social Landlords, Housing Associations and College Consortium.
- The Strategic Partnership will work to identify mental health support available to frontline staff across Registered Social Landlords and Housing Associations, with further consideration also to a regional approach to domestic abuse training.
- The Strategic Partnership will continue to support third sector support services through Provider Forums and engagement sessions and continue to consider the implications of legislative changes on landlords, tenants, RPB and partners.

Engagement and Coproduction

The Partnership continues to engage with citizens in a co-productive way through the Gwent Housing Engagement Learning Panel (HELP), which meets on a quarterly basis. We also continuously engage with those in receipt of services funded through the Housing Support Grant. Surveys and engagement events allow citizens to provide feedback on the services they have received. This feedback then forms the basis of the workplan for the partnership over the coming year.

7. Assistive Technology (AT) and Digital Solutions

Assistive Technology (AT) is crucial for helping people maintain their independence by providing tools and devices that support daily activities and improve quality of life. In the 2024/25 financial year, the Gwent RPB funded and supported several key projects. These included the Reminiscence and Interactive Therapy Activities (RITA), distributing **125 devices** across Gwent and the Social-ability Happiness Programme, distributing **147 devices** across Gwent. We also distributed **500 HUG** by Laugh dolls, which are soft comforters with weighted limbs and a simulated beating heart. These projects help individuals live more independently and confidently in their own homes and provide support in community settings.

[**Read more about the Gwent Assistive Technology Programme here**](#)

“The Hug has been used during our ELSA session and Young Carers group. The children look forward to using the Hug. You can immediately see calm when they use it. So far, we have used the Hug with 6 young people”. – Young Carers Group

What we did in 2024/2025:

- A review of the distribution of AT devices funded via RPB funds was completed.
- Extended licenses for RITA and The Happiness Programme Magic Tables across the region for those who are benefiting from the technology.
- Positive progress has been within the local authorities. Monmouthshire are delivering on their AT strategy, while Newport has supported a new Technology Coach role.

Next steps:

- Further develop a regional approach to AT, Telecare and Telehealth.

- The Gwent Assistive Technology Network will be reinstated to bring partners back together to share good practice and explore opportunities to work together.

8. Supporting Better Integration and Delivery

There are several funding streams that support the RPB, to develop and test new and innovative approaches and service models to support the integration of health and social care across Gwent.

8.1 Regional Integration Fund (RIF)

The Welsh Government Regional Integration Fund (RIF) is a five-year programme in Wales that runs from April 2022 to March 2027 to help integrate health and social care services. The projects highlighted throughout this report have been funded via RIF. The RIF revenue portfolio for the Gwent RPB has been delivered via 14 Strategic Programmes, consisting of 28 workstreams and **179 projects**. The projects and services within this programme have been enabled via £29.9 million of Revenue funding provided via the RIF and other funding streams.

National Models of Care (NMOC)

The RIF supports 6 models of care which have been designed to improve health and social care, so that citizens, wherever they live, can be assured of an effective and seamless service. These include:

Community Based Care: Prevention & Community Co-ordination

The workstream supported over **75,000** individuals in Year 3, offering early intervention, targeted help, and specialist care that collectively reduced isolation, built confidence, and prevented escalation. Nearly **80%** of those who gave feedback felt less isolated, while three-quarters maintained or improved their emotional well-being. Local projects delivered strong community outcomes—such as **6,200** people supported in Newport and **552** supported employment sessions in Learning Disabilities services. One user reflected, **“It’s given me strategies that I have been able to use since the service has finished”** demonstrating how the model helped individuals regain stability and independence.

Community Based Care: Complex Care Closer to Home

The workstream has supported over **13,500** individuals, with more than **70%** receiving targeted or specialist interventions to help manage complex needs in community settings. Services enabled people to stay safely at home, avoid hospital admissions, and regain independence. These outcomes are reflected in the **91.5%** satisfaction rate and over **90%** of respondents reporting improved well-being and independence.

Promoting Good Emotional Health and Wellbeing

The workstream supported over **60,000** individuals across Gwent, with more than **85%** receiving preventative or early support. Across all projects, **85.6%** reported improved emotional wellbeing and **96.9%** felt less isolated. As one parent shared, **“It may only seem a small gesture... but the fact you listened... left me feeling as if someone was finally listening to me”**. Digital tools like Melo, family-centred interventions, and trauma-informed services contributed to reducing pressure on statutory services while improving personal outcomes.

Supporting Families to Stay Together Safely and Therapeutic Support for Care Experienced Children

The National Models of Care workstreams have delivered strong, measurable impact by supporting over **10,700** individuals and achieving high rates of engagement and user satisfaction. Across services, **91%** of children in Caerphilly's Enhanced Edge of Care project remained at home, and **100%** of children in Monmouthshire's Mediation service avoided care entry. Therapeutic innovations, such as DBT Lite for care experienced children, have improved wellbeing and reduced risk-taking, while **90.5%** of service users across projects felt that support helped prevent their needs from escalating.

Home from Hospital

The workstream has supported over **117,000** individuals across Gwent to return home safely and remain well following discharge. Interventions ranged from rapid discharge coordination to tailored rehabilitation and carer support. Projects such as the ED Wellbeing and Home Safe service helped ensure discharges were not delayed. Over **75%** of respondents felt the support helped prevent escalation of their needs, while **86%** reported improvements in emotional well-being. Across the model, users described services as "invaluable" and credited them with easing stress, improving confidence, and enabling safe recovery at home.

Capital Programme Update 24/25

The Gwent RPB Capital Programme invests in the region's long-term aim of ensuring support is delivered as close to home as possible and is available when people need it, through the transformation of spaces. The Strategic Capital Plan (SCP) for Gwent was reviewed and resubmitted in March 2025 to Welsh Government and aligns to the Area Plan across the seven Strategic Partnerships. There are three main programmes within Capital:

1. Integrated Care Fund (ICF) Legacy Funds £1.277 million
2. Integration & Rebalancing Capital Fund (IRCF) £13.71 million – There are currently 14 IRCF projects, 9 are actively being progressed, 5 have been completed. The priorities for the IRCF Funding are integrated health and social care hubs, rebalancing adult residential care and eliminating profit from children's residential care
3. Housing with Care Fund (HCF) £11.208 million – There are currently 45 projects within the HCF funding stream. Funding Objectives for the HCF Funding are housing with care, intermediate care and minor projects.

Case Study: Severn View Park Care Home wins MacEwen Award 2025

Designed by Pentan Architects and constructed by Lovell, the care home opened its doors in March 2024. It was funded through a partnership between Monmouthshire County Council and the Gwent Regional Partnership Board via the Welsh Government's Integrated Care Fund and Housing with Care



Fund.

Working closely with the architects and developers, Colin Richings, Integrated Service Manager at Monmouthshire County Council, played a vital role in developing the care home. Throughout the seven-year development of Severn View Park, his philosophy was consistent: allowing people to live well with dementia.

The care home's design aims to support people with dementia. Front doors open directly into the living spaces, promoting a sense of comfort, unlike the typical reception desk and office setup. With four residences, each housing eight residents, the care home is centred around a new village hall for the new housing community, with gardens and allotments creating shared spaces for all. Along with the innovative design, the care home is at the forefront of developing best practices in care. Throughout the day, staff will ensure that all residents are included in all aspects of daily living.

Chair of the RPB and Chair of ABUHB, Ann Lloyd said, "We are grateful for the significant funding support from Welsh Government, which has made this flagship dementia provision scheme a reality, not only as an exemplar for Gwent but also in sharing best practice across Wales. Together, in partnership, we have worked collaboratively with communities, organisations, and experts to deliver lasting, meaningful change, for those affected by dementia. Congratulations to everyone involved in this project."

9. Gwent Regional Innovation Coordination Hub (GRICH)

The Gwent Regional Innovation Coordination Hub (GRICH) continued to deliver meaningful, community-driven innovation across the region. In 24/25 GRICH supported six high-impact projects through the Rapid Innovation Initiative, reaching over **4,800** individuals and influencing both regional and national policy. With £250,000 secured from the Welsh Government, GRICH built cross-sector partnerships, improved health equity, and laid the foundation for scalable innovation across Wales.

- **4Minds** – Tackling Mental Health Together: Over **515** individuals engaged through men's mental health outreach, uniting **32** agencies in collaboration and inspiring new community-led initiatives, including Man Space.
- **Warm Wales** – Enhancing Living Conditions: **3,357** households identified for future retrofit support, **58** homes upgraded, and £590,000+ secured in funding. Developing the first cross-authority data-sharing model linking health and housing to drive equitable retrofit delivery across Gwent.
- **Thriving Communities** – BreatheWell LiveWell: Delivered holistic wellness programmes to **150+** participants, improving mental resilience and physical health, and inspiring community-led peer mentorship.
- **WISE KIDS** – Digital Parenting in Gwent: Engaged **258** parents and carers via bilingual webinars and launched a multimedia resource hub promoting safe, informed digital parenting.
- **Torfaen County Borough Council** – CVD Community Outreach: Screened **70+** individuals for cardiovascular risk, trained **6** peer volunteers, and piloted a culturally tailored health engagement model.

- **Monmouthshire** – Children’s Communication App: Developed and piloted an innovative app to capture the voices of non-verbal children with disabilities, enhancing digital inclusion in social care.

10. Looking Ahead

The Area Plan sets out the Gwent RPB’s key actions and priorities following the Population Needs Assessment.

[Read out Areal Plan here](#)

We will continue to monitor, update and support progress of the Area Plan through **2025/26** with a focus on collaborative priorities including:

- **Working with citizens** to create and improve health and social care services together.
- **Measuring our impact**, we need to know how our work is making a positive difference in health and social care by using both numbers and personal stories.
- **Develop our work on early intervention and prevention across the RPB:** Develop our approach to reducing the occurrence and impact of various health and social problems through proactive measures and timely interventions in line with the RPB strategic priorities.
- **Shortening hospital stays** for older people and helping them return home safely with ongoing support. This is part of our system resilience planning and the 'Further Faster' agenda.
- **Focusing on children with complex needs** and those in care, especially those placed outside the county, under the 'Eliminate agenda'.
- **Finding new and supportive solutions** for people waiting for an Autism/Neurodevelopmental Assessment, both before and after the assessment.
- **Supporting people with dementia** and their carers, especially through community support and timely diagnosis.
- Exploring ways to **solve long-term recruitment and retention problems** in health and social care, especially in Domiciliary Care.
- **Reduce isolation, loneliness**, and their effects on mental health, focusing on emotional wellbeing.
- **Supporting unpaid carers** with their caring needs, exploring flexible and timely respite solutions.
- Lastly, we will keep building and strengthening our partnerships and ensure good governance. This means managing the RPB’s functions effectively and responsibly to achieve our goals.

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SUBJECT: Appointment of the Chief Executive as an Executive Director of CCR Energy Ltd

MEETING: Council

DATE: 4th December 2025

DIVISION/WARDS AFFECTED: All

1. PURPOSE

- 1.1 To consider the appointment of the Chief Executive as an Executive Director of CCR Energy Ltd.

2. RECOMMENDATION

- 2.1 That the Council appoints the Chief Executive, Paul Matthews, as an Executive Director of CCR Energy Ltd for a period up to the next Annual General Meeting of Council in 2026.

3. KEY ISSUES

- 3.1 CCR Energy Ltd ("the Company") is a limited company that was established by the Principal Councils comprising the South East Wales Corporate Joint Committee (SEWCJC) for the purpose of acquiring and redeveloping the former Aberthaw Power Station site into a green energy generation park.
- 3.2 The management and decision making of the Company is divided between a management team and a board of directors (the Board"), with certain functions reserved to the SEWCJC. Full details of these functions and the responsible body are set out in the CCR Energy Ltd Governance Policy document which is attached at Appendix 1 to this report. However, the functions of the Board comprise day-to-day management and operational matters and include the ability to make decisions that bind the company.
- 3.3 The Board comprises up to six executive directors and up to five non-executive directors. The Councils comprising the SEWCJC may appoint up to five executive directors, with the remaining Board member being appointed by the SEWCJC itself.
- 3.4 The Council's constitution states that the appointment of individuals to represent the Council on outside bodies is a decision of full Council.
- 3.5 If approved, the appointment will take effect immediately and last until the next annual general meeting of Council, subject to renewal.

4. RESOURCE IMPLICATIONS

- 4.1 The appointment will require a time commitment for the Chief Executive that will vary depending on the business of the Board.

4.2 There is no remuneration associated with this appointment.

5. CONSULTEES

SLT
Leader
Cabinet

6. AUTHOR

Paul Matthews, Chief Executive

7. BACKGROUND PAPERS

Appendix 1 – CCR Energy Governance Policy

**CCR ENERGY LIMITED
GOVERNANCE POLICY**

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1. INTRODUCTION

- 1.1 This document is the Governance Policy of **CCR ENERGY LIMITED** (registered number: 13951868) of Aberthaw Power Station, The Leys, Aberthaw, Barry, CF62 4ZW (the "**Company**").
- 1.2 The Company has been established by the Councils in connection with the acquisition of the former Aberthaw Power Station site (the "**Site**") and the subsequent demolition, remediation, masterplanning and ultimate redevelopment of the Site into an exemplar green energy generation park that is anticipated to include a tidal energy scheme; solar farm; on and offshore wind farms; battery storage; and a data centre (the "**Project**").
- 1.3 The Company will act as the master developer and delivery vehicle for the Project including, amongst other matters, the implementation of the masterplan for the Site (the "**Business**").
- 1.4 This policy regulates the governance, operation and management of the Company and the relationship between it (and any Company Subsidiary), the CJC and the Councils (as defined in Schedule 1).
- 1.5 In this Governance Policy, except where defined in the main body, words shall have the meanings as set out in Schedule 1.
- 1.6 If there is any conflict between the provisions of this Governance Policy and the provisions of the Articles, then during the period that this Governance Policy applies, the provisions of this Governance Policy shall prevail.

2. BUSINESS OF THE COMPANY AND DECISION MAKING

2.1 Decision Making

- 2.1.1 The Company has identified the following four (4) categories of decision to be taken by the Company in relation to the carrying out of the Business and the means by which they will be taken:-

- (a) "**Management Team Matter**" being certain day-to-day operational matters relating to the Business which have been delegated by the Board for the Management Team's decision;
- (b) "**Board Matter**" being the day-to-day management and operational matters relating to the Business in which the Board will be able to make a decision and have the power to bind the Company in doing so;
- (c) "**CJC Matter**" being certain key decisions relating to the Business which have been reserved to the CJC,

and, in each case, as more particularly identified in clauses 8 and 9, and as such matters are identified in Schedule 3 (Delegations Policy).

- 2.1.2 The Company shall also establish the Strategic Steering Group in accordance with the provisions of Clause 8.9 to provide assistance to the Board in making decisions.

- 2.2 Where there is any ambiguity, uncertainty or inconsistency in relation to how any decision of the Company is to be properly made (in relation to whether it should properly be made by the Management Team, the Board, the CJC or otherwise), the matter shall first be referred to the CJC for determination.

3. OBJECTIVES

- 3.1 The objectives of the Company are to:-

- 3.1.1 redevelop the Site into an exemplar green energy park;

- 3.1.2 support UK and Welsh Government net zero objectives and accelerate CJC's progress towards its decarbonisation targets;
- 3.1.3 encourage local development of renewable energy projects, maximising green energy infrastructure in the region;
- 3.1.4 create thousands of high skilled jobs, training and development opportunities in key industries of the future;
- 3.1.5 stimulate co-investment and inward economic investment into the region;
- 3.1.6 increase GVA by supporting high growth productivity and focussed on climate; and
- 3.1.7 generate an appropriate commercial return,

together the "**Company Objectives**".

4. BUSINESS PLAN AND PROGRESS MONITORING

- 4.1 The first Business Plan shall be prepared by the Board and submitted to the CJC for approval (in accordance with Schedule 3 (Delegations Policy)). Following approval by the CJC, the Business Plan shall be formally adopted by the Company and shall remain in place until the Business Plan is updated in accordance with this Clause 4.

4.2 Annual updating of Business Plans

The Business Plan shall be updated in accordance with this Clause 4.2:-

- 4.2.1 The Directors of the Company shall review the Business Plan on an annual basis and determine whether any changes are required. If the Board decides that any such changes are required, then by not later than one (1) month before the end of the relevant Accounting Period, the Board shall prepare (or procure the preparation of), finalise, agree and submit to the CJC an updated Business Plan for approval in accordance with the Delegations Policy.
- 4.2.2 Following approval of the updated Business Plan in accordance with Clause 4.2.1 above, the Business Plan shall be formally adopted by the Company in the form approved.

4.3 Ad-hoc updating of Business Plans

In addition to the annual updating of each Business Plan in accordance with Clause 4.2, the Board shall keep the relevant adopted Business Plan under regular review and shall be entitled to make ad-hoc updates to the relevant Business Plan as required from time to time, provided always that any updates are approved in accordance with the Delegations Policy.

4.4 Adoption of Business Plans

- 4.4.1 Following the requisite approval of an amended or updated Business Plan having been received in accordance with this Clause 4 and the Delegations Policy, such amended or updated Business Plan shall become the Business Plan of the Company. For any period when an amended or revised Business Plan has not been approved in accordance with the Delegations Policy, the relevant existing Business Plan shall continue to be the Business Plan of the Company.
- 4.4.2 For the avoidance of doubt, no adoption, variation or replacement of any Business Plan shall take effect unless such adoption, variation or replacement has received consent in accordance with the Delegations Policy.

4.5 Budget

- 4.5.1 The Budget of the Company shall be approved by the Company as part of the adoption of the Business Plan pursuant to Clause 4.1 above and shall be drawn down from the CJC Loan in accordance with Clause 6.1 (CJC Loan) of this Governance Policy.
- 4.5.2 The Budget shall be reviewed by the Board annually as part of the process for updating the Business Plan pursuant to Clause 4.2 above. Any increase in or change to the Budget shall form part of the process for approving the Business Plan and shall require CJC approval in accordance with Clause 4.2 above.

4.6 Progress Monitoring

- 4.6.1 Progress against the Business Plan shall be regularly reviewed at the Board meetings called in accordance with Clause 8.10 (Meetings of the Board).
- 4.6.2 If, at any Board meeting convened under Clause 8.10 (Meetings of the Board) any Director, in their reasonable opinion, believes that there has been a material failure of the Company to comply with the Business Plan, the Board shall discuss appropriate action to immediately rectify the relevant failure and/or mitigate the effects of such failure as far as possible.
- 4.6.3 Any material variation to the Business Plan shall be effective only if approved by the CJC as a CJC Matter.

5. CAPITAL

- 5.1 The Company was incorporated on 3 March 2022 with one (1) ordinary Share of £1.00 allotted.
- 5.2 The Company may finance its funding requirements through:-
 - 5.2.1 debt finance (pursuant to CJC Loan Notes, third party debt finance or otherwise); or
 - 5.2.2 Capital Contributions having regard in each case to the Gearing Ratio when deciding the appropriate funding transaction for the Company.
- 5.3 The CJC shall not be required or entitled to provide any additional Capital Contribution to the Company unless otherwise agreed in writing by the CJC.
- 5.4 No interest shall be payable on a Capital Contribution.

6. LOAN NOTES AND LOAN COMMITMENTS

6.1 CJC Loan

- 6.1.1 Subject to Clause 6.1.2, the CJC shall provide the CJC Loan to the Company in accordance with the provisions of the CJC Loan Note Instrument and this Governance Policy as follows:-
 - (a) the CJC shall from time to time on receipt of a CJC Loan Drawdown Notice submitted (as far as practicable) in accordance with the timescales set out in the CJC Loan Drawdown Profile make available to the Company the amount stated in the CJC Loan Drawdown Notice;
 - (b) the CJC shall transfer the relevant amount (referred to in Clause 6.1.1(a)) in cleared funds to the Bank Account of the Company by the date set out in the relevant CJC Loan Drawdown Notice; and
 - (c) in consideration of the advance by the CJC to the Company of the CJC Loan pursuant to this Clause 6.1, the Company shall issue to the CJC such amount of

CJC Loan Notes as is equal to the amount of the CJC Loan stated in the relevant CJC Loan Drawdown Notice.

- 6.1.2 The CJC shall have no obligation to contribute any monies pursuant to a relevant CJC Loan Drawdown Notice until the CJC is in receipt of the equivalent sum pursuant to the terms of the Joint Working Agreement or any arrangements replacing the Joint Working Agreement.

6.2 Interest

The outstanding CJC Loan Notes shall bear interest at the rate prescribed in the CJC Loan Note Instrument and shall be repaid in accordance with Clause 7 (Receipts and Profits).

6.3 Redemption

The CJC Loan Notes shall only be redeemed in accordance with their terms as expressed in the CJC Loan Note Instrument and the provisions of this Governance Policy or with the prior written agreement of the CJC.

6.4 Implications if a Loan commitment is not available

If the CJC does not receive any or all of the equivalent sum referred to in Clause 6.1.2 or such sum is not available to be drawn down for any reason and this creates a funding deficit in any year, how such deficit will be managed will be a CJC Matter.

6.5 Land Registry

It is acknowledged and agreed that:-

- 6.5.1 the Company is required to apply to the Land Registry for a restriction to be entered onto the registered title of the Site and such restriction shall confirm that no disposition of the registered estate may be registered on the registered title of the Site without the written consent of the County Council of the City and County of Cardiff (or following assignment of the Security Agreement, the CJC);
- 6.5.2 the Company has granted RWE the option to take a lease of certain land on the Site pursuant to the terms of an option agreement (the "**Option Agreement**") which will be registerable by way of a notice on the registered title of the Site; and
- 6.5.3 if RWE exercises its option pursuant to the Option Agreement, the County Council of the City and County of Cardiff (or following assignment of the Option Agreement, the CJC) shall provide such consent in the form of a short letter to the Land Registry to allow RWE's interest to be registered on the registered title of the Site.

6.6 Further Finance

- 6.6.1 If the Board considers at any time that the Company requires further finance, to include (but not limited to) whether it should seek further finance from the Company's bankers or other financial institutions or from the CJC or otherwise, this shall be a CJC Matter.
- 6.6.2 The Parties agree that should the Company obtain any further finance in accordance with this Clause 6.6, the proceeds of any such financing shall be applied in the order of priority set out in Clause 7 (Receipts and Profits).

7. RECEIPTS

- 7.1 All Receipts received by the Company shall be applied in the following order of priority, on the last Business Day of each calendar month (or such other time(s) as agreed by the Board):-

- 7.1.1 payment of any costs relating to the activities of the Company as are due and payable (to the extent not paid or to be paid from other funding sources);

- 7.1.2 repayment of any third-party senior debt (if any) (plus any interest accrued thereon) as fall due and payable, pursuant to the terms of the relevant facility agreement;
- 7.1.3 repayment of the CJC Loan Notes (plus any interest accrued thereon); and
- 7.1.4 any remaining balance shall be paid into the Bank Account and any profits shall be distributed to the CJC.

8. **CONSTITUTION AND OPERATION OF THE MANAGEMENT TEAM AND BOARD**

8.1 **Management Team**

- 8.1.1 As soon as reasonably practicable, the Board shall establish the Management Team which shall comprise any such individuals as the Board may agree from time to time.
- 8.1.2 The Management Team shall be responsible for certain day-to-day operational matters delegated to it in Schedule 3 (Delegations Policy) of this Governance Policy.
- 8.1.3 The Management Team shall not have the authority to approve any Board Matter or any CJC Matter. The Management Team may refer any function allocated to it to the Board for determination.
- 8.1.4 The Management Team shall meet regularly (and in any event at least monthly) to determine those matters delegated to it by the Board in accordance with this Governance Policy and shall report to the Board regularly (and in any event at least monthly).

8.2 **Role of the Board**

- 8.2.1 Subject to Clause 2.1 (Decision Making) and save to the extent this Governance Policy expressly provides otherwise, the Board shall be responsible for the management and operations of the Company.
- 8.2.2 The Board shall operate in accordance with this Governance Policy, the Articles, the Business Plan and the Company Policies.
- 8.2.3 Any remuneration or expenses reimbursement a Director is entitled to receive from the Company for its services shall be set out in the relevant Director's Letter of Appointment.

8.3 **Constitution of the Board**

- 8.3.1 The Board shall comprise of:-
 - (a) **"Non-executive Directors"** - being directors who are industry experts responsible for scrutiny and oversight of the Business of the Company, pursuant to the terms of their Letter of Appointment but who are not responsible for the day-to-day operation and management of the Company; and
 - (b) **"Executive Directors"** – being directors who are appointed representatives of the CJC and the Councils responsible for the management of the Business of the Company (in accordance with its Business Plan) pursuant to the terms of the Letter of Appointment.
- 8.3.2 The Board of Directors shall have a maximum of eleven (11) Directors appointed to it at any one time which shall comprise of six (6) Executive Directors (one of whom shall be a CJC Director) and up to five (5) Non-executive Directors.
- 8.3.3 Each Non-executive Director shall be appointed for a term of up to two (2) years and thereafter the Company shall be entitled to replace the relevant Non-executive Director or renew the relevant Non-executive Director's appointment for further term(s) of up to two (2)

years until such Non-executive Director is replaced or removed in accordance with Clause 8.6.3 below.

- 8.3.4 The Company and the CJC shall ensure that no Non-executive Director is appointed for more than three (3) consecutive terms.
- 8.3.5 The CJC Director shall be appointed and removed by the CJC by notice in writing to the Company.
- 8.3.6 The Councils shall have the right to appoint up to five (5) Executive Directors (excluding the CJC Director) such appointments rotating between the Councils in such manner as they may agree or, in failure of such agreement in such manner as the CJC may determine. Such Executive Directors shall be appointed for a term of two (2) years and thereafter the Company shall be entitled to replace the relevant Executive Director or renew the relevant Executive Director's appointment for further term(s) of up to three (3) years. Except with the agreement of the CJC, no Executive Director shall serve on the Board for more than five (5) consecutive years.

8.4 **Alternate Directors**

- 8.4.1 The CJC and Councils shall be entitled from time to time to appoint a person as an alternate director to the Board to act as a substitute for any absent Executive Director appointed by it (an "**Alternate Director**").
- 8.4.2 Any appointment or removal of an Alternate Director must be effected by notice in writing to the Company.
- 8.4.3 An Alternate Director shall be entitled to receive notice of all meetings of the Board and to attend, to be counted in quorum and to vote at such meeting which the Director in respect of whom the Alternate Director is substituting is absent and shall generally have the authority to do all such things as the absent Director would be entitled to do in their capacity as Director.
- 8.4.4 Each Alternate Director shall be deemed to have received a copy of their respective Director's Letter of Appointment.
- 8.4.5 The CJC and each Council is entitled to remove or replace any Alternate Director appointed by it and, unless otherwise expressly stated or unless the context requires otherwise, subsequent references in this Governance Policy to a Director shall be interpreted as also referring to any Alternate Director.

8.5 **Chairperson**

- 8.5.1 Unless otherwise determined by the Board, the Board shall have a Chairperson and such position shall be occupied by an Executive Director appointed by a majority of the Directors.
- 8.5.2 Subject to Clause 8.5.3, if the number of votes for and against a proposal at a meeting of the Board are equal, the Chairperson (or other Director chairing the meeting) shall have a casting vote.
- 8.5.3 The Chairperson (or other Director chairing the meeting) shall not have a casting vote if, for any reason, the Chairperson, or other Director, is not entitled to vote on the matter being considered by the Board.
- 8.5.4 The first Chairperson shall be appointed at the first Board meeting and shall occupy this position for a period of twelve (12) months (unless otherwise agreed by the Board from time to time).

- 8.5.5 Subject to the Board determining otherwise, a new Chairperson shall be appointed every twelve (12) months (to take effect on the date which is twelve (12) months after the end of the previous appointment).
- 8.5.6 The Chairperson shall alternate between each Executive Director from time to time (unless otherwise agreed by the Board).

8.6 **Right to Appoint and Remove Directors**

- 8.6.1 Subject to Clauses 8.3.2, 8.3.6, 8.6.2 and 8.6.4, the CJC and each Council is entitled at any time to appoint, replace or remove any Executive Director appointed or intended to be appointed by that person.
- 8.6.2 Any appointment, replacement or removal of an Executive Director shall be effected by notice in writing to the Company signed by or on behalf of CJC or the relevant Council (as the case maybe) and, subject to any contrary intention expressed in the notice, shall take effect from the date and time that the notice is delivered or deemed delivered to the Company.
- 8.6.3 The Board of Directors shall be entitled in accordance with the Articles, to appoint, replace or remove any Director to the Board of Directors of the Company.
- 8.6.4 No appointment of a Director shall be valid unless that person has accepted and signed a Letter of Appointment or such other terms as the Board may agree from time to time.
- 8.6.5 On the removal of a Director, the Board and the CJC shall procure that the Company promptly removes the Director from all the positions they hold in the Company.
- 8.6.6 Notwithstanding any other term of this Governance Policy, the CJC or any Council shall immediately remove an Executive Director appointed by it (by written notice to the Company) if:
- (a) the Director materially fails to comply with their obligations;
 - (b) the Director becomes bankrupt or makes any arrangement or composition with its creditors generally (or any step is taken towards the same);
 - (c) the Director is, or may be, suffering from mental disorder and either:
 - (i) is admitted to hospital under an application for admission for treatment under the Mental Health Act 1983 or, in Scotland, the Mental Health (Scotland) Act 1960; or
 - (ii) an order is made (by a court having jurisdiction) for the Director's detention or for the appointment of a receiver or other person to exercise powers with respect to the Director's property or affairs due to the Director's mental disorder;
 - (d) the Director resigns from office by providing twenty (20) Business Days' written notice to the Company;
 - (e) the Director is convicted of any offence of fraud or dishonesty; or
 - (f) the Director ceases to be employed or engaged by the party it is appointed by,
- and the relevant party shall be deemed to have removed an Executive Director immediately upon the occurrence of the relevant event listed above without notice in writing being given to the Company.

8.7 Board May Delegate

8.7.1 Subject to the terms of the Delegations Policy, the Board may delegate any of the powers which are conferred on them under this Governance Policy (such delegation to be approved only following a unanimous vote of the Board in favour of the delegation):

- (a) to such person, committee or sub-group;
- (b) to such an extent;
- (c) in relation to such matters; and
- (d) on such terms and conditions,

as they think fit.

8.7.2 Any such delegation will automatically authorise further delegation of the Boards' powers by any person to whom they are delegated, unless the Board specifically state otherwise within such delegation of authority.

8.7.3 The Board may revoke any delegation in whole or part or alter its terms and conditions at any time.

8.8 Committees or sub-groups

8.8.1 Committees or sub-groups to which the Board delegates any of its powers must follow procedures which are based as far as they are applicable on those provisions of this Governance Policy which govern the taking of decisions by Board.

8.8.2 The Board may make rules of procedure or terms of reference for all or any such committees or sub-groups.

8.9 Strategic Steering Group

8.9.1 The Board shall establish the Strategic Steering Group in accordance with this Clause 8.9.

8.9.2 The Strategic Steering Group shall comprise:

- (a) Each of the 5 Directors appointed pursuant to Clause 8.3.2;
- (b) A representative from each of the Councils not having Directors appointed pursuant to Clause 8.3.2;
- (c) The chief executive and chief operating officer of the Company (where appointed).

8.9.3 The Strategic Steering Group shall operate in accordance with terms of reference agreed by the Board provided always that the Strategic Steering Group will not be a decision making body for decisions of the Board or the Company.

8.10 Meetings of the Board

8.10.1 At the first Board meeting and annually thereafter the Directors shall agree a programme for Quarterly Board meetings (or, subject to Clause 8.10.3(a), at such other frequency as the Board may otherwise determine) which shall be supplemented with such additional Board meetings as may be required to deal appropriately with the Business of the Company.

- 8.10.2 At least five (5) Business Days' written notice of any proposed Board meeting shall be given to each Director provided that a shorter period of notice may be given with the written approval of each Director. Unless otherwise agreed by each Director, such notice shall specify the date, time and place of the Board meeting and be accompanied by a reasonably detailed agenda of the business to be discussed and documents relating to issues to be considered at the Board meeting. Any matter to be decided at a Board meeting not appearing in the agenda shall not be decided upon unless agreed by all of the Directors entitled to attend and vote at such Board meeting at which the matter not appearing in the agenda is raised.
- 8.10.3 Unless otherwise agreed by the Board:
- (a) subject to Clause 8.10.1, Board meetings shall be held at least four (4) times per year on such dates as they may agree;
 - (b) a telephone conference call or video conference or a combination of the same, at which all participants are able to speak to and hear each of the other participants shall be valid as a Board meeting provided that at all times at that telephone or video conference (or combination as appropriate) a quorum of the Directors is able to so participate;
 - (c) a resolution (which may be in counterparts) in writing (which includes email or other electronic format) signed by all of the Directors entitled to receive notice of and vote at a Board meeting shall be as valid as if it had been passed at a Board meeting duly convened and held in person; and
 - (d) any Director is entitled to convene a Board meeting called in accordance with Clause 8.10.2.
- 8.10.4 Each Director shall be entitled to invite other appropriate third parties to observe Board meetings up to a maximum of two (2) individuals per Director and such representatives and third parties shall be entitled to partake in such Board meeting in a non-voting capacity at the discretion of the Board (save where such third party or representative is an Alternate Director and in attendance in such capacity).

8.11 Quorum

- 8.11.1 Subject to Clause 8.11.2, the quorum for the transaction of business at any meeting of the Board shall be a minimum of three (3) Executive Directors and two (2) Non-executive Directors.
- 8.11.2 Where less than three (3) Executive and/or less than two (2) Non-executive Directors are appointed, the quorum for the transaction at any meeting of the Board shall be a minimum of two (2) Executive Directors.
- 8.11.3 If, at a Board meeting, there is no quorum within thirty (30) minutes following the start time of the meeting or if there ceases to be a quorum at any time when business is to be transacted during the Board meeting, the meeting shall be adjourned and reconvened on the date which is five (5) Business Days after the first meeting or such other period as the Directors may agree. The Board meeting shall continue to be adjourned and reconvened on the date which is five (5) Business Days after each scheduled Board meeting (or such other period as the Directors may agree) until such number of Directors are present in order to comply with the quorum requirements set out at Clause 8.11.1.
- 8.11.4 Where the Company has only one (1) appointed Director, that Director shall be entitled to make decisions that are reserved to the Board of Directors of the Company (in accordance with the Delegations Policy) for so long as they remain the sole Director.

8.12 **Board Decisions**

8.12.1 At any quorate Board meeting, each Director shall have one (1) vote and decisions shall be taken by a majority vote.

8.12.2 If, at a meeting of the Board, a matter is not determined pursuant to Clause 8.12.1 (Board Decisions) above, that matter ("**Unresolved Board Matter**") shall be deferred for consideration at the next Board meeting which shall be convened within ten (10) Business Days of that meeting. If at the reconvened Board meeting the Unresolved Board Matter is not determined, the Unresolved Board Matter shall become a CJC Matter. Where an Unresolved Board Matter is referred for determination as a CJC Matter and is not approved by the CJC, the Unresolved Board Matter shall not be agreed and shall not be implemented by the Board.

8.13 **Disclosure of Information**

Each Executive Director shall be entitled from time to time to make such disclosure to the party appointing them on the Business of the Company and to disclose such information concerning the Company as they shall reasonably consider appropriate to such person.

9. **CONSTITUTION AND OPERATION OF THE CJC**

9.1 **Role of the CJC**

Subject to Clause 2.1 (Decision Making) and save to the extent this Governance Policy expressly provides otherwise, the CJC shall be responsible for certain key decisions delegated to it by the CJC as set out in Schedule 3 (Delegations Policy) of this Governance Policy.

10. **THE CJC**

10.1 **Delegation**

Subject to the matters reserved to CJC pursuant to the Delegations Policy and save to the extent otherwise expressly provided in this Governance Policy, the CJC have vested the management and operation of the Company in the Board.

11. **MANAGEMENT OF THE COMPANY'S AFFAIRS**

11.1 **Company obligations**

11.1.1 The Company shall:-

- (a) save where the Board resolves otherwise (acting in accordance with this Governance Policy), comply with the Articles;
- (b) comply at all times with the Business Plan and the Company Policies;
- (c) comply with the Companies Act and all other applicable laws, regulations and requirements of any competent jurisdiction or authority affecting the Company, the Business and the content of the Business Plan;
- (d) comply with the terms of this Governance Policy and any other agreements to which it is a party;
- (e) carry on and conduct its business and affairs in a proper and efficient manner and for its own benefit;
- (f) transacts all its business on arm's length terms;

- (g) open a bank account to carry out the Business and, if the Company Board so determines, shall open such further accounts with the Bank as required from time to time (the "**Bank Accounts**" and each a "**Bank Account**");
- (h) not make payment and no cheque or payment instruction of the Company shall be signed other than in accordance with the mandates (general or specific) authorised by the Board from time to time and in accordance with the Delegations Policy;
- (i) act in a manner consistent with the achievement of the Company Objectives;
- (j) if it requires any statutory or third-party approval, consent or licence for the carrying on of the Business in the places and in the manner in which it is from time to time carried on or proposed to be carried on, use all reasonable endeavours to obtain, comply with and maintain the same in full force and effect;
- (k) maintain true and accurate accounts of all transactions in accordance with IFRS, Part 15 of the Companies Act and make available both draft and final copies of such accounts to CJC on reasonable request;
- (l) maintain insurance in accordance with Clause 14 (Insurance);
- (m) take appropriate action (including, without limitation, pursuing legal proceedings) in the event of negligence or material misconduct on the part of any of its contractors, advisors or agents or any third party; and
- (n) document its decision making process and maintain appropriate audit trails for decisions made.

