



CYNGOR BWRDEISTREF SIROL
RHONDDA CYNON TAF
COUNTY BOROUGH COUNCIL

GWŶS I GYFARFOD O'R CYNGOR

C. Hanagan
Cyfarwyddwr Gwasanaeth y Gwasanaethau Democrataidd a Chyfathrebu
Cyngor Bwrdeistref Sirol Rhondda Cynon Taf
Y Pafiliynau
Parc Hen Lofa'r Cambrian
Cwm Clydach CF40 2XX

Dolen gyswllt: Claire Hendy - Uwch Swyddog Gwasanaethau Democrataidd (01443 424081)

DYMA WŶS I CHI i gyfarfod o **PWYLLGOR CRAFFU - IECHYD A LLES** yn cael ei gynnal yn **Siambr y Cyngor, Y Pafiliynau, Parc Hen Lofa'r Cambrian, Cwm Clydach, Tonypany CF40 2XX** ar **DYDD LLUN, 24AIN CHWEFROR, 2020** am **5.00 PM**.

Caiff Aelodau nad ydyn nhw'n aelodau o'r pwyllgor ac aelodau o'r cyhoedd gyfrannu yn y cyfarfod ar faterion y cyfarfod er bydd y cais yn ôl doethineb y Cadeirydd. Gofynnwn i chi roi gwybod i Wasanaethau Democrataidd erbyn Dydd Iau, 20 Chwefror 2020 trwy ddefnyddio'r manylion cyswllt uchod, gan gynnwys rhoi gwybod a fyddwch chi'n siarad Cymraeg neu Saesneg.

AGENDA

Tudalennau

1. DATGAN BUDDIANT

Derbyn datganiadau o fuddiannau personol gan Aelodau, yn unol â gofynion y Cod Ymddygiad.

Noder:

1. Mae gofyn i Aelodau ddatgan rhif a phwnc yr agendwm mae eu buddiant yn ymwneud ag ef a mynegi natur y buddiant personol hwnnw; a
2. Lle bo Aelodau'n ymneilltuo o'r cyfarfod o ganlyniad i ddatgelu buddiant sy'n rhagfarnu, mae rhaid iddyn nhw roi gwybod i'r Cadeirydd pan fyddan nhw'n gadael.

2. COFNODION

Derbyn cofnodion o gyfarfodydd blaenorol y Pwyllgor Craffu – Iechyd a Lles a gynhaliwyd ar 7 Ionawr 2020 a 24 Ionawr 2020.

5 - 20

ADRODDIAD Y CYFARWYDDWR GWASANAETH – GWASANAETHAU DEMOCRATAIDD A CHYFATHREBU

3. DOLENNI YMGYNGHORI

Gwybodaeth mewn perthynas ag [ymgyngoriadau](#) perthnasol i'w hystyried gan y Pwyllgor.

ADRODDIAD CYFARWYDDWR CYFADRAN Y GWASANAETHAU CYMUNED A GWASANAETHAU I BLANT

4. DEALL CYLLIDEB Y CYNGOR 2019/20

Darparu trosolwg o Gyllideb Refeniw 2019/20 y Cyngor a'i Raglen Gyfalaf 3 Mlynedd (mewn perthynas â'r meysydd hynny sy'n dod o fewn cylch gwaith y Pwyllgor Craffu – Iechyd a Lles)

21 - 36

5. AROLYGIAETH GOFAL CYMRU – AROLWG O WASANAETHAU GOFAL I OEDOLION HÛN YN RHONDDA CYNON TAF

Derbyn adroddiad mewn perthynas ag Arolwg o wasanaethau gofal i Oedolion HÛn yn Rhondda Cynon Taf a gynhaliwyd gan Arolygiaeth Gofal Cymru.

37 - 70

ADRODDIAD Y CYFARWYDDWR – IECHYD A DIOGELWCH Y CYHOEDD A GWASANAETHAU CYMUNED

6. CYNLLUN GWEITHREDU'R STRATEGAETH ATAL DIGARTREFEDD

Trafod Cynllun Gweithredu'r Strategaeth Atal Digartrefedd

71 - 82

7. MODELAU TAI NEWYDD SY'N GYSYLLTIEDIG Â CHYNLLUN TAI YN GYNTAF

Archwilio modelau tai newydd sy'n gysylltiedig â chynllun Tai yn Gyntaf

83 - 88

8. ADOLYGIAD Y CADEIRYDD A DOD Â'R CYFARFOD I BEN

Adlewyrchu ar y cyfarfod a'r camau gweithredu i'w dwyn ymlaen.

9. MATERION BRYD

Trafod unrhyw faterion sydd, yn ôl doethineb y Cadeirydd, yn faterion bryd yng ngoleuni amgylchiadau arbennig.

Cyfarwyddwr Gwasanaeth y Gwasanaethau Democrataidd a Chyfathrebu

Cylchreliad:-

(Y Cyngorwyr Bwrdeistref Sirol Y Cyngorydd R Yeo a Y Cyngorydd G Holmes – Cadeirydd ac Is-gadeirydd, yn y drefn honno)

Y Cyngorwyr Bwrdeistref Sirol:

Y Cyngorydd A Roberts, Y Cyngorydd M Forey, Y Cyngorydd J Davies,
Y Cyngorydd J Williams, Y Cyngorydd P Howe, Y Cyngorydd G Stacey,
Y Cyngorydd M Tegg, Y Cyngorydd G Hughes, Y Cyngorydd Owen-Jones,
Y Cyngorydd C Willis, Y Cyngorydd W Jones and Y Cyngorydd E Griffiths

Christian Hanagan, Cyfarwyddwr Gwasanaeth y Gwasanaethau Democrataidd a Chyfathrebu

Gio Isingrini, Cyfarwyddwr Cyfadran y Gwasanaethau Cymuned a Gwasanaethau i Blant

Andy Wilkins, Cyfarwyddwr y Gwasanaethau Cyfreithiol

Neil Elliott, Cyfarwyddwr Gwasanaethau i Oedolion

Luisa Bridgman, Head Of Service Short Term Intervention

Y Cyngorydd Bwrdeistref Sirol G Hopkins, Aelod o'r Cabinet ar faterion Gwasanaethau Cymuned i Oedolion a Phlant

Tudalen wag



RHONDDA CYNON TAF COUNCIL HEALTH AND WELLBEING SCRUTINY COMMITTEE

Minutes of the meeting of the Health and Wellbeing Scrutiny Committee held on Tuesday, 7 January 2020 at 5.00 pm at the Council Chamber, The Pavilions, Cambrian Park, Clydach Vale, Tonypany, CF40 2XX.

County Borough Councillors - Health and Wellbeing Scrutiny Committee Members in attendance:-

Councillor R Yeo (Chair)

Councillor G Holmes	Councillor A Roberts
Councillor M Forey	Councillor J Davies
Councillor J Williams	Councillor P Howe
Councillor G Stacey	Councillor G Hughes
Councillor D Owen-Jones	Councillor C Willis
Councillor W Jones	Councillor E Griffiths

Officers in attendance:-

Mr G Isingrini, Group Director Community & Children's Services
Mr A Wilkins, Director of Legal Services
Mr N Elliott, Director of Adult Services

County Borough Councillors in attendance:-

Councillor J Bonetto and Councillor S Evans

23 Declaration of Interest

In accordance with the Council's Code of Conduct, there were no declarations made pertaining to the agenda.

24 Apologies for Absence

Apologies for absence were received from County Borough Councillor M. Tegg.

25 Consultation Links

The Chair referred to the consultation links which were available through the RCT Scrutiny website. The Chair reminded Members that information is provided in respect of relevant consultations for consideration by the Committee which are circulated on a monthly basis by the Graduate Scrutiny Research Officer.

26 Mental Health updating Report

The Director of Adult Service presented Member of the Health and Wellbeing Scrutiny Committee with an overview and update on the Together for Mental Health (TfMH) Strategy by considering the information provided in the Annual

Regional TfMH Statement for 2018/19 and the progress made against the key priority actions in the TfMH Delivery Plan 2016 to 2019.

It was explained that Members have received various reports on Mental Health Services with the local authority which included an overview of the work carried out by the Human Resources Department in addressing the issue of mental health in the Council.

The Director of Adult Services went on to explain the TfMH, and highlighted that its implementation is assured through TfMH Partnership Board at National and Regional Levels via Health Boards and the progress is reported through annual reports produced by Welsh Government and Regional TfMH Partnerships.

It was explained that the attendance of representatives from TfMH Partnership including the Chair of the Suicide prevention and Self Harm Group was not possible on this occasion.

Following delivery of the report the Director of Adult Services opened up the meeting for Members questions and observations.

The Committee acknowledged the very comprehensive report provided by the work of the TfMH Partnership. Members raised concerns regarding the high number of lives lost across Rhondda Cynon Taf due to suicide. Officers explained that the issue had recently been raised at the Cwm Taf Morgannwg Safeguarding Board and that Partner Agencies were currently reviewing current arrangements in line with good practice in the Bridgend area. It was suggested that the current Chair of the Suicide Prevention and Self Harm Group (Chief Executive) is invited to the Committee to discuss the current and future work of Suicide Prevention and Self Harm Group.

Members also raised concern over the length of referral time for patients being seen by Cwm Taf Morgannwg Crisis team and CAMHS. Members agreed that it would be of benefit to the Committee to have a representative from Cwm Taf Morgannwg University Health Board to attend a future Meeting to address Members concerns.

Members acknowledged that the final and third TfMH delivery plan for the period 2019/22 is due to be published by Welsh Government following consultation earlier this year and requested that they have more information presented to the at a future meeting of the Committee.

After further questioning and discussion Members RESOLVED:

- To acknowledge the content of the report
- That the Chair writes to the Cwm Taf Morgannwg University Health Board and invites them to attend a meeting of the Health and Wellbeing Scrutiny Committee to discuss any issues they may have regarding Mental Health Services across Rhondda Cynon Taf..
- Invite the Chair of the Suicide prevention and Self Harm Group to discuss the current and future work of the Group.

27 Delayed Transfers of Care Update

The Director of Adult Service presented Members with an update on Delayed Transfers of Care (DTC) performance in Rhondda Cynon Taf. It was also explained that the report draws Members attention to the plans in place across health and social care for the winter pressures period to ensure continued focus on managing DTC.

Members were informed that over the 3 year period from 2016/17 to 2018 /19 Rhondda Cynon Taf has seen a steady decline in the number of people experiencing DTC. The number of patients experiencing a delay has fluctuated, but overall there has been a 29% reduction. It was highlighted that based on the current performance figures we are expecting an increase in the number of delays in 2019/20, in line with the national trend, and in particular patients aged 75 and over.

Members were presented with various graphs which highlighted DTC performance, along with the main reasons for the delays in particular those begin experienced in 2019/20.

Officers went on to explain that the Cwm Taf Morgannwg University Health Board is required to prepare and publish an annual Winter Pressures and Preparedness Plan in partnership with its local authority partners and the Welsh Ambulance Service Trust.

Rhondda Cynon Taf's contribution to the plan focuses on the existing arrangements that support the hospital discharge process; primarily Stay Well @Home (SW @H). It was also explained that Rhondda Cynon Taf domiciliary care Support @Home Service also supports discharge and hospital avoidance through a range of targeted community responses.

The Director of Adult Service continued to explain that in September 2019, in recognition of the ongoing challenges across the health and social care system, the Minister for Health and Social Services agreed a package of £30 million to support delivery of health and social care services across Wales over the remainder of 2019/20, with a particular focus on winter pressures.

It was explained that £17 million of the additional winter pressures funding had been awarded to Regional Partnership Boards (RPB). For Cwm Taf Morgannwg RPB, the allocation is £2.7 million to focus on community based solutions of which £1.3 million had be allocated to Rhondda Cynon Taf to facilitate hospital discharge and prevent admission and provide additional

- Interim placements;
- Intermediate care and reablement capacity;
- Domiciliary care capacity;
- Social Work assessment capacity at the hospital interface
- Community occupational therapist capacity.

When concluding the report Officers opened up the meeting for Members questions.

A Member commented on the fact that the population is getting older and the support we are providing people in need of our care and support is excellent however it was concerning that national trends are showing an increasing number of delays.

A Member raised concerns over patients being transferred from District General Hospitals (e.g. Royal Glamorgan) to Community Hospitals (e.g. Ysbyty Cwm Rhondda) and in particular those patients who need nursing care home provision, the Member stated that this can be very difficult especially with there being long waiting times for a nursing home placement . The Member asked why therefore we are closing care homes.

It was explained that Members of the public are reminded that they have until December 20 to take part in the ongoing residential care consultation – and have their say on specific options for the Council’s future provision.

Members were reminded that following Cabinets agreement in September 2019, the Council is now further consulting residents over proposals to modernise residential services for older people in RCT.

The Council is currently consulting residents over proposals to modernise residential care home provision for older people and not nursing care home services.

Officer also explained the current Regional Market Position and reports to Cabinet has identified the need for more nursing care home provision and in particular dementia nursing care and work was underway Regionally to commission additional capacity with Health and other local authority partners.

The Chair also commented on the work done by the Committee on dementia nursing care beds provision and the issues highlighted around current supply and demand.

Members raised questions in respect of home care services and the increasing high demand to supporting people with more complex packages of care to live at home rather than in a care home. Members questioned the capacity across domiciliary care to deal with the current demand and how are we looking to retain staff with this very important role.

Officers explained that there was pressure on supply and capacity in some areas of the county at “peak call” times and this is being managed across care providers to minimise impact on delays awaiting commencement of care packages. It was also explained that we continue to actively support and work with providers across the sector to build capacity and resilience in the domiciliary care market and support is provided where possible by the local authority in-house Support @Home Service as a short term measure where there is a lack of capacity in the independent sector.

Member thanked the Officers for the report and after further discussion

RESOLVED to:

- Acknowledge the content of the report;
- Agreed that the Chair writes to the Cwm Taf Morgannwg University Health Board inviting them to a future meeting of the Health and Wellbeing Scrutiny Committee to discuss Delayed Transfers of Care.

The Director of Adult Services provided Members with an overview of the Motor Neurone Disease (MND) Charter.

It was explained that as Members would recall at its meeting on the 9th July 2019 the Committee requested an overview of the MND Charter in order to adopt the aims of the Charter across RCT, following the adoption of a notice of motion at the Council meeting on the 6th March 2019.

After consideration Members RESOLVED to

- Acknowledge the content of the report;
- Agree to adopting the MND Charter across Rhondda Cynon Taf.

