



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

**COMMITTEE SUMMONS**

C.Hanagan  
Service Director of Democratic Services & Communication  
Rhondda Cynon Taf County Borough Council  
The Pavilions  
Cambrian Park  
Clydach Vale CF40 2XX

Meeting Contact: Tracy Watson - Senior Democratic & Scrutiny Officer (07747 485567)

**YOU ARE SUMMONED** to a hybrid meeting of the **COMMUNITY SERVICES SCRUTINY COMMITTEE** to be held on **MONDAY, 28TH NOVEMBER, 2022** at **5.00 PM.**

Non Committee Members and Members of the public may request the facility to address the Committee at their meetings on the business listed although facilitation of this request is at the discretion of the Chair. It is kindly asked that such notification is made to Democratic Services by Thursday, 24 November 2022 on the contact details listed above, including stipulating whether the address will be in Welsh or English.

**AGENDA**

**Page  
No's**

**SCRUTINY RESEARCH**

A scrutiny research facility is available within the Council Business Unit to support Members' scrutiny responsibilities and their roles as Elected Members. Such research strengthens Scrutiny Committee work programmes to ensure outcome-based topics are identified. For any scrutiny research requirements please contact [scrutiny@rctcbc.gov.uk](mailto:scrutiny@rctcbc.gov.uk)

**1. DECLARATION OF INTEREST**

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

Note:

1. Members are requested to identify the item number and subject matter that their interest relates to and signify the nature of the personal interest: and

2. Where Members withdraw from a meeting as a consequence of the disclosure of a prejudicial interest they must notify the Chairman when they leave.

## **2. MINUTES**

To approve as an accurate record the minutes of the virtual meeting of the Community Services Scrutiny Committee held on the 24<sup>th</sup> October 2022.

**5 - 10**

## **REPORTS OF THE SERVICE DIRECTOR, DEMOCRATIC SERVICES AND COMMUNICATIONS**

### **3. CONSULTATION LINKS**

Information is provided in respect of relevant [consultations](#) for consideration by the Committee.

### **4. CHILDREN'S SERVICES RESIDENTIAL TRANSFORMATION STRATEGY**

Pre-Scrutiny – For Committee members to scrutinise and make any recommendations to the report before presenting to Cabinet.

**11 - 50**

## **OFFICER'S REPORTS**

### **5. RHONDDA CYNON TAF CHILDREN'S SERVICES WORKFORCE STRATEGY 2021-24**

For Committee members to receive a report on the Children's Services Workforce Strategy 2021-24.

**51 - 72**

### **6. SOCIAL SERVICES - HOSPITAL DISCHARGE PRESSURES**

For Committee members to receive an update on the hospital discharge pressures.

**73 - 128**

### **7. INFORMATION REPORTS**

The following reports are provided for the information of Members:

[RCT Corporate Parenting Board Annual Report 2021/22](#)

(For Members to acknowledge the information contained within these reports but any queries relating to the item can be directed to [Scrutiny@rctcbc.gov.uk](mailto:Scrutiny@rctcbc.gov.uk))

**8. CHAIR'S REVIEW AND CLOSE**

To reflect on the meeting and actions to be taken forward.

**9. URGENT BUSINESS**

To consider any items, which the Chairman, by reason of special circumstances, is of the opinion should be considered at the meeting as a matter of urgency.

**Service Director of Democratic Services & Communication**

**Circulation:-**

The Chair and Vice-Chair of the Community Services Scrutiny Committee (County Borough Councillor J Bonetto and County Borough Councillor G E Williams respectively)

**County Borough Councillors:**

Councillor S Bradwick, Councillor R Davis, Councillor A J Ellis, Councillor D Evans, Councillor A Fox, Councillor H Gronow, Councillor N H Morgan, Councillor D Owen-Jones, Councillor D Parkin, Councillor A Roberts, Councillor G Stacey and Councillor T Williams

This page is intentionally left blank



**RHONDDA CYNON TAF**

**RHONDDA CYNON TAF COUNCIL COMMUNITY SERVICES SCRUTINY COMMITTEE**  
Minutes of the virtual meeting of the Community Services Scrutiny Committee meeting held on  
Monday, 24 October 2022 at 5.00 pm.

**County Borough Councillors - Community Services Scrutiny Committee Members in attendance:-**

Councillor J Bonetto (Chair)	Councillor G E Williams
Councillor R Davis	Councillor A J Ellis
Councillor D Evans	Councillor A Fox
Councillor N H Morgan	Councillor D Owen-Jones
Councillor D Parkin	Councillor A Roberts
Councillor G Stacey	Councillor T Williams

**Officers in attendance**

Ms L Davies, Director, Public Health, Protection and Community Services  
Mr C Hanagan, Service Director of Democratic Services & Communication  
Mr P Mee, Group Director Community & Children's Services  
Mr N Elliott, Director of Adult Services  
Ms R Hope, Head of Service for Public Protection and Regulatory Services  
Mrs N. Kingham, Business Manager, Cwm Taf Safeguarding Board  
Ms J Parry, Trading Standards & Registrar Services Manager  
Mr P Nicholls, Service Director, Legal Services  
Mrs T Watson, Senior Democratic and Scrutiny Officer

**9 APOLOGIES FOR ABSENCE**

Apologies of absence were received from County Borough Councillors H Gronow and S Bradwick, and from Cabinet Member for Public Health & Communities, County Borough Councillor B Harris.

**10 DECLARATION OF INTEREST**

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

**11 MINUTES**

It was **RESOLVED** to approve the minutes of the 5<sup>th</sup> October 2022 as an accurate reflection of the meeting.

**12 CONSULTATION LINKS**

Members acknowledged the information provided through the consultation links in respect of open consultations, Welsh Government consultations and those matters being consulted upon by the local authority.

**13 LOCAL AUTHORITY ARRANGEMENTS TO SAFEGUARD CHILDREN AND**

## **ADULTS AT RISK**

The Group Director, Community and Children's Services provided members with an overview of the work that had been undertaken by the Council's Corporate Safeguarding Group during the past year. Members were advised that the group's aim is to ensure that the Council delivered its safeguarding responsibilities and commitments as set out in the corporate safeguarding policy. This responsibility sat within the wider context of the work of the Cwm Taf Morgannwg Regional Safeguarding Board, however, this report specifically concerns the Council's organisational commitments delivered under the five themes described in paragraph 5.1 of the report. Members were briefly taken through each one of the key themes in relation to safe practice, safe governance, safe recruitment, safe workforce and safe procurement. In conclusion, Members were advised that overall, there was a good level of assurance, around the Council's corporate safeguarding arrangements, but there were areas which could be improved, and it was intended to do so, particularly around some of the corporate systems and an enabling, supporting and monitoring of the training that was being delivered.

The Chair thanked the Group Director, Community and Children's Services for presenting the report, and sought questions from Members.

A Member acknowledged that the figures for renewals for DBS checks, looked good, but enquired what the timeframe was, and sought clarification around what the council was doing to monitor this.

The Group Director, Community and Children's Services acknowledged that the DBS checks figures were good, but could be better, with delays sometimes attributed to maternity leave and frontline officers not having digital access. Members were advised that re-registration requirements with Social Care Wales for the social care workforce often drove the DBS check requirements, because employees couldn't re-register with the Social Care Wales, and continue to practice, if they didn't have a current DBS check in place. In addition, the Regional Safeguarding Board Business Manager advised that the corporate safeguarding group had received a recent presentation from colleagues in HR, detailing the DBS processes follow up.

The Member noticed that there were no referrals to the DBS, for staff working in social care or schools during 2021-22 and enquired if the Council would expect to see some referrals and what process was in place to ensure those referrals were made, if necessary.

The Group Director, Community and Children's Services advised that it was broadly reassuring, in terms of the absence of those referrals into Social Care Wales, in that there hadn't been a necessity, and was a good reflection of the workforce.

A Member asked if responses to enquiries could come back quicker to Members, as she had experienced a delay in her enquiry.

The Group Director, Community and Children's Services advised that the service did it's very best to try and respond in a timely manner, and to do so in as full and a comprehensive way, whilst dealing with confidential issues where members were acting quite reasonably as a representative, but not necessarily with the consent of the individuals concerned to share sensitive information.