11.2 **Company authority**

Subject always to the provisions of this Governance Policy, the Company shall have full power and authority to carry out all and any of the Company Objectives and do all acts and things which the Company may in its absolute discretion consider necessary or desirable (including, without limitation, executing, delivering and performing all contracts and other undertakings and participating in any activities and transactions) in connection with the Business.

11.3 **Reserved Matters**

The Company agrees, so far as it lawfully may, and the CJC agrees to procure, so far as is within its powers as the CJC or under this Governance Policy, that the Company shall not, unless the Company has received the prior written consent of the CJC in accordance with this Governance Policy, carry out any of the actions or matters designated as a "Matter Reserved to the CJC" in Schedule 3 (Delegations Policy).

12. **COMPANY POLICIES**

In addition to this Governance Policy, the Company shall adopt the Company Policies.

12.1 **Procurement Policy**

The Procurement Policy may be updated by the Company from time to time in accordance with the Delegations Policy (and, in any event, shall be reviewed by the Company at least annually) and the Company shall, at all times, comply with the Procurement Policy when procuring works, goods and/or services and proposing to enter into contractual arrangements in relation to the provision of such works, goods and/or services.

12.2 **Delegations Policy**

The Delegations Policy may be updated by the Company from time to time in accordance with the Delegations Policy and the Company shall, at all times, comply with the Delegations Policy.

12.3 **Conflicts Policy**

The Conflicts Policy may be updated by the Company from time to time in accordance with the Delegations Policy and the Company shall, at all times, comply with the Conflicts Policy.

13. **COMPANY SUBSIDIARIES**

13.1 It is anticipated that separate subsidiary vehicles may be incorporated from time to time in order to deliver certain elements of the Project and, once incorporated, shall form part of the Company Group.

13.2 The Company may decide in accordance with the Delegations Policy to incorporate such subsidiary vehicles as deemed necessary for the operation of the Business and delivery of the Project from time to time.

13.3 Any Company Subsidiary shall be established and governed by the principles set out in the Business Plan (or, to the extent provision is not made within the Business Plan in respect of such Company Subsidiary, any Business Plan adopted by the relevant Company Subsidiary from time to time).

14. **INSURANCE**

14.1 The Company shall take out and maintain with reputable insurers all insurances required to be maintained by law and such other prudent insurances against such risks as are normally insured against by businesses carrying on activities similar to those of the Company (including, but not limited to, an appropriate level of third party liability insurance) and (without prejudice to the generality of the foregoing) shall insure its assets of an insurable nature for their full replacement or reinstatement value. Such insurances shall include (unless otherwise determined by the Board from time to time):

14.1.1 directors and officers insurance;

14.1.2 employers liability insurance;

14.1.3 third party liability insurance;

14.1.4 contractors' all risks insurance;

14.1.5 physical loss and/or damage insurance in respect of any assets on the Site (once developed); and

14.1.6 business interruption insurance cover,

on terms to be determined by the Board from time to time.

15. **FINANCIAL MATTERS AND FINANCIAL INFORMATION**

15.1 The Company shall, in relation to its financial statements, adopt accounting policies and/or principles in accordance with IFRS and shall comply with Part 15 of the Companies Act.

15.2 The CJC shall be entitled to:

15.2.1 examine (and take copies of) at any time upon the provision of reasonable notice all documents, information, records, separate books and accounts of any description held by the Company and shall be allowed reasonable access to the premises of the Company and any employees of the Company for these purposes;

- 15.2.2 upon reasonable prior written notice to the Company, be supplied with all information and documentation it may reasonably request from time to time in relation to the operation and maintenance of the Bank Account(s);
- 15.2.3 be supplied with all information regarding the Business, including (without limitation) Quarterly management accounts and operating statistics and other trading and financial information relating to the Company, in such form as the CJC may reasonably require; and
- 15.2.4 be kept properly informed about the business and affairs of the Company.
- 15.3 The Company shall keep full and proper books of account and make true and complete entries in respect of its dealings and transactions of and in relation to the Business (including in relation to transactions effected through the Bank Account(s)).
- 15.4 The Company shall supply the CJC with the following information:
 - 15.4.1 Quarterly management accounts for the Company forthwith on their completion;
 - 15.4.2 the audited accounts of the Company for each Accounting Period as soon as practicable and, at the latest, by three (3) months after the Accounting Date; and
 - 15.4.3 Quarterly cash flow statements and cash flow forecasts for the Company as soon as practicable and at the latest by four (4) weeks after the end of each Quarter.
- 16. **NOTICES**
 - 16.1 Any notice or other communication to be given under, or in connection with the matters contemplated by, this Governance Policy shall be in writing and shall be served by:-
 - 16.1.1 delivering it by hand or sending it by pre-paid first class post (or air mail if overseas) to the Company at its principal office address from time to time; or
 - 16.1.2 sending it by email to the email address set out in this Clause 16 subject to the original notice or communication being sent by post on the same day in the manner specified above:
 - 16.2 Subject to Clause 16.3, any notice or communication shall be deemed to have been served:-
 - 16.2.1 if delivered personally, when left at the address referred to in Clause 16.1;
 - 16.2.2 if sent by pre-paid first class post (other than air mail), two (2) days after posting it;
 - 16.2.3 if sent by air mail, six (6) days after posting it;
 - 16.2.4 if sent by email (subject to the original notice or communication being sent by post) on the same day in the manner specified in Clause 16.1, provided that no bounce-back is received which indicates that the email address is either wrong or cannot receive messages or is no longer in use (a "**Bounce-back**"). For the avoidance of doubt, an out of office message does not constitute a Bounce-back.
 - 16.3 If a notice is given or deemed given at a time or on a date which is not a Business Day, it shall be deemed to have been given on the next Business Day.
- 17. **AMENDMENTS, WAIVERS AND REMEDIES**
 - 17.1 No amendment or variation of this Governance Policy shall be effective unless it is in writing and signed by or on behalf of the CJC.

SCHEDULE 1

DEFINITIONS

In this Governance Policy, the following words shall have the following meanings:-

"Accounting Date"	means the accounting reference date for the Company being 31 March in each year or such other date as the Board may from time to time agree
"Accounting Period"	means any period of 12 (twelve) calendar months from the day after the Accounting Date up to and including the next Accounting Date
"Articles"	means the articles of association of the Company and as amended from time to time (and any reference to an Article shall be a reference to that article of such articles of association)
"Auditors"	means the auditors of the Company, as determined by the Board from time to time
"Bank"	means such financial institution or bank as determined by the Board from time to time
"Bank Account"	has the meaning given to it in Clause 11.1.1(g) (Company Obligations)
"Board"	means the board of directors of the Company from time to time
"Board Matter"	has the meaning given to it in Clause 2.1 (Decision Making)
"Budget"	means the budget set out in the Business Plan detailing, amongst other things, the CJC Loan required to meet the Project Costs and the day-to-day running costs of the Company
"Business"	has the meaning given to it in Clause 2 (Business of the Company and Decision Making)
"Business Day"	means any day (other than a Saturday, Sunday or a public holiday in England) on which clearing banks in the City of London are open for the transaction of normal sterling banking business
"Business Plan"	means the business plan of the Company as adopted in accordance with Clause 4.1 (Business Plan and Progress Monitoring) the provisions of this Governance Policy and as the same may be varied or updated from time to time in accordance with the provisions of this Governance Policy
"Capital Contribution"	means, any capital contribution made by the CJC to the Company in accordance with Clause 5 (Capital)
"CJC"	means the South East Wales Corporate Joint Committee established pursuant to the Local Government and Elections (Wales) Act 2021
"CJC Director"	means a Director appointed by the CJC in accordance with the provisions of Clause 8.3.5
"CJC Loan"	means the loan to be provided by the CJC (for and on behalf of the Cardiff Capital Region) to the Company for the Project in

	accordance with the Budget and Clause 6 (Loan Notes and Loan Commitments) to finance the Project and the initial working capital requirements of the Company
"CJC Loan Drawdown Notice"	means written notice from the Company calling on the CJC to subscribe for the relevant CJC Loan Notes in the sum and by the date identified in such notice in accordance with the terms of the CJC Loan Note Instrument
"CJC Loan Drawdown Profile"	means the drawdown profile contained in the Business Plan (as amended from time to time in accordance with this Governance Policy) which shall set out the timing and amount of each instalment of the CJC Loan
"CJC Loan Note Instrument"	means the loan note instrument to be in the form set out in Schedule 7 (Form of Loan Note Instrument and Loan Note)
"CJC Loan Notes"	means the loan notes constituted by the CJC Loan Note Instrument
"CJC Matter"	has the meaning given to it in Clause 2.1 (Decision Making)
"CJC Policies"	means any policies of CJC notified to the Company from time to time
"Chairperson"	means the chairperson from time to time of the Board who shall be appointed in accordance with the provisions of Clause 8.5 (Chairperson)
"Companies Act"	means the Companies Act 2006
"Company Group"	means the Company, a Company Subsidiary and any company which is from time to time a holding company of the Company or a Company Subsidiary or a subsidiary or subsidiary undertaking of a Company Subsidiary or of such holding company from time to time
"Company Objectives"	has the meaning given to it in Clause 3 (Objectives)
"Company Policies"	means the policies adopted by the Company from time to time and shall include this Governance Policy, the Conflicts Policy, the Delegations Policy, the Procurement Policy and the CJC Policies
"Company Subsidiary"	means a subsidiary or subsidiary undertaking of the Company from time to time
"Conflicts Policy"	means the policy contained in Schedule 5 (Conflicts Policy) as amended from time to time in accordance with this Governance Policy
"Councils"	means Blaenau Gwent County Borough Council, Bridgend County Borough Council, Caerphilly County Borough Council, the County Council of the City and County of Cardiff, Merthyr Tydfil County Borough Council, Monmouthshire County Council, Newport City Council, Rhondda Cynon Taff County Borough Council, Torfaen County Borough Council and the Vale of Glamorgan Council (or any of them as the context may require)
"Delegations Policy"	means the document contained in Schedule 3 (Delegations Policy) identifying how certain decisions will be made by the Company (as

	amended from time to time in accordance with this Governance Policy)
"Director"	means any Non-executive Director or Executive Director for the time being of the Company (or any Company Subsidiary) appointed by the CJC or Councils pursuant to Clause 8.3 (Constitution of the Board) and, unless otherwise stated, includes their duly appointed alternates and "Directors" shall be construed accordingly
"Executive Director"	has the meaning given to it in Clause 8.3.1(b) (Constitution of the Board)
"Gearing Ratio"	means the debt to equity ratio of the Company
"Governance Policy"	means this policy (including any Schedule or Appendix to it), as amended, varied, supplemented or replaced from time to time in accordance with its terms
"Joint Working Agreement"	means the Joint Working Agreement in place between the Councils and any replacement agreement, arrangement or mechanism that may supersede it or any of its provisions
"Letter of Appointment"	means a letter of appointment of either a Non-executive Director or an Executive Director in the relevant form set out in Schedule 2 (Letter of Appointment)
"Management Team"	has the meaning given to it in Clause 8.1 (Management Team)
"Management Team Matter"	has the meaning given to it in Clause 2.1 (Decision Making)
"Matter Reserved to the CJC"	has the meaning given to it in Clause 11.3 (Reserved Matters)
"Non-executive Director"	has the meaning given to it in Clause 8.3.1(a) (Constitution of the Board)
"Procurement Policy"	means the procurement policy of the Company in the form set out in Schedule 4 (Procurement Policy) to be adhered to by the Company (as amended from time to time in accordance with this Governance Policy)
"Project"	has the meaning given to it in Recital 1.1
"Project Costs"	means the costs payable by the Company in relation to the Project
"Quarter"	means each period from 1 January to 31 March, 1 April to 30 June, 1 July to 30 September or 1 October to 31 December, and "Quarterly" shall be construed accordingly
"Receipt"	means all sums received of whatever nature by the Company from time to time, other than any Capital Contributions, CJC Loans and/or senior debt received by the Company from time to time
"Regulations"	means the Public Contracts Regulations 2015 and any other public procurement legislation applicable from time to time
"RWE"	means RWE Generation UK plc

"Site"	has the meaning given to it in Recital 1.1
"Strategic Steering Group"	means the strategic steering group established pursuant to the provisions of Clauses 2.1.2 (Business of the Company and Decision Making) and 8.9 (Strategic Steering Group)
"Unresolved Board Matter"	means as defined in Clause 8.12.2 (Board Decisions)

SCHEDULE 2

PART 1

LETTER OF APPOINTMENT OF EXECUTIVE DIRECTOR

LETTER OF APPOINTMENT

[Name and address of executive director]

[Date]

Dear []

Terms of your appointment to the board of directors ("the Board") of CCR Energy Limited ("the Company")

This letter contains the main terms which we have discussed and agreed for your appointment as an executive director of the Company ("**Executive Director**") as at the date of this letter. Your appointment is made pursuant to and is subject to the articles of association of the Company (the "**Articles**") and the terms of the CJC governance policy which has been adopted by the Company (the "**CJC Governance Policy**").

By accepting the appointment, you agree that this letter is a contract for services and is not a contract of employment and you confirm that you are not subject to any restrictions which prevent you from holding office as a director.

1. APPOINTMENT

- 1.1 Subject to the remaining provisions of this letter, your appointment is for a term of two years commencing on the date of this letter.
- 1.2 Following the expiry of the initial term your appointment may be renewed for further term(s) in accordance with the CJC Governance Policy (subject to you serving no more than five consecutive years on the Board).
- 1.3 You shall not be entitled to any other fees or remuneration in connection with your appointment to the Board unless expressly agreed in writing.
- 1.4 You shall be expected to attend Board meetings, CJC meetings and meetings of the Company. You shall receive details of all such meetings in advance.
- 1.5 You shall not, whether during the appointment or after its termination, except in the proper course of your duties or as required by law, use or divulge (other than as permitted by the CJC Governance Policy) any trade or business secrets or any information concerning the business or finances of the Company or any Company Subsidiary or of any dealings, transactions, or affairs of such party or any client, customer or supplier thereof which comes to your knowledge during the course of this appointment.
- 1.6 The appointment as an Executive Director shall automatically cease in relation to the Company in the event that:-
 - 1.6.1 you resign as an Executive Director;
 - 1.6.2 upon the lodgement or delivery of a notice from the appointer removing you as an Executive Director;
 - 1.6.3 in any of the circumstances set out in (and in accordance with) Clause 8.6.6 of the CJC Governance Policy (Right to Appoint and Remove Directors); or
 - 1.6.4 your appointment is terminated in accordance with the Articles.

- 1.7 On termination of your appointment as an Executive Director, you agree that you shall promptly return to the Company Board all papers and property of the Company and any Company Subsidiary which are in your possession.

2. ROLE AND DUTIES

- 2.1 The Board as a whole is collectively responsible for the success of the Company. The Board's role is to:
- 2.1.1 provide entrepreneurial leadership of the Company within a framework of prudent and effective controls which enable risk to be assessed and managed;
 - 2.1.2 set the Company's strategic aims, ensure that the necessary financial and human resources are in place for the Company to meet its objectives, and review management performance; and
 - 2.1.3 set the Company's values and standards and ensure that its obligations to its shareholder and others are understood and met.
- 2.2 You are expected to perform your duties (whether statutory, fiduciary or common law) faithfully, diligently and to a standard commensurate with the functions of your role and your knowledge, skills and experience.
- 2.3 You shall exercise your powers in your role as an Executive Director having regard to relevant obligations under prevailing law and regulation.
- 2.4 Without limitation to the paragraphs above, in signing this letter, you acknowledge and agree that you shall at all times comply with:-
- 2.4.1 the terms of the CJC Governance Policy (a copy of which has been provided to you);
 - 2.4.2 the Articles;
 - 2.4.3 the Delegations Policy;
 - 2.4.4 the Conflicts Policy; and
 - 2.4.5 the Procurement Policy,

each of 2.4.3 to 2.4.5 as set out in the CJC Governance Policy and as amended from time to time.

Please indicate your acceptance and acknowledgement of these terms by signing the attached copy and returning it to the company secretary or another party notified to you by the Company. I look forward to seeing you at the first Board meeting.

Yours sincerely

.....
Signatory, duly authorised
for and on behalf of the Company

I agree to and acknowledge the terms and conditions set out above relating to my appointment as an Executive Director of the Company.

Signed:

Dated:

PART 2

LETTER OF APPOINTMENT OF NON-EXECUTIVE DIRECTOR

LETTER OF APPOINTMENT

[on the headed notepaper of the Company]

[Name and address of non-executive director]

[Date]

Dear []

Terms of your appointment to the board of directors ("the Board") of CCR Energy Limited ("the Company")

This letter contains the main terms which we have discussed and agreed for your appointment as a non-executive director of the Company ("**Non-executive Director**") as at the date of this letter. Your appointment is made pursuant to and is subject to the articles of association of the Company (the "**Articles**") and the terms of CJC governance policy which has been adopted by the Company (the "**CJC Governance Policy**").

By accepting the appointment, you agree that this letter is a contract for services and is not a contract of employment and you confirm that you are not subject to any restrictions which prevent you from holding office as a director.

1. APPOINTMENT

- 1.1 Subject to the remaining provisions of this letter, your appointment is for a term of up to two years commencing on the date of this letter.
- 1.2 Following the expiry of the initial term your appointment may be renewed for further term(s) in accordance with the CJC Governance Policy (subject to you serving no more than three consecutive terms).
- 1.3 In consideration for acting as a Non-executive Director, you shall be entitled to receive an annual fee of £[] gross (current at the date of this letter), which shall be paid in equal instalments [monthly/quarterly] in arrears through PAYE after deduction of any taxes and other amounts that are required by law, which shall be subject to [annual/periodic] review by the Board.
- 1.4 You shall be expected to attend Board meetings, CJC meetings and meetings of the Company. You shall receive details of all such meetings in advance.
- 1.5 You shall not, whether during the appointment or after its termination, except in the proper course of your duties or as required by law, use or divulge (other than as permitted by the CJC Governance Policy) any trade or business secrets or any information concerning the business or finances of the Company or any Company Subsidiary or of any dealings, transactions, or affairs of such party or any client, customer or supplier thereof which comes to your knowledge during the course of this appointment.
- 1.6 The appointment shall automatically cease in relation to a Company to which you are appointed as a Non-executive Director in the event that:-
 - 1.6.1 you resign as a Non-executive Director of the Company;
 - 1.6.2 you are removed as a Non-executive Director of the Company in accordance with Clause 8.6 of the CJC Governance Policy (Right to Appoint and Remove Directors); or
 - 1.6.3 the appointment is terminated in accordance with the Articles.

- 1.7 On termination of your appointment as a Non-executive Director, you agree that you shall promptly return to the Company Board all papers and property of the Company and any Company Subsidiary which are in your possession.
- 1.8 On termination of your appointment, you shall only be entitled to such fees as may have accrued to the date of termination.
2. **ROLE AND DUTIES**
- 2.1 The Board as a whole is collectively responsible for the success of each Company. The Board's role is to:
 - 2.1.1 provide entrepreneurial leadership of the Company within a framework of prudent and effective controls which enable risk to be assessed and managed;
 - 2.1.2 set the Company's strategic aims, ensure that the necessary financial and human resources are in place for the Company to meet its objectives, and review management performance; and
 - 2.1.3 set the Company's values and standards and ensure that its obligations to its shareholder and others are understood and met.
- 2.2 You shall have the same general legal responsibilities to the Company as any other director. You are expected to perform your duties (whether statutory, fiduciary or common law) faithfully, diligently and to a standard commensurate with the functions of your role and your knowledge, skills and experience.
- 2.3 You shall exercise your powers in your role as a non-executive director having regard to relevant obligations under prevailing law and regulation.
- 2.4 In your role as a Non-executive Director, you shall also be required to:-
 - 2.4.1 help develop, and provide a creative and informed contribution to, proposals on strategy;
 - 2.4.2 monitor the performance of management in meeting agreed goals and objectives and monitor the reporting of performance;
 - 2.4.3 offer expertise and specialist knowledge where required to assist with decision making and management of the Company;
 - 2.4.4 provide an independent view of the Company that is removed from the day-to-day operations;
 - 2.4.5 where appropriate, connect the business and the Board / Management Team with networks and organisations which will complement / add value to the Company and its business;
 - 2.4.6 provide specialist / expert advice to the Board and Management Team where qualified to do so;
 - 2.4.7 devote time to developing and refreshing your knowledge and skills;
 - 2.4.8 uphold high standards of integrity and probity and support the other directors in instilling the appropriate culture, values and behaviours in the boardroom and beyond; and
 - 2.4.9 make sufficient time available to discharge your responsibilities effectively.
- 2.5 Without limitation to the paragraphs above, in signing this letter, you acknowledge and agree that you shall at all times comply with:-
 - 2.5.1 the terms of the CJC Governance Policy (a copy of which has been provided to you);

- 2.5.2 the Articles;
- 2.5.3 the Delegations Policy;
- 2.5.4 the Conflicts Policy; and
- 2.5.5 the Procurement Policy,

each of 2.5.3 to 2.5.5 as set out in the CJC Governance Policy and as amended from time to time.

Please indicate your acceptance and acknowledgement of these terms by signing the attached copy and returning it to the company secretary or another party notified to you by the Company. I look forward to seeing you at the first Board meeting. I look forward to seeing you at the first Board meeting.

Yours sincerely

.....
Signatory, duly authorised
for and on behalf of the Company

I agree to and acknowledge the terms and conditions set out above relating to my appointment as an Executive Director of the Company.

Signed:

Dated:

SCHEDULE 3
DELEGATIONS POLICY

Activity	CJC	Board	Management Team
Adoption of and variation to the Delegations Policy	Approval	Recommendation	
Adoption of and variation to the Procurement Policy	Approval	Recommendation	
Adoption of and variation to the Conflicts Policy	Approval	Recommendation	
Adoption of and variation to the Governance Policy	Approval	Recommendation	
Adoption of and variation to Company Policies from time to time (excluding the Delegations Policy, Procurement Policy and Conflicts Policy)		Approval	Recommendation
Delegation of any Board Matters to any sub-committees or to the Management Team		Approval in accordance with the CJC Governance Policy (i.e. unanimous approval of the Board)	
Alteration of the nature/scope of the Business, closing down any part of the Business or commencing any new business which is not ancillary or otherwise incidental to the Business.	Approval (if outside of the scope of the adopted Business Plan)	Approval (if within the scope of the adopted Business Plan) Recommendation to CJC (if outside the scope of the adopted Business Plan)	
Approval and adoption of the Business Plan and any Company Subsidiary Business Plan	Approval	Preparation and recommendation to CJC	
Approval of material amendments/variations to the	Approval	Recommendation to CJC	

Activity	CJC	Board	Management Team
Business Plan and any Company Subsidiary Business Plan			
Approval of any non-material amendments/variations to the Business Plan and any Company Subsidiary Business Plan		Approval	Preparation and recommendation to Board
Taking any action outside the parameters of the Business Plan and any Company Subsidiary Business Plan (save where otherwise permitted by this Delegations Policy)	Approval	Recommendation	
Approval of the Budget and any Company Subsidiary Budget	Approval	Preparation and recommendation to CJC	
Approval of any variation to Budget and any Company Subsidiary Budget (requiring additional expenditure not envisaged within the scope of the adopted Business Plan)	Approval	Recommendation	
Grant any rights (by licence or otherwise) in or over any Intellectual Property owned or used by the Company	Approval	Recommendation	
Incorporating or acquiring any subsidiary company	Approval if outside of the scope of the adopted Business Plan	Recommendation to CJC if outside of the scope of the adopted Business Plan Approval if within the scope of the adopted Business Plan	
Entering into joint ventures or partnerships or any other involvement by the Company in any other entity	Approval if outside of the scope of the adopted Business Plan	Recommendation to CJC if outside of the scope of the adopted Business Plan	

Activity	CJC	Board	Management Team
		Approval if within the scope of the adopted Business Plan	
Passing any resolution of the Company or any Company Subsidiary which the Act prescribes to be passed by way of special resolution	Approval	Recommendation	
Agreeing the terms upon which a public body may participate as a shareholder of the Company	Approval	Recommendation	
Issuing or allotting any shares in the Company or entering into any other arrangement which involves (or could result in) a third party acquiring a shareholding in the Company	Approval	Recommendation	
Issuing, granting or consenting to the assignment of options over any shares in the Company	Approval	Recommendation	
Creating any rights to convert other securities into shares in the Company	Approval	Recommendation	
Consolidating, sub-dividing, converting, cancelling or otherwise altering any of the rights attached to any of the issued shares (or any class of shares) in the Company	Approval	Recommendation	
Granting or entering into any license Governance Policy or arrangement concerning the trading name and goodwill attached thereto	Approval	Recommendation	
Making any petition or passing any resolution to wind up the Company or making any application for an	Approval	Recommendation	

Activity	CJC	Board	Management Team
administration or winding up order or any order having similar effect or giving notice of intention to appoint an administrator or file a notice of appointment of an administrator		<i>(Note that the Board shall have the power to decide that the Company must cease trading without the consent of the CJC where they are required to do so pursuant to applicable law or in compliance with their general duties as directors)</i>	
Changing the name of the Company	Approval	Recommendation	
Change of status of the Company (e.g. from a private company limited company to an LLP)	Approval	Recommendation	
Establish or amend any profit-sharing, share option, bonus or other incentive scheme of any nature for directors or employees of the Company or any Company Subsidiary	Approval	Recommendation	
Approval of any granting of any guarantee, indemnity or similar undertaking for the benefit of the Company	Approval	Recommendation	

Activity	CJC	Board	Management Team
Open or close any Company Bank Accounts, alter any mandate given to the Company's bankers relating to any matter concerning the operation of the Company's Bank Accounts		Approval	
Create or permit to be created any mortgage, charge, encumbrance or other security interest whatsoever on any asset of the Company	Approval (if outside the scope of the adopted Business Plan)	Recommendation to CJC (if outside of the scope of the adopted Business Plan) Approval (if within the scope of the adopted Business Plan)	
Making a change to the Company's auditors, accounting reference date, registered office, solicitors or bankers		Approval	Recommendation
Borrowing other than in the ordinary and usual course of business or entering into any banking facilities other than in the ordinary and usual course of business	Approval	Recommendation	
Entering into any operational contract or other contractual commitment save in the ordinary and usual course of business		Approval (if outside the scope of an approved Business Plan)	Approval (if within the scope of an approved Business Plan) Recommendation to Board (if outside of the scope of an approved Business Plan)
Approving a gift or charitable donation by the Company or a Company Subsidiary as part of its prudent financial management process	Approval (if outside of the scope of the adopted Business Plan)	Recommendation (if outside of the scope of the adopted the adopted Business Plan) Approval (if within the scope of the adopted Business Plan)	

Activity	CJC	Board	Management Team
Acquiring or disposing of any assets or incurring expenditure	Approval (if outside of adopted Business Plan and in excess of £100,000 (exclusive of VAT))	Approval (if outside of the scope of the adopted Business Plan and in excess of £50,000 (exclusive of VAT)) Recommendation to CJC (if outside of the scope of the adopted Business Plan and in excess of £100,000 (exclusive of VAT))	Approval (if within the scope of the adopted Business Plan or, if outside, provided it is less than £50,000 (exclusive of VAT)) Recommendation to Board (if outside of the scope of the adopted Business Plan and in excess of £50,000 (exclusive of VAT))
Approving the redemption of the CJC Loan Notes	Approval	Recommendation	
Agreeing how any funding deficit (due to any CJC contribution not being received or being unavailable) will be managed in any year	Approval		
Entering into any contract or commitment	Approval if outside of the scope of the adopted Business Plan where contract has the potential to incur liability for the Company in excess of £500,000 (exclusive of VAT)	Approval if outside of the scope of the adopted Business Plan where contract has the potential to incur liability for the Company up to £500,000 (exclusive of VAT) Recommendation to CJC if outside of the scope of the adopted Business Plan where contract has the potential to incur liability for the Company in excess of £500,000 (exclusive of VAT)	Recommendation to Board if outside of the scope of the adopted Business Plan where contract has the potential to incur liability for the Company up to £500,000 (exclusive of VAT)
Terminating any contracts	Approval if outside of the scope of the adopted Business Plan where termination the contract has the potential to incur liability for the Company in excess of £500,000	Approval if outside of the scope of the adopted Business Plan where terminating the contract has the potential to incur liability for the Company up to £500,000 Recommendation to CJC if outside of the scope of the adopted Business Plan where terminating the contract	Recommendation to Board if outside of the scope of the adopted Business Plan where terminating the contract has the potential to incur liability for the Company up to £500,000

Activity	CJC	Board	Management Team
		has the potential to incur liability for the Company in excess of £500,000	
The Company or a Company Subsidiary assigning or factoring any book debts of the Company or a Company Subsidiary		Approval if outside of the adopted Business Plan	Approval if within the scope of the adopted Business Plan Recommendation to Board if outside of the adopted Business Plan
Commencing any claim, proceedings or other litigation brought by or settling or defending any claim, proceedings or other litigation brought against the Company or Company Subsidiary, except in relation to debt collection in the ordinary course of the Business	Approval	Recommendation	
Making any announcements or releases of whatever nature in relation to the Business of the Company	Approval if outside of day to day operation of the Business	Approval if in accordance with the day to day operation of the Business Recommendation if outside of day to day operation of the Business	

Activity	CJC	CJC	Board	Management Team
HR Matters				
The Company or a Company Subsidiary entering into an employment contract with an employee which is not terminable without payment of compensation on 3 months notice (or less)			Approval	Recommendation
The Company or a Company Subsidiary entering into an employment contract or any variation to such contract			Approval where employee's contractual entitlement to remuneration (including salary, fees, pension and benefits in kind) exceeds £100,000	Approval provided that employee's contractual entitlement to remuneration (including salary, fees, pension and benefits in kind) does not exceed £100,000 Recommendation to Board where employee's contractual entitlement to remuneration (including salary, fees, pension and benefits in kind) exceeds £100,000
Dismissal of a senior employee of the Company or a Company Subsidiary (e.g a director, the managing director, operations manager)		Approval (where outside of the CJC Governance Policy or if employee's gross salary is £75,000 per annum or more or where the redundancy costs or expenses will exceed £75,000)	Approval (where in accordance with Clause 8.6 of the CJC Governance Policy or if employee's gross salary is less than £75,000 per annum and provided the redundancy costs or expenses will not exceed £75,000)	

Activity	CJC	CJC	Board	Management Team
HR Matters				
			Recommendation to Board (where outside of the CJC Governance Policy or if employee's gross salary is £75,000 per annum or more or where the redundancy costs or expenses will exceed £75,000)	
Dismissal of any non-senior employee			Approval (if employee's gross salary is £50,000 per annum or more or where the redundancy costs or expenses will exceed £50,000)	Approval (if employee's gross salary is less than £50,000 per annum and provided the redundancy costs or expenses will not exceed £50,000) Recommendation to Board (if employee's gross salary is £50,000 per annum or more or where the redundancy costs will exceed £50,000)
The creation by the Company or a Company Subsidiary of a pension scheme or decision to grant pension rights to any employee or former employee of the Company or a Company Subsidiary			Approval	Recommendation

SCHEDULE 4
PROCUREMENT POLICY
PART 1

GUIDING PRINCIPLES

1. INTRODUCTION

- 1.1 This policy applies to the procurement of goods, works and/or services by the Company Group.
- 1.2 **Part 1** of this Schedule sets out the Company Group's procurement objectives, which apply to all procurement activity carried out by the Company Group. **Part 2** of this Schedule outlines how such guiding principles shall be applied to the procurement of goods, works and services.
- 1.3 Any person appointed to carry out procurement activity for and on behalf of the Company Group (a "**Manager**") in relation to any agreement for goods, works or services must always comply with this Procurement Policy and the Delegations Policy.

2. PROCUREMENT OBJECTIVES

- 2.1 The following procurement objectives ("**Procurement Objectives**") have been set to support the Company Group's vision and aims:

2.1.1 the Company Group's 'core procurement objective' is to secure value for money in relation to the procurement of goods, works and/or services by the Company Group (as detailed in paragraph 3 below).

2.1.2 the Company Group shall also seek to achieve the following 'ancillary objectives' (to the extent compatible with achievement of the core procurement objective):-

- (a) where practicable, to drive innovation in the Company Group's supply chain by encouraging new and diverse supplier / contractors to work with the Company Group;
- (b) to embody sustainable procurement within the procurement cycle in order to achieve environmental, social and economic benefits consistent with the core objective;
- (c) to take into account any applicable social considerations (as detailed in paragraph 3 below);
- (d) to have regard, where practicable, to procurement best practice and to view sustainable procurement as integral to this approach (as detailed in paragraph 4 below);
- (e) to continuously improve the procurement procedures of the Company Group (as detailed in paragraph 5 below);
- (f) to ensure that the Company Group is actively open and transparent and has a sound rationale and value for money justification for the selection of all of its supplier / contractors (which may include the use of the evaluation criteria detailed in paragraph 2 below);
- (g) to use the most appropriate and efficient route to procurement; and
- (h) to ensure that specifications are sufficiently robust without negating the supplier / contractor's expertise of innovation in delivery.

3. VALUE FOR MONEY

The Company Group will seek to achieve value for money through the procurement process by ensuring that the procurement of goods, works and/or services are made not just on the basis of the lowest price but by also taking into account other factors such as quality (albeit as far as possible, any quality requirements will be included within the specification), relevant environmental performance, the whole-life cost of purchases and any other relevant matters that demonstrate value for money is being achieved by the Company Group.

4. SUSTAINABILITY, EQUALITY AND DIVERSITY

The Company Group will strive to embody procurement best practice (wherever possible) and view sustainable procurement as integral to this approach. To that end, the Company Group will develop tender specifications in a manner consistent with CJC's core priorities (i.e job creation, promoting inward economic investment and improving the GVA), the Well-being of Future Generations (Wales) Act 2015 and to enable supplier / contractors to meet the wider environmental and social objectives for projects for goods, works and services (wherever relevant).

5. BEST PRACTICE AND CONTINUOUS IMPROVEMENT

One of the key roles and responsibilities of each Manager is to utilise best practice and continuously improve the Company Group's procurement procedures. To that end, it is vital that staff engaged in procurement activity on behalf of the Company Group follow the procedure as set out in this policy. The Manager will undertake regular reviews of procured activity in order to identify areas where improvements in procured activity can be made and highlight areas of best practice as a learning tool for the Company Group.

6. APPROVALS

All procurement activity (including the selection of the relevant procurement route under this policy and the award of any contract) shall be approved by the relevant authorised decision maker in accordance with the terms of the Delegations Policy.

7. EXTENSIONS AND VARIATIONS TO CONTRACTS

All proposed extensions or variations to existing contracts shall be approved in advance by the relevant authorised decision maker in accordance with the terms of the Delegations Policy and with due consideration to the justification for such proposed extension or variation.

PART 2

GOODS, WORKS AND SERVICES

1. DEVELOPING SPECIFICATIONS

- 1.1 It is important when the Company Group is procuring goods, works or services that the specifications are written in such a way as to be sufficiently robust, whilst not being so explicit that the information provided negates the supplier / contractor's expertise and stifles their innovation in delivery.
- 1.2 The Company Group will ensure that the specifications it draws up will:
- 1.2.1 state the requirements clearly, concisely, logically and unambiguously, including any requirements for quality;
 - 1.2.2 contain enough information for potential supplier / contractors to decide and provide unqualified costs and pricing information for the goods, services or works they will offer;
 - 1.2.3 be consistent with the terms of the evaluation criteria and methodology (as detailed in paragraph 2 below);
 - 1.2.4 contain only the essential features or characteristics of the requirement and are, where appropriate, output based;
 - 1.2.5 provide equal opportunities to all supplier / contractors to offer a product or service that satisfies the needs of the Company Group;
 - 1.2.6 not describe requirements or contain features which directly or indirectly discriminate in favour or against any supplier / contractor, product, process or source; and
 - 1.2.7 ensure compliance with the Company Group's legal obligations.

2. EVALUATION CRITERIA

- 2.1 All bidders will be notified of the evaluation criteria used to select the winning bid and undisclosed evaluation criteria will not be used to evaluate bids under any circumstances. The evaluation criteria for any appointment will be as follows (unless paragraph 3.4 applies or as otherwise approved by the Board of the Company):
- 2.1.1 bids will be evaluated on a price/non-price assessment based upon an appropriate range of weightings for non-price and price; and
 - 2.1.2 price evaluation will ensure the most economic advantageous tender will ultimately be successful (whether that is achieved via a fixed fee, capped fee, cost plus or other arrangement, as determined at the relevant time).
- 2.2 Non-price evaluation score will be based upon (as considered necessary):
- 2.2.1 the CVs of staff who are proposed to provide goods or to undertake the works or services together with a resource plan;
 - 2.2.2 proven track record and experience of similar commissions and a clear demonstration how such experience will be applied for the benefit of the Company Group;
 - 2.2.3 response to the quality questions set out in the tender documentation;
 - 2.2.4 delivery proposal setting out their suitability and 'added value' in undertaking the works or services;
 - 2.2.5 references from a minimum of three (3) previous clients;

- 2.2.6 innovation contained within proposed works or services; and
- 2.2.7 deliverability of proposed works or services.