29 URGENT ITEMS

This meeting closed at 6.30 pm

**CLLR R. YEO
CHAIR.**

Tudalen wag



RHONDDA CYNON TAF COUNCIL HEALTH AND WELLBEING SCRUTINY COMMITTEE

Minutes of the meeting of the Health and Wellbeing Scrutiny Committee held on Tuesday, 28 January 2020 at 5.00 pm at the Council Chamber, The Pavilions, Cambrian Park, Clydach Vale, Tonypany, CF40 2XX.

County Borough Councillors - Health and Wellbeing Scrutiny Committee Members in attendance:-

Councillor R Yeo (Chair)

Councillor G Holmes	Councillor A Roberts
Councillor M Forey	Councillor J Davies
Councillor J Williams	Councillor P Howe
Councillor G Stacey	Councillor M Tegg
Councillor G Hughes	Councillor D Owen-Jones
Councillor E Griffiths	

Officers in attendance:-

Mr A Wilkins, Director of Legal Services
Ms L Davies, Service Director – Public Protection Services
Ms W Edwards, Service Director – Community Services
Ms A Hayes, Arts & Creative Industries Manager
Ms A Lewis, Health & Wellbeing Improvement Manager
Mr P Mee, Director, Public Health, Protection & Community Services
Ms C O'Neill, Strategic Arts & Culture Manager

County Borough Councillors in attendance:-

Councillor R Lewis and Councillor S Evans

30 Declaration of Interest

In accordance with the Council's Code of Conduct, there were no declarations made pertaining to the agenda.

31 Minutes

It was **RESOLVED** to approve the minutes of the 19 November 2019 as an accurate reflection of the meeting.

32 Consultation Links

The Chairman advised members of the consultation links which were provided for their information and for the Committee to note any consultations that were relevant to the Committee

33 Report of the Cabinet Member for Communities, Culture & the Welsh

Language

The Cabinet Member Communities, Culture & the Welsh Language provided a [presentation](#) to Members that informed them of the current portfolio of duties.

He explained that within his portfolio included the following service areas:

- Prosperity & Regeneration (including WG/ESF employment programmes)
- Theatres & Arts Development
- Public Health & Protection
- Licensing & Registrars
- Cemeteries & Crematoria
- Community Support & Well-being (including Communities First)
- RCT Together & Support for the Voluntary Sector
- Affordable & Supported Housing
- Community Safety
- Family Support Service

Members were informed of the key themes within the portfolio which included the Cwm Taf Public Service Board, Our Valleys, Our Future Delivery Plan and the Welsh Government's Children's First initiative and ACES

The Cabinet Member Communities, Culture & the Welsh Language also advised members of the following services that fall within his portfolio and provided them with an update on the work undertaken to date.

- WAO Report Environmental Services
- EU Settlement scheme
- Food Hygiene
- PSPO
- Supporting People/Homelessness
- Community Safety
- Agile working

The Cabinet Member also provided information in relation to the following services that he is responsible for:

Community Hubs

- Two new Community Hubs were opened – including Canolfan Pennar and Yr Hwb at Ferndale. These facilities include a range of community services, including a library, access to employment support, community rooms, and a community cafe at Canolfan Pennar and childcare provision at Yr Hwb.
- Both facilities have been embraced by their local communities. Canolfan Pennar has had 85,217 visitors to the end of December 2019, In Ferndale, visitors to the library have increased by approximately 30%.
- Work has commenced on Porth Plaza to reconfigure the building into a Community Hub and the Hub at Llys Cadwyn in Pontypridd will open in March 2020.
- The priorities going forward for Community Development will be the completion of the next three Community Hubs (Porth, Llys Cadwyn and Treorchy) and work with Awen Cultural Trust to implement a plan of the reopening and restoration of the Muni Arts Centre in Pontypridd.

RCT Together

- Since commencing in 2015, “RCT Together” has received 258 enquiries about community asset transfers; 165 expressions of interest and 64 business plans. These have led to 18 leases being granted and 12 licences/tenancies at will being made for a range of community assets. It is estimated that this has levered in approximately £9million of investment by the third sector.
- The Council has a comprehensive employment programme and employment pathway to support people into work. Communities for Work Plus is funded by the Welsh Government and the programme is the best performing in Wales both in respect of the number of engagements and job entries.

Libraries

- The recent Welsh Public Library Assessment for 2018/19 confirms that the library service meets all twelve core entitlements specified in the Welsh Public Library Standards.
- In 2018/19 the libraries received 727,922 visits and issued 439,094 library materials. The trend in visit numbers since 2013/14 has been downwards, however recent investment in several libraries such as Tonypandy, Rhydyfelin and Llantrisant and the developments at the Community Hubs in Ferndale and Mountain Ash may capture this trend.
- Our priorities going forward for Libraries – increase visitor numbers at static libraries and usage of the new mobile library service.

Arts & Creative Industries

- Attendance at targeted events has increased at both theatres with nearly 10,000 attendances at the Coliseum and nearly 6,000 at the Park & Dare during 2018/19.
- RCT theatres are one of only three local authority run theatres in Wales recognised as an Arts Council of Wales Portfolio client and receive funding as a venue and production house.
- The Arts service is also commissioned to provide a range of project to support creative learning and vulnerable children and young people, for example through the Arts & Creative Industries team Youth Arts and SONIG Youth Music Industry programmes.
- Our priorities going forward for Arts – strengthen our public value offer following completion of our participation in the designing public value programme with Arts Council for Wales, piloting an inter-generational project in Treorchy. Develop a vision for the new Studio at the Park & Dare Theatre. Develop a business plan for the next 5 years.

The Cabinet Member concluded his presentation with an update on resilient families' service. In 2019, the commissioning team went out to tender for the provision of an RCT wide independent school based counselling service for children and young people aged between 7-25. The contract was reconfigured to close a gap in provision for children aged 7 to 10 years who had experienced a

loss or trauma.

He explained that the priorities for the service included:

- Further building a presence of all Community Well-being and Resilience services within the Community Hubs to raise awareness of service on offer for and deliver support to activities within localities.
- Review commissioning activities in light of the further developments around the CCG and funding flexibilities/alignment.
- Secure ministerial approval for the Early Years transformation proposals and the implementation of a universal needs based approach for Early Years services across RCT.

The Cabinet Member concluded that as part of his portfolio he had also been appointed the Climate Change Champion and was a member of the Police and Crime Panel that holds the Police and Crime Commissioner to account.

The Chairman thanked the Cabinet Member for the comprehensive presentation of his portfolio and invited questions from the Committee

A Member asked if the Cabinet Member could expand upon the resilient families' service and explain a little more what it was about.

The Cabinet Member explained that the service was very much an early intervention approach to prevent the matter escalating further where we may have had to intervene on a statutory nature. Families are offered an intensive 6 week support package to support them with many various complex issues. Families are provided with a brokerage of support services and could be signposted to various support that is available to them, support can be offered for up to 12 weeks where required and families could also self-refer into the system and can access a number of support services ranging from housing, mental health, financial debt support.

The Chairman stated he thought it was an excellent service to vulnerable families, and with this support enable them to come through difficult and complex issues that they may face to allow them to flourish. It helps to prevent future problems and influence positive manner to families.

A member referred to recent negative posts on social media in relation to a food business in RCT and asked if the officer was able to provide comment on the case.

The Service Director Public Protection advised that she was aware of posts on social media and the service had responded in writing to the business in question. She explained that a routine food hygiene inspection was undertaken, which most businesses welcome but this particular business did not. She added that they had been invited in for discussions with officers about the process and their recent inspection. She further added that legal advice had now been sought following their actions during and after the inspection which the Authority believes constituted obstruction. She reiterated that the Authority's role was to protect the public, and the officers involved were undertaking a statutory duty and where businesses do not comply the Council is left with no choice but to consider initiating legal proceedings.

A Member queried the homelessness issue around the shops in Llantrisant (later

clarified by the Member as being Talbot Green and not Llantrisant). The Cabinet Member stated that homelessness was a complex issue and had many contributory factors and there was also no clear perception of what homelessness is. He stated there were issues such as “Invisible homelessness” which included sofa surfing which was not visible and therefore not easy to remedy. He added that homelessness was a continually changing picture which is requiring more resource due to the number of people presenting themselves as homeless. He advised members that there was also work undertaken with people who are also at risk of becoming homeless so it doesn’t escalate further.

The Service Director Public Protection added that the Committee would be receiving a report on homelessness in February where Members would be advised how the Authority is implementing the Homelessness Strategy. She advised that they would also receive a report on Housing First which was an alternative model that was being piloted as currently, traditional housing options may not be suitable for clients with complex needs.

A Member asked if the Committee could receive within the report, how the Authority works with housing associations. She was concerned that empty properties were being converted but housing associations were showing no interest in using them for social housing in RCT as they felt the demand was not there.

The Service Director Public Protection advised that strategic housing functions sat within the Regeneration Department and a housing needs assessment was key to the Council and Housing Association. She stated that the housing needs assessment would be re-done next year. She suggested that the Scrutiny Committee could ask Strategic Housing Team to come to scrutiny to discuss the findings with members.

A Member stated that the Library’s in RCT provided a fantastic service. He also added that officers from the Public Health team do a fantastic job in their work with the food hygiene assessments and they should be congratulated. He asked officers how the hygiene rating of food outlets was assessed and what criteria were taken into account.

The Service Director Public Protection advised the Committee that the score reflects the officer’s judgement of competence in management of the premises, practices and systems, and structural factors in premises in deriving the overall score. She advised that in RCT 94% of our food businesses achieve a score of 3 and above indicating they are broadly compliant with food law. Anything lower than a three has intensive intervention from officers to support improvement to scores. She added that the outlet can pay a fee, which at £180 was a nationally set fee to have their premises re-inspected and their score would be reassessed to reflect any improvements made. Otherwise, the outlet would have to wait until their next inspection was due to be re-scored. She further added that that RCT has over 2000 premises to inspect.

RESOLVED: Members noted the presentation and update from the Cabinet Member

34 Welsh Audit Office Report on Environmental Health Services 2019

The Service Director, Public Protection provided an overview of the Welsh Audit Office Report titled ‘ Delivering with Less – Environmental Health Services –

Follow up Review – Rhondda Cynon Taf CBC (2019)

Members were reminded that the WAO undertook an audit in Spring 2019 assessing whether there had been any budget and staff changes within the Council's Environmental Health services since 2014 and the extent to which it had addressed the recommendations included in the 2014 report.

To inform their findings in a follow up review in 2019, WAO interviewed a selection of Officers and the Scrutiny Committee Chair and Cabinet Member, whose remit includes the Council's Environmental Health arrangements. The WAO also reviewed relevant documentation during the audit review, which took place during the period April 2019 to July 2019.

The follow up review identified 3 proposals for improvement, which were recommended as follows:

1. The Council should refresh its analysis of statutory/discretionary environmental health functions to ensure it remains a relevant and robust information base for any future decisions around budgets and service changes.
2. As part of a fresh analysis of statutory/discretionary services in environmental health, the Council should formally agree what constitutes 'required' and 'better' levels of environmental service provision for each service area. This will enable the Council to reinforce the focus on key statutory priorities and make better-informed decisions around future service provision, whilst increasing transparency for residents.
3. The Council should undertake an annual self-assessment of the effectiveness of the Health and Wellbeing Scrutiny Committee in line with an appropriate framework, for example the FRC Corporate Governance Code, to provide additional assurance to members.

The Chairman thanked officers for the very good report and audit findings and stated that it compared well when benchmarked against other Local Authorities.

A Member asked if officers were confident that we have the resilience within the department to respond to large infectious disease outbreaks.

The Officer responded that there was a lot of emphasis on maintaining officer competence, and there was a lot of resilience throughout Wales where officers had undertaken specific training to be able to support cross boundary if needed. She added that there is a system in place where if someone goes to a GP with an infectious disease, we have a duty to investigate and have to do so within strict timescales.

A Member referred to cost savings and staff reduction detailed in the report and asked how this was achieved. The Service Director Public Protection advised that the efficiencies had been achieved where staff had left the Authority and had not been replaced and assured members that the natural loss of staff had no impact on the service they were providing. She reminded members of the recent change in management structure and advised that the introduction of fees

being introduced for pest control had affected the demand for the service and this had resulted in a reduced team for that service.

A Member asked if the Council has the structure and resource in place for what has been recommended.

The Service Director Public Protection stated that she was confident the Council could deliver all statutory services to a good standard whilst also maintaining discretionary services as the resources were currently at a sufficient level. She added that the Service was also able to invest in staff in their professional development to allow them to undertake the responsibilities placed on them.

The Chairman reassured members that having attended meetings with the auditors that he did not have concerns around investment in Public Health

A Member asked if Public Health Wales (PHW) has experience of liaison with Public Health England (PHE) to deal with cross border outbreaks

The Director of Public Health, Protection and Community Services advised that there was a process of escalation within the NHS that linked PHW and PHE and PHW had drawn on experience from colleagues at PHE and reassured members there was resilience in that service. He added that he was confident that the service was robust enough to respond to a large outbreak and there was a strong support network place.

RESOLVED: Members noted the report

35 Positive Impacts On Young People Participating And Engaging With The Council's Arts Service

The Strategic Arts and Culture Manager provided the Committee with a report on the positive impact that participating and engaging with the Council's Arts Service during 2018/19 and 2019 to present, has had on the health and wellbeing of the young people in Rhondda Cynon Taf.

The Arts Service consists of the Coliseum Theatre and the Park & Dare Theatre (collectively known as RCT Theatres) and an Arts & Creative Industries Team.

Twenty-three young people participated in the 2018/19 Fortitude through Music programme, with young people improving emotional and mental wellbeing, showing positive changes to lifestyle behaviour, and improved resilience. 100% of participants indicated that they were proud of their involvement, whilst 80% said they felt better about life as a result of the project.

Members thanked the Officer for the report and also thanked the young people getting involved and engaging in youth services.

A Member thanked Callum Morgan for attending the meeting and asked him as a young person that had engaged in these programme what benefits he had gained from the scheme?

Callum Morgan told members that he and his friends didn't have a lot to do previously and they would get bored. He stated that he had felt benefits from being able to sit in a room where your voice and opinion matters and that he was able to support and help others at the same time.

A Member asked if there was any scope to show extra films on a Saturday in the Park and Dare and Coliseum theatres as they were very well attended but the showings were few and far between.

The Service Director Public Protection advised that they have a kids club that runs on a monthly basis and one would also be commencing at Park and Dare soon and that arts and crafts was currently once a month. She added that due to the success it is for that reason that they are developing at Park and Dare and would take a look and see what's possible.

A Member referred to the Miskin Project at Glyncoed where Children Looked After were provided with opportunities for them to access the provision which helped with their confidence and self-esteem, he stated that he had seen the affect these groups have on the children and it has a very positive impact on their mental health and wellbeing

A Member was pleased to hear about the positive development at the theatres and was looking forward to a chance to attend. He asked if any of the services on offer were provided in Welsh as a large part of the area spoke in the medium of Welsh.

