

**CYNGOR BWRDEISTREF SIROL**  
**RHONDDA CYNON TAF**  
**COUNTY BOROUGH COUNCIL**

A meeting of the **CABINET** will be held at the Council Chamber, The Pavilions, Cambrian Park, Clydach Vale, Tonypany, CF40 2XX  
Thursday, 21st June, 2018 at 10.30 am

Contact: Emma Wilkins - Principal Executive & Regulatory Business Officer (Tel No. 01443 424110)

Councillors and members of the public wishing to request the facility to address the Cabinet on any of the business as listed below, must request to do so by 5pm on the Tuesday, 19 June 2018 Councillors and Members of the public should stipulate if this address will be in the medium of English or Welsh.

It must be noted that the facility to address the Cabinet is at the discretion of the Chair and each request will be considered based on the agenda items being considered, the public interest/interest of the member in each matter and the demands of the business on that day. To make such a request please email:- [ExecutiveandRegulatoryBusinessUnit@rctcbc.gov.uk](mailto:ExecutiveandRegulatoryBusinessUnit@rctcbc.gov.uk)

**ITEMS FOR CONSIDERATION**

**1. DECLARATION OF INTEREST**

To receive disclosures of personal interest from Members in accordance with the Code of Conduct.

**Note:**

1. Members are requested to identify the item number and subject matter that their interest relates to and signify the nature of the personal interest; and
2. Where Members withdraw from a meeting as a consequence of the disclosure of a prejudicial interest they **must** notify the Chairman when they leave.

**2. MINUTES**

To receive the minutes of the Cabinet meeting held on the 10<sup>th</sup> May, 2018 as an accurate record.

**3. CABINET WORK PROGRAMME**

To receive the report of the Secretary to the Cabinet, providing Cabinet Members with an update on the proposed list of matters requiring consideration by Cabinet over the 2018-19 Municipal Year.

**(Pages 15 - 40)**

**4. PROPOSAL TO CLOSE ST. GEORGE'S DAY CENTRE AND TRANSFER THE OPEN ACCESS DAY CENTRE PROVISION TO GILFACH GOCH DAY CENTRE**

To receive the report of the Group Director, Community & Children's Services to update Cabinet on the outcome of the consultation to close St. George's Day Centre in Tonyrefail and transfer open access day services to Gilfach Goch Day Centre.

**(Pages 41 - 58)**

**5. PARLIAMENTARY REVIEW IN TO HEALTH AND SOCIAL CARE**

To receive the report of the Group Director, Community & Children's Services providing Cabinet Members with an update on the Parliamentary review in Health & Social Care.

**(Pages 59 - 114)**

**6. RHONDDA CYNON TAF CHILDREN'S SERVICES - CHILDREN LOOKED AFTER QUALITY ASSURANCE PANEL WORK PLAN 2018-2019**

To receive the report of the Group Director, Community & Children's Services providing Cabinet Members with details of the work being carried out by the Children Looked After Quality Assurance Panel.

**(Pages 115 - 154)**

**7. DIGITAL STRATEGY WORK PROGRAMME REQUIREMENTS**

To receive the report of the Group Director, Corporate & Frontline Services providing a proposed work programme of actions to support the ongoing delivery of the Council's Digital Strategy 2020.

**(Pages 155 - 166)**

**8. STRATEGIC PARTNERSHIP OPPORTUNITY**

To receive the report of the Group Director, Corporate & Frontline Services outlining an option for the Council to initiate a procurement process for a strategic partner to create a Centre of Excellence for specific services.

**(Pages 167 - 170)**

**9. PROPOSAL TO INCORPORATE THE INTERNAL AUDIT SERVICE INTO AN EXISTING SHARED SERVICE HOSTED BY THE VALE OF GLAMORGAN COUNCIL**

To receive the report of the Group Director, Corporate & Frontline Services, setting out a proposal for the Council's Internal Audit Service to join an existing Regional Internal Audit Shared Service (RIASS) hosted by the Vale of Glamorgan Council.

(Pages 171 - 178)

**10. A4119 ELY VALLEY ROAD DUALLING - LLANTRISANT BUSINESS PARK TO COED ELY ROUNDABOUTS**

To receive the report of the Group Director, Corporate & Frontline Services providing Members with information on the dualling of the A4119 Ely Valley Road and to seek authority to submit a planning application on behalf of the Council.

(Pages 179 - 192)

**11. URGENT ITEMS**

To consider any urgent business as the Chairman feels appropriate.

**N.B FOR INFORMATION**

**12. TO RECEIVE THE LEADER'S SCHEME OF DELEGATION FOR THE 2018-19 MUNICIPAL YEAR, FOLLOWING THE AMENDMENTS REPORTED AT THE COUNCIL'S 23RD ANNUAL GENERAL MEETING.**

[LEADERS SCHEME OF DELEGATION](#)

A handwritten signature in black ink, appearing to read 'A. J. Jones', is written over a large, faint, circular watermark or stamp.

**Service Director and Secretary to the Cabinet**

**Circulation:-**

**Councillors:** Councillor A Morgan (Chair)  
Councillor M Webber (Vice-Chair)  
Councillor R Bevan  
Councillor A Crimmings  
Councillor G Hopkins  
Councillor M Norris  
Councillor J Rosser  
Councillor R Lewis  
Councillor C Leyshon

**Officers:** Chris Bradshaw, Chief Executive  
Chris Jones, Director, Legal & Democratic Services  
Christian Hanagan, Service Director of Cabinet & Public Relations  
Chris Lee, Group Director Corporate & Frontline Services  
Gio Isingrini, Group Director Community & Children's Services  
Colin Atyeo, Director of Corporate Estates & Procurement  
Esther Thomas, Director of Education & Lifelong Learning  
Jane Cook, Director, Regeneration, Planning & Housing  
Nigel Wheeler, Director of Highways & Streetcare Services  
Paul Mee, Director, Public Health, Protection & Community Services  
Richard Evans, Director of Human Resources



## RHONDDA CYNON TAF

### RHONDDA CYNON TAF COUNCIL CABINET

Minutes of the meeting of the Cabinet meeting held on Thursday, 10 May 2018 at 1.00 pm at the Council Chamber, The Pavilions, Cambrian Park, Clydach Vale, Tonypanyd, CF40 2XX.

#### County Borough Councillors - Cabinet Members in attendance:-

Councillor A Morgan (Chair)

Councillor R Bevan    Councillor A Crimmings  
Councillor M Norris    Councillor J Rosser  
Councillor R Lewis    Councillor C Leyshon

#### Officers in attendance

Mr C Bradshaw, Chief Executive  
Mr C Hanagan, Service Director of Cabinet & Public Relations  
Mr C Lee, Group Director Corporate & Frontline Services  
Ms E Thomas, Director of Education & Lifelong Learning  
Mrs J Cook, Director of Regeneration & Planning  
Mr R Evans, Director of Human Resources  
Mr A Wilkins, Head of Legal - Corporate & Democratic Services  
Mr B Davies, Director of Financial Services  
Ms A Batley, Service Director, Children's Services  
Ms J Ellis, Housing Strategy And Investment Manager  
Ms Z Lancelott, Head of Engagement & Participation  
Mrs N. Kingham, Business Manager, Cwm Taf Safeguarding Board

#### Others in attendance

Councillor M Griffiths  
Councillor R Yeo

#### 142 APOLOGIES

Apologies for absence was received from County Borough Councillor M Webber and G Hopkins.

#### 143 DECLARATION OF INTEREST

In accordance with the Council's Code of Conduct the following Declarations of Interest were made pertaining to the agenda:-

- a) County Borough Councillor R Bevan in respect of agenda item 5: "As granted by the Standards Committee on the 8<sup>th</sup> December, 2017 I have a dispensation to speak and vote on all matters relating to the Community and Children's Services Group, save for any specific matters that directly affect my daughter, who is employed by the Council in the Community and Children's Services Group as the Service Manager for Access and Enablement."

- b) Director, Financial Services in respect of agenda item 12: “I am a Director of Amgen. I will leave the meeting when the item is discussed and voted upon.”

#### 144 MINUTES

The Cabinet **RESOLVED** to approve the minutes of the 19<sup>th</sup> April, 2018 as an accurate reflection of the meeting.

#### 145 SUPPLEMENTARY PLANNING GUIDANCE HOUSES IN MULTIPLE OCCUPATION

The Director, Regeneration, Planning & Housing provided Members with a report which outlined the outcome of the public consultation on the Draft Supplementary Planning Guidance (SPG) for Houses in Multiple Occupation (HMOs), which was undertaken during the 25<sup>th</sup> January, 2018 to the 23<sup>rd</sup> March, 2018.

Members were reminded of the need to consult on the Supplementary Planning Guidance, which could be used to assist in the consideration of planning applications both in terms of resisting applications for inappropriate HMOs or HMOs in areas that have already got high concentrations. It was added that the guidance could also assist in raising the standard of new HMOs and guiding any future HMOs to the most appropriate locations.

The Director provided a brief summary of the consultation responses received, which in general supported the guidance.

The Cabinet Member for Enterprise, Development & Housing thanked those who had responded to the consultation, although commented on the low turnout and welcomed the Supplementary planning guidance commenting on how this would assist the Planning and Development Committee when considering future planning applications in respect of HMOs. The Cabinet Member spoke on the effects of HMOs in respect of Treforest and the positives the guidance would have going forward with sustainability of communities and cohesion.

Following discussions the Cabinet **RESOLVED**:

1. To note the consultation record and the responses to the consultation representations, as attached as at appendix 1 of the report.
2. To adopt the Supplementary Planning Guidance, ‘*Houses in Multiple Occupation (HMOs)*’ for planning policy purposes, as detailed in appendix 2 of the report.

#### 146 CONSULTATION RESPONSES TO DRAFT PLANNING POLICY WALES EDITION 10

The Director, Regeneration, Planning & Housing referred Members to her report which outlined the content of the revised Planning Policy Wales (PPW) (Edition 10) issued for consultation by the Welsh Government.

Members were advised that Planning Policy Wales is a national land use planning policy document which is used to inform the preparation of

development plans and local planning policy such as Local Development Plans and is a material decision for officers and Members when considering planning applications. The Director outlined the importance for the Council to make appropriate representations on the policy, as it is a fundamental part of national planning policy guidance, informing the plan, making process and planning decisions in Rhondda Cynon Taf.

The Director highlighted for Members attention parts of the consultation document including the 5 key planning principles, advising that there was no reference to economic development, growth or prosperity within the key principles for planning. Following her summary of the document the Director referred Members to Appendix A of the report which provided a draft overarching consultation response to the policy, for Members comments.

The Cabinet Member Enterprise, Development & Housing endorsed the draft response provided and also took the opportunity to comment on the need for clarity from Welsh Government in respect of which of the elements within the document are absolute, which constitute policy and whether parts of the policy are just guidance tools to aid the design and planning of developments or a checklist for the decision maker. The Cabinet Member also spoke of the importance of Strategic Development Plans going forward, which would support the City Regions aspirations.

**Cabinet RESOLVED:**

1. To note the contents of revised Planning Policy Wales (PPW) (Edition 10) issued for consultation by the Welsh Government ([Draft PPW Edition 10](#))
2. To agree the overarching consultation response, as attached as Appendix A of the report, and for this to be submitted to Welsh Government
3. To give authorisation to the Service Director Planning to submit a further, detailed response to Welsh Government on the technical questions attached to the consultation, as outlined in Appendix B of the report.

(**N.B** County Borough Councillor M Griffiths joined the meeting at the commencement of this item).

**147 CWM TAF SAFEGUARDING BOARD ANNUAL PLAN 2018/19**

The Cwm Taf Safeguarding Board Business Manager provided an overview of the Annual Plan for 2018/19 for the Cwm Taf Safeguarding Board (Children, Adults and MASH).

Members were reminded that the Cwm Taf Safeguarding Board (CTSB) is a statutory partnership made up of the agencies that are responsible for safeguarding children and adults at risk in Cwm Taf. She added that the aim of the CTSB is to ensure that people of all ages, living in Cwm Taf, are protected from abuse, neglect or other kinds of harm. This also involves preventing abuse, neglect or other kinds of harm from happening.

Members were referred to Appendix 1 of the report which provided Members with the key priority outcomes for the coming year, to support the Board in achieving its objectives, with the Business Manager referencing strengthening of delivery of the MASH, improved Performance reporting and taking forward the prevention of abuse and neglect agenda.

The Deputy Cabinet Member for Children & Young People thanked the Board for its good work which was reflected in the positive outcomes for those that it supports. The Deputy Cabinet Member commented on the two key safeguarding objectives around protection and prevention which underpin the work of the CTSB and proposed that the work of the board in respect of safeguarding against 'Child Sexual Exploitation' within the Cwm Taf area is brought to a future meeting of the Cabinet.

Following discussions it was **RESOLVED**:

1. To note and endorse the content of the Cwm Taf Safeguarding Board Annual Plan for 2018/19, as outline within Appendix 1 of the report.
2. To receive a presentation at a future meeting of the Cabinet, outlining the Boards work to date in respect of Safeguarding against 'Child Sexual Exploitation' within Cwm Taf.

(**N.B** As referenced in Minute 143, County Borough Councillor Bevan referred to the dispensation granted to him by the Standards Committee and remained in the meeting when the item was discussed and voted upon.)

## **148 COUNCIL RUN DAY NURSERY PROVISION**

The Head of Engagement and Participation provided Cabinet Members with details of the current arrangements for the delivery of day nursery provision at the Council run day nursery in Ynyscynon and continued to provide Members with further details in respect of potential options for service change.

Members were reminded of the transfer of Ynyscynon Nursery from Education to the Early Years Service in 2016 and the Head of Engagement and Participation advised Members that the Nursery was currently subsidised by the Council, with no fee paying children enrolled. She continued by explaining that this provided a timely opportunity to review service delivery at Ynyscynon Nursery and to identify service improvements and make financial savings without impacting negatively on children and families in that area.

The Head of Service referred Members to Section seven of her report which presented Members with a summary of service review options for their consideration, with option one retaining the status quo and option two, ceasing the day nursery provision.

The Deputy Cabinet Member, Children & Young People spoke on the options within the report, commenting on the proposed Option two highlighting the opportunities before the Council as there were no fee paying children enrolled within the provision. She added that due to sufficient childcare provision within the locality currently, ceasing of provision of non statutory 'fee paying' childcare provision at Ynyscynon and delivering Flying Start only services would not impact negatively on any children or families within the area.



The Deputy Cabinet Member queried the legal officer as to the Councils requirements to conduct a consultation if option two was taken forward, when there were no current service users. The Legal officer advised that it was good practice to undertake a consultation with any proposed service change, to allow the Council to engage with any service users or any potential future service users, although added that a four week consultation would be acceptable.

The Cabinet Member, Education & Lifelong Learning commented on the proposal and the potential change of the Flying Start Childcare provision from its current venue. The Cabinet Member requested that all Local Members associated with the Flying Start Childcare provision within the current Ynyscynon Day Nursery were consulted on any proposed changes in respect of an alternative venue for the delivery of the Flying Start Childcare.

The Cabinet **RESOLVED**:

1. To note the current service delivery arrangements and associated resources as set out in sections 5 and 6 of the report.
2. That following consideration of the proposed options for a review of service delivery, (as set out in section 7 and 10 of the report) that option 2 is taken forward for a 4 week consultation, as outlined below:

**Option 2 - Cease Ynyscynon Day Nursery Provision:**

- Cease the offer of non statutory 'fee paying' childcare provision at Ynyscynon and deliver Flying Start only services. This is proposed due to no fee paying children currently registered and the alternative day nursery provision in the area.
  - Review and rationalise existing staff contracts and rotas of staff at Ynyscynon to ensure optimum resource levels are attained and service flexibility assured, thereby providing staff for 32 Flying Start children. This is proposed due to the current staffing arrangements being greater than that required to run a Flying Start only provision
3. To receive a further report detailing the responses to the consultation in respect of option 2 for Cabinet Members consideration.

**149 REVIEW OF HOUSING ALLOCATION SCHEME AND ASSOCIATED KEY POLICY CHANGES**

The Housing Strategy and Investment Manager provided Members with a report outlining proposed policy and operational changes to Rhondda Cynon Taf's Housing Allocation Scheme ('the Scheme') as a consequence of a recent review of the Scheme and consultation process.

The Officer advised that Rhondda Cynon Taf's Housing Allocation Scheme was last reviewed significantly in 2014, with minor amendments made in 2016 and

2017 in relation to the Housing (Wales) Act 2014. Members were advised that since this time, the Welsh Government had issued a new Code of Guidance for Local Authorities on the Allocation of Accommodation and Homelessness in March 2016. This Code provided guidance which Local Authorities must legally have regard to when exercising their functions in connection with housing allocations and the development and implementation of a Housing Allocation Scheme. The Code advises Local Authorities to review their Housing Allocation Schemes every two years to ensure compliance with the law and good practice. As such, it was timely in 2017, to undertake a more comprehensive review of the Scheme. Officers had also been mindful of the Central Government's welfare reform policies which were due to come into force in 2019, although some of these policies were no longer being taken forward.

Members were referred to section 7 of the report which provided details of the proposed key changes to the Councils Housing Allocation Scheme in respect of Affordability, Allocating Adapted Housing, Branding Scheme, Rent Arrears, Local Letting Plans, Homeless Applicants.

The Deputy Cabinet Member commented on the two reversals in policy in respect of the proposed reforms for 18-21year olds and the Housing Benefit Universal Credit, and welcomed the proposed changes to the scheme which would ensure that the Council continues to meet its housing need effectively. The Deputy Cabinet Member commented on the particular reference to Homeless applicants and the banding system with Domestic Abuse victims. He continued by adding that the scheme assists in building balanced and sustainable communities, helps to prevent homelessness and promotes independence and prosperity for residents, whilst ensuring that the Council is able to discharge its statutory housing responsibilities effectively.

The Leader of the Council also spoke positively on the scheme and queried the local letting policy and whether some of the wording within the policy could be amended to strengthen the Council's position going forward. The Housing Strategy and Investment Manager spoke of the arrangements in place and confirmed that the wording could be amended to take forward a stronger Council position.

With the agreement of the Leader, County Borough Councillor R Yeo spoke on this item at the meeting following pre-scrutiny undertaken by the Health & Wellbeing Scrutiny Committee on the Scheme and Policy changes.

The Cabinet **RESOLVED**:

1. The contents of the report and appendices, subject to the minor amendments relating to the 'local lettings policy 'as outlined by Members during the meeting.
2. The proposed policy changes to the Housing Allocation Scheme as detailed within the report for implementation in June 2018

**(N.B.** At the conclusion of this item County Borough Councillor R Yeo left the meeting.)

## 150 YOUTH ENGAGEMENT AND PARTICIPATION SERVICE

The Head of Engagement & Participation Service provided Members with an outline of the revised priorities for the Youth Engagement and Participation Service in line with the transfer from Education and Lifelong Learning to Public Health, Protection and Community Services. Members were also provided with information regarding the new delivery model required to deliver against the new priorities of the service.

The Head of Service presented Members with details of the success of the Youth Engagement and Participation Service to date in delivering significant outcomes against education priorities, with reference to the Services receipt of the accolade of the first Local Authority in Wales to gain the Bronze, Silver and Gold Quality Mark Awards for Youth Work in Wales.

Members were referred to section five of the report which presented the new delivery model to be taken forward and the four subsequent priorities to achieve the services aim of *'to support young people aged 11-25 to improve their resilience to deal with current and future challenges, supporting their wellbeing and their positive engagement in and contribution to the communities in which they live'*.

The Deputy Cabinet Member, Children & Young People thanked the staff within the service for its hard work and dedication, accumulating in the documented success of the service, as reflected within the report and spoke of the importance of taking forward the new way of working for the benefit of the young people who access the service, referencing the opportunities now available with the development of Community Hubs.

With the agreement of the Leader, County Borough Councillor M Griffiths spoke on this item, referencing potential youth engagements involvement with Community Councils.

Following discussions the Cabinet **RESOLVED**:

1. The new priorities for the Youth Engagement and Participation Service as outlined within the report.
2. The new delivery model for the Youth Engagement and Participation Service as outlined within the report.
3. That an item be added to the agenda for the next meeting of the Community Council Liaison Committee in respect of 'Youth Engagement with Community Councils'.

## 151 VAT EXEMPTION ON SPORTING ACTIVITIES

The Director, Financial Services provided Members with his report which set out details of a VAT exemption on the supply of sporting services in respect of Local Authorities, which had recently been legally challenged. Members were advised that the Court of Justice of the European Union found, in the case of the London Borough of Ealing (Case C 633/15), that Her Majesty's Revenue & Customs (HMRC) had incorrectly restricted Local Authorities from the exemption and determined that it had to be applied to both public bodies and other non-profit-

making bodies, as otherwise there would be a distortion of competition.

The Director proceeded to advise Members of the steps taken to date to back date the Authorities claim, advising that the estimated total of the Council's backdated claims for the period 31<sup>st</sup> May 2018 back to 1<sup>st</sup> February 2011 would amount to £3.1M (one-off resource). The ongoing full year financial implication (additional income) is estimated to be £600k per year (base budget) at current income levels. The additional income for 2018/19 financial year (June 2018 to March 2019) will be £500k. Members were advised that the combined backdated and 2018/19 part year benefit amounts to an estimated £3.6M which has not been factored in to the Council's financial plans to date. The Director continued by suggesting that this amount be set aside (as pump priming) into an earmarked reserve to support Invest to Save opportunities as and when they arise.

The Leader thanked the Director and for his report and welcomed the additional one off resource and agreed that this should be earmarked to support Invest to Save opportunities when they arise. The Leader also took the opportunity to thank the officers involved for submitting the initial protective claim to HRMC in February 2015, at the outset of the London Borough of Ealing proceedings.

The Cabinet **RESOLVED**:

1. To note the outcome of the Court of Justice of the European Union in the case of the London Borough of Ealing (Case C 633/15);
2. To implement the exemption on the supply of sporting services from 1<sup>st</sup> June 2018;
3. To note the one-off financial windfall from the backdated claims and the impact on the 2018/19 revenue budget;
4. That the resource be set aside into an earmarked reserve for Invest to Save initiatives; and
5. That the on-going financial savings be factored into the Council's Medium Term Financial Plan from 2019/20.

## **152 HIGHWAYS STRUCTURES**

The Service Director, Highways and Streetcare Services provided Members with an overview of his report which provided Members with a highlight of the progress made in respect of both the highway and non-highway inspection and works programme across the County Borough. The Service Director also provided information in respect of the work undertaken to strengthen the inspection programme in place to support further investment in key priority areas where and when additional resources become available.

Members were reminded of the actions taken forward at the Cabinet meeting on the 24<sup>th</sup> November, 2016 and the Service Director continued by providing Members with the progress made against such actions, in respect of Highways Structure Major Works Programme, Highways Structure Minor Works Programme and Non Highways Structures, such as bridges, retaining walls and culverts. The Service Director advised of the one off funding and staffing

resources needed to undertake the works needed in respect of both highway and non highway structures.

The Service Director continued his presentation of his report by advising of the structural engineering duties relating to planning and building control functions and the proposed transfer of these responsibilities.

The Leader thanked the Service Director for the report and welcomed the proactive approach in respect of undertaking structure maintenance, which would help to contain costs and extend the potential lifespan of the Council's structures. He also added that the rationalisation of duties related to Planning and Building Control functions would bring all matters relevant to structures under the Highways Technical Services Section and would further strengthen arrangements in this area.

Following discussions it was **RESOLVED**:

1. To note the current investment commitment that supports the substantial programme of structures works underway across the County Borough.
2. The proposals in relation to highways inspections and the additional proactive intervention works for the minor works programme.
3. The proposals in relation to the transfer of responsibility for all Parks and Countryside Structures to the Highways Structures Team and the establishment of more robust inspection and maintenance processes.
4. The proposed transfer of responsibility relating to structural engineering duties for Planning and Building Control functions.
5. The allocation of additional funding totalling £320k for 2018/19 to be funded from one off available resources in 2018/19, and for future years for this to be considered further as part of the Council's Medium Term Financial Planning arrangements.

**153 EXCLUSION OF THE PRESS AND PUBLIC:**

**RESOLVED** – that the press and public be excluded from the meeting under Section 100A(4) of the Local Government Act, 1972 (as amended) for the following items of business on the grounds that they involve the likely disclosure of exempt information, as defined in: Paragraph 14 of Part 4 of Schedule 12A of the Local Government Act, 1972 (as amended), namely information relating to the financial affairs of any particular person (including the authority holding that information).

**154 PROCESSING OF MIXED KERBSIDE RECYCLING**

The Group Director, Corporate & Frontline Services provided Members with his report which contained exempt information, which presented an option for the Council to invest, through its wholly owned Company (Amgen), in new technology to make a step change in the efficiency of the processing of recycle.

Following discussions on the item the Cabinet **RESOLVED**:

1. That following consideration of the proposal as set out in the report to support the investment;
2. To authorise officers to initiate a procurement process to secure the most financially and operationally efficient technology; and
3. That a subsequent business case report be presented to Cabinet for consideration and approval.

(N.B as referenced in Minute No.143 Mr B Davies, Director, Financial Services left the meeting when the item was discussed and voted upon.)

**This meeting closed at 2.15 pm**

**Cllr A Morgan  
Chairman.**

## RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

### CABINET

21<sup>st</sup> JUNE 2018

#### CABINET WORK PROGRAMME: 2018- 19 MUNICIPAL YEAR.

#### REPORT OF THE SECRETARY TO THE CABINET IN DISCUSSION WITH THE LEADER AND DEPUTY LEADER OF THE COUNCIL.

**Author:** Emma Wilkins, Executive and Regulatory Business Unit (01443 424110)

#### **1. PURPOSE OF THE REPORT**

- 1.1 To present, for Cabinet Members' comment and approval, an update on the Cabinet Work Programme on the proposed list of matters requiring consideration by Cabinet over the 2018-19 Municipal Year. The Work Programme will guide and direct the activities of other arms of the Council, as well as the Cabinet itself.

#### **2. RECOMMENDATIONS**

- 2.1 It is recommended that the Cabinet approve the Work Programme for the 2018-19 Municipal Year (with appropriate amendment where necessary) and receive a further update on a 3 monthly basis.

#### **3. REASONS FOR RECOMMENDATIONS**

- 3.1 In accordance with paragraph 12.1 (Part 4) of the Council's Constitution, the Cabinet Work Programme should be prepared to cover a period of three months, with an updated version provided at the end of this period.
- 3.2 Following the amendments to the Leaders Scheme of Delegation at the Council AGM on the 25<sup>th</sup> May, 2016 it was agreed that going forward a detailed Cabinet Work Programme be published for a 6 month period, allowing sufficient notice and opportunity for consultation and / or pre scrutiny.
- 3.3 The updated Work Programme is attached to this report for Members' consideration and covers the 2018-19 Municipal Year.
- 3.4 For ease of reference the work programme will also be available on the main Cabinet webpage for Members and members of the public information.

#### **4. CABINET REPORTS**

- 4.1 The proposed work programme is a rolling work programme for the 2018/19 Municipal Year, which is reported to Cabinet on a 3 month cycle to allow for regular updates and amendments.
- 4.2 An updated work programme is attached as Appendix 1 to this report.
- 4.3 During the period outlined, the Work Programme may be subject to further change to take into account any additional/deletion reports, including any new consultative documents or legislative initiatives from the Welsh Government, which require urgent attention.
- 4.4 In accordance with paragraph 2.5 (Part 4) of the Council's Constitution, any Member of the Council may also request the Leader to put an item on the agenda of a Cabinet meeting. There is also the ability for a resolution to be made by the Overview and Scrutiny Committee or the full Council that an item be considered by the Cabinet, which could alter the forward Work Programme.
- 4.5 The 2018/19 Cabinet Work Programme is published on the main Cabinet page of the Website to again assist Members of the public, by improving transparency. The Work Programme link can be accessed on the following '[Cabinet Work Programme](#)'.

#### **5. CONSULTATION**

- 5.1 The work programme has been compiled by members of the Senior Leadership Team in discussion with the relevant portfolio holder(s) and has been consulted upon with the relevant scrutiny committees in respect of pre-scrutiny.

#### **6. EQUALITY AND DIVERSITY IMPLICATIONS**

- 6.1 An Equality Impact Assessment is not needed because the contents of the report are for information purposes only.

#### **7. FINANCIAL IMPLICATIONS**

- 7.1 There are no financial implications aligned to this report.

#### **8. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED**

- 8.1 The report has been prepared in accordance with paragraph 12.1 (Part 4) of the Council's Constitution.



**9. LINKS TO THE COUNCILS CORPORATE PLAN / OTHER CORPORATE PRIORITIES.**

- 9.1 The Cabinet work programme encompasses all of the Council priorities as it indicates reports coming forward across the Directorates which may impact upon the Council's corporate priorities and others. It also embraces the Future Generations Acts as all future decisions taken by the Cabinet seek to improve the social, economic, environmental and cultural well-being of the County Borough.

**10. CONCLUSION**

- 10.1 An updated Cabinet work programme for the 2018-19 Municipal Year is attached.

**Other Information:-**

**Relevant Scrutiny Committee – Overview & Scrutiny Committee**

**LOCAL GOVERNMENT ACT 1972**

**AS AMENDED BY**

**THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**CABINET**

**21<sup>st</sup> JUNE 2018**

**REPORT OF THE SECRETARY TO THE CABINET IN DISCUSSIONS WITH  
THE LEADER AND DEPUTY LEADER OF THE COUNCIL.**

**Item: CABINET WORK PROGRAMME: 2018- 19 MUNICIPAL YEAR.**

**Background Papers**

- Paragraph 12.1 (Part 4) of the Council's Constitution.

Officer to contact: Emma Wilkins, Executive and Regulatory Business Unit

## Cabinet Work Programme.

Forward plan of proposed Cabinet Business for the 2018/19 Municipal Year

Specific Period: -May 2018 – April 2019.

(Summary of proposed Key Decisions coming forward for Cabinet Members consideration.)

*N.B – The work programme is subject to change to take account of any additional / deletion of reports, including any new consultative documents or legislative initiatives from the Welsh Government, which require urgent attention.*

Contact: Emma Wilkins (Tel No. 01443 424110)

Key Decision	Brief Outline	Report Status	Decision Maker (Cabinet / Delegated Decision (DD))	Proposed Date	Cabinet Member / responsible Officer	Open / Exempt Report	Consultation to be undertaken prior to Decision being made?
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## Chief Executive

Cabinet Work Programme	In line with the Council's Constitution there is a need to advise and publish the Cabinet Work Programme.	Continuous	Cabinet	Every 3 months June 18 September 18 December 18 March 19	Leader of the Council, Councillor A Morgan. Secretary to the Cabinet – C Hanagan	Open	<ul style="list-style-type: none"> <li>• Cabinet Members</li> <li>• SLT</li> <li>• Overview &amp; Scrutiny</li> </ul>
Leaders Scheme of Delegation	To formally receive the Leaders Scheme of Delegation following the 2018 Council AGM	Complete	Cabinet	June 2018	Leader of the Council, Councillor A Morgan. Secretary to the Cabinet – C Hanagan	Open	Cabinet Members
Council's Corporate Performance Report	To consider the Council's Performance Report and recommend its endorsement by Council	Draft	Cabinet	July 2018	Leader of the Council, Councillor A Morgan. Chief Executive – C Bradshaw	Open	Finance & Performance Scrutiny
National Development Framework	To agree the consultation response on the issues, options and the preferred option for the National Development		Delegated Decision	July 2018	Councillor R Bevan, Director, Regeneration, Planning & Housing – J Cook	Open	

Key Decision	Brief Outline	Report Status	Decision Maker (Cabinet / Delegated Decision (DD))	Proposed Date	Cabinet Member / responsible Officer	Open / Exempt Report	Consultation to be undertaken prior to Decision being made?
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	Framework before submission to Welsh Government						
Targeted Regeneration Investment Programme - Welsh Government Funding	To consider the targeted Regeneration Investment Programme - Welsh Government Funding		Cabinet / Delegated Decision	September 2018	Councillor R Bevan Director, Regeneration, Planning & Housing – J Cook		
Affordable Warmth Strategy	The need to advise Cabinet Members of the Councils Affordable Warmth Strategy		Cabinet	September 2018	Councillor R Bevan Director, Regeneration, Planning & Housing – J Cook		
Regulation of Investigatory Powers Act 2000 (RIPA) - Use of RIPA in 2017-18 by RCTCBC	To enable Members to review the Council's use of the Regulation of Investigatory Powers Act 2000 ('RIPA')		Cabinet	September 2018	Deputy Leader, Councillor M Webber. Director, Legal Services – C Jones	Open	
Corporate Parenting Board Annual Report	To consider the Annual report of the Corporate Parenting Board.	Draft	Cabinet	September 2018	Councillor G Hopkins & Cllr C Leyshon Secretary to the Cabinet – C Hanagan		<ul style="list-style-type: none"> <li>Corporate Parenting Board</li> <li>Children &amp; Young People Scrutiny</li> </ul>

Key Decision	Brief Outline	Report Status	Decision Maker (Cabinet / Delegated Decision (DD))	Proposed Date	Cabinet Member / responsible Officer	Open / Exempt Report	Consultation to be undertaken prior to Decision being made?
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Beddau Caravan Park			Delegated Decision	September 2018	Councillor R Bevan, Director, Regeneration, Planning & Housing – J Cook		
Development Plan	To consider the next steps to develop planning policy for the area/region.		Cabinet	October 2018	Councillor R Bevan Director, Regeneration, Planning & Housing – J Cook	Open	
Robertstown / Coedely – Update and progress report	The need to provide Members with an update and progress report in respect of Robertstown / Coedely development		Cabinet	October 2018	Councillor R Bevan Director, Regeneration, Planning & Housing – J Cook	Open	
Town Centre Maintenance Grant – Review of pilot	To consider the findings following the pilot of the Town Centre Maintenance Grant.		Cabinet	October 2018	Councillor R Bevan Director, Regeneration, Planning & Housing – J Cook	Open	
Community infrastructure levy annual monitoring report	CIL regulations require a report to update Cabinet on the performance of CIL during the last year and make any amendments deemed necessary.		Cabinet	October 2018	Councillor R Bevan Director, Regeneration, Planning & Housing – J Cook	open	Finance & Performance Scrutiny Committee

Key Decision	Brief Outline	Report Status	Decision Maker (Cabinet / Delegated Decision (DD))	Proposed Date	Cabinet Member / responsible Officer	Open / Exempt Report	Consultation to be undertaken prior to Decision being made?
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Planning Annual Performance Report	To approve the Planning Annual Performance Report , prior to submission to Welsh Government		Delegated Decision	October 2018	Councillor R Bevan Director, Regeneration, Planning & Housing – J Cook	Open	
Local Development Plan Annual Monitoring Report (AMR)	To approve the LDP annual monitoring report, prior to submission to Welsh Government on 31st October		Delegated Decision	October 2018	Councillor R Bevan Director, Regeneration, Planning & Housing – J Cook	Open	
Budget Consultation Report	To inform Members of the proposed approach to resident engagement and consultation in respect of the 2019/20 budget.		Cabinet	October 2018	Councillor M Webber Service Director, Cabinet & PR	Open	
Empty Properties Strategy	The need to provide Cabinet Members with the Council's Empty Properties Strategy		Cabinet	October 2018	Councillor R Lewis Director, Regeneration, Planning & Housing – J Cook		Health & Wellbeing Scrutiny
Flood Consequences Assessment	To receive the report outlining the Mountain Ash Guto		Cabinet	November 2018	Councillor R Bevan Director, Regeneration, Planning & Housing – J		

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	Square – flood consequences Assessment				Cook		
Cynon Valley Waste Disposal Company Limited and Amgen Rhondda Limited – Annual General Meeting	To provide Members with details of the AGM in respect of the Cynon Valley Waste Disposal Company Ltd and Amgen Rhondda Ltd.		Cabinet	November 2018	Councillor A Crimmings Director, Legal & Democratic Services	Exempt	
Town Centre Christmas Events	To provide Members with details of the Town Centre Christmas Events		Delegated Decision	November 2018	Councillor R Bevan Service Director, Cabinet & PR	Open	
Corporate Assessment	To consider the Council's Corporate Assessment.		Cabinet	January 2019	Leader & Deputy Leader, Councillor A Morgan & M Webber. Chief Executive – C Bradshaw	Open	
Annual Equalities Report	To receive the report of the Director, Human Resources in respect of the Annual Equalities Report.		Cabinet	March 2019	Deputy Leader, Councillor M Webber Director, Human Resources – R Evans	Open	



Key Decision	Brief Outline	Report Status	Decision Maker (Cabinet / Delegated Decision (DD))	Proposed Date	Cabinet Member / responsible Officer	Open / Exempt Report	Consultation to be undertaken prior to Decision being made?
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Taff Vale Update and Business Plan	Taff Vale Update Report.		Cabinet	When appropriate	Councillor R Bevan Director, Regeneration, Planning & Housing – J Cook	Open	
Corporate Plan – Updates on delivery	To receive reports outlining delivery and ambition of the Corporate Plan		Cabinet	When Applicable	Leader of the Council, Councillor A Morgan & Chief Executive, C Bradshaw	Open	
Cardiff Capital Region - City Deal	The need to advise of the progress being made in respect of the City Deal		Cabinet	When Applicable	Leader of the Council, Councillor A Morgan & Chief Executive, C Bradshaw	Open	
Staff Panel Report	To receive details of the proposals put forward by the Council's Staff Panel in respect of efficiency savings and smarter ways of working		Cabinet	When Applicable	Councillor M Webber & Secretary to the Cabinet – C Hanagan	Open	
Scrutiny Recommendations	To receive recommendations coming forward following a scrutiny review.		Cabinet	Continuous	Specific to the Scrutiny Review undertaken	Open	

Key Decision	Brief Outline	Report Status	Decision Maker (Cabinet / Delegated Decision (DD))	Proposed Date	Cabinet Member / responsible Officer	Open / Exempt Report	Consultation to be undertaken prior to Decision being made?
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## Corporate & Frontline Services

Page 26

Council's Performance & Resources Report	To provide Cabinet with an overview of the Council's performance, both from a financial and operational perspective	Continuous	Cabinet	Quarter 4 – July 2018 Quarter 1 – September 2018 Quarter 2 – November 2018 Quarter 3 – March 2019	Councillor M Norris. Group Director, Corporate & Frontline Services	Open	<ul style="list-style-type: none"> <li>Report is presented to Finance &amp; Performance Scrutiny Committee following consideration by cabinet</li> </ul>
Strategic Partnership Opportunity	To receive details of a Strategic Partnership Opportunity	Complete	Cabinet	June 2018	Councillor M Norris. Group Director, Corporate & Frontline Services		
Collaboration Opportunity - Internal Audit Services	To receive details of a collaboration opportunity in respect of internal Audit services	Complete	Cabinet	June 2018	Councillor M Norris. Group Director, Corporate & Frontline Services		
Digital Strategy Work Programme	To provide Members with details of the	Complete	Cabinet	June 2018	Councillor M Norris. Group Director,		

Key Decision	Brief Outline	Report Status	Decision Maker (Cabinet / Delegated Decision (DD))	Proposed Date	Cabinet Member / responsible Officer	Open / Exempt Report	Consultation to be undertaken prior to Decision being made?
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Requirements	requirements needed to be taken forward in respect of the Digital Strategy Work Programme				Corporate & Frontline Services		
A4119 Ely Valley Road Dualling – Llantrisant Business Park to Coed Ely Roundabouts	To obtain authority to submit a planning application in respect of the roadscheme	Complete	Cabinet	June 2018	Leader of the Council Councillor A Morgan. Group Director, Corporate & Frontline Services		
Medium Term Financial Planning - Sale Of The Garage Portfolio And Increase In Rent	To take forward the sale of the Council's garage portfolio and increase in rent		Delegated Decision	June 2018	Councillor M Norris. Group Director, Corporate & Frontline Services		
Medium Term Financial Plan Update	To provide Members with an update on the Medium Term Financial Plan for 2018/19 – 2021/2022	Draft	Cabinet	July 2018	Councillor M Norris. Group Director Corporate & Frontline Services	Open	
General Data Protection Review Update	To receive an update in respect of the GDPR	Draft	Cabinet	July 2018	Councillor M Norris. Group Director Corporate & Frontline Services	Open	
Processing Of Mixed Kerbside Recycling	To provide Members with a Business Case		Cabinet	October 2018	Leader of the Council Councillor A Morgan.	Exempt	

Key Decision	Brief Outline	Report Status	Decision Maker (Cabinet / Delegated Decision (DD))	Proposed Date	Cabinet Member / responsible Officer	Open / Exempt Report	Consultation to be undertaken prior to Decision being made?
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	in respect of the opportunities of investment into processing of Mixed Kerbside Recycling				Group Director, Corporate & Frontline Services		
Council Investment Priorities	To consider any potential investment opportunities		Cabinet	October 2018	Leader of the Council Councillor A Morgan. Group Director, Corporate & Frontline Services		
Corporate Asset Management Plan Interim Update	To brief members on progress with the plan		Cabinet	October 2018	Councillor M Norris. Group Director Corporate & Frontline Services	Exempt	
Mountain Ash Cross Valley Link Road Project Update	To update Cabinet on the current progress related to the development and delivery of the major transportation project: Mountain Ash Cross Valley Link Road from Cabinet Report of 15 <sup>th</sup> March 2017.		Cabinet	October 2018	Leader of the Council, Councillor A Morgan. Group Director, Corporate & Frontline Services – C Lee	Open	
Council Tax Base 2019/20	To receive the report in respect of setting		Cabinet	November 2018	Leader of the Council, Councillor A Morgan.	Open	

Key Decision	Brief Outline	Report Status	Decision Maker (Cabinet / Delegated Decision (DD))	Proposed Date	Cabinet Member / responsible Officer	Open / Exempt Report	Consultation to be undertaken prior to Decision being made?
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	the Council Tax Base 2019/20				Group Director, Corporate & Frontline Services – C Lee		
Budget Report	The need to adopt a budget strategy to recommend to Council as the basis of the budget strategy for the financial year ending March 2020, following consideration of the consultation feedback		Cabinet	February 2019	Leader of the Council, Councillor A Morgan. Group Director, Corporate & Frontline Services - C Lee	Open	<ul style="list-style-type: none"> <li>Budget Consultation - Service Users, Road shows, School Budget Forum &amp; Scrutiny.</li> </ul>
Council Fees & Charges	The need to advise Cabinet of the proposed Council Fees and Charges for the financial year 2019/20		Cabinet	February 2019	Leader of the Council, Councillor A Morgan. Group Director, Corporate & Frontline Services – C Lee	Open	

Key Decision	Brief Outline	Report Status	Decision Maker (Cabinet / Delegated Decision (DD))	Proposed Date	Cabinet Member / responsible Officer	Open / Exempt Report	Consultation to be undertaken prior to Decision being made?
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Capital Programme	To propose to Council the three year capital programme		Cabinet	February 2019	Leader of the Council, Councillor A Morgan. Group Director, Corporate & Frontline Services – C Lee	Open	
Supplementary Capital Programme - Highways, Transportation & Strategic projects	The need to seek approval for detailed investment within the service following Council's approval of the 3 year Capital Programme.		Cabinet	March 2019	Leader of the Council, Councillor A Morgan. Director, Highways & Streetcare Services – N Wheeler	Open	
Corporate Asset Management Plan 2013 – 2019 Biannual Update	Need to brief Members on the progress with implementation of the work plan of the Corporate Asset Management Plan.		Cabinet	Continuous / When Applicable	Councillor Mark Norris. Group Director, Corporate & Frontline Services – C Lee	Exempt	
Write off of irrecoverable Debts	Need to provide Cabinet with a position statement on irrecoverable debts		Cabinet	Continuous / When Applicable	Leader of the Council, Councillor A Morgan & Councillor M Norris. Group Director, Corporate & Frontline Services – C Lee	Exempt	