3. PROCUREMENT PROCESS

3.1 Supplies, Services and Works for £100,000 or less

- 3.1.1 For individual contracts with a value of £100,000 or less the Manager shall be entitled to recommend to the Directors of the Company or the relevant Company Subsidiary that such contracts are directly awarded, after having sought a written quotation from a single supplier / contractor provided always that the Manager continues to take into account the Procurement Objectives.

3.2 Supplies, Services and Works above £100,000 up to and including £500,000

- 3.2.1 For individual contracts with a value from £100,000 up to and including £500,000, there are two (2) routes to procure, exercised at the option of the Manager (taking into account the Procurement Objectives):
 - (a) seeking written quotations from at least three (3) independent supplier / contractors in accordance with paragraph 4 below; or
 - (b) a formal tender process, appropriately advertised, involving a number of tenderers to ensure sufficient competitive tension in accordance with paragraph 5 below.

3.3 Supplies, Services and Works above £500,000

- 3.3.1 For individual contracts with a value above £500,000 the procurement process shall be pursuant to a formal, appropriately advertised, open tender process involving a number of tenderers (minimum three (3)) in accordance with paragraph 5 below.

3.4 Board of the Company - Discretion to Vary on Exceptional Cases up to £500,000

- 3.4.1 If, in respect of any particular procurement to be carried out under this Part 2, the Manager determines that neither the written quotation procedure nor the formal tender process is appropriate to achieve the Procurement Objectives or, in exceptional cases, where an alternative route can demonstrate a better value for money outcome, the Manager shall notify the Board of the Company.
- 3.4.2 Following notification from the Manager, the Board of the Company shall (acting in accordance with the Delegations Policy) be entitled to either:-
 - (a) agree an alternative procurement process to be implemented (which, in an exceptional case, may amount to a direct award); or
 - (b) agree a variation to the written quotation or formal tender process to apply,in respect of the procurement of such goods, works and/or services.
- 3.4.3 The Board of the Company shall document in writing, the reasons justifying any decision to depart from this Procurement Policy pursuant to paragraph 3.4.2 above provided always that the value of any such award shall not exceed £500,000.

4. PROCUREMENT BY WAY OF WRITTEN QUOTATION

4.1 The methodology for the appointment of contracts under the written quotation process (referred to at paragraph 3.2.1(a)) will be as follows:

- 4.1.1 parameters and pre-selection criteria for the potential appointment, to include, without limitation:
 - (a) evidence that the relevant entity has a sufficiently robust economic and financial standing;
 - (b) demonstration that the relevant entity has the necessary technical and professional ability, capability and capacity to undertake the works/services;
 - (c) evidence of past performance by way of a relevant demonstrable track record; and
 - (d) acceptance by the entity of the contractual terms proposed by the Company Group;
- 4.1.2 request written quotations from a minimum of three (3) independent supplier / contractors who satisfy the criteria specified in paragraph 4.1.1 above; and
- 4.1.3 select the bidder with the highest aggregate score against the selection criteria.

5. TENDER PROCESS

5.1 The methodology for the appointment of contracts under the formal tender process (referred to at paragraph 3.2.1(b)) will be as follows:

- 5.1.1 parameters and pre-selection criteria for the selection questionnaire stage, to include, without limitation:
 - (a) confirmation that none of the mandatory or discretionary exclusion grounds under regulation 57 of the Regulations apply to the relevant applicant (but, for the avoidance of doubt, the Parties acknowledge and agree that the Company Group is not subject to the Regulations);
 - (b) evidence that the relevant entity has a sufficiently robust economic and financial standing;
 - (c) demonstration that the relevant entity has the necessary technical and professional ability, capability and capacity to undertake the works/services;
 - (d) evidence of past performance by way of a relevant demonstrable track record; and
 - (e) acceptance by the entity of the relevant terms and conditions proposed by the Company Group,
- 5.1.2 advertise the opportunity in appropriate trade press and other media to ensure (as far as possible) that a sufficient number of organisations of suitable quality will respond to the tender process to ensure sufficient competitive tension (or, in the case of paragraph of 3.3 above, at least three (3));
- 5.1.3 issue the selection questionnaire via a suitable mechanism;
- 5.1.4 prepare the scope of works or services, tender documents and selection criteria (see below);

- 5.1.5 where possible, down-select to a minimum of three (3) bidders based on the pre-selection criteria set out in the tender documentation (or such number of bidders to ensure sufficient competitive tension);
- 5.1.6 issue tender documents via a suitable mechanism;
- 5.1.7 agree shortlist for interview (being, where possible, a minimum of two (2)), based on selection criteria;
- 5.1.8 conduct post tender interviews to clarify the proposed key personnel, scope of works/services, deliverables and pricing model;
- 5.1.9 following interviews, where possible, reserve the right to require the two (2) bids offering best value (as determined under the stated evaluation criteria) to submit a best and final offer tender;
- 5.1.10 reserve the right to request that a bidder clarify or modify a final tender and will reserve the right to withdraw from the procurement entirely without incurring costs;
- 5.1.11 appoint the best value offer (as determined under the stated evaluation criteria); and
- 5.1.12 offer feedback to the unsuccessful bidders.

SCHEDULE 5

CONFLICTS POLICY

1. INTRODUCTION AND BACKGROUND

- 1.1 This is the Company Group "**Conflicts Policy**" which forms part of the rules and regulations of the Company Group that each Director must comply with as a condition of their appointment.
- 1.2 This Conflicts Policy:-
 - 1.2.1 aims to assist each Director in identifying and recognising conflicts of interest that may impact upon their role as a Director; and
 - 1.2.2 sets out the Company Group's expectations and requirements as to how such conflicts should be managed, in order to ensure best practice in respect of corporate governance.
- 1.3 It is each Director's responsibility to ensure that they have read, understand and are able to comply with this Conflicts Policy.
- 1.4 To assist with this, the company secretary shall periodically arrange training to ensure that each Director is able to identify conflicts of interests and understands the requirements set out herein.

2. STATUTORY REQUIREMENTS AND DECLARATION OF INTERESTS

- 2.1 Under the Companies Act 2006 each director has a duty to:-
 - 2.1.1 act in the way they consider would promote the success of the company; and
 - 2.1.2 avoid situations in which they may have an interest that conflicts with the interests of the company.
- 2.2 The legislation further states that a director will not be in breach of the duty to avoid conflicts where the matter has been authorised by the other directors (provided such authorisation is permitted by the relevant company's articles of association).
- 2.3 The articles of association of each member of the Group (the "**Articles**") state that, provided a conflict of interest has been disclosed and authorised by the other Directors, the conflicted Director shall be allowed to participate in and vote on decisions relating to the conflict matter.
- 2.4 To facilitate this process of authorisation of conflicts the company secretary maintains a "**Conflicts Register**" for each member of the Company Group.
- 2.5 The purpose of the Conflicts Register is to, transparently and comprehensively, record all known interests for each Director.
- 2.6 On appointment each Director is required to declare any roles, positions or other interests they hold in respect of which conflicts may arise (this would include, for example, directorships for other companies or other positions of authority or responsibility on other external bodies).
- 2.7 Any such interests should be declared in writing to the company secretary.
- 2.8 Following the initial disclosure, Directors are required to make a further declaration to the company secretary in the event that there are any required changes to the content of the Conflicts Register (for example they are appointed as a director of a new organisation).
- 2.9 The content of the Conflicts Register shall be approved by the Directors of the relevant Company Group member from time to time. No Director shall be entitled to participate in discussions regarding, or vote in respect of, approval of their own entries into the Conflicts Register.

- 2.10 Directors should note that, although securing authorisation in accordance with this paragraph 2 may, in principle, be sufficient to demonstrate compliance with legislation and the Articles, it does not relieve them of their duty to comply with the remainder of this Conflicts Policy which includes increased obligations in respect of conflicts, in order to ensure best practice in respect of corporate governance throughout the Company Group.

3. IDENTIFYING CONFLICTS

- 3.1 In carrying out the role of a Director for the Company Group, conflicts can arise in a variety of circumstances. Potential categories of conflicts include:-

3.1.1 Personal Conflicts

This includes any situation in which a Director's own personal interests come into conflict with the interests of the Company Group.

Examples of such a conflict matter include:-

Example 1 - a Director is employed by a member of the Company Group. A decision is required to be made by the board in relation to that Director's salary, benefits or bonus entitlement under their employment contract.

Example 2 - a member of the Company Group enters into a supply contract with a company which is owned by the spouse of a Director. The supplier breaches the contract and the board of the Company Group are required to make a decision as to whether or not to bring a claim against the supplier.

In each of the examples above, the Director's own personal interests in the decision could make it very difficult for them to act impartially and truly comply with their duty to act in the best interest of the Company Group.

3.1.2 Conflict of Duties (Third Parties)

This includes situations where a Director's duty to act in the best interests of one entity conflicts or has the potential to conflict with their duty to act in the best interests of the Company Group.

An example of such a conflict matter is set out below:-

Example – a Company Group member is required to make a decision in relation to acquiring new premises. There are two potential sites one of which is owned by a company of which a Director is also an appointed director.

In the example above the relevant Director has a legal duty to act in the best interests of both the Group member and the potential seller. A clear conflict between these duties could easily arise (for example where the other third-party site was more suitable for the Company Group's needs).

It should be highlighted that, where a Director is appointed by more than one Company Group member or where the Director also owes a duty to one of the Councils as a member or employee of the Council, it is equally possible for situations to occur which involve conflicts between these duties. Directors should, therefore, be equally vigilant and alive to potential conflicts of this nature regardless of the fact the arrangements are 'intra-group'.

- 3.2 Whilst the examples given in this paragraph 3 are fairly obvious examples of potential conflicts of interest there may be situations where the conflict is less 'clear cut'.
- 3.3 It is each Director's sole responsibility for identifying where conflicts of interest have arisen or may potentially arise.

- 3.4 Should any Director feel that they are unable to determine whether a matter in question involves a conflict of interest they should disclose the matter to the company secretary and comply with their directions in respect of the issue.

4. PARTICIPATION IN DECISION MAKING

- 4.1 Where a Director has identified that they have or may have a conflict of interest in respect of a situation, transaction or arrangement they have a duty to determine whether they are able to participate in a decision relating to such conflict matter without breaching the duty to act in the best interests of the Company Group.

- 4.2 To assist in making this assessment, the Company Group requires that each Director follows the following steps:-

4.2.1 Step One - the Objective Test

- 4.2.2 The Director should first consider whether the conflict matter in question is one in which their decision making is likely to be significantly impaired. To do so they should consider the following "**Objective Test**":-

- 4.2.3 *'Would an ordinary member of the public, with knowledge of the relevant facts, reasonably conclude that the circumstances are likely to materially prejudice your discussion or decision making?'*

- 4.2.4 If the answer to the above is yes, the Director should ensure that they do not participate in, or influence in any way, any discussions relating to the relevant conflict matter.

- 4.2.5 They must excuse themselves from any Board meeting in which the conflict matter is discussed whilst any such matter is under consideration and must not vote on any Board resolutions relating to the conflict matter.

4.2.6 Step Two – Board Approval

- 4.2.7 If the Director feels in good faith that the relevant matter is one in which they may have a conflict of interest but that such conflict of interest is not one which may *materially* prejudice their input into the decision, they must disclose the interest and the nature of the conflict in full including explaining the reason why they feel that the Objective Test is not satisfied.

- 4.2.8 Such disclosure shall be presented in writing to the other non-conflicted Board members of the relevant Company Group member who shall consider and vote on whether or not to approve such conflict matter. For the avoidance of doubt the conflicted Director shall not be permitted to participate in and/or vote in respect of the decision as to whether to grant such approval.

- 4.2.9 In approving the conflict matter, the Board may permit the conflicted Director to participate in and/or vote in respect of the relevant conflict matter however unless there are exceptional circumstances that require otherwise, the Board should only grant approval for the relevant Director to participate in the discussions and they should not be permitted to vote.

4.2.10 Step Three - Monitor

- 4.2.11 Where Board approval has been granted in respect of the relevant conflict, the Director shall still, at all times, have a duty to continue to monitor the situation. Should any additional grounds arise that change the nature or extent of the conflict, the Director shall endeavour to either withdraw from the discussions relating to the conflict matter entirely and/or make a further disclosure to the Board in line with step two above (as appropriate).

5. CONCLUSION

- 5.1 Each Company Group member committed to achieving best practice in respect of corporate governance and shall continually review and update this policy as necessary.
- 5.2 If any Director has any concerns in relation to their role and or ability to comply with this Conflicts Policy, or feels that complying with this policy impacts their ability to perform their role as a Director, they should promptly contact the company secretary and comply with any directions that they may make.

SCHEDULE 6

FORM OF LOAN NOTE INSTRUMENT AND LOAN NOTE

DATED _____ **20**1

(1) CCR ENERGY LIMITED

LOAN NOTE INSTRUMENT
constituting CJC Loan Notes

Note: This Instrument is subject to the terms of any Intercreditor Agreement and the CJC Governance Policy (as such terms are defined in this Instrument)

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THIS INSTRUMENT is made on

20[]

BY:-

- (1) **CCR ENERGY LIMITED** (company number 13951868) whose registered office is at Aberthaw Power Station, The Leys, Aberthaw, Barry, CF62 4ZW (the "**Company**").

WHEREAS:-

The Company has by shareholder resolution passed on or about the date of this Instrument, resolved to constitute £[] CJC Loan notes.

IT IS AGREED as follows:-

1. **INSTRUMENT**

This Instrument constitutes the Loan Notes (as defined below).

2. **INTERPRETATION**

2.1 In this Instrument:-

"Act"	means the Companies Act 2006
"Business Day"	means a day (other than a Saturday or Sunday) on which banks are open for general business in London
"CJC"	means the South East Wales Corporate Joint Committee established pursuant to the Local Government and Elections (Wales) Act 2021
"CJC Governance Policy"	means the CJC governance policy relating to the governance, operation and management of the Company which has been adopted by the Company and the CJC
"Conditions"	means the Conditions set out in Schedule 2 and the word " Condition " followed by a number refers to the Conditions so numbered
"Event of Default"	means any event of circumstance specified as such in Condition 5 (<i>Events of Default</i>)
"Instrument"	means this instrument (including the Conditions and the Schedules)
"Intercreditor Agreement"	means any deed or agreement entered into from time to time by the Company and its creditors whereby the priority of debt and any supporting Security is regulated
"Interest Date"	means the date of this Instrument and thereafter 31 March, 30 June, 30 September and 31 December in each year and, if it is not a Business Day, the relevant Interest Date shall be the immediately preceding Business Day and the last Interest Date shall be the date on which the last outstanding Loan Note is repaid and/or cancelled
"Interest Period"	means any period from but excluding one Interest Date to and including the next Interest Date

"Interest Rate"	means [] ([]) per cent per annum or such other rate of interest per annum as may be agreed from time to time between the Company and the CJC as applying to the Loan Notes
"Loan Notes"	means the "CJC Loan Notes" constituted by this Instrument and to be issued as outstanding from time to time, and "Loan Note" means any of them
"Noteholder Resolution"	means a written resolution signed by all Noteholders
"Noteholder"	means each person whose name is for the time being entered in the Register as the holder of the Loan Notes
"Board"	means the board of the Company from time to time
"Principal Amount"	means the principal amount of the Loan Notes outstanding from time to time
"Register"	means the register of the Loan Notes to be maintained under paragraph 1 of Schedule 3
"Security"	means a mortgage, charge, pledge, lien or other security interest securing any obligation of any person or any other Governance Policy or arrangement having a similar effect
"Security Agreement"	means the security agreement dated 1 March 2023 granted by the Company in favour of the County Council and City of Cardiff (which has or will be assigned to the CJC)
"Security Agreement"	means:- <ul style="list-style-type: none"> (a) the Security Agreement (b) any other agreement, deed, instrument or other document creating Security in favour of a Noteholder in support of the Company's obligations under this Instrument
"tax"	means any present and future tax, levy, impost, deduction, withholding, duty or other charge of a similar nature (including, without limitation, any penalty or interest payable in connection with any failure to pay or any delay in paying any of the same)

2.2 In this Instrument, reference to:-

- 2.2.1 a Clause or "Schedule" is a reference to a clause of or schedule to this Instrument;
- 2.2.2 a statutory provision includes a reference to that provision as modified, replaced, amended and/or re-enacted from time to time (before or after the date of this Instrument), any statute, statutory provision or subordinate legislation which it amends or re-enacts and any prior or subsequent subordinate legislation made under it;
- 2.2.3 any gender includes a reference to the other genders;
- 2.2.4 a **"person"** includes a reference to an individual, partnership, unincorporated association, body corporate, government, state or agency of a state, local or municipal authority or government body or any joint venture wherever incorporated or situate (in each case

whether or not having separate legal personality) and includes a reference to that person's legal personal representatives, transferees and successors;

- 2.2.5 **"body corporate"** has the meaning set out in section 1173 of the Act;
- 2.2.6 **"company"** shall be construed so as to include any company, corporation or other body corporate wherever and however incorporated or established;
- 2.2.7 a **"connected person"** is a reference to a person connected with another within the meaning of section 1122 Corporation Tax Act 2010;
- 2.2.8 something being **"in writing"** or **"written"** shall include a reference to that thing being produced by any legible and non-transitory substitute for writing (excluding in electronic form as defined in section 1168 of the Act);
- 2.2.9 a time of day is to London time prevailing on the relevant day;
- 2.2.10 a **"day"** (including within the phrase **"Business Day"**) shall mean a period of 24 hours running from midnight to midnight;
- 2.2.11 any other document referred to in this Instrument is a reference to that other document as amended, varied, novated, restated or supplemented (other than in breach of the provisions of this Instrument) at any time; and
- 2.2.12 any English legal term for any action, remedy, method of judicial proceeding, legal document, legal status, court, official or any legal concept or thing shall in respect of any jurisdiction other than England be treated as a reference to any analogous term in that jurisdiction.

2.3 An Event of Default is **"continuing"** if it has not been remedied or waived.

2.4 The schedules form part of this Instrument and shall be interpreted and construed as though they were set out in this Instrument.

2.5 The headings to the Clauses, Schedules and paragraphs of the Schedules are for convenience only and shall not affect the interpretation or construction of this Instrument.

2.6 The terms of this Instrument are subject to the terms of any Intercreditor Agreement and the CJC Governance Policy. If there is any conflict between the terms of this Instrument and the terms of the Intercreditor Agreement or the CJC Governance Policy, the terms of the Intercreditor Agreement or the CJC Governance Policy (as appropriate) shall prevail.

3. **PRINCIPAL AMOUNT**

The Loan Notes shall be issued in denominations or multiples of one pound sterling in nominal amount. Each outstanding Loan Note is held on and subject to the provisions of this Instrument. The Company shall repay the Loan Notes in accordance with the Conditions.

4. **INTEREST**

Company shall pay each Noteholder interest on the Principal Amount of the Loan Notes in accordance with the Conditions.

5. **RANKING**

The Loan Notes and all interest due on them shall rank equally and rateably without any discrimination or preference between them as direct unconditional secured obligations of the Company.

6. **PAYMENTS**

Any monies payable on or in respect of any Loan Note shall be paid in such manner and in such place within the United Kingdom as each Noteholder shall reasonably direct and, if no such direction is given to the Company in writing at least 10 Business Days prior to the relevant payment date, may be paid by crossed cheque or warrant sent through the post to the registered address of the Noteholder or to such person at such address as that Noteholder may in writing direct. Every such cheque or warrant shall be made payable to the person to whom it is sent or to such person or persons as the Noteholder may in writing direct and payment of the cheque or warrant shall be satisfaction of the monies represented by it. Every such cheque or warrant shall be sent at the risk of the person entitled to the monies represented by it.

7. **CERTIFICATES**

The Company shall issue to each Noteholder a certificate, executed by the Company as a deed, for each Loan Note held by it. Each certificate shall be substantially in the form set out in Schedule 1 and shall bear a denoting number, have the Conditions endorsed on it and note the site, property or matter to which it relates.

8. **CONDITIONS**

Each Loan Note shall be held subject to the Conditions and the provisions of this Instrument, which shall be binding on the Company and the Noteholders.

9. **NOTICE OF EVENT OF DEFAULT**

The Company shall give notice to the Noteholder upon its becoming aware that an Event of Default has occurred.

10. **CONDITIONS AND SCHEDULES**

The Company shall at all times observe and perform the Conditions and the provisions set out in Schedule 3.

11. **SECURITY**

The Company has created Security in favour of each Noteholder on the terms set out in the Security Governance Agreements in order to secure the obligations of the Company under this Instrument.

12. **INVESTMENT EXCHANGE**

No application shall be made to any investment exchange (whether recognised or not) for permission to deal in or for an official or other listing or quotation in respect of any of the Loan Notes.

13. **NOTICES**

13.1 Any notice or other communication pursuant to, or in connection with, this Instrument shall be in writing in the English language and delivered by hand or sent by first class pre-paid recorded delivery post in accordance with this Clause 13.

13.2 Any notice or demand under the Loan Notes to or upon the Company shall be deemed to have been properly served if it has been delivered or sent by letter posted to the Company at its registered office.

13.3 Any notice or other document may be given or sent to a Noteholder by sending it to (if they have a registered address in the United Kingdom) their registered address or (if they have no registered address within the United Kingdom) the address (if any) within the United Kingdom supplied by them to the Company for the giving of notice to them or to their registered address.

13.4 Subject to Clause 13.5, any notice or other communication shall be deemed to have been served:-

13.4.1 if delivered by hand, at the time of delivery; and

13.4.2 if sent by pre-paid first class recorded delivery post (other than air mail), two days after posting it.

13.5 If a notice or other communication is given or deemed given at a time or on a date which is not a Business Day, it shall be deemed to have been given on the next Business Day.

13.6 To prove service of a notice or other communication, in the case of a notice or other communication delivered by post, the envelope containing the notice or other communication was properly addressed and posted.

14. INVALIDITY

If any provision of this Instrument is held to be unenforceable or illegal, in whole or in part, such provision or part shall to that extent be deemed not to form part of this Instrument but the enforceability of the remainder of this Instrument shall remain unaffected.

15. VARIATION

Subject to the terms of the Intercreditor Agreement, the provisions of this Instrument and the Loan Notes may be varied or modified with the sanction of all Noteholders.

16. GOVERNING LAW AND JURISDICTION

16.1 This Instrument and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes and claims) are governed by, and shall be construed in accordance with the laws of England and Wales.

16.2 The Company submits for the benefit of each Noteholder to the exclusive jurisdiction of the courts of England and Wales in relation to any matter, dispute or claim arising out of or in connection with this Instrument, its implementation or effect or in relation to its existence or validity (including non-contractual disputes or claims).

This Instrument has been executed and delivered as a deed by the Company on the date set out on page 1.

CERTIFICATE

£ []

Note Number []

Issued on []

CCR ENERGY LIMITED

(registered number 13951868) (the "**Company**")

Created and issued pursuant to a resolution of the [Board][the Shareholder] passed on []

THIS IS TO CERTIFY THAT the undermentioned is the registered holder of the amount set out below of the [] CJC Loan Notes constituted by an instrument created by the Company on [] (the "**Instrument**") and issued with the benefit of and subject to the provisions contained in the Instrument.

Name and Address of Holder

Amount of Loan Note

[CJC]

[]

1. The Loan Notes evidenced by this certificate relate to the funding of the following site, property or matter:
[]
2. Each Loan Note is payable in accordance with the Instrument.
3. Any change of address of a Noteholder must be notified in writing signed by the Noteholder to the Company at the registered office of the Company from time to time.
4. A copy of the Instrument constituting the Loan Notes is available for inspection at the registered office of the Company.
5. Words and expressions defined in the Instrument shall have the same meanings when used herein.
6. The Loan Notes, and the rights attaching to them, are subject to the terms of the Instrument, the Intercreditor Agreement and the CJC Governance Policy .

Dated:- []

Executed and delivered as a deed by **CCR ENERGY LIMITED** acting by a director, in the presence of:

.....
	Director

Name of Witness
-----------------	-------

Address of Witness
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Occupation of Witness
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SCHEDULE 2

CONDITIONS

1. REPAYMENT

- 1.1 Unless previously purchased or repaid under the provisions of the CJC Governance Policy or the following Conditions, the Loan Notes shall be repaid together with all interest accrued (less any tax which the Company is required by law to deduct or withhold from such interest payment) and not previously paid on such Loan Notes ("**Unpaid Interest**") upon the earlier of:

1.1.1 **[Note: Repayment date/long stop etc to the specified]**; and/or

1.1.2 in accordance with clause 7 (*Receipts and Profits*) of the CJC Governance Policy and any Intercreditor Governance Policy

any such event being a repayment date (the "**Repayment Date**").

- 1.2 On the Repayment Date, each Noteholder shall be paid the Principal Amount and the Unpaid Interest in full.
- 1.3 If the Repayment Date is not a Business Day, such repayment shall be made on the next Business Day in the same calendar month (if there is one) or the preceding Business Day (if there is not).

2. PREPAYMENT

Subject to the provisions of the CJC Governance Policy, any Intercreditor Agreement and the prior written approval of all Noteholders, the Company may, at any time after the date of this Instrument, upon not less than 10 Business Days' prior written notice to the Noteholder (or such other notice period as agreed by the Company and the Noteholders) prepay the Principal Amount in whole or in part (but if in part in an amount of £1 or an integral multiple thereof) without penalty but any prepayment under this Condition 2 shall be made together with all interest accrued and not previously paid on such Principal Amount.

3. CANCELLATION

Loan Notes paid off or purchased by the Company shall be cancelled and shall not be capable of reissue or be reissued.

4. INTEREST

- 4.1 From the date of issue of any Loan Note until the date of its repayment, interest shall accrue daily on that Loan Note at the Interest Rate on the basis of a 365-day year (366 days in the case of a leap year) and the actual number of days elapsed in the relevant Interest Period.
- 4.2 Interest shall be paid in accordance with the terms of the CJC Governance Policy and all outstanding interest accrued at the end of each Interest Period will be compounded and added to the Principal Amount on the last day of such Interest Period and for the avoidance of doubt, will be payable on redemption of the Loan Notes in accordance with Condition 1.1 (*Repayment*) above.
- 4.3 If and so long as any tax is required by law to be deducted from any interest payable on the Loan Notes, the Company shall deliver to each Noteholder within 10 Business Days after payment of any such interest a certificate as to the gross amount of such interest and the amount of tax deducted.

- 4.4 If the Company fails to pay any amount payable by it under this Instrument or in connection with the Loan Notes on its due date, interest shall accrue on the overdue amount from the due date up to the date of actual payment (both before and after judgement) at a rate which is equal to the aggregate of (a) the Interest Rate and (b) 2 per cent per annum. Any interest accruing under this Condition 4.4 shall be immediately payable by the Company on demand by the Noteholder.

5. **EVENTS OF DEFAULT**

- 5.1 Each of the events or circumstances set out in this Condition 5.1 is an Event of Default:

5.1.1 ***[Note: Events of default to be identified]***

- 5.2 On and at any time after the occurrence of an Event of Default which is continuing, the Noteholders may by Noteholder Resolution and by notice to the Company declare that all Loan Notes, together with all accrued interest, and all other amounts outstanding under the Loan Notes or this Instrument shall, subject to the terms of the CJC Governance Policy and any Intercreditor Agreement, be immediately due and payable, at which time they shall become immediately due and payable by the Company.

- 5.3 The Company shall indemnify each Noteholder on demand against any loss, liability or expense which that Noteholder may reasonably sustain or incur as a consequence of making such demand or as a consequence of non-performance by the Company of any obligation under this Instrument.

- 5.4 No delay or omission on the part of the Noteholders in exercising any right or power in accordance with this Condition 5 (*Events of Default*) shall impair such right or power, and any single or partial exercise thereof shall not preclude any other or further exercise thereof or the exercise of any other right, power or remedy of the Noteholders under this Instrument.

6. **CJC GOVERNANCE POLICY AND INTERCREDITOR AGREEMENT**

Notwithstanding anything in the Instrument to the contrary:-

- 6.1 no payment of interest or other distribution in relation to the Loan Notes; and
- 6.2 no repayment or prepayment of the Principal Amount or any other payment in relation to the Loan Notes;

shall be made if it would constitute a breach of any of the terms of the CJC Governance Policy or any Intercreditor Agreement **PROVIDED THAT** this Condition shall not operate to supersede any provisions of the Instrument which specify the consequence of non payment of any such sum to the extent that such consequences do not constitute a breach of the CJC Governance Policy or any Intercreditor Agreement.

SCHEDULE 3

REGISTER AND TRANSFERS

1. REGISTER

1.1 The Register shall be kept by the Company at its registered office and there shall be entered in it in respect of each Loan Note:-

- 1.1.1 the name and address of each holder of a Loan Note;
- 1.1.2 the date upon which each holder came into possession of the relevant Loan Note;
- 1.1.3 the principal amount due on each Loan Note on issue;
- 1.1.4 the aggregate amount of compounded interest accrued on each Loan Note (such amount to be updated within five Business Days after the end of each Interest Period); and
- 1.1.5 the dates on which any parts of such principal are repaid.

1.2 Upon any change of address of a Noteholder being notified to the Company, the Register shall be altered accordingly. The Noteholders or any person authorised by a Noteholder shall be at liberty at all reasonable times to inspect, copy and take extracts from the Register.

1.3 The Register shall, in the absence of manifest error, gross negligence or wilful misconduct, be conclusive and binding on all parties.

2. ABSOLUTE OWNER

Except as required by law, the Company will recognise the registered holder of each Loan Note as its absolute owner and shall not be bound to take notice or see to the execution of any trust (whether express, implied or constructive) to which the Loan Note may be subject and the receipt of the Noteholder for the interest from time to time accruing due in respect of the Loan Note or for any other monies payable in respect of it shall be a good discharge to the Company notwithstanding any notice it may have (whether express or otherwise) of the right, title, interest or claim of any other person to or in the Loan Notes, interest or monies. No notice of any trust (express, implied or constructive) shall be entered on the Register in respect of the Loan Notes or any of them.

3. TRANSFER

3.1 The Noteholders may transfer the Loan Notes to a third party.

3.2 Any transfer of Loan Notes in accordance with the provisions of this paragraph 3 (*Transfer*) shall be effected by an instrument in writing in any usual or common form or in any other form approved by the Board. Every such instrument of transfer shall be signed by the transferor and the transferor shall be deemed to remain the owner of, and the Noteholder in respect of, such Loan Notes until the name of the transferee(s) is/are entered in the Register in respect thereof.

3.3 Every instrument of transfer (duly stamped if so required) must be left at the registered office of the Company for registration accompanied by the certificate for the Loan Notes to be transferred (or in the case of a lost certificate an indemnity in respect thereof or such other evidence as the Board may reasonably require to procure the title of the transferor or his right to transfer the Loan Notes) and the Company shall, promptly thereafter, register such transfer and enter the relevant transferee as the holder of the

Loan Notes in the Register. All instruments of transfer which are registered shall be retained by the Company.

4. DEFACED LOAN NOTE

If any certificate representing a Loan Note shall be worn out or defaced it may be surrendered to the Board, who shall cancel it and issue a replacement. If any certificate representing a Loan Note has been lost or destroyed then, provided the Noteholder complies with such terms as to evidence and indemnity and the payment of out-of-pocket expenses of the Company in investigating the evidence as the Board may deem adequate, a new certificate in lieu of the lost or destroyed one may be issued to the Noteholder. An entry as to the issue of the new certificate, and a note of the indemnity (if any), shall be made in the Register.

5. MODIFICATION OF RIGHTS AND NOTEHOLDER RESOLUTION

5.1 Subject to the terms of the CJC Governance Policy and any Intercreditor Agreement, the provisions of this Instrument (including the Conditions) and all or any of the rights for the time being attached to the Loan Notes (including without limitation the release of the Company from or postponement or variation of its obligations as to payment of the principal and other monies payable pursuant to the Loan Notes) may from time to time be modified or abrogated by the Company with the sanction of a Noteholder Resolution.

5.2 The Noteholders shall, in addition to all other powers, have the following powers exercisable by Noteholder Resolution:

5.2.1 power to sanction any scheme for the reconstruction, consolidation, amalgamation, or merger of the Company;

5.2.2 power to sanction the exchange of the Loan Notes for or the conversion of the Loan Notes into shares, stock, debentures, debenture stock or other obligations or securities of the Company or any other company formed or to be formed;

5.2.3 power to sanction the release of the Company from the payment of all or any part of the principal sums owing upon the Loan Notes and other moneys payable in respect of the Loan Notes;

5.2.4 power to sanction any modification or compromise or release of the rights of the Noteholders against the Company proposed or agreed to by the Company;

5.2.5 power to assent to any modification of the Conditions to the Loan Notes proposed or agreed to by the Company; and

5.2.6 power to enforce the Security Agreements.

INSTRUMENT EXECUTION PAGE

Executed and delivered as a deed by **CCR
ENERGY LIMITED** acting by a director, in the
presence of:

.....

.....

Director

Name of Witness

.....

Address of Witness

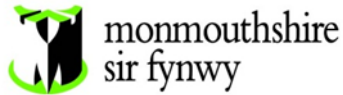
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Occupation of Witness

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SUBJECT:	Annual Safeguarding Evaluation Report 2024/25 (Self-Assessment)
MEETING:	Full Council
DATE:	4th December 2025
DIVISION/WARDS AFFECTED:	All

1. PURPOSE:

The purpose of this report is:

- To evaluate the progress of Monmouthshire County Council's key safeguarding priorities during 2024 / 2025 through self-assessment, highlighting progress, identifying risks and setting out actions and priorities for 2025 – 2026.
- To inform Members about the effectiveness of safeguarding in Monmouthshire and the work that is in progress to support the Council's aims in protecting children and adults at risk from harm and abuse.
- To inform Members about the progress made towards meeting the standards in the Council's Corporate Safeguarding Policy approved by Council in July 2017, amended July 2022 and January 2024.

2. RECOMMENDATIONS:

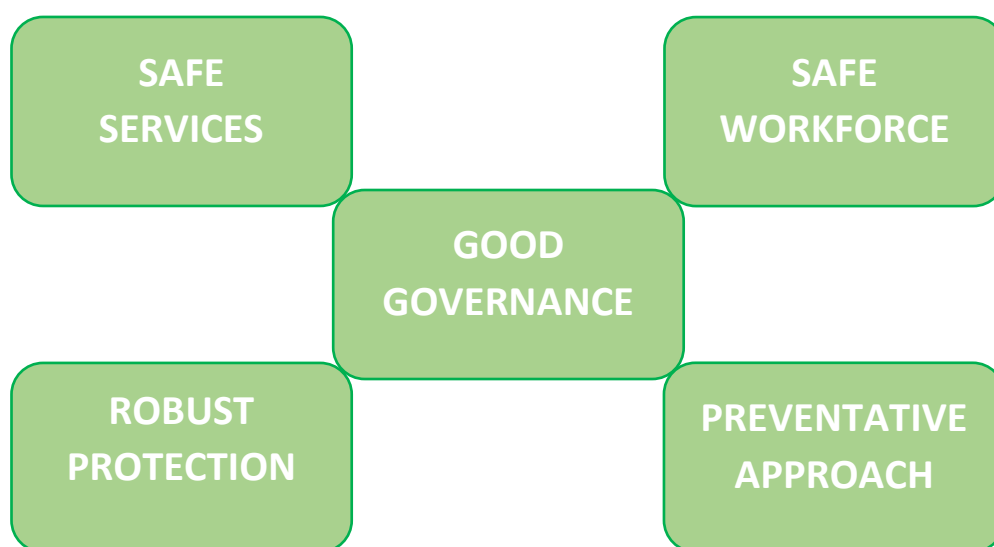
- For Council to receive and endorse the Annual Safeguarding Report 2024 /2025.
- That Council tasks the Strategic Director for Social Care, Safeguarding and Health to maintain focus on the priority actions as set out in the Whole Authority Safeguarding Action Plan.

3. KEY ISSUES:

- 3.1 Monmouthshire County Council's Corporate Safeguarding Policy, which covers duties for both children and adults at risk in line with the Social Services and Wellbeing [Wales] Act [2014] and Wales Safeguarding Procedures, underpins this evaluation report. The analysis reflects progress against priority areas set out within the policy and the previous year's action plan and forms an integral part of the continual development of Safeguarding practice across the Council.
- 3.2 This period (April 2024- March 2025) has seen ongoing demand pressures across services and within partner agencies. Nevertheless, safeguarding has remained a foremost priority. The Council's commitment to safeguarding is evident through its reviews of policies, updated training, the preventative and

proactive approach to emerging issues and effective collaboration with regional partners.