The Strategic Arts and Culture Manager advised that they welcome children speaking Welsh to be part of the project and they have children writing and performing in the medium of Welsh. She added they also offer workshops through Welsh medium and since eisteddfod in Bridgend looking at opp to offer language in Welsh.

Members praised the opportunities that were available for children and stated that it was great for character building and reiterated excellent work that had been undertaken to date on creating the programme of events.

A Member was concerned that the theatre prices were however too expensive for the area and this priced a lot of people out of being able to attend to watch a show.

The Strategic Arts and Culture Manager stated that there would be a review of the hire and pricing policy next year.

RESOLVED: Members noted the report

36 Raising Awareness of Dementia Friendly Training across Rhondda Cynon Taf

The Health and Wellbeing Improvement Manager presented a report to inform the Committee of the plans to increase the number of Dementia Friends living and working in our communities so that people living with dementia in Rhondda Cynon Taf are better supported.

The Health and Wellbeing Improvement Manager and Health and Wellbeing Improvement Officer (Older People) of the Public Health, Protection and Community Services department attended a Dementia Friends Champion Induction in 2019. A Dementia Friends Champion is a trained volunteer who runs Information Sessions for friends, family,

colleagues and the wider community. The Information Sessions cover key messages so that those attending know about dementia, and help people to think what they could do to help. Attending the Dementia Friends Champion Induction allows them to deliver Dementia Friends Information sessions.

As a result, a Dementia Friends Information session was delivered for Elected Members in October 2019. Other Dementia Friends Information sessions have been delivered to a small number of frontline local authority staff and in the wider community to date.

A meeting was held with representatives from Cardiff Council and the Alzheimer's Society in 2019. Cardiff Council are working towards Dementia Friendly City status and have developed an e-learning module for all members of staff to complete. The delivery method provides an effective way to track the number of Dementia Friends and to raise awareness of Dementia across the workforce. Cardiff Council gave permission for Rhondda Cynon Taf council to utilise the e-learning resources that they have developed. Health & Wellbeing Scrutiny Committee Members are requested to support the roll out of the e-learning module to local authority staff as a mandatory requirement from 2020-2021.

Face to face Dementia Friends Information sessions will continue to be delivered where appropriate and where requested by Members, staff, organisations and the wider community.

A Member thanked the officer for the report and recognised the worrying predicted increase of people living with dementia over the coming decades and that the ageing population was increasing the demand on service and so there was a need to develop greater resilience in all communities.

Members agreed that the e-learning module for staff was a great start as we all may know or come across someone affected by dementia when we engage within our roles.

A member stated that an action for health community group could really benefit from the training and asked if they could utilise this and another member stated that the rollout of e-learning amongst Community groups was important as there were more and more cases of dementia confirmed every day.

The Health and Wellbeing Improvement Manager stated she was happy to deliver training sessions to Community Groups and asked Members to get in touch with her or Democratic Services Team to organise.

RESOLVED: Members noted the report and agreed and supported the roll out of an e-learning module in relation to Dementia Friends to local authority staff and any other relevant groups.

37 Chair's Review and Close

The Chair advised the next meeting would take place on the 24 February 2020

The Chair also advised that the Cwm Taf Morganwg University Health Board would be in attendance at the next Full Council meeting.

38 Urgent Items

None

This meeting closed at 6.52 pm

**CLLR R. YEO
CHAIR.**

DEALL CYLLIDEB Y CYNGOR

UNDERSTANDING THE COUNCIL'S BUDGET

PWYLLGOR CRAFFU IECHYD A LLES
24 Chwefror 2020

HEALTH AND WELL BEING SCRUTINY
COMMITTEE
24TH FEBRUARY 2020

Tudalen 21

Agendwm 4



Cynnwys

- Rhywfaint o Gyd-destun
- Cyllideb Refeniw'r Cyngor Ar Gyfer 2019/20
- Rhaglen Gyfalaf Tair Blynedd y Cyngor (2019/20 i 2021/22)
- Sylwadau Clo

Contents

- Some Context
- The Council's 2019/20 revenue budget
- The Council's 3 year capital programme (2019/20 to 2021/22)
- Concluding Comments

Rhywfaint o Gyd-destun

- Pwrpas heddiw - cefnogi dealltwriaeth y Pwyllgor o gyllideb refeniw a chyllideb cyfalaf y Cyngor

- Busnes gydag adnoddau sylweddol...

Cyfanswm y Gyllideb Refeniw (19/20) - £483M

Cyllideb Gyfalaf 3 Blynedd (19/20 i 21/22) - £173M

Some Context

- Purpose of today – to aid Committee’s understanding of the Council’s revenue and capital budgets
- A business with significant resources...
 - ❑ Total Revenue Budget (19/20) - £483M
 - ❑ 3 Year Capital Budget (19/20 to 21/22) - £173M

Cyllideb Refeniw 2019/20
Y Cyngor

The Council's 2019/20
revenue budget

Gwasanaethau Cymuned a
Gwasanaethau i Blant -
Cyllideb Refeniw 2019/20

Maes Gwasanaeth	£miliwn
Gwasanaethau i Oedolion	86.81
Gwasanaethau i Blant	47.65
Hamdden, Iechyd a Diogelu'r Cyhoedd a Thai	15.82
Trawsnewid	3.22
CYFANSWM	153.50

Community & Children's
Services -Revenue Budget
2019/20

Service Area	£million
Adult Services	86.81
Children's Services	47.65
Leisure, PHP & Housing	15.82
Transformation	3.22
TOTAL	153.50

Ffwdalen 25

Gwasanaethau i Oedolion

Maes Gwasanaeth	£miliwn	Darparu gwasanaeth
Gofal a Chymorth Tymor Hir	7.37	Carfanau asesu Gweithwyr Cymdeithasol
Gwasanaethau wedi'u Comisiynu	51.73	Gofal Preswyl, gofal yn y cartref, taliadau uniongyrchol, byw â chymorth
Gwasanaethau Darparwyr	19.06	Gwasanaethau Preswyl Mewnol a Gwasanaethau Oriau Dydd
Ymyrraeth Tymor Byr	9.52	Gwasanaethau Ailalluogi, Gwasanaeth Therapydd Galwedigaethol, Gofal Cartref Mewnol, Cyfarpar
Codi Tâl Tecach	-3.90	Ffioedd gofal sydd ddim yn rhai preswyl
Gwasanaethau Rheoli, Diogelu a Chymorth	3.03	Gwasanaethau diogelu a chymorth i fusnesau
CYFANSWM	86.81	

Adult Services

Service Area	£million	Service provision
Long term care & support	7.37	Social worker assessment teams
Commissioned Services	51.73	Residential care, Home care, Direct payments, supported living
Provider Services	19.06	In-house Residential and Day services
Short Term Intervention	9.52	Reablement Services, Occupational Therapist Service, In-house Homecare, Equipment
Fairer Charging	-3.90	Non residential care charges
Mgt, Safeguarding & Support Services	3.03	Safeguarding services and business support
TOTAL	86.81	

Trawsnewid

Maes Gwasanaeth	£miliwn	Darparu gwasanaeth
Trawsnewid	3.22	Rheoli grŵp, Uned Hyfforddi Ranbarthol, Rheoli Gwybodaeth

Tudalen 27

Transformation

Service Area	£million	Service provision
Transformation	3.22	Group management, Regional Training Unit, Information Management

Gwasanaethau Hamdden, Diogelwch ac Iechyd y Cyhoedd a Gwasanaethau Tai

Maes Gwasanaeth	£miliwn	Darparu gwasanaeth
Diogelwch y Cyhoedd	5.43	Safonau Masnach, Cofrestrydd, Iechyd yr Amgylchedd, Diogelwch y Cyhoedd / Teledu Cylch Cyfyng
Gwasanaethau yn y Gymuned	4.36	Llyfrgelloedd, Gwasanaethau Diwylliannol, Addysg i Oedolion, Gwasanaethau Cyfieithu
Y Gymuned a Llesiant	0.91	
Hamdden, Parciau a Chefn Gwlad	4.97	Canolfannau Hamdden, Parciau, Caeau Chwaraeon, Canolfannau yn y Gymuned
Cyfarwyddiaeth Cyfadran	0.15	Gwasanaethau Rheoli a Chymorth
CYFANSWM	15.82	

Tudalen 28

Leisure, PHP & Housing Services

Service Area	£million	Service provision
Public Protection	5.43	Trading Stds, Registrar, Environmental Health, Community Safety / CCTV
Community Services	4.36	Libraries, Cultural Services, Adult Education, Translation Services
Community & Well Being	0.91	
Leisure, Parks & Countryside	4.97	Leisure centres, Parks, Sports Pitches, Community centres
Group Directorate	0.15	Mgt and Support Services
TOTAL	15.82	

Gwasanaethau Cymuned a Gwasanaethau i Blant - rhai pwyntiau allweddol

- Gweithredu Deddf
Gwasanaethau Cymdeithasol a
Llesiant (newid diwylliannol)
 - Gwario llai ar argyfyngau
 - Helpu pobl i aros yn
annibynnol ac nid yn
ddibynnol
 - Llai o waith achub a rhagor o
waith trwsio
 - Canolbwyntio ar atal dwysáu
- Yr Her
 - Capasiti ac Amserlenni er
mwyn gweithredu newid
 - Cyflawni aged
effeithlonrwydd

Community & Children's Services - some key points

- Implement SS&WB Act (cultural
shift)
 - Spend less on crisis
 - Help people to stay
independent not dependent
 - Less rescue and more repair
 - Focus on preventing
escalation
- The Challenge
 - Capacity & Timeframes to
effect change
 - Delivery of efficiency agenda

Gwasanaethau Cymuned a Gwasanaethau i Blant - rhai pwyntiau allweddol

- Perygl Ariannol / Pwysau o ran y Gyllideb
- Colli Grant
- Pwysau Demograffig
- Llety i Oedolion / CIC
- Effaith y Cyflog Byw Cenedlaethol
- Model ffioedd teg
- Recriwtio a Chadw (gwaith cymdeithasol)

Tudalen 30

Community & Children's Services - some key points

- Financial Risk / Budget Pressures
 - Loss of Grant
 - Demographic Pressures
 - Adult accommodation / CHC
 - Impact of National Living Wage
 - Fairer fee model (Residential care)
 - Recruitment & Retention (social work)

**Rhaglen Gyfalaf Tair Blynedd y
Cyngor
2019/20 – 2021/22**

**The Council's 3 Year Capital
Programme
2019/20 – 2021/22**

Rhaglen Gyfalaf 2019/20 – 2021/22

- Rhaglen dreigl 3 blynedd yw'r Rhaglen Gyfalaf
- Mae'r rhaglen gyfredol gwerth £173miliwn wedi'i rhannu fel a ganlyn:

Cyfadran	2019/20 £M	2020/21 £M	2021/22 £M	Cyfanswm £M
Cyfadran y Prif Weithredwr	2.628	1.750	1.750	6.128
Ffyniant, Datblygu, a Gwasanaethau Rheng Flaen	81.755	21.696	13.941	117.392
Gwasanaethau Addysg a Chynhwysiant	26.199	5.289	5.046	36.534
Gwasanaethau Cymuned a Gwasanaethau i Blant	8.108	2.820	2.220	13.148
Cyfanswm	118.690	31.555	22.957	173.202

Capital Programme 2019/20 – 2021/22

- Capital Programme is a 3 year rolling programme
- Current programme is £173M broken down as follows:

Group	2019/20 £M	2020/21 £M	2021/22 £M	Total £M
Chief Executive's Group	2.628	1.750	1.750	6.128
Prosperity, Development & Frontline Services	81.755	21.696	13.941	117.392
Education & Inclusion Services	26.199	5.289	5.046	36.534
Community & Children's Services	8.108	2.820	2.220	13.148
Total	118.690	31.555	22.957	173.202

Rhaglen Gyfalaf 2019/20 - 2021-22 Cynlluniau Allweddol

- Gwasanaethau Cymuned A Gwasanaethau i Blant:
 - Moderneiddio llety (plant ac oedolion) £8miliwn
 - Gwasanaethau Hamdden, Parciau a Chefn Gwlad a Mannau Chwarae £3miliwn
 - Mynwentydd a Chyfleusterau yn y Gymuned £2miliwn

Capital Programme 2019/20 – 2021/22 Key Schemes

- Community & Children's:
 - Accommodation modernisation (adults and children) £8M
 - Leisure, Parks & Countryside and Play Areas £3M
 - Cemeteries & Community Facilities £2M

Sylwadau cloi

- Adnoddau sylweddol ar gael i'r Cyngor sy'n cyd-fynd â blaenoriaethau'r Cynllun Corfforaethol
- Mae'r rhagolygon ariannol tymor canolig yn awgrymu heriau sylweddol (ynghyd ag ychydig o ansicrwydd ar feysydd allweddol)
- Hanes o:
 - Gosod a chyflawni cyllidebau cytbwys (gan gynnwys cyflawni arbedion cyllideb sylweddol)
 - Trefniadau monitro a Chynllunio Ariannol Tymor Canolig cadarn yn ystod y flwyddyn

Concluding Comments

- Significant resources at the Council's disposal that have been aligned to Corporate Plan priorities
- Medium term financial outlook indicates significant challenges (along with uncertainties on key areas)
- Track record of:
 - Setting and delivering balanced budgets (including the delivery of significant budget savings)
 - Robust in-year monitoring and MTFP arrangements

Sylwadau cloi

- Gweithredu dull llwyddiannus yn gyson:
 - Cynllunio cynnar
 - Rhaglen waith y Cyngor cyfan (ynghyd ag adolygu, herio a rhoi cymorth)
 - Cyflawni arbedion yn gynnar er mwyn cefnogi buddsoddi parhaus mewn meysydd o flaenoriaeth
- Y rôl allweddol sy'n cael ei gyflawni gan Bwyllgorau Craffu'r Cyngor mewn perthynas ag adolygu/herio a chefnogi gwelliannau wrth ddarparu gwasanaethau

Concluding Comments

- Continued application of a proven approach:
 - Early planning
 - Council wide programme of work (along with review, challenge and support)
 - Early delivery of savings to support on-going investment in priority areas
- The key role performed by the Council's scrutiny committees in reviewing / challenging and supporting improvement in the delivery of services

**Diolch
a chwestiynau**

**Thank you
and
questions**

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL
MUNICIPAL YEAR 2019/20**

**HEALTH & WELLBEING SCRUTINY
COMMITTEE**

24TH FEBRUARY 2020

**REPORT OF THE GROUP DIRECTOR,
COMMUNITY & CHILDREN'S SERVICES**

Agenda Item No: 5

**CARE INSPECTORATE WALES
INSPECTION OF OLDER ADULTS IN
RHONDDA CYNON TAF**

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

1. PURPOSE OF THE REPORT

- 1.1. This report has been prepared to provide the Health and Wellbeing Scrutiny Committee with the outcome of the Care Inspectorate Wales (CIW) inspection of older adults in Rhondda Cynon Taf and the progress since the inspection and any associated actions in place to ensure continued focus on the areas for improvement identified by CIW.

