



Background Information

# SUPPORTING PEOPLE

COMPREHENSIVE  
SPENDING REVIEW

# STRATEGIC CONTEXT

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

## New Steering from Welsh Government

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

## Working in a Challenging Financial Climate

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

## Working Together

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

## Engaging Communities and Helping People Fulfil Their Potential

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

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

#### Tackling Barriers and Joining up Services

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

#### Crisis Prevention and Early Intervention

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

#### Accommodation

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

# NEEDS ANALYSIS

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

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

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

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

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

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

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

## **Homelessness Data Trends**

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

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

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

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

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

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

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

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<sup>1</sup> Daffodil

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

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

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

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

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

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

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

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

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

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

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

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

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

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

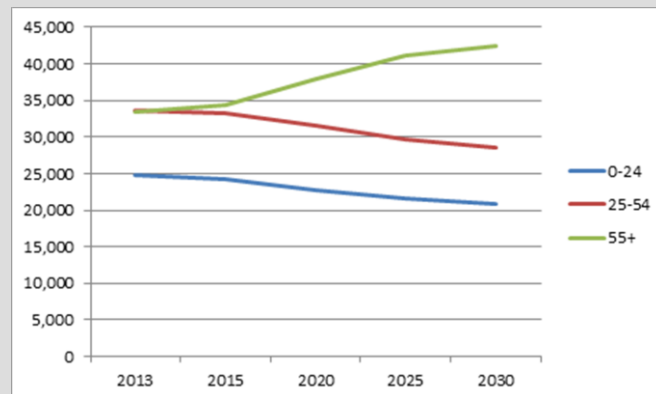
The overall picture in Monmouthshire is that needs are varied across client groups and tackling these is made more difficult by the rural nature of the county and the growing population of older persons. Despite Monmouthshire being a viable, economically prosperous, and healthy county in general, there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

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

### A Picture of Monmouthshire

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

SOURCE INFOBASE CYMRU



SOURCE DAFFODIL

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



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

SOURCE DAFFODIL

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

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

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

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

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

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

SOURCE DAFFODIL



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

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

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

SOURCE MONMOUTHSHIRE STRATEGIC NEEDS ASSESSMENT VERSION 1

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

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

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

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



1.9% claiming Jobseekers Allowance compared to 3.5% Welsh Average

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

SOURCE INFOBASE CYMRU

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

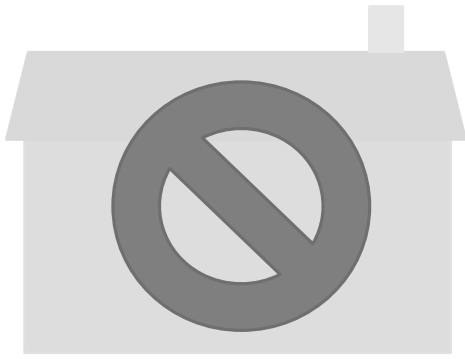
July 2011 – June 2012 there were 11,500 working age who were economically inactive

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

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

SOURCE MONMOUTHSHIRE STRATEGIC NEEDS ASSESSMENT



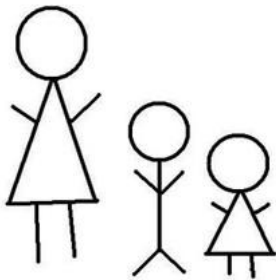


2013/14 388 Homeless Decisions made  
 170 eligible and in priority need  
 128 eligible but not in priority need