- 3.3 Safeguarding practice across the council continues to evolve and develop as services change and as new safeguarding challenges and trends emerge. Each directorate is required to undertake their own self-assessment through completing a SAFE [Safeguarding Assessment Framework for Evaluation] and there are plans to enhance this process through digitalization. The report sets out updated information regarding core safeguarding practice in the sections covering 'robust protection' and 'safe workforce', as well as the array of wider council services that contribute to ensuring the wellbeing and safeguarding of residents in the section on the 'preventative approach'.
- 3.4 Areas for specific focus over the year ahead include ensuring that we progress with the implementation of the National Training Standards across the Council; complete the digitalization of the SAFEs; contribute to regional development of practice related to 'managing practitioner concerns' and continuing to use data and develop good practice around emerging themes. Priority actions are continued within the Action Plan which is implemented by the Safeguarding Unit and overseen by WASG.
- 3.5 As in previous years, the report is constructed around 5 pillars of safeguarding. Each section offers a statement of "what good looks like" which is agreed within the Whole Authority Safeguarding Group [WASG] based on experience, professional judgement, and recognised good practice.



- 3.6 The corporate scoring framework is used to provide an overall judgement of effectiveness between 1 [major weaknesses] and 6 [excellent / outstanding]. The self-assessment score is agreed by the Whole Authority Safeguarding Group [WASG] through critical challenge and on the basis of evidence reviewed

to date. This year, the self-assessed scores remained the same as the previous year, aside from a half-point uplift for 'preventative approaches'.

3.7 To balance the self-assessment process the WASG triangulates data and evidence through drawing on a number of sources of information including:

- (1) National checkpoint data and local dashboard data.
- (2) Specific Inspections including Monmouthshire County Council Performance Evaluation Inspection Children's Services (Feb 2024) and Improvement Check visit to Monmouthshire County Council adult services (April 2025)
- (3) Progress against the Action Plan set following Care Inspectorate Wales Inspection of Children Services Feb 24
- (4) Service led performance data within Children and Adults Safeguarding Teams
- (5) Regional safeguarding data via the Safeguarding Board (which helps to track trends and highlight issues / benchmark against regional data)
- (6) Quarterly Safeguarding reports produced by Independent Reviewing Officers.
- (7) Information arising from Internal Audit

3.8 The current self-assessment is set out below:

SELF ASSESSMENT SCORES:

CORNERSTONE	April – September 2017	October 2017 – March 2018	April 2018 – March 2019	April 2019 – March 2020	April 2020 – March 2021	April 2021 – March 2022	April 2022 – March 2023	April 2023 – March 2024	April 2024 – March 2025
GOOD GOVERNANCE	4	5	5	5	5	5	5	5	5
SAFE WORKFORCE	3	4	3	3	4	4	4	4	4
PREVENTATIVE APPROACH	3	4	4	4	5	4	4	4/5	5
ROBUST PROTECTION	4	4	4	3	3	4	4	5	5
SAFE SERVICES	2	3	3	3	4	4	4	4	4

3.9 THE CORPORATE EVALUATION FRAMEWORK:

The evaluation score from 1-6	The evaluative context
Level 6: Excellent	Excellent or outstanding
Level 5: Very Good	Good Major strengths
Level 4: Good	Important strengths with some areas for improvement
Level 3: Adequate	Strengths just outweigh weaknesses
Level 2: Weak	Important weaknesses
Level 1: Unsatisfactory	Major weakness

4. OPTIONS APPRAISAL:

Not applicable to this report

5. EVALUATION CRITERIA

Safeguarding progress is reported on an annual basis to full Council.

6. REASONS:

Safeguarding vulnerable people is central to the Council and requires strong leadership and governance. An evaluation of Safeguarding within Monmouthshire County Council is, therefore, reported to the Council on an annual basis.

7. RESOURCE IMPLICATIONS:

There are no new resource implications to this report.

8. WELLBEING OF FUTURE GENERATIONS IMPLICATIONS [INCORPORATING EQUALITIES, SUSTAINABILITY, SAFEGUARDING AND CORPORATE PARENTING]:

This report is critically concerned with the effectiveness of Safe/guarding in Monmouthshire County Council.

9. CONSULTEES:

- Members of the Whole Authority Safeguarding Group [WASG]
- Chief Officer for Social Care, Safeguarding and Health

The draft report was presented to Performance & Overview Committee on 23rd September 2025. In light of the discussion and feedback received the report has been updated as follows:

- The categories for Professional Concerns Meetings described as "other" and "inappropriate conduct" have been further clarified in the report.
- Additional context is provided regarding the introduction of Harmful Sexual Behaviour [HSB] meetings.
- We have adjusted the report to better reflect the local position from the Youth Offending Service [YOS] and Education regarding the risk of knife crime/carrying of weapons.
- The cover report makes reference to the self-assessed nature of the evaluation.

10. BACKGROUND PAPERS:

Corporate Safeguarding Policy

11. AUTHOR:

Head of Children's Services – Diane Corrister

Safeguarding and Early Help Service Manager – Jess Scarisbrick

12. CONTACT DETAILS:

dianecorrister@monmouthshire.gov.uk

jessicascarisbrick@monmouthshire.gov.uk

SAFEGUARDING PROPOSED ACTIVITY PLAN [2025 – 2026]:

ACTION	RESPONSIBILITY	TIMEFRAME
GOOD GOVERNANCE		
Regional SAFE digital roll out to commence, with all Directorates to complete/update their respective SAFEs on a quarterly basis. Safeguarding to review / audit SAFEs during this two-year period.	Directorate Leads Safeguarding Unit	March 2027
Core Data set to continually be reviewed and include Harmful Sexual Behaviour [HSB].	Safeguarding Unit WASG	Ongoing
SAFE WORKFORCE		
National Safeguarding Training Standards [role specific training] to be implemented to ensure full compliance across the Council.	Gwent Safeguarding Board Corporate Training Team Workforce Development Team	Ongoing
Continue to implement the Violence Against Women and Domestic Abuse and Sexual Violence Learning and Development Framework, to increase the accessibility across the Council.	Workforce Development Team	March 2026
Review and exploration of PCM data to explore themes and trends and form part of quality assuring the PCM process within Gwent. This will incorporate any amendments to the Section 5 PCM	Quality Assurance sub-group GSB	March 2026

process identified as part of the Welsh Government Consultation period; and will consider a complaints process and future training programmes.	Safeguarding Unit	
Micro Care Team to review the effectiveness of the recruitment process of Micro Carers and the review of those individuals once employed.	Micro Care Team All Age Disability and Mental Health Service Manager	March 2026
PREVENTATIVE APPROACH		
Expand the knowledge and understanding of the PREVENT and CHANEL Panel across the Council; and the Safeguarding Unit to be a standing Panel member	Safeguarding Unit PREVENT and CHANEL Panel members	March 2026
Continue to support the VAWDASV regional strategic plan	GSB Community Safety Leads Safeguarding Unit	March 2026
Continue to record and produce HSB data to review thresholds, safeguards and any themes. This to include data from partner agencies including YOS	Safeguarding Unit YOS	March 2026
Full review of the Out of Hours Service	Residential Service Manager	March 2026
ROBUST PROTECTION		
Ongoing review of the Safeguarding Hub and attendees present; to include the implementation of the All-Wales Referral Form.	Safeguarding Unit EHAT	Ongoing

	Partner Agencies	
Continuation of implementation of 'Keeping Children Safe' and plans for review and refresher courses.	Safeguarding Unit Workforce Development Team	Ongoing
Children Services Workshops to continue to be delivered with replicated workshops to be established within Adult Services.	Safeguarding Unit Workforce Development Team	Ongoing
SAFE SERVICES		
Review of effectiveness of Strike process especially with adult cases.	Community Safety Team	March 2026
PTU to commission a trainer to deliver Safeguarding Training to ensure ongoing compliance	Passenger Transport Unit	March 2026

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THE EVALUATION:

1. GOOD GOVERNANCE

SELF-ASSESSED SCORE = 5

WHAT DOES GOOD LOOK LIKE?

In Monmouthshire County Council we ensure that safeguarding for children and adults at risk is understood as “everyone’s responsibility”. With strong leadership there is a continuous focus on embedding safeguarding culturally across all parts of the Council at a “hearts and minds” level. Safeguarding is supported by robust policies and operating procedures which are embedded within all settings and services. We work effectively with the Gwent Safeguarding Board to ensure good alignment and maximise our resources.

PROGRESS AND KEY STRENGTHS:

The chief officer ensures that live safeguarding issues are raised with leaders in the council through SLT and Cabinet. There are weekly meetings between the Chief Officer and the Cabinet Member for Social Care, Safeguarding and Accessible Health Services. The Chief Officer and the Head of Children’s Services meet with the Leader of the Council bi-monthly to ensure safeguarding issues, and risks and trends are discussed or escalated as required.

The role of the Scrutiny Committee within Monmouthshire County Council provides an additional layer of governance in relation to safeguarding across the Council. The Performance & Overview Committee scrutinises the Council’s performance in delivering corporate objectives outlined in its corporate plan. The committee scrutinises the annual safeguarding evaluation report prior to its presentation at Full Council.

SAFEGUARDING AUDIT FRAMEWORK EVALUATION [SAFE]:

- The SAFE programme has been completed for the 2023-2025 cycle. This ensures that all directorates have the opportunity to conduct a structured assessment of safeguarding practice within individual service areas.
- A programme of supporting Directorates to become more autonomous in managing safeguarding in their area has been facilitated by the Safeguarding Unit and the Directorate Safeguarding Leads. This has supported the development of a digital platform for the access to and safe storage of the SAFES’s allowing wider oversight of issues and compliance by Senior Management and the Safeguarding Unit. A programme of audits has been drawn up to support Quality Assurance over the next 2-year period

SAFEGUARDING CORPORATE POLICY:

- The Safeguarding Corporate Policy was reviewed in January 2024 and subsequently updated to include the Modern-Day Slavery statement, which was endorsed by the Whole Authority Safeguarding Group [WASG] in April 2025. We will continue to review the Safeguarding Corporate Policy on a two-yearly basis or as required.

GWENT SAFEGUARDING BOARD [GSB]:

- There remains strong links between the Gwent Safeguarding Boards and The Safeguarding Unit, with key members representing Monmouthshire on all Subgroups. The Chief Officer, Jane Rodgers, co-chairs the Board and Head of Service, Diane Corrister represents Monmouthshire on the Board and on the Case Review Group.
- The Gwent Safeguarding Board continues to provide oversight and accountability for all partner agencies in ensuring effective safeguarding across the region. The board leads on regional projects such as the Child Sexual Abuse action plan, implementation of the National Training Standards and the development of regional safeguarding procedures.

WHOLE AUTHORITY SAFEGUARDING GROUP [WASG]:

- WASG has continued to meet on a bi-monthly basis to ensure Directorate Leads are appraised of Safeguarding developments. The Core Data Set for whole authority safeguarding has been reviewed and updated to include Commissioning and Adult Safeguarding, and there are plans to include Harmful Sexual Behaviour [HSB]. This allows WASG members to interrogate safeguarding activity and outcomes through a data lens.

CARE INSPECTORATE WALES ACTION PLAN [Children Services April 24-March25]:

- Feedback from the Care Inspectorate Wales [CIW] Inspection [February 2024] was provided to WASG members; progress against the Action Plan was subsequently presented to WASG on 10 September 2024 for oversight. The Action Plan has been fully implemented with compliance to the statutory timescales for visits to children on the Child Protection Register, and the timescales for Initial Conferences now well above the National averages. There is improved oversight and analysis of data via the Children Services Data Management Clinic [DMC], which reviews the statutory obligations of the Wales Safeguarding Procedures and levels of compliance. Issues of demand impacting practice quality have been managed via more a more robust Quality Assurance Framework.

ANALYSIS

Despite the ongoing financial pressures, and changes in Directorate Lead Officers, Monmouthshire County Council has maintained strong safeguarding practices. This has been facilitated in part by key appointments to the Safeguarding Unit making it more robust, and a year-on-year improvement in Quality Assurance and reporting mechanisms. The move to increase Directorate autonomy in managing their own safeguarding through the SAFES is positive and reinforces that safeguarding is everybody's business. Oversight and support will be facilitated via the digital platform by the Safeguarding Unit. The Council's commitment to safeguarding is evident through its reviews of policies, updated training, and effective collaboration with regional partners demonstrating that Safeguarding practice across the council continues to evolve and develop meeting the challenges and trends as they emerge.

2. SAFE WORKFORCE

SELF-ASSESSED SCORE = 4

WHAT DOES GOOD LOOK LIKE?

We ensure that safe recruitment and human resource practices operate effectively and are embedded across the Council for the whole workforce [paid and unpaid]. We ensure that individuals working with children and adults at risk are suitable for the role they are employed to do and are focused on outcomes for people. The whole workforce is clear about their duty to report concerns and to keep children and adults at risk safe.

PROGRESS AND KEY STRENGTHS:

SAFE RECRUITMENT:

- A new digital platform was introduced in January 2025 [Talentlink] to encompass recruitment for the Council. Talentlink has been configured to assist compliance with the Safeguarding Policy in relation to safer recruitment, which include the mechanisms to ensure staff requiring DBS or Risk Assessments are managed effectively.
- New Services which have been developed including Micro Carers and Children's Residential Care Home Staff have all worked within the Monmouthshire Safe Recruitment Processes.

SAFEGUARDING TRAINING:

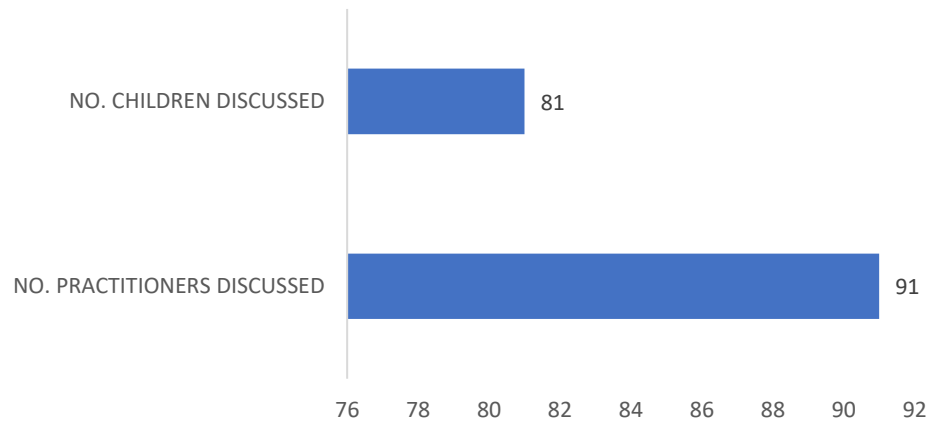
- Following the full implementation of Thingi [the council's digital learning platform] and the National Safeguarding Training Standards, a working group was set up to assign each job role across the Council to the appropriate safeguarding training group. MCC Workforce Development have successfully completed this exercise for the Social Care and Health Directorate and are now supporting the Corporate Organisation Training Team to achieve this for the rest of the workforce in partnership with the Safeguarding Unit.
- Every staff member in the Council will need to undertake the Social Care Wales National **Group A** training, which is a digital learning course embedded into Thingi. Both Corporate Organisation Training and Workforce Development Team are continuously reviewing the completion of this online module to ensure the Council are compliant in this mandatory training for staff.
- Monmouthshire have adopted Social Care Wales National **Group B** training package. The Social Care Workforce Development Team will be rolling out monthly training sessions for the Social Care and Health workforce and the relevant partners. There are further plans for a Train the Trainer approach within the rest of the authority to ensure those who require Group B training can access it.
- Pilot courses for **Group C** for both Adult and Children's Services are underway via the Regional Safeguarding Board. A Train the Trainer event to deliver Group C training was scheduled and went ahead in June 2025. Enquiries are being made with all organisations whether there are any staff who would want to support the delivery of the training on behalf of the Board.
- In the absence of a standardised training package there has been ongoing collaboration at national and regional levels to identify learning and development

opportunities that meet **Group D, E and F** [Elected Members and School Governors] ensuring learning for practitioners within these groups is relevant to their individual roles.

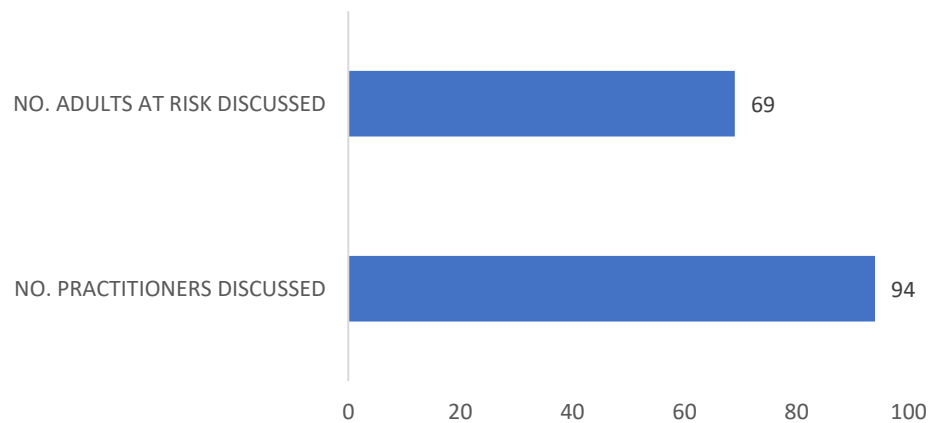
PRACITITONER CONCERNS / ALLEGATIONS AGAINST THOSE IN A POSITION OF TRUST (PCM):

- The Safeguarding Unit has overall responsibility for the management of the PCM process in line with the Wales Safeguarding Procedures. This year there has been an increase in referrals related to both Adult and Children safeguarding. Within Childrens Service, there has been a 34% increase in cases compared to last year and a 6% increase for Adult Safeguarding. This is a trend across Gwent and is considered to relate to increased awareness if safeguarding responsibilities in partnership agencies.
- There is no change within the primary professional setting for referrals to PCM with the majority of concerns relating to children linked to educational staff and within Adult Safeguarding, health and care staff.
- Within this period, 20 cases have been ongoing for 4+ months. The length of time relates to delays in the Criminal Justice process that includes Police investigations and the response time from the Crown Prosecution Service [CPS].
- For all cases within the PCM process, and particularly for cases ongoing with police investigations, there is an impact on both the individual and the employer. The welfare of the individual remains a key priority within the process. If individuals are suspended from their duties, this can have a significant operational or financial impact.
- Whilst there is a limit to how much the PCM Chair can influence the timescale of investigations, there continues to be good communication between the Safeguarding Unit and the Safeguarding Hub within Heddliu Gwent Police to escalate cases and resolve issues around timeliness and appropriateness of Police investigations where possible. There continues to be consideration for re-deployment of staff or alternative duties for those who are under investigation, with staff wellbeing remaining a focal point through the entirety of the process.
- The Safeguarding Unit works closely with the other Gwent Local Authorities to ensure consistent thresholds and case management. The Quality Assurance sub-group [part of the Gwent Safeguarding Board] will be considering Practitioner Concerns data from April 2025 onwards to explore themes and trends but also providing additional quality assurance of the PCM process within Gwent.
- Welsh Government are currently revising the Wales Safeguarding Procedures, Section 5 [PCM], which includes a review of threshold guidance, training and the devising of a complaint's procedure. There will be a consultation period with all regional Safeguarding Boards, which will involve Monmouthshire's Safeguarding Unit, scheduled for June 2025.

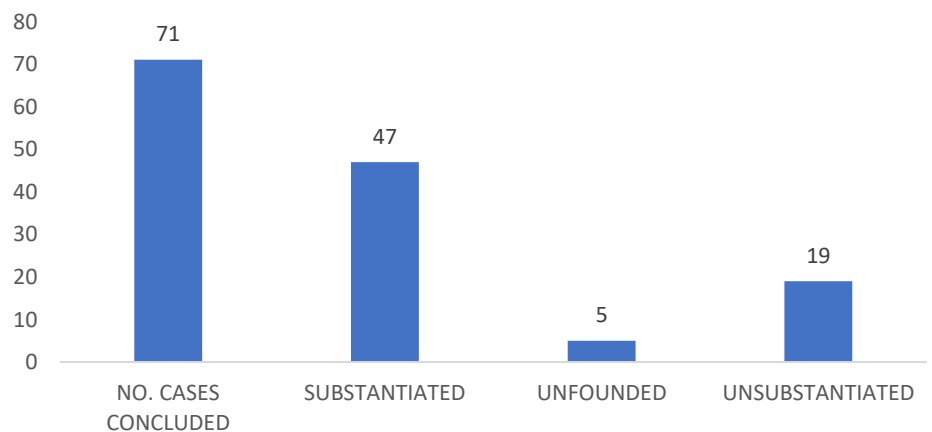
PCM - CHILDREN'S 01/04/24 - 31/03/25

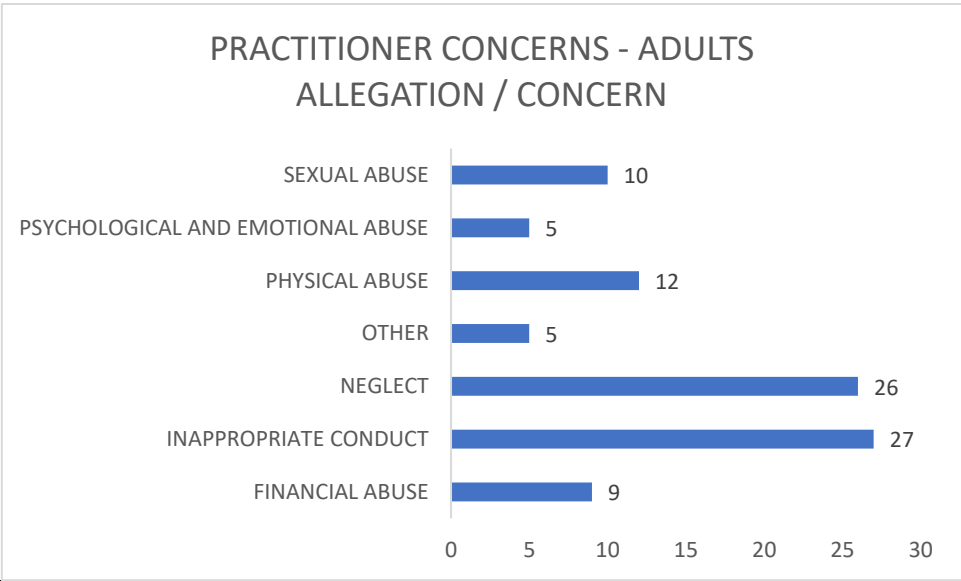
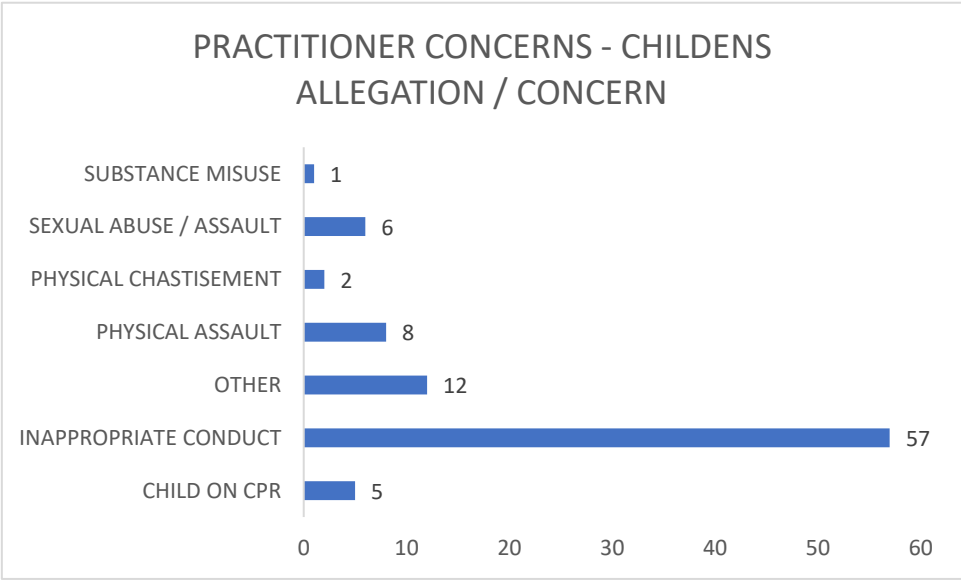
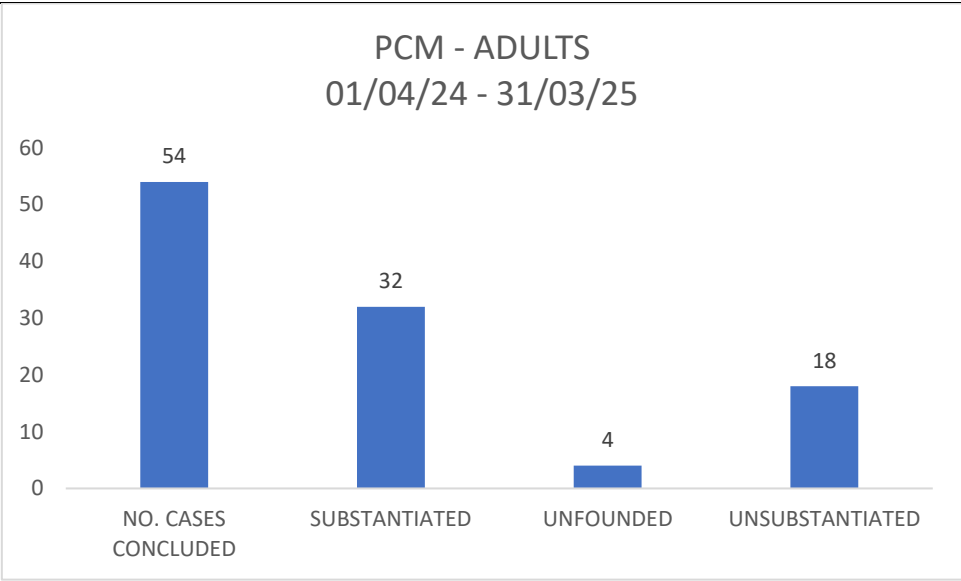


PCM - ADULTS 01/04/24 - 31/03/25



PCM - CHILDREN'S 01/04/24 - 31/03/25





[Categories of 'Inappropriate Conduct' and 'Other' are where concerns have been raised around the individuals' personal life/circumstances which calls into question their suitability to work with children and/or vulnerable people; these are based on individual circumstances and therefore do not fit into other reporting categories. Examples of such are domestic abuse cases, criminal offences such as theft, being under the influence of substances, and mental health difficulties.]

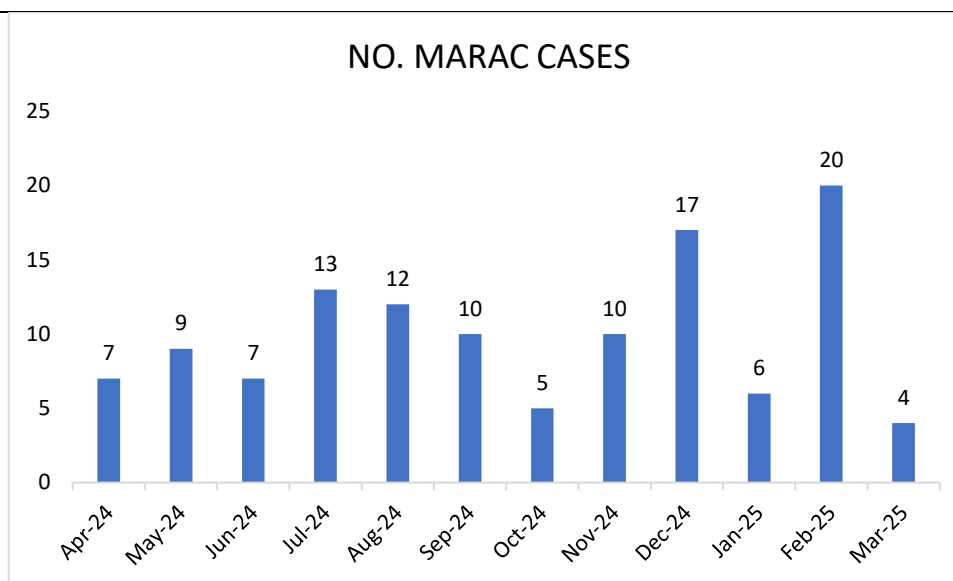
ANALYSIS

Monmouthshire Safe Recruitment processes continue to be applied robustly, with new services being compliant with the process. We have continued to develop Safeguarding Training, and compliance is supported via both the SAFE process and via Thinqi training platform. This includes the ongoing development of National Safeguarding Training Standards where Monmouthshire is well advanced within the region in moving towards full implementation.

Our efforts in increasing safeguarding knowledge across the region is evidenced by the increase of Practitioner Concerns being referred into the Safeguarding Unit. The process for managing these referrals is well established and thresholds are consistently applied. Our strong relationship between the Unit and the Police help mitigate the impact of delays and HR act as strong partners to manage employment and welfare issues. The council collaborates with other Gwent Local Authorities to maintain consistent safeguarding practices.

3. PREVENTATIVE APPROACH

SELF-ASSESSED SCORE = 5
<u>WHAT DOES GOOD LOOK LIKE?</u> <p>We work with partners to identify emerging issues, risks and challenges to our communities. We demonstrate clear multiagency approaches to developing protocols, processes and practice in how we respond to these issues therefore reducing risks through early intervention and preventative approaches. We develop services at all levels aimed at preventing children from experiencing harm and supporting the development of parental understanding and skills so that children can safely exit statutory systems and access universal services for support.</p>
<u>PROGRESS AND KEY STRENGTHS:</u> <p>DOMESTIC ABUSE AND HIGH-RISK MANAGEMENT:</p> <ul style="list-style-type: none">• Monmouthshire remains committed to preventing Domestic Abuse within our communities. Violence Against Woman, Domestic Abuse and Sexual Violence [VAWDASV] is mandatory training for all staff, and is included at induction, with a 3-year requirement for refresher training.• There has been an increase in completion of VAWDSV training this year following its inclusion on the Thinqi platform with 61% compliance with VAWDASV Group 1 and 93% compliance with VAWDASV Group 2 training (Ask and Act).• MARAC [Multi-Agency Risk Assessment Committee] is chaired by the Safeguarding Service Manager and Heddliu Gwent Police. In 24-25 there was a 19% decrease in the number of referrals into MARAC in Monmouthshire. There is no clear reason identified for the reduction. It is unknown at this time if this is a part of a wider trend within Gwent as the post of MARAC Co-ordinator has been vacant; this will now be reviewed by the Quality Assurance Group for the Gwent Safeguarding Board.• For cases which do not meet the high-risk threshold for MARAC, Monmouthshire apply a Sec 115 process under the Crime and Disorder Act to support victims of domestic abuse. This was recognised as good practice by Gwent Safeguarding Board, and the process is therefore going to be replicated across the other Gwent Local Authorities, supported by Monmouthshire's Community Safety Lead.



MONMOUTHSHIRE EXPLOITATION GROUP:

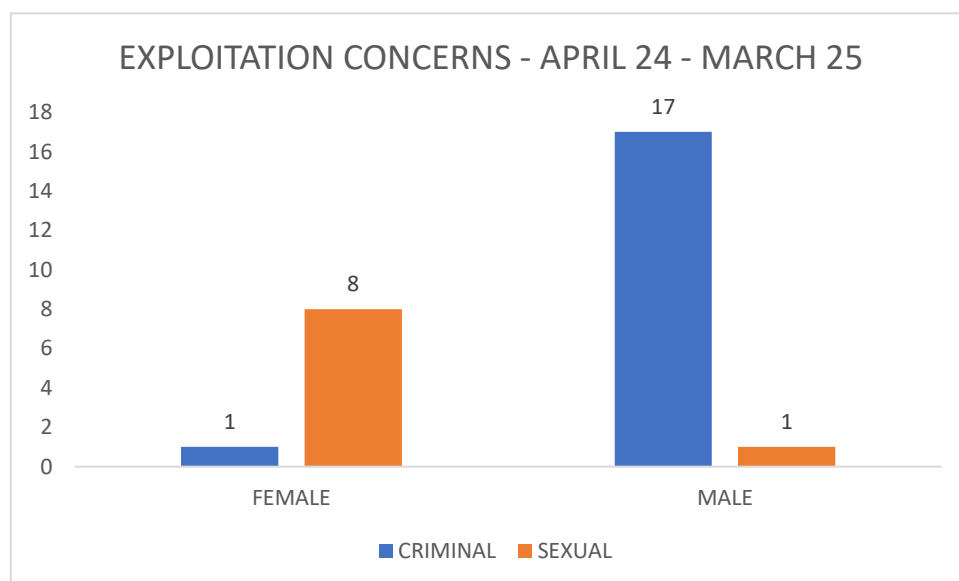
- Monmouthshire Exploitation Group [MEG] meets quarterly. Following changes of personnel within the Safeguarding Unit, a review of partnership membership was undertaken to support improved participation, safety and disruption planning. This has supported consistency, agency responses and allows for greater capacity to analyse trends, locations and perpetrators.
- A key priority for MEG is Transitional Safeguarding. Transitional Safeguarding seeks to ensure the safety and wellbeing of vulnerable young people as they transition from childhood to adulthood. This addresses the unique risks they face during this critical period and the harm associated with sexual and criminal exploitation.
- Attendance at MEG includes children and adult managers from within Social Care as well as the appropriate partner agencies.

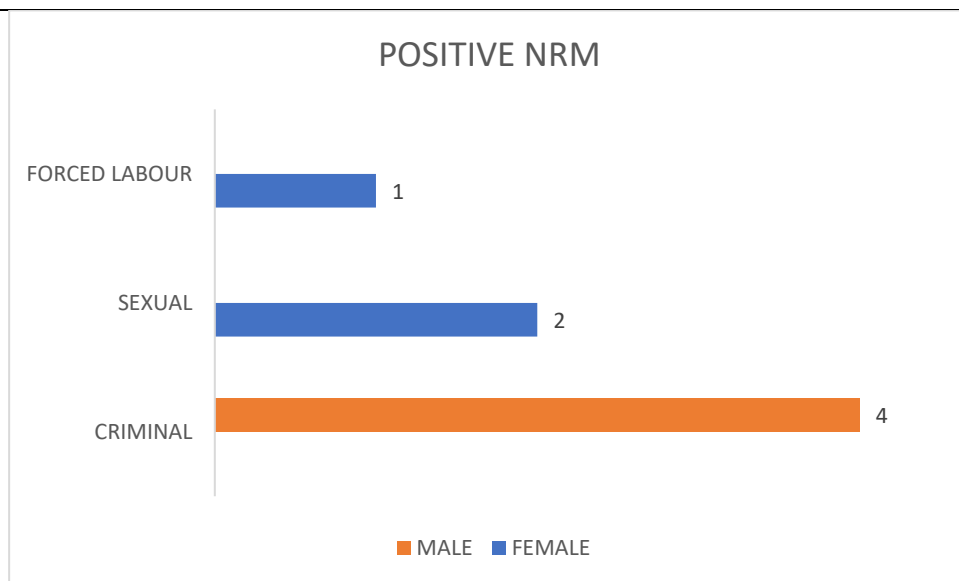
EXPLOITATION / MODERN DAY SLAVERY / NATIONAL REFERRAL MECHANISM [NRM]:

- Appropriate information sharing and robust safety and support planning is in place for individuals who are at risk. There is consistent attendance from a variety of professionals at exploitation meetings including Education, Youth Offending Service [YOS], Youth Homelessness Co-ordinator, Engagement & Intervention Workers, Health and Police. To increase consistency and timeliness, Heddli Gwent Police now operate a Gwent wide approach in supporting identified children.
- A review of exploitation processes in Monmouthshire in 2023 streamlined the multiagency process for identification and case management of young people considered at risk of exploitation. The police recognised this as good practice and have requested that this streamlined process is rolled out across Gwent in 2025/26.
- Multi Agency Children's Exploitation [MACE] meeting continues to be held bi-monthly, chaired by Heddli Gwent Police, with attendance and participation from all partner agencies. Adults at Risk of Sexual Exploitation [AROSE] meetings are

currently managed on an individual basis. In light of the increased recognition of the issues regarding transitional Safeguarding Gwent Police have extended the age range of Operation Quartz from 18 years to 25 years.

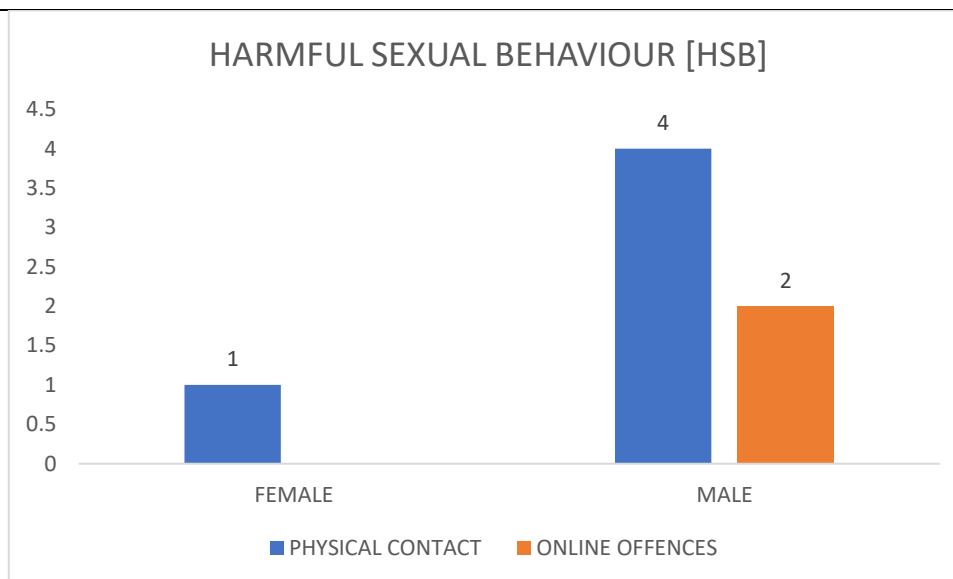
- In Monmouthshire, the majority of males discussed are subject to criminal exploitation whilst for females the majority are subject to sexual exploitation. More males are identified as being at risk than females. Notably, 90% of the children discussed attend mainstream Education.
- During this period, Monmouthshire has submitted 13 NRM referrals where a specific individual has been identified as the “exploiter”. This is an increase from 8 the previous year. Out of the 13 referrals, 7 cases were awarded a positive NRM status (4 males and 3 females]. The four males were referred under criminal exploitation and two females under sexual exploitation, with one female under Forced Labour. The NRM Home Office Co-ordinator continues to attend all exploitation meetings on a consultation basis; a second NRM Co-ordinator has been recruited who will attend the meetings going forward. This reflects the increase in demand and will allow the opportunity for analysis of the current pilot scheme - identifying any exploitation themes and trends within Monmouthshire in order to support next steps.