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Review of Mainstream School Transport Provision	Need to provide Cabinet with the outcomes of the periodic review of the Council's mainstream School Transport Provision		Cabinet	Periodic Review / when applicable	Leader of the Council, Councillor A Morgan. Director, Highways & Streetcare Services – N Wheeler	Open	
Scrutiny Recommendations	To receive any recommendations coming forward following a scrutiny review.		Cabinet	Continuous / When Applicable	Specific to Scrutiny Review undertaken	Open	<ul style="list-style-type: none"> <li>• Scrutiny</li> </ul>

Key Decision	Brief Outline	Report Status	Decision Maker (Cabinet / Delegated Decision (DD))	Proposed Date	Cabinet Member / responsible Officer	Open / Exempt Report	Consultation to be undertaken prior to Decision being made?
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## Community & Children's Services

Consultation Responses – St George's Day Centre	To receive the consultation responses to the proposal of closing St George's Day Centre	Complete	Cabinet	June 2018	Councillor G Hopkins Group Director Community & Children's Services - G Isingrini	Open	
Parliamentary Review in to Health and Social care	To receive information in respect of the Parliamentary review into health & Social Care	Complete	Cabinet	June 2018	Councillor G Hopkins Group Director Community & Children's Services - G Isingrini		
Children Looked After – Quality Assurance Panel	To receive an update report in respect of the work undertaken by the Quality Assurance Panel with Children Looked After within RCT	Complete	Cabinet	June 2018	Councillor G Hopkins Group Director Community & Children's Services - G Isingrini		
Director Social Services Annual Report (Draft)	Statutory required- Annual report on the delivery, performance, risks & planned	Draft	Cabinet	July 2018	Councillor G Hopkins & Councillor C Leyshon - Group Director Community & Children's Services - G Isingrini	Open	Children & Young People Scrutiny Committee  Health & Wellbeing Scrutiny Committee



Key Decision	Brief Outline	Report Status	Decision Maker (Cabinet / Delegated Decision (DD))	Proposed Date	Cabinet Member / responsible Officer	Open / Exempt Report	Consultation to be undertaken prior to Decision being made?
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	improvements to the Social Services function of the Council						
Adult Social Care Charges	To consider the report advising of the charges for Adult Social Care	Draft	Cabinet	July 2018	Councillor G Hopkins & Group Director Community & Children's Services - G Isingrini		
Cwm Taf Carer's Annual Report	To approve for submission to WG the annual report.	Draft	Cabinet	July 2018	Councillor G Hopkins & Group Director Community & Children's Services - G Isingrini	Open	
Council Run Day Nursery Provision	To provide Members with the consultation feedback following consideration of the proposal to cease Ynyscynon Day Nursery Provision		Cabinet	September 2018	Councillor C Leyshon - Group Director Community & Children's Services - G Isingrini	Open	Public Consultation
Safeguarding Measures against Child Sexual Exploitation within Cwm Taf	To receive a presentation in respect of the work of the Cwm Taf Safeguarding Board in this area		Cabinet	September 2018	Councillor G Hopkins & Group Director Community & Children's Services - G Isingrini	Exempt	

Key Decision	Brief Outline	Report Status	Decision Maker (Cabinet / Delegated Decision (DD))	Proposed Date	Cabinet Member / responsible Officer	Open / Exempt Report	Consultation to be undertaken prior to Decision being made?
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Cwm Taf Safeguarding Board Annual Report	In accordance with the SSWB Act, the need to report the Cwm Taf Safeguarding Annual Report to the Cabinet, setting out their priorities for the coming year.		Cabinet	September 2018	Councillor G Hopkins & Councillor C Leyshon Group Director Community & Children's Services – G Isingrini	Open	<ul style="list-style-type: none"> <li>Cwm Taf Safeguarding Board</li> </ul>
Social Services Annual Complaints Report	Provide Cabinet with an overview of the operation & effectiveness of the Council's Social Services complaints procedure		Cabinet	September 2018	Councillor G Hopkins Group Director Community & Children's Services – G Isingrini	Open	
Director Social Services Annual Report	To receive the final report of the Director, Social Services prior to its publication		Cabinet	September /October 2018	Councillors G Hopkins & T Leyshon. Group Director Community & Children's Services – G Isingrini	Open	<p>Children &amp; Young People Scrutiny Committee</p> <p>Health &amp; Wellbeing Scrutiny Committee</p>
HMO Licensing Review 2019	To provide Cabinet with the HMO Licensing Review undertaken		Cabinet	December 2018	Councillor R Lewis Director, Public Health, Protection & Community Services	Open	Health & Wellbeing

Key Decision	Brief Outline	Report Status	Decision Maker (Cabinet / Delegated Decision (DD))	Proposed Date	Cabinet Member / responsible Officer	Open / Exempt Report	Consultation to be undertaken prior to Decision being made?
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National Adoption Annual Report	To receive the National Adoption Annual Report		Cabinet	January / February 2019	Councillor G Hopkins, C Leyshon and Group Director Community & Children's Services – G Isingrini	Open	
Regional Transformation Agenda	To receive an update on the regional transformation agenda		Cabinet	January 2019	Councillor G Hopkins and Group Director Community & Children's Services – G Isingrini		
Cwm Taf Safeguarding Annual Plan	To receive the Cwm Taf Safeguarding Annual Plan		Cabinet	May 2019	Councillor G Hopkins. Group Director Community & Children's Services – G Isingrini	Open	
SS&WB Board Development	To consider any updates as appropriate in respect of the SS&WB Board		Cabinet	Continuous / When Applicable	Councillor G Hopkins. Group Director Community & Children's Services – G Isingrini	Open	
Development of Community Hubs	To consider the development of Community Hubs across the County Borough		Cabinet	Continuous / When Applicable	Councillor R Lewis Director, Public Health, Protection & Community Services	Open	
Extra Care Strategy	To receive update reports on the Councils progress in respect of delivery of the Extra Care		Cabinet	Continuous / When Applicable	Councillor G Hopkins. Group Director Community & Children's Services – G Isingrini	Open	

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	Strategy						
Cwm Taf MASH Annual Report	To receive the Annual report of the Cwm Taf MASH		Cabinet	When Applicable	Councillor G Hopkins. Group Director Community & Children's Services – G Isingrini	Open	
Social Services & Wellbeing Act	To provide updates as and when necessary on the Council's duties in respect of the Act		Cabinet	Continuous / When Applicable	Councillor G Hopkins. Group Director Community & Children's Services – G Isingrini	Open	
Local Air Quality Management Reports	To provide details of the Local Air Quality Management Reports		Delegated Decision	Continuous / When Applicable	Councillor R Lewis Director, Public Health, Protection & Community Services	Open	
Scrutiny Recommendations	To receive any recommendations coming forward following a scrutiny review.		Cabinet	Continuous / When Applicable	Specific to Scrutiny Review undertaken	Open	<ul style="list-style-type: none"> <li>Scrutiny</li> </ul>

Key Decision	Brief Outline	Report Status	Decision Maker (Cabinet / Delegated Decision (DD))	Proposed Date	Cabinet Member / responsible Officer	Open / Exempt Report	Consultation to be undertaken prior to Decision being made?
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## Education & Lifelong Learning

Increasing Welsh Medium Provision – Welsh Government Capital Grant.	Submission of a Business Case to WG.	Complete	Delegated Decision	May 2018	Councillor J Rosser Director,, Education & Lifelong Learning	Open	
RCT SACRE Annual Report	To receive the annual report of RCT SACRE		Cabinet	July 2018	Councillor J Rosser. Director, Education & Lifelong Learning - E Thomas	Open	
Childcare Sufficiency Update	The need to provide details of the Childcare Sufficiency Audit undertaken, in line with Welsh Government Requirements		Cabinet	September 2018	Councillor J Rosser. Director, Education & Lifelong Learning - E Thomas; Childcare Officer - D Humphries	Open	
Foundation Phase, Key Stage 2&3 and Key Stage 4 outcomes for 2017	To provide Members with initial feedback on the Foundation Phase, Key Stage 2, 3 & 4 outcomes for		Cabinet	September 2018	Councillor J Rosser & Director, Education & Lifelong Learning - E Thomas	Open	

Key Decision	Brief Outline	Report Status	Decision Maker (Cabinet / Delegated Decision (DD))	Proposed Date	Cabinet Member / responsible Officer	Open / Exempt Report	Consultation to be undertaken prior to Decision being made?
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	2017.						
21 <sup>st</sup> Century Schools	To receive an update in respect of the 21 <sup>st</sup> Century Schools band B programme within RCT.		Cabinet	September 2018	Councillor J Rosser & Director, Education & Lifelong Learning - E Thomas	Open	
Key stage 4 and 5 outcomes	To receive the final data from Welsh Government in respect of the Educational Outcomes for RCT		Cabinet	January 2019	Councillor J Rosser & Director, Education & Lifelong Learning - E Thomas	Open	
Supplementary Capital Programme – Education & Lifelong Learning	The need to seek Cabinet approval for further detailed investment within the service following Council's approval of the 3 year Capital Programme.		Cabinet	March 2019	Councillor J Rosser. Director, Education & Lifelong Learning E Thomas	Open	
Scrutiny Recommendations	To receive any recommendations coming forward following a scrutiny review.		Cabinet	Continuous / When Applicable	Specific to Scrutiny Review undertaken	Open	<ul style="list-style-type: none"> <li>Scrutiny</li> </ul>

Key Decision	Brief Outline	Report Status	Decision Maker (Cabinet / Delegated Decision (DD))	Proposed Date	Cabinet Member / responsible Officer	Open / Exempt Report	Consultation to be undertaken prior to Decision being made?
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21 <sup>st</sup> Century Schools	To receive any updates in respect of the 21 <sup>st</sup> Century Schools Programme		Cabinet	Continuous / When Applicable	Councillor J Rosser. Director, Education & Lifelong Learning E Thomas	Open	
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## **RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

### **CABINET**

**21<sup>ST</sup> JUNE 2018**

#### **PROPOSAL TO CLOSE ST. GEORGE'S DAY CENTRE AND TRANSFER THE OPEN ACCESS DAY CENTRE PROVISION TO GILFACH GOCH DAY CENTRE**

#### **REPORT OF GROUP DIRECTOR, COMMUNITY AND CHILDREN'S SERVICES, IN DISCUSSIONS WITH THE RELEVANT PORTFOLIO HOLDER, COUNCILLOR G HOPKINS**

**Author:** Neil Elliott, Service Director Adult Services. Tel. No. 01443 444603

#### **1. PURPOSE OF THE REPORT**

- 1.1 The purpose of the report is to update Cabinet on the outcome of the consultation to close St. George's Day Centre in Tonyrefail and transfer open access day services to Gilfach Goch Day Centre.

#### **2. RECOMMENDATIONS**

It is recommended that Cabinet:

- 2.1 Considers the responses to the public consultation exercise undertaken in respect of the closure of St. George's Day Centre in Tonyrefail and transfer open access day services to Gilfach Goch Day Centre.
- 2.2 Subject to 2.1 above, agrees to close St. George's Day Centre in Tonyrefail and transfer the open access day services to Gilfach Goch Day Centre in line with the transfer of the current kitchen facilities.

#### **3. REASONS FOR RECOMMENDATIONS**

- 3.1 Increasing financial cutbacks nationally are leading to pressures locally but despite that, the Council is determined to deliver the best services and opportunities for everyone in the County Borough. This proposal seeks to continue to offer a community based service in close proximity to Tonyrefail offering a better environment and greater opportunities to undertake social activities.
- 3.2 Subject to 2.2 above relevant Council Officers can continue to engage with users of St. George's to allay their anxieties. This will include arranging visits to the Gilfach Goch Day Centre to show service users around the Centre and meet its current attendees.

- 3.3 In order to address concerns regarding users ability to access the Gilfach Goch Day Centre due to being unable to drive or unreliable public transport provision, continued engagement will take place with relevant individuals to support them to explore the options available to them that will meet their needs. We are aware that a significant number of the users of Gilfach Goch Day Centre live in Tonyrefail but prefer to travel there for the better environment and greater opportunities to undertake social activities. We will also explore with users the potential for car/lift sharing opportunities.

#### **4. BACKGROUND**

- 4.1 St. George's Day Centre is one of the poorest quality buildings in the Council's property portfolio with a maintenance backlog of £578K. Whilst the kitchen is in a good condition, the remainder of the building that houses the restaurant area and the meeting rooms is very poor with structural defects and crumbling plaster due to the water ingress and damp. A maintenance and structural survey has recently been undertaken and £553K of essential works has been identified, together with an additional £25K for further intrusive surveys and statutory costs. It is a former chapel and the building has few alternative uses.
- 4.2 The number of meals sold at St. George's Day Centre average less than 15 per day and is much less popular at lunchtime than Gilfach Goch Day Centre, which is only 3 miles away. Feedback indicates that a significant number of the users of Gilfach Goch Day Centre live in Tonyrefail but prefer to travel there for the better environment and greater opportunities to undertake social activities.
- 4.3 St. George's Day Centre is currently staffed and run by Community Meals Service kitchen staff. However, Cabinet agreed, at its meeting on 25<sup>th</sup> January 2018 to centralise the kitchen arrangements of the Community Meals Service and would therefore require additional catering and staffing arrangements to be introduced at St George's Day Centre, at an additional cost, to maintain the day service.
- 4.4 At its meeting on 25<sup>th</sup> January 2018 Cabinet also agreed to undertake an 8 week public consultation in respect of a proposal to close St. George's Day Centre in Tonyrefail and transfer the open access day service to Gilfach Goch Day Centre. This would need to take place by no later than 8<sup>th</sup> August 2018, in line with the transfer of the current kitchen facilities.

#### **5. CONSULTATION OUTCOME**

- 5.1 The aim of the consultation was to gather the views of service users and the wider community on the proposals to close St. George's Day Centre in Tonyrefail and transfer the open access day centre provision to Gilfach Goch Day Centre. The consultation ran for 8 weeks from 9<sup>th</sup> February 2018 to 6<sup>th</sup> April 2018 and the full report is attached as Appendix 1.
- 5.2 The following methods were used to consult with stakeholders:

- questionnaire
  - two drop in engagement events on 21st and 23rd February 2018
  - dedicated email address ([consultation@rctcbc.gov.uk](mailto:consultation@rctcbc.gov.uk)) and freepost address
- 5.3 Overall, only 18 people engaged directly in the consultation process. 16 of these were current users of St. George's Day Centre.
- 5.4 When asked what they would do if St. George's Day Centre closed, 75% (12 out of 16) of the current users of the day centre said they would stop attending.
- 5.5 94.4% (17 out of 18) of respondents said they disagreed with the proposals. Comments were focussed around general disagreement, positivity surrounding the existing service, potential for alternative funding and perceived transport and parking issues to the alternative day centre in Gilfach Goch.
- 5.6 Respondents were asked what impact the proposals would have on them. Comments related to the impact of increased cost to service users, transport issues to the alternative day centre in Gilfach Goch, that they would either cook for themselves or eat elsewhere and there would be a need to use another venue (Bingo).

## **6. EQUALITY AND DIVERSITY IMPLICATIONS**

- 6.1 Cabinet Members will be fully aware and mindful of the general equality duty introduced by the Equality Act 2010 and the specific public sector equality duties applicable to the Council as a local Council in Wales.
- 6.2 Section 149 of the Equality Act 2010 (Public Sector Single Equality Duty) requires public authorities to demonstrate in decision making that they have paid 'due regard' to the need to:
- eliminate unlawful discrimination, harassment and victimisation;
  - advance equality of opportunity between people who share a protected characteristic and people who do not share it;
  - foster good relations between people who share a protected characteristic and those who do not;
  - The relevant protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.
- 6.3 A specific question was asked in the consultation questionnaire to reflect the legal duty the Council has in looking at how its decisions affect people with particular protected characteristics - 8 respondents felt the proposal would affect them specifically because of their age.

- 6.4 Given that the proposal to close St. George's Day Centre in Tonyrefail and transfer the open access day centre provision to Gilfach Goch Day Centre will affect persons with a protected characteristic, in particular age; a full equality impact assessment has been completed. The full equality impact assessment is attached as Appendix 2 and shows that although there are areas of concern it is possible to take steps to mitigate any adverse impact.

## **7. FINANCIAL IMPLICATIONS**

- 7.1 There is potential for savings from the proposed changes to the current day services provision.

## **8. LEGAL IMPLICATIONS**

- 8.1 There are no legal implications arising from this report.

## **9. LINKS TO THE COUNCILS CORPORATE PLAN & OTHER CORPORATE PRIORITIES**

- 9.1 The Report is focused on the delivery of the Community Plan, and in particular the objective of "promoting independence and positive lives for everyone".

### **Other Information:-**

***Relevant Scrutiny Committee*** – Health & Wellbeing Scrutiny Committee

**LOCAL GOVERNMENT ACT 1972**  
**AS AMENDED BY**  
**THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**  
**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**  
**CABINET**  
**21<sup>ST</sup> JUNE 2018**

**PROPOSAL TO CLOSE ST. GEORGE'S DAY CENTRE AND TRANSFER THE  
OPEN ACCESS DAY CENTRE PROVISION TO GILFACH GOCH DAY CENTRE**

**REPORT OF GROUP DIRECTOR, COMMUNITY AND CHILDREN'S SERVICES,  
IN DISCUSSIONS WITH THE RELEVANT PORTFOLIO HOLDER, COUNCILLOR  
GERAINT HOPKINS**

**Background Papers**

Cabinet – [25<sup>th</sup> January 2018](#)

Officers to contact: Neil Elliott, Service Director Adult Services. Tel. No. 01443  
444603

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# St. George's Day Centre Consultation Report

*April 2018*



RHONDDA CYNON TAF

## CONTENTS

		Page
	<b>Executive Summary</b>	<b>3</b>
<b>1.</b>	Introduction	<b>5</b>
<b>2.</b>	Background	<b>6</b>
<b>3.</b>	Methodology	<b>7</b>
<b>4.</b>	Questionnaire Results	<b>8</b>

## Figures

		Page
<b>1.</b>	Day centre users	<b>8</b>
<b>2.</b>	Alternative arrangements	<b>8</b>
<b>3.</b>	Gender	<b>10</b>
<b>4.</b>	Age	<b>11</b>
<b>5.</b>	Equality impact	<b>11</b>



## EXECUTIVE SUMMARY

- This report presents the findings of the consultation on proposals to close St George's Day Centre and transfer the open access day centre provision to Gilfach Goch Day Centre.
- The consultation ran from the 9<sup>th</sup> February to the 6<sup>th</sup> April 2018. The approach taken included a webpage with information on the proposals, including a Cabinet report and an online survey for members of the public to take part. Paper copies of the questionnaire were available in the day centres, local library and Tonyrefail Leisure Centre.
- The other methods included 2 drop-in events at St George's Day Centre where service users and other members of the public with concerns could speak and ask questions with relevant Council officers. An officer from the Council's Consultation Team attended both events and surveyed those who attended.
- Overall, 18 people engaged directly in the consultation process. 16 of these were users of St George's Day centre.
- When asked what they would do if St George's Day Centre closed, 75% (n=12) said they would stop attending a day centre.
- 94.4% (17 out of 18) of respondents said they disagreed with the proposals. Comments were focussed around general disagreement, positivity surrounding the existing service, potential for alternative funding and perceived transport and parking issues to the alternative centre.
- Respondents were asked what impact the proposals would have on them. Comments related to the impact of increased cost to service users, transport issues to the alternative, that they would either cook for themselves or eat elsewhere and there would be a need to use another venue (Bingo).
- Under the Equality Act 2010 and the Public Sector Equality Duties, the Council has a legal duty to look at how its decisions impact on people because they may have particular characteristics. 8 respondents felt the proposal would affect them specifically because of their age.

## **1. INTRODUCTION**

- 1.1 This report presents the findings of the consultation on proposals to close St George's Day Centre and transfer the open access day centre provision to Gilfach Goch Day Centre.
- 1.2 Section 2 outlines some brief background.
- 1.3 Section 3 details the methodology.
- 1.4 Section 4 presents the results from the questionnaire.

DRAFT

## 2. BACKGROUND

- 2.1 St George's Day Centre is one of the poorest quality buildings in the Council's property portfolio with a maintenance backlog of £578,000. Whilst the kitchen is in a good condition, the remainder of the building that houses the restaurant area and the meeting rooms is very poor with structural defects crumbling plaster due to the water ingress and damp. A maintenance and structural survey has recently been undertaken and £553k of essential works has been identified, together with an additional £25k for further intrusive surveys and statutory costs. It is a former chapel and the building has few alternative uses.
- 2.2 Furthermore, the number of meals sold by the Day Centre average less than 15 per day, and many of the users of the Day Centre travel to St George's by car. Gilfach Goch Day Centre is a very popular centre at lunchtime and is only 3 miles away. Feedback received suggests a significant number of the users of Gilfach Goch Day Centre live in Tonyrefail but prefer to travel to Gilfach for the better environment and greater opportunities to undertake social activities.
- 2.3 Currently, St George's Day Centre is staffed and run by the Community Meals kitchen staff. If the decision is made by Cabinet to centralise the kitchen arrangements of the Community Meals Service, additional catering and staffing arrangements would have to be introduced at St George's Day Centre to maintain the day service, which would be at an additional cost to the Service.
- 2.4 The proposal is to Close St George's Day Centre and transfer the open access day service to Gilfach Goch Day Centre.

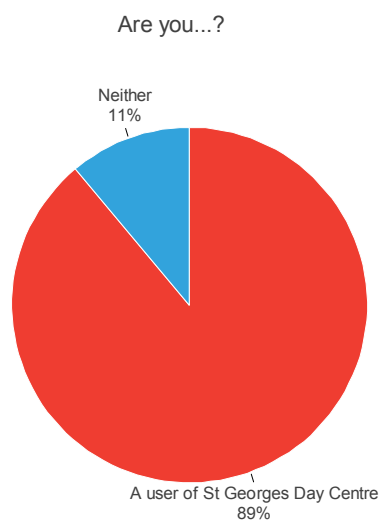
### 3 METHODOLOGY

- 3.1 The consultation ran for 8 weeks, from the 9<sup>th</sup> February to the 6<sup>th</sup> April 2018.
- 3.2 The aim of the consultation was to gather the views of service users and the wider community on the proposals to close St George's Day Centre and transfer the open access day centre provision to Gilfach Goch Day Centre.
- 3.3 The following methods were used to consult with stakeholders;
- A questionnaire.
  - 2 Drop in Engagement events on the 21<sup>st</sup> and the 23<sup>rd</sup> February 2018.
  - A dedicated email address ([consultation@rctcbc.gov.uk](mailto:consultation@rctcbc.gov.uk)) and freepost address if needed.
- 3.4 Overall, 18 people engaged directly in the consultation process. 16 of these were users of St George's Day centre.

## 4 Questionnaire Results

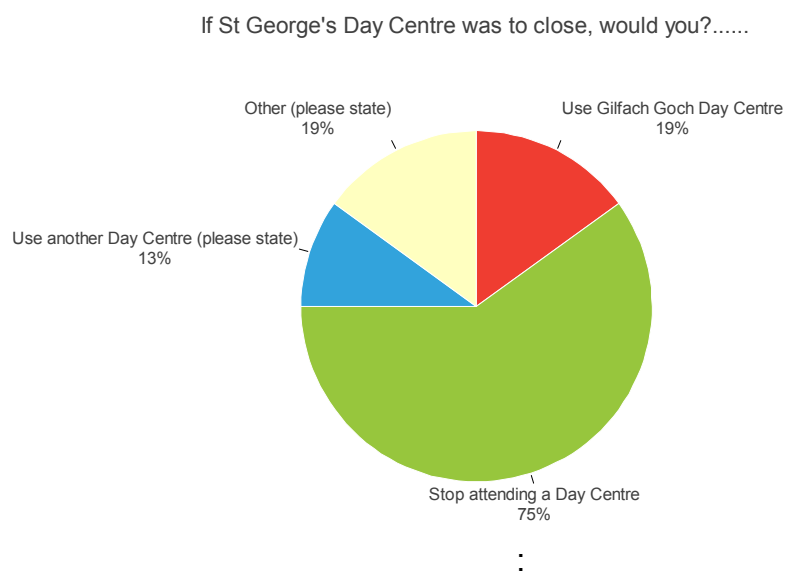
4.1 18 survey responses were received.

4.2 The majority were users of St George's Day Centre (n=16);



**Figure 1**

4.3 When asked what they would do if St George's Day Centre closed, 75% (n=12) said they would stop attending a day centre.



**Figure 2**

- 4.4 94.4% (17 out of 18) of respondents said they disagreed with the proposals. Comments included;

#### **Positive comments about existing service**

*Good service for older people*

*Would like St. Georges, Good staff on site.*

#### **General Disagreement**

*All boys here are disgusted.*

*It is disappointing that the centre may close as have been a user of the service for many years*

#### **Alternative funding**

*Lottery funding?*

*Has the Council considered grants?*

*Would be prepared to pay a fiver to keep it going*

#### **Transport Issues to Gilfach Goch Day Centre**

*parking would be an issue with more people attending*

*Mobility of some individuals would mean that they cannot use other venues, transport issues. Taxi charges are high, ladies are 90plus, so need support (Bingo Group)*

*Can't get to Gilfach centre.*

*Will struggle to get to Gilfach.*

#### **Other comments**

*Affect the bingo group. But not enough people use it. Not being replaced by younger people.*

*Non user. Tonyrefail is losing out and everything else is closing.*

*First world war memorial, conditions are in planning consent. Want some sort of legacy, memorial to be part of any future plans.*

- 4.5 Respondents were asked what impact the proposals would have on them. The following are a selection of the comments that were received.

**Cost**

*Going to cost more.*

*Cost issues out of pension.*

**Transport Issues**

*What about putting on a mini bus. A couple can't drive.*

*Would struggle to use other centres due to travelling issues, no disabled Parking*

**Meals elsewhere**

*Cook ourselves or go to takeaway and it is more expensive.*

*Cook own food, meet friends, breaks the day part.*

**Use another Venue**

*Won't have a day out, but would go to ton for bingo*

*Be lost, look forward to this bingo. But do use the community centre.*

*Would need to find an alternative venue, as the group would like to continue to meet.*

**Other**

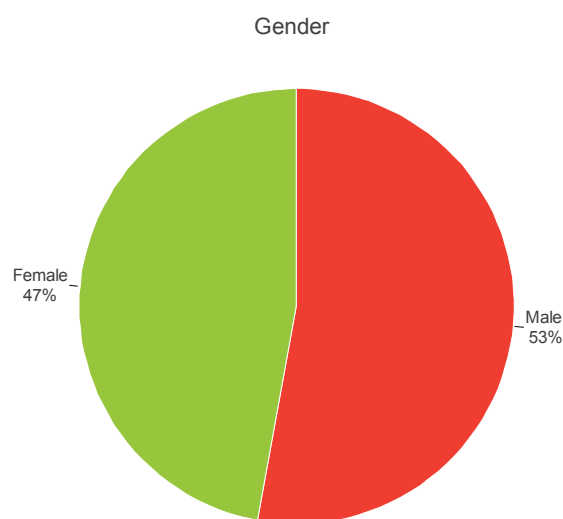
*Really inconvenient.*

*The social meeting with other users, would be lost and the staff who are so helpful and efficient would never be seen again*

*Loss to service available, as use day centre for respite from being a carer.*

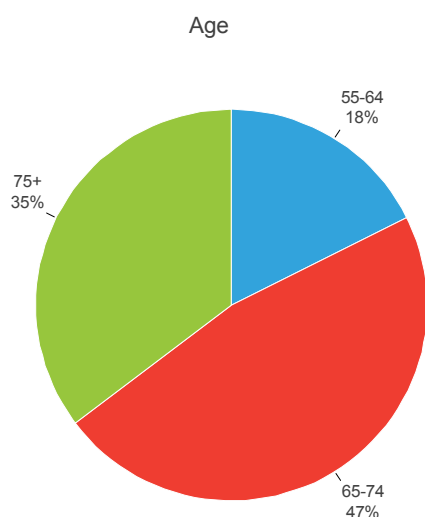
## Respondent Profile

4.6 There was an even split of respondents when it came to gender;



**Figure 3**

4.7 The following figure shows the age profile of respondents;



**Figure 4**

4.8 Under the Equality Act 2010 and the Public Sector Equality Duties, the Council has a legal duty to look at how its decisions impact on people because they may have particular characteristics. The table below shows that 8 respondents felt the proposal would affect them specifically because of their age.



**Figure 5**

4.9	Base	11	The
	Please tell us if you think this proposal would affect you specifically because (of).....		
	You are male / female	1	
	Your age	8	
	You are disabled	2	

following are a selection of comments that were made to support the above;

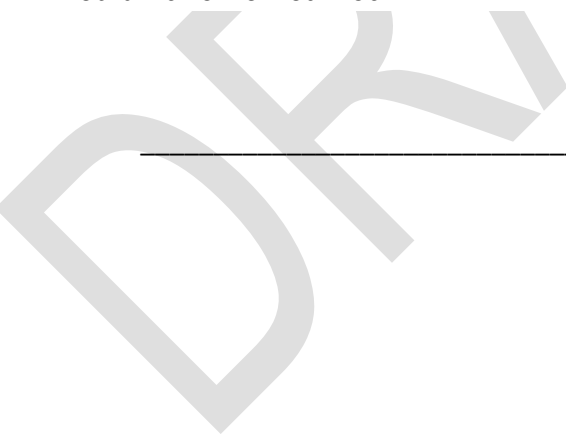
*can't walk now*

*driving*

*do not drive and the bus service to Gilfach is not reliable*

*transport costs and accessibility to the nearest day centre*

*would have no hot meal*



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## RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

### CABINET

21<sup>ST</sup> JUNE 2018

#### PARLIAMENTARY REVIEW IN TO HEALTH AND SOCIAL CARE

#### REPORT OF GROUP DIRECTOR, COMMUNITY AND CHILDREN'S SERVICES, IN DISCUSSIONS WITH THE RELEVANT PORTFOLIO HOLDERS, COUNCILLOR G, HOPKINS AND COUNCILLOR C. LEYSHON

**Author:** Giovanni Isingrini, Group Director Community and Children Services  
Tel. No: 01443 424141

#### 1. PURPOSE OF THE REPORT

- 1.1 The purpose of the report is to update Cabinet on the Parliamentary Review in to Health and Social Care.

#### 2. RECOMMENDATIONS

It is recommended that the Cabinet:

- 2.1 notes the outcome of the Parliamentary Review in to Health and Social Care;
- 2.2 considers the recommendations of the Parliamentary Review in to Health and Social Care and comments on how best to develop a transformational change and improvement programme.

#### 3. REASONS FOR RECOMMENDATIONS

- 3.1 In November 2016, Vaughan Gething AM, Cabinet Secretary for Health, Well-being and Sport announced, with cross party support, an independent review into the future of health and social care in Wales by an international panel of experts. The review panel was asked to assess and make recommendations on how the health and care systems might deliver improved health and well-being outcomes for people across Wales, reduce existing inequalities between certain population groups and best enable the whole health and social care system to be sustainable over the next five to ten years. The report in considering the current situation and drawing out the challenges facing health and social care over the next five to ten years should also bear in mind the context set by the Social Services and Well-being Act, and the seven goals of the Well-being of Future Generations Act alongside rising demand, alongside rising demand, demographic changes and financial sustainability. The intention is for the findings of this review to inform the forthcoming NHS Wales strategy.

#### 4. BACKGROUND

#### 4.1 The Terms of Reference for the report were:

- Define the key issues facing health and social care;
- Identify where change is needed and the case for change;
- Set out a vision for the future, including moving health and social care forward together and developing primary care services out of hospitals and
- Advise on how change can be delivered, building on the positive aspects of the current system.

#### 4.2 An Interim Report was published in July 2017 and the following key points were highlighted:

- The case for change is compelling. Wales can attain better health and wellbeing outcomes for its citizens and meet the goals of the Well-being of Future Generations (Wales) Act 2015. But to do this it will need to speed up how the health and social care system adapts to the changing needs of the population and other major challenges.
- Wales has very significant assets that can be used more effectively. A bold and unified vision for the whole health and social care system, underpinned by a clear strategy based on the relentless pursuit of continuous quality improvement and prevention, will be needed urgently to drive this forward.
- The Social Services and Well-being (Wales) Act 2014 and Prudent Healthcare offer powerful sets of principles, which can apply equally to both the Welsh NHS and social care and have a high level of support. Widespread and comprehensive use of these principles will transform health and social care in Wales.
- To translate the vision into concrete action, in the first instance a limited set of new models of care should be developed, trialled, evaluated, and scaled up rapidly. These should be developed and tested against clear standards, tailored to local circumstances and needs, and supported by a national learning programme and robust independent evaluation. A number of exemplars that can be built on already exist.
- The people of Wales, staff, service users and carers should be encouraged to have far greater influence and involvement in the design, implementation, evaluation and subsequent development of new models of care and have clearer shared roles and responsibilities. The best results will come through active coproduction.
- New skills and career paths for the health and social care workforce need to be planned on a large scale now, aligned with the developing new models of care. Current workforce shortages which inhibit change need to be addressed. A more systematic and effective approach to continuous quality improvement is needed, and a culture that creates a supporting and engaging environment should be actively encouraged.

- Effective new models of care are necessary, but not sufficient, to guarantee a health and social care system that is sustainable in future. Effort needs to be made to boost critical infrastructure to support new models and also drive higher quality and efficiency. Successful digital and infrastructure initiatives need to be systematically identified and spread better. Capital planning needs to be done in a way that supports new models of care. How the health and social care system supports and spreads innovation needs emphasis and more work. Data and information need to be made far more accessible and consistent to aid design and monitor the progress of change.
- There is substantial consensus on the case for change but less clarity on how possible changes can best be developed, implemented and adapted. Progress has been made. But faster change is needed if the health and social care system is to be sustainable into the future. This needs stronger national direction and a better balance across the continuum of national direction and local autonomy in generating change. This must be supported by a more developed performance management approach, which holds people to account effectively but also encourages system-wide learning and is based on outcomes for citizens across the whole health and care system. An effectively integrated health and social care system, which offers higher quality care for the people of Wales is an explicit aim. This requires the levers and incentives for change to be aligned and therefore to be acting in synergy. This means they must also be deployed across the whole system, not just one part of it.
- Governance, finance, and accountability arrangements should be streamlined and aligned across health and social care. There are a number of leadership and cultural issues that need to be addressed and resolved to enable more rapid and effective progress.

4.3 The review panel following the interim report discussed next steps to the review and identified that the scale and pace of the challenges facing Wales requires urgent and sustained effort in order to meet changing needs. In order to translate the overall vision into practical action, which improves quality and the efficiency of the health and social care system, we recommend as a first step that a set of integrated whole system models of health and social care be identified for further development and evaluation.

4.4 The reviewers established a stakeholder forum to work with the review panel to outline these new models and the principles that should be used to plan future service development. The forum would:

- Draw membership from service users, NHS, local government, academia, professionals, third sector and independent sector;
- Outline a set of new models; and
- Suggest how the models might be implemented effectively to allow faster change and what action is needed over the next two years to achieve this.

## **5 PARLIAMENTARY REVIEW**

- 5.1 A further report into the review of Health and social care was published in January 2018 and is attached as Appendix One to this report.
- 5.2 The report outlines that Wales has the potential to overcome all of the challenges identified. The strong intent to improve health and wellbeing is apparent, as is the desire for a high-quality NHS and social care system. Wales' legislation for sustainable development through the Wellbeing of Future Generations (Wales) Act, and the Social Services and Wellbeing (Wales) Act 2014, and the Welsh Government's new national strategy 'Prosperity for All' sets a positive and forward looking context that many other health and care systems aspire to. The challenge is turning the ambition into reality.
- 5.3 The Welsh Government aims to steer the health and care system into the next five years and beyond, the aim in the January 2018 report is to set out a way forward and to make recommendations on how change can be supported and explain, in practical terms, how to meet the challenges of the years ahead.
- 5.4 There are ten high level recommendations in the report, which are highlighted below:

- **Recommendation 1: One seamless system for Wales**

Rapidly articulate a clear simple vision of what care will look like in the future to meet the needs of the population. Care should be organised around the individual and their family as close to home as possible, be preventative with easy access and of high quality, in part enabled via digital technology, delivering what users and the wider public say really matters to them. Care and support should be seamless, without artificial barriers between physical and mental health, primary and secondary care, or health and social care.

The public, voluntary and independent sectors all have a role to meet the needs of the population now and in the future.

- **Recommendation 2: The Quadruple Aim for all**

Underpin the "one System" vision with four aims - the Quadruple Aim. That is, health and care staff, volunteers and citizens should work together to deliver clear outcomes, improved health and wellbeing, a cared for work force, and better value for money.

- **Recommendation 3: Bold new models of seamless care – national principles, local delivery**

Move to a seamless new way of working in localities – guided by the vision and Quadruple Aim with national good practice principles. There should now be rapid acceleration of action to develop, implement, and evaluate: seamless care close to home in localities; proactive improvement of population health and wellbeing; and reoriented specialised care.

- **Recommendation 4: Put the people in control**

Strengthen individual and community involvement, through voice and control in health and care, and ensuring all ages and communities have equal involvement. The public rightly want a modern service in which they have much better information about health and care, shared decision making in treatment, choice of care and setting, and peer support.

- **Recommendation 5: A great place to work**

Urgently align the workforce with new service models. Staff should be well trained, supported and engaged to deliver and continually improve a quality service consistent with the vision and Quadruple Aim. Wales should aim to be a great place to train and work.

- **Recommendation 6: A Health & Care System that's always learning**

Significantly increase support so that the pace of improvement accelerates. Invest in support to the front line, service users and local leadership that nurtures team-based learning and the use of evidence and sharing of best practice. Develop and implement a strategy for quality improvement and continuous learning for health and care, enhancing the leadership and infrastructure required to support it.

- **Recommendation 7: Harness innovation, and accelerate technology and infrastructure developments**

Maximise the benefits of technology and innovation to pursue the Quadruple Aim and deliver more effective and efficient care. This needs the right culture, behaviours and leadership to embrace innovation, embed collaboration and support prudent risk-taking.

- **Recommendation 8: Align system design to achieve results**

Design the system better to achieve faster progress. Given the need for transformative change, at national level there should be focus on designing a more effective blend of incentives, regulation, planning, targets and performance management.

- **Recommendation 9: Capacity to transform, dynamic leadership, unprecedented cooperation**

Increase capacity at a national level to drive transformation, and strengthen leadership nationally, regionally and locally to make progress in line with the vision and Quadruple Aim.

- **Recommendation 10: Accountability, progress & pace**

Publish progress against the vision, Quadruple Aim and new models in one year, three years and five years, and benchmark progress against the other three countries in the UK, and internationally.

5.5 There are now various workshop events across Wales taking place involving Directors of Social Services, Chief Executives and Cabinet Members for Social Services, along with Health colleagues to consider these recommendations and make future plans.

## **6. FINANCIAL IMPLICATIONS**

6.1 There are no financial implications to this report as IT IS only for information at this stage.

## **7. CONSULTATION OUTCOME**

7.1 Consultation was undertaken by the Review panel and details of the engagement undertaken are set out in the review document attached as Appendix One.

## **8. EQUALITY AND DIVERSITY IMPLICATIONS**

8.1 This is an information report and therefore no Equality and Diversity screening is required.

## **9. FINANCIAL IMPLICATIONS**

9.1 There are no adverse financial implications to this report.

## **10. LEGAL IMPLICATIONS**

10.1 This Parliamentary Review into Health and Social Care was established, on a cross-party basis.

## **11. LINKS TO THE COUNCILS CORPORATE PLAN & OTHER CORPORATE PRIORITIES**

11.1 Improving Health and Social Care services will support the delivery of the Council's corporate priority "promoting independence and positive lives for everyone" by helping local people with improved integrated care and support



## **12. CONCLUSION**

- 12.1 The key challenge is how public services might better anticipate and address new demands upon them effectively. This Parliamentary Review in to Health and Social Care was established, on a cross-party basis, to advise on how this challenge might best be met.
- 12.2 To create a One Seamless System for Wales, there is a need for a nationally resourced Transformation Programme to align a clear vision for care, underpinned and driven by the QA, Prudent Healthcare Principles, with the fundamental requirements of the Social Services and Well-being (Wales) Act and the Well-being of Future Generations (Wales) Act.

### **Other Information:-**

***Relevant Scrutiny Committee*** – Health & Wellbeing Scrutiny Committee

**LOCAL GOVERNMENT ACT 1972**  
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**21<sup>st</sup> JUNE 2018**

**REPORT OF GROUP DIRECTOR, COMMUNITY AND CHILDREN'S SERVICES,  
IN DISCUSSIONS WITH THE RELEVANT PORTFOLIO HOLDERS, COUNCILLOR  
G. HOPKINS AND COUNCILLOR C. LEYSHON**

**PARLIAMENTARY REVIEW INTO HEALTH AND SOCIAL CARE**

**Background papers:**

**None**

**Contact: Giovanni Isingrini, Group Director, Community and Children Services  
Tel. No: 01443 424141**

# The Parliamentary Review of Health and Social Care in Wales

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## A Revolution from Within: Transforming Health and Care in Wales



Final Report

January 2018

# Acknowledgements

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The panel has benefitted from a wide range of views, including those from service users and staff working in, and leading, services, from many representative bodies, voluntary organisations and independent providers of care. Welsh Government officials provided information and advice. We are deeply grateful for the time and effort put into informing our work. We are also appreciative of the support and advice provided by the Political Reference Group.

The project support team did a sterling job, which we greatly appreciate, in amassing evidence, engaging stakeholders and helping the panel to synthesise its deliberations.

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# Contents

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<b>Foreword</b>	<b>4</b>
<b>Introduction</b>	<b>6</b>
<b>High Level Recommendations</b>	<b>8</b>
<b>Recommendation 1: One Seamless System for Wales</b>	10
<b>Recommendation 2: The Quadruple Aim for All</b>	12
<b>Recommendation 3: Bold New Models of Seamless Care –         national principles local delivery</b>	13
<b>Recommendation 4: Put the People in Control</b>	17
<b>Recommendation 5: A Great Place to Work</b>	19
<b>Recommendation 6: A Health &amp; Care System that's always learning</b>	22
<b>Recommendation 7: Harness Innovation, and Accelerate         Technology and Infrastructure Developments</b>	24
<b>Recommendation 8: Align System Design to achieve results</b>	27
<b>Recommendation 9: Capacity to Transform, Dynamic         Leadership, Unprecedented Cooperation</b>	30
<b>Recommendation 10: Accountability, Progress &amp; Pace</b>	37
<b>Conclusion</b>	38
<b>Annex A: Engagement undertaken during the review</b>	<b>39</b>
<b>Annex B: Principles of Good Governance</b>	
<b>Annex C: Recommendation 7 – Innovation, Technology and Infrastructure</b>	
<b>Annex D: Terms of Reference of review</b>	
<b>Annex E: References</b>	

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.  
This document is also available in Welsh.

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# Chair's Foreword

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## If the case for change is compelling, then why hasn't it compelled?

This year sees the 70th anniversary of the NHS; born in Wales, based on a model developed by the Tredegar Workmen's Medical Aid Society. The NHS continues to enjoy huge public support. However, in the 1940s, no one foresaw that the demand for health and care would increase rather than diminish, due to changing needs, expectations and new forms of treatment and care. The key challenge is how public services might better anticipate and address new demands upon them effectively. This Parliamentary Review into Health and Social Care was established, on a cross-party basis, to advise on how this challenge might best be met.

---

In our Interim Report, we emphasised that the current pattern of health and social care provision is not fit for the future. We presented this analysis as a 'case for change' which showed the impact of a growing and changing pattern of need, expectations of services, and the challenge of securing a future workforce. We said those factors demand a new approach to maintain and improve the quality of health and care.