90% former prisoners presenting as homeless were male

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

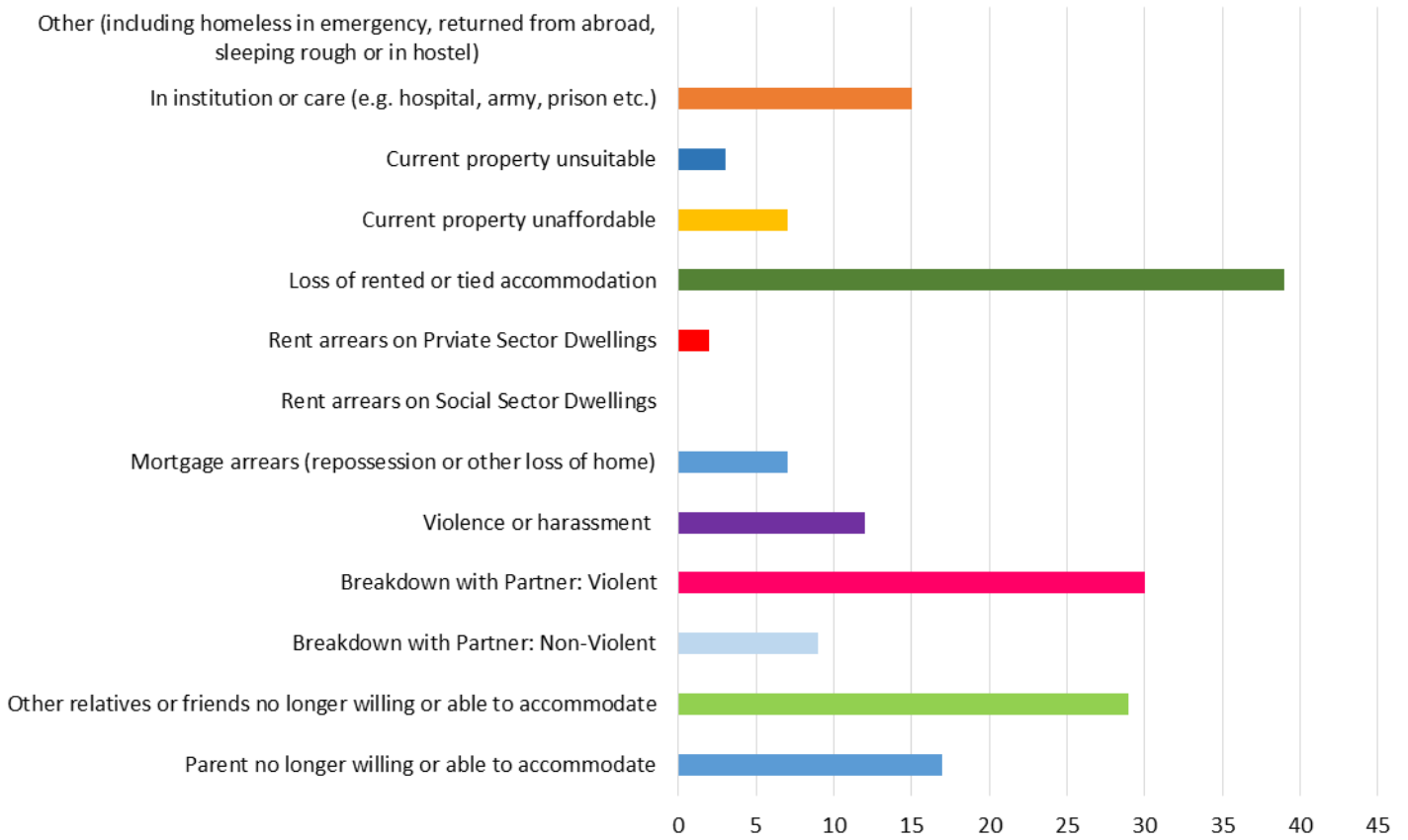
32.9% eligible but not in priority need 2013/14



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

31 of these single parent households were women

### Main Reason for Loss of Home



SOURCE HOUSING OPTIONS PERFORMANCE INDICATORS 2013/2014



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

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

SOURCE INFOBASE CYMRU

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

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

Source: Gwent Police

SOURCE MONMOUTHSHIRE STRATEGIC NEEDS ASSESSMENT VERSION 1

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

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

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

SOURCE MONMOUTHSHIRE STRATEGIC NEEDS ASSESSMENT VERSION 1

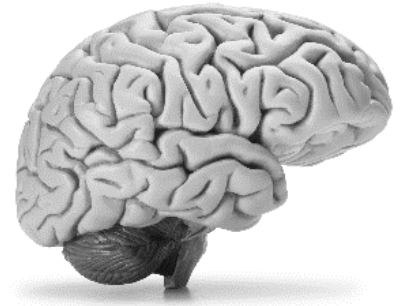
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Of Monmouthshire domestic violence cases **reported** to the police in 2011- 12 occurred in Abergavenny

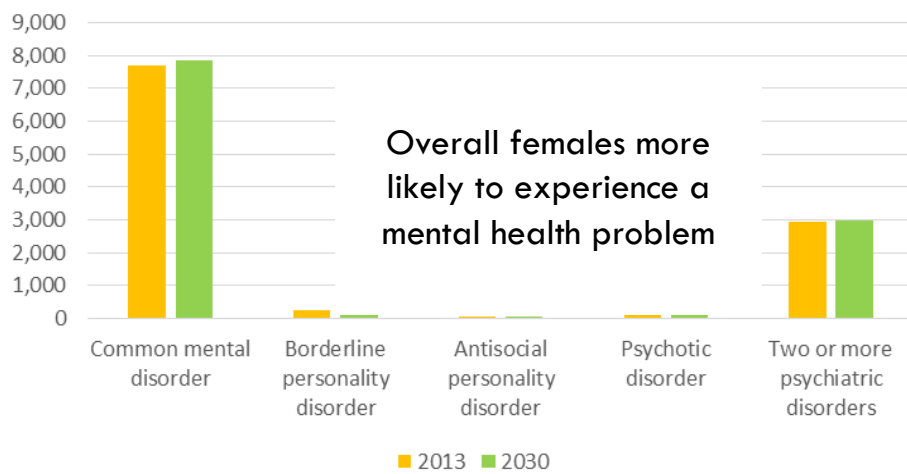
SOURCE SOUTH WALES ARGUS REPORT PUBLISHED 2013