HARMFUL SEXUAL BEHAVIOUR [HSB]:

- As of January 2025, the Safeguarding Unit commenced specific recording data in relation to multi agency Strategy Meetings where children were identified as experiencing or perpetrating Harmful Sexual Behaviour whether physical/contact offences or online offences. These meetings ensure multiagency assessment of risk and robust case management and planning. Recording the incidents has brought it more into attention.
- Previously, cases involving HSB among young people were managed within other safeguarding platforms, such as Exploitation Strategy Meetings. While this provided oversight, we wanted to develop and strengthen the approach to HSB by ensuring we had accurate differentiated data and ensuring that we were implementing robust screening tools and assessing for early identification of HSB.
- Incidents are increasingly occurring in peer-to-peer and online contexts, reflecting significant changes in social and digital environments. Therefore, HSB meetings have been introduced to ensure focused discussion and intervention. There remains a need to explore the specific data and themes being identified, to support professional education and upskilling, enabling practitioners to identify concerns early and apply the most appropriate interventions.
- During the period January – March 2025 there were six cases discussed, comprising of seven children. Of the six cases, the concerns have related to a mixture of both physical / contact and online concerns. All the cases have exited the HSB arena within three months.
- There continues to be positive communication between the Safeguarding Unit, Education and Youth Offending Services to ensure appropriate risk assessments are completed and regularly reviewed to make sure a young person is not restricted disproportionately. An action going forward we will continue to record and produce HSB data to review thresholds, safeguards and any themes.

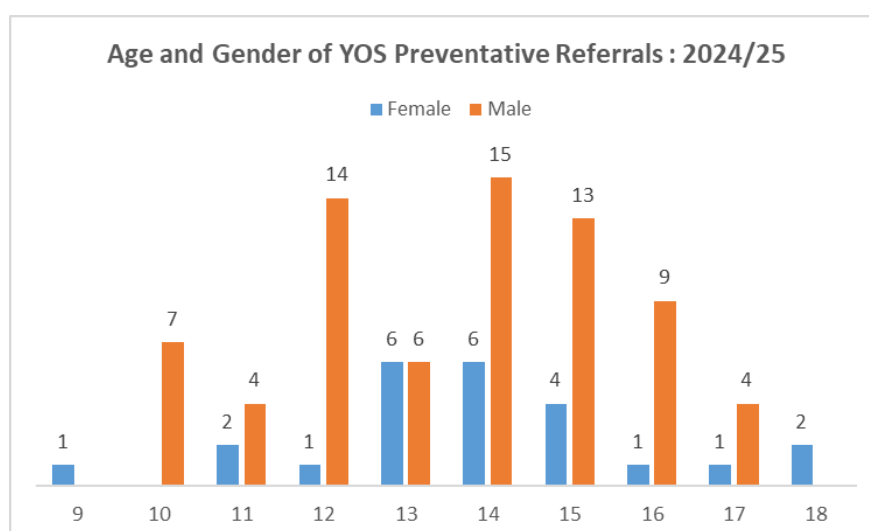


SAFEGUARDING IN SCHOOLS:

- This has been an intensive period of activity in relation to safeguarding training because of implementing the National Safeguarding Training Learning & Development Standards. This has required a review of all school and corporate Education posts to determine the level of safeguarding training necessary.
- There has been an identified increase in reported incidents of Harmful Sexual Behaviour [HSB] at both pre statutory and statutory thresholds. Training needs for Education providers have been reviewed and there is now a tiered approach to training around HSB and Child Sexual Abuse including how Education Practitioners can work with and support children who are harmed and those children who harm.
- This year saw funding loss from WG which resulted in the loss of the School Police Liaison Officer role. To mitigate this loss Education Practitioners and the Education Safeguarding Lead are currently linking in with the Neighbourhood Policing Teams as part of the safer school's arrangements and this positive link has been recognised in partnership meetings and Heddlu Gwent Police forums.
- Following recognition of an increase of incidents involving weapons within neighbouring Local Authority areas, a Knife Crime Strategy is being developed through the Gwent Safeguarding Board. A training offer has been developed to support schools in risk assessing and supporting those children causing harm / at risk of harm. Monmouthshire is developing a preventative and collaborative approach between colleagues, to devise local training around what approaches can be used when screening and searching for weapons and prohibited items, working closely with Community Safety and YOS colleagues.

YOUTH OFFENDING SERVICE [YOS]:

- The YOS have reported an increase in the complexity of cases, particularly in relation to mental health, exploitation, and Adverse Childhood Experiences. Caseloads have remained stable with a slight increase, but a higher intensity of support is required per case. YOS and partner agencies are aware of the increase in contextualised safeguarding issues such as weapon/knife crime across Wales and are monitoring this within Monmouthshire. Monmouthshire YOS received 46 referrals for Prevention work and of those, 8 were in relation to concerns over carrying/using knives, with 1 case referred for statutory intervention. As a result, there has been improved multi-agency working, especially between the Safeguarding Unit and Children's Services, Education and CAMHS, along with YOS to manage safeguarding risks.
- The Service has seen a disproportionate number of girls being referred to the YOS following Out of Court Disposals for Assaults and Shoplifting. The Service has continued to be an active participant in HSB, Exploitation, and Missing Children meetings, and the involvement has proven to be invaluable in addressing these challenging cases.



EARLY HELP SERVICES:

Throughout this review period, early intervention and prevention services have experienced rising complexity and demand across Family Group Conferencing [FGC], Mediation, and Building Stronger Families [BS F]. Each service reported increased referral pressures and growing family needs, particularly around mental health, neurodevelopmental concerns, school attendance and poor home conditions and family conflict.

This year has seen the introduction of Monmouthshire's Out of Hours Service [OoH] supporting children to remain at home whilst Child Protection investigations or assessments within the Court arena are undertaken. The development of this service has

reduced the use of agency workers, increased consistency of service, and improved the management oversight of risk in the community. During the year, there was a total of 60 referrals supporting 91 children. There is a growing pressure on this service particularly around the need for 24 hr home supervision. Children Services and HR are reviewing the workforce structure and contracts to ensure it is compliant with legislative changes.

SPACE WELLBEING AND FAMILY SUPPORT PANEL (single point of access for children's emotional wellbeing):

- Monmouthshire SPACE Wellbeing and Family Support Panel continues to be a hub for early intervention and coordinated support for children, young people and their families. The total number of referrals into the service has steadily declined over the past 3 years from the peak demand seen in during Covid, with reductions likely due to post pandemic family stability, the positive impact of the CAMHS In-Reach Service for school mental health support and enhanced triage from improved referral screening via the Early Help and Assessment Team.
- Primary referral themes relate to anxiety, emotionally based school non-attendance, emotional dysregulation, sensory needs, traumatic stress, and non-complaint behaviours. Whilst there is a reduction in referrals the complexity of need has increased which has meant that there have been extended periods before allocation which increases the risk of escalation.
- Vacancies within partnership services/teams [e.g. the Inspire to Work Team] has impacted on support for 16+ at risk of being out of employment/education. However, 95% of referrals have been successfully allocated, ensuring appropriate and prioritised support. There have been no waiting lists for panel discussions and positive service outcomes have been reflected in high satisfaction ratings/feedback.

HOMELESSNESS PREVENTION 2024-2025:

- Monmouthshire Council continues to advance its vision of making homelessness rare, brief and unrepeatable aligned with its Rapid Rehousing Transition Plan (2022-2027), with prevention remaining a core strategic priority.
- Support offered by homelessness prevention officers can include affordability checks, help with searching for properties and landlord mediation. In 2024-2025 the prevention officers recorded a 71% success rate.
- This year the Compass Project has transitioned to become part of the Housing Support Team; to implement early identification and prevention among young people aged 11-25 as part of its Youth Engagement and Prevention Strategy. The project is based within Monmouthshire's secondary schools and collaborates with key stakeholders to extend the above throughout local communities to identify especially those young people deemed most hardest to reach.
- During the financial period of 2024/25, out of 70 11-16-year-olds identified and supported, approximately 25% of these included safeguarding concerns being identified and referred. For those aged 16-25 of the 31 identified and supported, approximately 60% included safeguarding identification and referral.

PREVENT: (Counter Terrorism and Radicalisation):

- Monmouthshire continues to prioritise safeguarding and counter radicalisation efforts via PREVENT, with schools playing a key role in identifying individuals at potential risk with education and Police being the main referrers to panel. Referrals primarily are for young people aged 13 – 19 years, with no referrals for younger age groups during this year. There has been an increase in the emergence of neurodiverse traits in referrals which prompted the collaboration with Monmouthshire’s Autism service to enhance understanding and engagement with those individuals.
- Panel continues to meet on a monthly basis. No cases reviewed at the 6 months post closure point have required a re-referral, suggesting successful early intervention and disruption from radicalisation pathways.

COMMUNITY SAFETY:

- There is a continued downward trend in Anti-Social Behaviour [ASB] in Monmouthshire with the highest number of recorded incidents in May 24 [130 incidents] reducing to 88 reported incidents in February 25. In October 2024, the Community Safety Team revitalised the ASB Strike Process—a multi-agency framework designed to address ASB, primarily among young people, but also applicable to adults. The process aims to develop a comprehensive understanding of individual behaviours within identified cohorts.
- The Community Safety Team actively participates in various multi-agency forums focused on children and young people. Analysis indicates that many individuals involved in ASB also display similar behaviours in educational settings, youth service activities, and, in some cases, engage in criminal activity from an early age.
- In contrast, the adult ASB Strike Process has seen limited application, with partner agencies typically opting for legislative approaches to address problematic behaviour at an earlier stage.

ANALYSIS

Monmouthshire continues to be proactive in identifying emerging issues, risks, and challenges within communities. Preventative services demonstrate a clear multi-agency approach to developing protocols, processes, and practices to respond to issues that arise. This approach aims to reduce risks through early intervention and preventative measures, diverting children and families from statutory Children Services interventions and safely access universal services for support.

Complexity of individual needs is a primary pressure, and this is seen through the rising issues of Harmful Sexual Behaviour, ongoing issues of Domestic Abuse, and the new understanding of Transitional Safeguarding whereby vulnerable young people require ongoing support post 18 years to manage risk, even though not reaching the formal threshold for statutory Adult Services. The complexity of need and its accompanying behaviours has been seen in all service areas including YOS, Education, Housing and Homelessness and Early Help Services. We continue to provide effective preventative

work through strong partnership working and a focus on individual relationships - this is a particular strength within Monmouthshire.

Monmouthshire demonstrates a strong multiagency approach to prevention at both operational and strategic levels. Partnership forums facilitate information sharing and risk management, addressing issues such as exploitation, homelessness, and safeguarding. The council continues to focus on prevention and partnership working, despite financial pressures, to support vulnerable individuals and communities effectively.

4. ROBUST PROTECTION

SELF-ASSESSED SCORE = 5

WHAT DOES GOOD LOOK LIKE?

We operate best practice in protecting children and adults at risk and ensure that all concerns about possible abuse or neglect are recognised and responded to appropriately and within a Statutory framework. Multi-agency plans and interventions reduce risks and needs for children and vulnerable adults including those at risk of significant harm.

PROGRESS AND KEY STRENGTHS:

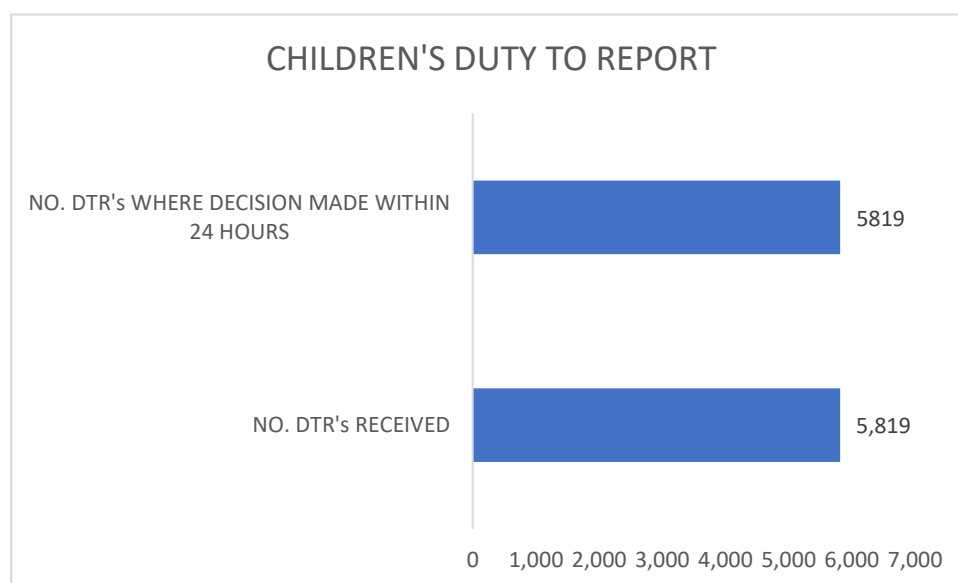
SAFEGUARDING CHILDREN AND ADULTS AT RISK:

- The Safeguarding Hub continues to have a strong multiagency presence for Child and Adult Safeguarding meetings which is supported by digital platforms. Unfortunately, Police Officers have been withdrawn from the Gwent Hubs [including Monmouthshire] for re-training. This has had an impact on timescales for meetings. However, although it is more time consuming, communication and relationships remain positive between Police and the Local Authority ensuring that children and adults are safeguarded. The issue of having a Police presence within the hubs has been regularly raised within strategic forums and at the Gwent Safeguarding Board. Police Senior Officers have given assurances that there would be a physical presence returning to the hub in the new financial year, although this is yet to come to fruition.
- From April 24 the Monmouthshire Children's Risk Assessment Framework 'Keeping Children Safe' was updated and fully implemented and a mandatory whole service training programme was completed, with a rolling refresher programme for staff and an induction. In line with this work a review of all statutory processes within Children Services was completed to support children's transitions, consistency and efficiency. This work has reduced bureaucracy, leading to clearer processes and more timely decision making. The work was supported by workshops led by the Safeguarding Unit and will be expanded to include Adult Safeguarding during 2025-26.

CHILDREN'S SERVICES:

- Following the significant increase in Child Protection 'Duty to Reports' [DTR's] noted in the CIW inspection report and the Evaluation report 23-34 Monmouthshire's Children's Services Leadership Team (CSLT) undertook a comprehensive review of the Early Help and Assessment Team [EHAT], with an audit being undertaken of 150 cases (of cases with 5+DTR's). The audit highlighted strengths in statutory compliance, sibling work and decision making. However, the audit highlighted systemic challenges including inappropriate referrals from partner agencies, inconsistent thresholds and pathways, and high workflow pressures affecting staff wellbeing, engagement and recruitment.

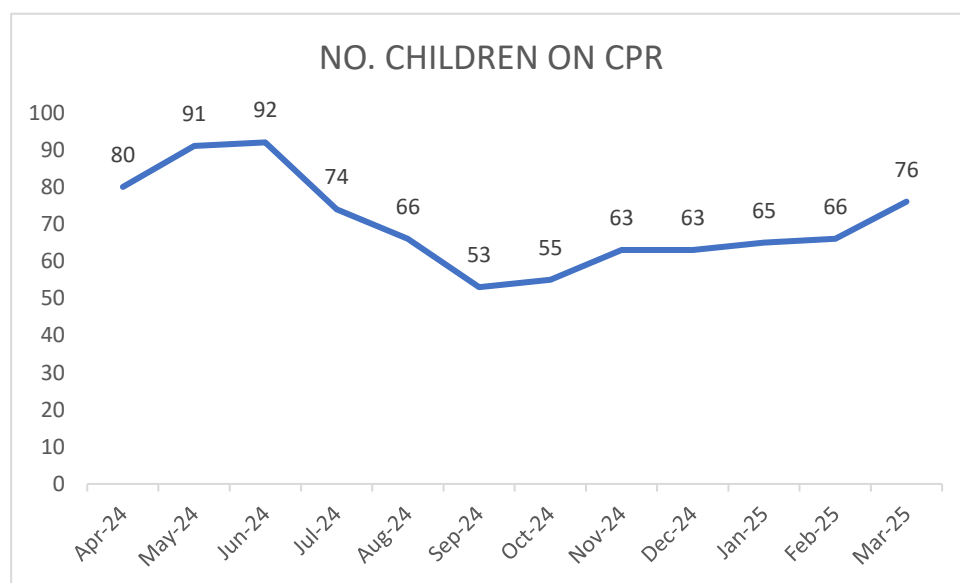
- As a result, there has been a review of the roles and responsibilities within EHAT to support the operational direction of the team. Work has been undertaken to standardise referral processes, strengthen training, embed quality assurance systems, increase resource capacity and enhance data analysis and monitoring of referral trends. We have engaged with partners to align thresholds and improve understanding. This has resulted in a reduction of 800 DTR's and 100 less Strategy Discussions being held. It has been recognised that there is an increase to the complexity of cases necessitating the need for Strategy Discussions, however this data indicates improved referral appropriateness and threshold decision making.

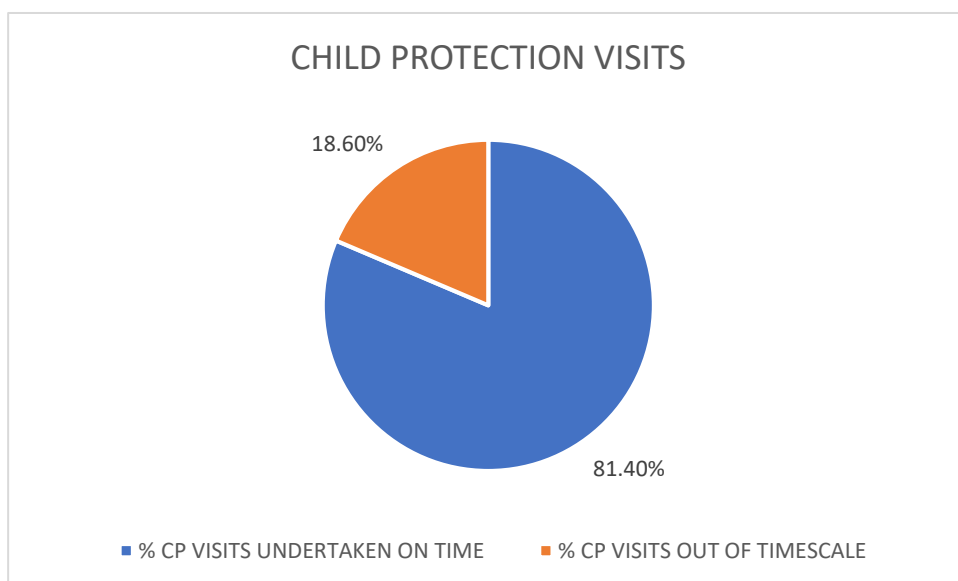
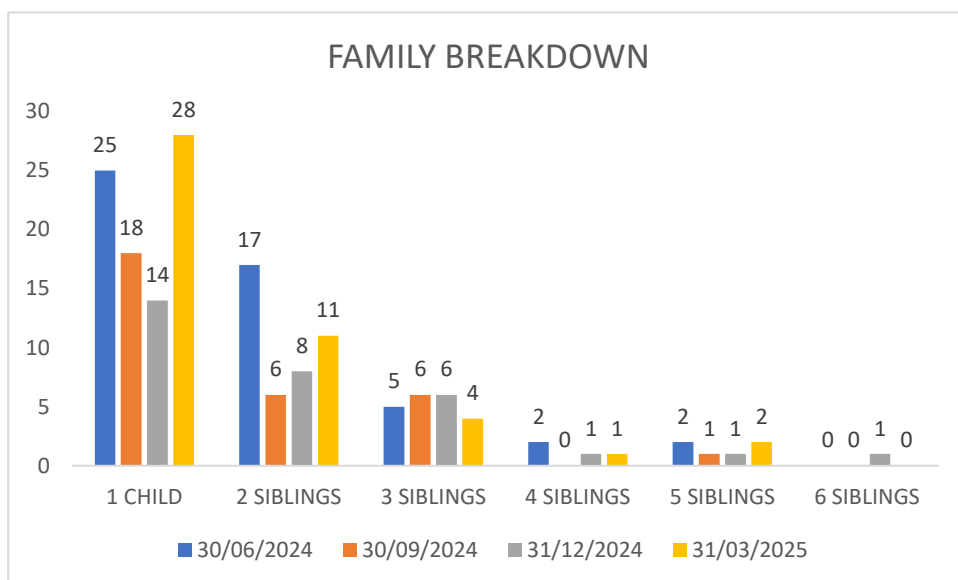
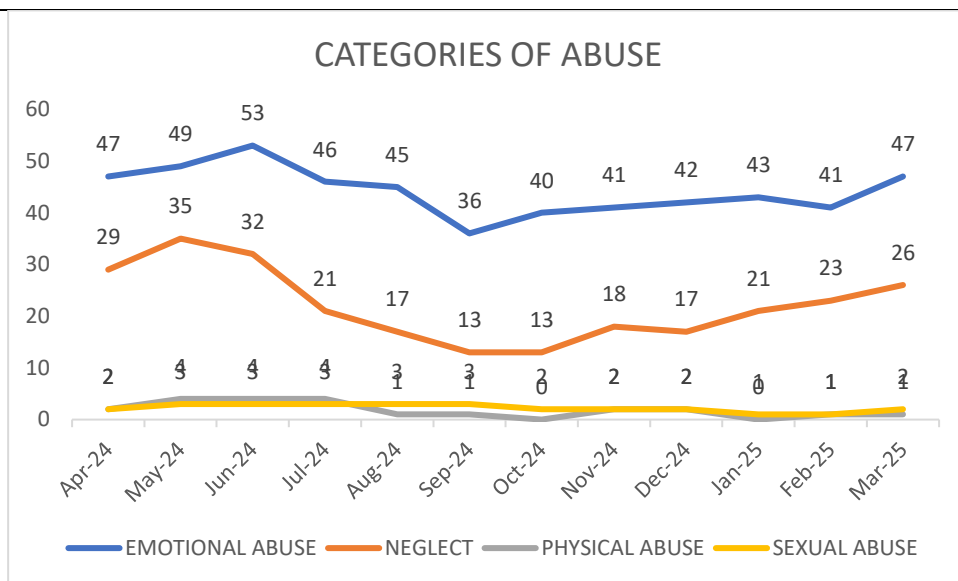


CHILD PROTECTION REGISTRATION:

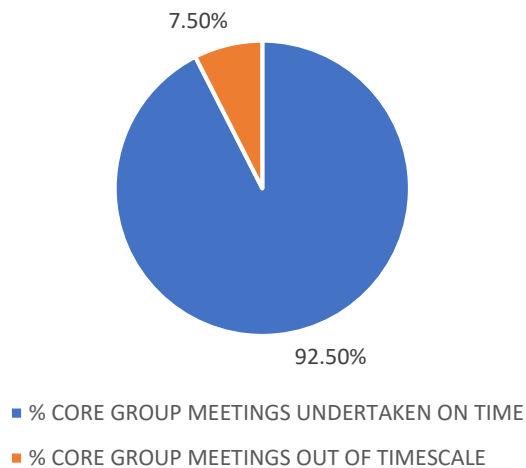
- Despite fluctuations in numbers, there has been a downward trend in the number of children whose names are on the Child Protection Register [CPR]. This relates to the expansion of Family Support services for children who need a statutory service who are able to provide an intensive package of support tailored to the individual / family needs. This is further evidenced by the cases being de-registered from the CPR due to the successful completion of the Child Protection Plan and / or the risks being effectively managed.
- Emotional abuse remains the highest category, linked to incidents of domestic abuse. Neglect is the second highest category for registration. This pattern is replicated regionally and nationally.
- Sexual abuse remains under reported, again which is reflected in national data. Children's Services Leadership Team [CSLT] undertook a Whole Service workshop to raise awareness of familial sexual abuse and there is a Child Sexual Abuse subgroup with the GSB producing a regional Sexual Abuse Protocol to help raise awareness and improve practice.

- Police availability for Initial Child Protection Conferences, related to resource and staffing issues within Police has been challenging. There have been occasions where Police have been unable to accommodate an Initial Child Protection Conference within the statutory timeframes. The Police have introduced a new booking system to try and mitigate this, and there has been some improvement noted. This issue has been escalated to Senior Management within Gwent Police, and they are in the process of recruiting more staff.
- Children's participation in their Conference is considered on a case-by-case basis. This year saw a reduction in take up of the NYAS advocacy service by children. Quarterly monitoring meetings demonstrate this is due to lack of parental consent for the service, and staffing availability to meet the need within the initial conference timescale. To mitigate this each childcare team, consider how best to engage children via a trusted adult (SW., Teacher, relative etc) to increase a child's participation.
- There has been the introduction of monthly meetings between the Team Managers and the Safeguarding Unit to review the team's data to ensure they are compliant with statutory timeframes, but also to explore the quality or practice and recordings. There has noted improvements particularly in assessment quality and compliance.



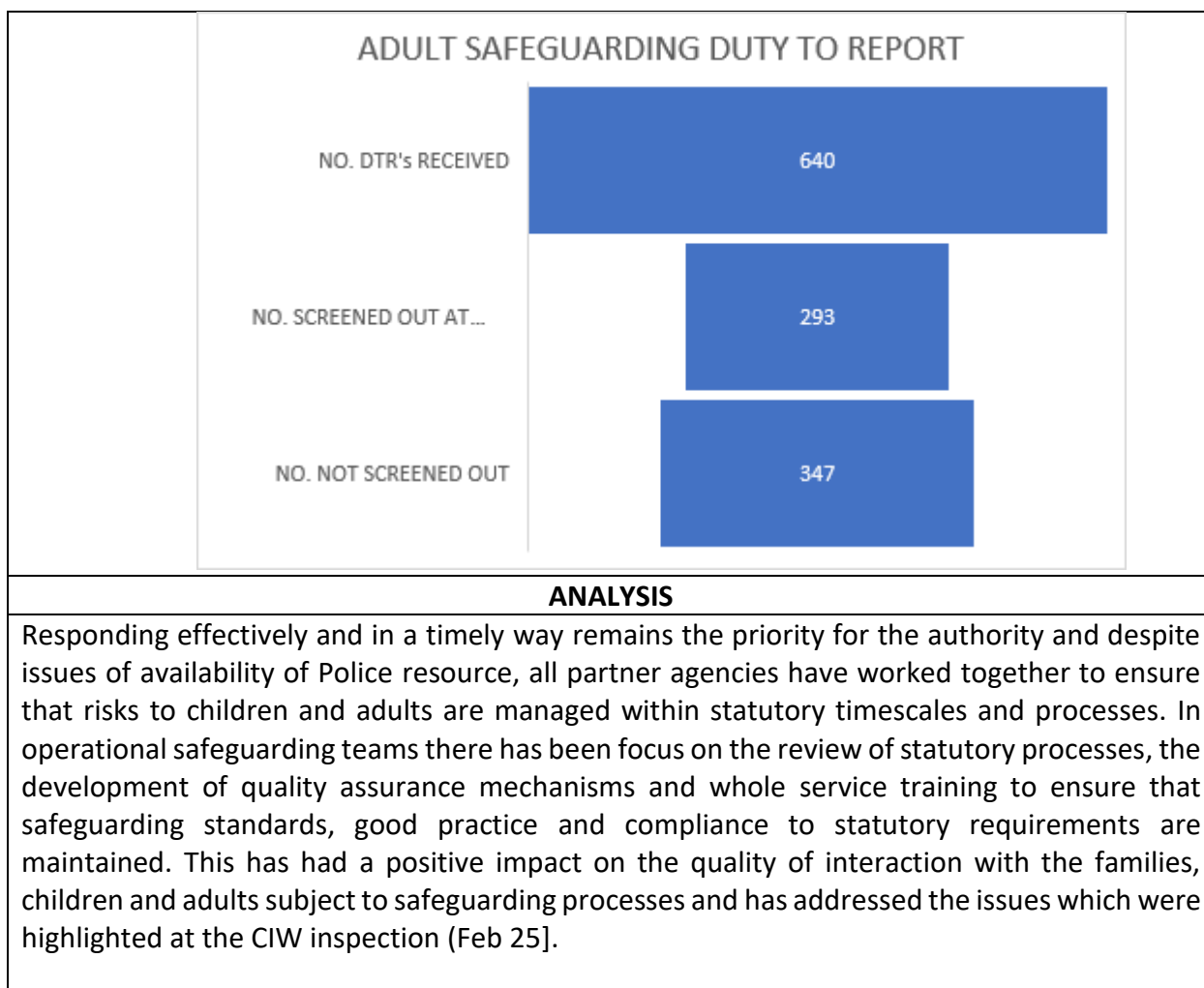


CORE GROUP MEETINGS



ADULT SAFEGUARDING:

- Adult Safeguarding have received 640 Duty to Reports in relation to 490 adults. Of these 640 reports 293 were screened out.
- Of those cases being allocated for further enquiries, almost 87% were completed within the 7 working day statutory timeframe, which is a 1% increase from last year. The 13% of cases which did not meet Statutory timescales were managed by Health Safeguarding, where system delay and complexity were the main causes of delay. In cases where delay occurs, these are reviewed by Adult Safeguarding to ensure they do not drift.
- Regarding categories of abuse, neglect remains the highest reports of concern [337 referrals] followed by physical abuse [225 referrals]
- The main sources of referral are from provider services, followed by Health. Work is ongoing with partner agencies to explore the appropriateness and quality of referrals.



5. SAFE SERVICES – delivered through commissioning arrangements, grants and partnerships

SELF-ASSESSED SCORE = 4

WHAT DOES GOOD LOOK LIKE?

We use our influence to ensure that services operating in Monmouthshire, including commissioned and those outside the direct control of the Council, do so in ways which promote the welfare and safety of children and adults at risk.

PROGRESS AND KEY STRENGTHS:

COMMISSIONING:

- Quality assurance processes remain in place for adult care provider services in the county receiving an annual monitoring visit, and in the case of larger providers 1-2 additional visits a year to maintain relationships.
- For Childrens Services formal monitoring has been done mainly at a desktop level due to services being individual and out of county, however, when necessary, in person visits are carried out. All 'in county placements' are completed face to face.

- One Older Adult Care Home that was in the Provider Performance process, escalated to the Escalating Concerns process due to concerns around leadership and management, staffing and quality of care. With support from ABUHB and Monmouthshire County Council the provider service (care home] worked hard to improve, and the Escalating Concerns process was ended in February 2025 following completion of the improvement action plan.
- There has been one Domiciliary Care service supported and monitored via the Provider Performance process; the provider made significant progress, and the process was concluded with normal monitoring returning.
- There were 2 children's commissioned placements where the providers were subject to an Improvement Plan with one concluding in September 24, and the second home commencing in March 25. The children were safeguarded through that process.
- In terms of other children's provision, there were no other services in formal processes during this period.

MONMOUTHSHIRE RESIDENTIAL SERVICE:

In November 24 a 4/5-bedroom 16+ Supported Living home was opened in Caldicot. The service provider was commissioned via the appropriate tendering process. The contract continues to be monitored by all parties on a quarterly basis. The service has settled well without significant issues.

LICENSING:

Taxi Licensing requires stringent testing before a licence is granted, and requires DBS checks every 6 months for taxi drivers. Conditions of an operator's licence require them to conduct DBS checks on all staff they employ as call handlers. Licensing works closely with Passenger Transport Unit and takes part in school transport checks along with attending and putting measures in place in strategy meetings as and when required. Licensing also works closely with Immigration and the Police anti-slavery teams and conduct operations within the hospitality sector. Three venues are currently under investigation.

In 2024/25 The Gambling Policy review took place which was adopted at Full Council in January 2025. The policy must be reviewed every 3 years. The policy deals with the following objectives:

- Preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime,
- Ensuring that gambling is conducted in a fair and open way, and
- Protecting children and other vulnerable persons from being harmed or exploited by gambling.

The policy looked at the harmful effects that gambling has and proposed a *no casino* resolution in Monmouthshire which was upheld. However, venues and the operation of gambling can also provide a vibrancy to towns and raise money for good causes if conducted safely and the policy aims to strike this balance.

PASSENGER TRANSPORT [PTU]:

- Following the completion of an internal audit, it was established that drivers the PTU had commissioned were not compliant with their Safeguarding Training. Appropriate action has been taken to resolve this, and with support from the Safeguarding Unit to deliver training, drivers have been able to undertake the appropriate level of safeguarding training. As of 16th April, compliance was 100%.
- Following discussions between the Safeguarding Unit, PTU and Education, it was identified that not all the one-page profiles completed for children accessing transport were shared with PTU following them being updated and/or reviewed. This was highlighted due to an increase in the number of drivers or passenger assistants being discussed within the PCM arena, as they were not responding to the child as agreed. A piece of work has been undertaken by PTU, Safeguarding Unit and Education to rectify this and ensure all one-page profiles are up to date and shared appropriately. This has resulted in the reduction of concerns being identified.

ANALYSIS

There are clear processes in place to ensure a robust monitoring for all social care commissioned services for children and adults. There is good evidence that safeguarding is embedded within all areas of the Council, which includes Licensing and Public Protection and Passenger Transport Units. Schools, and other parts of the Council working with children / adults at risk, indicate there are secure arrangements for contracted services. The Safe Services score remains at 4 to recognise these positives along with the strengthened working relationships between Safeguarding and Commissioning for both adults and children.

SAFEGUARDING CURRENT ACTIVITY PLAN [2024 – 2025]:

ACTION	RESPONSIBILITY	TIMEFRAME	RAG RATING
GOOD GOVERNANCE			
Regional SAFE roll out 2023 – 2025.	Directorate Leads Safeguarding Unit	March 2025	
Directorates to develop increased autonomy in completing their individual SAFEs, with advice and guidance to be sought from the Safeguarding Unit where necessary.	Directorate Leads	March 2025	
Recruitment of a Safeguarding Service Manager.	Head of Children’s Services	July 2024	
Ensure correct link between Thinqi and the implementation of the National Training Standards to include Safeguarding training for Elected Members and School Governors	Workforce Development Team and Safeguarding Unit	March 2025	
Continue to develop the core data set as a standard agenda	Safeguarding Unit	Sept 2024	

ACTION	RESPONSIBILITY	TIMEFRAME	RAG RATING
item for WASG to ensure whole council scrutiny.			
SAFE WORKFORCE			
Thinqi system to be fully implemented across all areas of the council to support full and accurate production of safeguarding training data.	Systems and Data Team Workforce Dev Team Safeguarding Unit	Dec 2024	
National Training Standards to be embedded with Thinqi	Workforce Development Team and Safeguarding Unit	March 2025	
To review and implement any actions arising from the national task and finish group developing further guidance around Practitioner Concerns.	Safeguarding Unit Safeguarding Board	March 2025	
Undertake an audit of the adapted arrangements for digital recruitment to ensure safeguarding is at the forefront (brought forward from 2023-24]	Systems and Data Team HR	Jan 25	
Training and Guidance to be developed around understanding of Practitioner Concerns, for	Safeguarding Unit Gwent Safeguarding Board	March 2025	

ACTION	RESPONSIBILITY	TIMEFRAME	RAG RATING
those who are employers and those who are at greater risk of being discussed in the arena, eg Education, Foster Carers and Health professionals (brought forward from 2023 -24]			
PREVENTATIVE APPROACH			
Strengthen the links between the Wellbeing Team, the Safeguarding Unit and MEG.	Safeguarding Unit	March 2025	
MEG to work with partners both regionally and locally to develop transitional safeguarding to support young adults vulnerable to exploitation	Safeguarding Unit	March 2025	
Complete the Modern-Day slavery statement and update the Corporate Safeguarding Policy	Safeguarding Unit and Community Development Service	Dec 2024	
Support Gwent Police in recruiting for MARAC Chairs across the 5 LA's (to support consistency of practice]	Procurement Safeguarding Unit to offer advice and guidance	Dec 2024	
Include Neuro Diversity in the training profile for PREVENT		March 2025	

ACTION	RESPONSIBILITY	TIMEFRAME	RAG RATING
Implement Thinqi to support compliance with VAWDASV training	Safeguarding Unit	Dec 2024	
ROBUST PROTECTION			
Undertake an analysis of demand data at both front door of adults and children to identify trends, resource need and to inform partnership approaches.	Safeguarding Unit	Oct 2024	
Undertake further planned engagement with Adult Services to promote safeguarding statutory compliance and understanding	Safeguarding Unit [Adult] Health Safeguarding	Dec 2024	
Utilise a 12-month Implementation Officer post to support the roll out of Keeping Children Safe practice framework and to support compliance with statutory timescales	Safeguarding Leads Children Services	July 2024	
Appoint to Safeguarding Service Manager position	Head of Children's Services	July 2024	
Recruit a 4th Service Manager to take forward the development of	Head of Children's Services	July 2024	

ACTION	RESPONSIBILITY	TIMEFRAME	RAG RATING
Monmouthshire Children and young people placements.			
Review grant funded services to understand risks and resource need post 2025	Head of Children's Services	Dec 2024	
Implement the Safeguarding QA Framework	Safeguarding Service Manager	Dec 2024	
SAFE SERVICES			
Use of SAFES to continue learning and improvement in safe commissioning practice within Directorates.	Safeguarding Unit	March 2025	
Undertake a further check to ensure that Hiring and Letting processes adhere to Safeguarding policy.	WASG	March 2025	

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SUBJECT:	Annual Director's Report 2024 / 2025, Social Care Safeguarding and Health
MEETING:	Full Council
DATE:	4th December 2025
DIVISION/WARDS AFFECTED:	All

1. PURPOSE:

To present the Annual Report 2023/24 from the Chief Officer for Social Care, Safeguarding and Health to Performance & Overview Committee.