2. RECOMMENDATIONS

It is recommended that the Health and Wellbeing Scrutiny Committee:

- 2.1. Scrutinise and comment on the information provided
- 2.2. Consider whether there is any further information or matters contained in the report that it wishes to receive and scrutinise in greater depth

3. REASONS FOR RECOMMENDATIONS

- 3.1. To provide the Health and Wellbeing Scrutiny Committee with an opportunity to examine the outcome of the CIW inspection of older adults and the progress made since the inspection and any associated actions in place.

4. BACKGROUND

- 4.1. In March 2019 CIW, as part of a national review of how well local authorities and health boards promote independence and prevent escalating needs for older adults, led an inspection in Rhondda Cynon Taf.
- 4.2. The inspection, delivered in collaboration with Healthcare Inspectorate Wales (HIW), explored how well Rhondda Cynon Taf Council with its partners is promoting independence and preventing escalating needs for older adults.

- 4.3. The inspection focused upon the experience of older adults as they come into contact with and move through social care services up until the time they may need to enter a care home. The inspection also considered the times when older adults experienced, or would have benefited from, joint working between Local Authority services and Health Board services.
- 4.4. The inspection evaluated the quality of the service within the parameters of the four underpinning principles of the Social Services and Wellbeing (Wales) Act:
- Support for people who have care and support needs to achieve **wellbeing**.
 - **People** are at the heart of the new system by giving them an equal say in the support they receive.
 - **Partnership and co-operation** drives service delivery.
 - Services will promote the **prevention** of escalating need and the right help is available at the right time.

and considered their application in practice at three levels: strategic; operational and individual.

- 4.5. The Inspection Report was published by CIW in June 2019 and is attached as an appendix to this report for Members' consideration.

5. INSPECTION OUTCOMES

- 5.1. Overall the report is positive with many strengths of the current service provision identified. Where CIW felt areas for improvement were required, these were not a surprise as they had been identified through Adult Services' own self-evaluation processes and included as actions in the delivery plan for 2019/20.

- 5.2. The strengths and priorities for improvement are identified by CIW under the four underpinning principles of the Social Services and Wellbeing Act (as referenced above) and are listed below, together with progress since the inspection and any associated actions in place to ensure continued focus on the areas for improvement identified by CIW.

5.3. Wellbeing - Strengths

5.3.1 People can be reassured the local authority recognises adults are the best people to judge their own wellbeing.

5.3.2 The local authority is able to demonstrate a good understanding of its own strengths and areas for improvement through a developing approach to quality assurance and learning across service areas.

5.3.3 Professional disciplines work effectively together to support wellbeing. Prompt professional responses are evident at times when people experience acute ill health or crisis, this is integral to help secure independence for people.

5.4. Wellbeing – Priorities for Improvement

5.4.1 Consistently recognise carers' roles and to ensure the voice of the carer is heard; with improved support for carers tailored to enable them to achieve their own wellbeing outcomes.

In 2019/20:

- We have appointed a new Services Manager for Carers. This brand new post has responsibility for all carer development work and management of the Carer's Project.
- We have engaged with carers and staff to get a better understanding of what the barriers to take up of a carer assessment are. This has resulted in new insight into the carer experience of the offer and a revision of the carer assessment guidance to staff and new public information for carers.
- Since December 2019, we have been piloting a new approach to carer assessment in Care and Support and we will review the initial impact during the last quarter of this financial year, and the findings will inform our business plan actions for 2020/21.
- The Carer's Project has continued to produce good quality advice and information to carers and to ensure activities and services to support low level support is available.
- The '#what matters' campaign has successfully reviewed the carers project offer and set priorities for the year ahead against what carers are stating is their priority.

5.4.2 Ensure teams working with people with longer term needs satisfactorily manage the volume of work and ensure people's needs are appropriately reviewed.

This relates to the pressure some staff were experiencing at the time managing the volume and increasing complexity of caseloads. This remains an ongoing challenge, particularly within Care and Support, where there has been significant staff turnover since the Inspection last year. This is due to a number of factors, including the new opportunities posed by the Welsh Government's Transformation Fund.

Recruitment of new social workers into Care and Support has been lower than expected and has not kept up with demand resulting in vacancies across the Service. This has been further complicated by the inability to recruit agency workers to provide interim support. In addition, it is apparent from staff feedback that the broad range of people and their conditions Care and Support are

working with is becoming increasingly challenging. As a result, the Care and Support has had to introduce a waiting list.

We have therefore started a remodeling of Care and Support and the Complex Learning Disability Team to create a new expanded Learning Disability Care and Support Team in addition to the existing Care and Support Teams. It is anticipated that this work will conclude by September 2020.

Since the Inspection last year, staffing within Care and Support has been increased with additional 6 Care and Support Practitioners and 2 Social Workers to support the pressures with the Service. We are also in discussions with Agencies to agree plans to increase short term resources to reduce existing pressures within the Service as a matter of urgency.

5.5. People (Voice and Choice) - Strengths

5.5.1 People who lack mental capacity can be confident assessment and decision making is made in their best interests.

5.5.2 RCTCBC has a clear understanding of the learning and development needs of its workforce and has a programme to address those needs.

5.5.3 Workforce is well supported by the management group, with leaders who provide clear direction.

5.5.4 RCTCBC and Cwm Taf University Health Board (CTUHB) work collaboratively and responsively to support people's independence at times of acute ill-health and during their recovery.

5.6. People (Voice and Choice) - Priorities for Improvement

5.6.1 To ensure consistent consideration is given to both informal and formal advocacy as outlined in Part 10 Code of Practice (Advocacy).

In 2019/20:

- We have engaged staff, service users and providers in work to determine what the barriers have been to the provision of advocacy. This has identified increasing demand and need for more training and awareness raising.
- A Champion network has been established, which ensures key staff across the Adult Services have access to advice, information and support about advocacy, and who in turn pass this on to colleagues in the Team.
- We used training offered by GTAP to deliver sessions with staff to the raise profile and we are making arrangements to include in the annual training calendar. We have also ensured that advocacy awareness is included induction programmes. We have produced revised public and staff information to simplify the offer and support.

- We have amended our Safeguarding Case management tool to prompt Coordinators to consider advocacy needs of adults at risk and make appropriate referrals. Quality Assurance audits have shown improvements.
- We have increased the funding available to our commissioned advocacy Providers (Age Connect Morgannwg and Dewis CIL) to employ additional capacity to meet demand and reduce risk of waiting lists and we have seen an overall increase in the number of referrals and advocacy cases being dealt with during the year to date.

5.6.2 To ensure a consistent approach to reviewing people's needs and if their outcomes are being achieved.

The planned remodelling of the Community Review Team has been delayed pending a wider review of the Care and Support and Complex Learning Disability Team as referenced earlier in paragraph 5.4.2 above.

We are aware that the Team is currently undertaking a significant number of unplanned reviews or reassessments thus reducing the number of planned reviews completed. Despite the current pressures, we are confident that the planned remodelling of Care and Support will resolve some of the pressures being experienced by the Community Review Team.

As already mentioned above, we are in discussions with other Agencies to increase our short term capacity to reduce the review backlog.

5.6.3 To ensure a consistent approach to involving people's networks of significant family and friends' as appropriate so they actively participate and contribute to the assessment, planning and safeguarding process.

This relates to a small number of cases where records did not evidence the view of key family members. Whilst, we agree in principle with the recommendation made about including the views of family/friends/carers, this could only be achieved with the valid consent of the adult at risk (or, in their best interests if they lack capacity to consent). Sometimes, adults at risk do not consent to any sharing of their information with family/friends.

We have reviewed our working practice and procedures to ensure family/friends/carers are routinely invited to case conferences with consent or in the adult at risk's best interests. If declined, responsibility for feedback to family etc is recorded on strategy meeting minutes and in the case management record. We believe invitations are being made and we will adult compliance with these actions as part as of ongoing quality assurance processes.

5.6.4 To ensure a consistent approach to people having choice and control, and improving opportunity for take up of Direct Payments.

In 2019/20:

- We have reviewed our approach to Direct Payments through engagement with staff and service users and carers. This has identified a number of issues that are being addressed and require a change to the existing Direct Payment Policy, in particular the wider use of management accounts and improvements to staff guidance and training. This work is ongoing.
- We have also worked Dewis CIL, our Direct Payments Support Service to improve to the way Direct Payment PA jobs are advertised to try and address some of the recruitment issues being experienced in Rhondda Cynon Taf. We will monitor the impact of these changes on recruitment through ongoing contract monitoring.

5.6.5 Develop wider opportunities for people to access assistive technology.

As part of the Welsh Government's Transformation Fund announced in Summer 2019, we have developed and implemented a new Assistive Technology model for Rhondda Cynon Taf.

Operational from 20th January 2020, the new service model will provide a 24 hour mobile response service to support people in their own homes by responding to non-medical emergencies. It will ensure that individuals have the right equipment to support them to remain living as independently as possible in their own homes; supporting hospital avoidance and reducing conveyances to hospital. It will also provide reassurance to users of the service and their friends and family that there is always help on hand. As part of this new development the current equipment available has been reviewed with new equipment added to increase choice for people needing assistance.

A further development planned for March 2020 is the introduction of a Wellbeing Assessment which aims to identify the proactive outbound calling needs of Assistive Technology users. From the Wellbeing Assessment an individual will be identified as requiring telephone contact daily, weekly, monthly etc. Calls will then be made, in line with the assessment outcomes, to the individual to monitor their wellbeing. Any concerns raised from the telephone contact will be responded to via the mobile responder service.

In 2020/21, we also plan to rebrand the service to appeal to people who may be a risk in the Community but would be unlikely to contact social care. This preventative approach will support people to maintain their independence and reduce dependency on more formal long term services.

5.7. Partnerships and integration (Co-production) - Strengths

5.7.1 Safeguarding coordination and communication across the multi-disciplinary group ensures an effective process to safeguard people.

5.7.2 There are examples of innovative and collaborative thinking by health and social care managers who are able to influence and demonstrate expertise and shared purpose. This results in efficient and collaborative services which meet people's outcomes and supports their independence.

5.7.3 Strong relationships and communication between providers and local authority commissioning staff.

5.7.4 Immediate and short-term response to acute referrals involving prompt multi-disciplinary responses.

5.8. Partnerships and integration (Co-production) – Priorities for Improvement

5.8.1 Take time for structured joint learning across health and social care.

This relates to joint learning between health and social care staff being limited mainly to times when teams are newly set up and some opportunistic events such as working lunches.

In 2019/20, our focus along with the colleagues in Health and the other local authority partners in the Region has been on the development and implementation of the Welsh Government Transformation Fund Projects, already referenced in this report. Whilst these developments have provided opportunity for joint working and learning, including with Bridgend Council as part of the new Cwm Taf Morgannwg Region, further is required to develop a more structured learning programme. This work will initially be taken forward in 2020/21 as part of ongoing development of a joint evaluation and learning framework for Welsh Government's Transformation Fund, prior to further roll out as part of a wider workforce development strategy.

5.8.2 Monitor the timeliness of provision of adaptations and community equipment.

This relates to the waiting for assessment in Adaptation and Community Equipment (ACE) Team that was already identified as an issue by Adult Services in its' self-assessment prior to the inspection.

At present, the waiting list still remains higher than we would like, and performance continues to be closely monitored. We continue to work with Care and Repair to process simple equipment orders. Additional Occupational

Therapy (OT) resources have been allocated to the ACE Team to address the waiting list but OT recruitment is limited and remains as issue. The development of Stay Well @Home 2 and the need to prioritise resources has compounded the problem over recent months. Agency OT are being utilised as an interim measure and permanent recruitment continues to fill vacancies. All individuals are triaged, and all priority 1 cases are allocated within the set timescale.

5.8.3 Develop more effective links with GPs to improve utilisation of community services to reduce the potential deterioration of older people living independently in the community.

Our focus in 2019/20, has been the development and implementation of the new Enhanced Community Cluster Team (ECCT) Model in partnership with Health and Merthyr Tydfil Council, as part of the Welsh Government's Transformation Fund announced in Summer 2019.

Led by Primary Care, and building on the "virtual ward" pilot in St John's medical practice in Aberdare, we are working in collaboration with Health to develop new Multi-Disciplinary Teams (MDT) (including pharmacy, nurses, mental health practitioners, occupational therapists, social workers and third sector officers) in Primary Care. We have recruited social workers to participate in three MDTs, which are due to go live as follows:

Rhondda Primary Care MDT - 24th February 2020

Taf Ely MDT Primary Care MDT - 15th March 2020

Cynon South Primary Care MDT - 6th April 2020

In 2020/21, we will be reviewing, evaluating and developing our social workers roles in MDTs over the course of the year with a view to increase our partnership working with GP's and the Primary Care Teams.

In addition, we have also as part of the Regional Transformation Fund developed and implemented Stay Well @home Phase 2. Operational from 20th January 2020, this new service has seen the introduction of 7 day working, with additional access to social care by community professionals 7 days a week, 365 days a year to 8.00p.m. This development has established new links with GP clusters and GP Out of Hours with Memorandum's of Understanding developed to support the joint working arrangements both with GP's, WAST, Nursing @home and the pharmacy led community service called Your Medicines @home.

5.9. Prevention and early intervention - Strengths

5.9.1 Staff from across health and social care services reflected a compassionate and shared vision to support people in the community.

5.9.2 Health and social care strategic managers promoted a shared approach to prevention.

5.9.3 Joint health and social care services, different disciplines and the third sector complement and work effectively together.

5.10. Prevention and early intervention - Priorities for Improvement

5.10.1 Ensure there is clarity in health and social care collaborative planning of preventative services (for example in the development of primary care hubs and community hubs).

We are working with Partner Agencies to develop regional plans which will focus on the coordinated development of services, such as Community Hubs, across a number of thematic areas; including older adults, and will contribute to early intervention and prevention priorities in Rhondda Cynon Taf and the wider region.

5.10.2 Improve engagement with people and communities including third sector partners to help prevent escalation of need.

As part of its review of effectiveness and working arrangements Cwm Taf Morgannwg Regional Partnership has identified the need to prioritise community and third sector engagement across the region with a clear focus on maximising the opportunities to prevent escalation of need.