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

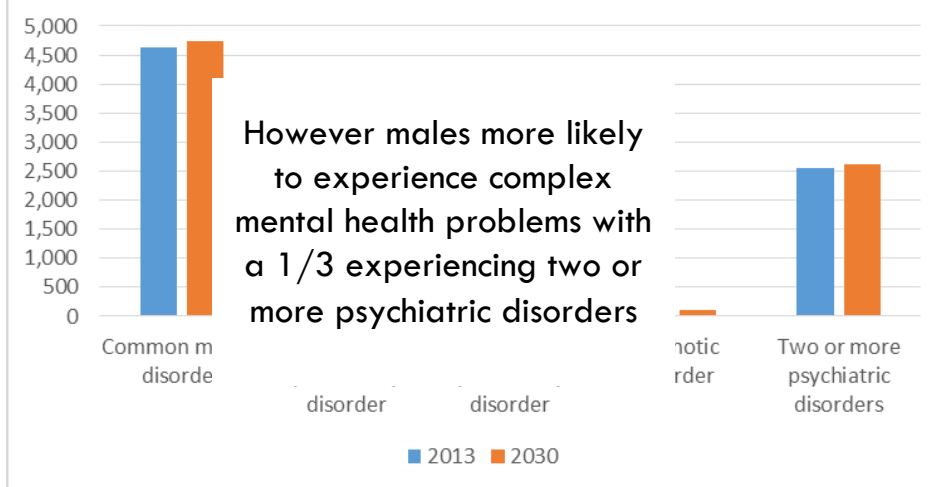
Mental Health need is often selected as a secondary or tertiary need behind a person's 'Lead Need'



### Female Mental Health



### Male Mental Health





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

44% violent crime also had an aggravating factor of alcohol

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

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

MONMOUTHSHIRE STRATEGIC NEEDS ASSESSMENT VERSION 1

30.1%

16-24 admitted to misusing drugs in past year



SOURCE DAFFODIL



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

SOURCE DAFFODIL

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

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

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

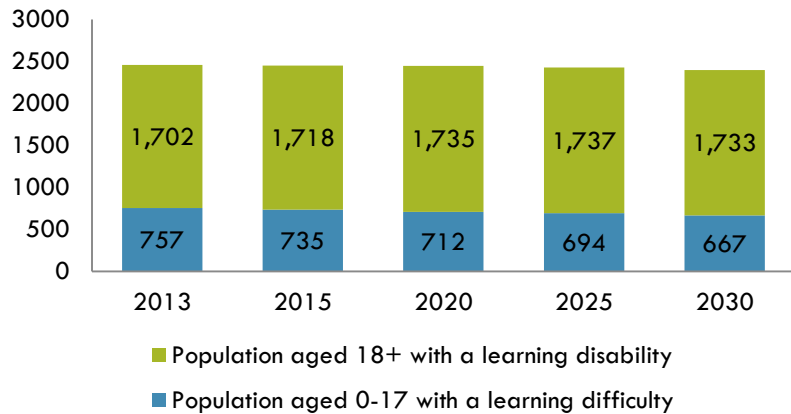
Number of adults with a learning disability predicted to remain stable at around 1,700 in Monmouthshire



2015

349 with a moderate to severe learning disability in Monmouthshire

SOURCE DAFFODIL



SOURCE DAFFODIL

SOURCE DAFFODIL

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

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

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

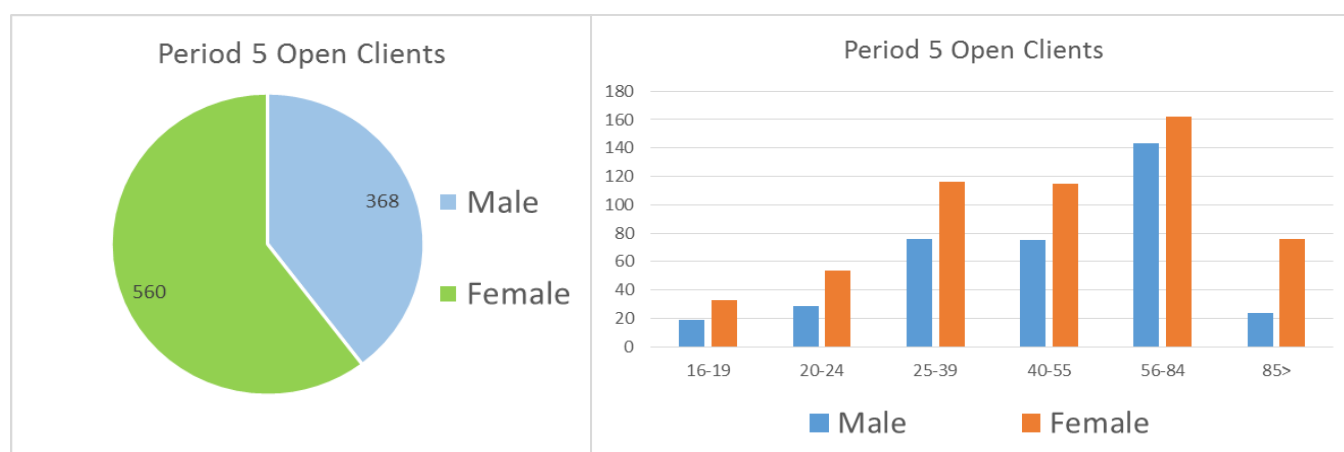


# SERVICE MAPPING

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

## Who We Support

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



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

Some key observations of the 928 clients:

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

Lead Needs (LN)

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

Second Lead Needs (SLN)

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

Third Lead Need (TLN)