The current situation is of great concern for service users, health and care organisations, health and social care workers, and society more broadly. Health and social care services experience workforce shortages; Wales' outcomes for health and care are not improving as fast as desired; and service delivery is not consistently good. A risk-averse culture hampers change in the health and care system, and limits efficient and effective decision making.

On funding, the long run picture is that spending on health and care is outpacing the growth in the country's wealth – a problem that many other developed economies also

face. The pressure for additional investment in the NHS and social care has already been set out in other reports. Currently health and care consume a growing proportion of the Welsh Government's budget, at the expense of other public service areas, for example education, housing and the arts, which also have a great influence on the health and wellbeing of the people of Wales. A key aim therefore should be to maximise the *value* of care and by being more efficient to enable resources to be directed to the areas that have a bigger impact on health and wellbeing.

However, our terms of reference did not include commenting on the level and sources of funding such as how to pay for social care in the long-term. These remain key national issues. Our focus was on how to secure better outcomes. Whatever the overall envelope of funding, given current and future demands on the system, every pound spent must be more effective in improving outcomes for the users of services and for the people of Wales. Progress is underway, but it needs to be faster even to maintain levels of care.

The extensive engagement we undertook during the course of the review is set out in the annex. We very much appreciate the efforts of all those who gave their time so generously to speak and interact with us. Nobody we spoke to during the course of this Review disagreed with our assessment that the case for change is compelling. Decision makers across Wales and front-line staff dealing with these pressures on a daily basis share this perception. The recurrent question we have been asked is this: 'If the case for change is compelling, then why hasn't it compelled?'

Our answer is that there has neither sufficient clarity of vision to guide the system nor sufficient attention on the practical means of achieving that through such as citizen empowerment, leadership, governance, improvement, performance and finance. We aim to address this in our final report. This means whilst we aimed to produce a strategic report, in some areas we have also gone into practical detail to guide implementation. The breadth of our work

means that not every issue has been addressed, instead we have focused on the aspects where we think change is most needed.

Wales has the potential to overcome all of the challenges we have identified. The strong intent to improve health and wellbeing is apparent, as is the desire for a high-quality NHS and social care system. Wales' legislation for sustainable development through the Wellbeing of Future Generations (Wales) Act, and the Social Services and Wellbeing (Wales) Act 2014, and the Welsh Government's new national strategy 'Prosperity for All' sets a positive and forward-looking context that many other health and care systems aspire to. The challenge is turning the ambition into reality.

As the Welsh Government aims to steer the health and care system into the next five years and beyond, our aim in this report is to set out a way forward and to make recommendations on how change can be supported and explain, in practical terms, how to meet the challenges of the years ahead.



Dr Ruth Hussey  
CB OBE (Chair)



Professor Sir  
Mansel Aylward CB



Professor  
Don Berwick



Professor Dame  
Carol Black DBE



Dr Jennifer Dixon  
CBE



Nigel Edwards



Professor  
Keith Moultrie



Eric Gregory



Professor Anne Marie  
Rafferty CBE

# Introduction

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Our Interim Report put the stark case that, in its current form, Wales' health and care system will need to change. By a health and care 'system,' we mean the way care and support is delivered by public, independent and third sector bodies rather than their underpinning organisational structures.

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“ Wales needs a different system of care ”

Wales is not alone in facing these challenges. The vision for care that Wales should achieve is one being pursued by most developed nations in the face of similar circumstances. This is to revolutionise care so that it empowers individuals to take decisions, tailors care to the individual's expressed needs and preferences, is far more proactive and preventative, is provided as close as possible to peoples homes, is seamless, and is of the highest quality.

Internationally, there is growing knowledge of what is needed to achieve this vision. Initially called the Triple Aim, a fourth dimension has been added due to a realisation that a key factor is the well-being and engagement of staff<sup>1</sup>. In our view this approach builds on values already developed in Wales and will help to give clear purpose and guide the vision into action.

Therefore, we recommend that the vision should aim to deliver against four mutually supportive goals – 'the Quadruple Aim' – each of which should be vigorously pursued. They are continually to:

- a. improve population health and wellbeing through a focus on prevention;
- b. improve the experience and quality of care for individuals and families;
- c. enrich the wellbeing, capability and engagement of the health and social care workforce; and
- d. increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.

Progress towards this vision and the Quadruple Aim needs to be significantly accelerated. This will come about through the power of service users and communities to press for change, the ability of the workforce to test and learn what works and to accelerate change, new technology and innovation and the ability of leaders to take bold decisions.

In this final report, we recommend to the Welsh Government some key actions that need to be taken to do that, including: clarifying what a set of new models of care might look like; strengthening the power of citizens and users to make change; improving the local leadership and governance needed to implement change; harnessing digital, scientific, technological and infrastructure developments to underpin modernised models of care as well as unlock efficiencies; and at a national level designing the system to expedite and incentivise progress through increased transparency. This will not be easy, nor is it a short-term task – it is a significant test of leadership in Wales at a national, regional and local level.

We do acknowledge that healthcare and social care in Wales were established as distinct sectors. Healthcare in Wales is almost entirely publicly funded and it is planned and commissioned by the NHS. Social care is publicly and privately funded and provided through multiple public, private and voluntary providers. Our recommendations assume these arrangements broadly continue in place but the focus should be on developing '**One system of seamless health and care for Wales**'.



Wales is a small country, but it has tremendous assets in its people, especially those who use, support and work in the health and care system. We met many who are innovating and progressing towards the vision we espouse, but they are sometimes doing so against the tide. Unless faster, more widespread progress can be unlocked, access to and the quality of services

will decline in the face of the predictable pressures. The next five years will be a crucial test, which is why our final recommendation is to review progress against the vision and Quadruple Aim, alongside the rest of the UK and internationally, with open public debate as to the further action needed.

# High Level Recommendations

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## **Recommendation 1: One seamless system for Wales**

Rapidly articulate a clear simple vision of what care will look like in the future to meet the needs of the population. Care should be organised around the individual and their family as close to home as possible, be preventative with easy access and of high quality, in part enabled via digital technology, delivering what users and the wider public say really matters to them. Care and support should be seamless, without artificial barriers between physical and mental health, primary and secondary care, or health and social care.

The public, voluntary and independent sectors all have a role to meet the needs of the population now and in the future.

## **Recommendation 2: The Quadruple Aim for all**

Underpin the “one System” vision with four aims - the Quadruple Aim. That is, health and care staff, volunteers and citizens should work together to deliver clear outcomes, improved health and wellbeing, a cared for work force, and better value for money.

## **Recommendation 3: Bold new models of seamless care – national principles, local delivery**

Move to a seamless new way of working in localities – guided by the vision and Quadruple Aim with national good practice principles. There should now be rapid acceleration of action to develop, implement, and evaluate: seamless care close to home in localities; proactive improvement of population health and wellbeing; and reoriented specialised care.

## **Recommendation 4: Put the people in control**

Strengthen individual and community involvement, through voice and control in health and care, and ensuring all ages and communities have equal involvement. The public rightly want a modern service in which they have much better information about health and care, shared decision making in treatment, choice of care and setting, and peer support.

## **Recommendation 5: A great place to work**

Urgently align the workforce with new service models. Staff should be well trained, supported and engaged to deliver and continually improve a quality service consistent with the vision and Quadruple Aim. Wales should aim to be a great place to train and work.

### **Recommendation 6: A Health & Care System that's always learning**

Significantly increase support so that the pace of improvement accelerates. Invest in support to the front line, service users and local leadership that nurtures team-based learning and the use of evidence and sharing of best practice. Develop and implement a strategy for quality improvement and continuous learning for health and care, enhancing the leadership and infrastructure required to support it.

### **Recommendation 7: Harness innovation, and accelerate technology and infrastructure developments**

Maximise the benefits of technology and innovation to pursue the Quadruple Aim and deliver more effective and efficient care. This needs the right culture, behaviours and leadership to embrace innovation, embed collaboration and support prudent risk-taking.

### **Recommendation 8: Align system design to achieve results**

Design the system better to achieve faster progress. Given the need for transformative change, at national level there should be focus on designing a more effective blend of incentives, regulation, planning, targets and performance management.

### **Recommendation 9: Capacity to transform, dynamic leadership, unprecedented cooperation**

Increase capacity at a national level to drive transformation, and strengthen leadership nationally, regionally and locally to make progress in line with the vision and Quadruple Aim.

### **Recommendation 10: Accountability, progress & pace**

Publish progress against the vision, Quadruple Aim and new models in one year, three years and five years, and benchmark progress against the other three countries in the UK, and internationally.

# Recommendations

What follows are the specific actions that we recommend the Welsh Government, Local health boards (LHBs) and trusts, local authorities and partners should undertake in relation to each of these high-level recommendations.

## Recommendation 1 One seamless system for Wales

“ We need a cultural shift – valuing and empowering people and staff, community and volunteer, as well as a resource shift – putting money and people into making the vision a reality ”

– Twitter

There is not a single, clear and captivating vision for the future for health and care in Wales. Drawing on the extensive engagement we have already undertaken, it is our view that the vision should be of **care organised around the individual and their family as close to home as possible, be preventative with easy access and of high quality, in part enabled via digital technology, delivering what users and the wider public say really matters to them. Care and support should be seamless, without artificial barriers between physical and mental health, primary and secondary care, or health and social care.**

This vision is fully aligned to the requirements of the Wellbeing of Future Generations (Wales) Act and will help the health and care system to respond effectively. It will mean substantive change in what is done and how everyone works. Welsh Government should urgently engage with the public and with health and care staff from across the public, independent and voluntary sector to publish this vision within three months.

To achieve this vision, we advocate the creation of a time limited, staffed and resourced national Transformation Programme to implement the recommendations and supporting actions laid out in this report. This should be informed by an independent evaluation process to track progress and suggest adjustments. Wales needs to transform not just how much is done, but what and how it is delivered to meet the future care and support needs for the people of Wales.



Illustrations from Citizen Panel meetings



## Recommendation 2

### The Quadruple Aim for all

“ The Quadruple Aim is really important, because it builds on Prudent Healthcare and gives a tangible way of delivering it ”  
– Twitter

Drawing from international experience and evidence, we advise that the vision for a single system of health and care in Wales will be delivered by four mutually supportive goals for Wales which must be vigorously pursued. These comprise the Quadruple Aim, adapted for Wales and supportive of the requirements of the Wellbeing of Future Generations (Wales) Act. They are continually to:

- improve population health and wellbeing through a focus on prevention;
- improve the experience and quality of care for individuals and families;
- enrich the wellbeing, capability and engagement of the health and social care workforce; and

- increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste

Every plan, strategy and practice should be driven by the Quadruple Aim. To achieve the first of these aims, Welsh Government and Health Boards must significantly redistribute resources to support robust measures aimed at prevention driven by epidemiological data, scoping future trends and adopting a greater emphasis on behaviour change methodologies to significantly improve population health and wellbeing. Health Boards must contribute to action on the wider social determinants of health in partnership with other agencies.

Pursuing quality means **trying to achieve what matters to people** about their health and wellbeing. For health and care services, quality comprises safety, accessibility to all groups in society, effectiveness in producing the best achievable outcomes, and efficient utilisation of tax payers' and service users' resources. A health and care system that supports,

nurtures and empowers its employees is essential if the vision is to be achieved. For this reason we have added an additional component to what was previously the Triple Aim, to highlight the importance of staff wellbeing, training, management and engagement.

Continually seeking better use of resources to achieve improved outcomes is essential in order to meet Wales' needs. Thus ensuring that appropriate services are delivered, that provide maximum value for the user of services and tax payers is essential. These four goals are interdependent and should be considered and used collectively.

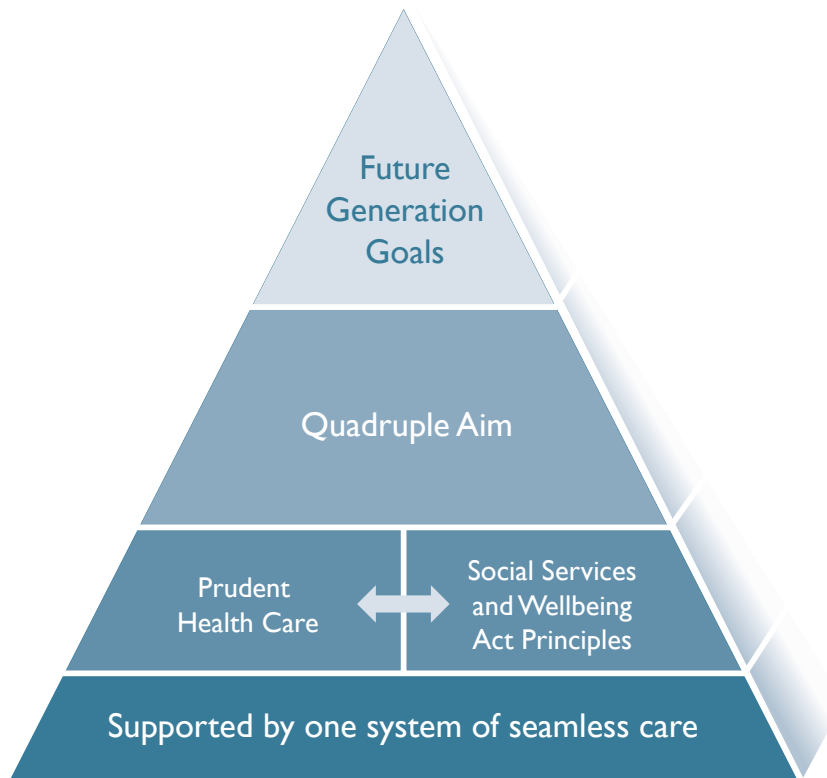
Many developed health and care systems faced with similar challenges to those being

experienced in Wales are adopting this broad approach. Wales should therefore seek to learn from its peers across the UK and internationally, and make the most of its agility as a small nation to respond at pace.

This vision and these goals provide a clear 'purpose' and measurable outcomes that can guide the processes set out in recent policies and legislation, such as Prudent Healthcare and the Wellbeing and Social Services Act. This legislation is a strong foundation to build on, and should be used in conjunction with the Quadruple Aim and vision. This should be embedded within the workplace culture of all health and care organisations.

Figure 1: Future Generation Goals

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### Recommendation 3

#### Bold new models of seamless care – national principles, local delivery

“ From a frontline perspective this [integration] has been relatively straightforward, the boundaries become less and even non-existent when people are focussing on doing the right thing ”

– Stakeholder

From a clearer vision, the development, adoption and spread of new models of seamless health, care and wellbeing can be substantially accelerated. For over a decade there has been a strong national and international consensus that three broad shifts in care are needed:

- **Strengthened care close to home;**
- **Reoriented specialised care; and**
- **Proactive improvement wof population health and wellbeing**

These three elements will need to be accelerated in order to build a different system of more effective community-based services, supported by a shift of resources towards early help and support for people in their own home, and more proactive population health and wellbeing measures.

Design characteristics for these new models should include, among others, the following: (a) make care available as close to the individual's home surroundings or community as is practical; (b) maximise the use of digital technology to improve the access to and delivery of care; and (c) continually improve the quality of care and support through increased investment in care outside hospitals and rebalancing of services currently provided inside hospitals to maximise support of local services.

New models of care must be co-designed and co-developed with the public and users of care alongside front-line health and social care professionals, and be underpinned by the design concepts set out in Prudent Healthcare, the Wellbeing of Future Generations (Wales) Act 2015, and the Social Services and Wellbeing (Wales) Act 2014. It is clear from the case studies of new models of care we received from different parts of Wales that designs for innovative seamless local health, care and wellbeing services are already emerging, and we want to encourage these to be spread right across the country. We have also heard of examples from outside of Wales which offer ideas and learning for local partners to draw on. These include the Integrated Health and Social Care arrangements in Canterbury District Health Board (CDHB), New Zealand, and work in England on some

of the Vanguard health and social care pilot projects<sup>2</sup>. These and many others will offer ideas and approaches, but partners in Wales will need to build their own seamless national principles and local delivery arrangements to meet the needs of the Welsh population.

Local innovation needs to be guided and supported by common principles and implementation support through a national programme of transformation, and robust evaluation. Welsh Government, Health Boards and local authorities should make realistic and stretching projections about the expected rate of change. We therefore recommend:

- National standards and principles of design created 'Once for Wales', supported by a programme of transformation including joined-up inspection and improvement support;
- Regional joined-up leadership to support implementation;
- Joined-up local service design, development and delivery to meet the specific needs of each local population; and
- Joint planning, performance, quality, infrastructure and resources to help local areas deliver seamless care that is also actively working to improve population health and wellbeing.

### Features of new models of seamless care and support

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Taking an example from older people's services, we explored what a common set of 'Once for Wales' design principles for seamless locality care and support might look like, and tested this with an advisory group. On the basis of the evidence we reviewed and emerging best practice from local examples already in Wales, we think that every locality should work to a common set of principles for the delivery of health, social care and wellbeing services designed co-productively with the local population, and underpinned by the vision

and Quadruple Aim. Specifically, we think older people in every locality in Wales should expect:

- Well-run and well-co-ordinated public, private and voluntary services designed around the needs of the local community. Best use of workforce, resources, infrastructure and estate to ensure health, social care and wellbeing support is effective in improving outcomes for the local population.
- Reliable help to navigate the health and social care systems and access welfare, housing, employment and voluntary services to deal with any issue that inhibits maintaining their wellbeing.
- Effective prevention and early help services which ensure that people who may need help are identified, and can get community support, important screening tests, and can access help with medication, domiciliary care and therapies.
- A wide range of professionals working in a multidisciplinary way to support people at home through safe physical and psychological therapeutic interventions in the community.
- Nursing and care homes which provide high quality and flexible respite and long-term care for people who cannot live in their own home.
- Fast and responsive local 24/7 services including intermediate care, ambulance and other rapid response services with the right skills and technology to help where people need urgent care without having to go to hospital, nursing or residential care.
- Easy access to high quality care for people with complex care needs in the community, to take the right action when needed. Specialists in hospitals freed up to advise community colleagues assess and treat people with specialist needs.
- Best use of technology to improve access to services, reduce the time people have to spend in or dealing with the current system





of care, and expand the range of ways in which professionals can spot problems, provide help and share information.

- Best systems and practices of assessment, diagnosis and care planning across agencies to ensure people's individual needs are understood and met.
- Joined-up training and development for professionals, volunteers and carers promoting generalist skills delivered in the local area.
- Care and support delivered by public, private and voluntary agencies which are so culturally sensitive and well co-ordinated that people experience seamless care.

This does NOT mean that every locality across Wales should operate in the same way, or that services should be identical. It does not mean that every locality must have every possible service in its local area, nor that the resources needed to deliver services should be the same. The needs of populations differ hugely across Wales, and health and care resources must be designed locally to meet those needs. What it does mean is that local partners must work with their communities to build care and support provision that is right for their local population, is effective and efficient, and is designed on the basis of a national framework which requires seamless care as close to home as possible.

This does not just apply to care and support for older people – we think the same approach of national principles and local delivery should apply to all population groups with different specific principles for each based on best evidence and practice from across Wales.

On population health and wellbeing, we envisage that the new models of care would include actively identifying people at high risk of ill health using (for example) data analysis and risk prediction, and work with high risk groups to offer tailored secondary and primary preventive care. Too much of current care is reactive, triggered when an individual seeks care leading to patterns of care that don't match need. Performance management and inspection does not currently incentivise prevention: they must.

With respect to wider primary prevention, tackling the social determinants of health which result in health inequalities across the country remains a key area for national and local action. There is already some good progress for example in reducing key risk factors of ill health such as smoking.

At the root of poor health and well-being is also the limited opportunity that a sizable number of people have to a good start in life. Too many children endure multiple adverse childhood experiences, meaning they are

significantly more likely to become adults with children growing up in the same circumstances. The poorest children enter schools already behind their more affluent counterparts and few ever catch-up, suffering poor mental and physical health which also deprives them of a locus of control over their own lives<sup>3</sup>. This often results in poor health literacy and a passive acceptance of inferior healthcare and social care which prevents people from accessing the services they need. While inequalities in health literacy remain, equity in health outcomes will be most difficult to achieve.

To give future generations the opportunities they deserve through the Sustainable Development Goals and their human rights as children, Wales will need interventions now to break that cycle, giving everyone the confidence and health literacy they need to manage their health and care needs. It will also need to adequately invest in a very effective supportive 'welfare state' beyond the NHS, including education, and housing, which in turn will mean making choices about the per capita cost growth in health and care to pay for it.

During our engagement work we heard a strong desire among housing providers for closer involvement with health and care services. The proposed vision, and the Quadruple Aim, builds on services at home and it is vital that

individuals can live independently and receive care, when needed, at home. Therefore we urge Welsh Government to maximise the benefits of closer planning and collaboration by taking further steps through guidance, legislation and financial incentives to ensure that housing considerations are fully aligned with health and care planning at local level.

Our Terms of Reference did not ask us to look at the social determinants of health and wellbeing, the overwhelming majority of which lie outside of the health and care system, or assess the quantum of investment needed to address them. However, the health and care system does have an important influence on inequalities of access and outcome, and further work on what Health Boards, in particular, need to do to impact meaningfully upon them is vital. This is a statutory function which has not attracted sufficient attention.

Organisational responsibility for population health and wellbeing rests with Local health boards and local authorities. Public Services Boards bring these organisations together to agree Local Well-being Plans, whilst Regional Partnership Boards are tasked with driving forward strategic regional delivery of health and social care. These bodies, using their ability to pool resources, are key to developing and implementing new care models in Wales.

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### Supporting Actions

- Principles for new models of care should be agreed on a 'Once for Wales' basis and guide local service development across the country. The principles should be developed by or on behalf of the Welsh Government with the commitment of all key national health and care delivery, inspection and improvement bodies, and with the public. Design principles and the development of services should include the central involvement of service user and carers' organisations and the models should work towards the vision and Quadruple Aim.
- As suggested above and in the supporting pack of information on the Parliamentary Review website <https://beta.gov.wales/review-health-and-social-care>, the principles should apply to the whole system of seamless health, care and wellbeing for specific groups in localities. This includes: services and practices across the NHS, local authorities and the third and independent sectors; across community, primary and specialist care; and across physical and mental health and wellbeing. We suggest that there should be related but specific principles for older people, working age adults with disabilities and

learning disabilities, people with mental health problems and children and young people. For example, we heard many calls for the need to improve collaboration and timely decision making in services for children and young people. Through national principles and local delivery this work must be encouraged and further developed as the basis for building a seamless system of health and care.

- We recommend that as part of the national transformation programme a specific workstream is established to support the development of national principles, and to support the design and development of seamless locality arrangements across Wales. It needs to be run on a multi-agency and multi-disciplinary basis with a national support team and an independent evaluation process to learn what is working well and why. It should have appropriate governance, investment, resourcing and change management disciplines and support liaison between local teams and national policymakers as to what features of national policy could help unblock progress (see recommendation 8). The workstream should have national oversight, with successful progress determining further support and investment. An independent evaluation process would involve service users in its design and the methods and the results made transparent, with effective peer support and learning encouraged between sites.
- In the next year, as part of the national transformation programme, and building on learning from the Pacesetter programme and the Integrated Care Fund<sup>4</sup>, the Welsh Government should require each Regional Partnership Board to develop and implement a substantial seamless locality model in at least two new localities in their region, using extra investment through a Transformation Fund and support from the transformation programme.
- We have explored different approaches to the design of local services using older people's services as an example and produced a supporting paper summarising what a common set of national principles might look like. We have also considered various examples of emerging promising practice from Wales and more widely, and suggest that these resources might be a starting point for further work in this area.
- Local Health Boards (LHBs) should build on the good work that has already taken place to develop primary care clusters and devolve resources and decision making to the cluster level to work in partnership as part of these new locality initiatives.
- Seamless locality based care and support for children and young people should be one of the key priorities for the transformation programme. At the same time, the Welsh Government should prioritise reducing poverty and inequality for children, scaling up what works and creating new interventions using a data-driven and outcomes-based approach. This should include driving improvement through seamless locality provision for children and young people, drawing for example on learning from the Families First and Communities First initiatives and the First 1,000 Days Collaborative to exploit potential up-scaling, stronger community links between health and social care and schools, the third sector and leisure facilities, and a stronger focus on driving health equity, continuing to focus on promoting good mental health for children through Child and Adolescent Mental Health Services, and emotional and physical wellbeing and health literacy.
- As part of Prosperity for All, Welsh Government has already committed to a step-change in public health campaign work. To ensure that this will achieve a maximum impact in empowering the people of Wales, this should include a focus on improving health literacy.



## Recommendation 4

### Put the people in control

“ We must innovate in developing effective user voices ”

– Twitter

At the heart of the vision and the Quadruple Aim is the need to empower individuals to have good health and wellbeing. We believe that there is a revolution occurring due to the digitisation, accessibility and analysis of information about people’s health and care which will fundamentally change the relationship between professionals providing care and users. Building on its commitment in legislation to involve people, Wales must respond to this ‘customer/user revolution’ very actively or risk lagging behind other nations.

Wales must be a **listening nation** not just by paying full regard to citizens’ experiences of health and care but actively seeking out diverse views and experiences. This empowerment is necessary to accelerate change and improve quality. This does not just mean those easiest

to contact and receive responses from, but all groups of citizens, including children and young people, older people, ethnic minorities, and those in disadvantaged communities or living in isolated locations. One aspect is information – Welsh citizens should be health literate, so that they are able to take appropriate responsibility for their own wellbeing, and make informed choices as to their care, which is fundamental to co-production and prudent health care. Another aspect is encouraging and supporting the citizens of Wales to be active in guiding the transformation of health and care in Wales, in particular in designing new models locally.

For this to happen there needs to be much stronger effort to find out what users think of the care they have received, and the outcomes, and that this information is regularly incorporated into the management of care at local and national level. We held Citizen Juries on the design principles for new models of care and noted the consistent and clear advice on ‘what mattered’ to the people who use the services. This included a panel specifically with young carers to understand the issues that mattered to them.

There needs to be more and clearer information available to the public on care, the outcomes of local services and the choices available not just of treatment and setting but also the location of care. There also need to be more opportunities and support for the public and users to take part meaningfully in decisions affecting them as individuals for example making choices about care and also for their communities – for example in having a say about wider services.

Wales is already already making some progress such as through the Making Choices Together work and Dewis. Further efforts must involve all parts of diverse communities, including Welsh speakers, rural communities, and particularly the most deprived and should be accelerated.

Rapid advances in the availability and use of information in treatment and care, we believe, will recast the relationship between users and professionals. Wales should aim to get ahead of the curve and respond to new expectations of service by the public. This means Wales actively providing information about care; seeking assessing and scaling technologies that enhance access to advice and information, and supporting users and care professionals to adapt. The aim is empowering the public through information, supporting shared decision making, choice, and peer support.

Some elements of these actions are emerging but an integrated, strategic approach is now needed to make it them the usual way of working.

Healthcare professionals will need active support to help them adapt to this different world.



Making Choices Together (previously called Choosing Wisely Wales) is a clinician-led initiative, that aims to:

- embed a broad culture change in healthcare where clinicians and patients regularly discuss the value of treatments and make shared decisions.
- ensure reliable and valid information is available for patients and clinicians regarding agreed interventions of low value i.e. where there is a low chance of a beneficial outcome.
- enable participating professional health organisations such as the health professional colleges and societies, to produce with patients lists of commonly used treatments/interventions whose necessity should be questioned.
- encourage local clinical teams to use shared decision-making skills in consultations, and adopt or select, locally relevant interventions, of low value, to concentrate on when applying shared decision making.
- reduce harm to patients caused by inappropriate use of tests or interventions.

## Supporting Actions

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- **Information access and technology:**  
The Welsh Government should fully review and assess the opportunities to deliver improved access to health and care information, and align this with existing work in this area. This should cover: service users' and citizens' needs and preferences, to what extent these are currently being met, and new digitally-enabled opportunities, particularly for remote areas; how health and care organisations are currently providing public access to integrated information regarding advice, support and care, including to support choices; and how new apps that help promote independence are identified, assessed, implemented and scaled up.
- **National public engagement programme:**  
As part of the Transformation programme, a national public engagement project should be implemented to describe the aspirations for new models of seamless community-based health, care and wellbeing, consult on best practice, build principles and desired outcomes together, and explore the implications for professionals, families and individuals across Wales. An emphasis should be on engaging the public with high needs, and those living in more remote rural areas.
- **Public engagement at local level:**  
The Welsh Government should require Health Boards and local authorities to integrate the different mechanisms they use for public consultation and engagement on decisions about community wide services, where they relate to health and social care services. There are clear standards for public involvement in Wales<sup>5</sup> and these should underpin the engagement approach.
- **User experience:** More sophisticated methods of gathering service user experience and outcomes are being developed and used in Wales, such as patient reported outcome measures and real time patient feedback on experience. These should be used routinely in the design and improvement of care. LHBs and local authorities should be held to account for the quality and extent of user feedback, and comparative metrics about services between LHBs and local authorities published routinely to help users make better decisions about which, if any, service to use to best meet their needs.
- **Empowering choice:** Wales is already on a path to encourage more shared decision-making in health and care between service users, their carers' and health and care professionals. In social care users are supported to have voice and control, but there is limited exercise of choice by patients regarding NHS facilities, or care setting (such as home, community or outpatients). Patients should be given this freedom, which is entirely consistent with the principles of the NHS and Prudent Healthcare. To encourage this, more meaningful information must be available to the public and to their GPs on the availability and quality of services (including feedback from patients and clinical outcomes) and transportation access.
- **Supporting staff in providers:** clearly better user feedback and engagement in designing care will not help to improve services unless health and social care staff are supported and enabled to act on it. How to do this better is covered in recommendations 5 and 6.



## Recommendation 5

### A great place to work

“ There’s lots of agreement on what’s needed. The issue is changing behaviours across professions to implement new models ”  
– Twitter

Workforce shortages are very acute in the health and social care system and this is a critical issue which urgently requires both immediate and longer-term action. Active steps are already being taken to address these gaps in Wales, though the uncertainty

regarding policies following Brexit makes this a critical area for attention. Our focus is on the longer-term and how to meet the sharply rising demand with the predicted decrease in working age population. The health and care sector will need to plan for the new models of care, understand their impact on the numbers and skills needed in the future, improve retention and, in order to improve safe and effective care, ensure staff wellbeing. It will also need to expand the scope of the workforce to supporting carers, who provide a large amount of unpaid care in Wales and recognise the vital support provided by the third sector.

#### Supporting actions

- There should be joint workforce planning at regional (Health Board boundary) level supported by Social Care Wales (SCW), Health Education and Improvement Wales (HEIW) and academia, with an emphasis on expanding generalist skills and new ways of working that enable staff to work at the top of their skill set and across professional boundaries. To deliver this the current and future workforce (including those in undergraduate and postgraduate specialist training) should be skilled in areas such as shared decision-making with service users and carers, team working, prevention and population health and wellbeing, formal quality improvement techniques and the use of new technologies to support the development of new models of providing care.
- We recognise the importance of the Welsh language in care and this should be factored into workforce planning with a focus on professions that use language based tests and therapies such as speech therapists, school nurses, psychologists and clinical staff likely to be in contact with children, older people,

people suffering from dementia and those with mental health problems.

- HEIW must work closely with SCW to deliver new skills and more specific integrated career paths for the health and social care workforce at a scale aligned with the new models of care with a focus on training within the new models of care and due attention to Welsh language requirements.
- Recruitment of health and care staff in rural areas is, and will be, a challenge. The government needs to develop a strategy for enhancing access to good quality care for rural communities. This should include the opportunities for using the latest digital technologies in new models of care, the development of new approaches to providing emergency hospital care and a comprehensive approach to training in advanced skills, recruitment and retention of the workforce. Those in training should have opportunities to learn in rural care settings. Such a strategy should also look at how the resources of rural communities can be mobilised. We suggest that the new models (as noted in recommendation 3) are trialled in rural areas as a priority.
- Such models should also be tested as a priority for patient or user groups who are known to depend significantly on informal or volunteer carers. The models would be designed to support the carer on an ongoing, rather than episodic, basis and provide

opportunities for training and development for carers in their current caring role. Carers must be seen as an integral and valued part of the care system.

- There are a number of recent campaigns including the Train Work Live Campaign which have shown how short-term recruitment issues can be addressed. Health Boards and Local Authorities in Regional Planning Boards should work together with local providers to build joint campaigns wherever appropriate to make best use of resources and recruit the right people.
- All large organisations that employ staff working in health and care should have a clearly identified senior executive accountable for staff well-being. All providers delivering health and care services to the Welsh NHS or local authorities should be required to report on levels of staff well-being and engagement. These data should be collected regularly (as a minimum annually) using validated tools, and improvement of these scores incentivised by Welsh Government. Comparative data across units and providers should be publicly available for benchmarking.
- Assessment of staff wellbeing and engagement should be an explicit element of the regulatory inspection process of providers by of Health Inspectorate Wales (HIW) and the Care and Social Services Inspectorate Wales (CSSIW), alongside other elements of the Quadruple Aim.





## Recommendation 6

### A health & care system that's always learning

“ Patient feedback is essential. As a cluster pharmacist I rely on patient feedback to improve the service ”

– Twitter

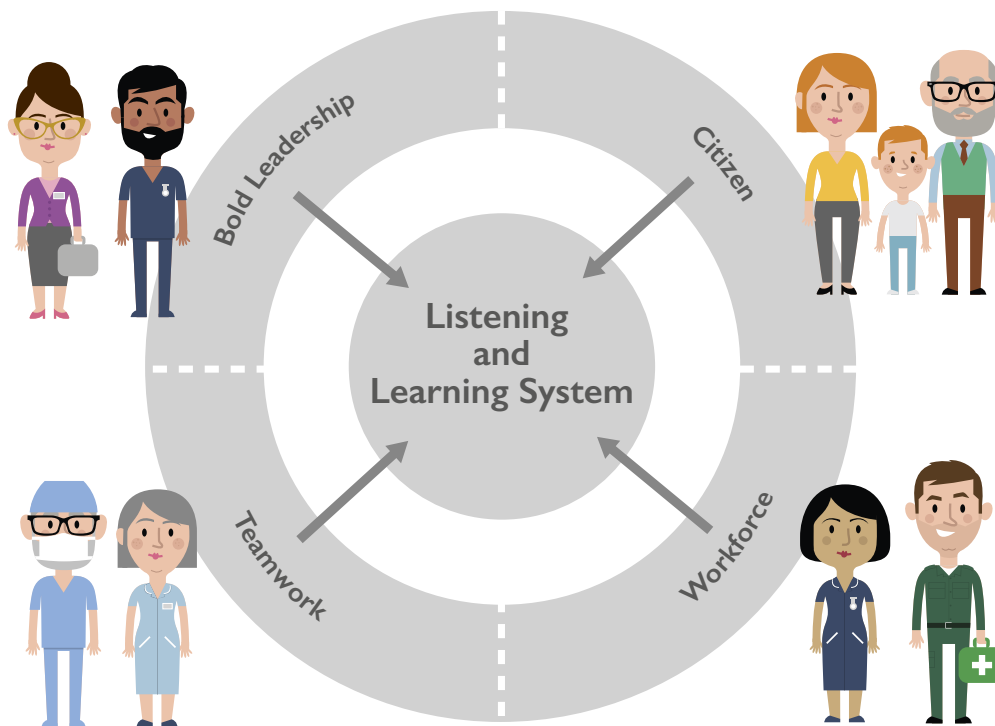
A leader's job is to create a system where people can learn all the time through a system of continuous improvement. To drive up quality, leaders must have as a central part of their job not just to manage or deliver care, but continuously to improve it every day.

This means constant and serious attention to quality control, improvement, and planning: there is evidence that if Boards and senior executives of health and social care focus on these three issues, the results for service users are better. Leadership at Board level in NHS organisations and the senior executives in Health and Social Care, and political leadership in a local authority have a critical role here to lead by example.

Leaders also need to build skills for improvement throughout the service. A quality strategy cannot be delivered by Government, Boards and senior managers in health and care alone. Inclusiveness matters, including the health and care workforce, the citizen, and the voluntary and independent sectors. The culture and behaviour should be one of shared learning, excitement and encouragement, much more than of judgment, fear and risk aversion. Recommendation 10 sets out how the system can demonstrate progress in this regard.

The evidence received by the panel showed many great examples of quality improvement at local level, though with many driven by heroic individuals working in isolation due to a lack of support and co-ordination. On innovation, the Bevan Academy's Exemplars programme shows how some innovations have been identified and scaled up, but they needed support. What is now needed is a clear plan for embedding quality improvement approaches formally within and across the health and care system. This should include how innovative practice can be scaled from a local to national level more quickly.

Figure 2: Listening and Learning System



### Supporting actions

- The Welsh Government and national improvement agencies should work together to rationalise the range of improvement support activities across health and social care in Wales. The Government should invest resources in a national programme to support local partners to achieve the new models of seamless health, care and wellbeing practice using the national principles and an agreed set of improvement methods for Wales. This will need adequate ring-fenced resources, supported by a contemporaneous evaluation to monitor progress and identify areas for further improvement. It should be based on a partnership approach by Health Education and Improvement Wales, Social Care Wales and Good Practice Wales and draw together all other improvement activity. Within this, Public Health Wales has supported the 1000 Lives programme, but 1000 Lives must be re-invigorated and its actions fully integrated with those of other improvement agencies. Medical Colleges, Professional bodies, Trade Unions and others also have an important contribution to make to this work.
- A unified system to support quality improvement should be constructed nationally, linking with the local support systems; the broad elements include:
  - The principles of co-design and co-production embedded in health and social care, which will need behavioural and cultural change;
  - Development of skills by frontline clinical and managerial staff in systematic quality improvement, linked to applied projects and building on the progress made so far with Improving Quality Together, and Board skills as initially developed by 1000 Lives programme;

- Development of ways to support staff within providers to make change, in particular making progress on new care models, with an emphasis on supporting junior staff as well as senior leaders. This will require senior management level ownership and buy-in and recognition of their duty to create the time and resources for quality improvement within providers, and where repositories of experience can be developed;
- Development of linked data and metrics to assess progress in improving high priority areas of care, for example new care models;
- The above should explicitly link to the organisational development programmes within major providers and continuous professional development for the main staff groups, learning from best practice in LHBs and local authorities that already have developed models that are working well; and
- The above should also explicitly be linked to capital or revenue investment in innovation.

## Recommendation 7

### Harness innovation and accelerate technology and infrastructure developments

“ We need a greater focus on agile implementation of innovation ”

– Twitter

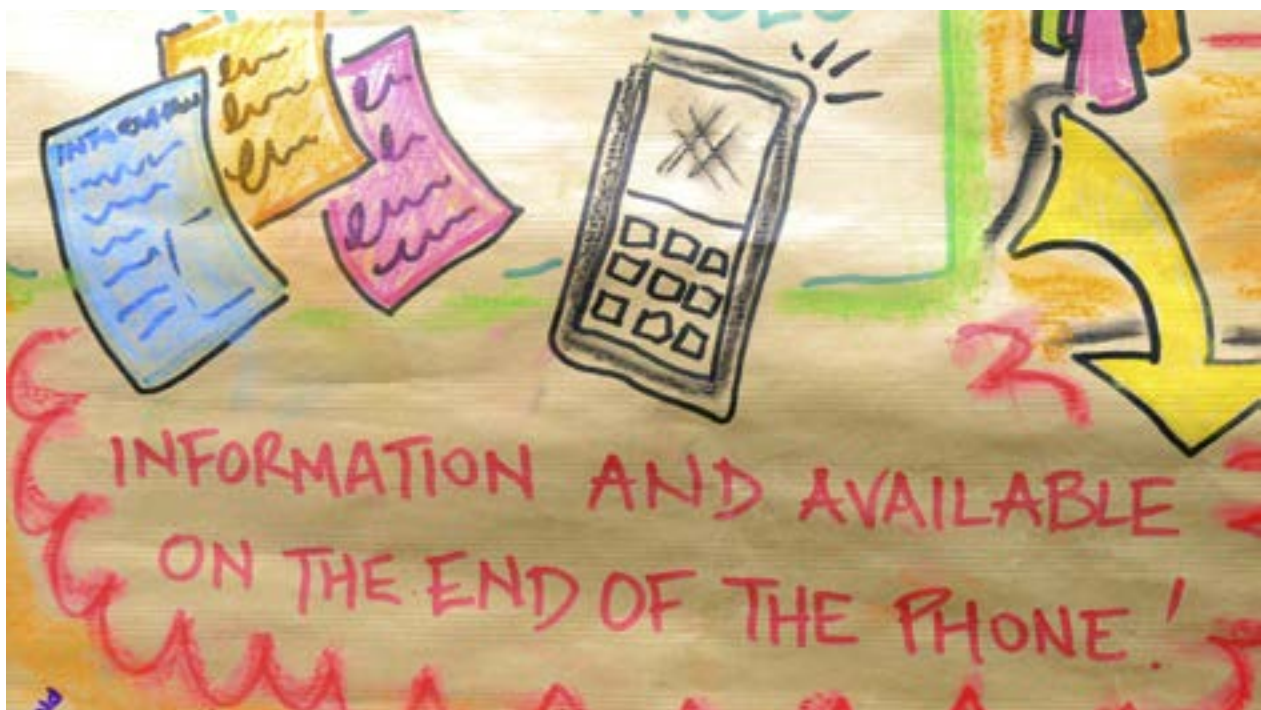
Wales should maximise the benefits of technology and innovation to pursue the Quadruple Aim and deliver more effective and efficient care. Wales needs the right culture, behaviours and leadership to embrace innovation, embed collaboration and support prudent risk-taking.

New technologies will transform health and care in Wales when systematically deployed. Our vision for Wales relies upon faster and smarter provision of and access to care, and better targeted, immediate and co-ordinated access to health and care information, which is a critical and precious asset for Wales.

Current and emerging technologies include smartphone apps, localised and portable diagnostics and support systems (including

assistive technology and alerting systems), robotics, digital therapeutics, data analytics, artificial intelligence (AI) including machine learning, and genome sequencing<sup>6</sup>. Importantly, technology is increasingly underpinning online communities of citizens, service users and professionals, including Dewis<sup>7</sup> in Wales, which in itself is driving the change agenda<sup>8</sup>. Welsh local authorities also have extensive information websites and ratepayer-based information systems.

There are several examples of technology-enabled care initiatives (the collective term for telehealth, telecare, telemedicine and other technology-related activities) in Wales, provided by the health, social care and voluntary sectors, including: remote consultations and therapy; teledermatology<sup>9</sup>; telestroke<sup>10</sup>; diabetes and cardiac monitoring; and virtual clinical networks. The NHS Wales Informatics Service (NWIS), Health Boards, local authorities and industry partners are developing a national approach, via the Technology-enabled Care Programme<sup>11</sup>, to accelerate the adoption of technology-enabled care services at scale across Wales. Objectives include facilitating early intervention, avoiding escalation, supporting wellbeing



and helping people remain at home. Initial 'pacesetter' plans will build on the early work of the mid-Wales Healthcare Collaborative<sup>12</sup> and initiatives funded by the Efficiency Through Technology Fund<sup>13</sup>.

There is much to commend regarding the established core digital and infrastructure/ shared services arrangements in Wales, not least the national architecture, cross-sector Welsh Community Care Information System (WCCIS), and shared service benefits from procurement, professional influence, e-learning and estate services. Nevertheless, we heard a series of concerns and frustrations emanating from both the users and providers of the digital services. Simply put, activity is just too dispersed and stretched, and lacks overall commitment around a unified vision and set of priorities. The principal concerns include integration challenges (centred around the need for common standards, and data and systems interoperability), information governance, cultural and behavioural issues, and the limited capacity and capability to deliver change and innovation at pace.