2. RECOMMENDATIONS:

For Council to receive and endorse the Annual Director's Report 2024/25.

That Council tasks the Strategic Director of Social Care, Safeguarding and Health to maintain focus on the priority actions for 2025/26 as set out in the summary section.

3. KEY ISSUES:

3.1 Preparing and publishing an annual report of the Statutory Director of Social Services is a requirement under the Social Services and Wellbeing (Wales) Act (2014). The report is required to show how social care in Monmouthshire meets the requirements of the Social Services and Wellbeing Act and the Regulation and Inspection of Social Care (Wales) Act 2016. This year a template and guidance for completing the report has been issued.

<https://www.gov.wales/sites/default/files/publications/2025-03/local-authority-social-services-annual-report-additional-guidance-2025.pdf>

3.2 This is the fourth Director's Report for the current Director and reflects activity within the financial year April 2024 – March 2025.

3.3 The overall purpose of the report is:

- To evaluate progress against our social care priorities during the year.
- To provide Members and residents with an evaluation of social care and health services,
- looking at how we are making a difference in peoples lives and our performance against

- key metrics.
- To provide an analysis of the ways in which the current operating context is impacting on
- services and to identify key risks and challenges.
- To inform Members and residents about how our services meet the standards and
- requirements under the Social Services and Wellbeing (Wales) Act (2014).
- To set out actions and priorities for 2025 – 2026.

3.4 In accordance with the guidance the report is set out using the following headings:

i. Director's Summary

ii. Context

- Leadership
- Workforce
- Finance Resources

iii. Performance and Assessment

- People
- Prevention
- Partnership & Integration
- Wellbeing

iv. Other Information

- Inspection & Reviews
- Complaints & Representations
- Other Sources of Information

v. Glossary

3.5 The report has been written with involvement from the service and contributions from the workforce using case studies relating to their work with people. Qualitative and quantitative performance data, self-evaluation and case material is combined to describe many aspects of the service. The report provides information related to the wider operating context where relevant. This annual process is an opportunity to reflect on the overall direction of the service, what is going well as well as the further actions we need to take in order to develop and improve.

4. REASONS:

4.1 It is a legal requirement to publish an annual report.

4.2 To ensure that elected members, colleagues, and members of the public have the opportunity to scrutinise the Director's evaluation of the performance and impact of Social Services in 2024/245.

5. OPTION APPRAISAL:

N/A

6. EVALUATION CRITERIA:

6.1 The report provides a comprehensive analysis of the performance of Social Care & Health Services in 2024/25. The report draws on a range of evidence, including the performance indicators from the measurement framework under the Social Services and Well-being Act, alongside case material and qualitative evidence.

7. RESOURCE IMPLICATIONS:

7.1 None specific to this report.

7.2 The Annual Report sets out the financial context of social care and health and the outturn positions for 2024/25 for Children's and Adults' Services. The report identifies the financial context and the challenges of financial sustainability for the coming year and beyond in meeting the costs of social care services against the backdrop of reducing budgets and increasing demand for care and support.

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

8.1 The report provides an appraisal of performance of the directorate's work with children, older people and people with disabilities or ill health. It identifies future priorities and how services might be developed to better support vulnerable people and people with protected characteristics. The report identifies the contribution social services to the Wellbeing of Future Generations Act and Social Services and Wellbeing (Wales) Act, particularly with regards to prevention and working in partnership.

8.2 The report provides analysis of performance and priorities related to safeguarding and Corporate Parenting, with regard to the work that is undertaken with children who are looked after and care experienced young people.

9. CONSULTEES:

- Cllr Ian Chandler, Lead Member for Social Care and Health Directorate
- Senior Leadership Team
- Diane Corrister, Head of Children's Services
- Jenny Jenkins, Head of Adults' Services
- Claire Robins, Transformation Service Manager
- Tyrone Stokes, Directorate Finance Manager

9.1 The draft report was presented to Performance & Overview Committee on 23rd September 2025. A number of points and questions were raised including:

- The number of care leavers in employment and education, and support provided
- The support that is available for people receiving direct payments
- Turnover of workforce
- Feedback from the adult social care survey

- Learning from complaints and from the recent domiciliary care procurement process
- Concerns over the potential for grant reductions and what risk this represents
- The impact of Monmouthshire's ageing population.

Two discrepancies which were noted within workforce figures and children looked after figures (children leaving care) have been rectified.

10. BACKGROUND PAPERS:

None

11. AUTHOR:

Jane Rodgers
Chief Officer, Social Care safeguarding and Health

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Health & Social Care Director's Report 2024 – 2025

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Directors Summary

Our guiding principles within the Social Care and Health Directorate are founded on the Social Services and Well-being (Wales) Act 2014. Using person-centered practice, we strive to help people shape their own lives and remain committed to delivering high-quality care and support to those who need it most.

We hear much about some of the acute and deep-rooted challenges across the health and social care sector. This report describes the ways we are addressing these challenges, the progress we have made so far and our plans for further development and improvement.

Stability within the social care leadership team has allowed us to pursue deep-rooted programmes of change aimed at increasing the sustainability of social care in the face of increasing complexity within a resource constrained context. Achieving lasting change requires both a learning mind-set and a systemic approach, concepts which hold particularly true in the dynamic and interdependent world of social care. Within adult services this has led to some ambitious programmes around how we organise and deliver services – particularly in respect of domiciliary care, reablement and working with partners to support hospital discharge. Similarly, within children's services we continue to expand our family support teams, safely reducing the numbers of children in care, and changing the way that we provide children's placements.

Changing a whole system requires both time, and attention to the wellbeing of the workforce. We want our workforce to feel confident about their practice - using strengths-based, preventative approaches in assessing and planning care and support for people in a consistent, equitable way. We are introducing structured approaches to professional development and learning to ensure that through shared knowledge, skills and practice we are equipped to respond to the increasingly complex needs of our residents. Equally, promoting engagement and communication across the workforce is something that we want to continue to pay attention to this next year.

There are several key risks and challenges that we currently face. From a financial perspective the directorate ended the year with a budgetary overspend which has an impact on other parts of the council. Ongoing attention to how we mitigate against spend and ensure our change programmes result in better outcomes for people as well as the potential to reduce cost is required. Added to this is the uncertainty created by the reliance on a range of Welsh Government grants which support both core services as well as many aspects of our change programmes agenda.

The aging demographic within the county, together with the complexity of need presents a risk in terms of the pressure this creates on services across the council, but particularly within social care. This year we want to review our overall preventative offer, joining up with partners to ensure that people have early access to community wellbeing services that help to promote better health and wellbeing outcomes.

Demand pressure, and other imperatives can impede progress around more strategic changes. At some level, all services are having to change and respond to the current circumstances – doing so ‘on the go’, whilst simultaneously dealing with intense operational pressures. This year moving forward with implementing the newly procured social care management system, with the associated risks this brings, will require considerable resources and leadership attention.

The process of change can be impactful and unsettling, particularly when it affects how individual people receive their care. We will continue to plan ahead, communicate and mitigate the impact of any changes we make.

Operational pressure is felt acutely by the workforce. It is the workforce who carry the reality of how the various pressure points and challenges within the wider system impacts the residents they encounter day to day. I am only too aware of the extent to which this can take both an emotional and physical toll on people. Ensuring that the workforce feels supported and valued remains a priority for the year ahead. I am continually grateful for the resilience and resourcefulness of the workforce - their on-going commitment, heartfelt motivation, professionalism and dedication is a true inspiration.

The commitment to providing high quality services and working with people to achieve good wellbeing outcomes remains the driving force and is the basis for an optimistic outlook. I am proud of the way the service is addressing the challenges we face and confident that together with our partners, our skilled workforce, our commitment to delivering good quality sustainable services to people we have what we need to navigate the year ahead and beyond.

Social Care for Children | 2024-25

About Children's Services



The budget for children's services is **£22** million



We employ **241** FTEs in children's social care



We received **5,819** contacts about **2,612** children

Who we Support



79 children on the child protection register



190 children in the care of the local authority



39 carers who provide placements for children

Supporting People Earlier



100% of families supported with what matters to them by early help services



We provided advice or assistance to **3,223** contacts for children



68% of children were supported to remain with their families

How we Work



97% of children's assessments were completed on time



98% of reviews of children on the child protection register were completed on time



100% of reviews of children in care were completed on time

What Difference Did we Make?



585 children supported with care and support plan



33 children left care for permanent homes with adoptive families or special guardians



74% of care leavers were in education, training or employment



monmouthshire
sir fynwy

Social Care for Adults | 2024-25

About Adult Services



The budget for adult services is **£43** million



We employ **421** FTEs in adults' social care



And completed **2,340** assessments for adults

Who we Support



309 packages of reablement completed



477 adults were supported with care at home



We received reports on **490** adults at risk

Supporting People Earlier



We provided advice or assistance to **3,626** contacts



78% of adults feel they had the right information or advice when needed



120 adults arrange their own support with direct payment

How we Work



76% of adults felt involved in decisions about their care



87% of adult safeguarding enquires completed within 7 days



71% of adult's care plan were reviewed during the year

What Difference Did we Make?



48% of adults felt able to do things they consider important



56% of people need no ongoing support following reablement



85% of people were happy with their care and support



monmouthshire
sir fynwy

Priority Actions for 2024 – 2025

Action Set	Progress
Maintain focus on recruiting into child protection social work posts in Children's Services; and therapy and adult mental health practitioners in Adult Services.	We are seeing a general improvement in our ability to recruit to key roles. On average there were 23/540 vacancies in adult services and 6/280 in children's services.
Implement the outcomes of the Children's Services CIW inspection (Feb 2022).	We have responded to the findings by reviewing processes at the front-door and taking steps to mitigate the volume of work to help focus on practice. We have significantly improved our recording of child protection statutory compliance data. Maintaining these improvements is now the priority.
Implement the relaunched training in 'Keeping Children Safe'.	An updated training programme was implemented and will continue as a rolling programme.
Prioritise training to undertake Mental Capacity Act and Best Interest Assessing in Adult Services.	4 people were trained this year as best interest assessors which remains an insufficient number according to expected demand. This remains a training priority.
Design and implement a finance module for adult care practitioners.	A finance module was designed and has been implemented – improving the provision of information regarding financial assessments and charging is the next step.
Procure and begin to implement a new Social Care Management System to replace FLO and PLANT within a Gwent partnership.	A new system has been procured in partnership with the 4 other Gwent LAs. Implementation is at an early stage with a completion date of summer 2026.
Deliver system redesign in 3 key areas of adult's services:	
Develop the front-door response, including pathways into community-based wellbeing support, with the aim of increasing effective Information,	This is in progress with a new IAA role being designed. Pathways are being developed into early help including "community conversations". The teams are reviewing

Advice and Assistance and decreasing the number of people waiting for social work and therapy assessments	and prioritising waiting lists and there has been a gradual decrease in waiting times for assessments.
Design the reablement pathway including access to specialist home carers, so that more people receive reablement services and the demand for longer term care and support is mitigated	Linked with the Domiciliary Care Commissioning strategy, the reablement pathway is at early stages of implementation. There is a gradual increase in the numbers of people benefitting from reablement. The priority actions for 25/26 are to continue to increase reablement capacity and pilot the START (Short Term Assessment and Reablement Team) pathway
Implement the initial stages of the Domiciliary Care Commissioning Strategy.	The strategy was endorsed by Cabinet in May 2024, and the procurement process is underway in the south of the County. Ensuring a smooth transition to new providers and reviewing the process are key areas for action in 25/26.
Accelerate the use of assistive technology within care planning for adults.	The increasingly strong connection between care planning and assistive technology has seen positive benefits to supporting people's independence. The assistive technology room in Chepstow hospital was opened with plans to open a similar room in Monnow Vale in 25/26.
Work in partnership with health to expand community-based health services for frail older people in the central and north parts of the County to avoid any unnecessary hospital admissions and keep people safe and well at home.	The strength of the integrated partnership in MCC supported a successful bid for funds to allow for the expansion of services supporting people living with frailty in the north and central teams. New posts have been agreed, and the expanded service will be implemented during the next year, helping us keep people safe and well at home wherever possible.
Implement a system for ensuring that adult care and support plans are reviewed at least annually.	We have increased capacity to ensure that care and support plans are reviewed within timescale and figures have improved.
Fully implement the new Individual Support Service including the completion of accessible bases in Abergavenny and Monmouth.	Accessible bases for the My Support Service were completed in Nov 2024 (Melville Centre) and Sept 2024 Over Monnow Family Learning Centre. This has

	supported the development of the My Support Service giving people increased choice and opportunities in how they receive support.
Deliver the objectives of the placement development strategy for children to increase the number of in-house residential and supported accommodation placements.	This is in progress with the first new provision (supported accommodation) opening in Nov 2024. 2 residential children's homes schemes are in the pipeline and expected to open during 25/26
Develop an in-house residential children's workforce.	A service manager and team manager are in place, and plans are being prepared to ensure that the residential workforce will be ready for the opening of the first children's home in summer 2025.
Review the foster care offer to Monmouthshire carers to support the recruitment of new carers.	This was achieved – in May 2024 Cabinet agreed to a 30% reduction of council tax for Monmouthshire Foster Carers and in March 2025 cabinet agreed to an uplift in the fees and allowances for carers. Increasing the number of in-house foster placements is a goal for 25/26.

Summary of Priority Actions for 2025 / 2026

- Work with partners to ensure that people have access to preventative community wellbeing services that help to promote better health and wellbeing outcomes.
- Implement changes at the front door of adult services including the introduction of specialist IAA roles to help provide clear and consistent advice and strengthen pathways into community-based support. Evaluate the impact on people of community conversations.
- Improve the provision of information regarding financial assessments and charging.
- Continue to increase in-house reablement capacity and pilot the START pathway.
- Take the commissioning strategy forward by completing the procurement process in the south, ensuring a smooth transition to the new providers and undertake a review of the process to inform next steps.

- Together with partners, expand frailty services in north and central teams. Reflect on learning from 2024 and continue to put in place mechanisms for avoiding unnecessary admissions to hospital and achieving timely discharge.
- Take forward the outcomes from the Adult Services inspection undertaken in April 2025 particularly the work to support good outcomes for carers.
- Open an Assistive Technology room in Monnow Vale hospital
- Ensure that the optimal workforce structures are in place within direct care services to deliver good quality services and ensure staff wellbeing
- Continue to deliver the placement development strategy for children including completing the current pipeline projects
- Increase the number of in-house foster placements
- Maintain effective family support and mitigate against the risks associated with grant funding
- Maintain improvements in adherence to statutory timescales for child protection.
- Implement new Case Management System to replace Flo and Plant
- Ensure the supervision policy is fully embedded across the service
- In partnership with the Workforce Development Team develop and implement the START project reablement competency framework, implement the children's residential services training programme and increase training numbers for Best Interests Assessors
- Work in partnership across the council to progress recommendations regarding the delivery of anti-racist social care

Context Section

Overview of Performance

The tables below provide an overview of some of our core metrics across social services. 2024/25 is the fifth year of reporting metrics as part of the *measuring activity and performance* framework and therefore trend data is becoming more meaningful. This makes it easier for us to identify where improvements can be made as well as to see if changes we have made are making a difference to how social care in Monmouthshire performs. The metrics contained below are those recommended within Welsh Government guidance through which to present the overall level of activity and provision by the local authority throughout the year.

Metric Number	Metric – Adults Social Services	2020/21	2021/22	2022/23	2023/24	2024/25
Front Door						
AD/001	The number of contacts for adults received by statutory Social Services during the year:					
AD/001a	The total number of contacts	N/A	N/A	8806	8085	8119
AD/001b	The number of new contacts	5787	6633	6437	5951	5945
AD/002	The number of contacts for adults received by statutory Social Services during the year where advice or assistance was provided	3961	4215	3808	3635	3626
Assessments						
AD/004	The number of new assessments completed for adults during the year	2035	2177	2205	1929	2340
AD/005	Of which:					
AD/005a	Needs were only able to be met with a care and support plan	721	826	671	486	689
AD/005b	Needs were able to be met by any other means	630	542	583	482	557
AD/005c	There were no eligible needs to meet	627	506	553	573	522
Plans						

AD/012a	The number of adults with a care and support plans at 31 March	1813	1728	1651	1580	1378
AD/013	The total number of adults with a care and support plan where needs are met through a Direct Payment at 31 March	123	139	149	140	120

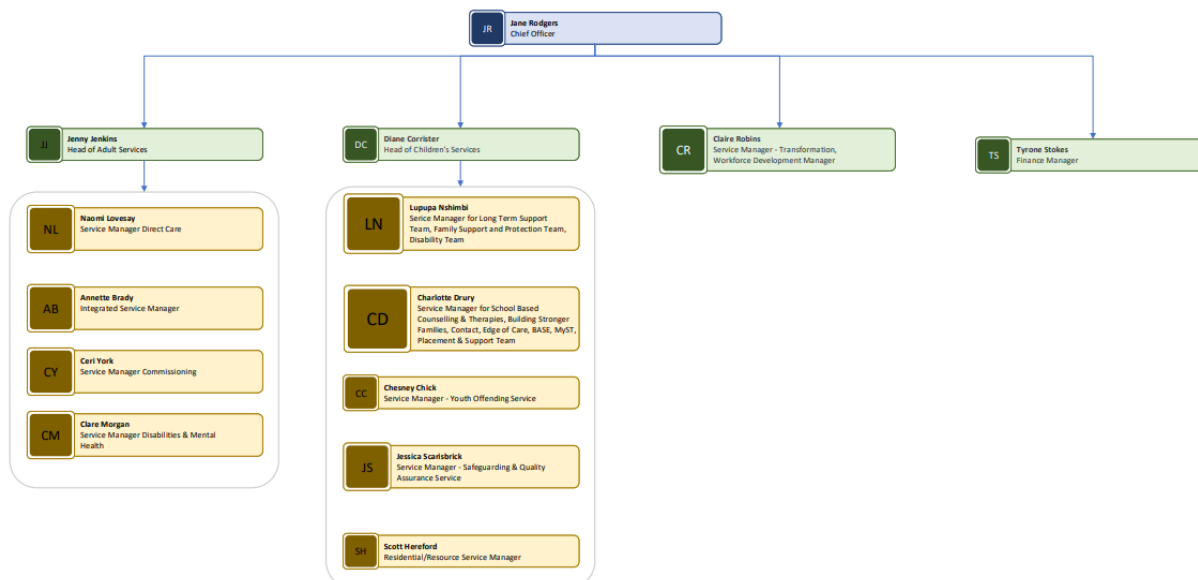
Metric Number	Metric – Children’s Social Services	2020/21	2021/22	2022/23	2023/24	2024/25
Front Door						
CH/001	The number of contacts for children received by statutory Social Services during the year	4329	5776	5825	7071	5819
CH/002	The number of contacts for children received by statutory Social Services during the year where advice or assistance was provided	2700	3379	3508	3879	3223
CH/003	The number of contacts received by statutory children's social services during the year where a decision was made by the end of the next working day	3042	5769	5698	7065	5818
Assessments						
CH/006	The total number of new assessments completed for children during the year	828	884	907	1088	872
CH/007	The total number of new assessments completed for children during the year where:					
CH/007a	Needs were only able to be met with a care and support plan	249	264	253	374	290
CH/007b	Needs were able to be met by any other means	448	424	493	522	435
CH/007c	There were no eligible needs to meet	26	17	16	35	34
Plans						

CH/015a	The number of children with a care and support plan at 31st March	515	518	542	502	585
CH/016	The total number of children with a care and support plan where needs are met through a Direct Payment at 31st March	48	54	51	55	57

Leadership

Monmouthshire County Council is overseen by an elected political leadership comprising the Council Leader, Cabinet Members, and committee chairs, supported by a Chief Executive and a team of Senior Leaders. This leadership framework ensures clear strategic direction and effective decision-making, with the Chief Executive working closely with political leaders to implement policies and manage the delivery of services. Key decisions regarding social care are made within formal Cabinet meetings.

The social services department is headed by a Chief Officer for Social Care, responsible for the strategic direction and operational management of the service. The Chief Officer is supported by Heads of Service and Service Manager leads for children's and adults' services, enabling strong governance and integrated working across the directorate. The stability of the social care leadership team has enabled the strategic direction and implementation of plans over the longer term. Directorate leadership meetings are held on a fortnightly basis ensuring that Chief Officer decisions are not taken in isolation and are assessed for impact across the directorate.



The Chief Officer meets weekly with the Cabinet Member for Social Care, Health and Accessible Services, monthly with the Leader of the Council and reports regularly into Cabinet. These meetings ensure proper oversight and accountability. The Cabinet Member has held their position since 2023 and over that time has developed a deep understanding of the service – its relative strengths weaknesses – allowing constructive challenge and driving the focus on outcomes for people.

The Chief Officer works within the framework of the Council's Community & Corporate plan 2022/28. The objective set within '*A Connected Place Where People Care*' aims to achieve:

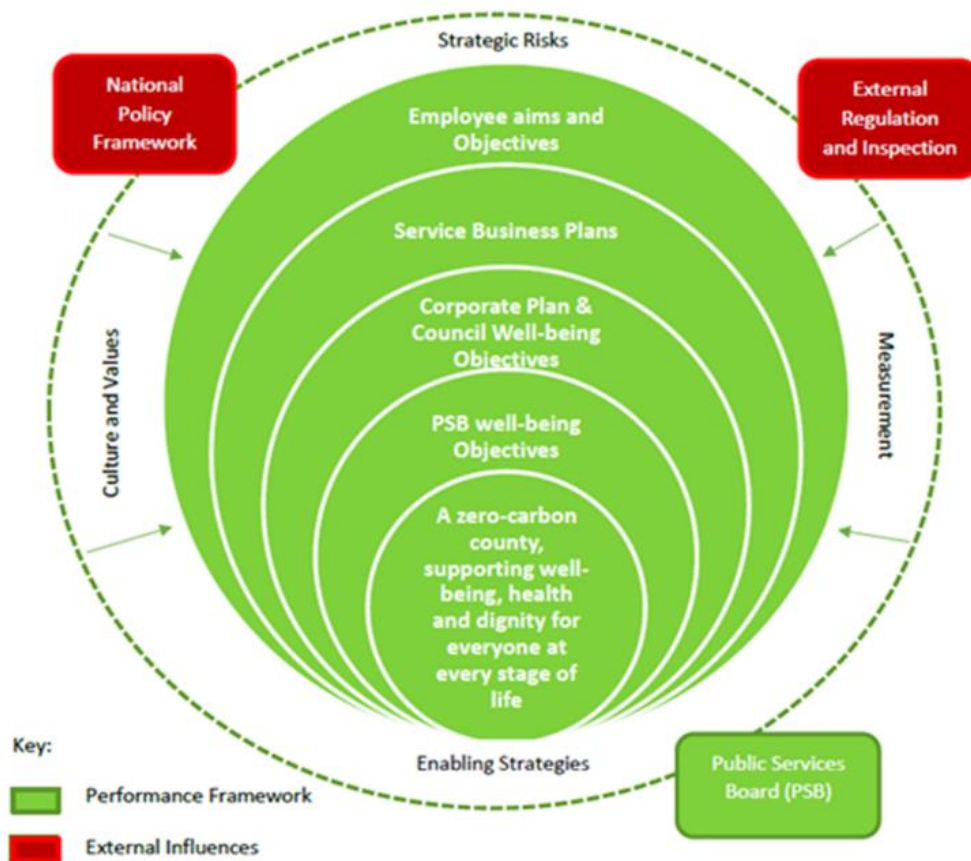
- High quality social care which enables people to live their lives on their terms
- A healthy and active Monmouthshire where loneliness and isolation are reduced, well-being is promoted, and people are safeguarded
- A professional and passionate social care workforce.

The Council's annual whole authority self-assessment process evaluates progress and performance against the objectives set in the Community and Corporate Plan. The report is available here [Council Performance - Monmouthshire](#)

Scrutiny plays a vital role in ensuring transparency, accountability, and continuous improvement within Monmouthshire County Council. The People Scrutiny Committee focuses on social care, education, and public health, reviewing service delivery and outcomes for residents, and making recommendations for enhanced quality and effectiveness. Wherever possible, key decisions affecting people receiving social care

services are taken to People Scrutiny. The Performance and Overview Committee scrutinizes the Council's strategic objectives and corporate performance, monitoring progress against key targets and plans, including the Community & Corporate Plan. Reports taken into scrutiny committees this year have included: The Director's Annual and Annual Safeguarding Reports (2023/2024); Updates on the Placement Development Strategy for Children; the outcome of CIW Children's Services Inspection Report and pre-decision scrutiny regarding proposed measures regarding Care Experienced People.

Monmouthshire Council Performance Management Framework



Workforce

The number of people employed within the social care workforce has remained consistent with approximately 820 colleagues. The workforce comprises 86% females and 14% males with a large part being part-time with an average of 23 weekly contracted hours across the whole service.

Adult Services has around 540 colleagues across all teams. There have been on average 23 vacancies throughout the period. This is a mixture of social work posts, occupational therapist and home care posts. The service has employed on average 3 colleagues through agencies during the year, usually occupational therapists and social work posts. Agency workers are used for critical cover to ensure that people's needs continue to be met in as timely a way as possible. The labour turnover for Adult Services is 15.37%.

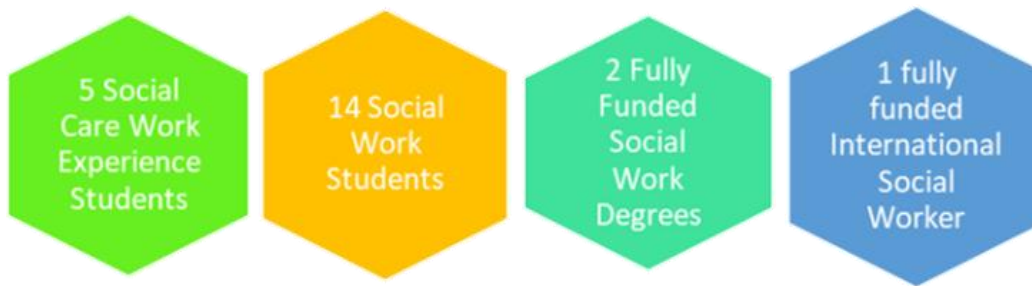
Children Services has an average of 280 colleagues working across multiple teams. There have been an average 6 vacancies. These are mainly social work posts. The Memorandum of Understanding between all the Welsh Local Authorities, regarding how agency workers are deployed, has made a positive difference in achieving a more stable workforce. There have been on average 6 agency workers during this period to cover both social work posts and business support. The labour turnover for Children Services is 10.71%.

Overall, management and leadership posts have been successfully covered from within the service reflecting the emphasis that remains on succession planning and supporting people's professional development. The demography of the workforce, however, indicates that encouraging people to enter the care sector as a positive career of choice remains a priority. We continue to work in partnership with local colleges and universities as well as remaining committed to supporting 'growing our own' social workers and practitioners.

Qualifications & Education

The workforce development team continues to support both existing and prospective employees with their education and learning, helping with the attraction and retention of people who have an interest in working for Monmouthshire.

In year 24-25 we have hosted and supported:

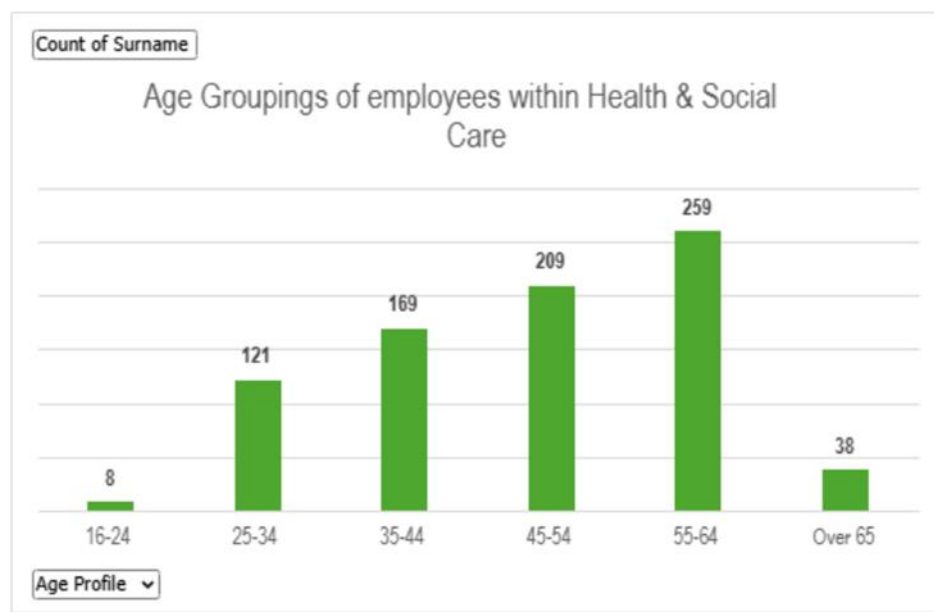


Further qualification opportunities across the directorate this year are as follows:



Workforce Planning

We take a strategic approach to workforce planning in response to population need and service changes. Understanding the demographics of the workforce is key to aid planning and identify workforce risks. Having a robust workforce data capture system and keeping the establishment up to date is crucial to understanding workforce issues, managing budgets, recruitment processes and forward planning.



Absenteeism across the directorate remains higher than we would wish it to be. To manage workforce absence in a fair and consistent way we are seeking to increase the focus on individual case management using a partnership approach between HR colleagues and line managers. This year, particularly within Direct Services, we are seeking to ensure that the optimal workforce structures are in place, both to deliver good quality services and promote staff wellbeing.

Wellbeing of the Workforce

Psychological illnesses, stress and mental ill-health are the highest reasons for absenteeism. There are several pathways in place to support colleagues with their welfare including Occupational Health, Counselling and financial advice. There are a range of peer networks in place for people affected by specific issues including peer groups for the menopause, people who are neurodivergent and people with disabilities. Support available is well signposted and detailed on our intranet.

The workforce development team have arranged for Human Resources colleagues to train in Connect 5 wellbeing training, as well as a train the trainer refresher session in preparation for the re-launch of the course for the workforce in 2025. Connect 5 is an Aneurin Bevan Health Board backed initiative which covers emotional, physical and mental well-being for self and others and provides sign posting to specialist resources through the Melo website.



In the summer, Children's Services hosted an Olympic event. This was a great opportunity to celebrate and have fun whilst fostering teamwork and connection within the service.

The head of adult services produces a quarterly newsletter to keep people updated and involved.

Financial Resources

The overall budget for 2024/25 for social care was £68,088,000 split over Adult Services (£42,771,000) and Children's Services (£22,317,000). Savings mandates of £4,949,000 were applied for 2024/25 with savings of £3,627,000 being achieved. Both Adult and Children's Services experienced financial pressures during the year with Adult Services showing an overspend of £1,357,000 and Children's £2,393,000.

Adult Services Pressures

Financial pressure within adult services arose through the cost of meeting existing and new demand for care provision, with increased demand and greater complexity reflecting the needs of an aging population. This contributed to overspending, particularly due to higher costs for care providers in line with changes in Real Living Wage and inflationary pressures. This year there was a £230K shortfall against the budgeted cost of in-year fee increases for provider services (including domiciliary care, residential care and support service contracts).

Another pressure arose through external care home placements which increased by 10% over the year increasing from 310 at the start of the year to 341 at year end. The service supports placements for older adults, dementia care and younger people with

complex learning disability or mental health support needs. Care home placements are not made without management oversight and where all other options for care provision have been explored. For non-residential care provision, there was an increase in the care provided towards the end of Quarter 2 and into Quarter 3 with a further increase in Quarter 4. At year end there 570 people supported and provided with 1,230 weekly care hours.

Additional financial pressures (£375,000) arose from the non-implementation of an expected care charging cap increase, partly offset by a small grant (£70,000).

On-going service development is aimed at achieving increased sustainability in the face of on-going demand. This includes the implementation of the reablement pathway; new approaches to commissioning; enhancing advice and support at the 'front-door'; and ensuring consistency around eligibility and the application of a strengths-based approach within assessments, care planning and reviews.

Children's Services Pressures

Over recent years the number of children looked after by the Local Authority continues to maintain a slight downturn. At year-end, numbers reduced from 200 (23/24) to 190 (24/25). There is considerable movement under these top-level figures with children leaving and exiting care. This year 70 children left care and 60 children entered care. The children who enter the care system tend to have more complex care and require more costly placements than the children stepping down from care.

A shortage of placements for children remains a significant challenge within the service with ongoing instability and uncertainty within external providers of both residential and IFA placements. The complexity of children's needs, together with on-going shortages in placements, continues to drive up the cost of children's care.

The £2.4mil overspend within children's services relates predominantly to the cost of new children coming into care (including those on a temporary basis) or where new placements have had to be sought following placement breakdowns. There was an added pressure this year because of the number of children requiring "Parent and Child" assessment placements. Although these placements are temporary, they are at extremely high cost.

The service has a well progressed placement development strategy which is starting to support the ambition to achieve better outcomes for children using in-house placements whilst representing better value for money. The recruitment of in-house foster carers

remains challenging. This year has seen an increase in the financial offer extended to foster carers to help recruit new carers and retain existing carers.

There is a range of family support services in place to manage risk in the community and work directly with parents to ensure that all opportunities for children to remain in family care or return to family care are maximised. The on-going success of this approach is illustrated by the ability to generate savings of £1.2mil through effective care and progression planning for children (a deficit of just of £100K against the mandate).

GRANTS

As in previous years, the directorate benefited from several Welsh Government revenue grants amounting to approximately £3mil including a Workforce grant, Regional Integration Fund and children's Radical Reform and Eliminating Profit grants. These grants were utilised in full and supported the development of core service provision in line with the relevant terms and conditions. In particular, the children's grants were used to further enhance and extend the suite of family support available to children and families with care and support needs. Family support has been the bedrock of the service achieving good outcomes for children, enabling children to remain with their families wherever possible and safely reducing the numbers of children in care. The fact that these services are funded through grants creates instability and uncertainty. Addressing this issue and maintaining effective family support is a key priority for 2025/26.

Budget for 2025/2026

The budget setting process for 2025/26 allowed for pressures of £7.8M to be introduced into the social care budget accounting for the full effect of new care provision, increases to employee National Insurance, enhanced payments to foster carers and potential uplifts to external provider fees. The pressure on social services budgets has a knock-on negative effect on other parts of the council's services. On-going attention at both a national and local level is required to ensure social care is on a sustainable financial footing. The directorate's performance around budgetary control, and its ability to meet further savings mandates, will remain under scrutiny during the year ahead.

Performance Assessment

People

“All people are equal partners who have choice, voice and control over their lives and are able to achieve what matters to them”

“Effective leadership is evident at all levels with a highly skilled well qualified and supported workforce working towards a shared vision”.

Across the service, we adopt a strength-based approach to working with people, listening to people's stories, exploring their experiences and learning about what matters to them. To help people achieve their personal outcomes we use partnership approaches - building on people's own strengths, assets and connections as well providing a range of formal care and support services. We train all staff in collaborative communication techniques to support these assessment conversations. A central objective is to help people feel independent and have control and agency over their own lives. We encourage people's involvement and participation so that people's voices help shape and influence the services we provide.

Children's

Social workers use core skills to establish relationships with children independently from their parents / carers wherever possible, including seeing them alone. Seeing children alone as part of an assessment was achieved in 98.8% of cases. This ensures that children have the opportunity to talk openly about anything that is worrying them.

Case Study: Family Group Conference

H was referred after discovering she was pregnant. Verified by drug tests, H was using Class A substances and stopped immediately upon confirmation of pregnancy. H lived with her mother and had no ongoing relationship with the child's father. FGC's goals were to identify and strengthen H's family support, plan for contact with the paternal family as well as keep H and her baby safely within the family network and reduce reliance upon formal care. 3 FGC's were held. The first created a robust birth support plan. Despite this, H was placed in a parent and baby unit post-birth where she thrived. The subsequent FGC's enabled supervised contact with the paternal family. H was supported through housing transitions and remained engaged throughout. H is now settled in permanent housing near her support network. The child has safe contact with his paternal family and his care order has been revoked.