6. EQUALITY AND DIVERSITY IMPLICATIONS

6.1. This is an information report - there are no equality and diversity implications associated with this report.

7. CONSULTATION

7.1. This is an information report - there is no consultation required for this report.

8. FINANCIAL IMPLICATION(S)

8.1. This is an information report - there are no financial implications aligned to this report.

9. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED

- 9.1. The inspection identifies where progress has been made, and where improvements are required, in line with the principles of the Social Services and Wellbeing (Wales) Act.

10. LINKS TO THE CORPORATE AND NATIONAL PRIORITIES AND THE WELLBEING OF FUTURE GENERATIONS ACT

- 10.1. The CIW Inspection Report provides evidence that supports the Council's **People** corporate priority: promoting independence and positive lives for everyone.

Inspection of Older Adults Services Rhondda Cynon Taf County Borough Council

June 2019

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

Contents

Background	4
Prevention and promotion of independence for older adults (over 65) living in the community	5
Strengths and Priorities for Improvement	6
Well-being	10
People – voice and choice	14
Partnership and integration - Co-operation drives service delivery	17
Prevention and early intervention	22
Method	25
Welsh Language	25
Acknowledgments	25

Background

The Social Services and Well-being (Wales) Act 2014 (SSWBA) has been in force for almost three years. The Act is the legal framework that brought together and modernised social services law in Wales.

The Act while being a huge challenge has been widely welcomed across the sector, bringing as it has substantial and considered opportunities for change at a time of increasing demand, changing expectations and reduced resources.

The Act imposes duties on local authorities, health boards and Welsh Ministers that requires them to work to promote the well-being of those who need care and support, and carers who need support.

The principles of the Act are:

- Support for people who have care and support needs to achieve **well-being**.
- **People** are at the heart of the new system by giving them an equal say in the support they receive.
- **Partnership and co-operation** drives service delivery.
- Services will promote the **prevention** of escalating need and the right help is available at the right time.

Welsh Government has followed up the SSWBA with 'A Healthier Wales'. A strategic plan developed in response to a Parliamentary Review of the Long Term Future of Health and Social Care.

A Healthier Wales explains the ambition of bringing health and social care services together, so they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and promoting well-being. A Healthier Wales describes how a seamless whole system approach to health and social care should be seamlessly coordinated.

Ministers have recorded the importance of having confidence and ambition in the sector to delivering results. In response we have developed our approach to inspection with a focus on collaboration and strengths with the intention of supporting innovation and driving improvement.

This inspection is led by Care Inspectorate Wales (CIW) and delivered in collaboration with Healthcare Inspectorate Wales (HIW).

Prevention and promotion of independence for older adults (over 65) living in the community

The purpose of this inspection was to explore how well the local authority with its partners is promoting independence and preventing escalating needs for older adults. The inspection identified where progress has been made in giving effect to the Act and where improvements are required.

We (CIW and HIW) focused upon the experience of older adults as they come into contact with and move through social care services up until the time they may need to enter a care home. We also considered the times when they experienced, or would have benefited from, joint working between Local Authority services and Health Board services.

We evaluated the quality of the service within the parameters of the four underpinning principles of the Social Services and Well-being Act (as listed above) and considered their application in practice at three levels:

- Individual
- Organisational
- Strategic

We are always mindful of expectations as outlined in the SSWBA codes of practice:

- *What matters* – outcome focused
- Impact –focus on outcome not process
- Rights based approach – MCA
- Control – relationships
- Timely
- Accessible
- Proportionate – sustainability
- Strengths based
- Preventative
- Well planned and managed
- Well led
- Efficient and effective / Prudent healthcare
- Positive risk and defensible practice
- The combination of evidence-based practice grounded in knowledge, with finely balanced professional judgement

Senior managers in Rhondda Cynon Taf County Borough Council (RCTCBC) told us their practice model had been developed to comply with the SSWBA, with emphasis on wellbeing, independence and prevention. We found RCTCBC, via its short term services, offered information, advice and assistance to people supported by a

proportionate assessment and a range of preventative services. Our inspection had particular focus on the effectiveness of the Single Point of Access (SPA) service and the StayWell@Home (SW@Home) initiative and how this promoted people’s well-being. This comprised:

- A hospital based team (social workers, occupational therapists (OTs), physiotherapists-all undertaking a trusted assessor role)
- @Home Nursing, nurse led service enhancing community health service
- Support@Home local authority based service which provides a four hour response and includes a number of dedicated teams:
 - Reablement service, providing a duty function working closely with SPA and a therapy programme for up to six weeks
 - In house short term enabling and reablement domiciliary care
 - Memory reablement
 - Intermediate Care, providing an enabling programme of support for up to six weeks
 - Adaptations and Community Equipment, providing an emergency function, suggestions and practical support to help people cope better with daily living and specialist equipment.

Given our inspection theme we had particular but not exclusive focus on the Short Term Care Management Team. This team comprised social workers and care and support practitioners providing a care management function for new referrals, generally working with people for up to twelve weeks. RCTCBC’s locality Care and Support Teams provided a social work service for people who have longer term and more complex needs across a range of conditions and circumstances which impacted on their well-being.

Strengths and Priorities for Improvement

CIW and HIW draw the local authority and local health board’s attention to strengths and areas for improvement. We expect strengths to be acknowledged, celebrated and used as opportunities upon which to build. We expect priorities for improvement to result in specific actions by the local authority and local health board to deliver improved outcomes for people in the local authority area in line with requirements of legislation and good practice guidance.

Well-being	
Strengths	<p>People can be reassured the local authority recognises adults are the best people to judge their own wellbeing.</p> <p>The local authority is able to demonstrate a good understanding of its own strengths and areas for improvement through a developing approach to quality assurance and learning across service areas.</p> <p>Professional disciplines work effectively together to support well-</p>

	<p>being.</p> <p>Prompt professional responses are evident at times when people experience acute ill health or crisis, this is integral to help secure independence for people.</p>
Priorities for improvement	<p>Consistently recognise carers' roles and to ensure the voice of the carer is heard; with improved support for carers tailored to enable them to achieve their own wellbeing outcomes.</p> <p>Ensure teams working with people with longer term needs satisfactorily manage the volume of work and ensure people's needs are appropriately reviewed.</p>
People – voice and choice	
Strengths	<p>People who lack mental capacity can be confident assessment and decision making is made in their best interests.</p> <p>RCTCBC has a clear understanding of the learning and development needs of its workforce and has a programme to address those needs.</p> <p>Workforce is well supported by the management group, with leaders who provide clear direction.</p> <p>RCTCBC and Cwm Taf University Health Board (CTUHB) work collaboratively and responsively to support people's independence at times of acute ill-health and during their recovery.</p>
Priorities for improvement	<p>To ensure consistent consideration is given to both informal and formal advocacy as outlined in Part 10 Code of Practice (Advocacy).</p> <p>To ensure a consistent approach to reviewing people's needs and if their outcomes are being achieved.</p> <p>To ensure a consistent approach to involving people's networks of significant family and friends' as appropriate so they actively participate and contribute to the assessment, planning and safeguarding process.</p> <p>To ensure a consistent approach to people having choice and control, and improving opportunity for take up of Direct Payments.</p> <p>Develop wider opportunities for people to access assistive technology.</p>
Partnerships and integration - co-production drives service delivery	
Strengths	<p>Safeguarding coordination and communication across the multi-disciplinary group ensures an effective process to safeguard people.</p> <p>There are examples of innovative and collaborative thinking by health and social care managers who are able to influence and demonstrate expertise and shared purpose. This results in efficient and collaborative services which meet people's outcomes</p>

	<p>and supports their independence.</p> <p>Strong relationships and communication between providers and local authority commissioning staff.</p> <p>Immediate and short term response to acute referrals involving prompt multi-disciplinary responses.</p>
Priorities for Improvement	<p>Take time for structured joint learning across health and social care.</p> <p>Monitor the timeliness of provision of adaptations and community equipment.</p> <p>Develop more effective links with GPs to improve utilisation of community services to reduce the potential deterioration of older people living independently in the community.</p>
Prevention and early intervention	
Strengths	<p>Staff from across health and social care services reflected a compassionate and shared vision to support people in the community.</p> <p>Health and social care strategic managers promoted a shared approach to prevention.</p> <p>Joint health and social care services, different disciplines and the third sector complement and work effectively together.</p>
Priorities for improvement	<p>Ensure there is clarity in health and social care collaborative planning of preventative services (for example in the development of primary care hubs and community hubs).</p> <p>Improve engagement with people and communities including third sector partners to help prevent escalation of need.</p>

1. Well-being

Findings:

Senior officers demonstrated a consistent approach to changing the way RCTBC delivers services. Their planning featured improved ways of integrated working and a move away from a previous culture of dependence on services to identifying what works for the community in supporting the well-being agenda. The local authority has invested heavily in sport and leisure with a clear plan to incentivise people to look after themselves. This has significant relevance for the future well-being of all people living in Rhondda Cynon Taf County Borough (RCTCBC).

An approach to quality assurance was evident based on an organised auditing schedule which emphasised strengths and practice learning. Management oversight of operational performance was evident.

Underpinning practice was a clear priority to identify what matters to the person. People told us of their desire to remain living at home as long as possible and how they had been supported to achieve this outcome through the support of a range of services that addressed their needs.

We identified how practitioners across different disciplines were able to respond promptly to people's changing needs; support being developed to address escalating need in order to meet an individual's desired outcome, to remain living independently.

Evidence at the individual level:

- 1.1 People can be confident their wishes and feelings will be prioritised and the local authority has regard to the presumption that the adult is best placed to judge his or her well-being.
- 1.2 The recording of *What Matters* conversations captured people's perspective and individual histories, particularly important for people living with dementia.
- 1.3 People can expect to be supported to meet their outcomes, but sometimes more specific personal outcomes related to overall well-being and recognition of strengths would have improved the quality of an assessment.
- 1.4 We found people received prompt support from multidisciplinary teams to return home following a period in hospital. This meant people's well-being was quickly promoted and enabled people to meet this personal outcome. The integrated SW@Home service (see also section 3.6) was pivotal in this respect; we identified many examples of different disciplines working effectively together to support people's independence. For example, we reviewed a file where an individual who was unable to mobilise was supported to return home through coordinated planning involving the person, Support@Home, family members, a domiciliary care provider and district nurses.

1.5 We identified opportunities to support carers were sometimes overlooked, with the pressure of caring not fully acknowledged during assessments. A person discharged from hospital had received Support@Home and was being visited by her daughter twice every day. Records did not indicate the role of the family carer had been considered. Practice in consideration of the role of carers was inconsistent as we found some files had recorded the offer of a formal carer assessment and a carer assessment being undertaken.

Evidence at operational level:

1.6 RCTCBC has developed a responsive service partly because it has embedded a culture that is flexible and allows staff and managers to make decisions and allocate resources. SW@Home has a system of trusted assessors which allows professionals across different disciplines to assess and promptly arrange support to meet people's outcomes.

1.7 For short term social work case management a daily panel enabled packages of care for people to be promptly implemented whilst also providing a quality assurance function. Managers who support the locality teams (working with people who had longer term and more complex needs) also have autonomy to approve packages of care promptly.

1.8 The SPA team was able to directly and promptly arrange services such as the local authority's intermediate care service or its reablement team.

1.9 We found some teams, notably the locality, safeguarding and review teams were working beyond their capacity, although we did not see this adversely impacted on the quality of practice across files reviewed. Delay in allocation was identified in the locality teams and some staff described crisis management as a means of managing high caseloads. They described the challenge in balancing risk and prioritising casework. Responses to our staff survey corroborated this finding and the pressure some staff experienced as a consequence of the volume and increasing complexity of caseloads. The senior management group have to an extent recognised this pressure in utilising agency staff and employing additional staff, however we found pressures remained.

1.10 The purpose of the local authority's Community Review Team is to ensure people have a timely review of their care and support plan. It was evident the capacity of the team meant not all people were receiving a timely review. Managers and staff have recognised this and the remit of this team is under review. We found some key professionals commented they were not invited to review meetings, this means they were not involved in important amendments or

changes to care and support plans. Our findings indicated this did not appear to have an adverse impact on people's outcomes.

- 1.11 Practitioners captured information to develop a person's assessment. Across teams we found recognition of the importance of *What Matters* conversations in developing preventative responses to people; for example a person who was lonely due to immobility was quickly linked to a befriending service. A distressed person was listened to by a SPA team member and through prompt inter agency communication it was arranged for a support officer to visit the person that day.
- 1.12 As referenced above, sometimes the role of the carer was underestimated and this contributed to a breakdown in support arrangements. Greater reflection during assessment on the role of the person's carer, the support they may need and contingency planning would have improved circumstances for some families.
- 1.13 There was a multi-agency approach to responding to safeguarding concerns. Whereas actions were generally recorded and cooperation was evident in working towards the person's safety and well-being, improved clarity in recording the rationale for safeguarding decisions was required in some of the files we reviewed. For example, a file we reviewed centred on three referrals to the Multi-Agency Safeguarding Hub (MASH) in relation to alleged financial abuse. Although no harm was evident to the individual, there was no narrative or rationale for the decision not to proceed to a Section 126 investigation.

Evidence at strategic level:

- 1.14 We heard a consistent message from senior officers in promoting integrated working and a clear understanding of the principles underpinning the SSWBA and the well-being agenda. Senior officers demonstrated an awareness of strengths and areas for improvement; this was corroborated by the openness of responses during interviews and the local authority's own self-evaluation.
- 1.15 Managers modelled the principles of the SSWBA by working co-productively with their workforce. This has, for example, resulted in managers actively working with staff to develop a shared view of their learning needs. Bespoke training had been organised since a service re-structure two years ago. Most recently a number of staff had requested specific learning disability training and this had been arranged.
- 1.16 RCTCBC is developing its approach to quality assurance; a methodology for auditing files was seen but this was not fully embedded across service areas. An overarching quality assurance document had been developed with staff which requires time and focus to ensure it is fully implemented. A quality assurance

board is being established with the intention of drawing together learning from practice.

- 1.17 Although staff reported receiving good supervision and support from management at all levels, we did not see evidence of critical evaluation in supervision recording we reviewed which is one of the goals outlined in the quality assurance document.

2. People – voice and choice.

Findings:

Through review of care and support records and talking to people receiving services we were satisfied people's views were ascertained and their wishes and feelings given high regard. When people's capacity to understand was compromised, significant family members and advocates participated in best interest meetings when critical decisions were being made about key aspects of the person's life.

We identified the profile of family carers was not fully recognised by practitioners, with consideration to a carer assessment not always evident. Work is required to improve consistency in relation to considering carer's needs.

Where people and carers wished to take risks in order to remain independent, records showed a balanced approach with options explored to minimise risk. We identified situations where older people as carers were supported to maintain their caring role. This enabled them to meet their desired outcome, to remain living at home as independently as possible. As indicated, however, sometimes the circumstances for the carer and the pressure they experienced was not fully understood.