Wales has a real opportunity to better leverage its technology and infrastructure assets to deliver a transformed and seamless system. The recent life sciences<sup>14</sup> and industrial strategies<sup>15</sup> are a sound basis for progress, provided that these focus on supporting Wales' biggest industry – health and social care – to modernise and become more cost-effective, and in identifying and scaling up innovations across the country. We are pleased to see the recent publication of Wales' economic strategy, *Prosperity for All: the Economic Action Plan*, which recognises the importance of digital innovation and that the care sector is a foundational economy. Within Wales, the Life Sciences Hub<sup>16</sup>, Health Technology Wales and the Digital Ecosystem initiative<sup>17</sup> will be pivotal to future progress.

Our recommended actions, some of which have been recognised and are beginning to be addressed by the Welsh Government and the service providers, are summarised below with further detail in Annex C.

**Health Technology Wales (HTW)** has been established to support a strategic, national approach to the identification, appraisal and adoption (including disinvestment) of non-medicine health technologies into health and care settings. This includes medical devices, surgical procedures and a range of other interventions such as psychological therapies and rehabilitation. To deliver these functions HTW is working with health, academic, patient and industry bodies in Wales and internationally.

The **Life Sciences Hub Wales** supports health professionals, researchers and entrepreneurs to bring their ideas to the point of being a commercial reality. The Hub brings together the various elements of the Welsh life sciences network to drive forward innovation.

NHS Wales Informatics Service (NWIS) should:

- 'Rightsource' its activities with the optimal balance of internal digital, health and social care staff, third sector, third party, service users, industry and academia;
- Deliver the national data resource, in line with the Statement of Intent from the Welsh Government, so that health and care systems can take full advantage of the value that data and information offer;<sup>18</sup>
- Finalise and share its design, development and service principles;
- Together with NHS Wales Shared Services Partnership (NWSSP), adopt a common, staged and disciplined business case process to underpin prioritisation and investment decisions;
- Confirm funding requirements with the Welsh Government for its revised Informed Health and Care Strategy; and
- Together with NWSSP, undertake external benchmarking assessments vs. peer organisations and 'best in class' to highlight areas of opportunity.

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### Supporting Actions

- Following the life sciences and industrial strategies, Research and Development investment in health and social care research, bioscience, and new technological innovations including AI and robotics, should be linked strategically to the Quadruple Aim and the development of new care models.
- The Digital Ecosystem project developed by NWIS and the Life Sciences Hub should be progressed at pace, providing NWIS with platform access and analytics to accelerate innovation and support product adoption.
- The Welsh Government, together with all digital and infrastructure service delivery organisations in both health and social care sectors, should reassess their strategic priorities and the opportunities for more collaborative and consolidated working in the light of this report. This should include considering enhancing and accelerating the Technology-enabled Care Programme.
- The Welsh Government should clarify its 'Once for Wales' policy and principles with regard to digital, and agree prioritisation criteria to be applied to all existing and candidate initiatives. This should underpin a robust 'stop, start, accelerate' review.
- Common standards and platforms should be mandated whenever possible across both health and social care sectors to support interoperability and integration in the future.
- Health Education and Improvement Wales (HEIW) should oversee the development of a cadre of trained clinical informaticians and leaders, who in turn can help strengthen efforts to develop a learning health and care system, and quality improvement expertise. Social Care Wales (SCW) should also ensure that training in digital skills is a priority.
- Both NWIS and the NHS Wales Shared Services Partnership (NWSSP) should have greater national presence and authority linked to a strengthened national executive, and the Welsh Government should review their hosting and accountability arrangements.

## Recommendation 8

### Align system design to achieve results

“ I don't think we have the right levers in place to effect change ”

– Twitter

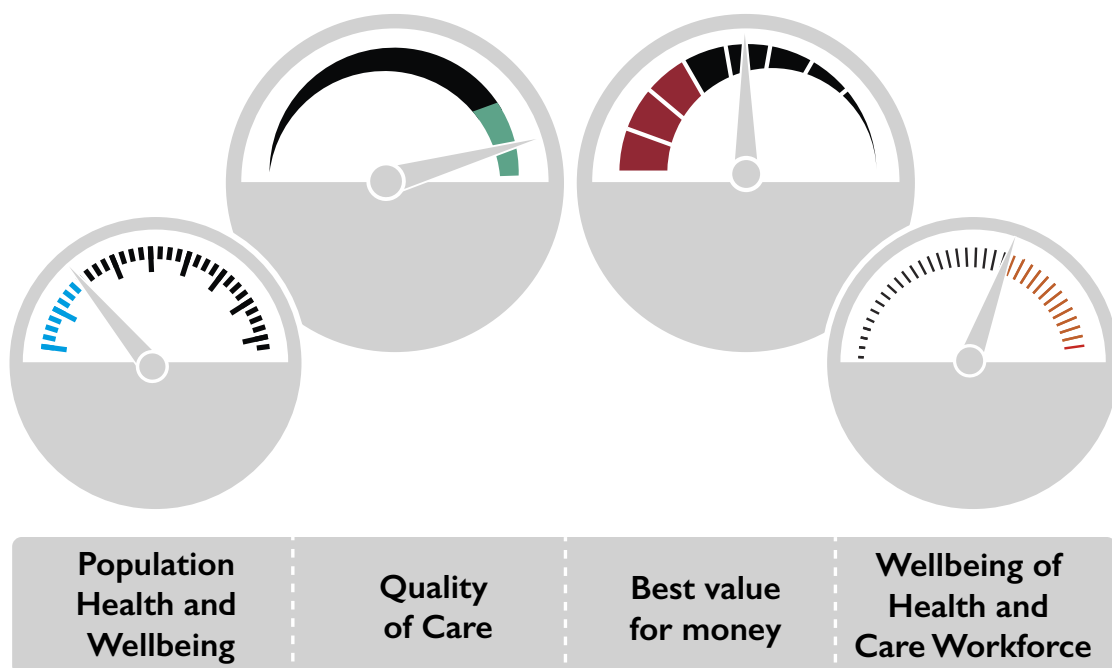
The vision and Quadruple Aim sets out radical change to the way care is delivered, and the challenge is to increase the historic pace of change. Whilst Welsh Government has set out its broad strategic aims in legislation and policy, this has not always translated into actionable priorities and practice on the ground, as documented by many previous reports. Faster progress will require at least, as the Organisation for Economic Co-Operation and Development (OECD) put it, a 'stronger central guiding hand' to play a more prescriptive role<sup>19</sup>.

In a nationally planned mostly public system of healthcare, as is the case with the NHS in Wales, as well as through legislation there are a number of ways that the system can be 'guided'.

The current traditional approach of targets and performance management focused on a small number of 'must-do' targets is narrow and achieving only limited results. Meaningful progress will require strengthened management especially at LHB level (see recommendation 9), and a wider and more creative combination of national support; incentives; benchmarking (both nationally and internationally); regulation; accountability and transparency.

Delivering improved value and reduced waste is a key component of the Quadruple Aim. More specifically it will be important to support the NHS hospital provider function as the largest 'cost centre' in the NHS, to identify where efficiencies can be made, and act on the information. On identification, transparency and benchmarking of indicators of efficiency, in particular developing meaningful measures at provider and directorate level of labour productivity, will be critical. The work already in progress, drawing from the Carter review, 'Getting It Right First Time' programmes, and the new 'Use of Resources' assessment by the Care Quality Commission, are important with

Figure 4: Illustrative Dashboard – metrics across Quadruple Aim



a view to rapidly developing full programmes appropriate for Wales. On acting on the results, a good quality improvement system within each NHS provider (see recommendation 6) will be the key to support staff with the right skills, and permission, to make the changes needed. We heard ample testimony that clinical staff can see clearly where changes need to be made but do not feel empowered to make them. Continuing to extend the work based on the International Consortium for Health Outcomes Measurements (ICHOM) provides an opportunity for 'value' to be the focus for improvement in line with the Quadruple Aim.

Along with a clear and consistent management model, a wider set of approaches to make progress on the Quadruple Aim, and new models of care, could include:

- a more creative set of financial incentives (revenue, capital and transformation funding) such as pay for performance, pay for quality (including productivity);
  - a much stronger underlying financial system that supports the costing of care pathways;
  - Integrated Capital Funding to support new models of care;
  - simplifying the rules around access to funds to support new models of care, particularly where the models cross organisational boundaries (see Principles of Good Governance at Annex B.);
  - contracting levers (e.g. through the GP contract);
  - investment and support to promote quality improvement and a learning health and care system;
  - strengthening regulation for example on the quality of care, or the governance of integrated care models operating across organisational boundaries;
  - improved use of data metrics across all domains of the Quadruple Aim;
- regularly benchmarking performance and outcomes of providers across Wales (and between Wales and other UK countries, and internationally) in a form accessible and meaningful to the public; and,
  - empowering users to choose services from different NHS providers.

The aim should be to have a wider, stronger and coordinated blend of approaches to guide the system into the future. This is an important but considerable task which needs to be developed coherently at a national level.

The national executive function in NHS Wales must be strengthened to develop a more strategic and coordinated set of incentives for LHBs and providers to ensure faster progress towards the Quadruple Aim and new models of care, and effective use of pooled budgets. A clear focus should be on the financial incentives in the system, and how regulatory effort to improve quality can be significantly strengthened.

At present, there is insufficient executive capacity consolidated at national level to do this, and some significant necessary national assets such as specialised services, commissioning and NWIS are hosted at LHB or Trust level which we think is contrary to the OECD position. More specifically, given the urgency for transformation, within the context of increasing value in the Quadruple Aim, health and care in Wales needs to be ambitious about creating headroom for the future. At the extreme minimum NHS Wales will need to set itself a target of efficiency savings to break even and create the space for new ways of working. Improving quality and reducing waste is really important – the day job really matters to people, so doing that well and getting value from it will help achieve efficiency savings.



## Supporting Actions

- Improving value and reducing waste is a key element of the Quadruple Aim. An effective national blend of incentives in the healthcare system must more strongly drive Health Boards to become more efficient. The work under the aegis of NHS Wales Efficiency and Healthcare Value Improvement Group (NWEHVG) and the NHS Wales Delivery Framework needs to be fully coordinated with other national efforts (such as regulation, incentives, targets, developments in the data infrastructure, and investment in innovation). It should be part of the overarching transformation programme so that there is coherence and a clear link to the delivery of the vision and the Quadruple Aim.
- The impact of a strengthened and wider set of system level incentives in the NHS should be assessed through indicators published by the Welsh Government.
- Wales should be clear about the efficiency saving required in order to create the headroom needed. The Welsh Government and the NWEHVG should agree metrics for efficiency and productivity that can be benchmarked across Wales by LHB, and monitor these as part of the NHS Wales Outcomes and Delivery Framework arrangements.
- There needs to be a close harmonisation between the NHS and social care at a national level, to ensure that the blend of incentives is effective to develop new models of integrated health and social care, especially where social care is provided by a large number of non-public organisations in many different settings.
- Welsh Government should revise national contracts with GPs, community pharmacists and other independent community practitioners to support delivery of enhanced community-based provision within localities that ensures effective seamless and prompt responses to health and care needs.
- The Welsh Government should review its grants to local and regional health, care and wellbeing agencies, to refocus them on supporting the delivery of seamless locality-based care services against national principles and outcomes.
- In addition to reviewing and coordinating, at an all Wales system level, financial and other incentives in NHS Wales, there needs to be an explicit financial strategy aimed at LHBs to strengthen local financial systems to enable cost of pathways of care to be assessed and clinical outcomes data to be combined to assess the 'value' produced for the cost. The partnership with ICHOM is a promising way of developing a value based system and should be actively progressed. This will support local decision making – in particular by clinicians – and localities should be able to understand where resources are being allocated for their local population.

## Recommendation 9

### Capacity to transform, dynamic leadership, unprecedented cooperation

“ Without true leadership and disruptive thinkers nothing will change ”

– Twitter

National, Regional and local capacity and capability must be strengthened to encourage the health and care system to make progress along the lines of the Quadruple Aim, and develop new models of care. When that occurs, service planning, collaboration, decision-making and resourcing should be devolved to the locality level whenever possible.

We argued above that there needs to be more coordination at national level on planning ‘Once for Wales’ programmes and more focus on delivering the transformation programme, overseen by national cross-sector governance boards, and taking due account of UK and international lessons for major service transformation. We also argued that the ‘strengthened executive centre’ needs to develop and agree with the Welsh Government a wider and more effective blend of ‘system’ incentives to steer the health and social care system in Wales towards faster progress. This will require greater focus of time and consolidated technical expertise at national level than is currently the case.

At local level from the evidence we have heard, our view is that the emphasis should be on building effective locality and regional governance, and management expertise. We have seen many positive examples of strong and effective governance and management, as well as forward-looking thinking. However, we have also heard that decision making needs to be quicker and less risk averse, planning should be streamlined, innovation requires better support, and that common metrics and assurance processes

should be in place. We heard repeatedly that Health Boards’ systems and processes were not always easy to work with and that collaboration and partnership working across sectors was difficult at times.

For 2016-17, four of seven Health Boards failed to meet their duties under the NHS Finance (Wales) Act 2014, and the Wales Audit Office highlighted other issues including those concerned with corporate governance capacity, assurance arrangements, performance reviews and citizen engagement<sup>20</sup>. It is evident that there is a need for an overarching strategy that consolidates the clinical approach, Integrated Medium Term Plan (IMTP), the financial plan and other strategic initiatives; that there is a significant variance in leadership and governance models; and that an accountability framework, investment in leadership development and more insightful performance information are all required<sup>21</sup>. The existing governance and accountability arrangements are inherently complex and should be streamlined. This is particularly true for the NHS, where there is a plethora of national boards on a range of issues outside the organisational board structures.

In terms of the NHS specifically, to enable stronger national focus on ‘system design’ and management of the NHS transformation needed, we recommend that there should be a clearer separation between the NHS Wales national executive function, and the national civil service function. We do not recommend that the current dual role of the Welsh Government’s Director General for Health and Social Services, who is also the NHS Wales Chief Executive, be separated. However, we do believe that there needs to be a clearer distinction between on the one hand, the national executive function strategically developing and managing the NHS, and on the other the national civil service function to support delivery of the NHS and Social Care priorities as set by Welsh Government Ministers.

## Supporting Actions

### National level

- As part of differentiating the national executive function and the civil service delivery function of the Director General role, the Welsh Government should consider making explicit, and publicising, its role with respect to a strengthened executive function for NHS Wales.
- Welsh Government should require a strengthened national NHS Wales executive function to be fully aligned to the national Social Care policy leadership to work jointly towards new models of care. This should include both making sure that the vision for care is aligned, along with the goals of the Quadruple Aim, with agreement on the concrete models of care to be encouraged across Wales and the blend of incentives for doing so. The NHS in Wales is a large and complex sector, which like every other sector needs strong leadership and guidance and a steer from the executive on priorities.
- Welsh Government should ensure that its Health and Social Services Group aligns all health, social care and wellbeing policy and implementation with the Quadruple Aim. A simplified centralised governance system of control is needed against a framework informed by the Quadruple Aim and the principles of the Wellbeing of Future Generations (Wales) Act, Social Services and Well-Being (Wales) Act and prudent health care.
- Clinical leadership at national level should be engaged and involved in reformulating health and care in Wales, strengthening primary and community care, and reorienting the balance between care delivered close to home and in an acute setting.
- The new national executive function should review the wide range of boards established to oversee national work programmes with a view to streamlining and developing a coherent, single focus on transformation. Specialist service hosting and governance arrangements need to be revisited, and the merits of consolidating these in one national location – the national executive of NHS Wales – assessed, looking at the bundle of operational and commissioning functions that need a different national home/system such as NWIS, NHS Wales Shared Services Partnership (NWSSP), specialised services and EASC.
- Welsh Government should work with stakeholders to redesign organisation accountability and reporting arrangements on an integrated health and social care basis. Specifically, it should undertake a review of existing performance indicators and who is responsible for them across health, social care and wellbeing. Joint accountability of local authorities and Health Boards should be established, and joint responsibility between Chief Executives of local authorities and Health Boards for their performance in delivering better outcomes through seamless health, care and wellbeing in each of their local community areas with parity of esteem between mental and physical health.
- It is important that such a framework incorporates indicators that measure health equity and population health and wellbeing. These could include the Slope Index of Inequity in Life and Healthy Life Expectancy, premature deaths from key Non-Communicable Diseases, measures of fair access to care for groups and communities in Wales, as well as robust measures of user experience, and outcomes of care drawing from published Health Equity Indicators<sup>22</sup>.
- National inspection agencies across health, wellbeing and social care should develop a shared programme of inspection of integrated locality arrangements for all population groups which use a common national set of principles as the basis for inspection standards. National inspection agencies should undertake joint inspections of Regional Partnership Boards and their regional development programmes and assess the quality of collaboration.

- Leadership development is essential and in particular Wales should ensure it is developed in a way that maximises its ability to realise its ambition for health and care transformation. Cross-sectoral skills and experience of integrated planning and delivery are essential and should be built into development and training. People management skills are also essential to deliver the Quadruple Aim.
- Clinical leadership is vital. There should be a review of current leadership programmes to ensure a clear pipeline of development so that clinicians from all professions and sectors have the opportunity to participate in developing the skills needed to lead and manage the new system of care.

### Regional level

- The Welsh Government should reflect on the existing RPB and PSB arrangements, and identify and implement governance changes to better harmonise the health and social care sectors in support of seamless models of care delivered at local level. Whilst this is not directly within the remit of the review panel's work, it was raised by many stakeholders and is more relevant to the Public Services reform programme to address. However the Welsh Government could develop further regulations under the SSWB Act which require RPBs to take account of the national principles of good practice and ensure they are applied to each locality in their region and specify annual national reporting arrangements on progress.

### Local level

The Williams Report<sup>23</sup> described weaknesses in management capacity in the public sector and made clear recommendations as to how managerial and leadership skills can be improved. We agree. Good management is crucial if care is to be significantly modernised.

We also believe the Wales Audit Office (WAO) assessment of maturity of local health boards is valuable and should be continued. The Welsh Government must ensure that decisive leadership and the right culture and behaviours are embedded throughout both sectors through strong development programmes for leaders. The Welsh Government should set out clearly what is expected of leaders – embedded within recruitment, regularly holding to account, and the consequences of not adopting the expected leadership approach demonstrating by example at all times.

Over time, requirements by the Welsh Government on Health Boards for planning healthcare have become overly complex, with limited evidence that this approach is delivering effective services. While it is welcome that the current Integrated Medium-Term Plans, required of LHBs, cover more than one year, the extensive requirements have resulted in overly-long plans, running to hundreds of pages. The production and oversight of these plans require resources which could be deployed to much better effect.

### Overall Supporting actions

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- Welsh Government should streamline its planning guidance and require Local Health Boards and local authorities to prepare short combined medium-term plans across health, social care and wellbeing to replace NHS Integrated Medium Term Plans. They should include details of how localities in the region will be supported to deliver on seamless local health, care, wellbeing and improving health equity.
- Medium-term planning guidance should be focused on maintaining standards and the priorities for transformation, including a requirement for plans to have detailed targets for a greater share of investment in primary and community services over time, including specific goals and timeframes.

- Welsh Government should revise the regulations under the Social Services and Wellbeing (Wales) Act 2014 to introduce a national requirement for joint regional commissioning strategies across health, care and wellbeing by population, with clear requirements on pooled resources and locality-based services to deliver them, and for market position statements giving clear messages to private and third sector providers about the services needed and planned in localities for the future.
- The “commissioning” role in LHBs needs to be strengthened and used to incentivise the local reshaping of seamless services on behalf of the populations they serve. LHBs, Trusts and local authorities must give greater focus to their population health and wellbeing responsibilities and the development of primary and community services – at present, albeit important, much of the focus of LHBs and their performance management appears to be in managing acute NHS services. This should be accompanied by a reformulation of the membership of LHB boards to ensure executive membership is representative of the wider health and care professional community – including a strengthened presence of primary care and community services to rebalance and equalise them.
- When procuring goods and services, health boards and social care commissioners should assess the social value added. The third sector can play an increasing role in addressing local needs, and RPBs as well as LHBs should seek to utilise fully the sector’s unique capabilities. Whenever possible contracts should be used to support and collaborate with social enterprises and other community based organisations.

## Recommendation 10

### Accountability, progress & pace

“We have the wrong targets. We are driving people through a system many may not need and we don't know the outcome”

– Twitter

The need for change is urgent and essential. Stakeholders, including service users and providers, will need to understand and accept the need for change. Crucially they will need to be part of developing the solutions and making progress quickly against the vision and Quadruple Aim.

The Welsh Government should require organisations and bodies at each level

of the system responsible for delivering transformation to be subject to regular ongoing independent monitoring and public reporting arrangements. This includes national level, regional level (via the local health boards and Regional Partnership Boards) and at locality level about the new care models.

Stakeholder support for service transformation – including amongst the wider public – will be sustained if oversight and scrutiny are undertaken in an open and accessible way. It is about a different relationship with the public where people should have choice and control over their care, an input into the service they want, and see the modernisation of the service they use happen quickly. Above all, transparency is essential to accountability.

### Supporting Actions

- Welsh Government should publish a national annual overview of the overall performance of the health and care system in Wales against the Quadruple Aim. This should allow transparent benchmarking across the Wales, the UK and internationally. This information should be published in a way to engage the public in evidence-based debate. A report by the Welsh Government should be submitted to the Assembly Committee for Health, Wellbeing and Sport and debated subsequently in the Senedd.

- In three years' time, Welsh Government should review progress on developing the new models of seamless care and their impact, not just on the demand for and quality of care, but also on value created, the wellbeing of individuals and staff, and on population health and wellbeing. Progress should be benchmarked against the other three countries in the UK, and internationally (where possible). If sufficient progress is not made a reconsideration of the implementation of advice in this report should be commissioned. In the shorter term, a one-year review should take place to ensure the Transformation programme is on track.



## Conclusion

We have heard from a wide range of people including members of the public, service users, staff in health and social care, and the third sector; and considered evidence about national and international models of care. Thank you to everyone for their generous input and advice.

Wales has lots of good things going for it. The policy context in Wales is positive: The Wellbeing of Future Generations (Wales) Act is ground-breaking and the requirements of the Social Services and Well-being Act and the principles of Prudent Healthcare provide a firm foundation for new designs. However, we believe that change is essential and will have to be delivered quickly in the context of the case for change.

Wales needs a different system of health and care, and nobody should underestimate the scale of the challenge ahead. We find strong agreement on what could be done differently to meet the changing needs of the population. The focus now must be on action: delivering the change people want to see.

Health and care funding will continue to be pressured. Deriving the maximum value from the finite resources available will become increasingly important if Wales is to meet the challenges ahead. That is one reason why we are recommending a fundamentally different approach to health and care in Wales. Evolution is no longer enough – Wales needs revolution.

In this report, we have recommended the vision to be adopted in Wales, guided by the clear goals of the Quadruple Aim, to support this new approach to service delivery. We have suggested practical actions to build a new model of seamless health and care, a system that is focused on innovation and improvement, a learning, listening and empowering system that continually adapts to provide health and care services of the highest quality.

To achieve this, Wales will need a different relationship with the public; to support and nurture its health and care workforce; adopt and make full use of technological innovations; and be clear and bold in its leadership. Change has been difficult in the past and it is essential that the skills and capacity for change are nurtured and developed. Much of what is needed is not about structures but about culture and behaviour. Changing these aspects requires long term commitment to working in a different way. Building a modern health and care system on this scale requires bold and confident political leadership in the same way as when the NHS, with its roots in Wales, was born 70 years ago.

This is the right time to take a new approach. Those who deliver and those who use health and care services share an appetite for change, and they share a recognition that a better way must be found. We urge Wales to seize this opportunity with vigour.

# Annexes

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# Annex A

## Engagement undertaken during the review

In formulating our views and developing this report, the panel has heard from a wide range of people and organisations. We are grateful to all those individuals who contributed their views through the variety of channels we have used to engage with people, including:

- Stakeholder Conferences – January, May
- Models of Care Forum – September, October
- Social Care Group – February, April, June, November
- Political Reference Group (Opposition Spokespeople for Health and Social Care)
- Mental Health Roundtable
- Care Forum Wales Essentials Engagement Update Event with Social Workers
- Workshop with Junior Doctors and Nurses
- Professional led events and attendance at committees
- Oral Evidence Sessions
- Invitation for written evidence
- Citizens Juries including one for young people
- Regional Focus Groups
- Targeted awareness-raising at regional events
- Website questionnaires
- Twitter chat
- Older People's Engagement events
- Community event organised with the Co-Production Network

Our thanks go to the following people and organisations, who have submitted written evidence or contributed oral evidence through formal sessions or individual meetings with panel members.

||| Roll Out Team  
 Abertawe Bro Morgannwg University Health Board  
 Academy of Medical Royal Colleges Wales  
 Action for Children  
 Age Alliance Wales  
 Age Cymru  
 Aizlewood Group  
 Aneurin Bevan UHB  
 Applied Psychologists in Health National Advisory Group  
 ARCH  
 Association of British Pharmaceutical Industry  
 Association of Directors of Social Services  
 Dr Rafael Bengoa  
 Betsi Cadwaladr University Health Board  
 Bevan Commission  
 Bliss  
 British Association of Social Workers Cymru\*  
 British Dental Association  
 British Dietetic Association  
 British Heart Foundation  
 British Medical Association Wales  
 British Red Cross in Wales  
 Cancer Research UK  
 Cannabis 4 MS in Wales  
 Cardiff and Vale of Glamorgan Integrated Health and Social Care Partnership  
 Cardiff and Value University Health Board

\* incorrectly omitted from the list of contributors to the Interim Report

Cardiff Third Sector Council	Hospice UK
Cardiff University	Housing an Ageing Population Group
Care and Social Services Inspectorate for Wales	Hywel Dda University Health Board
Care Council for Wales	Institute of Welsh Affairs
Care Forum Wales	Integrated Services Team Bridgend (Susan Cooper)
Carers Trust Wales	Dr Thomas Kitchen, Welsh Clinical Leadership Fellow
Chartered Society of Physiotherapy	Dr Neil J Kitchiner
Chief Dental Officer for Wales	Learned Society of Wales
Chief Medical Officer for Northern Ireland	Dr Richard Lewis – National Primary Care Lead
Chief Medical Officer for Wales	Linc Cymru
Chief Nursing Officer for Wales	Lyndon Miles
Children in Wales	Macmillan Cancer Support
Children's Commissioner for Wales	Marie Curie
Citizens Advice Cymru	Medical Directors
CLIC Sargent	Mid Wales Collaborative
Community Health Councils	Mind Cymru
Cross Party Group on Cancer	Monmouthshire Housing
Cwm Taf University Health Board	Eluned Morgan AM
Directors of Adult Social Services	Motor Neurone Disease Association
Directors of Children's Social Services	MS Society Cymru
Directors of Nursing	National Osteoporosis Society
Directors of Primary, Community and Mental Health	National Provider Forum
Directors of Public Health	NHS Wales Chairs Peer Group
Directors of Therapies and Health Sciences	NHS Wales Chief Executives
Directors of Workforce and Organisational Development	NHS Wales Informatics Service
Exercise for All Campaign	NHS Wales Shared Services Partnership
Expert Reference Group Domiciliary Care Wales	Older People's Commissioner for Wales
Faculty of Public Health	Paediatric Continence Forum
Faculty of Sport and Exercise Medicine UK	Pembrokeshire Association of Voluntary Services
Dr Sue Fish	Police and Crime Commissioner for Gwent
Future Generations Commissioner for Wales	Powys Teaching Health Board
General Medical Council	Primary Care Clusters
HAFAL	Public Health Wales
Health, Social Care and Housing Group	Public Policy for Institute for Wales
Health, Social Care and Sport Committee	Public Service Ombudsman for Wales
Healthcare Inspectorate Wales	Public Service Workforce Council
	Regional Partnership Board (Swansea)

RNIB Cymru	Welsh Health Specialised Services Committee
Royal College of GPs	Welsh Institute of Health and Social Care
Royal College of Midwives	Welsh Language Commissioner
Royal College of Nursing	Welsh Language in Health and Social Services Partnership Board
Royal College of Occupational Therapists	Welsh Local Government Association
Royal College of Paediatrics and Child Health	Welsh NHS Confederation
Royal College of Physicians Cymru	Sir Paul Williams
Royal College of Psychiatrists Wales	Wrexham District Medical Society
Royal College of Speech and Language Therapists	
Royal College of Surgeons	
Royal College of Surgeons Edinburgh	
Royal Pharmaceutical Society	
Samaritans Cymru	
Sandeep Hammedi on behalf of Consultant Orthopaedic Surgeons	
Shared Lives Plus	
Shared Services Partnership	
Social Care Wales	
SOLACE	
Jack Straw	
Swansea Centre for Improvement and Innovation	
Swansea University	
Swansea University Medical School	
Tenovus Cancer Care	
TUC	
UNISON Cymru	
United Kingdom Homecare Association	
Wales Ambulance Services NHS Trust	
Wales Audit Office	
Wales Cancer Network and Cancer Implementation Group	
Welsh Consultants Committee	
Wales Dietetic Leadership Advisory Group*	
Wales Institute of Social and Economic Research, Data and Methods	
Wales Principal Youth Officers Group	
Wales Public Services 2025	
Welsh Council for Voluntary Action	
Welsh Government	

\* incorrectly omitted from the list of contributors to the Interim Report

# Annex B

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## Principles of Good Governance

The promise of seamless health and care in Wales will require strong and effective governance across organisational boundaries, so-called governance between organisations (GBO), with mature partnership behaviour and the associated sharing of risk, accountability, delegation and reservation. Every governance body should have clear and unambiguous terms of reference, always including safety, quality, control and risk elements, and should highlight the core principles of the NHS<sup>24</sup>. The Good Governance Institute and others<sup>25</sup> emphasise the importance of governance principles, and there are three sets of principles

central to ethical behaviour in public services in Wales (Nolan, Welsh Public Service Values and Citizen-Centred Governance)<sup>26</sup>. In our view the principles set out below are essential to support the delivery of our recommendations, and should be integrated with those in the Wales Good Governance Guide. Several of these principles would apply to the Primary Care Cluster arrangements and are aligned with the appropriate governance recommendations from the recent Health Social Care and Sports Committee inquiry into Primary Care Clusters<sup>27</sup>.

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**The Terms of Reference of Boards and Governance Bodies should include the principles of good governance below, as appropriate to their functions.**

**The principles should be included in Guidance on Good Governance for Health and Care.**

- Align governance objectives with the new strategy for health and social care in Wales;
- Deliver the Quadruple Aim, aligned with the principles of the Wellbeing of Future Generations (Wales) Act, Prudent Healthcare and the Social Services and Well-being Act;
- Deliver improved outcomes via seamless health and care systems;
- Consider national, regional and cross-sector opportunities ahead of local concerns whenever appropriate;
- Assess their performance based on a common set of outcome indicators;
- Assess maturity against the Good Governance Institute's Maturity Matrix<sup>28</sup> and System Transformation Matrix<sup>29</sup> as appropriate;
- Have proportionate and consistent oversight, regulatory and inspection arrangements, with consistent metrics, incentives, sanctions and intervention triggers. Assurance recommendations should be taken seriously, tracked and actioned (as emphasised by the Williams Commission Report on Public Service Governance and Delivery);
- Be empowering and ensure effective leadership and transparent decision making at all levels with clear lines of accountability throughout;
- Adopt a continuous improvement approach, involving staff and service users;
- Embrace a 'participative enterprise' culture with closer involvement of staff, clinicians, service users and other key stakeholders, including primary care and third sector;

- Maintain a sharp focus on staff engagement and wellbeing, including addressing issues in Staff Survey results and medical assessment scale surveys<sup>30</sup>;
- Have consistent annual effectiveness reviews overseen by an independent member, focussing on leadership and behaviours, operational performance and delivery of change;
- Ensure that their membership is sufficiently diverse, and that a successful background in change delivery, organisational development and behavioural science skills are well-represented;
- Share successes and challenges with one another as part of a learning system that promulgates best practice and helps eliminate waste and unwarranted variation. This should include 'exemplar' Regional Partnership Boards; and
- Be transparent regarding performance, and open to public and political scrutiny.

## Annex C

### Recommendation 7: Innovation, Technology and Infrastructure

“ I do not, for example, want patients to be disadvantaged because the technology used in one health board is different to another and the information available is incomplete and the pathway of care disrupted. This is why Wales has committed to working together to adopt common information services and I expect all parts of the NHS in Wales, supported by the Informatics Service, to adopt them ”

– Source: Andrew Goodall, Chief Executive NHS Wales, speech to Wales Informatics staff, September 2017

#### Detailed Supporting Actions

- Following the life sciences and industrial strategies, R&D investment in health and social care research, bioscience, and new technological innovations including AI and robotics, should be linked strategically to the Quadruple Aim and the development of new care models, and in particular new forms of prevention and home- rather than hospital-based care.
- The development of new digital products and services will benefit from collaboration between industry, academia and NWIS. We therefore recommend that the Digital Ecosystem project developed by NWIS and the Life Sciences Hub is progressed at pace, providing NWIS and Health Technology Wales with platform access and analytics to accelerate innovation and support product adoption. The focus should be on initiatives which have the maximum impact and reach and generate the most beneficial outcomes, are scalable, support individual and community-based care, and are readily integrated and adhere to common standards.
- The Welsh Government, together with all digital and infrastructure service delivery organisations in both sectors, should reassess their strategic priorities and the opportunities for more collaborative and consolidated working in the light of this report. This should include considering enhancing and accelerating the Technology-enabled Care Programme, as there may be a shift to primary, social and community care initiatives and associated technology-enabled care.
- The Welsh Government should clarify its ‘Once for Wales’ policy and principles with regard to digital, taking account of the National Informatics Management Board Task and Finish Group’s recommendations, and agree prioritisation criteria to be applied to all existing and candidate initiatives. This should underpin a robust ‘stop, start, accelerate’ review to better focus efforts on a smaller number of key system user-centred initiatives, including regional and local exemplars with ‘national promise’. This requires an aggregated and rationalised view of the full portfolio of digitally-enabled initiatives. Core national ‘foundation’ initiatives, including the Electronic Patient Record (EPR), the gateway/portal for citizens and professionals to access multiple information sources and services, and initiatives delivering significant efficiency benefits, should take precedence.
- Common standards and platforms should be mandated whenever possible across both health and social care sectors to support interoperability and integration in the future. They should explore the opportunity to integrate and consolidate local authority, LHB,

- Trust and national infrastructure and systems (which will require a new funding model). Legacy systems should be replaced via an Infrastructure Refresh Plan aligned with a national infrastructure 'route map', although the immense challenge here should not be underestimated. Robust infrastructure, system and information security (which includes cyber security) must be of paramount concern, with clear and agreed protocols and principles in place to meet all legal, regulatory and advisory requirements, and with response plans regularly tested.
- Health Education and Improvement Wales (HEIW) should oversee the development of a cadre of trained clinical informaticians and leaders, who in turn can help strengthen efforts to develop a learning health and care system, and quality improvement expertise. Social Care Wales (SCW) should also ensure that training in digital skills is a priority. The Welsh Clinical Informatics Council (WCIC)<sup>31</sup> representatives could potentially develop into a leadership group of Chief Clinical Information Officers. Programme and project teams should be multidisciplinary from the outset, with appropriate medical and social care involvement and system user input. Users should champion and lead the delivery of new systems, with a keen eye on the challenges of adaptive change (as highlighted in the Wachter report<sup>32</sup>).
  - Both NWIS and NWSSP should have greater national presence and authority linked to a strengthened national executive and look to extend collaboration (e.g. e-learning). The hosting and accountability arrangements at the Velindre Trust may no longer be appropriate. The Welsh Government should evaluate alternative models for consolidated national governance, including the HEIW arrangement, as well as the leadership seniority and governance board presence of both organisations. This should include considering leveraging the remit of NWSSP to deliver wider public services in Wales, but will require legislative change for NWSSP to provide services beyond the NHS.
  - NWIS, in particular, should review and rebalance its resourcing profile such that design, development and support activities are 'rightsourced' with the optimal balance of internal digital, health and social care staff including clinicians and front-line staff, third sector, third party, system users, industry and academia. They should explore opportunities to better pool and share LHB, Trust and NWIS IT resources. Wales should look beyond its national boundaries and exploit co-operative alliances with other national health bodies with a similar agenda, including NHS Scotland where a close relationship already exists.
  - We would support the recommendations from the Informatics Task Force and the resulting Statement of Intent from the Welsh Government to develop a national data resource, with workstreams focussed on information governance, national data resource, clinical information standards and workforce development. Health and care systems must take full advantage of the value that data and information offers to underpin new systems, drive decision making, improve health and care quality and exploit future business intelligence and data analytics initiatives. This will require health and social care professionals to be fully reassured regarding the integrity, security and sharing of data, and for citizens to be fully informed and to have provided appropriate consent.
  - NWIS should finalise and share its design, development and service principles, including agile development opportunities, 'process before technology' considerations, evidence-based redesign, inclusion, user involvement, and outcomes-based benefits assessment principles (for example, Government Digital Services (GDS) have a set of digital service standards<sup>33</sup>).
  - NWIS and NWSSP should adopt a common, staged and disciplined business case process to underpin prioritisation and investment decisions, in part to ensure that initiatives genuinely add value, and not workload, to professionals and service

users. Independent gateway assurance and post-implementation outcomes-based benefits realisation and 'lessons learned' reviews should be mandated and shared, together with clear internal communications to manifest the value of initiatives to staff, citizens and system users. NWIS and NWSSP should have leading roles on the NWEHVIG to help raise productivity, reduce unwarranted variations and waste, and promulgate best practice (including regarding the Carter report recommendations<sup>34</sup>, where NWSSP is already fully engaged with the NWEHVIG).

- We understand that NWIS' 5-year 2016-21 Informed Health and Care strategy requires substantial funding on an all-Wales basis. If so, both prioritisation and technical and allocative savings are all the more crucial, and we would wish to see this clarified, and to understand the impact this may have on the funding envelope for other work. The Welsh Government, NWIS, and Finance Directors should evaluate alternative

funding models, including assessing the opportunity to consolidate and integrate LHB, Trust and NWIS infrastructure, systems and resources, and the reinvestment of cashable benefits from change initiatives, and optimise the mix of capital and revenue funding sources. The Welsh Government should consider if core 'Once for Wales' funds should be pooled and ring-fenced rather than allocating a subset to LHBs. We assume there is a full current asset register for NHS Wales and professional procurement and contract management processes in place.

- The existing internal digital maturity assessment should be supplemented with external benchmarking assessments of both NWIS and NWSSP vs. peer organisations and 'best in class' to highlight areas of opportunity. This should include resource profiling and stakeholder feedback elements to improve co-production and alignment.



## Annex D

# Parliamentary Review into the future of Health & Social Care in Wales Terms of Reference

The establishment of a Parliamentary Review into the long-term future of health and social care in Wales is a key commitment in the Programme for Government launch in September 2016. The independent panel of experts, established in November 2016, was tasked with producing a report in 12 months focussing on the sustainability of health and social care in Wales.

The report should consider the current situation and draw out the challenges facing health and social care over the next 5-10 years bearing in mind the context set by the Social Services and Well-being Act, and the seven goals of the Wellbeing of Future Generations (Wales) Act alongside rising demand, demographic changes and financial sustainability.

The review is tasked with producing recommendations that will deliver improved health and wellbeing outcomes for people across Wales with a particular focus on reducing health inequalities.

The Terms of Reference for the report are:

- Define the key issues facing health and social care
- Identify where change is needed and the case for change
- Set out a vision for the future including moving health and social care forward together, developing Primary Care services out of hospitals.
- Advise on how change can be delivered, building on the positive aspects of the current system.

These areas will be explored initially via six strands across health and social care:

- Situational analysis including learning from previous work
- Future Vision including Delivery Models, & Organisational Issues and the citizen's perspective
- Metrics, Systems, Governance and pace of change
- Workforce including culture, morale, education & training, rurality and Welsh Language
- Quality and Safety including, R&D, and Innovation
- Productivity including Data and Insight, Digital, & Finance

# Annex E

## References

- 1 <http://www.ihl.org/resources/Pages/AudioandVideo/WIHL-Moving-Upstream-to-Address-the-Quadruple-Aim.aspx>
- 2 Canterbury New Zealand: Webinar link: <https://www.kingsfund.org.uk/events/Canterbury-ales> Latest Publication: <https://www.kingsfund.org.uk/publications/developing-accountable-care-systems>
- 3 [http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf)
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- 15 <http://industrialstrategycommission.org.uk/wp-content/uploads/2017/10/The-Final-Report-of-the-Industrial-Strategy-Commission.pdf>; [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/664572/industrial-strategy-white-paper-print-ready-version.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/664572/industrial-strategy-white-paper-print-ready-version.pdf)
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- 23 <http://www.york.ac.uk/che/research/equity/monitoring/>
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- 27 <http://www.assembly.wales/laid%20documents/cr-ld11226/cr-ld11226-e.pdf>
- 28 <https://www.good-governance.org.uk/wp-content/uploads/2017/04/Good-Governance-Matrix.pdf>
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## **RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

### **CABINET**

**21<sup>ST</sup> JUNE 2018**

### **RHONDDA CYNON TAF CHILDREN'S SERVICES CHILDREN LOOKED AFTER QUALITY ASSURANCE PANEL WORK PLAN 2018-2019**

#### **REPORT OF GROUP DIRECTOR, COMMUNITY AND CHILDREN'S SERVICES, IN DISCUSSIONS WITH THE RELEVANT PORTFOLIO HOLDER, CLLR LEYSHON**

**Author:** Catherine Tyler, Service Development Officer  
Ann Batley, Service Director Children's Services

#### **1. PURPOSE OF THE REPORT**

- 1.1 The purpose of the report is to brief Cabinet on the work being carried out by the Children Looked After Quality Assurance Panel. The Panel's function is to ensure the right children and young people are being brought into the children looked after system and that those who can return home from care do so as soon as possible.

#### **2. RECOMMENDATIONS**

It is recommended that the Cabinet:

- 2.1 Note the information contained within this report and the actions being taken to address areas of further improvement.

#### **3 REASONS FOR RECOMMENDATIONS**

- 3.1 To provide Cabinet with details of the actions being undertaken to safely reduce the number of Children Looked After (CLA) as appropriate.

#### **4. BACKGROUND**

- 4.1 The children looked after population within RCT has increased over the past five years from 621 in 2013 to 676 at the end of 2017-2018 financial year, an increase of 55 children. Over the years, however, the numbers and profile of the children and young people becoming looked after has changed and numbers have fluctuated with 2017-2018 seeing an overall decrease in admissions of 42% compared with the

same period in 2016-2017. The profile of overall admissions in 2017-2018 also showed that of those children becoming looked after:

- 34% of children were under 1 years old
- 55% of children were under 4 years old
- 7% were 16+

4.2 The unpredictability of demand for children and young people becoming looked after continues to pose a key financial risk to the Council. The number of children looked after continues to be a priority within the service area being subject to continuous focus and action.

4.3 A Children Looked After Group was first established in 2010. The purpose being to provide the necessary scrutiny to this very vulnerable group of service users. Over the years the purpose and focus of the Group has changed due to new developments being introduced, and outcomes being achieved.