Family Support Practitioners are skilled at establishing relationships with parents, helping motivate and engage parents in working towards outcomes that matter to them and that will make a positive difference to their children.

We support some children with a care and support plan through a Direct Payment. 57 children were in receipt of a direct payment last year, which is similar to previous years. Direct Payments allow choice in how people access the care and support they need to achieve their personal outcomes.

Advocacy ensures that children's views and feelings are considered in their care planning. The number of "Active Offers" of advocacy for children decreased during the year. The number of Independent Advocates that were provided increased slightly.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
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Advocacy and Direct Payments						
CH/016	The total number of children with a care and support plan where needs are met through a Direct Payment at 31st March	48	54	51	55	57
CH/056	The total number of "Active Offers" of advocacy for children during the year	-	105	98	98	69
CH/057	The total number "Active Offers" of advocacy for children during the year where an Independent Advocate was provided	-	43	42	24	29

Children's Services has a participation strategy in place. Over recent years this has served to encourage teams to develop ways of involving and engaging with children and young people. Here are some of our key highlights:

- The service organises an annual event to allow children and their social workers to have fun together. This is something children told us they value highly. It supports relationship building and rapport and helps children gain confidence in expressing themselves. This year saw a trip to Chessington World of Adventures.
- The Children with Disabilities team has collaborated with the Digital Team and SRS to develop an innovative app aimed at supporting children with disabilities. The goal was to create a tool that gives children with disabilities a voice and enables meaningful communication. After a thorough process of research, design, and development, the team successfully launched the app - VoiceMates. VoiceMates is a license-free, device-independent AAC (Augmentative and Alternative Communication) app that empowers non-verbal children to communicate through symbol-based sentence building and audio playback.
- The Council's Corporate Parenting panel operates with the active involvement of young people with care experience. Young people regularly attend panel meetings and there is an annual engagement workshop between care experienced people and corporate panel members. This helps to develop actions around areas of joint concern. As a result of the workshop a report was taken through Council on 19th September 2024, where the decision was taken to add *'care experienced people' to the Council's Integrated Impact Assessment, 'so that any impact of policy decisions on people with care experience is identified and taken into account when those decisions are made.'*

Adults

Adult social care practitioners focus on listening to people who need care and support to understand their views and enable them to achieve what matters to them.

This year we have fully implemented My Support Services – with a focus on individual choice and wellbeing. The service helps to reduce isolation, supporting people to access the community and do the things that matter to them. The fully developed hubs in Abergavenny and Monmouth are supporting this aim. Here are some examples of people's achievements.

Case Study: My Support Services

X's goal was to travel by bus on their own to meet their friends at a bowling group.

As part of the My Support Care plan, a step by step plan was created with staff slowly reducing the level of support. X achieved their goal.

X said "I feel confidence and independence for travelling by bus to Cwmbran on my own. Doing it totally on my own."

S aims to access the community and live independently. They currently attend a college in Usk. With travel training to and from college, they have become more willing to try tasks on their own and build confidence in other areas besides travelling. The support staff are now working to help S keep safe at home, for example while cooking. The support helps to motivate S to put in extra effort to reach their goal of becoming independent.

We continue to develop innovative ways of helping people increase their independence and sense of control in their lives. During the year, we have continued to support people using assistive technology, building on strong partnership between social care, housing colleagues and health. Assistive technology has the potential to significantly improve people's quality of life and sense of agency and control. The Assistive Tech service supports 996 clients and provided 310 new care line installations in 2024/25. There was a steady increase of people accessing digital support during the year (941 – 996).

Case Study: Assistive Tech

The assistive technology team received a referral for P. The referral stated that P had difficulties moving around the property in their wheelchair as well as remaining independent to carry out everyday tasks.

It was established that P was unable to open and close the curtains on their own. It was difficult for P to answer the doorbell. Additionally, P had difficulty independently managing light switches.

The doorbell was linked to an Alexa Show, so that when the doorbell is rung, the person can be viewed and a two-way conversation can be had with the visitor from an armchair.

Switchbot Curtain Openers were installed allowing P to open and close the curtains using voice commands.

Smart bulbs were installed around the property which can also be turned on and off using voice commands.

P said the technology has not been complicated to learn and it has made a significant difference to everyday tasks. They said it has been a godsend. P is very thankful for all the help and helping them remain independent at home.



In February 2024
the Chepstow
Assistive Tech
room was officially
opened.

Micro Care within Monmouthshire continues to grow providing opportunities for people to access community-based self-employed carers and provide flexible, personalised support to individuals in their local area. The number of micro-carers operating within

Monmouthshire increased over the year and to date there are 60 micro carers operating.

Case Study: MicroCare

C lives in Monmouth and has MicroCarer U as their carer.

C has physical disabilities.

“U takes me out, we go to different places, sometimes we do some gardening or cooking and U has helped my confidence and speech. The service for me has been life changing. U is more like my friend and we do have fun together. This project has changed my life, I now have something to look forward to every week.”

F lives in Chepstow, their mother has dementia and support was needed to sit and chat with her and go for walks etc. The MicroCarer B chats about their mutual interests and complete word searches together. “B has been brilliant – responsive and caring. She has supported me to work knowing mum is safe.”

Here are 2 recent client case studies illustrating the positive difference micro-care can make and the sense of choice and control it can provide.

Direct payments give people more choice and control over their own care and support. The number of people arranging their own care through a direct payment has decreased during the year from 140 – 120 people.

The number of people receiving the aid of an independent professional advocate has also decreased during the year, however, the circumstances of those requiring advocacy are increasingly complex.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
Advocacy and Direct Payments						

AD/013	The total number of adults with a care and support plan where needs are met through a Direct Payment at 31 March	123	139	149	140	120
AD/032	The total number of adults during the year where the need for an independent professional advocate was identified	-	-	39	29	21
AD/033	The total number of adults during the year where the need for an independent professional advocate was identified and an independent professional advocate was provided	-	-	38	28	20

Waiting Times

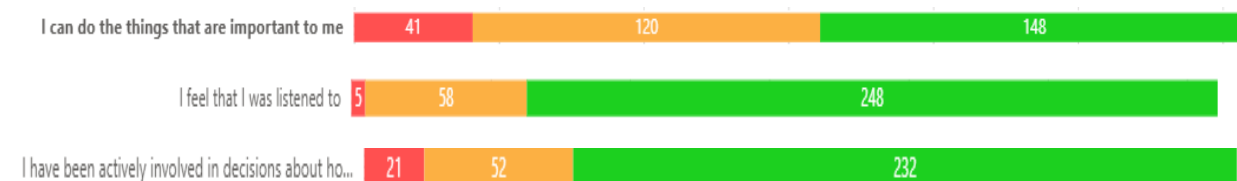
There remain challenges in responding to people's care and support needs as timely as we would want. This is due to continuing pressure across adult social care with referrals from the community as well as from hospitals. Delays in responding to people's needs can be extremely frustrating for people and in some cases can reduce the opportunity for preventative measures to be implemented.

People's presenting needs are becoming increasingly complex to resolve, which means more practitioner time spent on individual cases. We have worked hard to reduce waiting times for assessments and for domiciliary care. Although it is an improving picture there is still more to do. We are working to improve responses at the front-door and have implemented increased oversight of waiting lists.

	2024	2025
Number of people waiting for domiciliary care	33	13
Number of people waiting longer than 30 days	19	6
Number of hours of domiciliary care not filled	306	132

Number of people waiting for an SSWBA assessment	194	128
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Our service user questionnaire helps us understand how well we are achieving our aims. This year, a lower percentage of people feel involved in decisions about their care; feel listened to; and able to do the things that are important to them compared to the previous year.



Adults Questionnaire	2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Actual	2024/25 Actual
I can do the things that are important to me	51.3%	48.3%	48.7%	49.5%	47.9%
I have been actively involved in decisions about how my care and support was provided	83.0%	77.4%	76.6%	78.1%	76.1%
I feel that I was listened to	85.9%	81.4%	79.9%	80.4%	79.7%

Workforce

The strength of the service lies in our skilled and dedicated workforce. Practitioners work under significant demand pressures supporting vulnerable people and families through critical times in their lives. The job can be demanding and exhausting with high expectations around professional competence and performance. Ensuring that colleagues have access to effective professional and psychological support is an area of on-going attention.

Quality assurance processes are in place which helps support professional practice and we have developed bespoke training modules around specific areas of practice, for example Keeping Children Safe and the finance module (in Adult Services). We have re-launched our supervision policy but need to do more to ensure that this is fully embedded over the coming year.

In light of the scope and breadth of change programmes across the service, and within the sector as a whole, communicating and engaging so that colleagues feel listened to and supported remains a priority.

The social care workforce team is pivotal in ensuring that we have relevant training programs in place based on the needs of the service.



During the 24-25 year the social care Mon Workforce Development Team (MONWDT) have offered bespoke learning and development to Social Care staff, foster carers, connected carers and partners under the Social Care Wales Workforce Development Programme (SCWWDP) grant arrangement. The team has capitalised on the full implementation of the THINQI learning platform within the directorate to increase access to training. Face to face learning and development capacity has also been increased due to temporarily moving to Innovation House Magor in January 2025 where there is access to larger training rooms.

Core Training offer over 24-25 included:



Alongside of these, specific areas of work for the team included:

- Developing a training plan to support the service objective in the implementation of reablement pathway (Short Term Assessment and Reablement Team - START). This was undertaken in partnership with the integrated teams involving subject matter experts including occupational therapy, physiotherapy, falls practitioners, assistive technology and sensory impairment. Ensuring there is a training plan in place to support practice development during implementation will be critical to its success. Ultimately, this will help to reduce waiting times for assessments and maximise opportunities for people to remain as independent as possible.
- The team have been working in partnership with Children's services to develop a bespoke induction programme for the first cohort of children's residential workers in readiness for the first residential setting to open in summer 2025. The learning focus is developing the skills needed to support children effectively using trauma informed and attachment practice models within a residential children's home

environment. This will help children to develop personal resilience, social skills and support their pathway to increased levels of independence. This links to our placement development strategy - supporting children to live in Monmouthshire close to their homes and communities, feeling safe and supported whilst having opportunities to learn life skills.

Workforce Development priorities for 25/26 include:

- Implement the START project reablement competency framework
- Implement the Children's Residential Services training programme
- Increase training numbers for Best Interests Assessors - aiming to get all suitable practitioners qualified as Best Interests Assessors.
- Work alongside children's services and legal experts to develop and roll out a bespoke training plan to ensure the practitioners have the most up to date knowledge and experience in court matters.
- Upskill internal trainers to deliver training in line with the National Safeguarding Learning and Development Standards across the directorate.

Prevention

“The need for care and support is minimised and the escalation of need is prevented whilst ensuring that the best outcomes for people are achieved”

“Resilience within communities is promoted and people are supported to fulfil their potential by actively supporting people who need care and/or support including carers to learn develop and participate in society”

Providing early support and working to help promote individual and community resilience remains central ethos of the service. We have established a coordinated approach to early intervention in children's social services. The SPACE Wellbeing and Family Support Panel supports effective partnership working and continues to be a hub for early intervention and coordinated support for children, young people and their families. Although the total number of referrals into the service has steadily declined over the past 3 years (from the peak demand seen during and post Covid) the complexity of the presenting issues has increased. This has led to some families having to wait longer than we would want to receive the support they need. Primary referral themes relate to emotional, behavioral and psychological wellbeing issues for children.

Evaluation and feedback of family support services provides clear evidence of positive outcomes for families. During 2024/25, 100% of families reported a positive outcome

following a Building Stronger Families team intervention. This illustrates that supporting families in the right way, early on, can make a real difference in ensuring parents and children feel empowered and develop the strategies and tools they need to achieve what matters to them.

Early help services form the foundation of our long-term strategy to prevent and reduce the need for children requiring care.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
Prevention and early intervention (Children)						
Local	Percentage of families supported by early help services who report being helped with matter to them (pre statutory services)	84%	84%	87.5 %	100%	100%

Case Study: Building Stronger Families

The family self-referred due to concern's about their child 's difficulties managing emotions and anger at home which was affecting relationships with siblings and overall wellbeing. The goal was to support their child in developing emotional regulation and coping strategies, equip parents with Non-Violent Resistance (NVR) techniques, and improve overall family wellbeing through the Building Strong Families intervention.

11 direct work sessions were delivered using both therapeutic and solution-focused approaches. The child was supported in recognising emotions utilising games and taught coping strategies including, mindfulness, deep breathing and sensory activities.

Emotional support was promoted for all children and improved communication within the family. The child now confidently uses calming strategies whilst the parents manage challenging behaviours using NVR techniques and consistent boundaries. All outcomes from the Families First Plan were achieved and family dynamics have improved.

The Front Door

In 23/24 we saw a significant spike in contacts received by Children's Services. We undertook an audit to understand why this was. The audit highlighted strengths in statutory compliance, assessing risk across sibling groups and decision-making. However; the audit also highlighted challenges including inappropriate referrals from partner agencies, inconsistent thresholds and pathways, and high workflow pressures affecting staff wellbeing. As a result, we reviewed the resources and processes within the Early Help and Assessment Team and engaged with partners to align thresholds and improve understanding.

This year we have seen an expected decrease in the number of contacts received by children's services. In total, we received 5,819 contacts for children regarding statutory social services, a decrease of 17.7%. Less volume means that we can focus more on strengths-based practice and risk management early on, ensuring that each referral is responded to in the best way. Over two thirds of the total contacts were received from police, education and health.

We are expected to make a decision on how to progress a contact by the end of the next working day and during 2024/25 this happened in 100% of contacts.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
Front Door (Children)						
CH/001	The number of contacts for children received by statutory Social Services during the year	4329	5776	5825	7071	5819
CH/002	The number of contacts for children received by statutory Social Services during the year where advice or assistance was provided	2700	3379	3508	3879	3223
CH/003	The number of contacts received by statutory children's social services during the year where a decision was made by the end of the next working day	3042	5769	5698	7065	5818
Local	<i>The percentage of contacts received by statutory children's social services during the year where a decision was made by the end of the next working day</i>	70.3%	99.9%	97.8%	99.9%	100.0%
Front Door (Young Carers)						
CA/011	The total number of contacts to statutory social serviced by young carers or professionals contacting the service on their behalf received during the year	143	233	259	282	224
CA/012	Of those identified, the number where advice and assistance was provided	61	86	106	157	124

Assessments

In line with the reduced number of contacts received for children at the front door of children service in 2024/25, there has been a corresponding 20% decrease in the number of completed assessments. Following the completion of an assessment, 33% of

these assessments recommended the need for a care and support plan which is proportionately comparable to previous years.

We are expected to conclude assessments within the statutory timescales of 42 working days and during 2024/25 we achieved this for 97.1% of assessments. This means that children and families are receiving the support they need in a timely way.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
Assessments (Children)						
CH/006	The total number of new assessments completed for children during the year	828	884	907	1088	872
Local	<i>The percentage of new assessments completed for children during the year where:</i>					
Local	<i>Needs were only able to be met with a care and support plan</i>	30.1%	29.9%	27.9%	34.4%	33.3%
Local	<i>Needs were able to be met by any other means</i>	54.1%	48.0%	54.4%	48.0%	49.9%
Local	<i>There were no eligible needs to meet</i>	3.1%	1.9%	1.8%	3.2%	3.9%
Local	<i>The percentage of assessments for children completed during the year where there is evidence that the child has been seen</i>	95.1%	96.9%	98.3%	98.3%	98.8%
Local	<i>The percentage of new assessments completed for children during the year that were completed within statutory timescales</i>	87.1%	91.2%	92.3%	95.9%	97.1%
Assessments (Young Carers)						
CA/014	The total number of young carers needs assessments undertaken during the year	36	40	29	16	25
CA/015	The total number of young carers needs assessments undertaken during the year where:					
CA/015a	Needs could be met using a young carer's support plan or care and support plan	16	18	10	12	10
CA/015b	Needs were able to be met by any other means	13	11	11	4	11
CA/015c	There were no eligible needs to meet	0	0	1	0	0

Adults

One of the prime drivers for increased demand in adult social care is the county's demographic with is seeing an increasingly ageing population. The proportion of residents aged 65 and over is expected to increase to 33.6% by 2043, compared to 25.7% across Wales. Ensuring the sustainability of adult social care requires on-going strategic attention. We want our services to work preventatively and focus on supporting people, especially our more vulnerable and deprived residents, so that people can live well and independently for as long as possible. We feel there is more that we can do across the council to facilitate a coordinated and targeted approach to prevention, strengthening and promoting the vibrant network of community-based support (both formal and informal) which currently exists. This will be a key area of focus over the coming year.

Front Door

When people contact social care, multi-disciplinary professionals are available at the first access point. During 2024/25, the front door of adult services received 8,119 contacts, almost three quarters (5,945) were from people not already in receipt of care and support. Health colleagues continue to be the main source of contacts received.

Of the new contacts received, 3,626 were provided with advice or assistance. Feedback from our customer questionnaire shows 78% (234 / 300) of adults receiving care and support feel they have had the right information or advice when they needed it. Although this relates to people right across the social care system, we would like to see that figure improve.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
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Front Door (Adults)						
AD/001a	The total number of contacts for adults received by statutory Social Services during the year	-	-	8806	8085	8119
AD/001b	The number of contacts for adults received by statutory Social Services during the year which were new contacts	5787	6633	6437	5951	5945
AD/002	The number of contacts for adults received by statutory Social Services during the year where advice or assistance was provided	3961	4215	3808	3635	3626
Front Door (Carers)						
CA/001	The total number of contacts to statutory social services by adult carers or professionals contacting the service on their behalf received during the year	226	272	351	352	288
CA/002	The number of contacts by adult carers received by statutory Social Services during the year where advice or assistance was provided	88	92	128	129	84

Adults Questionnaire	2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Actual	2024/25 Actual
I have had the right information or advice when I needed it	82.5%	77.4%	75.1%	77.6%	78.0%

We are seeking to strengthen the front-door of adult services to help improve the quality of the information, advice and assistance we provide when people first contact us. We are currently developing a small team of specialist IAA roles to help provide clear and consistent advice and strengthen pathways into community-based support. We are confident that by providing good quality front-door services we reduce the demand and overall waiting times for people who require a more in-depth assessment.

Carers and Young Carers

Providing helpful information to carers is an important element of prevention. 288 contacts were received regarding carers during 2024/25, of which 84 were provided with advice or assistance. The strategic direction of the Carers remit has been to develop and provide relevant information that supports both unpaid carers and professionals alike. To that end, the Monmouthshire Carers Network page has had a refresh, which includes useful signposting links, handbooks and easy to use sign up forms.

Welcome to Monmouthshire Carers Network - Monmouthshire

Welcome to Monmouthshire Carers Network
Article last updated: 30th April 2025



The content is based on common queries we receive and aims to help readers decide their next steps and where to go for support.

Carers' support can often be less formal, such as offering a range of free events and activities. Events remain popular, for both adult and young carers alike. Young carers' attendance increases when parents—and sometimes siblings—can join. Parents say they value time out with their child, away from the caring environment. For many, it's a rare chance to enjoy quality time as a family. Ensuring that carers are actively sign-posted to informal support can be of real benefit in developing peer networks and in helping people sustain their caring roles. This year the numbers of carers registered with the carers team increased from 900 (23/24) to 1,100 in (24/25). Whilst it is a positive that more carers are accessing support, we would like to do more to integrate how the core teams work collaboratively with carers in achieving their personal wellbeing outcomes.

Attendance Numbers	
YC's	190
Adult Carers	411
Number of YC Events	5
Number of Adult Carer Events	12

Feedback from Events

“Great fun and a chance to meet other young carers.” (Young Carer, Drayton Manor Park & Zoo)

“Thank you for giving us a break from everyday caring. It was a real treat.” (Adult Carer, Forest of Dean Railway Trip)

Community Conversations

For people who need additional help to access support we are looking to implement a standard process for accessing “community conversations” within each of the integrated teams. Community conversations are designed to empower residents to share what matters most to them, identify what support they need and work collaboratively to find solutions. Community Conversations are one way in which we want to promote well-being and resilience, helping people connect with community-based activities that prevent, delay, or reduce the need for formal care.

Case Study: Community Conversations

Mrs X is living with dementia and was supported by her husband Mr X in their own home. He provided constant support, reassurance and orientation to Mrs X. Sadly Mr X died suddenly. The family stepped in, but there was a lot to juggle. The family contacted the Integrated Service to ask for support and felt that the only outcome would likely be for Mrs X to enter a care home placement. The social worker brought the family situation into a community conversation. Through discussion within the group a package of support was designed to complement and underpin what the family could do. The support that was offered included a day-centre space for Mrs X with help from Bridges Community Car Scheme to travel there; a befriender for Mrs X; a ‘sitting service’ for additional respite for the carers; access to the memory loss group for Mrs X and her daughter and a visit from The Alzheimer’s Society to give advice to the family about living with dementia. Mrs X was able to remain safely in her own home – an outcome that everyone wanted.

The social worker said: “Meeting regularly with these core members of the Community Conversation means we have strong links as workers, and can therefore discuss people and their situations together in confidence and act quickly, without having to fill in multiple referral forms which don’t represent the full story for a person and their families. It also avoids residents and their families having to repeat their story to every agency who receives a referral, as the workers are far more informed at the starting point.”

Our aim for 25/26 is to ensure that community conversations become fully fledged across north and central teams and that we evaluate the impact on people.

Reablement

The mainstay of prevention within adult services is reablement. Reablement aims to support people to relearn how to do daily activities and increase their independence and confidence. During 2024/25, we provided 309 packages of reablement, with 55.7% of these mitigating the need for further support and 13.3% reduced the need for support.

Although we have been heading in the right direction, there is still more we want to do to increase the number of people accessing the opportunities that reablement provides. Using our integrated structures with health, we are re-designing the reablement pathway including the way we undertake assessments and deploy specialist home carers using our existing workforce. We will be trialing the new approach to reablement in the south of the County during 25/26 aligned to the work we are doing to commission long-term care differently.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
Early Intervention and Prevention						
AD/010	The total number of packages of reablement completed during the year	291	240	184	331	309
AD/011	Of which:					
AD/011a	Reduced the need for support	50	54	32	47	41
AD/011b	Maintained the need for the same level of support	45	36	35	74	69
AD/011c	Mitigated the need for support	171	122	106	183	172
AD/011d	Neither reduced, maintained nor mitigated the need for support	25	28	11	27	27
Local	<i>The percentage of packages of reablement completed during the year that mitigated the need for support</i>	58.8%	50.8%	57.6%	55.3%	55.7%

Case Study: Reablement 1

J was referred for emergency reablement via the Duty Social Workers after involvement in a severe accident. They were discharged from hospital reporting they had friends who would support them once home. Once home, J began struggling and realised there were things their friends could not help with. Initially a single reablement call was put in place. On the first day it was noted that J presented as very upset, hungry and thirsty. It was apparent that J was feeling traumatised from the accident and needed help to build their confidence, strength and stamina. Initially, J required full assistance with all personal care and meal/drink preparations. After 2 -3 weeks with the Reablement Team they showed improvement in themselves, appeared less traumatised and their injuries were healing with less pain present. J now has visits twice daily and is engaging with making meals and drinks as well as helping more with personal care. With the determination and support of the Reablement Team J is well on her way to independence and achieving what matters to them.

Reablement maximises people's independence and will help to mitigate demand pressures. Here are a couple of good examples of the difference reablement practice can make for people.

Case Study: Reablement 2

D was referred to the reablement team following a prolonged period of being bed-bound. Whilst D had a care agency assisting them the care only allowed D to sit out of bed for a maximum of 15 minutes. D's goals were focused on improving her daily quality of life by spending more time out of bed. Sitting tolerance needed to be built up incrementally and a collaborative care plan was developed involving the reablement team, social worker, physiotherapist, GP and occupational therapist.

A person-centered flexible approach was maintained and the team ensured that D's progression schedule was aligned with their physical condition and comfort.

Over an 8 week period, D's outcome was achieved reaching 4.5 hours in week 6. D regained the ability to eat upright, watch television and their social engagement has improved significantly.

Assessments and Care & Support Plans

We have been implementing a renewed focus on assessment and review of care and support needs for adults requiring social care support to ensure residents receive the right support to meet their outcomes.

The number of assessments for adults we completed during 2024/25 has increased compared to the previous year, with 2,340 completed in total. Almost one third of those we assessed had needs that require a care and support plan. This is similar for assessments of carers, with an increase in assessments and a similar proportion requiring support.

Regarding carers there was a steep increase in the number of carers assessments undertaken and the number of formal carers' support plans in place.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
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Assessments (Adults)						
AD/004	The number of new assessments completed for adults during the year	2035	2177	2205	1929	2340
AD/005	Of which:					
AD/005a	Needs were only able to be met with a care and support plan	721	826	671	486	689
AD/005b	Needs were able to be met by any other means	630	542	583	482	557
AD/005c	There were no eligible needs to meet	627	506	553	573	522
AD/012a	The number of adults with a care and support plan at 31 March	1813	1728	1651	1580	1378
Assessments (Carers)						
CA/004	The total number of carers needs assessments for adults undertaken during the year	132	196	192	147	299
CA/005	Of which:					
CA/005a	Needs could be met with a carer's support plan or care and support plan	39	48	58	34	83
CA/005b	Needs were able to be met by any other means	32	43	63	24	30
CA/005c	There were no eligible needs to meet	55	25	27	44	40

Partnership and Integration

Quality Standards:

“Effective partnerships are in place to commission and fully deliver fully integrated, high quality sustainable outcomes for people”

“People are encouraged to be involved in the design and delivery of their care and support as equal partners

Children's

Partnership arrangements within the directorate remain strong. Within children's services, care and support plans depend on solid partnership working across teams and with our various partners including health, education, housing and probation amongst others. At the end of the year, 585 children had a care and support plan in place. This is an increase of 83 from the number of children that we were supporting at the same point last year.

The number of young carers with a care and support plan that includes support for their caring role has remained relatively stable.

Targeted family support is the bedrock of achieving good outcomes for children. It is deeply embedded within the service, founded on an integrated approach between therapists, psychologists, foster carers, family support practitioners and social workers. Over recent years we have continued to develop family support tailored to the needs of children and families. This means that we can support families according to the specific risk factors and issues that are affecting them. Access to family support can be on a voluntary basis following an assessment; during a period of child protection registration; if a child needs additional support because of their disability or if a child is looked after.

This year we supported 67.5% of children with a care and support plan to remain at home. The proportion of children supported to remain at home shows a gradual upward trend which correlates with our objective of safely reducing the numbers of children in care.

With the help of Welsh Government grants, we have expanded family support services further this year including:

- Family Resolutions Team – providing a holistic and intensive interparental conflict and domestic abuse service
- Families Reconnect Team – supporting Children Looked After to return home to their family through assessing and managing risk in the community.
- The Out of Hours Support Service - providing supervision and support for children to remain at home during Child Protection investigations or Court ordered assessments.

All of our family support services work collaboratively to reduce need and support families to live lives on their own terms - promoting resilience and helping people to learn, develop and define their own best outcomes.

Case Study: Family Support & Protection Team

Prospective parents with learning difficulties were referred to the Family Support and Protection Team (FSPT). The parents completed both pre and post baby parenting work as well as Circle of Security. After the birth, mother, father and baby were all placed into a parent and baby foster placement. The

FSPT found that the parents were struggling with their relationship and there was some conflict present and so the Family Resolution Team became involved.

This was extremely positive and enabled them to communicate more effectively and become a better team as parents.

With the nature of the foster carers, social worker, family support worker and the work that the family did the family are now thriving in the community.

Case Study: Family Resolution Team

The family had a domestic abuse relationship within a household with 3 children. The parents were still cohabiting despite being separated for a year and were referred to Social Services following an incident of domestic abuse.

The mother was enrolled in the Freedom Programme for Women and the father completed the Healthy Relationship for Dad's based on the Freedom Programme for Men. Both completed the work and the mother decided she needed to leave the home and the relationship.

The Family Resolution Team collaborated with housing for emergency housing and furniture.

To enable successful co-parenting mediation was initiated and agreements were met and this enabled the family to reach a place where they closed to children's services.

Diverting children from coming into care and helping children safely exit care is intensive work. It can require multi-agency involvement and careful care planning and risk management to ensure that the right outcome is achieved. In this respect it is critical that social workers and managers are supported in their practice and decision making. Supporting children to live safely within their homes and communities remains the central objective of the service.

Reviews

Reviewing care in a timely way helps us ensure children are receiving appropriate support and protection. In the last year, we undertook 97.9% of child protection reviews on time, this is a significant increase on previous years. We completed all the reviews of children looked after within statutory timescales with 100% being completed on time. During 2024/25, we focused on increasing the timeliness of reviews of children requiring care and support, we achieved this by increasing the reviews completed in statutory timescales to 88.7%.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
Plans (Children)						
CH/015a	The number of children with a care and support plan at 31st March	515	518	542	502	585
Local	<i>The percentage of children supported to remain living within their family</i>	58.6%	59.8%	61.1%	60.2%	67.5%
CH/016	The total number of children with a care and support plan where needs are met through a Direct Payment at 31st March	48	54	51	55	57
CA/017b	The number of children or young people with a care and support plan who also have carer responsibilities	22	34	32	28	35
Local	<i>The percentage of reviews due during the year that were completed within statutory timescales, which were:</i>					
Local	<i>Child protection reviews</i>	94.2%	96.0%	84.0%	81.7%	97.9%
Local	<i>Looked after reviews (including pathway plan reviews and pre-adoption reviews)</i>	99.8%	98.6%	99.0%	99.6%	100.0%
Local	<i>reviews of children in need of care and support (including children supported by a direct payment)</i>	67.3%	66.3%	65.4%	77.1%	88.7%

Adults

Within adult services partnership working is brought together under the Integrated Services Partnership Board (ISPB), which is co-chaired between the Head of Monmouthshire Borough, Primary and Community Care Division and The Chief Officer. The Board represents the integrated leadership structure between primary and community health and social care within Adult Services. The County's Neighborhood Care Networks are represented via the 2 GP leads (north and south) and the voluntary sector has a clear voice, represented through GAVO.

At a strategic level the partnership is developing a shared understanding of the county's population needs, gaps in services and how resources can be best aligned to improve outcomes. Operationally, strong relationships engender shared problem-solving and flexibility across the workforce. Examples of this include the development of community links workers, the expansion of frailty services in the north of the county, shared commissioning approaches to supporting people living with dementia and the partnership approach to improving hospital discharge arrangements.

Over the next year, a central objective for the partnership is to continue to focus on preventative approaches to responding to local needs aligned with ABuHB model of Place Based Care. Wherever possible, we will advocate for increased autonomy at a local level so that as a partnership we can use resources to build on existing strengths and tailor services to local communities.

Care and Support Plans and the Provision of Services

We supported 1,378 adults with a care and support plan which is a decrease on the previous year. [There has been a renewed focus on data cleansing and validation which has exaggerated the apparent difference.] We are seeing an increase in the complexity of people's support needs, linked to the county's aging demographic.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
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Care and Support Plans (Adults)						
AD/012a	The number of adults with a care and support plans at 31 March	1813	1728	1651	1580	1378
Care and Support Plans (Carers)						
CA/008a	The number of adult carers with a support plan at 31 March	68	105	86	70	32
CA/008b	The number of adults with a care and support plan who also have carer responsibilities	41	64	50	50	30

Supporting people effectively requires a partnership approach, just as it does within children's services. Our integrated structure within adult services facilitates this and helps achieve flexibility through a shared approach across social care, Occupational Therapists and Physiotherapists.

Case Study: Occupational Therapy

E was identified as a functional alcoholic with depression and anxiety whose goals included regaining functionality and to improve their quality of life after experiencing self-neglect, malnutrition and frequent falls.

E was discharged from hospital with reablement services but initially refused to engage.

An OT technician visited E and using an activity analysis and a graded approach, tasks were broken down into manageable steps. They also worked on helping E to leave the house with family members and interact within the community.

E has since reconnected with key people, and is developing meaningful relationships. Their quality of life has significantly improved and they have managed to leave the house and interact in the community. Anxiety has been reduced and confidence has increased.

Supporting Carers through partnership approaches

Under the auspices of the Regional Partnership Board, this year has seen the introduction of Dementia Hubs across the five Gwent local authority areas. The hubs

function as a one-stop shop offering information, advice, and support for individuals living with dementia and their caregivers. Services include dementia cafés, support groups, and signposting to local resources. The Monmouthshire pilot is currently located at the Wellbeing Information Centre (WIC) in Abergavenny and is operated by the Alzheimer's Society.

For carers who have been assessed as requiring more formal care and support the Bridging the Gap Gwent service is making a real difference. The Bridging the Gap service in Monmouthshire is a preventative respite scheme designed to support unpaid carers both adults and young carers - by offering them short breaks from their caring responsibilities. This initiative is coordinated by the carers team in partnership with NEWCIS, the North East Wales Carers Information Service. Bridging the Gap Gwent has provided vital opportunities for both Young Carers and Adult Carers in Monmouthshire to take a break, recharge, and reconnect with themselves and others. Over the last year, there has been an increased awareness about the service reflected in a significant increase in referrals from 44 in 2023/24 to 146 in 2024/25.

Domiciliary Care (Care at Home)

Over the year we have continued to improve access to care at home for those who need it. A combination of our activities and external factors has seen the market for care at home stabilise. As a result, we have been able to significantly reduce the number of unmet care hours from 804 in March 2023 to 132 hours in March 2025, with 98.2% of hours of long-term domiciliary care now being fulfilled.

We provide care at home through a mixture of in-house provision and through commissioning with external provider agencies. We have developed a long-term strategy for commissioning domiciliary care through awarding longer-term block contracts and moving away from the current spot-purchase / brokerage model. One of the aims is to provide high quality, sustainable domiciliary care across the county and to foster an integrated partnership approach with our providers. This strategy aligns with the tenets of place-based care and will help to ensure that we have sufficient in-house provision to focus on reablement. The Domiciliary Care Commissioning strategy was approved in May 2024, and the first stages are currently being implemented. Taking the commissioning strategy forward is a priority action for 2025/26.

Hospital Discharge

We work with partners in both primary and secondary health to prevent unnecessary admissions to hospital and support timely discharges. We are expanding our specialist integrated services aimed at supporting frailer people to get the acute help they need at

home and avoid any unnecessary admission to hospital. We want to use shared data so that we can offer high level preventative services to those people who are the most at risk of hospital admission. When they are admitted to hospital, frailer people potentially encounter longer stays. These ideas are at early stages and will continue to form the basis of partnership discussions over the year ahead.

Managing the pressure within the hospital system and ensuring well-coordinated, timely discharges for people remains challenging and forms a significant proportion of our work in adults' services. The impact on social care is exacerbated during periods when the health board is experiencing pressure within their acute sites.

There are risks associated with people remaining in hospital longer than necessary. To tackle this, we convene weekly multi-disciplinary meetings to identify and unblock delays when they arise. The main reasons for social care delays include waiting for assessment, capacity in care homes and capacity within reablement and domiciliary care.

Our performance is closely monitored and measured on the basis of the number of delays (people) and the total number of days delayed. The number of patients awaiting discharge varies during the year. Throughout 2024/25 our performance demonstrated that the number of Monmouthshire residents delaying in hospital ranged from 49 to 63 per month. At year end (March 2025) it had reduced to 41 patients, 26 of whom were awaiting discharge for social care reasons. More significantly, at year end (March 2025) the total number of bed days taken up with medically fit Monmouthshire residents had reduced from its highest at 3392 in November 2024 (55 people delayed) to 1325 (41 people delayed) demonstrating a significant improvement in the length of time individual Monmouthshire residents were delayed in hospital beds waiting for adult care services to support their safe discharge.

During 2025/26 we want to use the framework of the ISPB to reflect on learning and continue to put in place mechanisms for avoiding unnecessary admissions to hospital and achieving timely discharge.

Care home placements / residential care

Whilst we have seen a gradual reduction over the year in the number of adults in receipt of home care, from 535 in April 2024 to 475 in March 2025, correspondingly there has been an increase in the number of adults in receipt of residential care over the same period, from 319 in April 2024 to 357 in March 2025. The increasing need for residential

care is a trend nationally, in Monmouthshire this increased demand is mainly due to an ageing population and increasingly complex needs requiring increased support.

Reviews

Our continued focus is on ensuring we have the capacity and support available to review and assess care requirements to provide support that meets needs with the right services, allowing choice and consistency including the provision of reablement to try to reduce further needs. 70.5% of adult's care was reviewed in the year, an increase from previous years.