Evidence at individual level:

- 2.1 We found records of conversations with people talking about what was important to them. We spoke to one person who described how as she became increasingly mobile she and her family were consulted about reducing the level of support. She felt practitioners had accommodated her wishes and feelings.
- 2.2 The voice of informal advocates was recognised in the records we reviewed, but this was not always given sufficient prominence. This means assessments were not always holistic and were at risk of omitting important information and not fully understanding the role of key family and friends in supporting an individual's independence.
- 2.3 People who lack mental capacity can be confident formal advocacy is offered and their contribution is evidenced in best interest decisions.
- 2.4 Mental capacity assessments we audited were undertaken to a good standard. Recording of mental capacity assessments demonstrated verbatim recording of the questions asked and the responses people provided. Questions were articulated in an appropriate manner, practitioners were recognised to give depth of thought and time in communicating with people. They considered the individual's understanding, retention, use, and weighing up of salient information.

2.5 Assessment practice demonstrated an intense focus on the outcome for the person to maintain independence; sometimes the carer's needs were not always fully recognised. This has potential for packages of care to be unsustainable as strain on family carers may not be fully acknowledged.

Evidence at operational level:

2.6 We found staff were aware of direct payments but did not give this a high priority. This seemed to be due to a perception direct payments were not appropriate for older people to manage, and there was a shortage of identified personal assistants to provide care and support. This meant the full range of options for people and their carers to meet their outcomes may not be fully presented to them.

2.7 Assessments would be improved if there was greater clarity and fuller conversations about outcomes. We saw routine recording of outcomes (this was often about the person wishing to remain or resume independence) but more detailing of desired personal outcomes, and ascertaining the views of significant family members would have enhanced both understanding of what were important considerations and the quality of the response to meet outcomes.

2.8 Some file records we reviewed which followed a safeguarding pathway did not include the views of key family members. Through their own audit process, the local authority recognised the need to ensure all key professionals are involved in strategy discussions and enquiry. This should be broadened to include key family and friends as appropriate, taking in to account the informed consent of the individual. This is important to ascertain a fuller account and understanding of people's circumstance, the strengths and barriers to achieving positive outcomes and has potential to miss opportunities to co-produce solutions. It is equally important people and their carers are made fully aware of the outcomes of the safeguarding process.

2.9 We were told there was a shortage of independent sector domiciliary care support in some areas of RCTCBC. This has potential to limit the care and support available to people depending on where they live. The RCTCBC Support@Home service offered a flexible service and was able to respond when other providers had a capacity shortfall.

2.10 We also heard the availability of other support services, such as befriending, could be locality dependent.

2.11 We recognised local authority managers were responsive to identified need. For example, a new carers post is to be appointed to improve support for carers across the service, improve carer assessment and to develop policy.

Evidence at strategic level:

2.12 We noted senior managers had introduced a quality assurance system to address practice concerns that may impact on individual well-being. We saw an issue log which recorded practice concerns in relation to hospital discharges (including delayed discharge), community services and inter-professional liaison with the SPA. A group of local authority managers analysed any patterns and raised these with CTUHB colleagues as appropriate.

2.13 Senior managers worked closely with the Older People's 50 Plus Forum (known as OPAG) as a group representative of people living in the community. The local authority considers this group provides an important role in consultation processes, for example participating in RCTCBC's review of Day Care Services and Residential Care for Older People.

2.14 RCTCBC has contracts in place to provide advocacy through Age Connects Morgannwg for people aged fifty and over. One paid advocate is provided with scope to draw on others if necessary. Quality monitoring meetings are held with the provider; the local authority has identified a capacity issue and is currently reviewing plans for formal advocacy support.

3 Partnership and integration - Co-operation drives service delivery.

Findings:

Professionals we interviewed at operational and management level were consistent in how they described the way they wanted to support older people's independence. This was evident across the multi-disciplinary groups working with older people. There was consensus and cooperation about the way they provided services to help people meet outcomes and take on board people's wishes and feelings. The ethos of the SSWBA was understood and operationally we recognised professionals working towards reduction of risks to enable people to maintain their independence.

The multi-disciplinary model was not predicated on co-location but was effective as agencies were working closely together to support independence.

The provision of support to individuals with acute ill-health is heavily reliant on a group of senior managers working closely together across health and social care. We found these managers worked well together as they recognised common ground, respected professional difference and could challenge one another through healthy communication. This was a prominent theme emerging across our fieldwork methodology.

RCTCBC's Adult Safeguarding Team is based at the MASH at Pontypridd Police Station. Staff consistently reported good working relationships with the Safeguarding team, with a consistent understanding of thresholds. Through review of files we identified a satisfactory standard of multi-agency safeguarding practice.

Evidence at individual level:

- 3.1 We identified examples of partnership working having a positive impact on people's well-being. One person told us how the SW@Home service worked with him for four hours at the hospital emergency department after a fall to avoid admission. What mattered to this person was to remain living at home independently. Staff in the hospital recreated a domestic environment and tested the person's mobility. This resulted in the person returning straight home with support. The person's family member described this as a 'seamless and immediate' response. At home, therapists arranged aids and equipment and helped reorganise the environment to ensure that the person was able to get around the home safely. The package of domiciliary care was also increased.
- 3.2 Files we reviewed illustrated good communication across disciplines during a range of different assessments about for example; nursing assessment, potential end of life care arrangements, urgent occupation therapist (OT) and adaptation assessment. Commonly these conversations centred on preventing people

reaching crisis. This means the needs of people are being addressed by a range of disciplines, helping people to maintain their independence.

- 3.3 We identified RCTCBC fully utilises OTs who had an essential role in reablement. These health and social care funded posts were based in the local authority Reablement Team as part of the Support@Home service. They were integral to multi-agency working and were key in working with hospital based OTs in the SW@Home team to allow optimum patient flow with prompt assessments recognised in both admission to and discharge from hospital teams.
- 3.4 Robust functional assessments were recognised to secure independence; for example a prompt social worker and OT assessment enabled a person who was unable to mobilise to utilise equipment to aid standing and safe transfers without any delay to support the person's identified outcome to be independent. Another person told us how an OT delivered equipment needed the same day it was required, therapists then provided support and quickly returned with a wheeled commode and hoist.
- 3.5 We found assessments undertaken by physiotherapists and OTs complemented social care assessment. We regularly identified the assessment output as an adaptation to a home, supported by moving and handling advice and complemented by district nurse involvement, this enabled people to meet their outcomes. There was a smooth transition of referrals between the hospital based OTs and those OTs based in the Support@Home local authority team. We were told there had been a long waiting list in the *Adaptation and Community Equipment Team (ACE)* team but some diverted work to *Care and Repair* and improved system management had increased efficiency and reduced the waiting list. A system was now used to prioritise urgent need and lower priority referrals were mostly being managed in the set six week RCTCBC target. This is an area that RCTCBC senior managers have already identified and continue to monitor demand.

Evidence at operational level:

- 3.6 The regional integrated health and social care team, SW@Home, provides a pathway from hospital discharges through to the community, with the aim of preventing admission and reducing the length of stay in hospital. We identified this service as efficient and responsive enabling people's outcomes to be met and independence promoted. This is a good example of how health and social care can work effectively together. The Support@Home service provides a four hour response to SW@Home and is able to support hospital discharge seven days a week, including bank holidays. Some difficulties were identified when

there was poor communication from hospital ward staff in respect of planning, with people not being kept updated of developments.

- 3.7 All staff for this service can undertake proportionate assessments as trusted assessors and support from either of the local authorities (RCTCBC or Merthyr Tydfil County Borough Council), including where necessary, community health or pharmacy support, via specialist services, can be brokered.
- 3.8 SW@Home team continue to be involved with people for up to 14 days, during which period a review is undertaken, with referrals and handover outside the service for continuing input and support where this is required. Our findings corroborated people experienced timely responses from this service.
- 3.9 We found evidence of strengthening community health responses through the Health @Home nursing service, the Your Medicines @Home and third sector partnership through Age Connects Morgannwg providing additional community health and pharmacy support. These services were supplemental to district nursing service and also provided a four hour response. We noted referrals to this team were in the main made by professionals in secondary health care. We did not find strong evidence of GP uptake, although we recognised the team fed back into the responsible GP regarding interventions they made for the individual concerned.
- 3.10 Age Connects Morgannwg also has hospital based staff supporting discharges and works closely with SW@Home. They facilitate hospital transport arrangements and can assist with medicine collection.
- 3.11 We saw examples of GPs working directly in primary care hubs and with 'virtual' wards and plans for OTs to be placed in health centres. This provides a full multi-disciplinary team approach to assist in maintaining an individual at home but is not yet widespread across the county.
- 3.12 Although we heard of examples of joint learning between health and social care staff, this was mainly at times when teams were newly set up and some opportunistic events such as working lunches.
- 3.13 We heard from domiciliary care providers about their good working relationship with the local authority. They told us about mutual support to ensure people received continuity of service. Brokerage staff and providers referred to a revision of the commissioning strategy and a commitment to move towards an outcome based commissioning process. We noted part of the current contract for domiciliary care and extra care is that providers will signpost people for advice as part of a more holistic community response.

- 3.14 We identified good joint working where the district nurse had played an integral role in supporting people's independence, however communication with district nurses was identified as problematic by some social care staff. They described persistent problems contacting the district nurse which was a source of delay in taking forward assessment and care planning with people.
- 3.15 We saw strong inter-disciplinary working at the MASH. RCTCBC's adult safeguarding staff in the MASH used the MASH Information Sharing Platform, a system used to share case work information across professional groups. The 'MHub' system is accepted as having operating difficulties and the MASH partnership is in the process of replacing or upgrading it via South Wales Police, who manage the system.
- 3.16 We considered the overall standard of multi-agency safeguarding practice, mainly evidenced through audit of a sample of safeguarding files, to be of satisfactory standard. We identified safeguarding logs being used, but the rationale for key decisions was not always evident. We also found a thorough approach to thinking through future risks to vulnerable adults was not always evident.
- 3.17 Although not directly within the scope of this inspection, a theme emerging from interviews of professionals and people, relatives and carers was the essential role of hospital ward staff in promoting independence. Concern was expressed that this group of staff could have limited information about community services and misunderstood the role of social care staff. This was a catalyst to communication difficulties and restricted forward planning. Relatives were concerned that during the hospital stay people were clinically treated, but some aspects of their key independence skills, for example maintaining mobility, were overlooked.

Evidence at strategic level:

- 3.18 RCTCBC and CTUHB have invested heavily in working together to be responsive to people who have episodes of acute ill health, avoid unnecessary hospital admissions, reduce the time people spend in hospital, and support reablement and independence. Inter-disciplinary services have been aligned to respond in a coordinated manner to address individual outcomes. Through review of records, interviews with staff and people who had received support to maintain independence and their families we were able to corroborate the effectiveness of partnership working and how this impacted on individual well-being.
- 3.19 We recognised a clear strategic overarching framework that enabled multi-agency planning and delivery of services. The Area Plan Delivery and Implementation Group (APDIG) advises the Cwm Taf Social Services & Well-

Being Transformation Leadership Group (TLG) and Social Services and Well-being Partnership Board (SSWPB). The third sector (Interlink) are represented on the TLG and Regional Planning Board. A series of 'Statements of Intent' have been developed to help lead significant service development. Through this route RCTCBC and CTUHB hope to secure transformation funding to develop the next phase of the SW@Home initiative, SW@Home2.

- 3.20 We found the SW@Home approach was a good example of a joint approach to meeting people's outcomes. This has been based on mutual understanding across organisations, recognising common ground and working through professional differences. We identified other examples of joint working initiatives that have proven beneficial in both improving outcomes for people and demonstrating cost efficiency. This has been illustrated through the single carer project and the joint funding bid for the specialist dementia team currently working in care homes to extend its scope to also work with people in their own homes.
- 3.21 The co-location of the Community Psychiatric Nurse (CPN) team covering the Taf area, alongside social care staff has provided opportunity for sharing of knowledge across disciplines and effective communication. CPNs provided support for people across a range of mental health needs from complex dementia to acute depression with medication monitoring and stabilisation a key role. They offered mindfulness as therapeutic practice for people. Some concern was expressed by social care staff that CPNs had moved out of the Rhondda office and this had adversely impacted on the working relationship across health and social care staff.

4 Prevention and early intervention

Findings:

Our review of files identified examples of practitioners working together with emphasis on prevention and supporting people's independence. We found recorded evidence of collaborative conversations across all parties and the implementation of co-produced plans to minimise repeat of an incident.

RCTCBC has invested in services that are responsive to acute crises facing older people. The professional response to supporting people following a crisis was characterised by a thorough assessment and intervention of services that helped to meet individual outcomes. We found timely and proportionate responses that prevented the potential for circumstances to deteriorate or breakdown.

We found RCTCBC is working with the third sector to develop a preventative approach across communities. Working relationships between SPA and community professionals, including community connectors and Age Connects Morgannwg were recognised.

Evidence at individual level:

- 4.1 People can be confident RCTCBC will fully support a person's outcome to remain or return home and live independently. We found evidence of a range of services enabling people to meet their personal outcomes. For example, one person's care and support needs were met through a physiotherapist working on mobility, an OT looking at cooking facilities and care workers ensuring medication was administered.
- 4.2 We found changing circumstances and changes to personal outcomes were addressed ensuring people could remain appropriately supported living at home. People told us they felt listened to and were supported if they were unhappy with care being provided.

Evidence at operational level:

- 4.3 We identified a preventative approach being taken by practitioners. We saw assessment of people with multiple debilitating health conditions being provided with intermediate care with the goal of helping the person to regain their previous level of independence. We found examples of how care and support plans and assessments had been updated routinely with partner agencies to enable a person to live independently. A plan to address a risk of falls was implemented by an OT which minimised risk for a person. This was complemented by third sector services that helped with shopping and meals on wheels. Together with support from a speech and language therapist, this amounted to a

comprehensive package enabling the individual to be sustained living in their own home.

4.4 Assessments were sometimes so focused on supporting people to self-care that wider needs were overlooked. For example, a person was receiving a full package of support to maintain independence, but wider social needs were not considered. For this situation, the person was socially isolated and lonely. Similarly, the needs of carers were sometimes overlooked as the professional response focused on developing a package of care.

4.5 We identified the Adult Protection Prevention Officer post based with the Adult Safeguarding Team, as providing an important educative and liaison role with professional groups with an emphasis on prevention. For example, recent work had been undertaken with people living with a learning disability focusing on internet safety.