4.4 In 2017 a report by Practice Solutions: "The Review and Re-Focus of the Accommodation and Placement Provision for Children Looked After and Care Leavers", suggested that the Children Looked After Group needed to be reviewed again as its remit had become too broad and was beginning to distract it from its intended purpose. This resulted in the Children Looked After Quality Assurance Panel being set up. The aim of the panel was to ensure that children looked after and care leavers in RCT achieved their potential and received good quality placements that support them to live safe, healthy and fulfilled lives. The key areas of focus of the panel were:

- **Prevention** - essentially this is identifying key actions that will enable the service to prevent children entering the children looked after system. This includes examining the effectiveness of existing prevention work and developing new initiatives on the basis of national evidence of effectiveness.
- **Child's journey in Care** - with a focus on ensuring that rehabilitation or community based options are actively pursued in relation to each child looked after at any given time.
- **Discharge from Care** - this focuses on children leaving the care system permanently and can include SGO, adoption or the discharge of care orders.
- **Commissioning mix** - This includes issues such as making our residential facilities and foster carers more effective, increasing the number of in-house foster carers and negotiating with external providers.

- **Partner influences** - this requires working with partner agencies who have particular influence on children becoming or staying in the looked after system i.e. Courts, CAFCASS, Legal Services, CAMHS

4.5 The overall governance of the Panel is facilitated by Children's Services Senior Managers and includes partners from Health and Education and Housing.

**5. CHILDREN LOOKED AFTER QUALITY ASSURANCE PANEL WORK PLAN 2018-2019**

5.1 The Children Looked After Quality Assurance (CLAQA) Panel's key objectives and actions as contained in the Work Plan for 2018-2019.

<b>Objective 1</b>
To develop a framework of quantitative and qualitative performance information that supports robust analysis of current placement provision in RCT.
<b>Objective 2</b>
To monitor the children looked after budget, highlighting areas of financial pressure and identifying areas where improvements in the use of resources can be made.
<b>Objective 3</b>
To identify a commissioning mix and range of placements that support children looked after and care leavers to achieving positive outcomes.
<b>Objective 4</b>
To promote engagement with children looked after and partner agencies to ensure co-production and that the voice of children and young people is heard.
<b>Objective 5</b>
To monitor and drive service change and improvement.

5.2 The detailed CLAQA Panel's Work Plan 2018-2019 is attached (see Appendix 1) for consideration. The work plan outlines, in detail, the actions required to deliver the outcomes noted above.

5.3 The revised Management Information Report that supports and informs the work of the CLAQA Panel can also be found in Appendix 2.

## **6. EQUALITY AND DIVERSITY IMPLICATIONS**

6.1 Section 149 of the Equality Act 2010 (Public Sector Single Equality Duty) requires public authorities to demonstrate in decision making that they have paid 'due regard' to the need to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it;
- Foster good relations between people who share a protected characteristic and those who do not.

6.2 The United Nations Convention on the Rights of a Child also requires the Council to demonstrate that decision making has paid due regard to the rights of children and young people.

6.3 An Equality Impact Assessment is not needed because the contents of the report are for information purposes only.

## **7. CONSULTATION**

7.1 Consultation with children looked after, care leavers and partner agencies are integral to the work of the CLAQA Panel. A number of consultation activities are noted within the work plan, some having been completed e.g. the Bright Spots Survey with further consultation to be conducted throughout 2018-2019.

## **8. FINANCIAL IMPLICATION(S)**

8.1 There are no adverse financial implications associated with this report.

## **9 LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED**

9.1 The legislation and guidance that underpins the work of the CLAQA Panel is as follows:

- Social Services and Well-being (Wales) Act 2014
- SSWB Act Part 6 Code of Practice (Looked After and Accommodated children) 2014
- The Care Planning, Placement and Case Review (Wales) Regulations 2015 ('the CPPCR Regulations')

**10. LINKS TO THE CORPORATE AND NATIONAL PRIORITIES AND THE WELL-BEING OF FUTURE GENERATIONS ACT**

- 10.1 The work of the CLAQA Panel supports the implementation of the Children's Services Delivery Plan 2018-2019 priority to ensure that children that cannot live with their own parents live in suitable accommodation in RCT.
- 10.2 This links to the Council's priorities as set out in the Corporate Plan 2016 of promoting independence and positive lives for everyone, ensuring a great start in life for every child and that young people are well prepared for adulthood.

**11. CONCLUSION**

- 11.1 In general the rates of children becoming looked after needs to continue to be a priority within the service area. However, it is important that we continue to prioritise a safe reduction in CLA numbers and to deliver the best possible outcomes for the children and young people of RCT. The reasons why children become looked after are complex and include the complex interaction of demographic and socio economic trends as well as factors connected to the way the local area organises and deploys its services to vulnerable children and families. This therefore would require us to continually monitor how we undertake this function.

**Other Information:-**

***Relevant Scrutiny Committee***

Children and Young People

**LOCAL GOVERNMENT ACT 1972**

**AS AMENDED BY**

**THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**CABINET**

**21<sup>ST</sup> JUNE 2018**

**REPORT OF GROUP DIRECTOR, COMMUNITY AND CHILDREN'S SERVICES, IN DISCUSSIONS WITH THE RELEVANT PORTFOLIO HOLDER, CLLR LEYSHON**

**RHONDDA CYNON TAF CHILDREN'S SERVICES  
CHILDREN LOOKED AFTER QUALITY ASSURANCE PANEL  
WORK PLAN 2018-2019**

**Background Papers – none**

**Officer to contact: Catherine Tyler, Service Development Officer.  
Tel. No. 01443 744097**



# RHONDDA CYNON TAF CHILDREN'S SERVICES

## CHILDREN LOOKED AFTER QUALITY ASSURANCE PANEL (CLAQAP) WORK PLAN 2018-19

**Appendix 1**

### AIM

**Children looked after and care leavers in RCT receive good quality placements that support them to live safe, healthy and fulfilled lives and to achieve their potential.**

### HOW WILL WE DO IT?

**Objective 1 - To develop a framework of quantitative and qualitative performance information that supports robust analysis of current placement provision in RCT.**

**Objective 2 - To monitor the children looked after budget, highlighting areas of financial pressure and identifying areas where improvements in the use of resources can be made.**

**Objective 3 - To identify a commissioning mix and range of placements that support children looked after and care leavers to achieving positive outcomes.**

**Objective 4 - Promote engagement with children looked after and partners agencies to ensure co-production and that the voice of children and young people is heard.**

**Objective 5 -To monitor and drive service change and improvement.**

# RHONDDA CYNON TAF CHILDREN'S SERVICES

## CHILDREN LOOKED AFTER QUALITY ASSURANCE PANEL (CLAQAP) WORK PLAN 2018-19

### OBJECTIVE 1 - TO DEVELOP A FRAMEWORK OF QUANTITATIVE AND QUALITATIVE DATA THAT ENABLES ROBUST ANALYSIS OF CURRENT PLACEMENT PROVISION IN RCT.

ACTION	START DATE	END DATE	OWNER	PROGRESS
Review current performance information provision from the Management Information Team, Placement Officers, Contract Monitoring Officer, Reviewing Team, Complaints Team and in relation to adoption.	22/1/18	26/2/18	Catherine Tyler	Completed.
Liaise with Cwm Taf LSB to ensure streamlining of CLA sub-group performance information requirements.	7/3/18	Sept 2018	Catherine Tyler	Meeting held with HoS Safeguarding, the Board are currently reviewing the information captured as apart of the CTSB Quality Assurance and Performance Framework.
Liaise with the 4Cs to ensure streamlining of data requirements and avoid duplication.	May 2018	Sept 2018	Catherine Tyler	Meeting to be arranged when we have agreed our data requirements.
Agree CLA QA key performance information requirements and targets (quantitative and qualitative) going forward. This will include but is not limited to areas highlighted in the CLAQA Terms of Reference.	22/1/18	Phase 1 April 18  Phase 2	Catherine Tyler/ Nicola Free	Phase 1 - revised performance information template agreed at CLAQA Panel - completed.  Phase 2 info requirements, to be implemented as part of the phase 2 WCCIS implementation. WCCIS phase 2 implementation to commence approx November 2018.
Compile performance information on the timeliness of PEPS. Consider further information captured by Education (e.g. info provided to Corporate Parenting Board). Incorporate into QA Framework on a ¼ basis.	June 2018	Nov 2018	Catherine Tyler	Following discussion with MI Team, information to be incorporated into phase 2 of the data/information provision to CLA QA. PEPs to be recorded on WCCIS - approx start date November 2018.

Page 122

# RHONDDA CYNON TAF CHILDREN'S SERVICES

## CHILDREN LOOKED AFTER QUALITY ASSURANCE PANEL (CLAQAP) WORK PLAN 2018-19

<p>Compile performance information on the timeliness of health assessments, need to consider further health indicators to be monitored going forward. Ensure clear mechanisms are established for capturing the information. Incorporate into QA Framework on a ¼ basis.</p>	June 2018	Nov 2018	Catherine Tyler	Following discussion with MI Team, information to be incorporated into Phase 2 of the data/information provision to CLAQA. Health assessments to be recorded on WCCIS approx start date November 2018.
<p>Develop a framework to capture the agreed performance information (quantitative and qualitative). Ensure reflects wider Children's Services QA Framework under development.</p>	22/1/18	October 2018	Catherine Tyler	<p>Revised performance information template brought to CLAQA Panel for discussion - agreement achieved re quantitative element.</p> <p>Qualitative element to be finalised to include survey feedback. (Inc. Bright Spots and Annual Social Services Survey).</p>
<p>Use survey information (both annual and targeted surveys e.g. Bright Spots) to inform the analysis of service quality and improve delivery.</p>	May 2018	October 2018	Catherine Tyler	Bright Spots survey completed on the 28/2/2017. Feedback report presented 30 <sup>th</sup> April 2018. Currently analysing the report and developing our response to children and young people.
<p>Undertake focused audits where performance information has highlighted potential for improvement/ or an area of concern. Develop actions to support service improvements.</p> <p>Audit work plan 2018-2019: areas identified for audit:</p> <ol style="list-style-type: none"> <li>1. Children under 2 years of age who become looked after - areas of risk identified.</li> <li>2. 3+ placement moves with particular focus on moves following emergency placements.</li> <li>3. To look at the reasons identified for young people 16+ years coming into care.</li> </ol>	<p>Start 23/4/18</p> <p>May 2018</p>	<p>Ongoing</p> <p>August 2018</p>	<p>Catherine Tyler</p> <p>Catherine Tyler</p>	<p>Audit work plan finalised.</p> <p>Work on audit 1 commenced.</p>

# RHONDDA CYNON TAF CHILDREN'S SERVICES

## CHILDREN LOOKED AFTER QUALITY ASSURANCE PANEL (CLAQAP) WORK PLAN 2018-19

### OBJECTIVE 2 - TO MONITOR THE CLA BUDGET, HIGHLIGHTING AREAS OF FINANCIAL PRESSURE AND IDENTIFYING AREAS WHERE IMPROVEMENTS IN THE USE OF RESOURCES CAN BE MADE.

ACTION	START DATE	END DATE	OWNER	PROGRESS
Review current financial information provision.	22/1/18	26/2/18	Lee Owen	Completed
Agree CLAQA financial information/ budget monitoring requirements going forward.	22/1/18	30/3/18	Lee Owen	Revised budget information template agreed at CLAQA Panel - completed.
CLA budget - to include additional payments and financial contributions from education and health.	22/1/18	Nov 2018	Lee Owen	Following discussion information to be incorporated into Phase 2 of the data/information provision to CLAQA. To link to phase 2 WCCIS implementation.

### OBJECTIVE 3 - TO IDENTIFY A COMMISSIONING MIX AND RANGE OF PLACEMENTS THAT SUPPORT CHILDREN LOOKED AFTER AND CARE LEAVERS TO ACHIEVE POSITIVE OUTCOMES.

ACTION	START DATE	END DATE	OWNER	PROGRESS
Undertake a profiling of the needs of children looked after (according to age and placement type) in order to understand their needs and explore bespoke models of support (within a LA placement or with family/friends).	9/3/18		Judith Davis/ Catherine Tyler	Information provided to 4Cs to support the development of the Placement Strategy for RCT. 4Cs currently undertaking an initial analysis of the information provided. Meeting to be held in July to scope the project and agree timescales.

# RHONDDA CYNON TAF CHILDREN'S SERVICES

## CHILDREN LOOKED AFTER QUALITY ASSURANCE PANEL (CLAQAP) WORK PLAN 2018-19

Develop an accommodation strategy for care leavers which is co-produced with young people. Consider the framework set out in the Barnardo's accommodation strategy.	20/3/18	October 2018	Catherine Tyler/ Tracy Prosser	Initial workshop held 4/5/2018 with housing to develop a Housing/ Accommodation Strategy for young people 16+ years. Draft strategy ready for wider consultation to be completed by July 2018.
Undertake an evaluation of the use of a forecasting model to project the future CLA population. (Need to consider accuracy/reliability etc)	April 2018	June 2018	Lee Owen	Decision to focus on developing our own trend data, rather than importing a forecasting model.
Use information to inform future commissioning strategy and developments in service delivery (e.g. foster carer recruitment etc).		Ongoing	Ann Batley	

Page 12

### OBJECTIVE 4 - ENGAGEMENT WITH CHILDREN LOOKED AFTER AND PARTNERS AGENCIES TO ENSURE CO-PRODUCTION AND THAT THE VOICE OF CHILDREN AND YOUNG PEOPLE IS HEARD.

ACTION	START DATE	END DATE	OWNER	PROGRESS
Analyse information gathered in respect of children and young people's voice, choice and control. Utilise audits, surveys, complaints/compliments collated etc. Ensure information is incorporated into the Children's Services QA Framework under development and informs future service development.	22/1/18	October 2018	Catherine Tyler	Initial meeting held with Jayne Thomas - Compliments and Complaints Further consideration to be given to the: <ul style="list-style-type: none"> <li>Bright Spots Survey feedback report presented 30<sup>th</sup> April 2018.</li> <li>IPC research report analysing outcomes for children with a Care Order feedback due 22/5/18.</li> <li>Information captured in the Annual Social Service survey.</li> </ul>

# RHONDDA CYNON TAF CHILDREN'S SERVICES

## CHILDREN LOOKED AFTER QUALITY ASSURANCE PANEL (CLAQAP) WORK PLAN 2018-19

				<ul style="list-style-type: none"> <li>Data provided by NYAS Advocacy Provider</li> <li>Blue Print Forum</li> <li>Fostering Service Annual Review</li> </ul>
Review the current methods of communication used to engage with CLA and care leavers (including RCT's Two Sides website). Identify barriers to engagement and ways forward.	October 2018	January 2019	Catherine Tyler	

### OBJECTIVE 5 - TO MONITOR AND DRIVE SERVICE CHANGE AND IMPROVEMENT.

ACTION	START DATE	END DATE	OWNER	PROGRESS
<p><b>Care Leavers (16+)</b></p> <ul style="list-style-type: none"> <li>Develop a range of accommodation and placement options for care leavers aged 16-25 that supports a transitional move into full independence.</li> <li>Develop a strategy to support a range of employment opportunities for care leavers.</li> </ul>	20/3/18	October 2018	Catherine Tyler/ Tracy Prosser	<p>Initial workshop held 4/5/2018 with housing to develop a Housing/ Accommodation Strategy for young people 16+ years. Draft strategy for wider consultation to be completed by end of July 2018.</p> <p>Meeting scheduled for the 23<sup>rd</sup> May with partners.</p>
<p><b>Independence for Care Leavers (16+)</b></p> <ul style="list-style-type: none"> <li>Undertake a review of the independent living programme, link to the Housing/ Accommodation Strategy.</li> <li>Develop a comprehensive support package for care leavers: inc; production of a handbook, development of independent living skills, tenancy readiness etc</li> <li>Develop a targeted family support programme to support young</li> </ul>	April 18	October 2018	Tracy Prosser	To link to work being undertaken with Voices From Care re support for Care Leavers.

# RHONDDA CYNON TAF CHILDREN'S SERVICES

## CHILDREN LOOKED AFTER QUALITY ASSURANCE PANEL (CLAQAP) WORK PLAN 2018-19

<p>people intending to return home when they reach 16-18 years. (Link to residential provision).</p> <ul style="list-style-type: none"> <li>Transition into adult services</li> </ul>	2018			
<p><b>Placement Referral and Matching</b> Review placement referral and matching process with the aim of improve the quality of placements. Record placement activity in phase 2 WCCIS implementation</p>	May 2018	Sept 2018	Anne-Marie Browning	<p>Initial steps have been completed following the transition review undertaken by IPC- in particular the creation of a single transition panel.</p> <p>Senior Practitioner Placements to support the review of the placement referral and matching process.</p> <p>New appointment commenced in post 8/5/2018.</p>
<p><b>Residential</b> Explore models of service delivery in residential provision. Explore the demand/viability of developing/ commissioning mother and baby assessment placements. Develop a process to access mother and baby placements.</p>	July 2018	To be agreed	Sheryn Edwards/ Anne-Marie Browning	<p>Link to the 4Cs in relation to the Placement Strategy. Link with Welsh Government - Improving Outcomes for Children Looked After.</p>
<p><b>Fostering</b></p> <ul style="list-style-type: none"> <li>Enhance the therapeutic skills of foster carers.</li> <li>Enhance the knowledge of foster carers in relation to attachment theory. Important given the increasing number of children coming into care aged 0-3 years</li> <li>Develop a peer-peer buddying foster care support model</li> <li>Develop a support care fostering model</li> </ul>	Sept 2017 Ongoing two year programme.		Sheryn Edwards/ Anne-Marie Browning	<p>Linked to the work being undertaken as part of the Regional Fostering and Wellbeing Project. (RCT/ Merthyr and the Fostering Network) A Regional Development Manager is being recruited. A work programme has been developed.</p>
<p><b>Family Therapists &amp; Clinical Psychologists</b> (Edge of Care funding) Incorporate into a therapeutic framework, monitor implementation and agree performance measures</p>	April 2018	Dec 2018	Matthew Free	<p>Being implemented with further elements of the plan being developed. Recruitment underway and due to be finalised in</p>

# RHONDDA CYNON TAF CHILDREN'S SERVICES

## CHILDREN LOOKED AFTER QUALITY ASSURANCE PANEL (CLAQAP) WORK PLAN 2018-19

				October 2018. To link to the work being undertaken as part of the Regional Fostering and Wellbeing Project.
<b>Reflect Programme</b> Monitor the development and implementation of the regional Reflect Project - agree performance measures that include but are not limited to: <ul style="list-style-type: none"> <li>• A reduction in the number of families who experience multiple children becoming looked after.</li> <li>• A reduction in the no/% of CLA and Care Leavers in Court proceedings.</li> </ul>	21.3.18	July 2018	Tracy Prosser	Operational from the 1/4/2018, operational group established. Pathways to access support agreed. Strategic group which includes representatives from Bridgend and Merthyr monitoring programme implementation.
<b>SGO Project</b> Monitor the implementation of the SGO Project. Key measure: increase in the number of SGOs progressed on an annual basis (Project target 30)	Jan 2018	March 2019	Sheryn Edwards/ Catherine Tyler	Both practitioners are now in post. Project implementation plan is underway, Ongoing monitoring against the agreed performance indicators.
<b>Life Story Work</b> Monitor the implementation of Life Story Work across the looked after population.	June 2018	March 2019	Matthew Free	Implementation group to be established. Review the current use of Life Story work with the looked after population. Implementation Plan to be developed. Monitor implementation.



**Management Information Report**

**01/04/17-30/04/18**

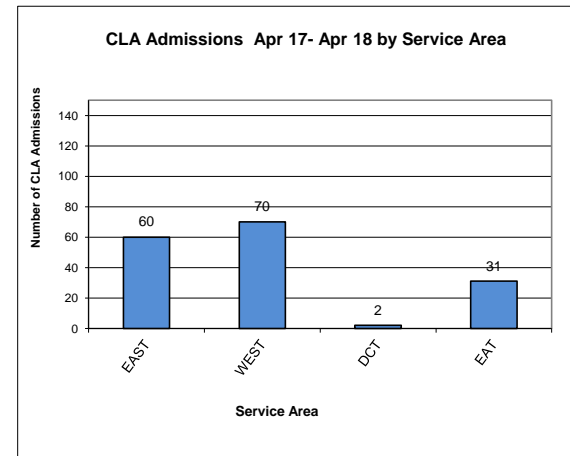
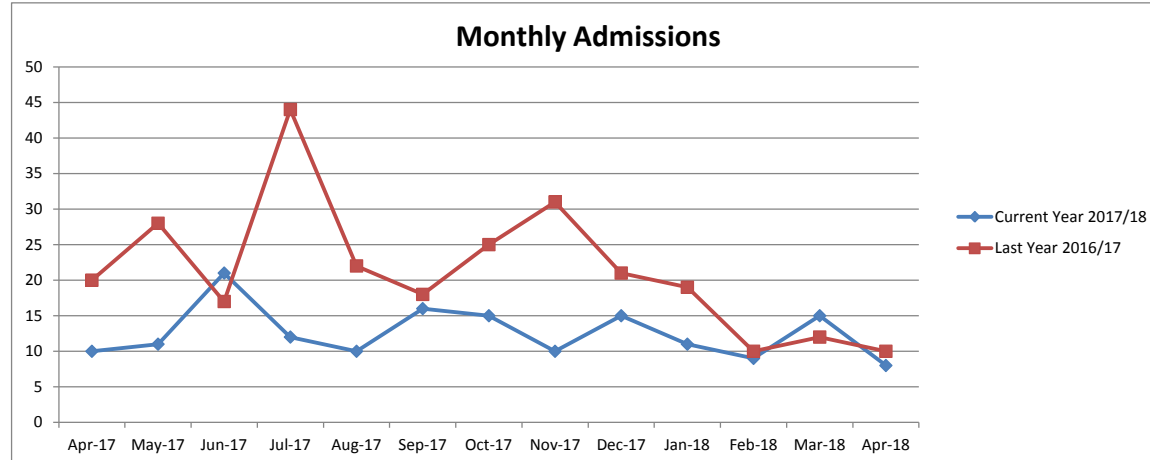
**Children Looked After  
Quality Assurance Panel**

**ADMISSION TO CARE**

**Monthly CLA by Service Areas Apr 17- Apr 18**

Monthly CLA Admissions	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	Total
Current Year 2017/18	10	11	21	12	10	16	15	10	15	11	9	15	8	163
Last Year 2016/17	20	28	17	44	22	18	25	31	21	19	10	12	10	277

CLA Admissions Apr 17 - Apr 18	Total	% of Admissions
EAST	60	37%
WEST	70	43%
DCT	2	1%
EAT	31	19%
Total	163	100%



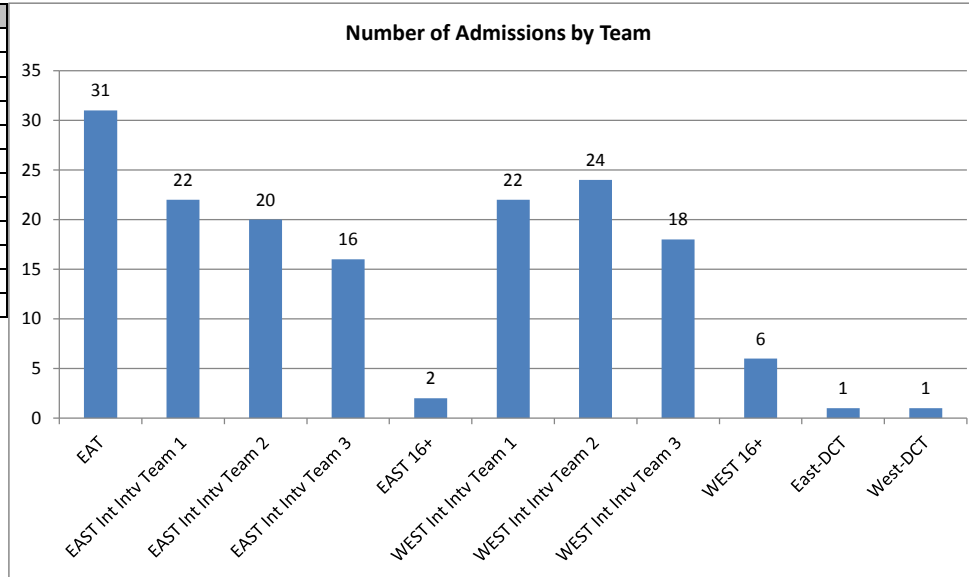
The number of CLA admissions during the period Apr 17 to Mar 18 has decreased when compared to the same period of 2016/17, from 267 in 16/17 to 155 in 17/18, a 42% decrease in admissions.

During the current year, numbers of admissions have fluctuated with our lowest figure being 8 in April 18 and the highest of 21 in June. In comparison to the previous year, most months ranged from at least 20 admissions with the highest of 44 being recorded for July 16.

The West service area had more admissions between Apr17-Apr18 with 43% of overall admissions .

**Children Becoming Looked After Apr 17-Apr 18 17 by Team**

Team	Number of Admissions	% of Admissions
EAT	31	19%
EAST Int Intv Team 1	22	13%
EAST Int Intv Team 2	20	12%
EAST Int Intv Team 3	16	10%
EAST 16+	2	1%
WEST Int Intv Team 1	22	13%
WEST Int Intv Team 2	24	15%
WEST Int Intv Team 3	18	11%
WEST 16+	6	4%
East-DCT	1	1%
West-DCT	1	1%
Total	163	100%



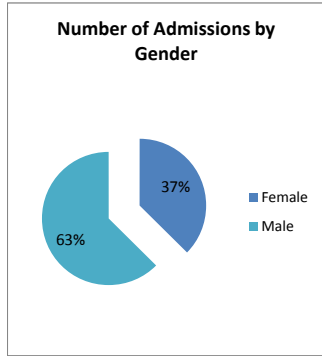
The highest number of admissions were taken by West 2 with 24 children taken into care (15%). East 1 & West 1 had 22 admissions each in the period with other Intensive Intervention teams having between 16 to 20.

The 16+ teams had 8 admissions and DCT teams had 2 over the period.

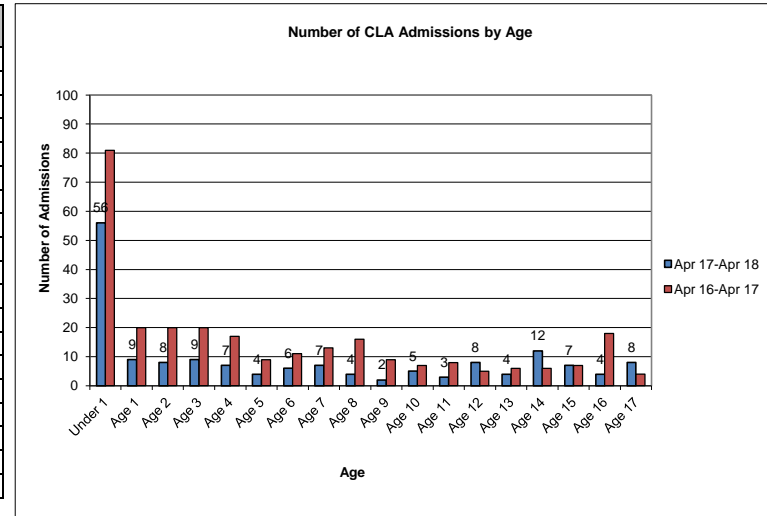
Enquiry and Assessment have had 31 children admitted into care over the last year (19%). 6 of these children were subject to PPO's.

**Children Becoming Looked After Apr 17 - Apr 18 by Age & Gender**

Gender	Number of Admissions
Female	61
Male	102
<b>Total</b>	<b>163</b>



Age at Point of BLA	Apr 17-Apr 18	% of Admissions	Apr 16-Apr 17	% of Admissions
Under 1	56	34%	81	29%
Age 1	9	6%	20	7%
Age 2	8	5%	20	7%
Age 3	9	6%	20	7%
Age 4	7	4%	17	6%
Age 5	4	2%	9	3%
Age 6	6	4%	11	4%
Age 7	7	4%	13	5%
Age 8	4	2%	16	6%
Age 9	2	1%	9	3%
Age 10	5	3%	7	3%
Age 11	3	2%	8	3%
Age 12	8	5%	5	2%
Age 13	4	2%	6	2%
Age 14	12	7%	6	2%
Age 15	7	4%	7	3%
Age 16	4	2%	18	6%
Age 17	8	5%	4	1%
<b>Total</b>	<b>163</b>	<b>100%</b>	<b>277</b>	<b>100%</b>

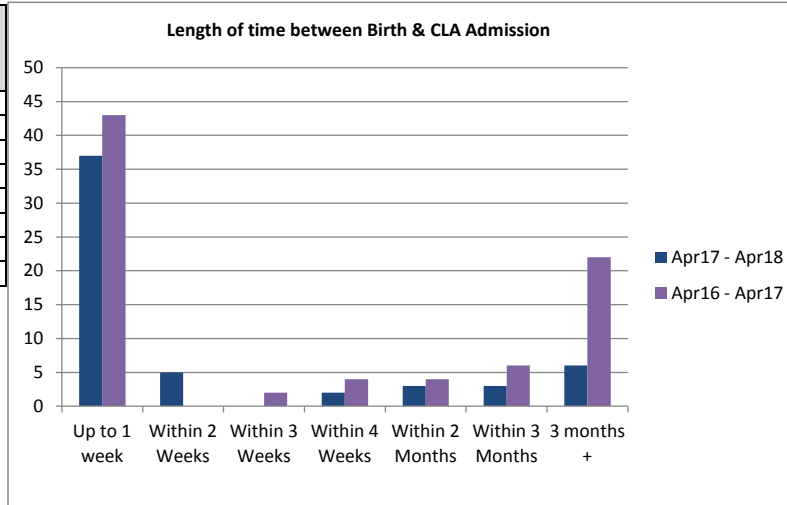


34% of admissions are children aged under 1 year old. Trends show that this age group continues to have the highest number of admissions. Compared to the previous year, the under 1 age group figure has dropped but the percentage is higher relative to the overall admission figure. The rate of decrease in overall admissions has been faster than the under 1 admissions. The number of children aged 1-4 has dropped compared to last years figures, from 77 children (28%) to 33 children (20%).

**Length of time between Birth & CLA admission**

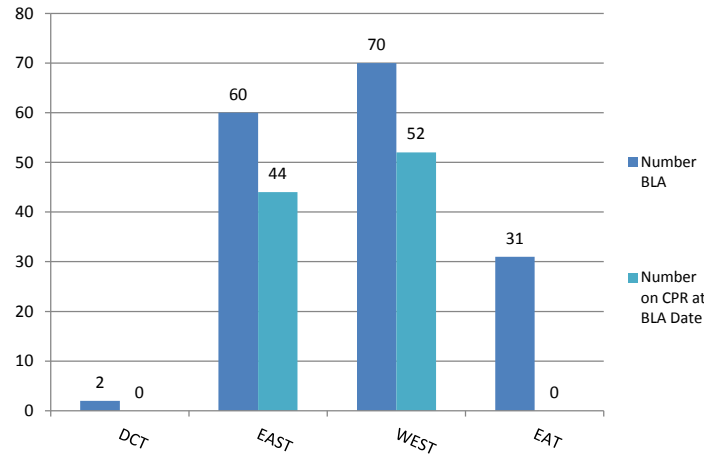
Length of Time between birth & CLA Admission for those children aged under 1 at the point of BLA	Apr17 - Apr18	Apr16 - Apr17
Up to 1 week	37	43
Within 2 Weeks	5	0
Within 3 Weeks	0	2
Within 4 Weeks	2	4
Within 2 Months	3	4
Within 3 Months	3	6
3 months +	6	22
<b>Total</b>	<b>56</b>	<b>81</b>

There has been a drop in the overall number of admissions for children aged under 1 years old. Comparisons to the same period last year show the highest number are brought into care within the first week after birth. The second highest age group are those babies aged 3 months + although there has been a noticeable drop in numbers when compared to 2016/17.



**Cases on CPR at Time of Admission**

Service Area	Number BLA	Number on CPR at BLA Date	Admissions where child was on CPR
DCT	2	0	0%
EAST	60	44	73%
WEST	70	52	74%
EAT	31	0	0%
<b>Total</b>	<b>163</b>	<b>96</b>	<b>59%</b>



Age at Point of BLA	Number of Admissions	Number on CPR at BLA	% CPR at BLA
Under 1	56	46	82%
Age 1	9	5	56%
Age 2	8	4	50%
Age 3	9	5	56%
Age 4	7	6	86%
Age 5	4	4	100%
Age 6	6	5	83%
Age 7	7	5	71%
Age 8	4	1	25%
Age 9	2	0	0%
Age 10	5	2	40%
Age 11	3	1	33%
Age 12	8	4	50%
Age 13	4	1	25%
Age 14	12	6	50%
Age 15	7	0	0%
Age 16	4	0	0%
Age 17	8	1	13%
<b>Total</b>	<b>163</b>	<b>96</b>	<b>59%</b>

Out of the 163 CLA admissions over the last year; 96 (59%) children were on the CPR at the point of coming into care.

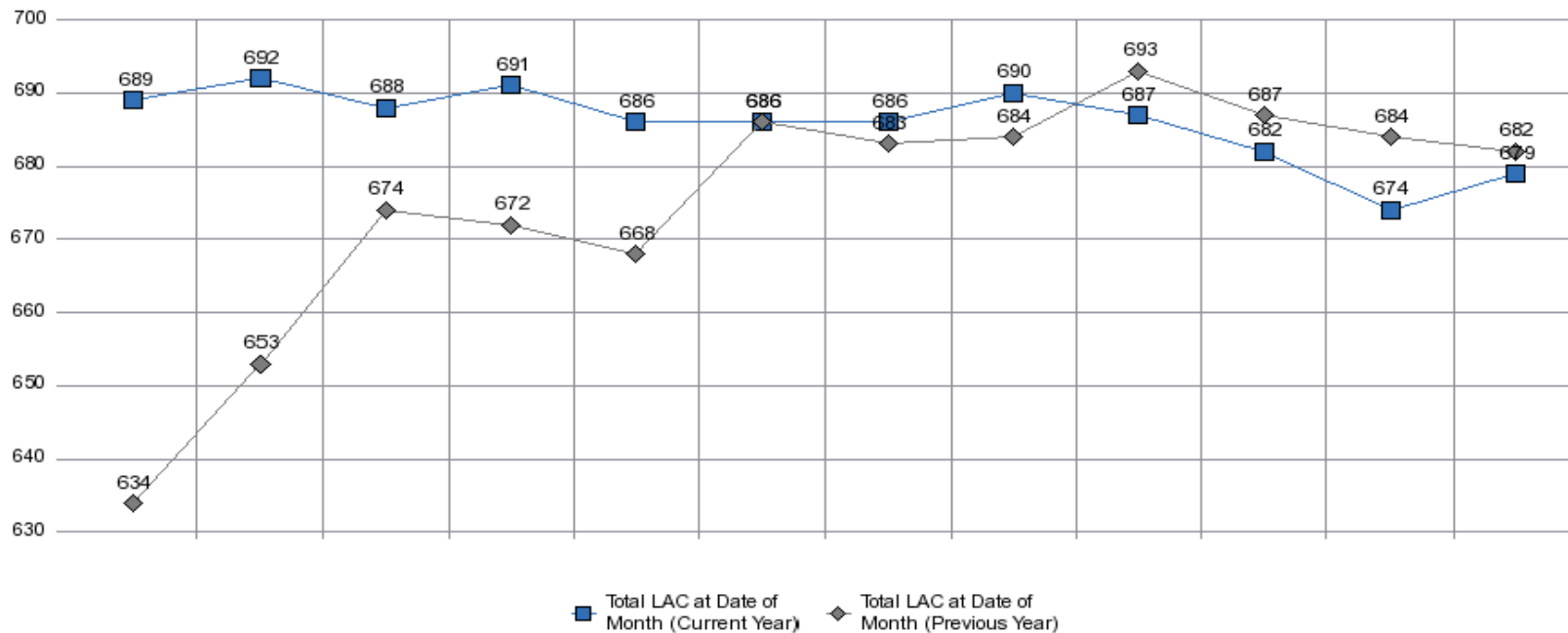
The highest number on the CPR are the under 1 age group. 46 out of the 56 children under the age of 1 were on the CPR (82%). The remaining 10 babies that were not on the CPR; 2 were relinquished babies, 6 were going through the CP Process at time of admission, 1 became known to us on the day they came into care and 1 was on the Temp CPR.

4 out of 10 Children aged 1 were not on the CPR at time of admission. They were only referred to us the date of their admissions.

1 out of the 12 children aged 16+ were on the CPR at BLA date (13%). 4 out of the 11 not registered were unaccompanied asylum seeking Children. The remaining 7 were made subject to Section 76 or placed on Remand.

**Monthly CLA numbers over the last 12 months, compared with CLA numbers at the same period last year**

LAC	10/Jun	10/Jul	10/Aug	10/Sep	10/Oct	10/Nov	10/Dec	10/Jan	10/Feb	10/Mar	10/Apr	10/May
Current Year:	689	692	688	691	686	686	686	690	687	682	674	679
Last Year:	634	653	674	672	668	686	683	684	693	687	684	682
Var:	55	39	14	19	18	0	3	6	-6	-5	-10	-3



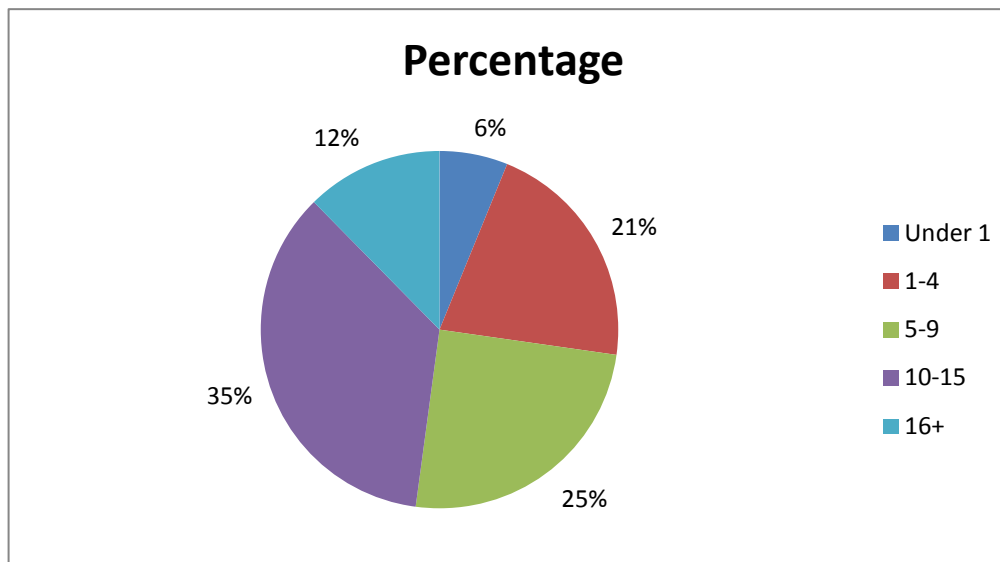
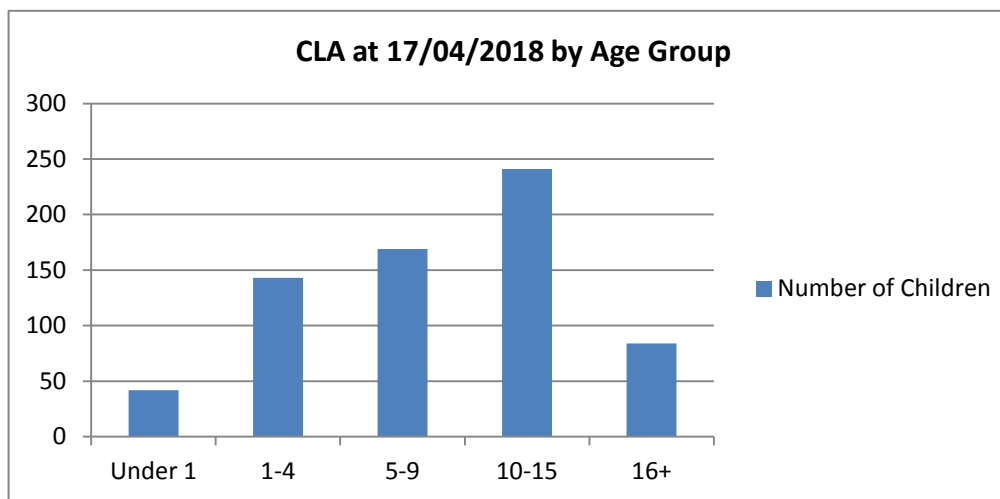
The CLA number has dropped since March 2018 highlighting that we are below the CLA figure reported at the same point last year.

After the increase in numbers from 625 in April 2016 to our highest reported 698 in June 2017 the numbers have been fluctuating between 680 and 693 throughout 2017/18. The past two months has seen us drop below 680 and remain there.

### CLA Total Population by Age Group

	Number of Children	Percentage
Under 1	42	6%
1-4	143	21%
5-9	169	25%
10-15	241	35%
16+	84	12%
<b>Total</b>	<b>679</b>	

Based on current CLA numbers the highest age group is 10-15 with 241 children in care followed by the 0-4 age group where 185 children are currently accommodated.



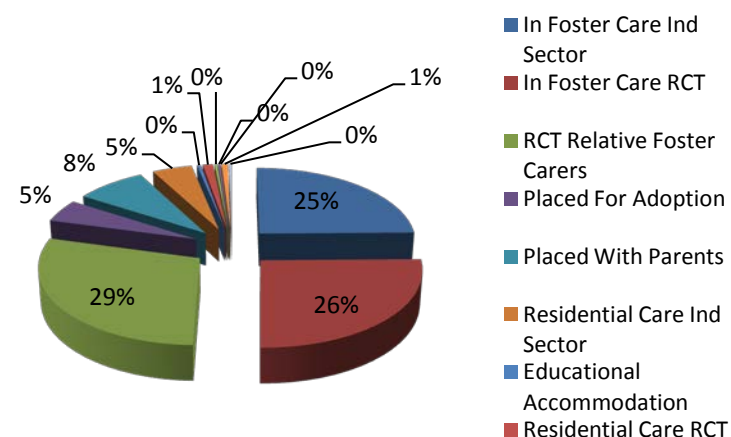


## PLACEMENT ACTIVITY

### CLA @ 10/05/2018 by Placement Type

Placement Type	10/05/18		10/05/17	
In Foster Care Ind Sector	168	25%	182	27%
In Foster Care RCT	173	25%	187	27%
RCT Relative Foster Carers	196	29%	176	26%
Placed For Adoption	33	5%	23	3%
Placed With Parents	55	8%	57	8%
Residential Care Ind Sector	31	5%	31	5%
Educational Accommodation	3	0.4%	1	0.1%
Residential Care RCT	8	1%	8	1%
Independent Living	2	0.3%	4	0.6%
Supported Lodgings	2	0.3%	8	1%
Bed & Breakfast	0	0.0%	0	0.0%
Mother & Baby	5	0.7%	3	0.4%
Secure	2	0.3%	2	0.3%
Medical	1	0.2%	0	
<b>Total</b>	<b>679</b>		<b>682</b>	

### LAC as at 10/05/2018 by Placement Type



### Team Summary

Team Responsible	10/05/18	10/05/17
Intensive Intervention East 1	90	83
Intensive Intervention East 2	116	118
Intensive Intervention East 3	49	62
Intensive Intervention West 1	95	87
Intensive Intervention West 2	95	99
Intensive Intervention West 3	110	110
16+ East Team	33	34
16+ West Team	40	37
East-Disabled Children	19	20
West-Disabled Children	31	30
Enquiry & Assessment Team	1	2

Based on current CLA numbers, we have the most children placed with Relative Carers (29%). This figure includes approved and non approved kinship carers. The number has increased when compared to the same time last year where we had 175 (26%).