Feedback from adults' social care services users shows continued high levels of satisfaction with their care and support; 84.7% of adults were happy in 2024/25, the same as the previous year.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
Provision of Services and Reviews						
AD/012a	The number of adults with a care and support plan at 31 March	1813	1728	1651	1580	1378
AD/016	The number of care and support plans for adults that were due to be reviewed during the year	-	2094	1717	1580	1296
AD/017	The number of care and support plans for adults that were due a review in the collection year and were reviewed at least once during the collection year	-	1123	987	856	914
Local	<i>The percentage of care and support plans for adults that were due a review in the collection year and were reviewed at least once during the collection year</i>	-	53.6%	57.5%	54.2%	70.5%
AD/030	The total volume of services provided on 31 March	-	-	1,380	1,368	1,163

Adults Questionnaire	2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Actual	2024/25 Actual
I am happy with the care and support I have had	89.0%	86.9%	83.5%	84.6%	84.7%
The service I get is reliable and I'm told about any changes in good time	82.1%	75.8%	79.1%	78.4%	73.5%

I usually get assistance from the same staff	70.1%	68.4%	71.3%	70.3%	65.3%
Do you think that the care and support you get still meet your needs?	91.2%	87.9%	87.0%	89.4%	86.4%

Partnership approaches to support the development of placements

Ty Castell

In November 2024 the council opened its first bespoke supported accommodation Ty Castell for young people aged 16 and over. The provision is aimed at young people who are stepping down from residential care or foster care or emergency and requiring a stable environment to work toward independence plans. Ty Castell is operated in partnership with an independent provider, with whom MCC has developed a strong working relationship. The project was enabled through capital money working through the Regional Partnership Board and depended on a close partnership approach between children's services, estates and commissioning teams. Whilst not without its teething problems, the project has been operating at full capacity in line with its intended aims, supporting young people to remain in, or return to Monmouthshire, and develop their independence.

Severn View Parc

July 2024 saw the official opening of Severn View Parc, which has been acclaimed as a pinnacle of partnership working between health, housing, Welsh Government and social care. Severn View Park is a specialist care home for people living with dementia. The home provides 32 bedrooms for long-term support, using a relationship-centered household model of care. There are 8 short-term beds to support access to both respite and reablement. The new care home aims to maintain connections with the surrounding community and is proving its worth in supporting great outcomes for people.

Case Study: Severn View Parc

Elderly couple Mr and Mrs D, had been together for nearly 6 decades. Mrs D, is living with advanced dementia and Mr D is her main carer despite being in his 90s with his own significant health challenges. Mr D was determined to continue caring for his wife at home but it was becoming increasingly difficult for him to manage her personal care needs alone.

The couple were supported by professionals through reablement with twice daily personal care which enabled Mr D to rest more and to maintain his caring role for longer. A short-term respite was arranged at Severn Park to enable Mr D to have a much needed break.

Over time as their health needs increased it became clear that long-term residential care would be required. Mr Ds positive experience with respite at Severn View gave him the confidence and reassurance that his wife would be well looked after.

Mrs D is now a settled resident in Severn View and is visited by her husband almost daily using his mobility scooter.

Mr D can't speak highly enough of the staff - "they are beyond brilliant"

Wellbeing

Quality Standards:

"People are protected and safeguarded from abuse and neglect and any other types of harm"

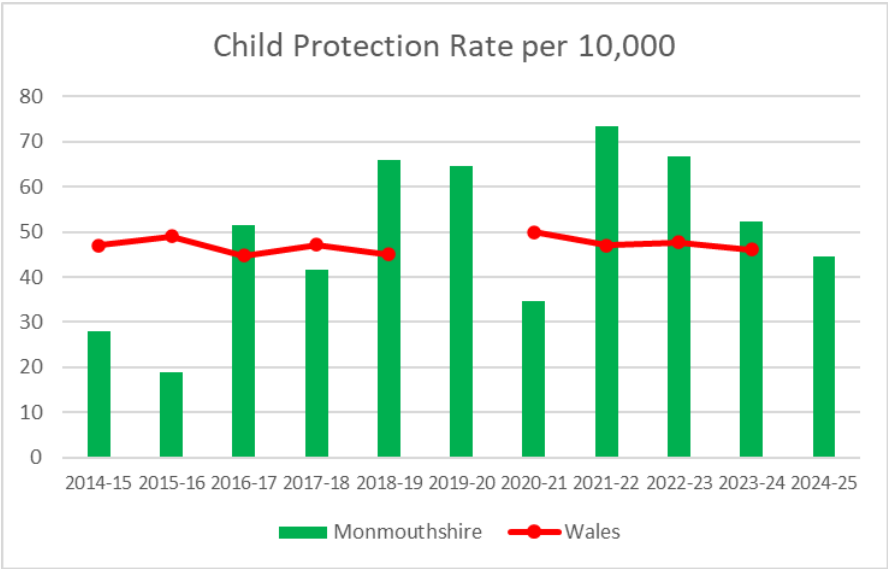
"People are supported to actively manage their well-being and make their own decisions so that they are able to achieve their full potential and live independently for as long as possible"

Children

We have robust processes in place to ensure that children are protected from abuse and neglect. All new contacts into the service are screened through the safeguarding hub where decisions are made about any next steps required. During the year we undertook 697 safeguarding, Section 47 (child protection) enquiries, a 4% decrease on

the previous year. The number of enquiries that progressed to an initial child protection conference decreased from 153 in 2023/24 to 116 in 2024/25. These slight decreases relate to the work that we have been doing at the front door to support decision making and promote strength-based practice and active risk management early on.

The number of children on the child protection register at the end of the year has also decreased from 89 in 2023/24 to 76 in 2024/25. The rate of 45 children on the child protection register per 10,000 child population in Monmouthshire is in line with the most recently published Welsh rate from the previous year, 2023/24.



The percentage of children who have been re-registered on the child protection register within a year of being removed has increased from the previous year to 4.7%.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
Safeguarding Children						

CH/021	The number of Strategy Meetings held during the year that progressed to Section 47 enquiries	453	630	641	729	697
CH/022	The total number of Section 47 enquiries completed during the year that progressed to Initial Child Protection Conference	113	176	145	153	116
Local	<i>The percentage of initial child protection conferences held during the collection year that were held within statutory timescales</i>	42.6%	23.6%	79.3%	79.7%	83.6%
CH/026a	The total number of children on the child protection register at 31 st March	60	123	113	89	76
CH/027	The total number of initial core group meetings held during the year	78	131	127	134	103
CH/028	The total number of initial core group meetings held during the year that were held within statutory timescales	72	120	112	120	98
Local	<i>The percentage of initial core group meetings due during the year that were held within statutory timescales</i>	66.7%	76.4%	86.8%	87.6%	92.5%
CH/029	The total number of visits to children placed on the child protection register that were due during the year	2115	2161	2566	2533	1940
Local	<i>The percentage of visits to children placed on the child protection register that were due during the year that were completed</i>	-	-	65.0%	94.6%	98.2%
Local	<i>The percentage of visits to children placed on the child protection register that were due during the year that were completed within approved timescales</i>	66.6%	58.1%	37.5%	63.6%	81.4%
Local	<i>The percentage of re-registrations of children on local authority Child Protection Registers (CPR)</i>	5.6%	0.6%	4.7%	0.7%	4.7%
Local	The average length of time for all children who were on the CPR during the year	302	215	263	283	255

A specific area of focus this year was to improve the timeliness of statutory visits to children on the child protection register. We did this through practical support, training and mentoring and increased management oversight of data. In the last year we completed 81.4% of visits within the required timescales. Where children are at risk of

harm or abuse, statutory visits are one of the ways in which we ensure children's safety and welfare.

We also increased the timeliness of initial child protection conferences, with 83.6% completed within statutory timescales. Following registration, core group meetings are held to implement and review the multi-agency child protection plan. The percentage of initial core groups undertaken within 10 working days from conference has increased to 92.5%.

These figures show a significant improvement compared to previous years, with our aim now to ensure this improvement is maintained.

A period of child protection triggers intensive family support work and monitoring usually on a multiagency basis. A care, support and protection plan is put in place to focus on what outcomes must be achieved in order to keep the child / children safe. The majority of families access support effectively and are able to reduce risks so that children can be de-registered.

Case Study: Myst

X was removed from their birth mother's care as a baby and subsequently spent time in foster care before adoption. X was referred to MyST to help stabilise the family system and enable X to remain at home. X presented with psychological needs and risk of exploitation. MyST intervention included using attachment theory, behavioural theory, and systemic practice as well as a 24 hour on-call service. X had weekly sessions with his Young Persons Practitioner and engaged in direct therapeutic work to develop emotional literacy, distress tolerance and emotional regulation skills. MyST worked with X intensively for almost 2 years and now X has developed more confidence and reduced anxiety when out in public. X successfully passed all of their G.C.S.Es and at the point of closure was attending sixth form. X's risk of exploitation has been significantly reduced and they have been removed from the Child Protection Register.

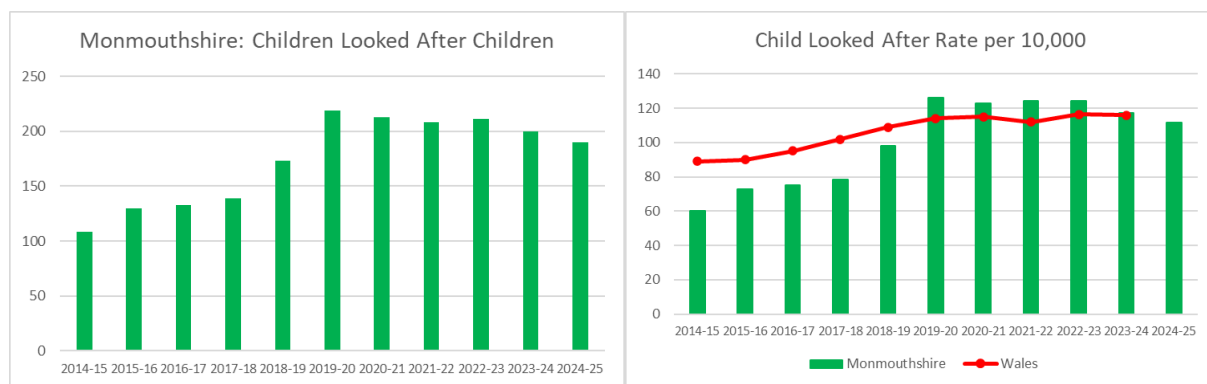
X - "I'm a much happier person now, more excitable"

Some families need support over a considerable period of time in order to sustain the positive changes they have made.

This case study from MYST is a good example of the difference that can be made through being able to maintain support over a longer period.

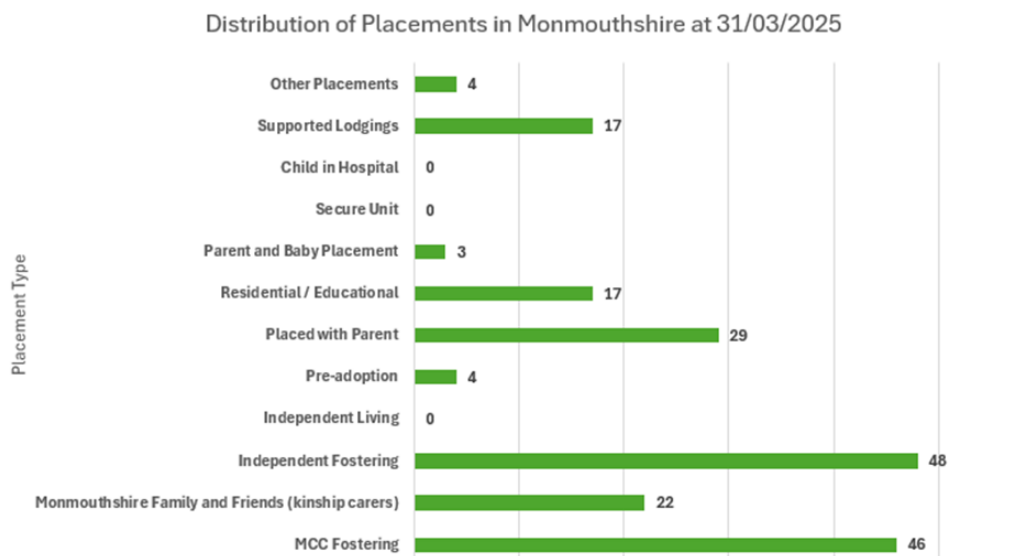
Children who are Looked After

When the risks of remaining within their families or communities cannot be mitigated, some children need to enter care to ensure that they are safeguarded. Monmouthshire is supporting 190 children who are looked after (31st March 2025) 12 of whom were Unaccompanied Asylum-Seeking Children. The number of children looked after has dropped below 200 for the first time in five years. The rate of 112 children looked after per 10,000 child population in Monmouthshire is below the most recently published average rate of children who are looked after across Wales in 2023/24. This is keeping with our objective of supporting children to remain with their families wherever it is safe to do so.



During the year 60 children entered care, and 70 children left care. Of these 70 children, 23 left care by virtue of turning 18. The service supported 47 children to leave care through developing an alternative pathway for them, drawing on the close working between social workers and family support services. During 2024/25, 11 children were supported to return to their families (5 following discharge of an interim care orders); 27 children were supported to be placed with Special Guardians and 9 children were adopted.

The distribution graph of where children are placed is gradually changing in keeping with our strategic intentions. Of note is the reduction in the numbers of children living under Placement with Parent Regulations; the reduction in numbers of children living in kinship care arrangements under Care Orders and the closing gap between IFA and in-house foster care provision.



Children's Placements

Children who become looked after can present with complex needs due to the adversity they have experienced. Although it is slowly improving, there remains a shortage of suitable placements for children requiring support, particularly those children whose needs are such that they cannot be placed with foster carers.

We have analysed demand and set an ambitious strategy to develop children's residential and 16+ supported accommodation placements within the county. This aligns with the Welsh policy objective to transition to *not-for-profit care*. Developing our own in-house placements will secure better outcomes for children and help in achieving high quality, sustainable social care services for the Council.

Developing placements requires a partnership approach. We have completed one project providing aged 16+ supported accommodation with a further three projects, two children's residential homes and one further aged 16+ supported accommodation. This will improve availability of placements and help to ensure children and young people can remain close to their communities. Progressing the Placement Development Strategy is a priority action for 2025/26.

Foster Care

The recruitment and retention of foster carers remains a significant challenge across Wales and the rest of the UK. We have an unfailing commitment to the recruitment and retention of in-house foster carers. Our fostering strategy has helped us achieve a small

increase in fostering households and whilst our foster carer retention is generally good; we have an aging population of foster carers, with the potential for some of our fostering households to retire in the next few years.

Overall, the total number of Local Authority foster carers has not increased sufficiently to meet our needs. We still have a reliance on commissioning “for profit” foster placements for children from independent fostering agencies.

As of March 2025, 35.8% of placements of children looked after were made with in-house foster carers, with a net increase of one fostering household. We have reviewed the foster care offer to Monmouthshire carers to support recruitment and retention and agreed a case for investment in generic in-house foster carers [agreed May 2025]. This includes increasing the fees paid to Monmouthshire (in-house) foster carers, and a 30% reduction in Council Tax. Being able to place children with Monmouthshire carers, where we can support the quality and integration of the care provided, improves outcomes for children and helps to reduce costs.

Communicating and engaging with foster carers helps the service to listen and understand what makes a difference to them. We have been working this year on improving the connection between foster carers and the children's social work teams and ensuring that they are actively involved in care planning wherever possible. Our in-house carers are skilled, caring and generous people who are a tremendous asset to the Council. We continue to celebrate their invaluable contributions to children through our annual foster carer appreciation event.

In 2025/26 we have a target to recruit more in-house foster carers.

Working with care leavers

When children are in care, we work in partnership with the carers to promote the development of personal and emotional resilience in children and increase their independence. We have a specialist service (BASE) so that foster carers (both generic and kinship carers) receive the support they need to navigate the care of children who will have experienced adversity, disruption, loss and broken relationships.

This support extends when children leave care. A care leavers group is in place to facilitate peer support, prevent feelings of isolation, have fun and develop confidence and independent living skills. The young people play an active part in what the groups discuss and in planning social trips. The young people really value the social aspect of getting together and through it some valuable friendships have been made and maintained. Young people benefit from hearing what their peers have to say about their

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
Children Looked After and Care Leavers						
Children Looked After						
CH/039	The number of children looked after at 31 March	213	208	211	200	190
Local	<i>Number of Children Adopted during the Year</i>	1	9	10	7	8
Local	<i>Number of Children Leaving Care with Special Guardianship Orders during the Year</i>	11	13	9	23	25
Local	<i>Number of Generic Foster Carers at 31 March</i>	38	40	39	38	39
Local	<i>Percentage of Looked After Children placed with MCC generic or kinship foster carers at 31 March</i>	41.3%	41.3%	42.2%	36.5%	35.8%
CH/043	The total number of children looked after at 31 March who have experienced three or more placements during the year	9	14	16	22	Not available
CH/044	The total number of children looked after on the 31 March who have experienced one or more changes of school during the year (excluding transitional arrangements, moves associated with adoption or moves home)	15	8	17	11	18
Care Leavers						
CH/052	The total number of care leavers who experience homelessness during the year (As defined by the Housing (Wales) Act 2014) within 12 months of leaving care	4	4	5	8	8
CH/053	The total number of care experienced young people in categories 1 to 6 at the 31 March	64	60	73	77	88

experiences of leaving care, moving into their own accommodation and building their futures as young adults on their own terms.

Adults

Adults are referred into safeguarding where they are vulnerable or lack of capacity and where there are concerns about the risk of abuse, neglect or exploitation. Adult safeguarding has seen an increase in the volume of reports received during the year.

During 2024/25, 640 reports were made regarding 490 adults. Most reports are from care providers and the highest reason for referral is under the category of neglect.

The number of reports leading to enquiries has decreased during the year, despite there being an increase in reports. During 2024/25, 86.5% of enquiries were completed within 7 working days.

80.3% of adults tell us they feel safe, which is in line with the longer-term trend of responses. Where people do not feel safe, comments often refer to concerns about mobility and fear of falling.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
Adult Safeguarding						
AS/001	Number of adults suspected of being at risk of abuse or neglect reported during the year	463	528	438	441	490
AD/020	The total number of reports of an adult suspected of being at risk received during the year	680	799	577	586	640
AD/022	The total number of reports received during the collection year where it was alleged that there was abuse under the primary category of:					
AD/022a	Neglect	258	344	242	286	337
AD/022b	Physical abuse	260	269	229	210	225
AD/022c	Sexual abuse	35	56	27	41	38
AD/022d	Emotional or Psychological abuse	176	214	145	160	158
AD/022e	Financial abuse	106	97	114	102	87
AD/023	The total number of reports of an adult suspected of being at risk where it is necessary for enquires to be made	509	583	418	396	347
AD/024	The total number of enquiries completed within 7 working days from the receipt of the reported alleged abuse	262	382	361	334	300
Local	<i>The percentage of enquiries completed within 7 working days from the receipt of the reported alleged abuse</i>	51.5%	65.5%	86.4%	84.3%	86.5%
AD/026	The total number of enquiries where it was determined that additional action should be taken	336	440	282	329	296

Adults Questionnaire	2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Actual	2024/25 Actual
I feel safe	78.8%	78.3%	81.3%	80.6%	80.3%

Over the year, there were 296 adults where it was felt that additional actions needed to be taken to ensure that the individual was safeguarded. Actions will vary depending on the situation and require a partnership approach.

Case Study: Adult Safeguarding

X suffers from depression and anxiety. She is an informal carer for her mother. X's brother misuses substances and has a history of antisocial behaviour and criminal activity. X was referred to Adult Safeguarding as her brother's substance misuse increased, escalating risks at home. X reported physical assaults and financial and emotional abuse by her brother. An urgent strategy discussion with Gwent Police led to immediate safeguarding actions. The case was referred to MARAC, and X was allocated an Independent Domestic Violence Advocate (IDVA). Additional safeguards were put in place to protect X and her mother at home. Through a multi-agency approach, X now lives safely with her mother and continues to receive support from various services, helping her to protect herself from her brother and rebuild her life.

Aside from formal safeguarding processes, many cases across the service require a sensitive approach balancing the rights of individuals to make their own decisions and choices.

Case Study: Adult Safeguarding 2

X is an elderly gentleman who has lived in Monmouthshire all his life, running his own business. He has lived alone in a privately owned bungalow for over 30 years and has no relatives living in the UK. X was experiencing significant self-neglect, both personally and within his home environment. Concerns were raised about poor hygiene, unclean living conditions, and safety risks due to clutter and disrepair. X expressed a strong desire to remain in his own home, where he feels safe and comfortable, but he was worried about falling and acknowledged difficulties with dressing and maintaining hygiene. The practitioner listened carefully to what was important to X and took time to explore risks and options with him. Support was gradually introduced including meal deliveries, care line to assist in the event of falls and access to specialist reablement. X has now accepted support with hygiene and dressing and his home environment has improved significantly reducing his risk of falls. X has regained confidence, reduced self-neglect behaviours, and has restarted using public transport independently. Despite the initial concerns X has remained at home, aligning with his expressed wishes and wellbeing goals.

Other Information Section

Inspections and reviews

We work closely with Care Inspectorate Wales inspectors and value their involvement and feedback to help drive service improvements. In April 2025 Care Inspectorate Wales carried out an improvement check of Monmouthshire's adult services. The improvement check letter was received in June 2025 and taken into scrutiny committee. The improvement check was a follow up to their Performance Evaluation Inspection (PEI) conducted in July 2022. The inspection assessed the progress made in addressing previously identified areas for improvement, full details are available here [Local authority improvement check letter: Monmouthshire County Council adult services | Care Inspectorate Wales](#)

The inspection identified a number of areas that represented good practice in Monmouthshire. They found a dedicated workforce who are 'passionate about supporting people' and recognised positive strategic planning to address what is recognised as a challenging operating context for adult social care.

- Specific areas of positive practice included:
- Person centered biographies in assessments
- People who lack capacity are well supported
- Expansion of assistive technology
- Developing the micro carer economy
- Our strategic plans to develop the service
- Safeguarding procedures
- Staff communication significantly improved
- Staff receiving good line management support
- Effective partnerships
- Integrated structures and relationships with health colleagues

Areas requiring further development included:

- Further development of a quality assurance framework for the service and how that can be used to support good assessment practice and consistency in decision making across the service
- Provide additional focus on case recording and implementation of Mosaic (new case management system)
- Further extend and implement the bespoke practitioner training and support programme including mandatory risk management and contingency planning training
- Fully implement and monitor compliance with the service supervision policy
- Review how we integrate carers' assessments within the service and that the carers offer aligns with the new information, advice and assistance approach at the 'front-door'

The outcomes from the inspection are being developed into a more detailed set of actions, cross-referenced against existing programme implementation plans in the service. Further details are available here [Template \(with notes\) - Cabinet Report and exempt certificate](#). Taking forward the outcomes from the inspection will be a key focus over the year ahead.

Each year, Audit Wales publishes an Audit Plan setting out the work they plan to undertake at the council. As part of the plan, they have undertaken a range of audits during the year. This included a regional review examining whether health boards and local authorities have effective arrangements in place to ensure the timely discharge of patients out of hospital.

The report, available here [Aneurin Bevan University Health Board – Discharge Planning Progress Update | Audit Wales](#), sets out the findings from the Auditor General’s review of the arrangements to support effective flow out of hospital in the Gwent Region. The report makes several recommendations for both the health board and local authorities to respond to and a collective response to address these has been developed and is contained within the report.

Complaints and Representations

Children

28 complaints were received about Children’s Services in the year ending 31 March 2024 compared with 33 in 2023/24. Llais Advocacy service assisted 3 people to raise a complaint about Children’s Services. No complaints were linked to a protected characteristic.

Stage 1

23 stage 1 complaints were registered, 17 of which were resolved at Stage 1, the local resolution stage.

Stage 1 complaints were received from parents with the most discernible trend being a perceived lack of communication, alleged failure of processes, staff conduct, disagreement with decisions made, lack of support and concern over standards. More complaints were received within the front-door of the service than with other teams. This is reflective of the volume of referrals that the team deals with as well as the fact that the majority of new child protection enquiries are undertaken by this team. We have taken steps to address volume and resource issues with the front door.

Stage 2

8 complaints were dealt with at the formal investigation stage. 6 complaints escalated from stage 1 and there were 4 complaints that proceeded directly to Stage 2.

Most stage 2 complaints were from parents/carers. For this reporting period, we did not receive any complaints directly from young people. However, we received 2 from NYAS Advocacy service who advocated on behalf of 2 young people.

Stage 2 Complaint	Concern	Outcome
1	Lack of compassion, errors in the process, miscommunication, misrepresentation and inaccuracies in documents	19 elements not upheld 4 partially upheld 2 were upheld 2 withdrawn

2	Inaccurate and incomplete assessment, not following procedures	6 elements upheld 1 element not upheld 1 element inconclusive
3	Inappropriate response to a referral; lack of information regarding timeframes; lack of communication and staff conduct	8 elements upheld 5 elements not upheld 2 elements partially upheld.
4	Misinformation; issues with contact arrangements; poor communication	0 elements upheld
5	Poor handling of a Section 47 investigation; lack of support offered with any care or support; flawed Court report	3 elements upheld 8 elements partially upheld 4 elements inconclusive 6 elements were not upheld.
6	Mistakes in process; poor communication; incorrect reports; delays in support	4 elements not upheld 1 element partially upheld
7	Staff conduct; lack of continuity, failure to conduct statutory visits; receiving correspondence late; issues with contact sessions; lack of communication	6 elements upheld 3 partially upheld 8 were not upheld
8	Issues with a social worker's visits to their child; lack of responses; issues regarding Child Looked After reviews, staff conduct.	2 elements upheld 8 were not upheld

All the stage 2 complaints relate to families who are (or had been) within formal child protection processes. Complaints are becoming increasingly detailed and reflect some of the challenges in working with families either where there are already high levels of parental conflict; or where parents fundamentally disagree with the outcomes of child protection processes. Themes that arise include ensuring that practitioners understand the importance of working with parents who have Parental Responsibility but who do not have the direct care of their children; skills in working with conflicting parents; working on the accuracy and timeliness of reports and maintaining clear communication about the child protection framework / process. These issues are being addressed through core training.

Adults

22 complaints were received regarding Adult Services in the year ending 31 March 2025 compared with 18 in 2023/24. Llais Advocacy service assisted 3 people to raise

their complaints about Adult Services. No complaints were linked to a protected characteristic.

Stage 1

19 complaints were registered at Stage 1. 1 Stage 1 complaint from 2023-2024 was also started in this period. 16 of the complaints were resolved at Stage 1 (the local resolution stage).

The most discernible trends within stage 1 complaints included a perceived lack of communication e.g. complaints that staff do not return calls or update them on their cases. Other topics of complaints include alleged failure of processes, staff conduct, reduction in services, concerns with transfer of care as well as the standard Stage 2

Stage 2

5 complaints were dealt with via the formal investigation (stage 2). 2 complaints escalated from Stage 1 and there were 3 complaints that proceeded directly to Stage 2.

Stage 2 Complaint	Concern	Outcome
1	Lack of communication / failure to take action / inaccurate information	2 elements of the complaint were upheld 1 element not upheld.
2	Reduction of direct payments / issues concerning the assessment.	2 elements upheld
3	Issues regarding a financial assessment and deprivation of assets.	2 elements not upheld
4	Disagreement with the decision made regarding the financial assessment	1 element upheld 4 elements not upheld 1 element partially upheld
5	No annual review of need being undertaken and the inadequate support	2 elements not upheld

Alongside of ensuring clarity in our communication regarding processes and decision making within adult services, there is an emerging theme within complaints regarding financial assessments and charging. In response we have introduced a finance module to support practice knowledge regarding financial assessments and charging and are looking to review how we provide early information and advice to people around social care finance.

Other Sources of Information

Equality and Diversity

The council has a long-standing commitment to equality and diversity. Our fourth Strategic Equality Plan, produced under the Equality Act 2010 sets the council's objectives to ensure we deliver better outcomes for people with protected characteristics. We produce annual monitoring reports that provide updates on progress on the action plan in the Strategic Equality Plan and evidence of good practice being carried out across the council departments. These can be found [here](#).

In July 2024 and September 2024 ADSS Cymru published 2 reports specifically addressing racism withing social care across Wales.

The first Recruitment and Career Progression for Staff from Ethnic Minority Backgrounds raised issues regarding potential bias within recruitment practices and potential gaps in data. <https://www.adss.cymru/en/blog/post/delivering-social-care-in-an-anti-racist-wales-report>

The second report Delivering Social Care in an Anti-Racist Wales reported on the lived experiences of people from ethnic minority backgrounds working in the second. The report found many instances where staff from ethnic minority backgrounds were subject to racism by colleagues. <https://www.adss.cymru/en/blog/post/delivering-social-care-in-an-anti-racist-wales-eliminating-racism-in-the-workplace-report>

The reports contain a number of recommendations for Local Authorities. The service is starting to respond to these in partnership with HR colleagues and linked closely with the strategic equalities action plan. This includes implementing mandatory cultural awareness training for all social care practitioners, managers and leaders. Progressing some of the recommendations in the report is a priority action for 2025/26.

The Welsh Language

The Welsh Language (Wales) Measure 2011, and accompanying Welsh Language standards, place a legal duty on councils to treat Welsh and English equally, to promote the Welsh Language and provide services to the public through the medium of Welsh. We have a Welsh Language Strategy for 2022-2027, which identifies a vision of how the language will look in Monmouthshire in five years and is accompanied by targets to help achieve it. We produce annual monitoring reports that assess our progress against our Welsh language commitments under the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards. These can be found [here](#).

Our Welsh Language Officer plays a crucial role in supporting all workforce plans for the Welsh language. These plans are bespoke for social care and offer more self-study courses for greater flexibility. We are utilizing Thinqi LMS platform for recording induction, and work is in progress on the reporting framework. All staff have access to the SCW Welsh Language Awareness course, which is also incorporated into our corporate induction.

In terms of recruitment, we have advertised a total of 384 Local Authority posts. Of these, 9 posts are assessed as Welsh Language Essential, and 375 are assessed as Welsh Language Desirable. All vacant posts are assessed for the level of Welsh language skills required. As a minimum, every role is advertised as Welsh Language Desirable, in line with the Council's commitment to bilingual service delivery. Each job advertisement includes the Welsh Language Skills Framework, and all postings are published bilingually to ensure accessibility and compliance with the Welsh Language Standards.

Additionally, we have implemented a marketing plan to promote Camau courses to social care staff across the authority. Social care career events are coordinated via the regional team, including attendance at our Gwent Welsh Language Schools.

We have established a dedicated Teams Channel for Welsh-speaking and Welsh-learning staff, providing a space to practice the language and access information and support from the Welsh Language Officer. We also provide Iaith Gwaith and 'Dysgwyr' lanyards to Welsh-speaking and Welsh-learning staff. Teams backgrounds with the Iaith Gwaith logos indicate if they are a Welsh learner or a Welsh speaker. Additionally, a "More Than Just Words" specific Teams background has been created for social care staff to use. Staff are provided with text and logos to include in their email signatures to indicate if they are a Welsh speaker or learner.

Currently, Welsh language skills data is collected by our HR system. We are reviewing this process with the aim of integrating Welsh language reporting into our learning platform, Thinqi. This integration would help streamline data collection and significantly improve the accuracy and quality of the information we hold. At this stage, we're actively exploring the functionalities within Thinqi to support this integration.

Glossary of Terms

Term	Description
Reablement / Rehabilitation / Interim care	This short-term care is sometimes called intermediate care, or aftercare. Reablement is a type of care that helps people relearn how to do daily activities, like cooking meals and washing. It is provided by local authorities with the aim of mitigating the need for long term care and support.

Domiciliary Care / Domiciliary Support Service / Home Care	Domiciliary care, also known as "care at home", refers to a broad range of care services provided in a person's own home. It can include assistance with day-to-day living and certain health care issues for the elderly.
Residential Care Home / Nursing Home	A residential care home provides accommodation and 24-hour personal care and support to the older people and others who may find it difficult to manage daily life at home. Both a residential care home and nursing home provide care and support 24 hours a day, however the main difference is that a nursing home is able to provide a higher level of care. Nursing homes have qualified nurses on-site around the clock to provide medical care as needed whereas residential homes help people with personal care and support them to engage in physical activity.
Care Experienced Children	Care experienced is an umbrella term which can mean children / young people who are: Looked after at home through a Care Order; Looked after away from home in a residential children's house, in a foster placement or in a kinship placement (Looked After or Non-Looked After); Previously looked after, where at some point in their lives they have had any of the above experiences. The child / young person may never have been formally looked after.
Care Leaver	In Wales, care leavers are individuals who have been in the care of the local authority for at least 13 weeks since the age of 14 and have left care on or after their 16th birthday. The support provided to care leavers is intended to be equivalent to what a child who has not been looked after might reasonably expect from their parents.
Children looked after (CLA)	Children and young people who are 'looked after' don't live with their parents, either temporarily or permanently, because for many reasons they can't safely take care of them.
Safeguarding	Safeguarding is about protecting children and adults from abuse or neglect and educating those around them to recognise the signs and dangers.
Wales Safeguarding Procedures	They detail the essential roles and responsibilities for practitioners to ensure that they safeguard children and adults who are at risk of abuse and neglect. Provides a useful glossary of safeguarding terms: Safeguarding Wales.
Performance and Improvement Framework: Measuring	This sets out a framework of metrics covering adults, children, and carers, which must be collected and submitted to Welsh Government together with anonymised person-level data and aggregated data on specific aspects of social care. It states local authorities should also gather their own data to understand better how the local delivery of social care is working according to local priorities.

activity and performance data	
Care Inspectorate Wales (CIW)	CIW is the social care provider regulator. They will register, inspect and take action to improve the quality and safety of services for the well-being of the people of Wales.
Social Care Wales (SCW)	SCW is the workforce regulator. As part of this they register and set standards for the care and support workforce and develop the workforce. SCW also has an improvement remit, by which they will share good practice, set priorities for research and provide information for the public and other organisations.
Resident / Citizen	A person whose usual residence is within the local authority boundary.
Service User	A person who is accessing social services.
Shared Lives / Adult Placement Scheme	Shared Lives Schemes – also known as adult placements – are a family-based way of supporting a vulnerable person’s housing needs. This type of supportive accommodation can be the ideal stepping stone on the way to independent living. This sharing arrangement is often referred to as ‘shared lives’.
Direct Payments	Direct payments are issued to individuals to allow them to pay for their own care. They are a way that local authorities can help to meet individual’s eligible need for care and support, or a carer’s need for support. They are a way for people to arrange their own care and support.
Supported Living / Accommodation	Supported living accommodation is a type of housing that provides personal care, support or supervision to help people live independently. The care and support are separate from the housing contract. The accommodation can be shared or single, depending on the needs and preferences of the occupants.
Unpaid Carer	An unpaid carer is someone who provides care and support to family members, friends, or neighbours who are affected by disability, physical or mental ill-health, frailty, or substance misuse. The carer does not need to be living with the person they care for.
Young Carer	A young carer is an unpaid carer who is up to the age of 18. They may be providing care and support to parents, siblings or other family members.
Care and Support Plan	A care and support plan is a document that sets out what has been discussed during a social care needs assessment and what is going to happen as a result. It is a plan which a local authority is required to prepare and maintain under section 54 (1) of the Social Services and Well-being (Wales) Act 2014.

Carer's Support Plan	If unpaid carers have needs that are eligible for support, the local authority has a statutory duty to plan for and meet those needs by providing a 'Carer's Support Plan.' Where eligible needs for support are identified for the unpaid carer, local authorities must ensure these needs are met.
Advocacy	Advocates in social care are independent from the local authority (local council) and the NHS. They are trained to help people understand their rights, express their views and wishes, and help make sure their voice is heard.
Prevention and Early Intervention	Prevention and early intervention are forms of support aimed at improving outcomes for people or preventing escalating need or risk. They are also sometimes referred to as early help or preventative services.
The Social Services Complaints Procedure (Wales) Regulations 2014	The Regulations which introduced a new two stage process to deal with complaints and representations about local authority social services. It brings the process for social services in line with the Model Concerns and Complaints Policy and Guidance and the NHS Complaints Procedure Putting Things Right.
Deprivation of Liberty Safeguards (DoLS)	The Deprivation of Liberty Safeguards (DoLS) is a legal procedure in the UK designed to protect vulnerable people in care settings. It applies to adults who lack the mental capacity to give consent to their care arrangements and need to be deprived of their liberty. DoLS ensures that those who cannot consent to their care are protected when their arrangements deprive them of their liberty. It will be replaced by Liberty Protection Safeguards (LPS) in the future.
Mwy Na Geiriau / More than words	More than just words is a strategy and delivery plan to aim to improve the quality of care for individuals living in a bilingual country.
Extra care	The provision of a domiciliary care package to an individual living in supported living/accommodation.
Anti-Racist Wales Action Plan (ARWAP)	The Welsh government plan to tackle racism and make 'meaningful and measurable changes' to the lives of BAME people in Wales. The plan aims to make Wales an anti-racist country by 2030.
Information, Advice and	Refer to contacts and referrals – consent and level of information recorded – link to proportionate assessment.

Assistance (IAA)	
Not in education, employment or training (NEET)	NEET stands for "Not in Education, Employment, or Training". It refers to young people who are neither engaged in education or vocational training nor in paid employment. NEET individuals may experience social and economic disadvantage.
Social Services and Well-being (Wales) Act 2014	The Social Services and Well-being (Wales) Act 2014 is a law that aims to improve the well-being of people who need care and support, and carers who need support, and to transform social services in Wales.
FGC	Family Group Conference
BSF	Building Stronger Families
FSPT	Family Support and Protection Team
OT	Occupational Therapy

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