Members were reassured that if this was an area that needed to be improved, the Group Director, Community and Children's Services would take that back through his management team and emphasise the need for Officers to reply in a timely manner to members enquiries.

A Member sought clarification about the provision and monitoring of safeguarding training provided to individuals and organisations, in a number of settings e.g., private care homes, youth centres, etc.

The Group Director, Community and Children's Services acknowledged there was a huge range of individuals and organisations and commissioned providers, who provided care, and those organisations would be expected to have safeguarding procedures, policies and processes in place, in accordance with the Wales Safeguarding Procedures. The Council provided a range of training opportunities for practitioners across the region through the Social Care Wales funded workforce development team, so comprehensive arrangements were in place to ensure that training was available and partner organisations were held to account for their safeguarding responsibilities through the Regional Safeguarding Board. These independent providers were also regulated through the Care Inspectorate Wales.

A Member sought clarification with regards to whistleblowing, as part of safeguarding training, and whether it was known if staff knew what whistleblowing procedures were, and where they could get support, if required, in the light of the recent publication of the independent inquiry into child sexual abuse, and which the Member also sought clarification on, in terms of work taking place going forward.

The Group Director, Community and Children's Services advised that he occasionally received notifications through the Council's whistleblowing arrangements, not specifically safeguarding referrals as such, and it provided a route for employees to report matters in a confidential way and in a protected way. In addition, the Regional Safeguarding Board Business Manager advised that with regards to whistleblowing, it was mentioned in the corporate safeguarding policy, under roles and responsibilities, and there was a requirement for managers to ensure that all employees and volunteers were aware of the policy. She advised that this was something that could be added to the delivery plan going forward, with some facts and figures sought around whether there were reports via the policy, with an action to raise awareness to make staff aware that it was something they could use.

The Group Director, Community and Children's Services advised that in terms of practice, the safeguarding board and the corporate safeguarding group, would reflect on the learning and recommendations from the independent inquiry into child sexual abuse, which would feed through into governance arrangements and then into practice, advising of the need to update the corporate safeguarding policy in accordance with that.

Following consideration by the Committee it was **RESOLVED** to acknowledge the progress made on the Delivery Plan to support Corporate Safeguarding requirements and agree that a further update will be provided to a future meeting of the Committee.

#### 14 ASPECTS OF TRADING STANDARDS WHICH PROTECT THE VULNERABLE

Members initially heard from the Director of Public Health, Protection & Community Services, who explained that this was a timely report, given the current pressures on people's financial budgets and the vulnerabilities, at this time, before she handed over to the Trading Standards and Registrar Service Manager who explained that she had identified a number of areas, where Trading Standards, currently worked to protect the vulnerable, which was even more important, at this time, with the cost of living crises. Starting at section 3, of the report, the Trading Standards and Registrar Service Manager highlighted a number of key points to Members including in relation to the pandemic, the focus on net-zero and the cost-of-living crisis, before highlighting a number of key points to Members in relation to safeguarding and scams, vapes and illegal tobacco, anti-counterfeiting and supporting businesses, with RCT.

The Chair thanked the Trading Standards and Registrar Service Manager for presenting the report and sought questions from Members.

A Member acknowledged there was a worrying aspect with regards to children vaping and asked what could be done to crack down on this.

The Trading Standards and Registrar Service Manager acknowledged the Members concern and advised that it had been recommended to all suppliers and traders within RCT, that best practice was not to supply to anyone under the age of 18, whether vapes had nicotine in or not, in addition to factoring in any intelligence and complaints, as part of any underage sales operations which, were done throughout the year. Members were advised that there was a lot of work being done nationally with this, to target an all-Wales response and if anyone had any information or intelligence of local businesses which are supplying, the service would be happy to receive that intelligence.

A Member acknowledged that scamming was a growing problem, noting the figures in relation to the phone blockers, recognising they obviously worked well, and enquired if there were any plans to increase the use of these.

The Trading Standards and Registrar Service Manager advised Members that this was something currently being discussed, whilst recognising current budget constraints. Members were advised from the initial call blockers purchased, there was still a little surplus and following national safeguarding week in November, a review would take place with senior management, to see whether it was in the best interest to purchase some more for installation.

A Member enquired what sort of partnership work took place with other local authorities, with regards to this area.

The Trading Standards and Registrar Service Manager advised Members that quite a wide range of partnership working took place and provided Members with some examples whilst acknowledging that trading standards was dealing with a much higher level of risk, than it had done, for a number of years.

A Member noted the figures at 4.1.4 of the report, acknowledged they were quite specific and enquired how the figures were calculated.

The Trading Standards and Registrar Service Manager briefly explained to Members the approach taken and agreed to circulate additional information to Members, on how the figures were circulated.



Following consideration by the Committee it was **RESOLVED** to acknowledge the report.

## **15 AUDIT WALES - DIRECT PAYMENTS FOR ADULT SOCIAL CARE**

The Service Director Democratic Services and Communications explained that before handing over to the Director of Adult Services, he would advise Members, that in line with the Council's broader governance arrangements, Auditor General reports on any subject, were considered by the Audit and Governance committee and, in this case, those matters are referred through, as part of the model of good governance, for scrutiny to consider those recommendations.

The Director of Adult Services, began by explaining that the report provided Members with an opportunity to examine the Council's response to the recommendations raised by the Audit Wales National Study of Direct Payments for Adult Social Care, published in April 2022, and a copy of the feasibility study was attached at Appendix A. Members were advised, that Direct Payments were an alternative to local authority arranged care or support, and could help to meet an individual's or carer's need. Direct Payments aimed to give people more choice, greater flexibility and more control over the support they received, with the study looking at how Direct Payments helped sustain people's wellbeing and whether they were actually improving quality of life for an individual. Audit Wales also looked at how local authorities managed and encouraged the take up of Direct Payments. The current number of adults in receipt of a Direct Payment had increased to 421 as of 30<sup>th</sup> September 2022, continuing an upward trend over the past 4 years as shown at paragraph 4.6 of the report.

Members were advised that having considered the findings of the National Study, an action plan, has been produced, and included at Appendix B, outlining the progress to date and the actions to be taken to address the recommendations made, with these actions included in the Adult Services delivery plan for action this year.

The Director of Adult Services then advised Members that a revised Policy will be in place by December 2022, and this will be accompanied by new and improved public information, staff guidance and training which will promote direct payments locally as a more attractive and accessible alternative to commissioned care.

The Director also explained that people using Direct Payments are reliant on an ability to recruit and retain personal assistants and the Council's commissioned support provider Dewis CIL had improved the way help is provided to people to find personal assistants. Dewis CIL are also supported by the Regional Workforce Development Team to deliver training and support opportunities for Personal Assistants. Members were also advised that Adult Services were developing opportunities for local people to set up microenterprises in their communities that can offer a wider variety of care and support options available for purchase with a Direct Payment.

The Director also advised Members that whilst performance management were currently systems in place, a Welsh Government steer, was awaited, regarding the development of a direct payment evaluation system and new performance measures, so there was consistency with other local authorities across Wales.

A Member sought clarification around the Personal Independence Payment, and

access to a Carers Allowance, noting that this was a very low benefit.

The Director of Adult Services advised that the Member was talking about something, that was outside of the Direct Payments policy, but he confirmed that he would speak to colleagues in the local authority, who would have more knowledge around this, and other central government departments, who also dealt with these benefits, and would provide a response back.

A Member noted the barriers to family members, regarding Direct Payments, and sought clarification regarding this, acknowledging, there was a massive shortage in social care, and was something that could ease the burden on everybody.

The Director of Adult Services acknowledged the Members comments, around the workforce issue and explained that as part of the feedback from users of direct payments, what had been done, was to create more flexibility within the new policy, in terms of family members. although he advised there was still some restrictions in relation to approval of husbands and wives, i.e., a relative living in same household and in each such case is dealt with on an exception basis, within the new policy.

The Member felt, that in relation to husbands and wives, this was something that needed to be looked at sooner, rather than later.