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

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

### Supporting People Services

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

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

### Specialist Vs Generic

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

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

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

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

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

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

### **Support Vs Maintenance**

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

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

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

### **Types of Organisation**

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

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

### **Where**

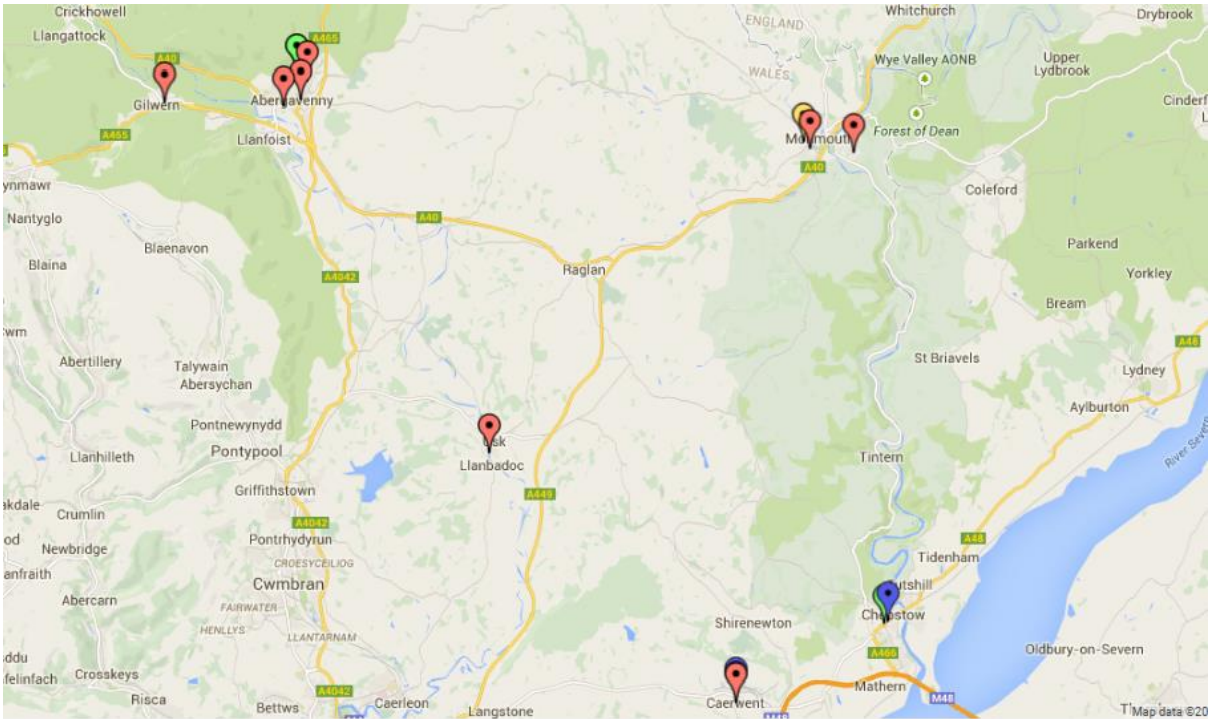
As Monmouthshire is a rural county with a large geographical spread we make use of lots of floating support schemes; in 2013/14 13 of 34 schemes were floating support schemes. Floating support services can enable us to reach more people in smaller communities where access to services may be poorer.

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

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

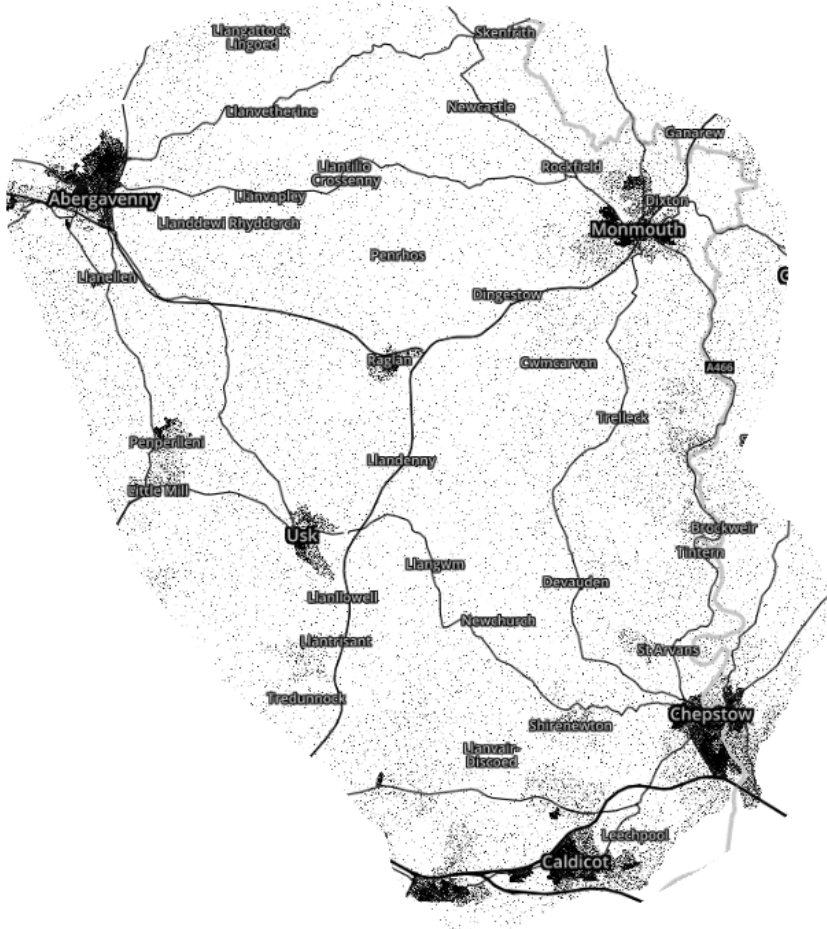
These fixed location services are delivered largely around the four main towns of Monmouth, Abergavenny, Caldicot, and Chepstow, with another scheme based in Usk and Gilwern. However, we also have alarm contracts attached to a fixed location and accommodation schemes providing support such as our young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