4.6 We found assistive technologies and telecare was promoted and often utilised as part of a package of support to address outcomes identified by people. From a sample of files we reviewed we found in all instances, the application for a lifeline was administered the day or day after the assessment where the need was identified. We saw examples where care and support plans agreed at the daily panel resulted in prompt approval of a range of assistive technology services. A file we reviewed involved a person living with vascular dementia who was determined to be as independent as possible. He had been referred to the memory clinic and a care and support plan agreed by panel included telecare; a falls detector and heat and smoke alarms linked to a Lifeline unit. A referral to Care and Repair was completed to undertake adaptations to a shower access area.

4.7 *Care and Repair* is supported through Welsh Government funding to complete minor practical work at home without going through the SPA service. *Care and Repair* have a rapid response project for people with dementia in addition to their mainstream delivery of minor works. There was no waiting list for the service and we identified integrated working alongside other services, and efficient and prompt responses.

Evidence at strategic level:

4.8 We found the local authority had a good understanding of need across the community underpinned by the population needs assessment. An effective front door service ensured people's needs were identified early and those who required help to meet their eligible needs and outcomes were identified.

- 4.9 RCTCBC is developing community hubs with the Ferndale area being used as a pilot area. Supported by good relationships with the third sector through Interlink, we found a developing ethos about facilitating communities to develop themselves. Third sector engagement in planning and partnership arrangements was evident.
- 4.10 Interlink is the voluntary umbrella body for RCTCBC, representing five hundred organisations across the borough. Community Coordinators (CCs) have been funded through the Integrated Care Fund and line managed by Interlink to promote independence through third sector provision, with a focus on loneliness and isolation. We found CCs had good communication with SPA and RCTCBC's First Response Team. This has benefits in that 'signposting' services can be promptly provided to people contacting RCTCBC. The local authority has good systems in place in relation to contract management arrangements, including regular monitoring visits.
- 4.11 We saw primary care clusters playing a role in promoting public health and are funding third sector projects around new approaches to managing loneliness and social prescribing. Primary care clusters also receive funding for CC posts and it will be important for RCTCBC and CTUHB to ensure good communication between the respective posts which are an essential element of a prevention approach and a bridge to services available in the local communities.
- 4.12 RCTCBC and CTUHB have identified funding for these and other preventative posts is time limited and sustainable funding is a challenge for both organisations, a persistent issue identified by health and social care managers of services established through short term funding.

Method

We selected case files for tracking and review from a sample of cases. In total we reviewed 69 case files and followed up on 16 of these with interviews with social workers and family members.

We spoke with some people and carers who used the services and administered a public survey via our website.

We reviewed 10 mental capacity assessments.

We interviewed a range of local authority employees, elected members, senior officers, director of social services, the interim chief executive and other relevant professionals.

We administered a survey of frontline social care staff.

We reviewed nine staff supervision files and records of supervision. We looked at a sample of three complaints and related information.

We reviewed performance information and a range of relevant local authority documentation.

We interviewed a range of senior officers from the local health board and spoke with operational staff from the local health board.

We interviewed a range of senior officers from statutory organisations and partner agencies from the third sector.

We read relevant policies and procedures.

We observed strategy meetings and allocation meetings.

Welsh Language

English is the main language of the local authority and the inspection was conducted accordingly. We offered translation in co-operation with the local authority. Welsh is spoken in RCTCBC as are a small range of other languages. RCTCBC is developing the active offer of contact through Welsh, and promotes and raises awareness of the language amongst staff and provides workforce development training through the language.

Acknowledgements

CIW would like to thank all those who gave their time and contributed to this inspection: individuals and carers, staff, managers, members, partner organisations and other relevant professionals.



RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

MUNICIPAL YEAR 2019-20

HEALTH AND WELLBEING SCRUTINY COMMITTEE

DATE: 24th FEBRUARY 2020

REPORT OF THE DIRECTOR, PUBLIC HEALTH, PROTECTION & COMMUNITY SERVICES

Agenda Item No. 6

**UPDATE ON THE RCT
HOMELESSNESS STRATEGY 2018-
2022**

Authors: Louise Davies, Service Director- Public Protection
Cheryl Emery, Supporting People and Housing Options Manager

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an update on delivery of the RCT Homelessness Strategy 2018-2022 that was approved by Cabinet on the 18th December 2018.

2. RECOMMENDATIONS

It is recommended:

- 2.1 That Members scrutinise the content of the report and consider any further actions required as a result.

3. REASONS FOR RECOMMENDATIONS

- 3.1 The Council has a statutory duty under the Housing (Wales) Act 2014 to undertake a homelessness review for its area. Based on the findings of that review, there is a further duty to formulate and adopt a Homelessness Strategy that will prevent homelessness and ensure suitable accommodation and satisfactory support is available for people who are or who may become homeless.

4. BACKGROUND

- 4.1 The RCT Homelessness Strategy 2018-2022 is a four year strategic plan which is underpinned by an evidence based review of needs. The plan directs the development of regional and local actions to prevent homelessness. The Draft Strategy was subject to scrutiny by the Health and Wellbeing Scrutiny Committee on the 6th November 2018. The Final Strategy was approved by Cabinet on the 18th December 2018 and is available in full on the following link:

<https://www.rctcbc.gov.uk/EN/Council/CouncillorsCommitteesandMeetings/Meetings/Cabinet/2018/12/18/Reports/Item4HomelessnessStrategy20182022.pdf>

- 4.2 Current homelessness legislation in Wales became operational on the 28th April 2015 via Part 2 of the Housing (Wales) Act 2014. This Act placed new duties on Local Authorities to help anyone seeking housing advice and assistance, with an emphasis on prevention of homelessness via early intervention to tackle the causes of homelessness in a strategic and co-ordinated way.
- 4.3 Homeless prevention is defined as an intervention on the part of a service that enables a person who is threatened with homelessness to either remain in their current accommodation or to make a planned move to alternative suitable housing which is available for their occupation for at least 6 months.
- 4.4 The Homelessness Strategy 2018-22 outlines the strategic objectives which the Council, assisted by partners and stakeholders will strive to achieve over the next four years. Detailed actions have been identified under each of the three strategic objectives:
- **Objective 1:** Preventing homelessness and repeat homelessness from occurring, wherever possible, therefore reducing homelessness.
 - **Objective 2:** Ensuring that appropriate support and accommodation, including temporary and emergency accommodation, is available to meet the needs of homeless and potentially homeless people.
 - **Objective 3:** Ensuring people with housing support needs have these fully assessed and have access to services to maintain independent living.

The detailed actions are outlined in Appendix 1 of this report alongside the steps being taken to achieve the objectives.

- 4.5 Welsh Government introduced a national performance indicator (PI) that each Local Authority has to report on annually to give some measure of how effective they are at preventing homelessness across Wales. This PI asks Councils to calculate *“the percentage of clients (who are confirmed to be at risk of homelessness within the next 56 days) who have their homelessness successfully prevented following advice and assistance from the Council”*. In 2018/19, the Council’s performance was 71% and to

date at quarter 3 in 2019/20, the performance is 75% against a target of 70%. This compares with a performance of 75% in 2017/18, 63% in 2016/17 and 49% in 2015/16.

5 CONSULTATION / INVOLVEMENT

- 5.1 There are no consultation implications arising from this report. Members will note that in undertaking the review of homelessness, the Council consulted with service users at the Housing Advice Centre and clients in temporary accommodation to get views on their experiences of what works well in homeless services in RCT and what barriers they faced when seeking support. Wide engagement with stakeholders was also undertaken.

6 EQUALITY AND DIVERSITY IMPLICATIONS

- 6.1 There are no equality and diversity implications arising directly from this report. A full Equality Impact Assessment was undertaken as part of the development of the Homelessness Strategy.

7 FINANCIAL IMPLICATIONS

- 7.1 Funding commitments are already in place by way of homelessness funding in the Revenue Support Grant, Welsh Government Supporting People Grant and Homelessness Prevention Grant.
- 7.2 The new Housing Support Grant will be introduced from April 2020 and will amalgamate three existing grants i.e. Supporting People and Homelessness Prevention Grant and Rent Smart Wales enforcement funding. This funding will assist in the delivery of many of the actions identified in this Strategy. Other funding streams such as the Social Housing Grant from Welsh Government support delivery of increased social housing provision in the County Borough.

8 LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED

- 8.1 There are no legal implications arising from this report however the duty on local authorities to prepare and deliver a Homelessness Strategy and to prevent homelessness are legal requirements of the Housing (Wales) Act 2014.

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

- 9.1 Homelessness is a key national priority as demonstrated by the Welsh Government Strategy for Preventing and Ending Homelessness (October 2019). The RCT strategy supports that national agenda as well as local priorities as set out in the Corporate Plan. Homelessness services are person centred and are therefore wholly consistent with the "People" Priority of the Council which seeks to ensure that people are able to maintain independent and positive lives. Many of the actions in the Strategy also support the "Place" priority which aims to ensure that in RCT we "create neighbourhoods where people are proud to work and live".
- 9.2 The Strategy embraces an early intervention and preventative approach to homelessness and outlines a medium to long term commitment to improving the services and housing options available to people who are or are at risk of being homeless. The

Strategy has been developed following a review which involved service users as well as partners in formulating the objectives and key actions. The strategy can only be delivered collaboratively with our partners and stakeholders and its success requires an integrated approach over the four years of the strategy. The strategy is therefore made in full consideration of the sustainable development principles. The strategy will also support the Council to contribute to four of the seven well-being goals, namely:

1. A more equal Wales
2. A prosperous Wales
3. A Wales of cohesive communities
4. A healthier Wales

10 CONCLUSION

- 10.1 The homeless review found that our existing services and prevention activity have helped deliver effective results in the face of increasing demands on services. It is anticipated there will be further increasing demands on Housing Advice, Homelessness and Supporting People services going forward.
- 10.2 The Homelessness Review and the Strategy developed ensure the Council discharges its obligations under Section 50 of the Housing (Wales) Act 2014. The key strategic objectives allow the Council to meet its statutory duties to homeless people and to prevent homelessness in accordance with the Housing (Wales) Act 2014 and build on the good work already in progress.

Appendix 1: Rhondda Cynon Taf Homelessness Strategy 2018-2022 Delivery Plan

Objective 1: Preventing homelessness and repeat homelessness from occurring, wherever possible, therefore reducing homelessness.

	Action Required	Responsible Officer	By When	Key Activities and Progress	Outcome
1.1	Operating an effective 'triage' type systems in providing homeless services and also securing as many successful Section 66 outcomes as possible to prevent escalation to Section 73 and 75 duties	Supporting People and Housing Options Manager / Housing Solutions Manager / Team Manager	September 2020	In progress/ Complete <ul style="list-style-type: none"> Work with the Shelter "Take Notice" Project to consult with service users on a new service model. Undertake Staff Consultation for the operation of a new frontline response to improve the customer experience. To action <ul style="list-style-type: none"> Implement new model 	To ensure that front line services are responsive and co-ordinated to meet the needs of service users
1.2	Review of Personal Housing and Support Plans and homelessness decision letters	Housing Solutions Manager/ Housing Solutions Manager/ Shelter Cymru	April 2020	In progress/ complete <ul style="list-style-type: none"> Ensure Housing and support (H&S) plans are in place for all households. Ensure H& S plans are referred to key worker service in a timely manner. Roll out new decision letters in conjunction with new client information on homelessness process 	Improve written information to all homeless households.
1.3	Develop pre-eviction protocols with all housing providers including private landlords.	Supporting People and Housing Options Manager	October 2020	In progress/ Complete <ul style="list-style-type: none"> Protocols in place Ongoing <ul style="list-style-type: none"> NTQ's and evictions monitored across all forms of housing. 	Reduction in loss of accommodation.

	Action Required	Responsible Officer	By When	Key Activities and Progress	Outcome
1.4	Ensure target is met for Prevention outcomes	Housing Solutions Manager	Quarterly Reporting	Ongoing <ul style="list-style-type: none"> % of households successfully prevented from homelessness to exceed 75% 	Target met and reviewed annually.
1.5	Review the effectiveness of the Prisoner Pathway role	Housing Solutions Manager	May 2020	Ongoing <ul style="list-style-type: none"> To continue with dedicated Offender Role located in Probation offices. 	Robust Prisoner Pathway and effective joint working arrangements in place with the Probation Service
1.6	Review current equalities monitoring systems	Housing Solutions Manager / Housing Solutions Manager	December 2020	In progress/ Complete <ul style="list-style-type: none"> Consult with the Councils Equalities Monitoring Officer. Areas for improvement identified Arrange Staff training 	Accessible Homeless and housing options service.
1.7	Monitor use of Prevention Fund to ensure that it successfully contributes to effective and sustainable prevention outcomes	Supporting People and Housing Options Manager.	On-going	Ongoing <ul style="list-style-type: none"> Profile spend Arrange information data to be received on a monthly basis, Set up monitoring framework 	Homelessness Prevention Fund is used effectively and can demonstrate effective sustainable outcomes.
1.8	Review and improve information available on line and in written format, Making better use of the Councils Website and social media.	Supporting People and Housing Options Manager / Homefinder Manager	December 2020	In progress <ul style="list-style-type: none"> Improved website Easier access to online advice and information 	Reduced demand on homelessness service by the provision of clear on line housing advice.

	Action Required	Responsible Officer	By When	Key Activities and Progress	Outcome
1.9	Work with DWP and the Housing Benefit Team to identify and advise households who may be at risk of homelessness due to the impact of Welfare Benefit Reform and other financial difficulties they may be experiencing.	Housing Solutions Team Manager / Housing Solutions Team Manager.	October 2020	In progress <ul style="list-style-type: none"> Develop information sharing protocols and working protocols. Ongoing <ul style="list-style-type: none"> Continue to maximise use of Discretionary Housing Benefit Payments. 	Improve early intervention and prevention for households affected by Welfare Reform.

Objective 2: Ensuring that appropriate support and accommodation, including temporary and emergency accommodation, is available to meet the needs of homeless and potentially homeless people

	Actions Required	Responsible Officer	By When	Key Activities and Progress	Outcome
2.1	To ensure that services are accessible to all households irrespective of their particular needs and backgrounds	Supporting People and Housing Options Manager	December 2020	In progress <ul style="list-style-type: none"> Liaise with the Councils Equality Officer to develop best practice in service delivery. To action <ul style="list-style-type: none"> Provide Equalities and Diversity Training to all frontline housing staff. 	Ensure service is accessible to all.
2.2	Ensure B+B accommodation is only used for families in an emergency	Housing Solutions Manager	ongoing	Ongoing <ul style="list-style-type: none"> Continue to monitor temporary accommodation placements. Maximise use of Leased accommodation. 	Reduce the average time that families spend in B+B Reduce the need to use B+B for families.