The Director of Adult Services provided the Member with reassurance that under the new policy, rather than a blanket approach, individual cases would be looked at on their merits, and that the employment of a husband and wife, is determined to be most effective way of promoting and delivering a person's wellbeing outcomes.

Following consideration by the Committee it was **RESOLVED** to acknowledge the Council's response to the Auditor General for Wales's report arising from its national study of Direct Payments for Adult Social Care.

## **16 CHAIR'S REVIEW AND CLOSE**

The Chair advised Members that the meeting had been very interesting and informative and thanked Members for their questions and attendance and Officers for their input and reminded Members that the next meeting of this Committee would be held on Monday 28 November 2022, at 5pm.

## **17 URGENT BUSINESS**

None.

**This meeting closed at 6.06 pm**

**Cllr J Bonetto**



## RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

MUNICIPAL YEAR 2022-23

### COMMUNITY SERVICES SCRUTINY COMMITTEE

28<sup>TH</sup> NOVEMBER 2022

#### CHILDREN'S SERVICES RESIDENTIAL TRANSFORMATION STRATEGY

#### REPORT OF THE SERVICE DIRECTOR DEMOCRATIC SERVICES & COMMUNICATIONS

##### **1.0 PURPOSE OF THE REPORT**

- 1.1 To pre-scrutinise the children's services plans for developing residential care services in line with the Council's duties, and in the context of the Welsh Government Policy ambition to remove profit from the provision of care for looked after young people.

##### **2.0 RECOMMENDATIONS**

It is recommended that Members:

- 2.1 Members undertake pre scrutiny on the report (attached at **Appendix A & B**), thus providing Scrutiny with an opportunity to contribute to this matter; and
- 2.2 The comments of the Community Services Scrutiny Committee form part of the reported feedback to Cabinet.

##### **3.0 REASONS FOR RECOMMENDATIONS**

- 3.1 The need for Cabinet to be aware of the comments and observations of the Community Services Scrutiny Committee prior to their consideration of the Children's Services Residential Transformation Strategy.

## **4.0 BACKGROUND**

- 4.1 In 2022 Welsh Government began to implement a policy to eliminate private profit making from the provision of care. There is consequently an urgent imperative on all local authorities to plan for this transformation ahead of 1<sup>st</sup> April 2027 when it is proposed that all providers will have transitioned to a not for profit status.
- 4.2 Children's Services has taken a sector-leading needs-led approach to the identification of the types of residential provision that will be required to meet the needs of children and in the future.
- 4.3 The vision for this strategy is that by 1<sup>st</sup> April 2027, all RCT young people who need residential care are looked after close to home in high quality settings where they can thrive, and that they are looked after by a stable, resilient, skillful and well supported staff group.
- 4.4 Members of the Community Services Scrutiny Committee are being provided with the opportunity to undertake pre scrutiny on the Children's Services Residential Transformation Strategy in advance of Cabinet's consideration.

## **5.0 PRE SCRUTINY**

- 5.1 Members are reminded that the purpose of pre scrutiny activity is to influence the decisions before they are made. The Community Services Scrutiny Committee continues to have the opportunity to explore and comment on a number of reports in advance of Cabinet's consideration to bring a different perspective to the decisions made and enabling Cabinet decisions to be more informed.

## **6.0 EQUALITY AND DIVERSITY IMPLICATIONS**

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

## **6.0 CONSULTATION**

- 6.1 The involvement of the Community Services Scrutiny Committee in the pre-scrutiny exercise will contribute to the quality and robustness of Cabinet decision-making.

## **7.0 FINANCIAL IMPLICATIONS**

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

## **8.0 LEGAL IMPLICATIONS AND LEGISLATION CONSIDERED**

- 8.1 The report has been prepared in accordance with paragraph Part 4 of the Constitution (Overview & Scrutiny Procedure Rules).

## **9. CONCLUSION**

- 9.1 The undertaking of pre scrutiny by the Community Services Scrutiny Committee in respect of the Children's Services Residential Transformation Strategy, will ensure that the Community Services Scrutiny Committee fully evaluates the effectiveness of its overview and scrutiny function.

**LOCAL GOVERNMENT ACT 1972**

**as amended by**

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

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**LIST OF BACKGROUND PAPERS:**

**COMMUNITY SERVICES SCRUTINY COMMITTEE**

**CHILDREN'S SERVICES RESIDENTIAL TRANSFORMATION STRATEGY**

**28 NOVEMBER 2022**

**REPORT OF THE SERVICE DIRECTOR DEMOCRATIC SERVICES &  
COMMUNICATIONS**



## APPENDIX A

### RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

#### COMMUNITY SERVICES SCRUTINY

28<sup>TH</sup> NOVEMBER 2022

#### CHILDREN'S SERVICES RESIDENTIAL TRANSFORMATION STRATEGY

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

**Author:** Annabel Lloyd, Director of Children's Services

#### 1. PURPOSE OF THE REPORT

- 1.1 To provide information about children's services plans for developing residential care services in line with the Council's duties, and in the context of the Welsh Government Policy ambition to remove profit from the provision of care for looked after young people.

#### 2. RECOMMENDATIONS

It is recommended that Scrutiny Committee:

- 2.1 Considers and scrutinises the Children's Services Residential Transformation Strategy.
- 2.2 Authorise the Service Director for Children's Services to bring the Residential Transformation Strategy to Cabinet for approval following the Council's pre-scrutiny process.

#### 3. REASONS FOR RECOMMENDATIONS

- 3.1 Children's Services is seeking endorsement of the overall strategy, and the proposal to implement the action plan that will see the Council move to a not for profit model of provision of residential care that is close to home by 01.04.2027.

#### 4. BACKGROUND

- 4.1 In all cases, the Council supports families to look after children at home, with support where necessary. In January 2022, the Cabinet approved the Council's looked after prevention strategy that sets out its

commitment to family support, and making sure that only those children for whom there is no safe alternative, become looked after.

- 4.2 When children become looked after, care by relatives or connected people is always our first option, and foster care where that is not achievable. Some children's needs cannot be met by substitute family care or foster care, and they will need to be looked after in residential care. This strategy, and its related action plan set out the intention to deliver an unprecedented change of strategic direction in relation to children's residential services.
- 4.3 Residential services are an essential element of the portfolio of provision that is required to meet the Council's statutory obligations to looked after children. It has been increasingly evident over recent years that the largely outsourced residential provision has struggled to supply services to meet the changing needs of our looked after young people, and commissioning systems have not entirely had the desired impact.
- 4.4 In 2022 Welsh Government began to implement a policy to eliminate private profit making from the provision of care. There is consequently an urgent imperative on all local authorities to plan for this transformation ahead of 1<sup>st</sup> April 2027 when it is proposed that all providers will have transitioned to a not for profit status.
- 4.5 Children's Services has taken a sector-leading needs-led approach to the identification of the types of residential provision that will be required to meet the needs of children and in the future.
- 4.6 The vision for this strategy is that by 1<sup>st</sup> April 2027, all RCT young people who need residential care are looked after close to home in high quality settings where they can thrive, and that they are looked after by a stable, resilient, skillful and well supported staff group.



## 5. CURRENT SITUATION

5.1 This table provides a breakdown of placement type as at 15.10.22

<b>Placement Type</b>	<b>15/10/2022</b>	<b>%</b>
Foster Care - Independent Sector	109	17%
In Foster Care - RCTCBC Carers	157	25%
Relative Foster Carers	215	34%
Placed For Adoption	15	2%
Placed With Parents	70	11%
Residential Care Independent Sector	49	8%
Residential Care provided by RCT	11	2%
Educational Accommodation	1	0.2%
Supported Lodgings	7	1.1%
Parent & Child Foster Placement	4	0.6%
Parent & Child Unit	1	0.2%
Youth Offending Institute	1	0.2%
<b>Total</b>	<b>640</b>	

5.2 At present there is a mixed commissioning and local authority provision model, and most children who need residential care are living out of county. The Council provides 5 registered children's homes of its own as below, and one setting is available for emergency accommodation that will be refurbished in preparation for registration of a 3 bedded children's home that will be available in Quarter 3 of 2023-24.