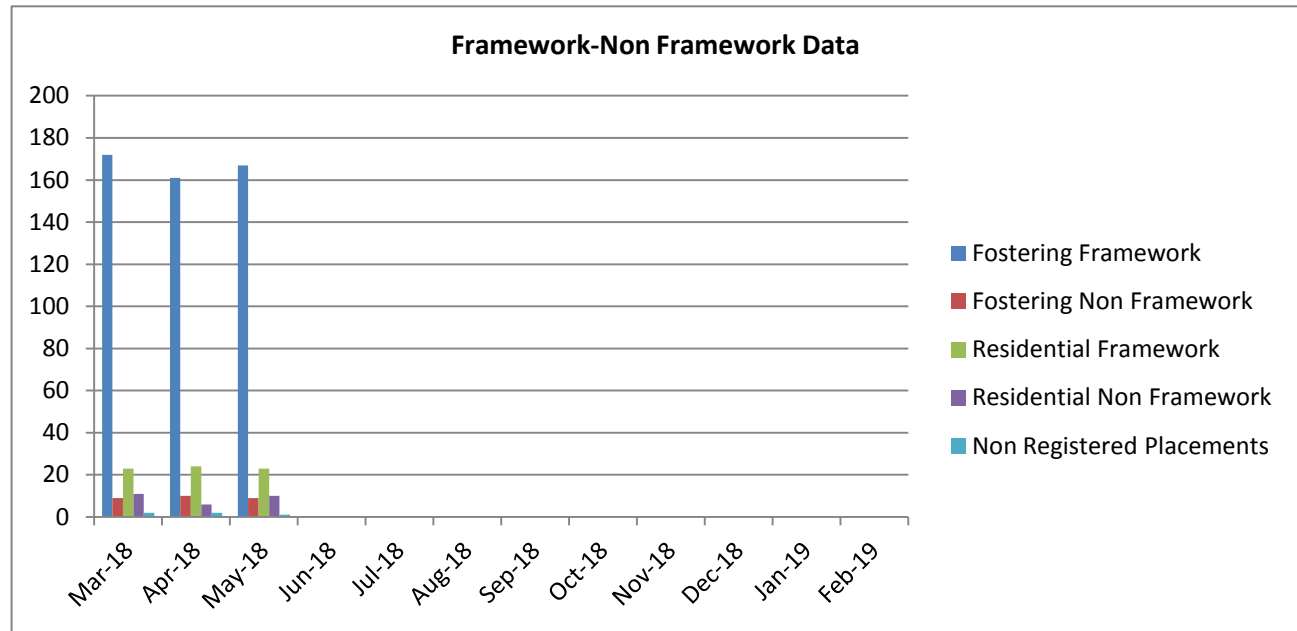
In House Foster Care numbers are higher than Independent Sector Foster Care but figures have dropped in both categories when compared to last years figures. Mother and Baby placements have increased along with the number of children in Adoption placements.

### Framework-Non Framework Data

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
<b>Fostering Framework</b>	172	161	167									
<b>Fostering Non Framework</b>	9	10	9									
<b>Residential Framework</b>	23	24	23									
<b>Residential Non Framework</b>	11	6	10									
<b>Non Registered Placements</b>	2	2	1									

**Summary 10/05/2018**

<b>Total Framework</b>	188
<b>Total Non Framework</b>	22
<b>Total Not Registered</b>	1
	211



The residential non framework placements include 4 education placements and 1 Local Authority placement

### Weekly Cost of CLA Placements (Annual Variance - year to date)

	1	2	3	4	5	6	7			
Type of Placement	Weekly Budget (18/19)	Weekly Commitment (April 18)	Variance	Full Year Variance	No's @ Mar 18	No's @ April 18	Variance Increase / (Decrease)	RAG	Average Weekly Cost	Comment
Residential Care RCT	£22,115	£22,115	£0	£0	9	8	(1)	▼	£2,764	Excludes mgt & overhead costs
In Foster Care RCT	£74,630	£67,207	(£7,423)	(£387,038)	186   197	180   195	(6)   (2)	▼	£373	Excludes mgt & overhead costs
RCT Relative Foster Carers	£36,828	£32,714	(£4,114)	(£214,526)	177	188	11	▲	£174	Excludes mgt & overhead costs
Residential Care Ind Sector	£110,885	£129,177	£18,292	£953,797	37	40	3	▲	£3,229	
In Foster Care Ind Sector	£144,588	£127,141	(£17,447)	(£909,736)	180	177	(3)	▼	£718	
Special Guardianship Orders	£30,554	£28,228	(£2,326)	(£121,268)	271	272	1	▲	£104	Excludes mgt & overhead costs
Child Arrangement Orders	£919	£257	(£662)	(£34,510)	8	6	(2)	▼		
Supported Lodgings	£977	£1,780	£803	£41,871	9	11	2	▲	£162	Excludes mgt & overhead costs
When I'm Ready	£6,344	£4,742	(£1,602)	(£83,539)	17	18	1	▲		
Adoption Allowances	£4,568	£3,843	(£725)	(£37,788)	25	22	(3)	▼	£175	36 Children & Excl mgt & overhead costs
	<b>£432,408</b>	<b>£417,205</b>	<b>(£15,203)</b>	<b>(£792,737)</b>	894	898	4	▲		

### Weekly Cost of CLA Placements (Period Variance)

Type of Placement	Weekly Commitment (At 31/03/18)	Weekly Commitment (At 30/04/18)	Variance	Full Year Variance	No's @ Mar 18 (31/03/18)	No's @ April 18 (30/04/18)	Variance Increase / (Decrease)	RAG	Average Weekly Cost	Comment
Residential Care RCT	£28,312	£22,115	(£6,197)	(£323,129)	9	8	(1)	▼	£2,764	Excludes mgt & overhead costs
In Foster Care RCT	£66,965	£67,207	£242	£12,620	186   197	180   195	(6)   (2)	▼	£373	Excludes mgt & overhead costs
RCT Relative Foster Carers	£30,023	£32,714	£2,691	£140,324	177	188	11	▲	£174	Excludes mgt & overhead costs
Residential Care Ind Sector	£116,779	£129,177	£12,398	£646,467	37	40	3	▲	£3,229	
In Foster Care Ind Sector	£129,500	£127,141	(£2,359)	(£123,005)	180	177	(3)	▼	£718	
Special Guardianship Orders	£28,229	£28,228	(£1)	(£42)	271	272	1	▲	£104	Excludes mgt & overhead costs
Child Arrangement Orders	£437	£257	(£179)	(£9,351)	8	6	(2)	▼	£43	
Supported Lodgings	£1,500	£1,780	£280	£14,600	9	11	2	▲	£162	Excludes mgt & overhead costs
When I'm Ready	£4,543	£4,742	£199	£10,376	17	18	1	▲	£263	Excludes mgt & overhead costs
Adoption Allowances	£4,203	£3,843	(£360)	(£18,758)	25	22	(3)	▼	£175	33 Children & Excl mgt & overhead costs
	<b>£410,491</b>	<b>£417,205</b>	<b>£6,714</b>	<b>£350,102</b>	894	898	4	▲		

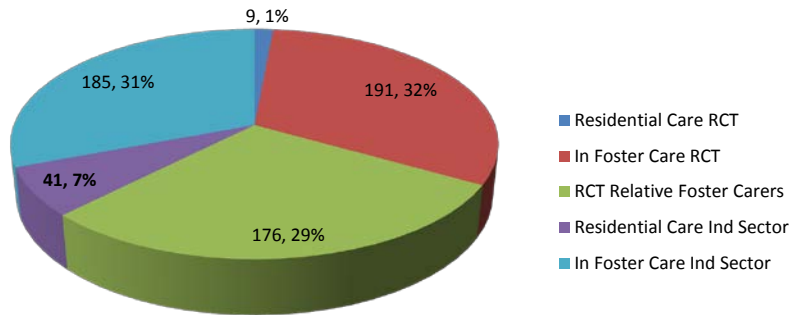
In the last month, costs has increased by £12,911 per week (once adjusted to take account of Treherbert closing).

The two tables above give a breakdown of the CLA placement expenditure and numbers broken down into type of placement. The top table shows the 18/19 weekly budget (column marked 1) for each of the placement types and the actual weekly commitment in April 18 (column marked 2). The April 18 weekly amount is only a snapshot so you can gauge where you currently are at that point in time. From this you can compare how much is being spent compared to the budget available (column marked 3). It also shows what that weekly amount would be if it stayed static for a full year and how that would vary from the budget (column marked 4). In the example above, there would be a full year underspend of £793K. This is only a snapshot though as numbers vary greatly throughout the year and do not include any growth. The table also gives you the number of placements relating to that expenditure. At March 18 we were making a financial commitment to 894 placements (column marked 5), at April 18 this had increased to 898 placements (column marked 6), an increase of 4 placements (£6,714) per week. The bottom table follows the same principle as the top table but instead of comparing the current weekly cost / numbers to the weekly budget / numbers at April 18, it compares it to the last time this information was produced (March 18). This enables senior management to see how the numbers / costs have changed over the past month and flags up any budgetary concerns.

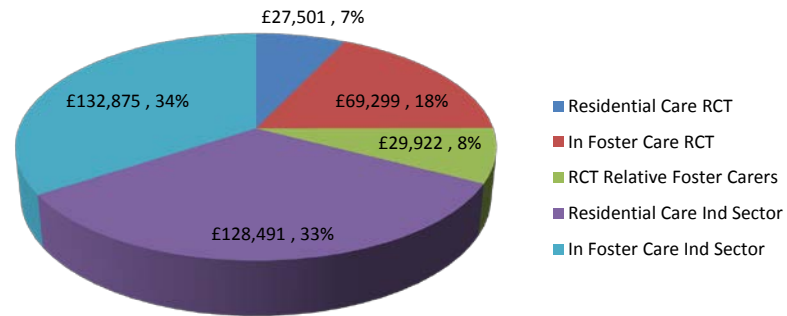
**Weekly Cost of CLA Placements (Annual Variance - year to date)**

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Avg
<b>Residential Care RCT</b>	8		8	10		10	9	8		8	9	9	9	8	<b>9</b>
<b>In Foster Care RCT</b>	204		196	192		187	191	190		191	199	189	186	180	<b>191</b>
<b>RCT Relative Foster Carers</b>	167		168	178		183	177	176		173	172	174	177	188	<b>176</b>
<b>Residential Care Ind Sector</b>	39		40	43		47	44	45		40	39	36	37	40	<b>41</b>
<b>In Foster Care Ind Sector</b>	189		191	185		183	189	187		183	185	191	180	177	<b>185</b>
<b>Total</b>	<b>607</b>		<b>603</b>	<b>608</b>		<b>610</b>	<b>610</b>	<b>606</b>		<b>595</b>	<b>604</b>	<b>599</b>	<b>589</b>	<b>593</b>	<b>602</b>
<b>Residential Care RCT (cost pw)</b>	£ 28,642		£ 31,836	£ 27,130		£ 27,130	£ 27,130	£ 27,112		£ 27,112	£ 27,997	£ 27,997	£ 28,312	£ 22,115	<b>£ 27,501</b>
<b>In Foster Care RCT (cost pw)</b>	£ 71,770		£ 70,264	£ 69,900		£ 68,440	£ 69,500	£ 69,089		£ 69,108	£ 71,675	£ 68,371	£ 66,965	£ 67,207	<b>£ 69,299</b>
<b>RCT Relative Foster Carers (cost pw)</b>	£ 27,781		£ 28,574	£ 30,359		£ 31,261	£ 30,164	£ 30,021		£ 29,403	£ 29,256	£ 29,591	£ 30,023	£ 32,714	<b>£ 29,922</b>
<b>Residential Care Ind Sector (cost pw)</b>	£ 116,520		£ 118,101	£ 126,720		£ 152,793	£ 139,811	£ 142,173		£ 132,056	£ 127,125	£ 112,146	£ 116,779	£ 129,177	<b>£ 128,491</b>
<b>In Foster Care Ind Sector (cost pw)</b>	£ 135,647		£ 135,958	£ 131,938		£ 130,153	£ 135,408	£ 134,117		£ 131,397	£ 132,767	£ 137,603	£ 129,500	£ 127,141	<b>£ 132,875</b>
<b>Total</b>	<b>£ 380,360</b>		<b>£ 384,733</b>	<b>£ 386,046</b>		<b>£ 409,777</b>	<b>£ 402,013</b>	<b>£ 402,512</b>		<b>£ 389,077</b>	<b>£ 388,821</b>	<b>£ 375,708</b>	<b>£ 371,579</b>	<b>£ 378,354</b>	<b>£ 388,089</b>

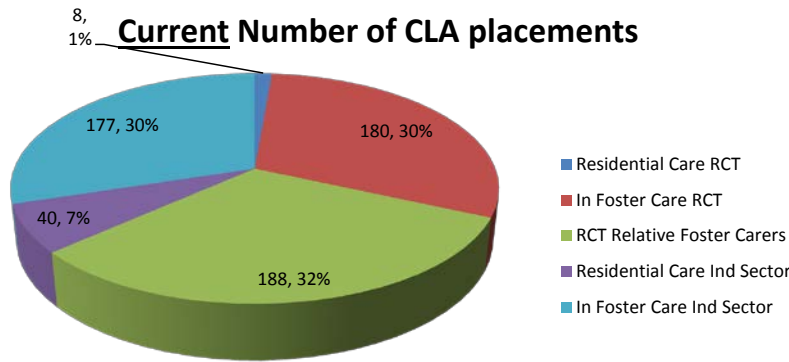
**Average Number of CLA placements**



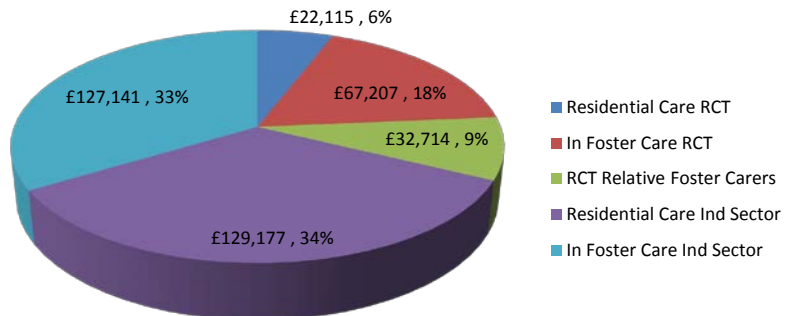
**Average Cost of CLA placements**



**Current Number of CLA placements**



**Current Cost of CLA placements**

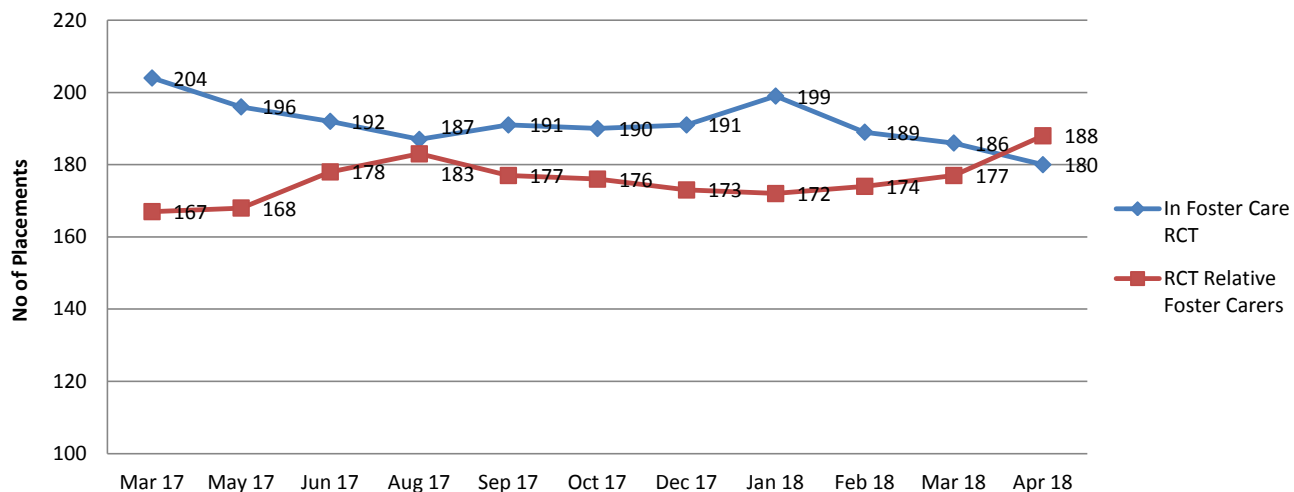


The four charts above show the average number and cost, current numbers and cost of the different types of CLA placements and their respective proportion of the overall CLA population and expenditure. From the charts you can see that there is a huge variation between the splits on the left (numbers) and the splits on the right (expenditure). For example our Independent Residential Care placements (purple segments) account for on average 7% of the numbers but represent 33% of the overall expenditure. In comparison our Relative Foster Carers (green segments) account for on average 29% of the numbers (currently 32%) but only 8% (currently 9%) of the overall expenditure.

### Weekly Cost of CLA Placements (Annual Variance - year to date)

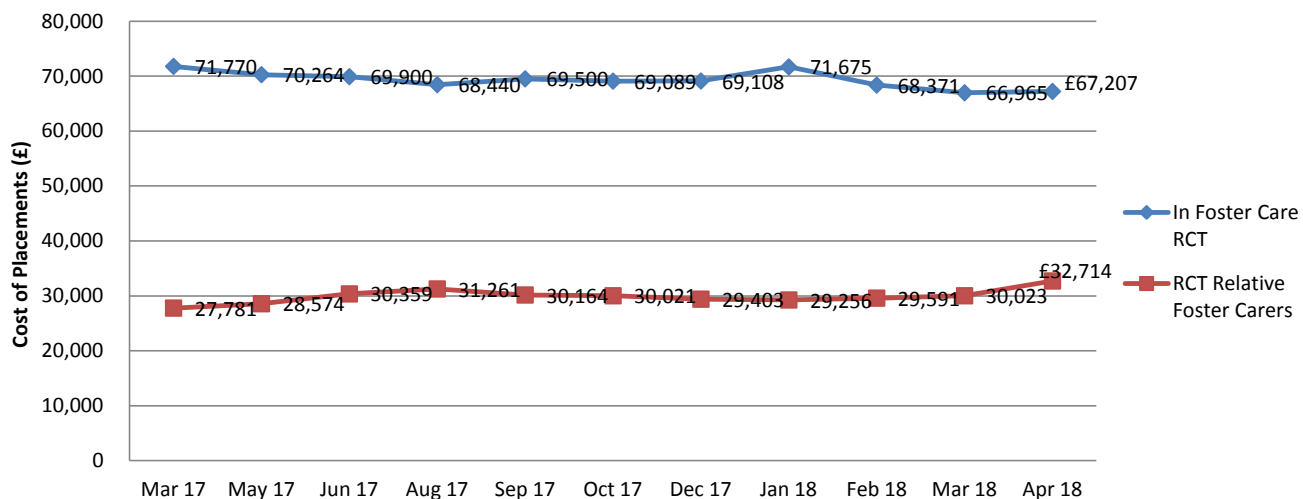
RCT Foster Carers	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Avg
<b>In Foster Care RCT</b>	204		196	192		187	191	190		191	199	189	186	180	<b>191</b>
<b>RCT Relative Foster Carers</b>	167		168	178		183	177	176		173	172	174	177	188	<b>176</b>
<b>In Foster Care RCT (cost pw)</b>	£ 71,770		£ 70,264	£ 69,900		£ 68,440	£ 69,500	£ 69,089		£ 69,108	£ 71,675	£ 68,371	£ 66,965	£ 67,207	<b>£ 69,299</b>
<b>RCT Relative Foster Carers (cost pw)</b>	£ 27,781		£ 28,574	£ 30,359		£ 31,261	£ 30,164	£ 30,021		£ 29,403	£ 29,256	£ 29,591	£ 30,023	£ 32,714	<b>£ 29,922</b>

#### In-House Fostering (Numbers)



The number of placements provided by RCT Foster Carers has fallen slightly in 18/19 but has tended to fluctuate between 180 and 200 on average. Relative Foster Carers have increased over previous years from 135 in April 2016 to 188 currently.

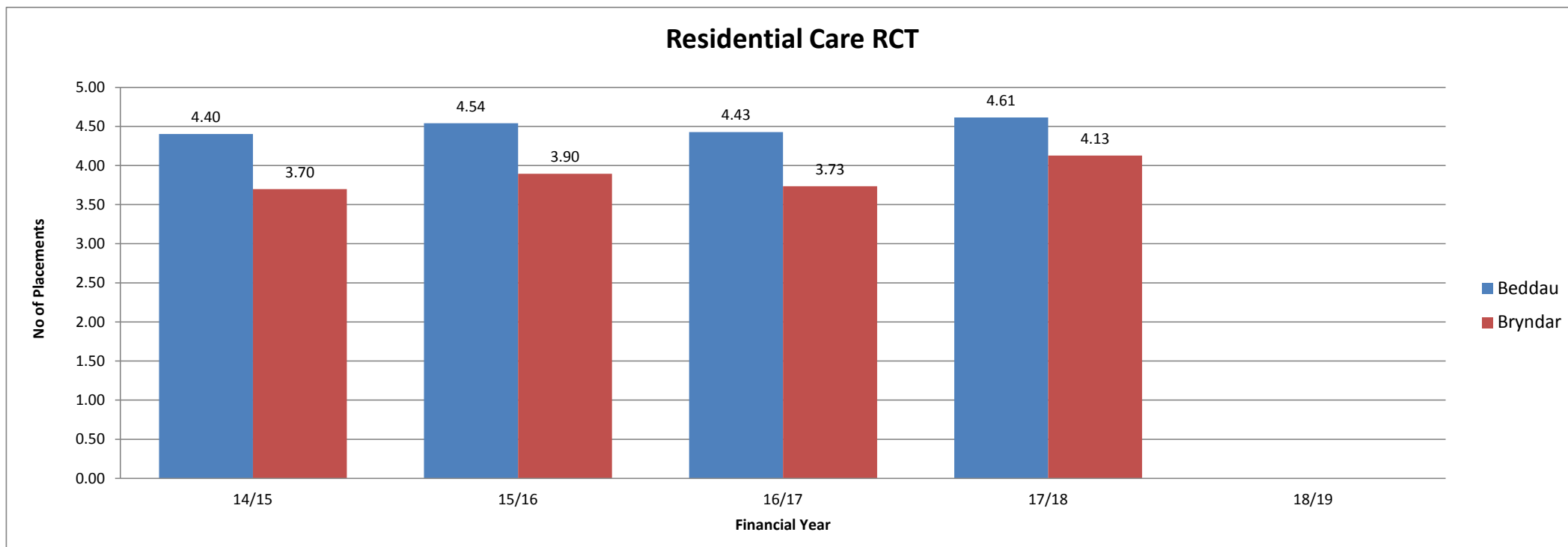
#### In-House Fostering (Costs)



As numbers are quite consistent, costs do not tend to increase or decrease dramatically. Our Relative carer numbers are higher than Mainstream foster carers but the overall cost as a group of carers is roughly 51% lower than the group of Mainstream carers. This is due to Relative carers receiving an allowance and Mainstream carers receiving an allowance and a Fee.

## In-house Residential Occupancy and Voids

In-house Residential Occupancy and Voids																				
	2014/2015				2015/2016				2016/2017				2017/2018				2018/2019			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Beddau</b>	3.98	4.28	5.00	4.36	4.79	5.00	4.57	3.80	4.03	4.32	4.54	4.82	5.00	5.00	4.46	4.00				
	80%	86%	100%	87%	96%	100%	91%	76%	81%	86%	91%	96%	100%	100%	89%	80%	0%	0%	0%	0%
<b>Bryndar</b>	4.77	2.93	4.28	2.80	2.46	3.24	4.88	5.00	4.67	3.66	2.97	3.63	3.43	4.64	3.49	4.96				
	95%	59%	86%	56%	49%	65%	98%	100%	93%	73%	59%	73%	69%	93%	70%	99%	0%	0%	0%	0%



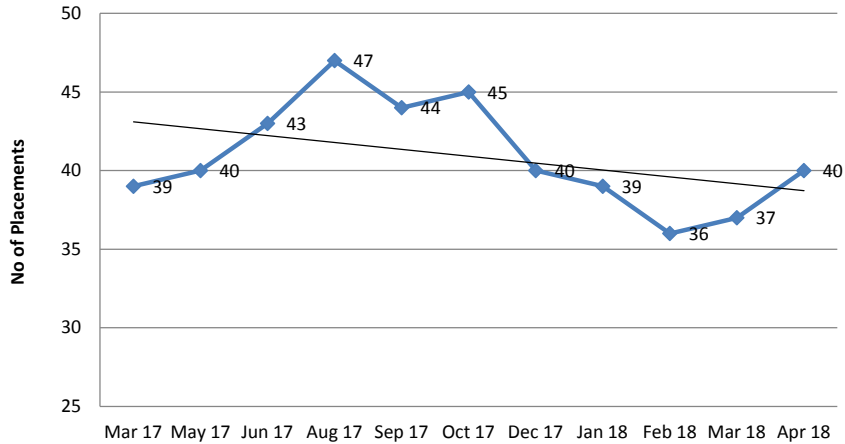
**There are currently 5 Young People in Bryndar and 3 Young People in Beddau (2 vacancies).**

Overall occupancy for 17/18 was 87% or on average 8.74 Young People in placement out of a possible 10 placements. This compares to 82% in 16/17, 84% in 15/16, 81% in 14/15 and 93% in 13/14.

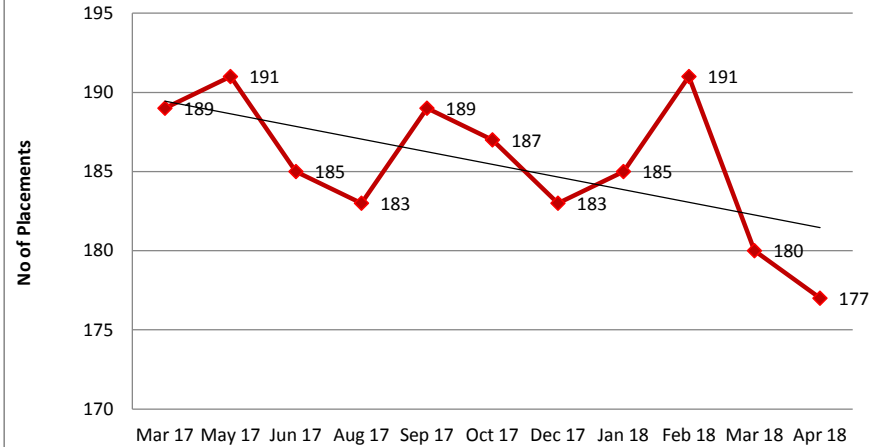
**Weekly Cost of CLA Placements (Annual Variance - year to date)**

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Avg
<b>Residential Care Ind Sector</b>	39		40	43		47	44	45		40	39	36	37	40	<b>41</b>
<b>In Foster Care Ind Sector</b>	189		191	185		183	189	187		183	185	191	180	177	<b>185</b>
<b>Residential Care Ind Sector (cost pw)</b>	£ 116,520		£ 118,101	£ 126,720		£ 152,793	£ 139,811	£ 142,173		£ 132,056	£ 127,125	£ 112,146	£ 116,779	£ 129,177	<b>£ 128,491</b>
<b>In Foster Care Ind Sector(cost pw)</b>	£ 135,647		£ 135,958	£ 131,938		£ 130,153	£ 135,408	£ 134,117		£ 131,397	£ 132,767	£ 137,603	£ 129,500	£ 127,141	<b>£ 132,875</b>

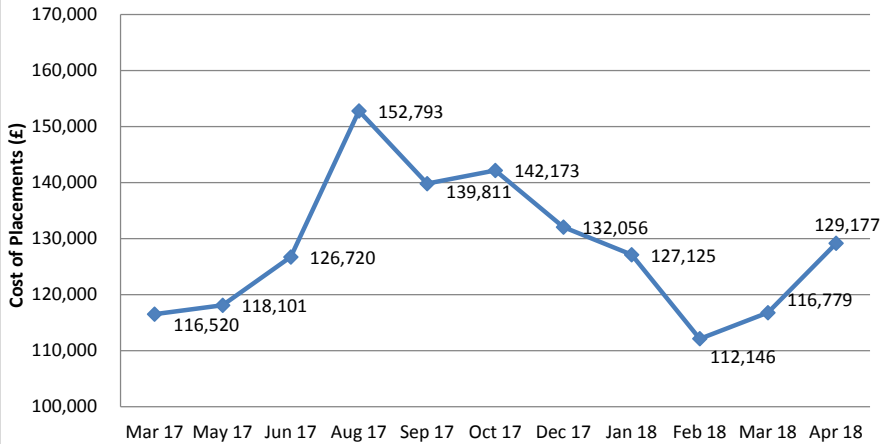
**Residential Care Ind Sector (Numbers)**



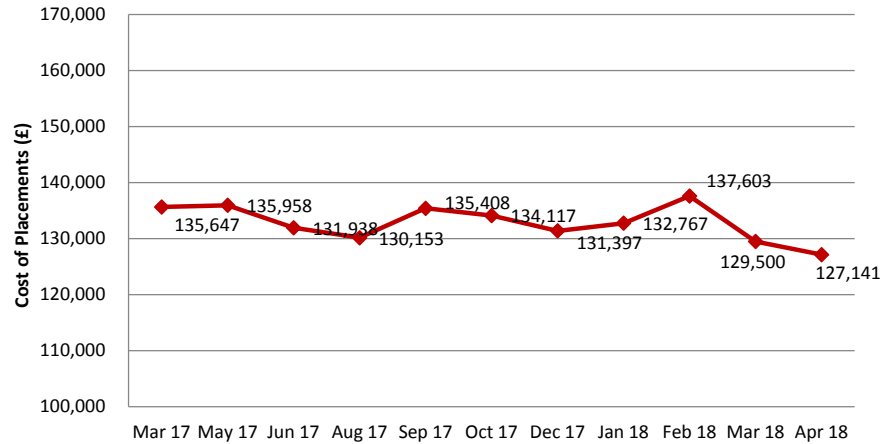
**In Foster Care Ind Sector (Numbers)**



**Residential Care Ind Sector (Cost)**



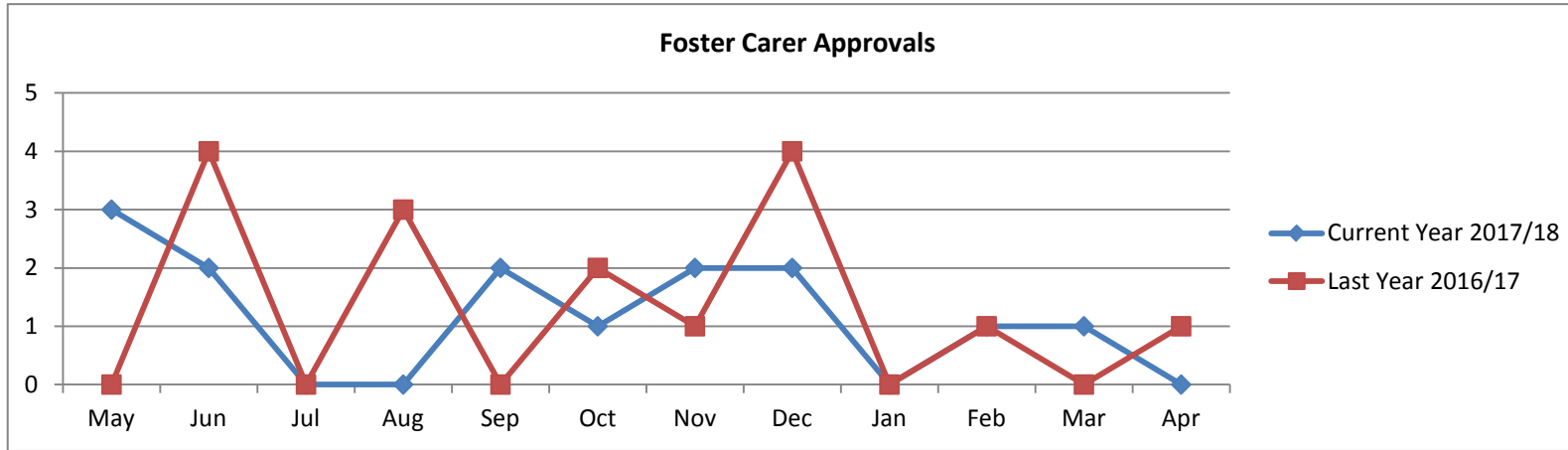
**In Foster Care Ind Sector (Costs)**



Due to the average cost of independent residential placements being over £3,000 per week, a relatively small movement in numbers can have a dramatic effect on the overall costs. In 17/18 numbers only fluctuated by 11 (High of 47, Low of 36) but this could have meant a difference of £1.35 Million in annual expenditure. In comparison independent foster care placements also fluctuated by 11 (High of 191, Low of 180) and this could have meant a difference of £0.42 Million in annual expenditure.

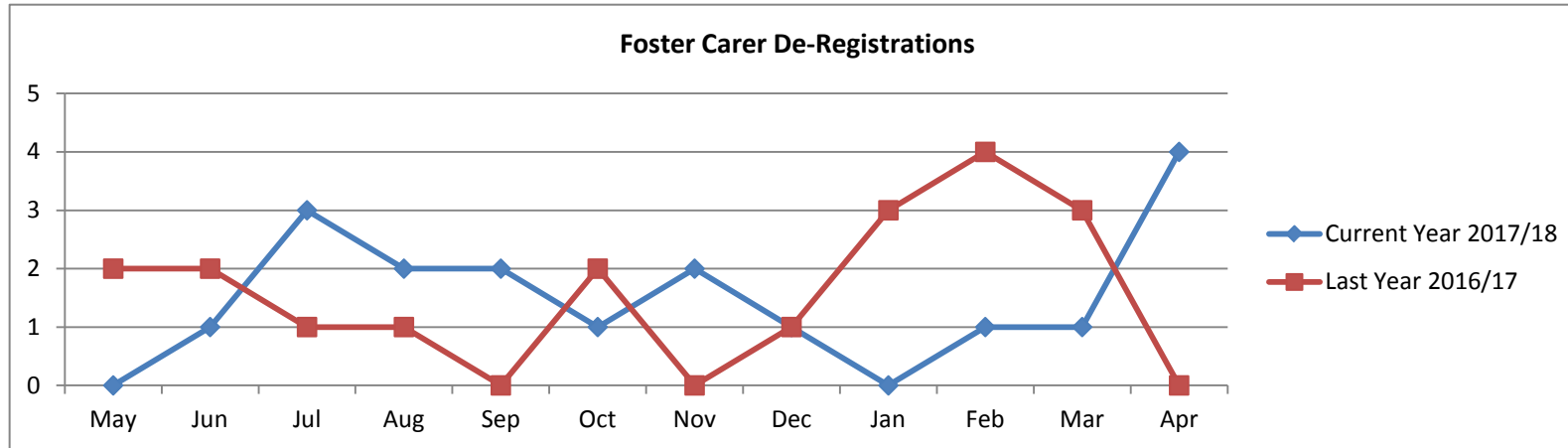
## OSP - Foster Carer Assessments

Foster Carer Approvals	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Total
<b>Current Year 2017/18</b>	3	2	0	0	2	1	2	2	0	1	1	0	14
<b>Last Year 2016/17</b>	0	4	0	3	0	2	1	4	0	1	0	1	16



Foster Carer De-Registrations	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Total
<b>Current Year 2017/18</b>	0	1	3	2	2	1	2	1	0	1	1	4	18
<b>Last Year 2016/17</b>	2	2	1	1	0	2	0	1	3	4	3	0	19

N.B. These figures include resignations in the period





## PLACEMENT STABILITY

### Looked After Children with 3+ Placements

Number of children who were looked after as at 31/03/2018	676
Number of looked after children who had three or more separate placements between 01/04/2017-31/03/2018	50
	7.40%



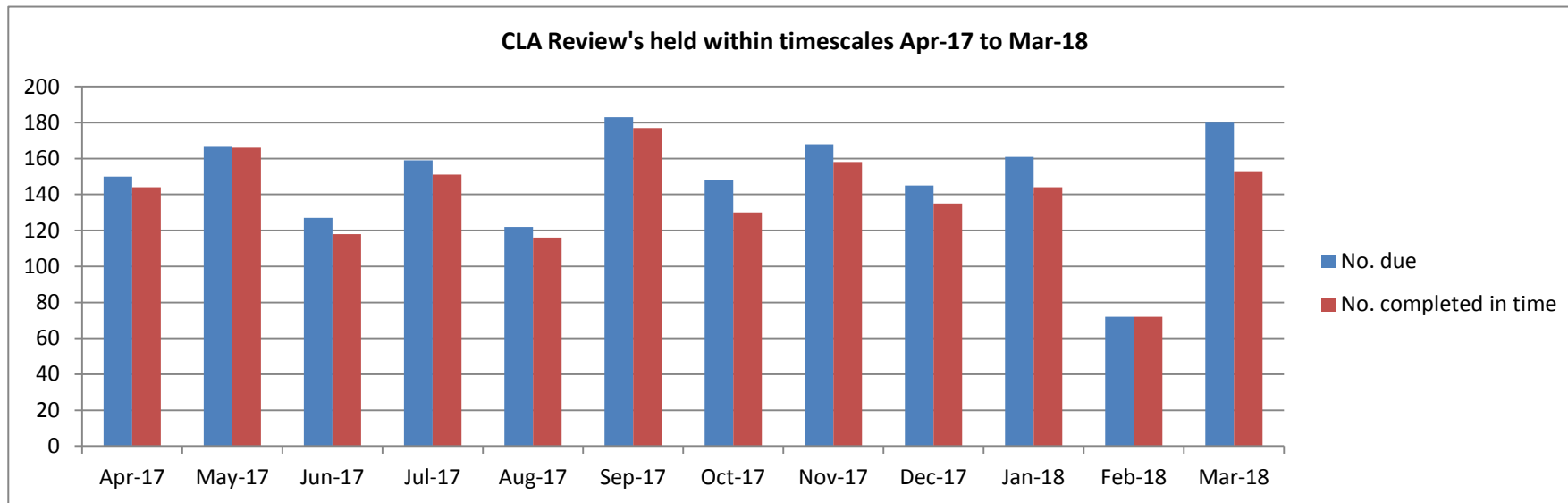
LAC with 1 Placement During the Year:	526	77.81%
LAC with 2 Placements During the Year:	100	14.79%
LAC with 3+ Placements During the Year:	50	7.40%
Total LAC as at end date (31/03/2018)	676	

This is a Welsh Government Performance Indicator that we report on quarterly and the target this year is 5.9%. Performance has dropped slightly since Quarter 3 but remains well within the 2016/17 All Wales average of 9.8%. Children move placement for a variety of different reasons & some of the 3rd placements will relate to children's moves to a permanent long term placement. Performance has also been affected by the continued high number of children looked after which has put pressure on placement availability.

**% of CLA Review's held in Timescales**

**CLA Reviews completed in time April 17 - March 18**

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
<b>No. due</b>	150	167	127	159	122	183	148	168	145	161	72	180	1782
<b>No. completed in time</b>	144	166	118	151	116	177	130	158	135	144	72	153	1664
<b>% completed in time</b>	96%	99%	93%	95%	95%	97%	88%	94%	93%	89%	100%	85%	93%



CLA Review performance has been consistently high throughout the year, with a monthly performance ranging from 88% to 100%.

There was a drop in the number of CLA Review's due in February and this was due to a low number of 3/6 Monthly Review's being completed in August 17 and a low number of Initial Review's completed in November 17, all of which would be triggered a Review in February upon completion.

Current year end data is showing 93% of Review's completed in time.

**Length of Time in Care**

**2017/18**

	Ceased LAC	Percentage	Average Weeks Looked After	
LAC returned home in less than 12 weeks	27	16.07%	3	▲
LAC returned home between 12 & 24 weeks	30	17.86%	17	▼
LAC returned home after 24 weeks	111	66.07%	215	▼
<b>Overall:</b>	<b><u>168</u></b>	<b>100.00%</b>	<b><u>145</u></b>	

This is a Local Authority Performance Indicator that we report on quarterly and the targets this year are:

- a) CLA returned home in less than 12 weeks (20.52%)
- b) CLA returned home between 12-24 weeks (9.61%)
- c) CLA returned home after 24 weeks (69.87%)

a) Performance has dropped since Quarter 3 with more children returning home in less than 12 weeks but we are within target for year end reporting.

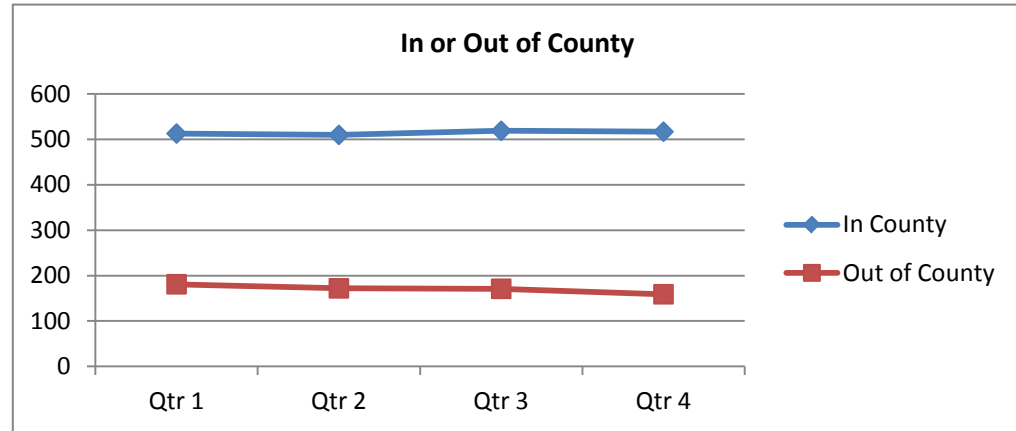
b) Target wasn't achieved with more children going home in the 12-24 week timeframe which is higher than the 9.61% target set. Performance has improved slightly during the quarter but 23% of children (7/30), ceased to be looked after within 12-24 weeks of becoming looked after because permanence for them was achieved through securing Special Guardianship Orders in a relatively short period of time. This can only be viewed as a positive outcome for the children concerned who will now have a safe & stable home environment within their extended family without the need for on-going statutory intervention from Children's Services.

c) Target wasn't achieved and we had less children returning home after the 24 weeks which is less than the 69.87% target set. Performance has dropped during the quarter but will be impacted on by the number of children that return home in less than 24 weeks. However this has to be viewed in the context of the reasons why children cease to be looked after within a relatively short period of time. This can be because while permanence for them cannot be achieved with their parents it can be achieved within their extended family & this will always be a positive

## Location of Placements In-Out of County

**2017/18**

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
<b>In County</b>	513	510	519	517
<b>Out of County</b>	181	172	171	159
<b>Total</b>	694	682	690	676



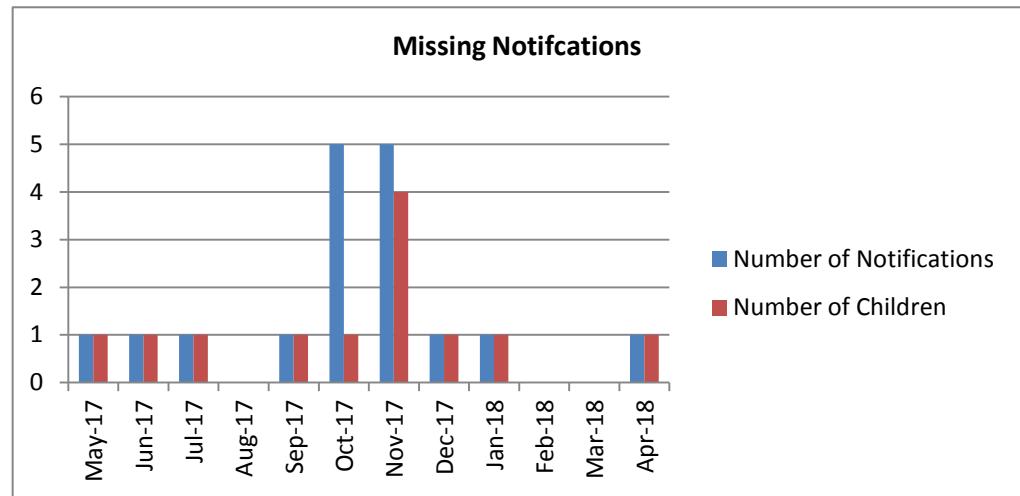
76.5% of our looked after children were residing within RCT at the end of Qtr 4.