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

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



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

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

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

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

## Access to Services

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

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

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

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

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

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

### SPRINT REFERRAL REPORT APRIL 14 – FEBRUARY 2015

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

## Outcomes of Services

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



### OUTCOMES MONITORING AREAS

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

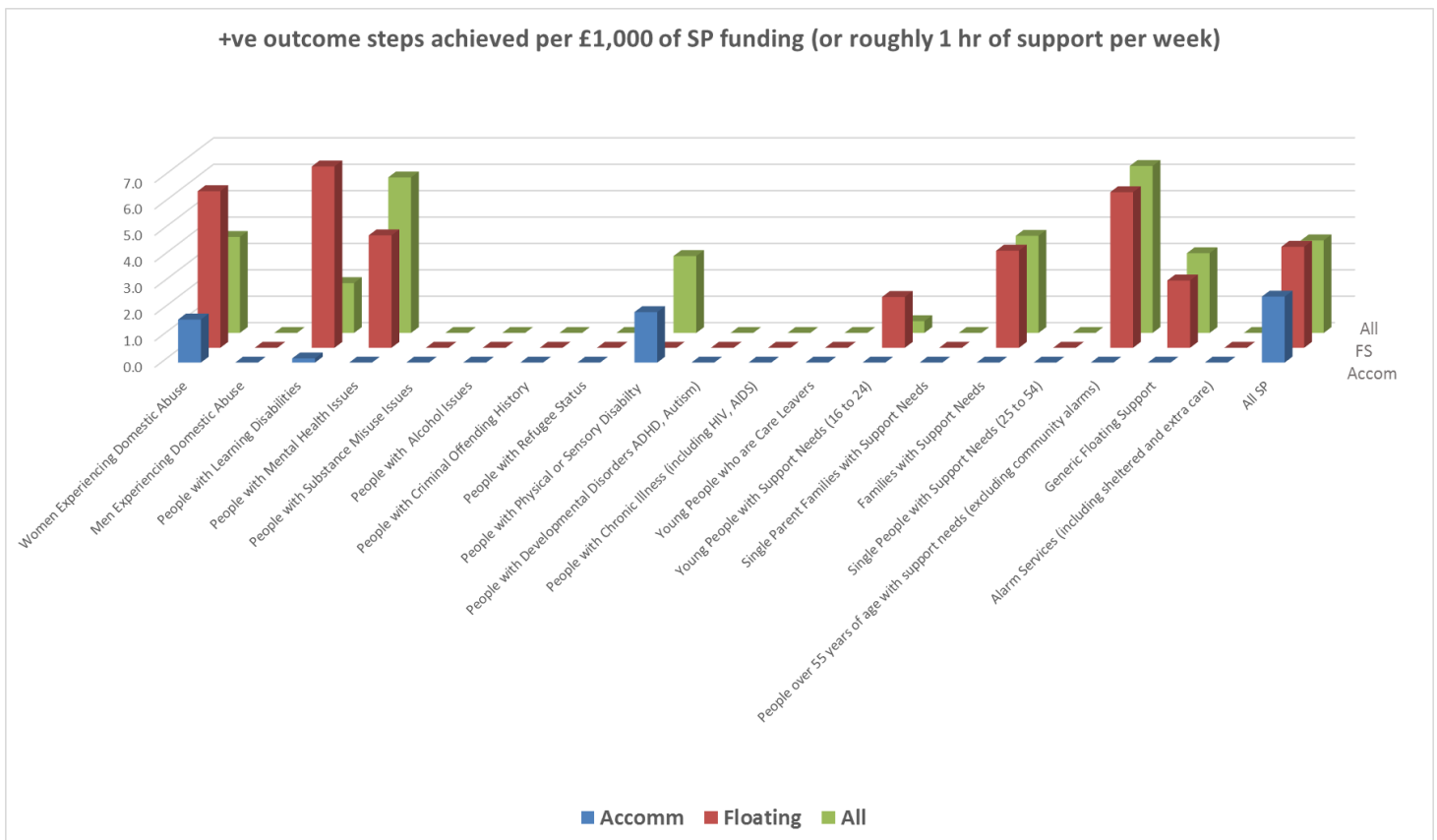
Analysing the outcomes of service users open within the period 5 collection (1<sup>st</sup> April 14 – 30<sup>th</sup> September 14) shows on average 3.75 positive steps were achieved per service user from date of entry. The average for females was 3.82 and males 3.62, it appears it is slightly easier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

## Accommodation Vs Floating Support Schemes

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

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

## Positive Steps Achieved Per £1,000



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

### Breakdown of Costs

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

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

#### CONTRACT AND MONITORING DATA 13/14

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

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

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

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

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

### Non-Supporting People Services

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

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

A total of 32 services appeared to link with SP:

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

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

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

The other services were as follows:

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

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

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

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

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

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

# GOING FORWARD

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

## **Empowering People and Communities**

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

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

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

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

## **Ensuring People are Mentally Healthy**

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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