- Beddau – approved for 4 children
- Bryndar – approved for 5 children
- Nantgwyn – approved for short breaks for children with a disability who live at home
- Carn Ingli – approved for 2 young people for 12 weeks for assessment
- Brynna – solo ( newly registered 2022)

5.3 The increasing demand juxtaposed with the increasing scarcity of registered children's homes, has led to 3 children (at the time of writing) being in settings that are recorded as Operating Without Registration (OWR) by the Care Inspectorate for Wales (CIW). The matter is included in the Council's risk register.

- 5.4 Also included in the Council's risk register is the current challenge in relation to workforce, and recruitment of suitable staff in residential care continues to be a barrier that is being addressed, with some difficulty, via the workforce strategy.

## **6. DEVELOPING THE STRATEGY**

- 6.1 A multi-disciplinary residential steering group was established to guide the work and develop this strategy in 2021/22. Representation was drawn from children's services, education, regional partnership board, housing, and adult services. The background work involved evaluating the evidence of need by carrying out a literature review, secondary data and financial analysis, alongside deployment of an evidence based needs analysis tool (The BERRI ([www.berri.org.uk](http://www.berri.org.uk))) to assist in mapping future need. There was also engagement with staff in meetings and discussions with multiple stakeholders.
- 6.2 The results of this work concluded that there are benefits to rethinking the use of residential care and developing more children's homes. The opportunity to create the range of needs-led homes required will be different than can be achieved by market-based commissioning which is dictated by provider availability. The number of homes RCT has of its own will need to increase, and children's services will need to develop its not for profit commissioning capability whilst managing the meanwhile risks of a contracting availability, and supporting those young people who are presently in independent provisions. There is considerable uncertainty about the transition arrangements for existing for profit provisions, and what regional or national not for profit collaborations might fill the gap. These developments will need to happen over a number of years in a planned sequence, and will need close financial and operational management.
- 6.3 The evaluation work led to the development of a schedule of future residential needs which is summarised below in 6.4. There are 3 sub - groups reporting to the steering group that are responsible for coordinating the significant work that is required with input across the Council and partnership landscape. The subgroups themes are:
- Workforce
  - Estates and Finance
  - 16+ yrs Accommodation
- 6.4 In the case of each of the settings identified below there will be a business case that addresses the detailed evidence of need, the funding source and the provision of information to any ward member in relation to any sites that have been identified. This process is noted in 2.1 of the

action plan accompanying the strategy document, and the format for this has been agreed.

## **7. OUTLINE SCHEDULE OF RESIDENTIAL CARE NEEDS**

- 7.1 The schedule of need is broken down into 2 areas (i) those provisions that need to be available in the next 4 years, and ahead of at April 2027, and (ii) those provisions that will require longer term development and take account of the changing environment and review of the strategy planned for 2026-7, and evaluation of the changing transition environment and firm legislative intent at that time.
- 7.2 The prioritisation of developing new settings will be determined by the steering group in conjunction with the estates and finance sub group bearing in mind the urgency of emerging need, the availability of sites, staff and funding.

<b>Area of Need</b>	<b>Model of Care</b>	<b>Number of young people in setting</b>
(i) Emergency Accommodation – Same Day	De-escalation, reduce anxiety, stabilise whilst searching for suitable homes. Likely, but not always to be for boys	3 or 4 young people
(i) Complex Needs	Regional provision.  Integrated Health, Education and Social Care led by RPB. Secure or in patient avoidance for children with the most complex care and support needs.  An RPB work stream has been established.	3 or 4 young people
(i)Carn Ingli II	Trauma informed approach – seek to assess and step down to home, relatives or most suitable care setting - 12 weeks period of accommodation.	2 or 3 young people
(i)Therapeutic Homes x2	Mid – Long term therapeutic provision, move on from Carn Ingli for those who cannot return home or to relatives. Likely one for girls with focus on recovering from exploitation and one for boys. This is a new model of care for RCT	2 settings for 4 young people

(i)Beddau / Bryndar x 2	Family style approach to care for children with mid – long term needs; transition to reunification with family or supported living as an adult	2 settings for 4 young people
(i)Children with Disabilities *	Increased short breaks and 2 beds for 52 weeks placements	12 + short breaks and 2 long term
(i)Transition to adulthood – (complex needs)	Joint work with adults services for young people who will have care and support needs in adult services	3 young people
(i)Fostering Well-being	A new model that will require evidence based scoping of care for young people who need foster care but for whom a foster family cannot be identified	To be confirmed
(ii) Co-located accommodation at Special School	Increased short breaks and 2 beds for 52 weeks placements ( Provision * may be stood down for this to be made available)	To be confirmed
(ii) Specialist ASD	Integrated health and social care Those ASD young people with most complex needs	To be confirmed
(ii) Parent and Child	Regional : 12-15 weeks to assess risk and develop attachment / parenting. Inform decision about future support to family or whether baby / children should become looked after	To be confirmed

## **8. MONITORING OF THE STRATEGY AND ITS ACTION PLAN**

8.1 The performance measures for the strategy are included in the accompanying strategy document at p. 21. Delivery against this strategy and its action plan will be monitored by the Residential Transformation Steering Group. The impact of this work, and the need for a future strategy and action plan will be reviewed in 2026-7 ahead of the implementation of the legislative intention.

8.2 An annual report will be provided to Corporate Parenting Board and Scrutiny Committee as per Council decision.

## **9. EQUALITY AND DIVERSITY IMPLICATIONS**

9.1 An assessment is being carried out and will be updated ahead of presentation to Cabinet. Thus far, there are no equality or diversity implications as a result of the recommendations set out in the report.

## **10. WELSH LANGUAGE**

10.1 There are no Welsh language implications arising from this report.

## **11. CONSULTATION / INVOLVEMENT**

11.1 Consultation with stakeholders is noted above. Young people are clear about the benefits of RCT provided residential care, and their voices are regularly noted in Regulation.73 reports to Corporate Parenting Board. Young people will be involved in as many aspects of design as possible.

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

12.1 This is a difficult to control area of budget with increasing costs in association with the national minimum wage, the cost of living, inflation, and the impact of instability and increasing demand leading to increasing costs.

12.2 In order to achieve the ambition, the following cost areas have been identified:

- **Capital:** Development of the new sites to the standards required for registration with CIW
- **Revenue (Infrastructure):** Staffing and expertise to develop the provisions, some of this will be time limited, but the need for focus on quality outcomes and compliance with RISCA (Regulation and Inspection of Social Care Act (Wales) 2016) will have longstanding financial impact.
- **Revenue:** Running costs of each new provision as it is developed

12.3 An outline assessment of the likely capital and revenue costs over 3 years has been carried out in preparation for the submission of a £17.1 million funding proposal to Welsh Government under the Eliminate and Change funding. At the time of writing a decision is awaited.

12.4 An application has been made and agreed in principle for a capital grant under the Housing With Care fund via RPB for investment before 31.3.22, and subsequent applications may be made.

12.5 A Regional Integration Fund application for staffing to embed trauma informed practice has been made, but is unlikely to be forthcoming in the current context.

12.6 As highlighted above a business case format for each individual setting and investment has been agreed. This is the method for assessing the capital and revenue impact of each setting for the Mid Term Financial Plan. Final decision making lies with Group Directors for Finance and Social Services in consultation with Cabinet Members.

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

13.1 This report and the related strategy is specifically concerned with s.75 of the Social Services and well-Being Act (Wales) 2014, and the duty to secure sufficient accommodation for looked after children in relation to residential care.

13.2 The role of a corporate parent is to seek for children in public care the outcomes every good parent would want for their own children.

13.2 The registration of Social Care and Inspection (Wales) Act 2016 sets out duties in relation to the registration and regulation of children's homes, and Section 5 of the Regulation and Inspection of Social Care (Wales) Act 2016 states it is an offence to provide a regulated service or services in Wales without being registered to do so. It is in relation to this breach of law that the Council provides weekly OWR reports to CIW, seeking to ensure that young people are placed in suitable registered provision as soon as possible where OWR has become unavoidable.