Each quarter has seen a drop in the number of children residing outside RCT. 26% was reported on 30th June 17 and 23.5% on 31st March 18.

## Missing Notifications for Looked After Children

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	Total
<b>Number of Notifications</b>	1	1	1	0	1	5	5	1	1	0	0	1	17
<b>Number of Children</b>	1	1	1	0	1	1	4	1	1	0	0	1	10

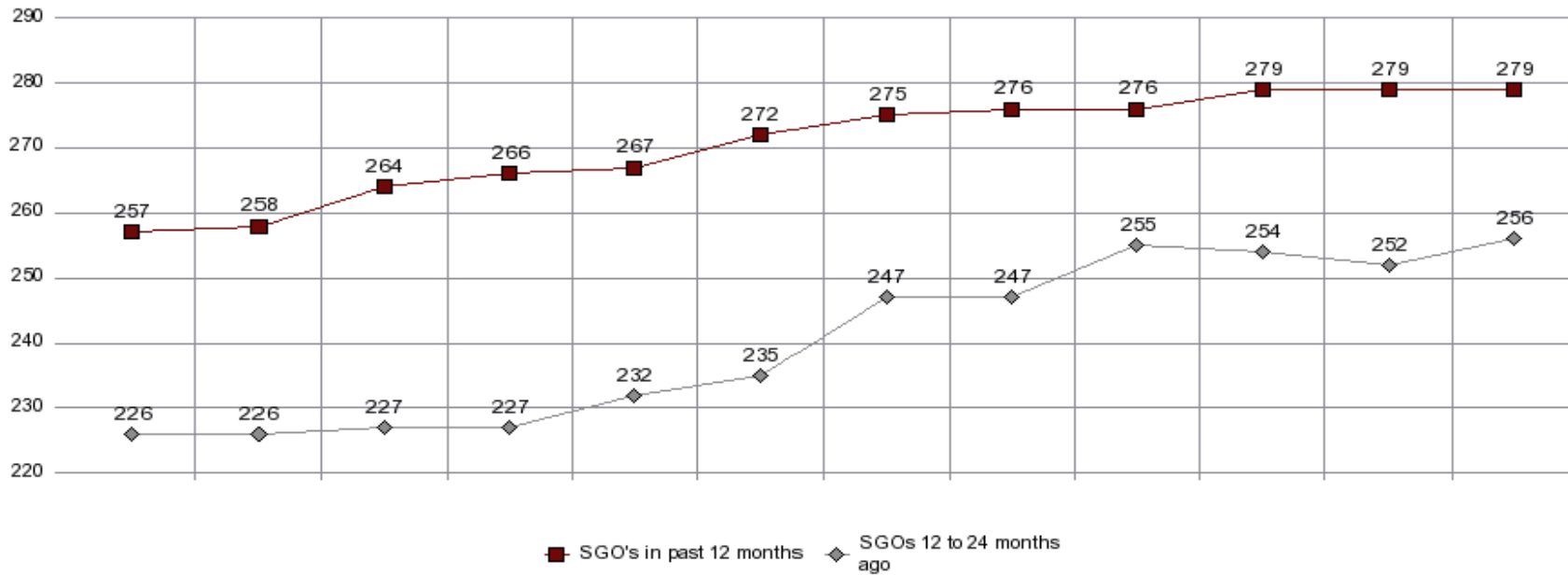
There has been a total of 17 missing notifications recorded over the last 12 months between May 17 to April 18. These were for 10 looked after children. Some children were recorded more than once during the period due to them going missing multiple times.



**SPECIAL GUARDIANSHIP ORDERS**

**Monthly SGO numbers over the last 12 months, compared with SGO numbers at the same period last year**

<b>SGO's</b>	<b>10/Jun</b>	<b>10/Jul</b>	<b>10/Aug</b>	<b>10/Sep</b>	<b>10/Oct</b>	<b>10/Nov</b>	<b>10/Dec</b>	<b>10/Jan</b>	<b>10/Feb</b>	<b>10/Mar</b>	<b>10/Apr</b>	<b>10/May</b>
<b>Current Year:</b>	257	258	264	266	267	272	275	276	276	279	279	279
<b>Last Year:</b>	226	226	227	227	232	235	247	247	255	254	252	256
<b>Var:</b>	+31	+32	+37	+39	+35	+37	+28	+29	+21	+25	+27	+23



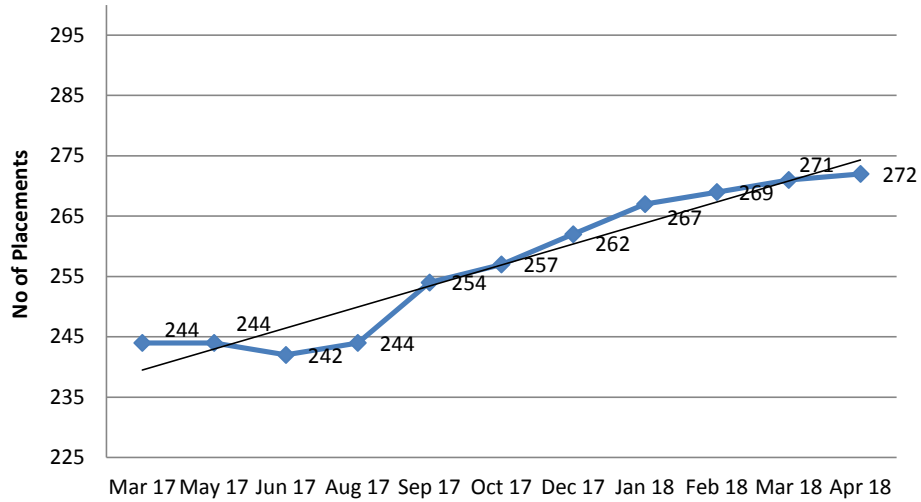
We currently have 279 children subject to an SGO which is 23 more when compared to the same time last year. 29 Orders have been granted in the last 12 months.

We are paying an SGO allowance for 271 of these children.

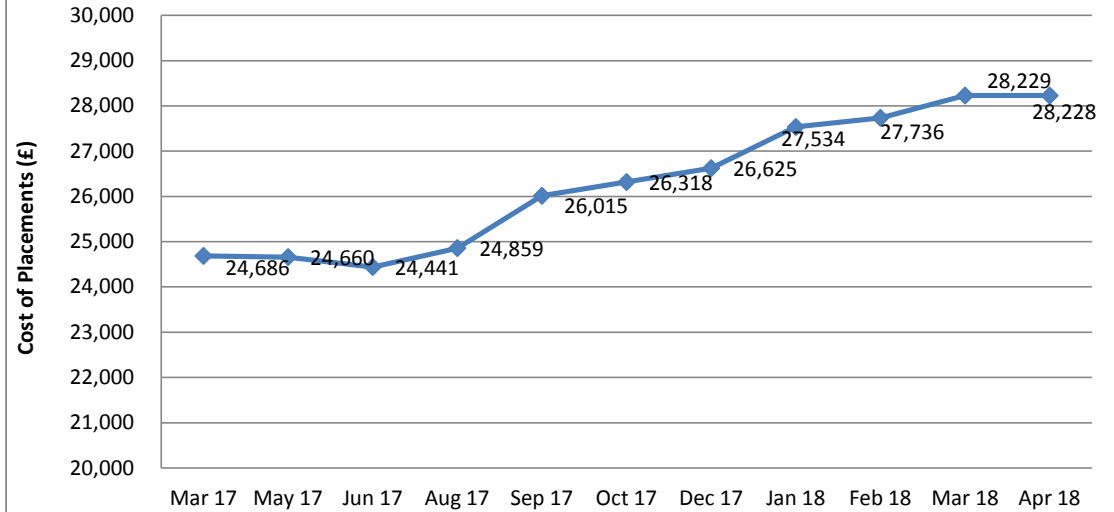
**Weekly Cost of CLA Placements (Annual Variance - year to date)**

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
<b>Special Guardianship Orders</b>	244		244	242		244	254	257		262	267	269	271	272
<b>Special Guardianship Orders (cost pw)</b>	£ 24,686		£ 24,660	£ 24,441		£ 24,859	£ 26,015	£ 26,318		£ 26,625	£ 27,534	£ 27,736	£ 28,229	£ 28,228

**Special Guardianship Orders (Numbers)**



**Special Guardianship Orders (Costs)**



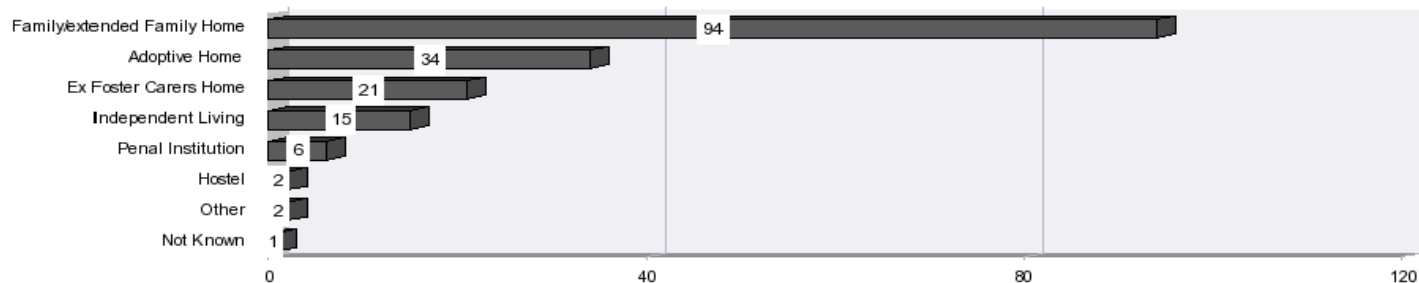
Special Guardianship Orders (SGO's) have continued to rise and will do for the foreseeable future. This is because of a concerted effort to promote them but also the fact that SGO's are generally taken out with regards to younger children and do not cease until the child is 16 to 18 years old. At some point we will reach a plateau where SGO's start to end and will be replaced by new ones, halting the steady increase we have seen for the past 6 years (67 SGO's in April 2012) but this will not be for a few years yet.

## LEAVING CARE

### All Children Ceased LA between 01/04/2017 and 30/04/2018

Ceased LA between 01/04/2017 and 30/04/2018 **175**

#### All Children Ceased LA between 01/04/2017 and 30/04/2018 by the Type of After Care Accommodation



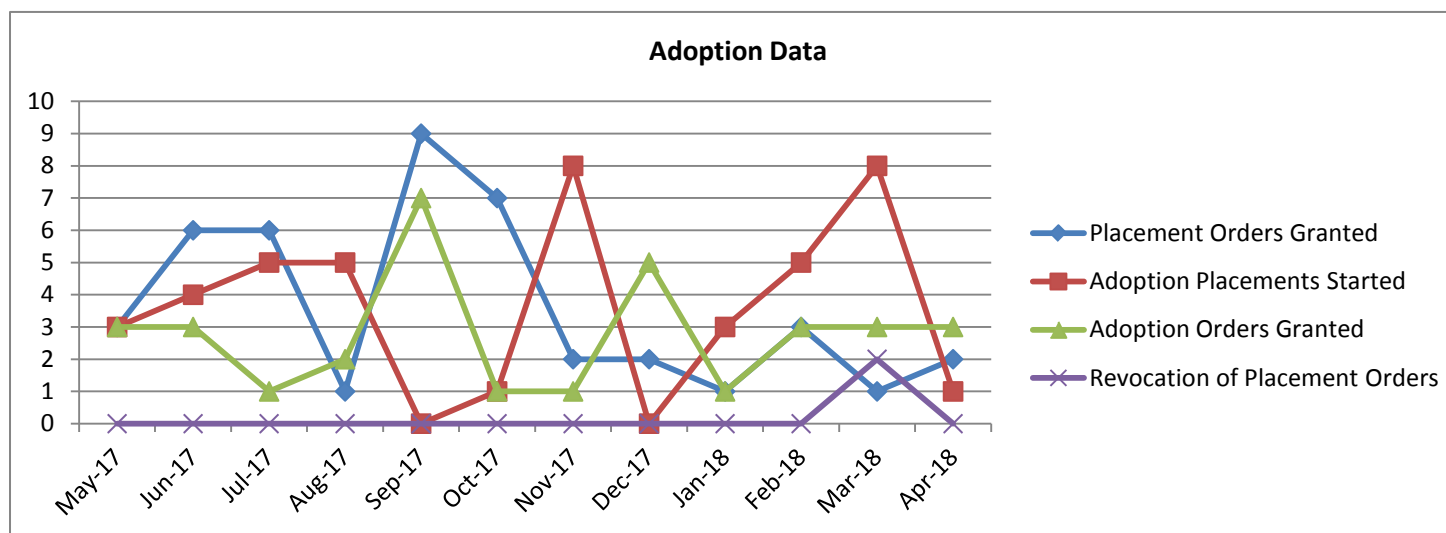
Month Ceased LA:	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	Total
<b>Adoptive Home</b>	1	3	3	1	2	7	1	1	5	1	3	3	3	<b>34</b>
<b>Ex Foster Carers Home</b>	3	-	2	1	2	-	1	2	2	-	4	3	1	<b>21</b>
<b>Family/extended Family Home</b>	10	9	3	9	13	6	5	8	1	9	7	14	-	<b>94</b>
<b>Independent Living</b>	3	1	-	3	2	-	1	-	2	-	1	1	1	<b>15</b>
<b>Other</b>	-	-	-	-	1	-	-	-	-	1	-	-	-	<b>2</b>
<b>Penal Institution</b>	-	-	-	1	-	-	2	-	-	-	1	2	-	<b>6</b>
<b>Hostel</b>	-	-	-	-	-	2	-	-	-	-	-	-	-	<b>2</b>
<b>Not Known</b>	-	-	-	-	-	-	-	-	-	1	-	-	-	<b>1</b>
<b>Ceased LA per Month:</b>	<b>17</b>	<b>13</b>	<b>8</b>	<b>15</b>	<b>20</b>	<b>15</b>	<b>10</b>	<b>11</b>	<b>10</b>	<b>12</b>	<b>16</b>	<b>23</b>	<b>5</b>	<b>175</b>

The total number of children that have ceased CLA Apr17-Apr18 is 175 which is lower than the 221 reported for the same period in 2016/17. In relation to the child's residence after leaving care, the highest number return home to Family/Extended Family. 34 children have had an Adoption Order granted over the year and this is 9 more than reported for the same period last year. 21 children remained with Ex Foster carers and of these, 14 were under the 'When I'm Ready Arrangement', 5 were subject to SGO's, 1 has remained with carer under a private arrangement whilst an SGO is applied for and 1 child remained as a Supported Lodgings provision. The 1 unknown placement was where an unaccompanied asylum seeking child ran away from placement and did not return.

## ADOPTION

### Placement Orders, Adoption Orders & Revocations

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	Total
<b>Placement Orders Granted</b>	3	6	6	1	9	7	2	2	1	3	1	2	43
<b>Adoption Placements Started</b>	3	4	5	5	0	1	8	0	3	5	8	1	43
<b>Adoption Orders Granted</b>	3	3	1	2	7	1	1	5	1	3	3	3	33
<b>Revocation of Placement Orders</b>	0	0	0	0	0	0	0	0	0	0	2	0	2



43 children have had a Placement Order granted over the last 12 months and of these 17 have since been placed in Adoption Placements.

43 Adoption placements have been started within the last 12 months, this is 16 more than the number started in the same period 2016/17.

33 Adoption Orders have been granted over the last 12 months. 19 Orders were granted in the same period Apr16-Mar17, so we have exceeded this figure.

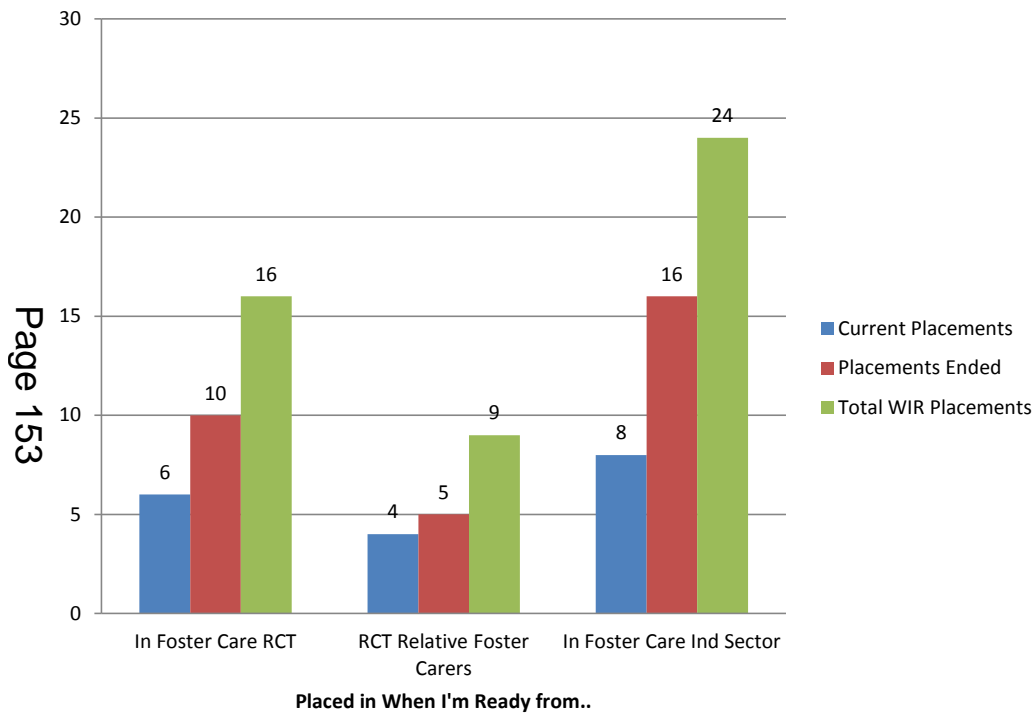
There have been 2 revocations of Placement Orders made this year to date. The previous year 2016/17 there were 5 revocations made.



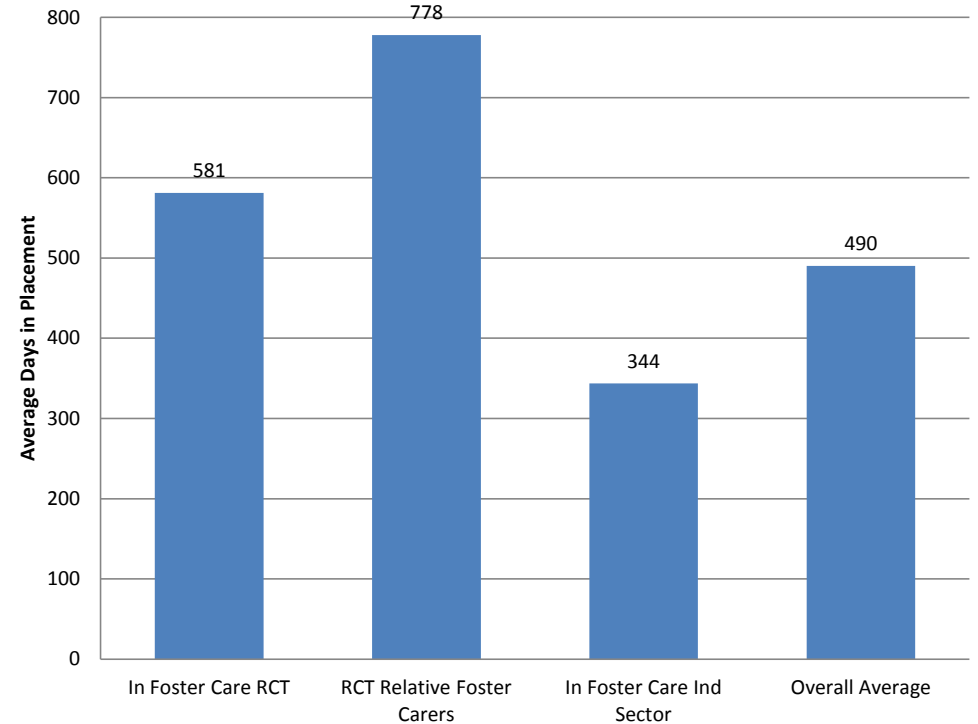
**Weekly Cost of CLA Placements (Annual Variance - year to date)**

Placed From	Current Placements	Placements Ended	Total WIR Placements	%	Days in Placement (ended)	Avg Length (ended)
In Foster Care RCT	6	10	16	33%	5813	581
RCT Relative Foster Carers	4	5	9	18%	3890	778
In Foster Care Ind Sector	8	16	24	49%	5498	344
<b>Overall Average</b>	<b>18</b>	<b>31</b>	<b>49</b>	<b>100%</b>	<b>15201</b>	<b>490</b>

**When I'm Ready (placed from)**



**When I'm Ready (Average placement length)**



There have been 49 Young Persons placed in When I'm Ready placements since the scheme started in 2015. 49% (24) of these YP remained with their Former Independent Foster Carers, 33% (16) with RCT Foster Carers and 18% (9) with Relative Carers.

A young Person is entitled (if the foster carer agrees) to spend 3 years in a When I'm Ready (WIR) placement (1,095 days). The average length of WIR placements that have ended is 490 days. There is a big difference in the length of placement depending on the type of placement it was prior to converting to WIR. Former Relative placements last on average 778 days, former RCT carers 581 days and former Independent Carers 344 days. There are numerous reasons why a WIR placement may end e.g. the young person feels prepared enough to move to their own tenancy and full independence but the data also suggests there is a direct correlation between the levels of remuneration being received and placement length. Relative carers do not see any difference in remuneration levels by converting to WIR and Independent carers see the biggest reduction.

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## **RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

### **CABINET**

**21<sup>st</sup> JUNE 2018**

#### **DIGITAL STRATEGY WORK PROGRAMME REQUIREMENTS**

#### **REPORT OF THE GROUP DIRECTOR CORPORATE AND FRONTLINE SERVICES IN DISCUSSION WITH THE RELEVANT PORTFOLIO HOLDER, CLLR NORRIS**

**AUTHOR:** Tim Jones, Head of ICT (01443) 562271

#### **1. PURPOSE OF THE REPORT**

- 1.1 The purpose of the report is to set out proposed work programme actions to support the ongoing delivery of the Council's Digital Strategy 2020.

#### **2. RECOMMENDATIONS**

- 2.1 It is recommended that Cabinet:
- i. Supports efforts to increase online and self service opportunities and agrees to establish self service pilot projects within Libraries, Leisure Centres and One4all Centres.
  - ii. Agrees to the upgrade and enhancement of the Council's Customer Relationship Management (CRM) system.
  - iii. Agrees to undertake a procurement exercise to replace the existing contact centre telephony system.
  - iv. Supports the extension of digital skill building opportunities for example through Digital Fridays, Child Exploitation Online Protection (CEOP) work and support to Library Service Housebound service users.
  - v. Agrees to an accelerated implementation programme for Agile Working, building on the success of the pilot projects completed and in line with the requirements of the Council's Accommodation Strategy.

- vi. Agrees to procure and implement a suite of productivity and collaboration tools to support the delivery of more effective and efficient service delivery.
- vii. Agrees to the development of a Digital Support Plan for businesses in Rhondda Cynon Taf and receive further reports as appropriate on outcomes being delivered.
- viii. Agrees to the development of a technology investment programme to ensure that core digital infrastructure remains robust and sustainable into the medium term.
- ix. Agrees to receive a future report in relation to the business case and options for relocating the Council's Data Centre facility in response to agreed future plans for Extra Care delivery at the Bronwydd Site.
- x. Agrees to a review of data management arrangements at the Council to ensure consistency and security of data use and to procure and pilot the use of data analytical tools to support improved business intelligence.
- xi. Agrees to support the financial commitments set out in Table 1 (paragraph 9.2) of the report and the outcome from the agreed procurement exercises and fund these through available resources, with the caveat that a further report is required should any additional funding commitments be identified.
- xii. Agrees to receive further reports on the progress of current actions to deliver the Council's Digital Strategy, as well as updates on further phases of work and digital transformation opportunities as they arise.

### **3. REASONS FOR RECOMMENDATIONS**

- 3.1 The Council's Digital Strategy sets out a programme of work over the medium term to help meet the changing needs and aspirations of residents, learners, visitors and businesses. The Strategy also aims to enable the Council workplace to become more efficient and support the delivery of wider strategy objectives as set out in the Corporate Plan.
- 3.2 Following consideration of work completed to date and proposed future actions, a case for further investment has been identified to enable the Council to continue its programme of improvement in this area.

#### 4. **BACKGROUND**

4.1 To ensure the Council is well placed to take maximum advantage of a continually expanding digital world, Cabinet agreed the Council's Digital Strategy at its meeting on 22<sup>nd</sup> June 2017. The Strategy aims to deliver transformational change across the five strategic digital strands of resident, skills, workplace, visitor and business, and with the intended outcomes aligned to the Corporate Plan priorities and at an all Wales level, support the Welsh Government's "Delivering a Digital Wales" strategy.

4.2 The Digital Strategy ambition includes the statement:

*"We want to achieve real gain for our residents, learners, visitors and businesses. Our vision is for Rhondda Cynon Taf Council to be a leader, an organisation who uses digital to help transform our communities. We believe that we can exploit digital opportunities to improve the quality of life for people within our County"*

4.3 Demand for digital services and people's expectations of our services are ever increasing with our residents, workers, businesses & visitors expecting the same levels of access and availability that they receive from major private sector organisations.

4.4 In addition, in times of austerity and an increased demand for services, there will be a requirement to fundamentally challenge our current service delivery and implement new models of working to sustain services. The greater adoption of digital technology will be a key enabler to the delivery of our new working models and better place us to transform services to become a more efficient and effective organisation.

4.5 A range of work has been undertaken over the past 12 months to support the delivery of the Strategy and Section 5 of the report sets out some examples in more detail.

4.6 In parallel with the above work, a review was undertaken in 2017/18 to identify and recommend digital improvements to further support service transformation. The review engaged with key stakeholders across all areas of the Council to update the current digital position, business drivers and opportunities alongside an assessment of the existing ICT infrastructure.

- 4.7 The outcome of this review has been used to inform a proposed future programme of work in line with the Council's Digital Strategy and is set out in more detail in Section 6.

## **5. ACHIEVEMENTS TO DATE**

- 5.1 During the last financial year, the Council has made positive progress in implementing actions in line with its Digital Strategy and has put in place a number of building blocks to better position itself over the medium to long term. Examples of progress made to date are set out below.

- 5.2 *Digital Resident* – online services are being redesigned for ease of use, providing news, information and multiple transactions that are bilingual, easy to use and convenient on any device (24/7). The shift toward 'digital first' services has accelerated, enabled by an active Social Media presence with timely communications, multiple 'report/request/apply' features, and dedicated sites for Leisure and Tourist attractions that help generate income, including an 'App' for Leisure users to easily check/book/cancel classes etc. Take up is high and feedback is consistently positive in terms of the user experience.

- 5.3 *Digital Skills* – delivering support to our residents to develop and utilise digital skills as part of Digital Fridays. Weekly two hour sessions are being delivered from 13 venues across the County Borough helping with a range of activities from setting up and the use of email accounts and social media through to more specific areas such as assistance with online services, creating CVs and applying for jobs.

- 5.4 *Digital Workplace* - undertook pathfinder agile working projects within Public Health & Protection (PHP) and Adult Services.

- PHP has been agile working via Hot Desks since February 2017 and has delivered significant and tangible benefits including:
  - A 30% reduction of office utilisation equating to 136m<sup>2</sup> of floor space vacated at Ty Elai, providing enough space for an additional 30 members of staff;
  - A reduction in the requirements of physical assets or furniture required by the service (19 desks & chairs, 95 cupboards, 37 filing cabinets, 9 tables all now released, 139 bags of confidential waste disposed of during one month);
  - Improvement in staff efficiency, quality & responsiveness; and
  - Positive feedback and satisfaction as part of a staff survey.

In addition, in May of this year, the Service implemented a digital transformation programme that will facilitate field working via a Mobile App. This will allow staff to capture inspection and assessment information digitally through a tablet device at the time of an inspection, eradicating the need for the same information to be manually collected on traditional paper forms and reducing administration. The mobile App may be further scaled and exploited within wider service areas of the Council.

- Adult Services agile working was implemented in January 2018 to allow for remote working. Key findings from the first 4-5 months of operation include:
  - Short Term Care Management - high volume of referrals during the period would normally see a waiting list established for less urgent cases; however, despite typical high volumes no waiting lists have been developed;
  - Adaptations and Community Equipment (ACE) have experienced a reduction in waiting lists;
  - Sensory Service Team - this is a very small skilled team and has experienced a level of staff absence; however the waiting lists have continued to be managed; and
  - During the period of inclement snow weather and alongside accurate forecasting, agile workers remained fully functional during the period effectively planning their workload to undertake their visits for the non-snow day and then completed all their assessments and case notes remotely at home on the snow days. The flow of work was continuous over this period with managers able to effectively monitor productivity which ensured that there was no backlog of work during this period.

5.5 *Digital Visitor* - improved our web presence to enable on-line bookings for attractions, making it easier for our visitors and residents to book an activity, for example, the Welsh Mining Experience.

5.6 *Digital Business* - worked with Welsh Government & BT to assist the delivery of Superfast Cymru to increase the availability of broadband connectivity to businesses (and residents) within the County Borough with Superfast coverage at 98.4% as of March 2018.

5.7 Underpinning the above work has seen investment in the digital infrastructure, that has included improved broadband capacity; implementation of a new modernised telephony system in libraries, theatres and leisure centres; installation of additional Wi-Fi in a number

of Council buildings; and investment through 21<sup>st</sup> Century Schools to transform the learning experience of pupils.

## **6. PROPOSED WAY FORWARD**

6.1 Section 5 of the report sets out the positive progress made to date in supporting the delivery of the Council's Digital Strategy and also the review work undertaken in 2017/18 to identify and recommend further digital improvements.

6.2 The lessons learned over the past 12 months has reinforced the Council's current approach of targeting resources to implement specific packages of work and using 'pilots' or 'pathfinder' projects to determine whether further roll-out is the right thing to do in terms of service improvements, benefits and supporting the delivery of service efficiencies in line with the Council's budget strategy. Continuing with this approach, it is proposed to progress with a phased programme of delivery and investment. Phase 1 is set out below covering a 12 to 18 month period.

6.3 Members will note that as part of the proposed programme, certain packages of work will require investment as set out in Section 9, whilst others will be delivered within existing resources.

6.4 **Digital Resident** - Further enabling residents to 'self-serve' through digital channels will be key to success, thereby reducing manual processes and freeing up resource to support our more vulnerable customers. We need to build upon our high take up by continuing to improve the customer experience. This will include- :

- Ongoing website improvements for information and transactions;
- Exploiting mapping functions for ease of reporting and resolution on the ground e.g. dog fouling control zones;
- Enabling evidence upload and approval to use e.g. Photo for Bus Pass, income evidence for Council Tax Discounts, 'driver/vehicle' evidence for Taxi licensing etc.; and
- Putting the Citizen in control of
  - E-mail address/language/message preferences (SMS, Twitter Facebook etc.).
  - Consent to provide e.g. reminders for green waste day/or advice appointment, or promotional messages targeted to 'interest' e.g. Lido customer 'early bird' offer.

6.4.1 The Council's multi-channel Customer Access provision plays a critical role in today's resident experience and both Contact Centre and CRM systems require modernisation to meet the expectations of customers



for improved digital services particularly in areas such as on line services, social media, web chat, video and also to meet compliancy. This will also support future capabilities such as a single citizen identity and view of interactions.

6.4.2 The use of technology to support vulnerable clients is already well established for 'Lifeline/Telecare' services and the Council operates a critical response service to support such residents. As this 'assistive technology' is rapidly evolving it presents further opportunities for Social Care services in regard to reassurance and preventative solutions. This is another building block that will actively support our residents

6.5 **Digital Skills:** Ensuring that everyone has an appropriate level of digital competence will be a cornerstone of our plans. Practically this means that we must provide opportunities for our residents, workforce and learners to attain the right digital skills.

6.5.1 As part of our proposed productivity tools implementation we would develop an associated adoption programme to better skill our workforce and for our resident, provide a range of activities to continue Digital Fridays, support parents/carers focusing on Child Exploitation Online Protection (CEOP) and safeguarding young people and pilot the delivery of skills support to Library Service Housebound customers. Discussions are taking place with Education colleagues to identify the support needed to enhance the digital skills of teachers, in line with Welsh Government's Digital Competency Framework, and in doing so, further improve the learners experience in our schools.

6.6 **Digital Workplace:** In line with the Council's Accommodation Strategy implement agile working as a mainstream activity prioritising work to services at Ty Trevithick, completing Ty Elai following on from the pathfinder projects within Adult Services and PHP and then at Ty Bronwydd.

6.6.1 It is envisaged the agile working initiative will involve:

- Adoption of team zones, shared desk usage, hot desks and digital meeting facilities within the existing office space setting a minimum target of 30% desk/space reduction;
- Implementing "virtual" desktop technology to improve productivity through seamless logon from any location and / or the provision of mobile computing devices to allow for the ability to access business systems and data whilst roaming or "in the field";
- Review of service processes to identify opportunities to redesign digitally and consider areas such as automated workflow; and

- Reduce the need for paper through the use of online forms and digitising records or appropriately dispose of paper in line with General Data Protection Requirements (GDPR).
- 6.6.2 To further enable modern working practices there are clear opportunities to provide more joined-up solutions to our workforce, enabling easier collaboration, communication and ability to develop digital processes.
- 6.6.3 Currently there is no overarching single approach to digitally share, collaborate, provide mobility and communicate effectively across services/partners with a range of solutions used. A more holistic approach would assist productivity across the Council and also better enable wider initiatives such as agile working.
- 6.6.4 A consistent set of cloud based productivity and collaboration tools would allow for the creation of a modern workplace experience by:
- Online Email being consistently available across a range of platforms and providing improved continuity which can be accessed from within or outside of the Council;
  - Cloud file storage and document management accessible from any location that is easily shared and collaborated upon within or outside of the organisation;
  - Tools to more effectively communicate, consult and engage with staff;
  - Provide instant messaging, presence & voice conferencing and / or video collaboration; and
  - Ability to create online forms and digital workflows.
- 6.6.5 Delivery of agile working and the deployment of effective tools across council services will improve productivity and support the achievement of ongoing efficiency targets into the medium term.
- 6.7 **Digital Business:** We will continue with the work already initiated that is surveying business needs and opportunities that may exist to support them, and subject to the outcomes, develop and promote a digital support plan for our businesses.
- 6.8 **Digital Visitor** – In the digital age there are opportunities to improve visitors experience to our key attractions and to encourage tourism to the region. We will focus upon our key attractions such as the Welsh Mining Experience, National LIDO and Dare Valley County Park, and also our Walking Trails to assess how we may effectively use technology such as apps and virtual reality to achieve our objectives.

6.9 **Digital Infrastructure:** We need to further build upon recent investments and sustain our work in this area. Approximately 50% of this is nearing an end of life position. Developing an ongoing refreshment programme will ensure service delivery and enable transformation whilst mitigating compliance risk and minimising the likelihood of adverse impact to Council business.

6.9.1 The key areas of our core infrastructure to be refreshed during this first phase are:

- End of life server and storage;
- As an enabler for agile working and the adoption of cloud services, refresh our building networks and extend our WIFI provision at the Council's administrative sites; and
- Modernisation of our telephony systems.

6.9.2 Cabinet at its meeting on 28<sup>th</sup> September 2017 provisionally approved the Ty Bronwydd site for Extracare housing. Members will note that the Ty Bronwydd site hosts the Council's Data Centre and this is the critical component of our infrastructure and enables the delivery of all ICT systems. A number of potential options are being explored with regard to its relocation and proposals will come forward in due course.

6.10 **Data & Information:** To achieve our stated goals we need to transition away from multiple silos of business data and information and towards cleansed and consolidated integrated datasets that may be more easily analysed to create "business intelligence" driving decision making.

6.10.1 Currently there are a range of data management, reporting and analysis approaches predicated upon departmental business systems. There is an opportunity to benefit from a more holistic overarching data approach that would move us toward the objective of a single view of the customer by using technology to incorporate and integrate the Council's systems/data.

6.10.2 It is proposed to deliver this via an initial 3-step approach:

- Undertake a data review to understand the Council wide approach to the use of data, its reporting and analysis to demonstrate the case for change;
- Pilot the use of Business Intelligence and Data Analytical tools to prove the concept and benefits within a Service Area; and
- Subject to the outcome of the review, widen the coverage and use as part of future phases.

## **7. EQUALITY AND DIVERSITY IMPLICATIONS**

- 7.1 In developing these proposals, an Equality Impact Assessment screening has been undertaken to ensure that:
- The Council meets the requirements of the Public Sector Equality Duties, and
  - Due regard has been taken of the likely impact of the decision in terms of equality and discrimination.
- 7.2 A full Equality Impact assessment is not required as this was considered as part of the overarching Digital Strategy agreed previously by the Cabinet.

## **8. CONSULTATION**

- 8.1 There are no formal consultation requirements in relation to these proposals. However, at regular stages, feedback from service users and key stakeholders is essential to help shape the Digital Programme going forward.

## **9. FINANCIAL IMPLICATION(S)**

- 9.1 To deliver the actions described in Section 6 of the report, a combination of existing and possible future resource commitments will be necessary linked to the phased nature of the Digital Work Programme.
- 9.2 As part of the first phase of this work, known commitments have been summarised below in Table 1:

Table 1: Phase 1 Financial Commitments (where final costs known)

<b>Strategy Theme</b>	<b>£M</b>	<b>Comments</b>
Digital Resident	0.209	Including deployment of self service kiosks at One4all Centres and investment / upgrade of the CRM system
Digital Skills	0.062	Including deployment of self service kiosks at libraries and initiatives such as Digital Fridays
Digital Workplace	0.965	Hardware and infrastructure costs associated with the roll out of agile working, plus additional temporary staffing capacity to support the programme of work
Digital Infrastructure	0.650	Including ongoing requirements to maintain infrastructure reliability and maintain / upgrade storage capability
<b>Total</b>	<b>1.886</b>	

- 9.3 In addition to those items listed in Table 1, it will also be necessary to undertake a procurement exercise specifically in relation to the purchase and deployment of new productivity and business intelligence tools across the Council and the required upgrade to the contact centre telephony system.
- 9.4 Resources have already been identified and set aside to support our digital priority and aspirations in this regard. It is anticipated that sufficient resources are already in place to fund the commitments set out in table 1 plus the business tools and telephony system procurement processes. Clearly if this is not the case, specifically in relation to the outcomes of the recommended procurement exercises, then a further report will be presented to Cabinet.
- 9.5 Phase 1 of the Digital Work Programme covers a period over the next 12 to 18 months. Further phases of work have been identified as part of the initial review undertaken and details of these in terms of actions and funding requirements will be reported through to Members for approval in advance of any further work progressing.
- 9.6 The financial implications highlighted within this report represent one off funding requirements as opposed to base budget commitments. Any base budget considerations will be built into the Council's Medium Term Financial Plan at the appropriate time.

**10. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED**

10.1 There are no legal issues to highlight at this time. The procurement processes would be undertaken in the most efficient manner if Cabinet decide to progress the proposal.

**11. LINKS TO THE CORPORATE AND NATIONAL PRIORITIES AND THE WELL-BEING OF FUTURE GENERATIONS ACT.**

11.1 The proposals are aligned to the Council’s Corporate Plan commitment of providing more flexible services through use of the web and self service channels to support increased user satisfaction. The proposals also support the Well-being of Future Generations Act in the following ways:

- The well-being goals of: ‘a Wales of cohesive communities’ by enabling residents, businesses and visitors to be digitally connected and ‘a prosperous Wales’ through the efficient use of resources and the development of skills and a well educated population; and
- The sustainable development principles of ‘involvement’ in helping us shape digital services and support in line with what stakeholders require and ‘prevention’ through supporting vulnerable clients.

**12. CONCLUSION**

12.1 This report sets out a programme of actions that will support the ongoing transformation of Digital Services at Rhondda Cynon Taf. The actions will build on the positive work completed to date and help deliver the aspirations and outcomes stated in the Council’s agreed Digital Strategy. In addition to improving services for customers, actions identified will also allow the Council to improve productivity and deliver efficiency savings into the medium term.

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## RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

### CABINET

21<sup>st</sup> JUNE 2018

### STRATEGIC PARTNERSHIP OPPORTUNITY

#### REPORT OF THE GROUP DIRECTOR CORPORATE & FRONTLINE SERVICES IN DISCUSSION WITH THE RELEVANT PORTFOLIO HOLDER, CLLR NORRIS

**AUTHOR:** Barrie Davies, Director of Financial Services (01443 680559)

#### **1. PURPOSE OF THE REPORT**

- 1.1 This report sets out an option for the Council to initiate a procurement process for a strategic partner to create a Centre of Excellence for specific services.

#### **2. RECOMMENDATIONS**

It is recommended that Cabinet agree:

- 2.1 To note and consider the key principles underpinning a potential strategic partnership arrangement;
- 2.2 If appropriate, to authorise officers to initiate a procurement process; and
- 2.3 To receive a further report with the outcome of the procurement process in order to determine whether or not it wishes to proceed with the opportunity.

#### **3. REASONS FOR RECOMMENDATIONS**

- 3.1 To authorise officers to initiate a procurement process for a strategic partner.

#### **4. BACKGROUND**

- 4.1 Council officers have been reviewing opportunities to develop, within Rhondda Cynon Taf, a Centre of Excellence for certain support / transactional services.
- 4.2 A North Wales Council (Denbighshire) has developed, with a strategic partner, a model based on revenues and benefits services.
- 4.3 Council officers have visited the Denbighshire centre to understand the characteristics of their arrangement with a view to developing a similar or alternative model based in Rhondda Cynon Taf that could potentially deliver a South Wales based centre for similar services.

- 4.4 Over recent years, back office / support services have been benchmarked across Wales the outcome of which has shown this Council to be relatively low cost and efficient. Indeed, the Council's annual general efficiency targets (£6M) have for a number of years been more weighted toward back office / support services.
- 4.5 With specific regard to Revenues and Benefits, this is a service area that performs extremely well and at relative low cost when compared to our peers. The requirement to further reduce resources in this area will most likely have an adverse effect on performance.

## **5. STRATEGIC PARTNERSHIP MODEL – AIMS AND OBJECTIVES**

- 5.1 The objective of the partnership is to create a scalable centre of excellence, initially centred around revenues and benefits services.
- 5.2 It is proposed that the Council seek to procure a partnership arrangement whereby a partner would bring functional expertise, market and commercial knowledge, change management expertise and capacity to grow the service. The transition toward universal credit is likely to reduce the workload of the revenues and benefits service and have an adverse effect on the number of jobs. A strategic partnership would enable the service to grow through the provision of services to other councils within the South Wales region and / or beyond.
- 5.3 This would safeguard existing as well as creating and bringing more jobs into the County Borough. It would also allow us to grow what is an efficient and effective service area.
- 5.4 The specification for the procurement process would set out the objectives along with more specific requirements for this Council which would include :
- a. No compulsory redundancies for the contract term (likely to be 5 years with an option to extend for a further 2 years);
  - b. Like for Like Terms and Conditions of employment (unless employees wish to exercise an option to transfer);
  - c. Continued Local Government Pension Scheme (LGPS) membership for transferring employees;
  - d. Delivery location(s) within RCT;
  - e. Maintain and enhance Service Levels;
  - f. An Apprenticeship / Graduate Programme;
  - g. Cost savings in the short term;



h. Further medium / longer term savings realised through potential service growth and income.