# APPENDIX 1

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

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

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

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

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

	<ul style="list-style-type: none"> <li>• Monetary economy = public, private and non-profit sectors</li> <li>• Core economy = home, family, neighbourhood and civil society</li> </ul> <p>A desire to grow the core economy</p> <ul style="list-style-type: none"> <li>• Stepping away from benefits based system, and focus on earned entitlements. People more than passive beneficiaries; belief that the welfare state disempowered people, now must work to re-empower them</li> <li>• Rejection that money and market price is the sole acceptable measure of value</li> <li>• Time banking as a method of co-production; everybody's time is valued equally – rejection of 'price value'</li> <li>• Multi-faceted network of mutual support</li> <li>• People as assets; not ignoring them but asking them to use their own experiences as human beings</li> </ul> <p>Examples</p> <ul style="list-style-type: none"> <li>• Ex patients visiting newly discharged patients rather than visits by professional – ex patients are the 'experts', discharged patients then encouraged to do the same for somebody else. Dramatically cut the admission rate, benefits for volunteers as well e.g. self-esteem.</li> <li>• Families helping families</li> </ul> <p>What isn't co-production?</p> <ul style="list-style-type: none"> <li>• Individual budgets – focuses on the monetary economy, pooled budgets may be better where there is a common 'need'</li> </ul> <p>Co-production core principles:</p> <ul style="list-style-type: none"> <li>• Clients are assets who have skills vital to the delivery of services</li> <li>• Work includes anything that people do to support each other</li> <li>• Always include some element of reciprocity</li> <li>• Build the community and grow the core economy</li> <li>• Support resilience of individuals and communities</li> </ul> <p>Things we can do</p> <ul style="list-style-type: none"> <li>• Reward reciprocity in funding regimes</li> <li>• Reward people for their efforts in the local neighbourhood</li> <li>• Shift the way professionals are trained</li> <li>• Develop ways of capturing the real benefits of coproduction – capture benefits of mutual support</li> <li>• Set a duty to collaborate</li> <li>• Embed networks of exchange such as time banking</li> </ul>
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	<ul style="list-style-type: none"> <li>• Swap targets for broad measures of wellbeing</li> <li>• Review current health and safety measures so a culture of risk aversions doesn't present barriers to service user involvement</li> <li>• Launch a coproduction award scheme and co-production fund</li> <li>• Acknowledge the importance of size and innovation – human scale interaction, something small and successful cannot always be 'rolled out'</li> </ul>
<p>Building Resilient Communities July 2013</p>	<p>Action plan to tackle poverty</p> <ul style="list-style-type: none"> <li>• Preventing poverty: improve achievement of children from poorer backgrounds</li> <li>• Helping People into Work: Reducing number of workless households</li> <li>• Reduce the number of younger people not earning or learning</li> <li>• Mitigating the impact of poverty: fairer access to services including access to digital services</li> </ul> <p>Helping People into work</p> <ul style="list-style-type: none"> <li>• Emphasis on young people and care leavers</li> <li>• Traineeships and apprenticeships</li> </ul>
<p>Places of Change Cymru: From exclusion to employment June 2013</p>	<p>Research based; what is needed and what works when getting people into work and training</p> <ul style="list-style-type: none"> <li>• POCC (Places of Change consortium) Model: supporting homeless and vulnerable people</li> <li>• Overcoming barriers to employment</li> <li>• Wide range of accredited training</li> <li>• Assisting people in finding and sustaining employment</li> </ul> <p>Conclusion:</p> <ul style="list-style-type: none"> <li>• Service users spoke positively about what was out there, POC model well received</li> <li>• Stumbling point however about finding employment: need to build more links with private sector, support people to build their own social enterprises etc.</li> <li>• Provision of accommodation considered most valuable thing you can provide someone with</li> <li>• Service users valued being treated with respect, having options, and having someone to talk to</li> <li>• Service users noted it sometimes took time for service users to engage with services: particularly young</li> <li>• Important that service users felt safe and not stigmatised: training in more familiar environments with people they know</li> </ul>

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

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

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

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

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

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

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



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

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

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

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

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

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

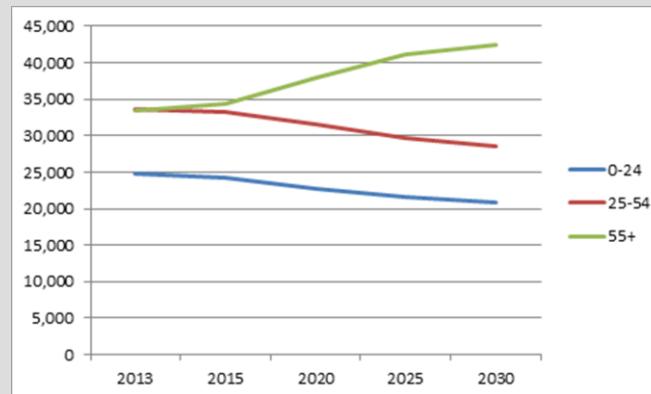
	<ul style="list-style-type: none"> <li>• Lowering stress important; self-help groups valuable; great value in the cooperation of practitioners and parents</li> <li>• Training for family members to provide the necessary support in the community</li> </ul>
<p>Autistic Spectrum Disorder: A Guide for Homelessness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