	Action Required	Responsible Officer	By When	Key Activities and Progress	Outcome
2.3	Review the provision of temporary accommodation for households with complex needs experiencing domestic and sexual abuse	Supporting People Team	January 2021	In progress <ul style="list-style-type: none"> Review to consider : Reasons for being asked to leave refuge No's placed in bed and breakfast accommodation. Client consultation for support services they would like to have in place. 	Reduction in the use of Bed and Breakfast for individuals with complex needs.
2.4	Complete review of temporary accommodation .	Housing Strategy Team	April 2020	In progress <ul style="list-style-type: none"> Identify current models of provision. Make recommendations 	Reduce the need to use Bed and Breakfast accommodation
2.5	Prevent use of B+B for 16 and 17 year olds	Supporting and Housing Options Manager/ Housing Solutions Manager	March 2020	In progress <ul style="list-style-type: none"> Review current shared property developed with a private landlord for young people aged 16 -24 Consider outcomes. Replicate model in other areas 	Bed and breakfast not used for young people.
2.6	Consider feasibility of establishing social letting agency for private sector properties	Housing Strategy Team / Supporting People and Housing Options Manager.	December 2020	In progress <ul style="list-style-type: none"> Liaise with PR landlord forum. Consider and cost financial implications linked with staffing resources and landlord incentives / payments. 	Increase the supply of good quality affordable private rented accommodation.

	Action Required	Responsible Officer	By When	Key Activities and Progress	Outcome
2.7	Carry out evaluation of the new locality based floating support project. .	Performance Support Officer / Supporting People and Housing Options Manager	June 2020	In progress <ul style="list-style-type: none"> Identify clients who have ended support on project. Cross reference clients with Abritas records to confirm if a homeless application has been made when receiving support service or at the end of support. 	Reduce demand on homelessness service by ensuring a effective model of housing related support is in place.
2.8	Continue to develop a Housing First Approach to address the Housing and Support needs of Homeless people and rough sleepers with the most complex needs	Supporting People Team	Ongoing with full evaluation and way forward by January 2021	In progress <ul style="list-style-type: none"> Ensure appropriate funding is in place for staffing arrangements. Implement model Evaluation 	Reduce levels of repeat homelessness and rough sleeping in RCT.

Objective 3: Ensuring people with housing support needs have these fully assessed and have access to services to help sustain independent living

	Action Required	Responsible Officer	By When	Key Activities and Progress	Outcome
3.1	Improve access to mental health support services to homeless people	Supporting People Team	December 2021	In progress <ul style="list-style-type: none"> Carry out consultation with providers and service providers to identify issues. Work with health and other key services to improve access to services. 	Provide appropriate pathways and services for clients with a mental health need.

	Action Required	Responsible Officer	By When	Key Activities and Progress	Outcome
3.2	Update and Improve on line Supported Housing Directory	Supporting People Team	July 2020	In progress <ul style="list-style-type: none"> Undertake annual review to ensure Information is accurate and readily available. 	On –line directory providing up to-date information on support services in RCT.
3.3	Carry out a review of the Severe Weather Plan	Supporting People and Housing Options Manager	October 2020	In progress <ul style="list-style-type: none"> Complete Annual Review Relevant improvements identified and Implemented 	Robust Severe weather plan in place to offer appropriate arrangements for rough sleepers.
3.4	Carry out local qualitative research with former and current rough sleepers to help identify the reasons that led to them becoming homeless	Supporting People Team / Street-smart Worker	September 2020	In progress <ul style="list-style-type: none"> Consultation with service users. Write up research outcomes 	Better information to support the needs of rough sleepers.
3.5	Review with health colleagues and support providers the need for rough sleepers and vulnerable households to have better access to health services.	Supporting People and Housing Options Manager	June 2020	In progress <ul style="list-style-type: none"> Hold discussions with Health and other key stakeholders. Consultation with service users Identify funding opportunities for additional staff resources 	Increased access to health services. More joined up working with Health.
3.6	Develop a training plan for Housing Solution Staff and support Providers	Supporting People and Housing Options Manager / Supporting People Team	April 2020	Ongoing/ Complete Training to include <ul style="list-style-type: none"> Homeless prevention Options Domestic Abuse Housing / Homelessness Legislation Welfare Reform Updates 	Housing and Support Providers receive appropriate training to help them provide effective advice and assistance within their roles

	Action Required	Responsible Officer	By When	Key Activities and Progress	Outcome
3.7	Raise awareness of provision in place to support men who are experiencing or have experiences domestic abuse	Supporting People and Housing Options Manager/ Oasis Centre Manager / Women's Aid RCT	April 2020	Ongoing <ul style="list-style-type: none"> Ensure information on new service provision is made available through a range of channels to include website information leaflet. 	Provision of support services in place for men experiencing domestic abuse.

Tudalen way



RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

MUNICIPAL YEAR 2019-20

HEALTH AND WELLBEING SCRUTINY COMMITTEE

DATE: 24TH FEBRUARY 2020

REPORT OF THE DIRECTOR, PUBLIC HEALTH, PROTECTION & COMMUNITY SERVICES

Agenda Item No. 7

**Overview of Housing First and
Project Developments in Rhondda
Cynon Taf**

Authors: Louise Davies, Service Director- Public Protection
Cheryl Emery, Supporting People and Housing Options

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with information about the principles of the “Housing First” Housing Model and to give an update on the delivery of pilot Housing First Projects in Rhondda Cynon Taf including the outcomes achieved to date.

2. RECOMMENDATIONS

It is recommended:

- 2.1 That Members scrutinise the content of the report and consider any further actions required as a result.

3. **BACKGROUND**

3.1 Housing First is an evidence based approach to successfully supporting homeless people with high needs and histories of entrenched or repeat homelessness to live in their own homes. It has been widely adopted across the United States and is central to the national homelessness strategies in Canada, Denmark, Finland and in France. It is growing in popularity in countries including Italy, Sweden, Spain and increasingly the UK. Successful Housing First pilots are operating in Newcastle, London, the Midlands, Wales and Scotland. In RCT, a number of small pilot schemes have been undertaken in the last 12-24 months and the outcomes will be used to inform a number of the Council's future housing policies.

4. **HOUSING FIRST PRINCIPLES**

4.1 The overall philosophy of Housing First is to provide a stable independent home and intensive personalised support and case management to homeless people with **multiple and complex needs**. Housing is seen as a human right by Housing First services, there are no conditions around "housing readiness" before providing someone with a home; rather secure housing is viewed as a stable platform from which other issues can be addressed. Housing First is a different model because it provides housing "first" as a matter of right, rather than "last" or as reward.

4.2 Multiple and Complex needs are persistent and interrelated health and social care needs which impact on an individual's life and ability to function in society. These may include:

- Entrenched street homelessness, repeat service user or being otherwise vulnerably housed
- Mental, psychological or emotional health needs.
- Drug and / or alcohol dependency.
- Contact with the criminal justice system
- Physical health needs
- Experience of domestic violence and abuse.

4.3 Mainstream services are often not equipped to support individuals with these overlapping needs. Housing First has been shown to be effective in supporting people with histories of street homelessness or other types of homelessness where contact with services has been unsuccessful in breaking the cycle of instability. **There are a number of core principles that underpin a successful Housing First model:**

4.3.1 **Flexible support is provided for as long as it is needed.** This means:

- Providers commit to long term offers of support which do not have a fixed end date. Recovery takes time and will vary by individual need, characteristics and experiences.
- People have the right to a home
- Housing First prioritises access to housing as quickly as possible.
- Eligibility for housing is not contingent on any conditions other than the willingness to maintain a tenancy.
- The housing provided is based on choice, affordability, quality, community integration rather than the type of housing.

- The individual will not lose their housing if they disengage or no longer require the support.

4.3.2 **Housing and Support are separated.** This means:

- Support is available to help people maintain a tenancy and to address any other needs they identify.
- The offer of support stays with the person. If the tenancy fails, the individual is supported to acquire and maintain a new home.

4.3.3 **Individuals have choice and control.** This means:

- They choose the type of housing they have and its location within reason and as defined by the context.
- They are supported through person- centered planning and are given the lead to shape the support they receive. Goals are not set by the service provider.

4.3.4 **Strengths, Goals and Aspirations are taken into account.** This means:

- Individuals are supported to identify their strengths and goals
- Individuals are supported to develop increased self-esteem, self-worth and confidence, to integrate into their local community.

4.3.5 **An active engagement approach is used.** This means:

- Staff are responsible for proactively engaging their clients: making the service fit the individual instead of trying to make the individual fit the service.
- Caseloads are small allowing staff to be persistent and proactive in their approach and not closing the case when engagement is low.
- Support will continue if the individual loses their home or leave their home temporarily.

4.3.6 **A Harm Reduction approach is used.** This means:

- People are supported holistically
- Staff support individuals to undertake practices that reduce harm and promote recovery in other areas of physical and mental health and wellbeing.
- Staff support individuals who use substances to reduce immediate and ongoing harm to their health.

4.4 Housing First differs from traditional floating or tenancy support models in several respects. Floating Support Workers may have caseloads of 20 – 40 people whereas Housing First workers will typically support an initial caseload of 5 – 7 people. Housing First employs active engagement, supporting individuals by recognizing and emphasising their strengths and capacity for positive change and links with relevant services that help to meet the full range of an individual's needs. Smaller caseloads enable a more intensive, flexible and personalised support for a cohort of people who have not previously successfully engaged and been supported by other housing services due to the level and complexity of their housing needs. Evidence suggests that, over time, those housed by Housing First require less support from services and in some cases, may no longer require support. However, this is completely dependent on the individual and may take several months or years.

5. HOUSING FIRST PROJECT DEVELOPMENTS – RHONDDA CYNON TAF

WISDOM HOUSING PROJECT

- 5.1 The Wisdom Housing Project was set up in 2018 and was the first project in RCT to be developed based on the principles of Housing First. The need for the project was identified, through recognition of a number of high risk individuals leaving prison, who would otherwise have been faced with homelessness or the prospect of having to sleep rough.
- 5.2 The project has been developed in partnership with Trivallis (Housing Provider), POBL (Support Provider), South Wales Police and the Probation Service with the support element currently funded through Supporting People Grant (which will become the Housing Support Grant as from the 1st April 2020). Referrals for the project are considered at Multi Agency Screening Panel (MASP). Each referral to be considered for the project is assessed by POBL whilst they are still in prison to determine their suitability for the project. Individuals accepted on the project are supported whilst they are in Prison and provided with resettlement support.
- 5.3 Properties for the project are sourced by Trivallis based on client need and an understanding of risk to client and others including the wider community. Each individual is allocated a property on a licence which is then reviewed at three months. Subject to there being no issues, they are allocated a Six Month Assured Shorthold Tenancy, which reverts to an Assured Tenancy at 9 months providing them with security of tenure. All properties are fully furnished to ensure they are homely and welcoming. Other Housing Associations have confirmed their willingness to work with us going forward on Housing First Projects.
- 5.4 Project Outcomes: The project to- date has received 8 referrals with 2 individuals returning to Prison. Six individuals are retaining tenancies of which three are for over three-month period. It must be noted that all six have not re-offended to-date or previously lived independently or maintained a tenancy

OTHER HOUSING FIRST PROJECTS

- 5.5 In recognition of the increasing number of individuals presenting as homeless with high support needs and a history of failed tenancies in supported accommodation, private rented and the social housing sector. Funding was sought through the Welsh Government Housing First Trail Blazer application process. The application was successful allowing development of three further Housing First Projects:

5.6 Assertive Outreach Project

The project provides support to up to six homeless individuals all whom have significant substance misuse and mental health needs and a history of repeat homelessness and tenancy breakdown. Since the project started in January 2019:

12 placements have been accepted on the Scheme.

2 have left the project and 1 returned to prison.

2 have been allocated and are successfully maintaining their tenancies.

5 are engaging well in support and are awaiting allocation of properties.

2 have been recalled to prison due to breach of licence with 1 due to be released in February.

1 is engaging in volunteering

5.7 **Rapid Response**

The Rapid Response Project was set up in September 2019 and provides housing and support to lower risk offenders in Cardiff Prison and Eastwood Park which is a female only prison, who are being discharged back to Rhondda Cynon Taff. Since the start of the Project,

6 placements have been made onto the scheme (4 male and 2 female).

3 have been allocated a property and are successfully maintaining their tenancy.

3 are currently placed in temporary accommodation awaiting an offer of accommodation.

5.8 **Housing First – Young People (16-24)**

Additional funding has recently been secured through the Innovation Fund in partnership with Llamau to develop a Housing First model to support up to 10 young people. The project is still its infancy and in the early stages of development, with two young people currently being supported through community outreach work.

6. **CONSULTATION**

6.1 There are no consultation implications arising from this report.

7 **EQUALITY AND DIVERSITY IMPLICATIONS**

7.1 There are no equality and diversity implications arising directly from this report.

8. **FINANCIAL IMPLICATION**

8.1 There are no funding implications arising from this report. The Housing First Pilots in RCT to date have been funded via specific Welsh Government Project Grants and or Welsh Government Supporting People Grant and Homelessness Prevention Grant.

9 **LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED**

9.1 There are no legal implications arising from this report however the duty on local authorities to prevent homelessness is a legal requirement of the Housing (Wales) Act 2014.

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

10.1 Homelessness is a key national priority as demonstrated by the Welsh Government Strategy for Preventing and Ending Homelessness (October 2019). The RCT Homelessness Strategy 2018-2022 supports that national agenda as well as local priorities as set out in the Corporate Plan. Housing First is an action identified following the Homelessness Needs Assessment which underpins the Strategy. Housing First

Schemes are person centred by design and are therefore wholly consistent with the “People” Priority of the Council, which seeks to ensure that people are able to maintain independent and positive lives. Provision of appropriate housing to vulnerable people in the right communities and with the right support also supports the “Place” priority which aims to ensure that in RCT we “create neighbourhoods where people are proud to work and live”.

10.2 Housing First is an early intervention and preventative approach to preventing homelessness for people with complex needs. The Projects are delivered wholly in collaboration with partnership support in the provision of housing and the delivery of integrated support required for the individuals to enable them to maintain their tenancies. The initiative therefore fully considers the sustainable development principles and will support the Council to contribute to four of the seven well-being goals, namely:

1. A more equal Wales
2. A prosperous Wales
3. A Wales of cohesive communities
4. A healthier Wales

11. CONCLUSION

11.1 Housing First is an evidence based approach to successfully supporting homeless people with high needs and histories of entrenched or repeat homelessness to live in their own homes. It is specifically aimed at targeting intensive support for homeless people with multiple and complex needs and relies on a multi-agency approach to be successful. Early project outcomes are positive and will inform longer-term understanding of how Housing First can be adopted as a permanent housing option in RCT.