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

14.1 This provision also supports the Council to contribute to all of the seven well-being goals:-

- **A prosperous Wales:** children who receive the right care and support are better prepared for adulthood and achieving prosperous futures.
- **A resilient Wales:** children who are given every opportunity to meet their developmental milestones and overcome barriers to developing skills are prepared with the space to grow and the tools to build resilience throughout life.
- **A healthier Wales:** access to high quality local services supports children to meet their developmental milestones and develop social skills, enhancing their emotional wellbeing.
- **A more equal Wales:** by delivering a full range of residential care provision in all localities to meet the needs of children and parents

ensures that children and families have access to high quality childcare irrespective of where they live.

- **A Wales of cohesive Communities:** access to services that are not restricted to particular communities promotes equality and harmony across communities and the means to share community resources in order to be responsive to need and build resilience.
- **A Wales of vibrant culture and thriving Welsh language:** children who are given the potential to thrive learn to be tolerant and accepting, preparing them for a multi-racial, globalised adult world.
- **A globally responsible Wales:** children who have access to high quality care and support are afforded experiences that prepare them to be globally responsible.

## 15. CONCLUSION

- 15.1 The Council has a duty to secure sufficient accommodation for looked after children under s.75 of the Social Services and Well-Being Act (Wales) 2014.
- 15.2 Current arrangements do not entirely meet need, and will need to change in line with the proposal to legislate to remove profit.
- 15.3 Agreement is sought to the proposed Strategy to Transform Residential Care that has been prepared with a view to ensuring that young people who need residential care are looked after close to home in high quality settings where they can thrive, and that they are looked after by a stable, resilient, skillful and well supported staff group.



**LOCAL GOVERNMENT ACT 1972**

**AS AMENDED BY**

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

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**COMMUNITY SERVICES SCRUTINY**

**28<sup>TH</sup> NOVEMBER 2022**

**CHILDREN'S SERVICES RESIDENTIAL TRANSFORMATION STRATEGY**

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

**Background papers**

Residential Transformation Strategy

**OFFICER TO CONTACT: Annabel Lloyd, Director of Children's Services**



**Rhondda Cynon Taf  
County Borough Council**

**Looked After Children: Residential Care Transformation  
Strategy 2022-2027**

# **Index**

## **Executive Summary**

### **1. Background**

#### **1.1 Values and vision**

#### **1.2 Our duties as a local authority**

#### **1.3 National Policy context**

#### **1.4 The Competition and Markets Authority view**

### **2. Key data and facts**

#### **2.1 Why we need this strategy**

#### **2.2 RCT children's services and key data**

#### **2.3 RCT in-house residential**

#### **2.4 What we did and how we did it**

### **3. Findings and Analysis**

#### **3.1 Five key areas for development**

#### **3.2 Finance**

### **4. Implementation Planning**

#### **4.1 Planning principles**

#### **4.2 Prioritising developments**

#### **4.3 Performance Measures**

### **5. Outline Plan**

## Executive Summary

In all cases, the Council supports families to look after their children at home, with support where necessary. In January 2022, the Cabinet approved the Council's looked after prevention strategy that sets out its commitment to family support, and making sure that only those children for whom there is no safe alternative, become looked after.

When children become looked after, care by relatives or connected people is always our first option, and foster care where that is not achievable. Some children's needs cannot be met by substitute family care or foster care, and they will need to be looked after in residential care. This report, and its related action plan set out the intention to deliver an unprecedented change of strategic direction in relation to children's residential services.

Residential services are an essential element of the portfolio of provision that is required to meet the Council's statutory obligations to looked after children. It has been increasingly evident over recent years that the largely outsourced provision (85%) has struggled to supply services to meet the changing needs of our looked after young people, and commissioning systems have not entirely had the desired impact.

In 2022 Welsh Government began to implement a policy to eliminate private profit making from children's services, with residential services a central target. There is an urgent imperative on all local authorities to plan for this transformation that is intended to be fully implemented by 2026/27.

RCT has taken a sector-leading needs-led approach to identification of the types of residential provision that will be required to meet the needs of children both now, and in the future. This report sets out that work and its conclusions.

The changes required to the scale and type of provision available, to ownership, management and to related resources are substantial. The Council faces the challenge of becoming a provider in its own right on a much greater scale over the transitional period whilst at the same time managing a market of both evolving not-for-profit partners and declining and exiting existing partners. The interaction with regional partners and the Welsh Government during the transitional period will also be critical to developing the resources and services required.

This report articulates the current state of children's services rapidly developing strategy and action plans and seeks support for the approach and direction proposed. Strategy, and related action plans need to remain agile to adapt and evolve as the impact of the policy change is experienced in the coming months and years.

## **1. BACKGROUND**

### **1.1 Values and vision**

The vision for this strategy is that by 2027, all RCT young people who need residential care are looked after close to home in high quality settings where they can thrive, and that they are looked after by a stable, resilient, skillful and well supported staff group.

This work will also be underpinned by our commitment to stability for looked after young people, understanding that looked after young people need specialist services.

### **1.2 Our duties as a local authority**

Part 6 of the Social Services and Well-Being (Wales) Act 2014 sets out local authorities' duties to looked after children. This study is specifically concerned with s.75 of that act, and the duty to secure sufficient accommodation for looked after children in relation to residential care. Noting the evident benefit of foster carers and children's homes working well together in specific cases, there is a separate strategy and action plan in relation to the attraction and retention of foster carers as part of the regional Foster Wales plans.

### **1.3 National Policy context**

In June 2021 the Welsh Government set out its vision for children's services in Wales in its programme for government: (<https://gov.wales/sites/default/files/publications/2022-03/children-and-young-peoples-plan.pdf>). The commitments included in the programme state the view that the Government does not believe there should be a market for care for children that includes profit-making, and that future care for looked after children in Wales should only be provided by public sector, charitable or not-for-profit organisations.

Since Autumn 2021 the Welsh Government's Eliminating Profit from the Care of Children Looked After Programme Board has been developing the proposals for the legislative changes required to achieve its vision, and in August 2022 issued a consultation document that included the intended timescale.

The Welsh Government Eliminating Profit Board recognises the scale of the change required across Wales, especially in children’s residential services, where 85% of places available in Wales are currently provided by independent providers, with private sector bodies making up 80% of available homes.

The transition period will be 4-5 years. New providers registering with CIW will need to have not-for-profit status from 1 April 2026, and any current “for-profit” providers will need to transition to, and register with CIW, as having not-for-profit status by 1 April 2027. By clear implication, any private provider not undergoing such transition will become de-registered in Wales and unavailable for use by local authorities in Wales).

In its September 2022 response to the consultation, the Children’s Homes Association (the representative body of children’s homes providers in England and Wales) has indicated that almost all current private-sector providers do not intend to transition. Government and councils across Wales therefore need to plan and take action to address the deficit in supply that will likely result. That said, RCTCBC Children’s Services cannot deliver on this transition alone, and although it is early days, 2 known and trusted SMEs have indicated a willingness to work with RCT in a not for profit future.

There is therefore a clear imperative across Wales for local authorities to plan to address the implications in this transformation of the service provider sector. This will include the development of investment plans to build new local-government owned homes and capacity (supported wherever possible by Welsh Government funding that targets such investment). This will need to be on a significant scale in order to replace independent sector capacity that is predicted to become unavailable.

## 1.4 The Competition and Markets Authority view

In 2020/21 the CMA carried out a study of the children’s social care market (including but not limited to children’s care homes) across Wales, England, and Scotland. The study reported in March 2022, recognising the different approaches being taken by the devolved governments of Wales and Scotland.<sup>1</sup>

In the report for Wales, the CMA reaches some key conclusions that are relevant to RCT’s children’s residential strategy:

---

<sup>1</sup> [www.gov.uk/government/publications/children's-social-care-market-study-final-report](https://www.gov.uk/government/publications/children's-social-care-market-study-final-report)

- The report recognised the growing challenges faced by local authorities across all three countries and concluded that the markets were not functioning effectively.
- The CMA's financial analysis found that the cost to local authorities of providing their own children's home placements is no less than the cost of procuring placements from private providers. This has clear implications that any shift of supply to public sector over the coming years will likely not result in financial savings.
- The CMA highlights that a sudden loss of private capacity from the market could place local authorities in Wales in a difficult position, with negative impacts on children. The report for Wales therefore states the need to ensure the existing placements market continues to operate as well as possible in the transition period.
- The report includes a number of recommendations as to how to improve commissioning in the market (stating that these are also relevant to a market that will be solely not-for-profit based in future).
- The CMA predict that it is also likely that new placements capacity will be needed, to reflect changing needs, or simply to replace lost capacity.