# APPENDIX 2

## A Picture of Monmouthshire


Population to remain stable at around 92,000

SOURCE INFOBASE CYMRU



SOURCE DAFFODIL

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



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

SOURCE DAFFODIL



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

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

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

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

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

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

SOURCE DAFFODIL



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

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

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

SOURCE MONMOUTHSHIRE STRATEGIC NEEDS ASSESSMENT VERSION 1

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

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

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

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



1.9% claiming Jobseekers Allowance compared to 3.5%  
Welsh Average

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

SOURCE INFOBASE CYMRU

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

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

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

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

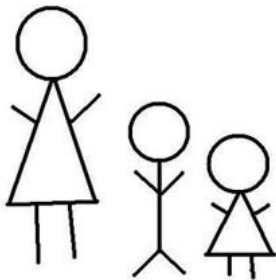


2013/14 388 Homeless Decisions made  
 170 eligible and in priority need  
 128 eligible but not in priority need

90% former prisoners presenting as homeless were male

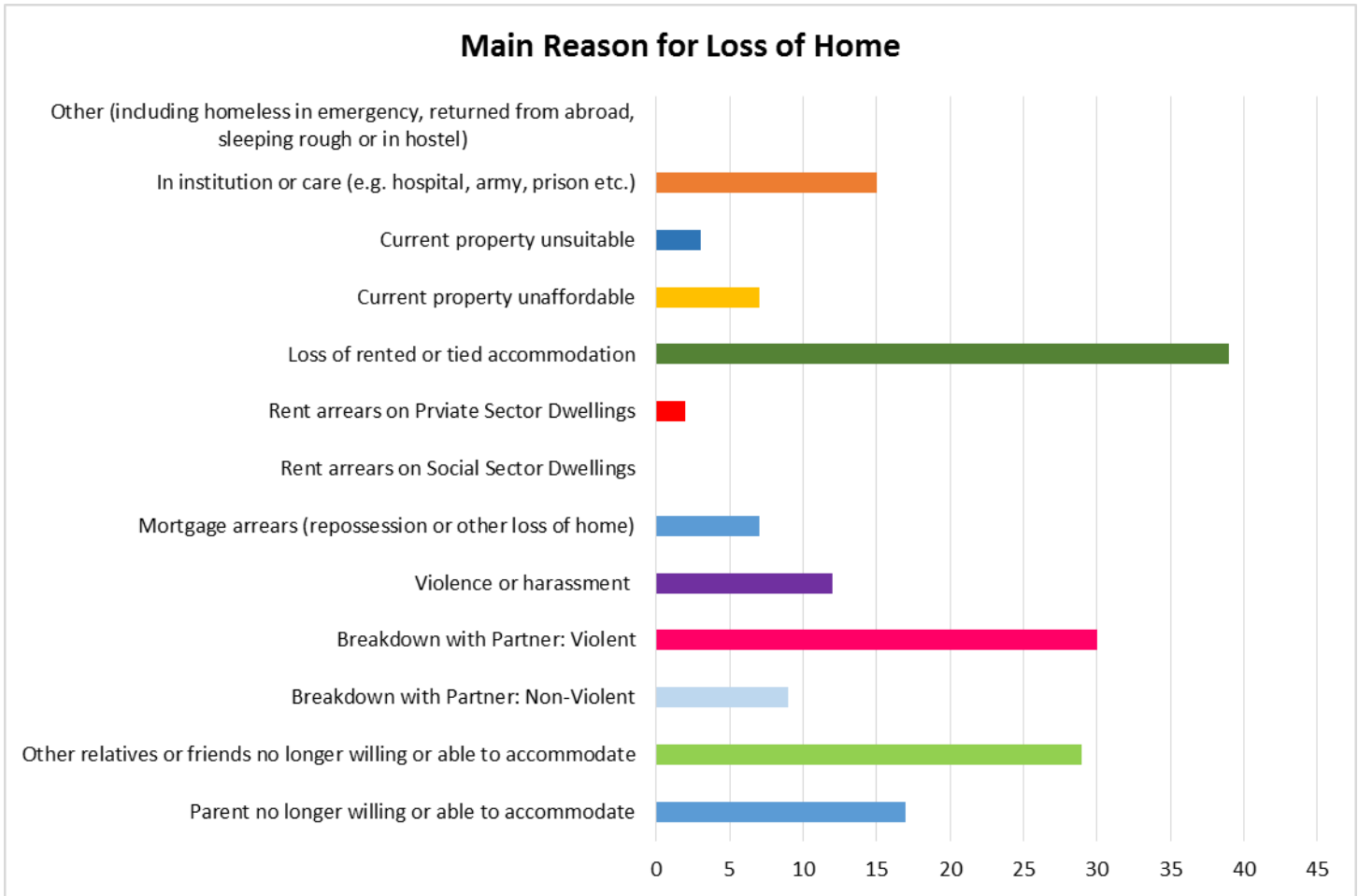
19.2% eligible but not in priority need in 2012/13