5.5 The initial in-scope services are proposed to be Revenues and Benefits, that is -

- Housing Benefits
- Council Tax
- NDR
- Associated Support Services - Scanning and Mail

5.6 This amounts to circa 60 FTE's (headcount circa 63).

5.7 It is proposed that the procurement process however explores the market which may include the potential to extend in-scope services at a future point, if the Council was minded to do so.

5.8 At this stage, the proposal does not commit the Council but moreover seeks to test the market and review options which will be presented back to Cabinet in order for a more fully informed decision to be made.

## **6. NEXT STEPS**

6.1 It is proposed that officers are authorised to initiate a procurement process for a strategic partner, as set out above, and initially centred around revenues and benefits services.

6.2 It is proposed that the relevant Trade Unions be fully engaged and that we work collaboratively with them to keep staff fully informed.

6.3 The outcome of the procurement process will be reported back to Cabinet in the autumn for a fully informed decision to be made as to whether or not it wishes to progress further.

## **7 EQUALITY AND DIVERSITY IMPLICATIONS**

7.1 In developing these proposals, an Equality Impact Assessment screening has been undertaken to ensure that:

- The Council meets the requirements of the Public Sector Equality Duties, and
- Due regard has been taken of the likely impact of the decision in terms of equality and discrimination.

## **8 CONSULTATION**

8.1 Engagement with the Trade Unions and staff is proposed at this stage with formal consultation being undertaken should Cabinet determine to subsequently move forward post procurement.

**9 FINANCIAL IMPLICATION(S)**

9.1 The financial implications are not known at this stage and will be subject to the procurement process. However, cost savings and income generation are key objectives of the exercise.

**10 LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED**

10.1 There are no legal issues. The procurement process would be structured to ensure the ambition of creating and growing a “Centre of Excellence” can be realised in the most efficient manner if Cabinet decide to progress the proposal.

**11 LINKS TO THE CORPORATE AND NATIONAL PRIORITIES AND THE WELL-BEING OF FUTURE GENERATIONS ACT**

11.1 A prosperous Wales – the proposal seeks to support this wellbeing goal. The proposal also supports our corporate priority - Living within our Means.

**12 CONCLUSION**

12.1 This report sets out a proposal to procure a strategic partner for the development of a centre of excellence to be based within Rhondda Cynon Taf with the potential of safeguarding and creating jobs alongside making financial savings.

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## RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

### CABINET

21<sup>ST</sup> JUNE 2018

#### PROPOSAL TO INCORPORATE THE INTERNAL AUDIT SERVICE INTO AN EXISTING SHARED SERVICE HOSTED BY THE VALE OF GLAMORGAN COUNCIL

#### REPORT OF THE GROUP DIRECTOR, CORPORATE & FRONTLINE SERVICES IN DISCUSSION WITH THE CABINET MEMBER FOR CORPORATE SERVICES, CLLR M. NORRIS

**Author:** Chris Lee – Group Director, Corporate & Frontline Services (01443 424026)

#### **1. PURPOSE OF THE REPORT**

- 1.1 The purpose of the report is to set out a proposal for the Council's Internal Audit Service to join an existing Regional Internal Audit Shared Service (RIASS) hosted by the Vale of Glamorgan Council.

#### **2. RECOMMENDATIONS**

It is recommended that Cabinet:

- 2.1 Approves the proposal for the Council's Internal Audit Service to join the existing RIASS in place between the Vale of Glamorgan Council and Bridgend County Borough Council.
- 2.2 Authorises the Group Director, Corporate & Frontline Services, in consultation with the Director of Legal and Democratic Services and the appropriate Cabinet Member, to make the necessary arrangements under delegated authority for Rhondda Cynon Taf County Borough Council to become part of the RIASS, including up dating the existing Partnership Agreement in accordance with Section 101 / 102 of the Local Government Act 1972.
- 2.3 Refers this report to Audit Committee and for Audit Committee to oversee the required implementation arrangements during 2018/19.

### **3. REASON FOR RECOMMENDATIONS**

- 3.1 To enable the Council's Internal Audit Service to become part of an existing RIASS that will reinforce business resilience, further enhance the range of audit expertise available to the Council and support the delivery of a more efficient service.

### **4. BACKGROUND INFORMATION**

- 4.1 All local authorities in Wales have a legal duty to maintain appropriate and effective internal audit arrangements as set out in the Accounts and Audit (Wales) Regulations 2018 (and prior to this, the Accounts and Audit (Wales) Regulations 2014).
- 4.2 The Council has a consistent track record of meeting this legal duty through the delivery of annual internal audit plans; forming evidence based opinions on the standard of internal control across the Council; ensuring recommendations to improve the standard of internal control have been implemented; and supporting the Council's Audit Committee to deliver its Terms of Reference.
- 4.3 As Members will be aware, the Council has a proactive approach to exploring opportunities to develop and improve service provision, including collaborative working, where it is in the Authority's best interest to do so. In line with this approach, the Group Director, Corporate and Frontline Services (the Council's Section 151 officer) along with counterparts within Bridgend, Merthyr Tydfil and the Vale of Glamorgan Councils have undertaken a business case review to consider extending the RIASS currently in place for Bridgend and the Vale of Glamorgan Councils to include Rhondda Cynon Taf and Merthyr Tydfil County Borough Councils.
- 4.4 The current RIASS in place between Bridgend and the Vale of Glamorgan Councils has been fully operational under a formal partnership agreement since February 2013. During this time, both Councils report that:
- The RIASS has delivered consistently against the approved annual risk based plans and achieved the necessary coverage in order to issue a robust, evidence based audit opinion at the end of each year; and
  - Benefits have been realised by bringing the sections together, some of which included the effective use of the total audit resource, knowledge sharing and harmonising working practices and systems.

4.5 Following on, Management at both Councils indicate that the RIASS has and is achieving the following objectives:

- The service is affordable and is delivering efficiencies and economies of scale;
- The service enhances the professionalism and quality of audit services provided to both Councils through shared knowledge and best practice;
- The service is flexible and can respond to changing service requirements and priorities;
- The service can extend access to specialist audit services and other related disciplines to both Councils; and
- The service conforms with the Public Sector Internal Audit Standards, with no significant deviations noted.

4.6 The current arrangements set out above provide assurance that the internal audit functions in place for both Rhondda Cynon Taf and the RIASS are sound. Furthermore, based on the outcomes delivered by the RIASS to date, it is considered that there would be business benefits for Rhondda Cynon Taf if it were to become part of a regional service. This includes providing opportunities:

- To further improve the resilience of the service by creating a larger team of staff compared to the current set up of smaller separate teams across a number of local authorities;
- To develop in-house specialist audit skills not currently in place, such as contract and computer auditing, that will add value to key areas of the Council's business and provide development opportunities for team members;
- To further modernise the service by applying consistent working practices and optimising the use of information technology and agile working; and
- To take advantage of the economies of scale and in-house specialist audit skills to develop a more commercial approach whilst ensuring the Service's core business is maintained.

5. **AN EXPANDED REGIONAL INTERNAL AUDIT SHARED SERVICE – THE PROPOSED WAY FORWARD**

- 5.1 As set out in Section 4, there are clear business benefits for Rhondda Cynon Taf in joining the current RIASS. A proposed way forward is set out below.

Partnership Agreement

- 5.2.1 The existing RIASS Partnership Agreement should be up dated to reflect Rhondda Cynon Taf County Borough Council becoming a partner local authority based on Section 101 / 102 of the Local Government Act 1972 (that delegates the function and formalises the provision of services and basis for cost apportionment).
- 5.2.2 All partner local authorities will be required to 'sign-up' to the up dated Partnership Agreement for a period of no less than three years from the date of 'sign-up'.
- 5.2.3 The Vale of Glamorgan Council will be designated as the single employing authority and the Council's staff currently employed within its Internal Audit Service will be subject to TUPE (Transfer of Undertakings - Protection of Employment Regulations) and transferred to the Vale of Glamorgan Council.
- 5.2.4 Subject to Cabinet approval and consideration of appropriate implementation arrangements, it is envisaged that the new RIASS would become operational during this financial year, that is, 2018/19.

Governance Arrangements

- 5.3.1 Oversight of the RIASS will be in the form of a Joint Partnership Board and would comprise of Section 151 Officers (or their nominees) from each Council. The Board will monitor the performance of the Shared Service to ensure that it delivers the standards and expectations set out in the Partnership Agreement.
- 5.3.2 Whilst the Board will jointly oversee the performance of the Shared Service, the responsibility for the adequacy of the Council's whole system of internal audit will continue to remain with the Council and cover, amongst other things, being responsible for approving audit plans and monitoring delivery via Audit Committee. This will be fully compliant with the Terms of Reference for Audit Committee and ensure the requirements of the Accounts and Audit (Wales) Regulations 2018 and Public Sector Internal Audit Standards are met.

- 5.3.3 The Council will also continue to be responsible, via Audit Committee, for overseeing the effectiveness of the internal audit function, governance, risk management and control arrangements and holding the Head of Internal Audit to account for delivery of the approved Audit Plan. In addition, the existing arrangements in place to hold managers to account to implement recommendations made by Internal Audit will remain unchanged.

#### Annual Audit Planning

- 5.4.1 The annual Audit Plan for 2018/19, as agreed by Audit Committee on 30<sup>th</sup> April 2018, to be delivered and the draft 2019/20 Audit Plan compiled by the RIASS and reported to Audit Committee for consideration and if deemed appropriate, approval. Subject to an annual Audit Plan being approved for 2019/20, this being delivered by the RIASS.
- 5.4.2 As part of the annual audit planning process for 2019/20, the Head of the Regional Internal Audit Service will undertake an assessment of risk and 'audit need' across all partner local authorities to ensure audit coverage is appropriate and optimum use is made of available resources. This approach is in line with existing arrangements and will also take into account the new business benefits a RIASS will provide as set out in paragraph 4.6.

#### Staffing Arrangements

- 5.5.1 A key principle underpinning the proposal is that all existing employees will be transferred to the new RIASS on current grades and terms and conditions. As part of the transfer process, engagement with staff, Trade Unions and Human Resources would take place, in line with agreed arrangements.
- 5.5.2 Following the transfer process, a proposed staffing structure for a new RIASS would be consulted upon with staff and Trade Unions, with the proposed staffing structure having sufficient posts for all existing employees to be recruited into. As such there will be no requirement to consider compulsory redundancies.

#### Audit Committee

- 5.6.1 Subject to Cabinet's determination of the way forward, an up date would be provided to Audit Committee along with the requirement for Audit Committee to oversee implementation arrangements during 2018/19.

## **6. EQUALITY AND DIVERSITY IMPLICATIONS**

- 6.1 In developing the proposal, an Equality Impact Assessment screening has been undertaken to ensure that:
- The Council meets the requirements of the Public Sector Equality Duties, and
  - Due regard has been taken of the likely impact of the decision in terms of equality and discrimination.

## **7. CONSULTATION**

- 7.1 Should Cabinet approve the proposal, engagement with Trade Unions and staff would be undertaken as part of the Council's Internal Audit Service joining the RIASS.

## **8. FINANCIAL IMPLICATION(S)**

- 8.1 In line with the review work undertaken, it is estimated that budget savings to the Council of approximately £25k would be delivered in the first full year of operation. Following the first year and subject to developing a more commercial emphasis, it is anticipated that additional income generation will reduce the net cost of the service to all partner local authorities.

## **9. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED**

- 9.1 The proposal, should it be approved, requires that an up dated Partnership Agreement is put in place, in accordance with Section 101 / 102 of the Local Government Act 1972, to underpin the delivery of the RIASS.

## **10. LINKS TO THE CORPORATE AND NATIONAL PRIORITIES AND THE WELL-BEING OF FUTURE GENERATIONS ACT**

- 10.1 The proposal is aligned to the Council's Corporate Plan cross cutting theme of 'living within our means' and supports the Well-being of Future Generations Act in the following ways:



- The well-being goal of ‘a prosperous Wales’ through the efficient use of resources and developing skills and employment opportunities; and
- The sustainable development principle of ‘collaboration’ through working with others to help achieve common objectives.

## **11. CONCLUSION**

- 11.1 This report sets out a proposal for the Council’s Internal Audit Service to join an existing RIASS to create a more resilient and efficient service and enable better workforce development and broadening of staff expertise.
- 11.2 Should Cabinet approve the way forward, engagement with Trade Unions and staff would be undertaken as part of joining the RIASS, and support provided by the Council’s Legal Services to up date the Partnership Agreement to underpin the delivery of the RIASS.

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**LOCAL GOVERNMENT ACT 1972**

**AS AMENDED BY**

**THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**CABINET**

**21<sup>st</sup> June 2018**

**REPORT OF THE GROUP DIRECTOR, CORPORATE & FRONTLINE SERVICES IN DISCUSSION WITH THE CABINET MEMBER FOR CORPORATE SERVICES, CLLR M. NORRIS**

**Author(s): Chris Lee – Group Director, Corporate & Frontline Services (01443 424026)**

**ITEM: PROPOSAL TO INCORPORATE THE INTERNAL AUDIT SERVICE INTO AN EXISTING SHARED SERVICE HOSTED BY THE VALE OF GLAMORGAN COUNCIL**

**Background Papers**

None.

Officer to contact: Chris Lee



## RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

### CABINET

21<sup>st</sup> JUNE 2018

### A4119 ELY VALLEY ROAD DUALLING – LLANTRISANT BUSINESS PARK TO COED ELY ROUNDABOUTS

#### REPORT OF THE GROUP DIRECTOR CORPORATE AND FRONTLINE SERVICES IN DISCUSSIONS WITH THE LEADER OF THE COUNCIL.

**Author:** Andrew Griffiths, Head of Highways and Engineering (01443 281117)

#### 1. PURPOSE OF THE REPORT

1.1 The purpose of the report is to:

- Obtain delegated authority from Cabinet for the Director of Highways and Streetcare to submit a planning application (if required) on behalf of the Council for the A4119 Ely Valley Road Dualling – Llantrisant Business Park to Coed Ely Roundabouts; and
- Subject to a successful planning application (or formal confirmation that planning permission is not required) and subject to sufficient funding for each stage of the process, seek further delegated authority to take all necessary steps to secure the making, confirming and implementation of a Compulsory Purchase Order (CPO) and a Side Roads Order (SRO) (if they are required) for A4119 Ely Valley Road Dualling – Llantrisant Business Park to Coed Ely Roundabouts

#### 2. RECOMMENDATIONS

It is recommended that Cabinet:

- 2.1 Give delegated authority to the Director of Highways and Streetcare to submit a planning application (if required) on behalf of the Council for the A4119 Ely Valley Road Dualling – Llantrisant Business Park to Coed Ely Roundabouts.
- 2.2 Give delegated authority to the Director of Highways and Streetcare to negotiate where possible, the purchase of any third party owned land required for the dualling project proposal and if such land is not able to be purchased via negotiation delegate the powers as outlined in paragraph 2.3 relating to the implementation of the CPO and SRO.

- 2.3 Subject to the grant of planning permission (or formal confirmation that planning permission is not required) and obtaining sufficient funding for each stage of the process, give delegated authority to the Director of Highways and Streetcare to take all necessary steps to secure the making, confirmation and implementation of a CPO and SRO (if they are required) in respect of the land identified on the plan at Appendix A including but not limited to the following procedural steps:
- 2.3.1 Seeking confirmation of the CPO and SRO by the Welsh Ministers (or, if permitted, by the Council pursuant to Section 14A Acquisition of Land Act 1981), including the preparation and presentation of the Council's case for any Written Representations, Hearing or Public Inquiry which may be necessary.
- 2.3.2 Publication and service of notices of confirmation of the CPO and SRO and thereafter to execute and serve any General Vesting Declarations and/or Notices to Treat and Notices of Entry.
- 2.3.3 To acquire the necessary interests in the land.
- 2.3.4 Referral and conduct of disputes, relating to compulsory purchase compensation, to the Upper Tribunal (Lands Chamber).

### **3 REASONS FOR RECOMMENDATIONS**

- 3.1 This major improvement to the existing highway network on the A4119 Corridor i.e. the dualling of a 1.3km section of the A4119 Ely Valley Road from the Llantrisant Business Park to the Coed Ely Roundabouts will see the dualling of this strategic highway linking the Rhondda Valleys to the M4 corridor. The improvement is not only integral to the regional strategic highway network; it is also linked to part of the Strategic Opportunity Area (SOA) The A4119 Corridor: The Regional Rhondda Gateway, but also to the wider economic opportunities for the western area of the County Borough and the Cardiff Capital Region.
- 3.2 The project will have transportation and regeneration benefits including:-
- It will improve capacity and resilience of the A4119 for the section concerned which currently operates at capacity during peak hours. This will reduce incidences of congestion and delays.
  - It will improve connectivity to Tonyrefail and surrounding areas.
  - It will facilitate and further unlock development of the strategically important Coed Ely site (approximately 14.32 ha), and encourage investment in the wider area.

- It will improve access to existing and new businesses at Llantrisant Business Park, the Royal Glamorgan Hospital and the wider areas.
- It will improve reliability and journey times especially for public transport, this will enhance the viability of local and regional bus services using the route

#### **4. BACKGROUND**

- 4.1 The scheme will dual the existing A4119 Ely Valley Road carriageway, 1.3km in length from the Llantrisant Business Park to the Coed Ely Roundabouts.  
The proposal is to create two 3.65m lanes in both directions with a central reserve and active travel provision.
- 4.2 The implementation of the project will require the authority to acquire the land identified on the plan shown in Appendix A. At present 18 separate landowners have been identified including the Council, who own land which will be required for the project. The works will not necessitate the demolition of any properties. It is the intention for the council to purchase all the land via negotiation with the affected land owners concerned. However a CPO may be required for this project but will be the last resort after negotiation with the said land owners. The CPO, if successful, will enable this Council to acquire the land required for the dualling of the existing road (other than Crown Land which will need to be acquired by agreement), whether it be on a permanent basis or as a temporary measure during construction. This use of CPO powers is usual in a highway project such as this. The process of land acquisition will commence subject to approval and will continue alongside the making of the CPO. This minimises the work required for any public inquiry that may arise following the submission of objections. The Council has the power to make the CPO under the provisions of the Acquisition of Land Act 1981 and Sections 239,240,246,250 and 260 of the Highways Act 1980.
- 4.3 The implementation of the project may require a SRO. There are a number of existing private means of access along the route, some which will need to be retained and others can potentially be rationalised or removed. The preliminary design and negotiation with affected third party land owners will identify which of the above options will be undertaken and thus a SRO may be necessary for stopping up of the private means of access.
- 4.4 The A4119 Ely Valley Road (Llantrisant Business Park to Coed Ely Roundabouts) dualling has been designed to minimise the amount of land take whilst ensuring that the current design standards for the

highway are met. The proposed dualling will be subject to a public exhibition/information process in Autumn / Winter 2018 prior to any submission.

4.5 In contemplating the use of compulsory purchase powers, account has been taken of the Convention on Human Rights as incorporated into United Kingdom Law by the Human Rights Act 1998. In particular, consideration has been given to the rights set out in Article 8 and 1 of the first protocol to the Convention on Human Rights. The land to be acquired compulsorily represents the minimum to enable the A4119 Ely Valley Road (Llantrisant Business Park to Coed Ely Roundabouts) dualling project to proceed. In addition, the human rights of those adversely affected by the scheme have been balanced against the benefit to the community of:

- Increase capacity and resilience of the existing A4119 Ely Valley Road between the Llantrisant Business Park and Coed Ely roundabouts.
- Improved road safety.
- Improved walking and cycling routes.
- Improved reliability and viability of public transport.
- Catalyst for full development of a 14.32 ha strategic development site and surrounding sites
- Improved connectivity and regional links to the benefit of the economic opportunity of the western area of Rhondda Cynon Taf and the region.

4.6 The A4119 is recognised as an important transportation corridor linking the M4, Cardiff and South East Wales to RCT. This was recognised by the Welsh Government who have worked in collaboration with RCT and provided funding as part of a WelTAG (Welsh Transport Appraisal Guidance) Stage 1 Strategic Corridor Assessment of the M4 for 2016/17. The A4119 was recognised as a significant sub-corridor and the subsequent report and findings were endorsed by the Welsh Government. Funding for the A4119 corridor WelTAG Stage 2 was further provided in 2017/18 by the Welsh Government.

4.7 The bus corridor along the A4119 linking Tonypany – Tonyrefail – Talbot Green – Groesfaen is one of the strategic bus corridors in RCT. It serves one of the Strategic Opportunity Areas identified in the Wales Spatial Plan (Llantrisant / Talbot Green) as well as the key settlements of Tonypany and Tonyrefail. The corridor continues along the A4119 beyond the RCT boundary into North West Cardiff and is projected to cater for a significant increase in both peak and off-peak traffic between Cardiff city centre and South East RCT / North West Cardiff as a consequence of planned major residential and commercial developments in the area – as set out in the Local Development Plans of both authorities (RCT and Cardiff).

- 4.8 In addition to this, on 21<sup>st</sup> September 2017, the Council approved five Strategic Opportunity Areas (SOAs) and in particular the “A4119 Corridor: Regional Rhondda Gateway.” In doing so, the Council has committed to developing and delivering projects that will achieve the primary aspirations of this Strategy, namely enabling significant economic growth and jobs. Part of this Strategy identifies Coed Ely and the A4119 as a Development Opportunity, recognising the major impact of developing approximately 14.32 hectares of reclaimed employment land at the Coed Ely former colliery site coupled with the dualling of the A4119.
- 4.9 To realise this opportunity, on 28<sup>th</sup> February 2018, the Council agreed to accept a European Regional Development Funding offer of £2.58M to enable the Council to deliver high quality industrial/office units on the southern plateau of the Coed Ely site. Furthermore, given the SOA’s inclusion of longer term employment site opportunities to the east of the A4119 in this area, the dualling of the A4119 will also act as a key catalyst in the delivery of this particular Strategy.
- 4.10 The A4119 Ely Valley Road dualling Llantrisant Business Park to Coed Ely Roundabouts is in accord with a number of national policies namely:

#### 4.10.1 **Welsh Assembly Government Policy**

##### 4.10.1.1 **Wales Spatial Plan (2008)**

The A4119 Ely Valley Road dualling Llantrisant Business Park to Coed Ely Roundabouts is in accord with the Welsh Government’s Wales Spatial Plan (WSP). A key theme of the WSP is ‘Achieving Sustainable Accessibility’. The Plan sets out area strategies for spatial areas within Wales, including one for SE Wales – The Capital Region.

The vision for this area is ‘An innovative skilled area offering a high quality of life – international yet distinctively Welsh. It will compete internationally by increasing its global visibility through stronger links between the Valleys and the coast and with the UK and Europe, helping to spread the prosperity within the area and benefiting other parts of Wales.’ The WSP recognises that a fully integrated, high quality transport system is necessary for this to happen. The vision sees South East Wales as a ‘networked city region’ of strong, sustainable and interdependent communities spreading the prosperity of Cardiff and Newport to the neighbouring valleys. The strategy envisages that new development will be focused on 14 key settlements in SE Wales with growth being distributed evenly to avoid

overdevelopment in the south and support the regeneration and viability of key settlements outside the main cities.

The A4119 Ely Valley Road dualling Llantrisant Business Park to Coed Ely Roundabouts will provide improved access to 1 of the South East Wales Capital Region's 14 key settlements identified in the WSP. Llantrisant is also identified as 1 of 3 Strategic Opportunity Areas in this region, which offer the potential regional benefits from their sustainable development.

#### **4.10.1.2 Wales Transport Strategy (2008)**

The Wales Transport Strategy (WTS) is the key transport policy document of the Welsh Government and established the framework for creating an integrated transport system for Wales. It set out that joining together proposals for road, rail and public transport will enable people and freight to travel more efficiently and sustainably, whilst being able to access the goods, markets, services, facilities and places they need. The WTS has identified 5 over-arching priorities that provide additional strategic direction for work towards its long-term outcomes. These are:

- Integrating local transport
- Improving access between key settlements and sites
- Enhancing international connectivity
- Increasing safety and security

The A4119 Ely Valley Road dualling Llantrisant Business Park to Coed Ely Roundabouts will help achieve these priorities by increasing capacity which will reduce queuing. The project will result in reduced journey times travelling along the A4119, reduced congestion on the A4119 which will improve access between key settlements and sites, and open up development opportunities in the immediate and wider area.

#### **4.10.1.3 National Transport Plan (2010, updated 2011)**

The A4119 Ely Valley Road dualling Llantrisant Business Park to Coed Ely Roundabouts is in accordance with the National Transport Plan (NTP). The NTP sits alongside the Local Transport Plan to deliver the aims and outcomes of the Wales Transport Strategy. The NTP sets out Welsh Government interventions to deliver the aspects of transport policy for which it is responsible. It sets out proposals to deliver a transport system as integrated as possible and to ensure the transport system is used efficiently and sustainably. The NTP reflects a balanced approach to the development of the transport network, recognising that it must continue to support economic growth and promote social inclusion, while playing its full part in tackling climate change.

## **5 EQUALITY AND DIVERSITY IMPLICATIONS**



- 5.1 An Equality Impact Assessment screening form has been prepared for the purpose of this report. It has been found that a full report is not required. The A4119 Ely Valley Road dualling Llantrisant Business Park to Coed Ely Roundabouts will enhance existing movements along the strategic highway network and hence between communities.

## **6 CONSULTATION**

- 6.1 Consultation has commenced with the stakeholders and parties affected by the A4119 Ely Valley Road dualling Llantrisant Business Park to Coed Ely Roundabouts proposals and these include the Council's departments, statutory bodies, statutory undertakers and third parties whose land is required for the proposals.
- 6.2 The consultation process with stakeholders, parties affected by the proposals and the general public will continue throughout the preliminary and detailed design process on the project.

## **7 FINANCIAL IMPLICATION(S)**

- 7.1 A feasibility study undertaken for the project has indicated that the estimated overall cost of the project is approximately £9.6m (inclusive of risk, construction, fees, land, etc) . As the project progresses through the preliminary design stage, the estimated costs will be further refined.
- 7.2 On 19<sup>th</sup> March 2017 Council approved the sum of £302k as part of Council's Making Better Use Programme for it to be utilised jointly between the A4119 dualling and Llanharan Bypass with £150k for the A4119 dualling project. A further £1M was allocated by the Council in October 2017.
- 7.3 On 25<sup>th</sup> January 2018 the Cabinet agreed in principle to a £300m investment programme over the next 5 years and included in that was a sum of £65M for Highways and Transportation Infrastructure projects and A4119 dualling project specifically.
- 7.4 The Council also successfully obtained £100k funding from the Welsh Government for the A4119 dualling in 2017/18 as part of their Local Transport Network Fund grant.
- 7.5 The Council has also received £300k funding from Welsh Government for 2018/19 as part of their Local Transport Network Fund grant. A further £600k for 2019/20 and £600k for 2020/21 has been indicatively announced by the Welsh Government for the council in their 2018/19 grant announcement. The bid covers various elements of work along the A4119 strategic corridor including for design of the dualling works.

## **8 LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED**

- 8.1 The legal implications are considered in the body of this report. The Council has the power to make the CPO and SRO under the provisions of the Acquisition of Land Act 1981 and Sections 14,125, 239,240,246,250 and 260 of the Highways Act.

## **9 LINKS TO THE CORPORATE AND NATIONAL PRIORITIES AND THE WELL-BEING OF FUTURE GENERATIONS ACT.**

- 9.1 The A4119 Ely Valley Road Dualling – Llantrisant Business Park to Coed Ely Roundabouts supports a number of the authorities' own plans, policies and strategies that relate not only to transport, but the wider local agenda:

### **9.1.1 Well-Being of Future Generations (Wales) Act 2015**

The A4119 Ely Valley Road dualling will help achieve the well-being goals and objectives of the Act. Measures along this transport corridor to reduce journey times and improve reliability will help to improve access to key employment sites in the southern part of the corridor. Increasing the proportion of employed residents will support economic growth in the area, help raise household income levels, tackle inequality and generate greater prosperity for communities. A reduction in traffic congestion at the key pinch points along the A4119 corridor will deliver wider environmental benefits including potentially reductions in traffic related carbon emissions, possible improvements to local air quality and a more attractive public realm. Investment in the A4119 corridor together with the bus operators plans to invest in further new buses, will encourage greater passenger usage on bus services and help to maintain its commercial viability. This, in turn, will ensure that the bus service continues to play an important connectivity role, linking those communities with high levels of deprivation and low car ownership (in the northern part of this corridor) with areas of buoyant economic activity and a wide range of services and facilities (in the southern part of this corridor).

### **9.1.2 Cwm Taf Wellbeing Plan**

Replaces the Single Integrated Plan (SIP) and a number of different partnership plans that were previously produced, including the Community Strategy, Children and Young Peoples Plan, Health Social Care and Well Being Strategy, Community Safety Plan and Local Housing Strategy. The Cwm Taf Wellbeing Plan has been produced by an overarching partnership of organisations in the public and voluntary sectors. The aim is to promote thriving communities, healthy people

and a strong economy. These are closely aligned to the Welsh Government's 'Programme for Government Priority Areas'.

### **9.1.3 Local Development Plan (LDP)**

The LDP provides the framework for the development and use of land within Rhondda Cynon Taf. It sets out the objectives and priorities relating to the development and use of land and the policies and proposals for implementing them.

Core Policy CS8 – Transportation, includes specific reference to the A4119/A473 corridor. It is recognised that the corridor is a strategic transport corridor and this corridor area is subject to high demands for economic and housing developments. This policy safeguards the provision improvements to this corridor via a strategic transport corridor management system.

Policy SSA14.1 Employment Locations - Coed Ely, Tonyrefail (14.32ha of B1 and B2 use) directly links to the A4119 at this location is a strategic development which is supported by the Welsh Government.

Policy SSA10.2-10.10 Housing Allocations – 1280 housing units would benefit and be served by the A4119.

### **9.1.4 The South East Wales Valleys Local Transport Plan (January 2015)**

This plan identifies the issues and opportunities for transport in the South East Wales Valleys area. The A4119 Ely Valley Road dualling will complement proposals set out in the plan's short term programme for improvements to the A4119 bus corridor.

### **9.1.5 Strategic Opportunity Areas (SOA's)**

The current context of the Cardiff Capital Region City Deal and the Valleys Taskforce means that it is more important than ever to identify where there are key strategic opportunities to work with partners to deliver economic growth in Rhondda Cynon Taf. As such, RCT has identified key strategic opportunity areas to maximise the benefit of economic regeneration and ensure RCT is successful in the global competition for investment. SOA's are geographical areas where resources are focused to provide opportunities for the private sector to invest and create new jobs. Each SOA aims to provide a comprehensive and focused package to encourage investment and enterprise. On 21<sup>st</sup> September 2017, the Council approved five Strategic Opportunity Areas (SOAs) and in particular the "A4119 Corridor: Regional Rhondda Gateway." In doing so, the Council has committed to developing and delivering projects that will achieve the primary aspirations of this Strategy, namely enabling significant economic growth and jobs. Part of this Strategy identifies Coed Ely and the A4119 as a Development Opportunity, recognising the major impact of developing approximately 14.32 hectares of reclaimed employment

land at the Coed Ely former colliery site coupled with the dualling of the A4119.

- 9.2 The proposals to construct the A4119 Ely Valley Road Dualling – Llantrisant Business Park to Coed Ely Roundabouts will make a significant contribution towards the Corporate Priorities “Building a Strong Economy” and “Improving our Communities”. The proposal has a significant impact on improving accessibility and connectivity which is recognised as a fundamental factor in linking the labour market with employment opportunities and supporting economic activity.
- 9.3 The project directly addresses the Corporate Plan commitment to invest in highways infrastructure and to improve the transport network.
- 9.4 On 21<sup>st</sup> September 2017 Council approved the Strategic Opportunity Areas and in particular the A4419 Corridor : Regional Rhondda Gateway.
- 9.5 The dualling of the A4119 Ely Valley Road – Llantrisant Business Park to Coed Ely Roundabouts will help support the delivery of a Wales of cohesive communities, a prosperous Wales and a Wales of vibrant culture and thriving Welsh Language.

## **10 CONCLUSION**

- 10.1 The enhancement of this important transport corridor brings with it not only local benefits but also improved connectivity within the region, delivering greater economic opportunities.
- 10.2 The dualling of the A4119 Ely Valley Road Llantrisant Business Park to Coed Ely Roundabouts will improve journey time reliability, reduce journey times, remove a significant pinch point from the strategic transport corridor, reduce congestion and improve capacity.
- 10.3 The dualling will act as a catalyst for the Strategic Opportunity Area and in particular the Coed Ely development site.
- 10.4 The submission of a planning application and, subject to a successful determination (or formal confirmation that planning permission is not required) the making, confirming and implementation of the CPO and SRO (if required) will enable the Council to achieve the project.
- 10.5 In order to commence the process it is recommended that delegated authority be granted to the Director of Highways and Streetcare to submit a planning application on behalf of the Council (if required) relating to the project; and obtain sufficient funding for each stage of the project: to negotiate the purchase of any land in third party ownership (as shown in Appendix A) as required for the project and

initiate all procedures relating to making, confirming and implementation of a CPO and SRO including but not limited to the following steps:

- 10.5.1 Seeking confirmation of the CPO and SRO by the Welsh Ministers (or, if permitted, by the Council pursuant to Section 14A Acquisition of Land Act 1981), including the preparation and presentation of the Council's case for any Written Representations, Hearing or Public Inquiry which may be necessary;
- 10.5.2 Publication and service of notices of confirmation of the CPO and SRO and thereafter to execute and serve any General Vesting Declarations and/or Notices to Treat and Notices of Entry;
- 10.5.3 To acquire the necessary interests in the land; and
- 10.5.4 Referral and conduct of disputes, relating to compulsory purchase compensation, to the Upper Tribunal (Lands Chamber).

**Other Information:-**

***Relevant Scrutiny Committee***

Public Service Delivery, Communities & Prosperity Scrutiny Committee.

***Contact Officer - Andrew Griffiths 01443 490409***

**LOCAL GOVERNMENT ACT 1972**

**AS AMENDED BY**

**THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**CABINET**

**21<sup>st</sup> JUNE 2018**

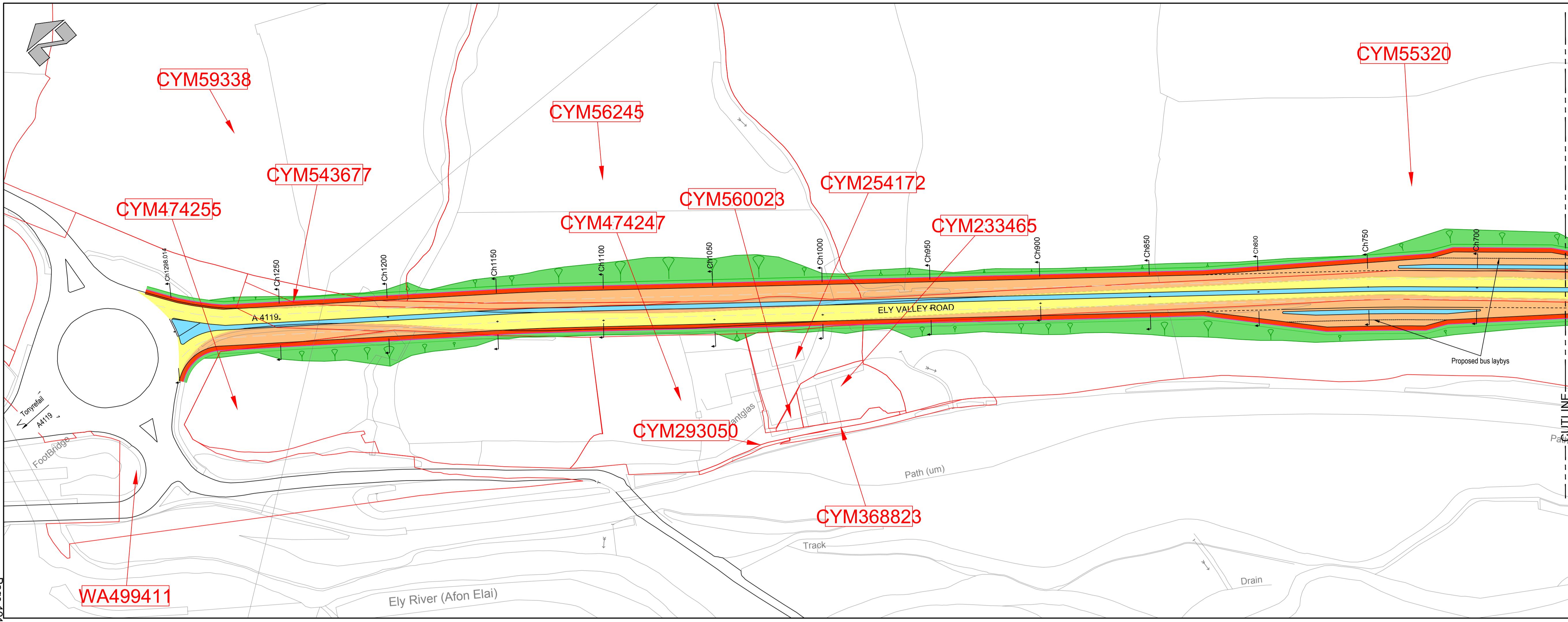
**REPORT OF THE GROUP DIRECTOR CORPORATE AND FRONTLINE SERVICES IN DISCUSSIONS WITH THE LEADER OF THE COUNCIL**

**Item: A4119 ELY VALLEY ROAD DUALLING – LLANTRISANT BUSINESS PARK TO COED ELY ROUNDABOUTS**

**Background Papers**

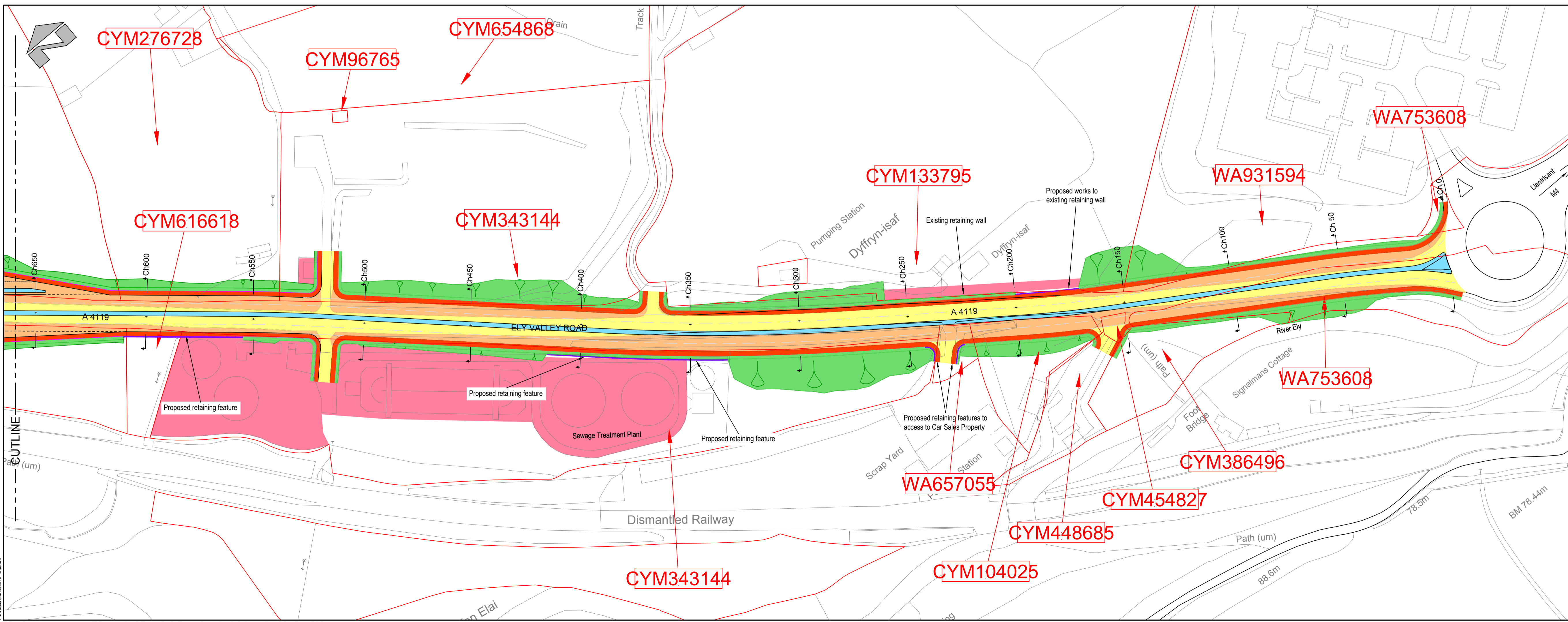
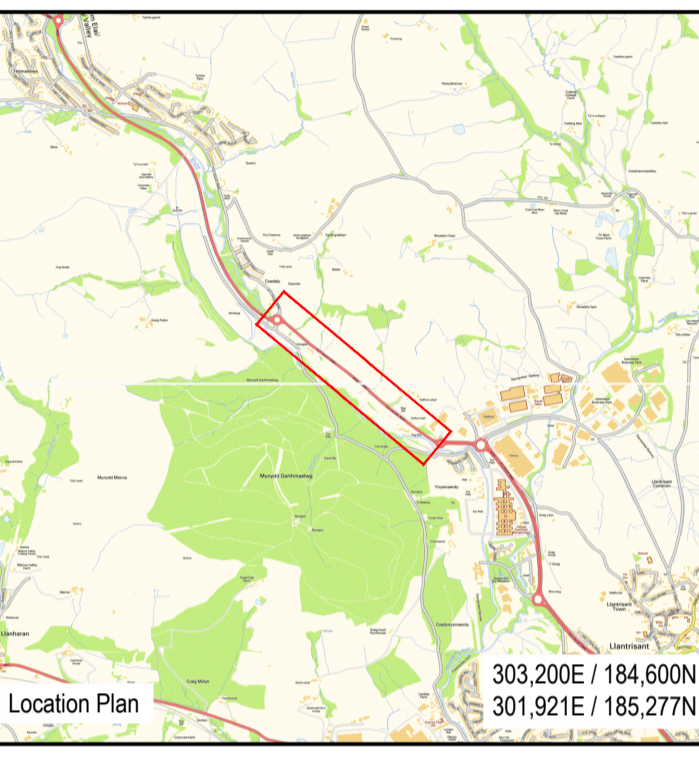
None.

Officer to contact:



Key

- New road
- Revised/raised road
- New 2m wide footway
- New/revised verge and embankment
- Site Constraints
- Central reservation



Rev	Drawn	Chkd	Appd	Description	Date
				Purpose of Issue	
				<b>S2 - Suitable for Information</b>	
				Classification	
				<b>Commercial in Confidence</b>	
				Client	
				<b>Rhondda Cynon Taf</b>	
				<b>County Borough Council</b>	
				Project	
				<b>A4119 Ely Valley Road Dualling</b>	
				Drawing	
				<b>Preliminary Proposals with Footways</b>	
				Scale @ A1	
				1:1,000	
				Drawn	
				HT	
				Checked	
				NM	
				Approved	
				Project No.	
				GC/002498	
				Date	
				July 2016	
				Drawing Identifier	
				Project - Originator - Zone - Level - File Type - Role - Number	
				GC2498-CAP-76-XX-DR-C-0007	
				revision	
				P01.1	

**CAPITA**  
Civil Engineering  
St David's House, Pascal Close, St Mellons, Cardiff, CF9 8DA  
029 2080 3500  
www.capitaproperty.co.uk  
Capita Property and Infrastructure Ltd

**DRAFT**  
23/08/2016

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