The CMA review, set in the specific context of the Welsh Government's policy, gives clear signals as to the actions that are recommended to sustain the existing provider marketplace during the transition period and to plan to replace the significant loss of private sector capacity before 2026/27.

## 2. KEY DATA AND FACTS

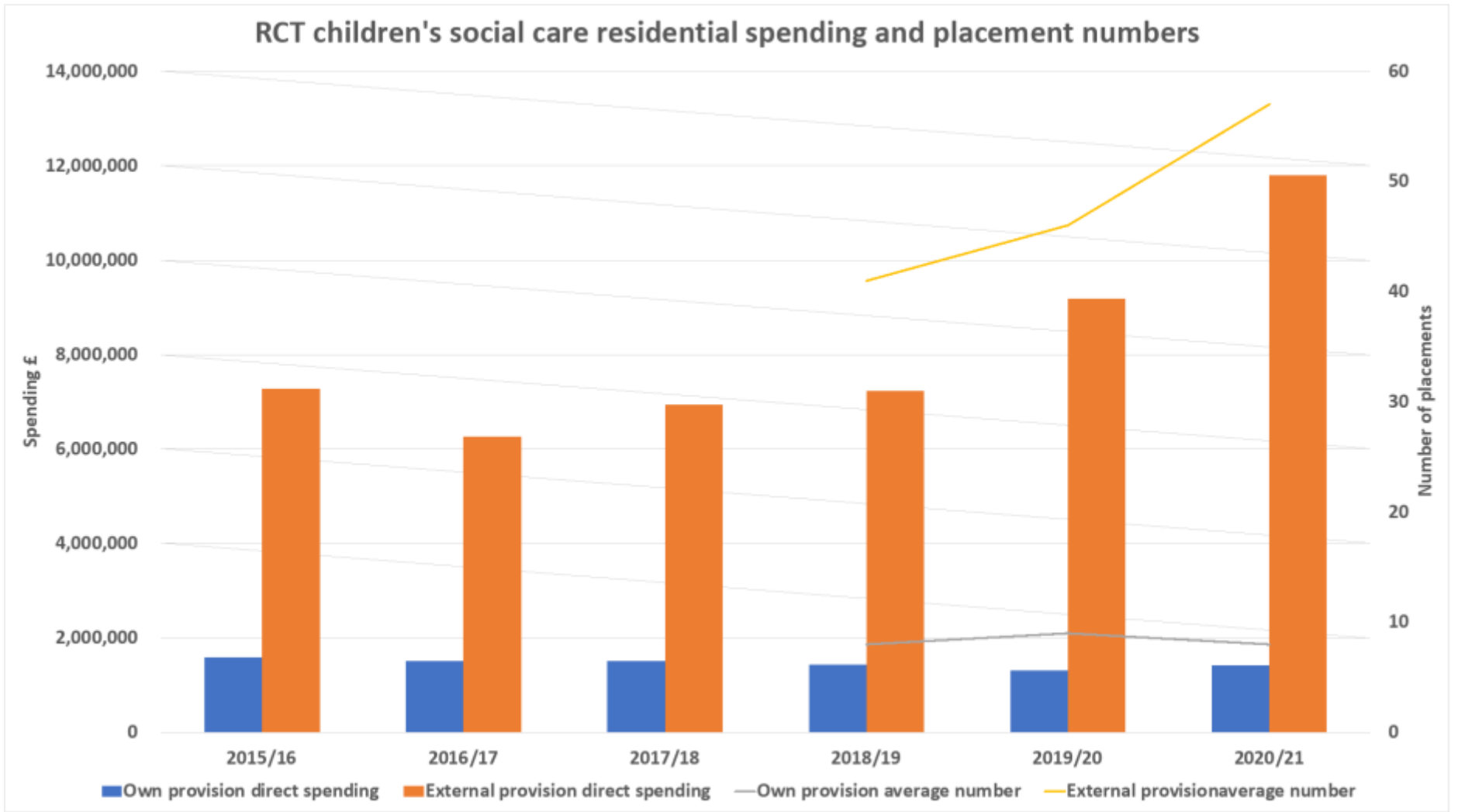
### 2.1 Why we need this strategy

Despite the development of a 16+ accommodation strategy, and a placement commissioning strategy, at the time of developing the strategy, 90% of RCT's looked after children in residential care are placed out of county. During the past few years, the service has experienced an increase in demand for residential care, which is mainly supplied by independent providers. As at 30.09.21 when we prepared the baseline data for this project, there were 14 providers of residential care in RCTCBC with 50 beds (which would be sufficient for RCT demand if no other LA used these beds), 7 of those 50 places were taken up by RCT looked after children. The market place is not reliably supplying sufficient quality residential care close to home that is available at the point of need. Notwithstanding some great results, there have been some examples of weak outcomes also, and too many examples of young people move placements within residential care. Our ambition is to develop services close to home that can meet need and improve outcomes over the next 5 years.

RCTCBC has the second highest level of demand for, and spending on external children's care homes in Wales. Recent history across the whole of Wales has seen increases in both the numbers of children placed residentially and the costs associated with the purchasing of those placements.

The Council's experience in recent years is illustrated below and mirrors the whole of Wales picture. The increases in spending have increasingly challenged budgetary control and RCT had already set out on a major review of its residential placement strategy in 2021/22 before details of the Welsh Government's policy implementation were announced.