32.9% eligible but not in priority need 2013/14



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

31 of these single parent households were women



SOURCE HOUSING OPTIONS PERFORMANCE INDICATORS 2013/2014



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

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

SOURCE INFOBASE CYMRU

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

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

Source: Gwent Police

SOURCE MONMOUTHSHIRE STRATEGIC NEEDS ASSESSMENT VERSION 1

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

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

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

SOURCE MONMOUTHSHIRE STRATEGIC NEEDS ASSESSMENT VERSION 1

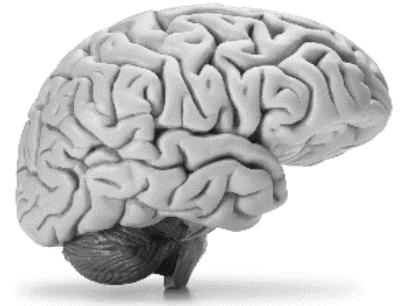
1 / 3

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

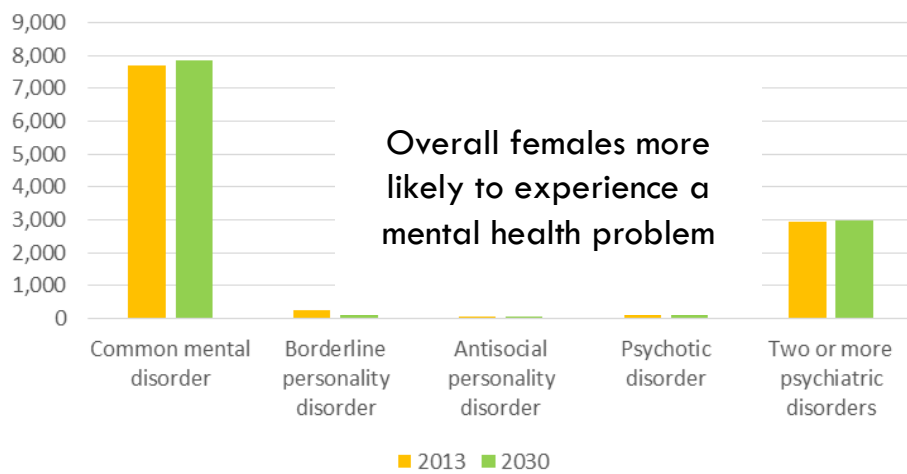
SOURCE SOUTH WALES ARGUS REPORT

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

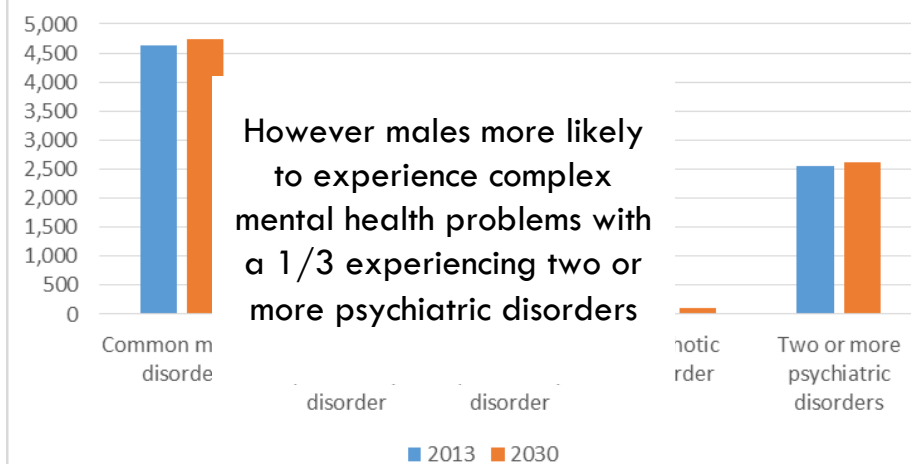
Mental Health need is often selected as a secondary or tertiary need behind a person's 'Lead Need'



### Female Mental Health



### Male Mental Health





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

44% violent crime also had an aggravating factor of alcohol

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

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

MONMOUTHSHIRE STRATEGIC NEEDS ASSESSMENT VERSION 1

30.1%

16-24 admitted to misusing drugs in past year



SOURCE DAFFODIL



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

SOURCE DAFFODIL

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

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

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

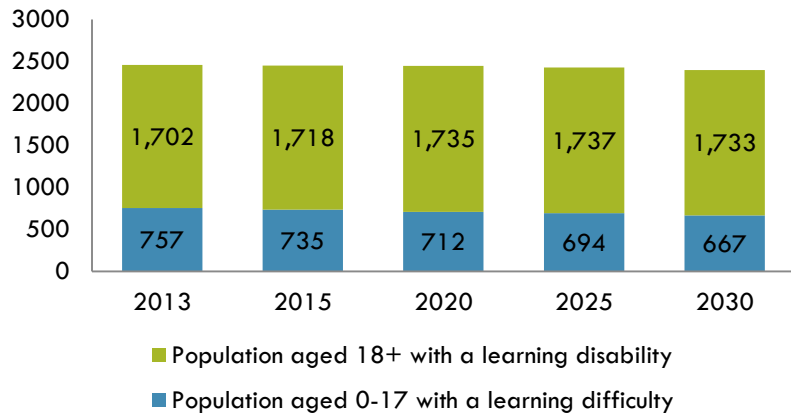
Number of adults with a learning disability predicted to remain stable at around 1,700 in Monmouthshire



2015

349 with a moderate to severe learning disability in Monmouthshire

SOURCE DAFFODIL



SOURCE DAFFODIL

SOURCE DAFFODIL

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

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

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



# APPENDIX 3

## Understanding Generic Services

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

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

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

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

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

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

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



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

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