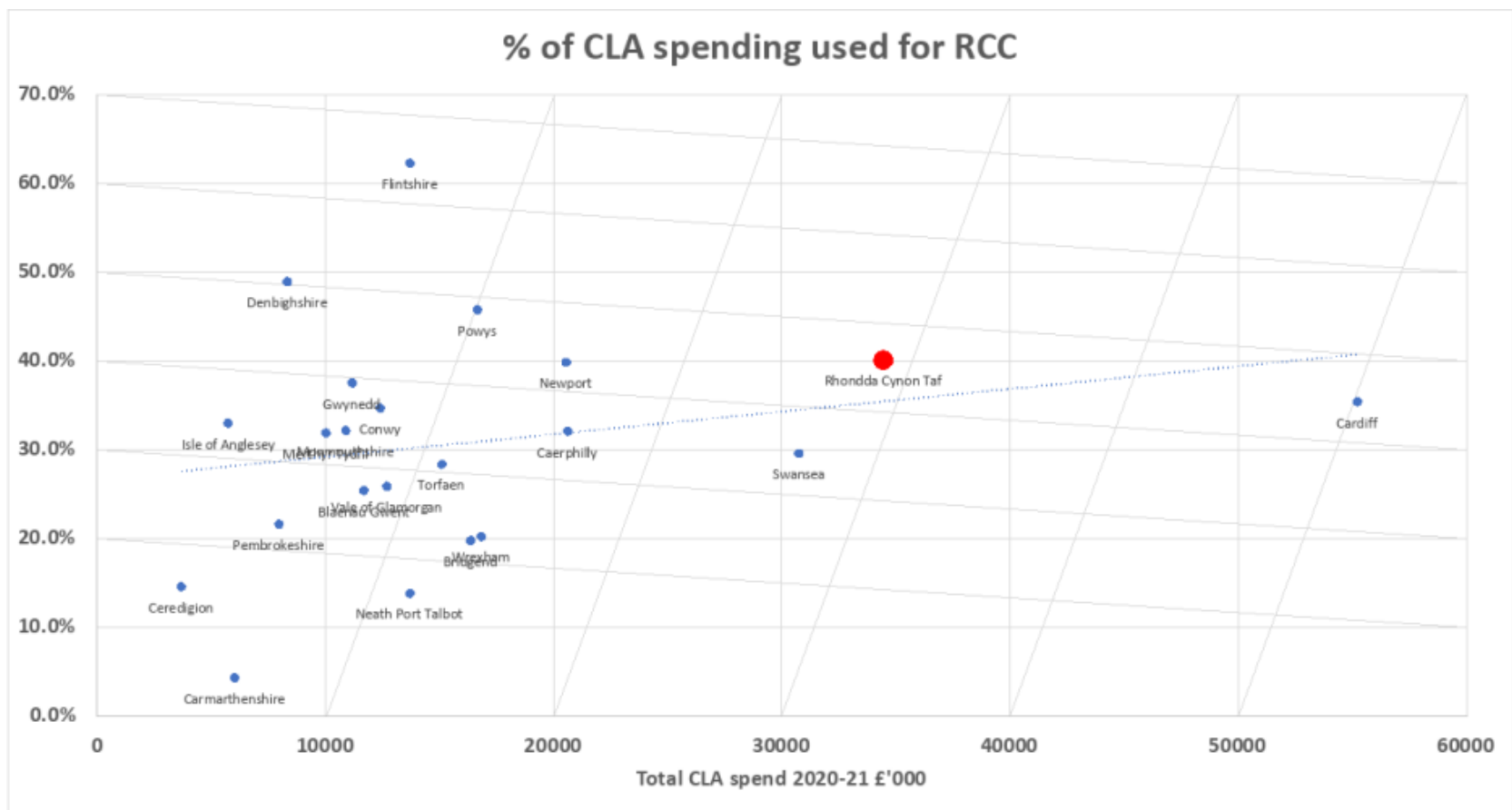




2

<sup>2</sup> [www.statswales.gov.wales](http://www.statswales.gov.wales)

In addition to being second only to Cardiff in spending terms, RCT also spends a relatively high proportion of total Children Looked After (CLA) budgets on residential services. The combination of those two factors (illustrated below) means that, relative to all local authorities in Wales, RCT has a particularly strong motivation to address the placement supply challenges over the next 4-5 years.



3

<sup>3</sup> [www.statswales.gov.wales](http://www.statswales.gov.wales)

## 2.2 RCT children's services and key data

RCT Children's Services provides a range of accommodation for children looked after including:

- Foster Care
- Kinship Care
- Residential Care
- Supported Accommodation (16yrs +)
- Supported Lodgings (16yrs +)
- Independent Living (16yrs +)

The following support services are in place:

- Allocated Social Worker
- Fostering Support Team
- Placement Finding Team
- Therapeutic Families Team (supports case formulation and implementation of Trauma Recovery Model in Children's Homes)
- Miskin Services (time limited intensive interventions that reduce risk)
- Multi-agency Permanence Support Services (New – will support therapeutic approaches in foster care and provision of therapy)
- Looked After Children's Education Team (including Head Teacher for Children Looked After)
- Step in the right Direction (Targeted support to employment)
- Advocacy
- 6 Children's Homes

### **Headline Data:**

As at 15.10.22 RCT had 640 CLA which has been a reducing trend during the past year, but is the 4<sup>th</sup> highest per 10,000 capita in Wales, hence the updated looked after children prevention strategy that was approved by Cabinet in January 2022.

- 26% of admissions to care are children aged under 1 year old. The numbers have decreased by 15 when compared to the same period in 2020-21 and the trend shows that this age group continues to have the highest number and rate of admissions (hence development of the new pre-birth service Magu).
- The number of children being brought into care aged 16+ has increased by 1 when compared to the same period from 8 in 2020-21 to 9 which is 8% of the overall figure in 2021-22 (In line with increasing numbers of UASC and improved focus on protection from exploitation, we may need to anticipate increased numbers in this cohort).
- The highest number are in the 10-15 age group with 276 children in care (43%). This age group is consistently the highest percentage.
- 9% of the CLA population are placed in residential care and 1% of those young people are placed within RCT provided children's homes.
- 25% of the population are placed with RCT mainstream foster carers
- 34% are placed with connected carers
- 17% are placed with independent foster carers
- 11% are placed with parents

### 2.3 RCTCBC in-house residential

Nine councils in Wales currently do not own or operate any registered care homes for children, whereas RCT has five existing homes with one new site being prepared for registration at the time of writing.

The existing in-house know how, experience and resources that deliver residential care for children in RCT is a valuable base for further development. However, as illustrated above, the scale of existing reliance on private sector providers is 5-6 times that of the existing in-house capacity. This gives an indication of the significant scale of development and/or recommissioning with not-for-profit providers that will be required.

The review of residential strategy that began in 2020/21 identifies a wide range of provision that is needed to meet the needs of children from RCT. As discussed further in this document, there is need to consider the potential for developing provision solely as RCT, as part of the wider region, and also through collaboration with health and education partners.

Scrutiny of the weekly cost of RCT in-house places earlier in 2022 compared to the weekly costs of places purchased from external providers confirms the CMA findings that in-house services are unlikely to offer potential for financial savings.

## 2.4 What we did and how we did it

A multi-disciplinary residential steering group was established to guide the work and develop this strategy in 2021/22. Representation was drawn from children's services, education, regional partnership board, housing, and adult services. There was also representation from the University Health Board. The group identified the need to access additional knowledge and experience of the children's care home sector, and secured funding from the Regional Partnership Board for a feasibility study. Via a formal procurement process Revolution Consulting and the National Centre for Excellence in Residential Child Care were commissioned to support the project.

This strategy document and action plan summarises the outcomes of activities undertaken by the steering group and advisors that included a background literature review, secondary data and financial analysis alongside engagement with staff in meetings and discussions with multiple stakeholders.

Our advisors particularly identified the need for an enhanced approach to strategy development that differs from previous strategy cycles. A more detailed, granular needs assessment approach at the level of each individual child placed in residential care was undertaken to inform a needs-led services description and strategy development. Outputs from this enhanced approach were summarised in detail for the steering group.

Priorities for the proposed action plan were developed from the analysis by the steering group and are set out in section 4 below.

### 3 FINDINGS AND ANALYSIS

If the Welsh Government's policy decision to eliminate for profit residential care continues, then the private sector homes that currently offer placements, in Wales and England, will no longer be available in their current format by 2026/27. At the time of writing it is unclear to what extent existing providers will adopt new, not for profit model of delivery.

It is clear there are benefits to rethinking the RCT strategy regarding the use of residential care and developing homes of its own. They will be known entities, directly related to meeting need, close to home, able to be managed directly and to offer relationships across RCT, health and education services from a shared values base.

The opportunity to create the range of needs-led homes required will be different than can be achieved by market-based commissioning which is dictated by provider availability. The number of homes RCT has of its own will increase significantly.

Without the need for the same scale of current procurement and commissioning the role and task of current personnel would be redirected to the identification, creation, matching, quality assurance and improvement, and sustaining of homes.

This development will need to happen over a number of years and in a planned sequence.

It will need close financial and operations management.

#### 3.1 Five key areas for development

Five development areas	Why do we want to improve in this area?
<p><b>1. Develop Assessment and Practice</b></p> <p>Update and development of the evidenced based profiling tool to support the description of a child in a Placement Request Form thus providing a secure basis for placement making by design</p>	<ul style="list-style-type: none"> <li>■ To be assured needs are being assessed and described accurately and consistently with a view to improving outcomes for young people</li> <li>■ To clarify the thresholds for placement in to fostering and residential options</li> <li>■ To ensure there is good matching and the most appropriate placement leading to effective practice</li> </ul>

Five development areas	Why do we want to improve in this area?
	<p>responses that make for efficient investment in a placement</p> <ul style="list-style-type: none"> <li>■ To enable good care planning from the outset in a manner that acts as the foundation for care planning, monitoring of progress, and decision making of moving on/stepping across to other settings</li> <li>■ To ensure interventions are compatible with the Council's Looked after Prevention Strategy</li> </ul>
<p><b>2. Develop Not for Profit Commissioning</b> Development of relational commissioning with the not-for profit sector, shifting from a focus on transaction/procurement to the building of relationships, corporate and collegiate mutual trust enabling negotiation and flexibility</p>	<ul style="list-style-type: none"> <li>■ To foster close, ongoing dialogue with and between aspects of children's services so that all are fully aware of operational demands</li> <li>■ To achieve the right placement for the right child at the right time</li> <li>■ Focus on identification, creation, matching, quality assurance and improvement, and sustaining of homes</li> <li>■ Linking quality assurance to improvement through focus on communication, problem solving through learning</li> <li>■ Ensuring the RCT culture of care, the shared identity and common value system, is adhered to consistently in all homes.</li> </ul>
<p><b>3 Develop RCT Provision of Children's Homes that meets need and matches statutory sufficiency duty</b> For RCT to meet the needs of children will require a range of homes offering differentiated provision.</p>	<ul style="list-style-type: none"> <li>■ Matching of needs to placement is effective in producing positive outcomes for young people and supports effective investment in a placement</li> <li>■ One model of care cannot be replicated for all needs. RCT needs to act on an understanding that delivers 'what works for whom'. Residential services should be</li> </ul>

Five development areas	Why do we want to improve in this area?
	<p>configured so that they can effectively meet the needs of children</p> <ul style="list-style-type: none"> <li>■ All homes will have evidence-based practice as this brings a positive outcomes impact rather than 'care as usual', with no evidence base to the care.</li> <li>■ The specificity and specialism of each home is highlighted as its primary task and is to be valued.</li> </ul>
<p><b>4. Support and Develop the Residential Care Workforce</b> Attraction, retention, training and support – investing in workforce development</p>	<ul style="list-style-type: none"> <li>■ Effective needs directed practice reduces the likelihood of a breakdown in placements and improves outcomes for children in care</li> <li>■ It acts to attract new recruits and retains staff as a major factor is learning and job satisfaction</li> <li>■ Support and consultancy - psychology, psychiatry, therapy - need to be integrated</li> </ul>
<p><b>5. Leadership</b> Leadership is a key factor in positive outcomes of residential options. Internal and external management is necessary</p>	<ul style="list-style-type: none"> <li>■ Councillors and Senior leadership will need enhanced residential knowledge and experience.</li> <li>■ Registered Managers act as community of practice and mutual support</li> <li>■ Ensure that the infrastructure resources required to deliver on this duty are realistically but proportionally made available</li> <li>■ There is fair accountability for all across the Council as the strategy requires active buy-in from Social Services, Finance, Housing and Estates</li> </ul>



It is projected that successful implementation of these improvements will lead not only to better outcomes but also to effective expenditure because of:

- The earliest access to the most appropriate intervention by design and decision reduces the intensity and duration of a placement, and also reduces likelihood of breakdown which incurs further cost that comes with multiple placements and escalating severity of need and expenditure. Proactive planned provision is more effective than reactive procurement from what is currently made available by providers being possible
- Increases in the number of children who can safely move on from care or step across to other placement options. Identification of the homes necessary to be created is a first step. The most dependable strategy is for RCT to develop the range of homes as its own resources, supported by targeted and agreed local supply by not-for-profit providers. Identifying not-for-profit providers is challenging, there are few in Wales with children's homes. Whilst some have indicated they may be open to discussions to develop further capacity in Wales, it is known that their knowledge and experience in the recent past has not included some areas of the more intensive and specialist residential child care practice. The few that have had a long consistent quality practice are unlikely to seek to offer any provision other than where it is currently located in England. Welsh Government may make funds available for the acquisition of currently for-profit business, but at the time of writing, the details of that have not been made available.

### 3.2 Finance

To establish the scale, range and number of homes indicated is unprecedented. The funding requirement is substantial, but it is an investment in the future. The bringing together of the people, their development, and the material environment is a large undertaking.

Such a phased establishment requires the appreciation of the first three years in any home follows a curve of dynamics, developments and practice will initially flow, then ebb, then be rekindled. That there will be homes at various stages will require a significant engaged management to sustain the homes. This cannot be underestimated.

This is a challenging and difficult to control area of budget with increasing costs in association with the national minimum wage, the cost of living, inflation and impact of instability and increasing demand leading to increasing costs.

In order to achieve the ambition, the following likely costs have been identified:

**Capital:** Development of the new sites to the standards required for registration with CIW

**Revenue (Infrastructure):** Staffing and expertise required to develop the provisions, some of this will be time limited, but the need for focus on quality outcomes and compliance with RISCA (Regulation and Inspection of Social Care Act ( Wales) 2016) will have longstanding financial impact.

**Revenue:** Running costs of each new provision as it is developed

An outline assessment of the likely capital and revenue costs over 3 years has been carried out in preparation for the submission of a £17.1 million funding proposal to Welsh Government under the Eliminate and Change funding. At the time of writing a decision is awaited.

An application has been made and agreed in principle, for a capital grant under the Housing With Care fund via RPB for investment before 31.3.22, and subsequent applications may be made.

A Regional Integration Fund application for staffing to embed trauma informed practice has been made, but is unlikely to be forthcoming in the current context.

In order to maintain financial controls, an Estates and Finance sub group has been established and a business case format for each individual setting and investment has been agreed. Final decision making lies with Group Directors for Finance and Social Services in consultation with Cabinet Members.

#### 4 IMPLEMENTATION PLANNING

This study and strategy have a necessary focus on children's residential services. However, these services exist in the context of children's services and the Council's wider duties and activities. The residential strategy therefore needs to be consistent with wider actions including but not limited to the prevention of escalation to residential care, fostering, prevention of placement breakdown and risk/contingency management.

## 4.1 Planning principles

A key message from many recent evaluations of innovation is that **transformative change is not easy to achieve** either for individuals or for organisations (for example: Bostock et al, 2017; Sheehan et al, 2018), also that it is important not to under-estimate the scale of change or adaptation needed in culture and working practices (Albers et al, 2020)

Key principles relating to more successful implementation of social work practice change are as follows:

1. That implementation plans should pay attention to 3 areas:
  1. Practice innovation
  2. Effective alignment of service pathways to the desired change, including assessment, planning and review activity and documentation; and IT supports.
  3. How the whole system supports the innovation
2. Effective, consistent leadership of change is required at all levels, including modelling of the desired practice changes by all including senior leaders; sustained support for the vision for change; and effective, varied communications.
3. Performance management and monitoring arrangements that reflect the priority areas for change.
4. Attention to the pace of the implementation of change.
5. Staged implementation including with reference to:
  - Exploration – of the rationale for change and proposed change(s) with practitioners and team managers to create an appreciation and commitment to the necessary developments and to ensure that there is a common language and framework of understanding. Essentially, they need to be brought on board, expecting always that some practitioners will embrace change quickly, others not.
  - Design work for the homes based on the RCT evidenced identified analysis

- Initial launch – including with attention to aligned training and broader supports for practice; opportunities to celebrate along the way; organisational alignment
- Phasing of implementation and report backs to the workforce
- Embedding – attention to sustaining change over a longer period.

## 4.2 Prioritising developments

The need to act at pace that results from this work being carried out in a changing policy environment is evident. The steering group has especially focused on how to prioritise the development of homes from those identified by this study and analysis.

Consideration has been given by the group to the factors that should influence the prioritisation, including:

- Impact potential: Number of children likely to require the service type
- Impact potential: Relative urgency of need
- Impact potential: Relative price of services if purchased externally
- Degree to which development can/should be carried out by RCT acting alone

This has contributed to a prioritised schedule of need that is guiding the work of the steering group and its sub groups.

### 4.3 Performance Measures

Any successful strategy requires a set of performance indicators that assist in measuring the success of the project and early alert of a problem that requires solution. The following measures are recommended and will be finalised at the December 2022 Steering Group Meeting:

Period	Number and %age of CLA who need residential care	Number and %age of children who received residential care in commissioned for profit settings	Number %age of children receiving residential care in RCT	Number and %age of CLA in not for profit residential care including in RCTCBC provided homes	Number of unplanned placement moves within residential settings	Number of children in residential care in full time education / employment / training	Budget Spend on not for profit residential care child including RCTCBC provided homes		Budget Spend on for Profit residential care	
							Weekly	Annual	Weekly	Annual
Baseline Year 31.3.22	64 (8%)	51 (80%)	8 (15%)	13 (20%)	4	46	£52,196	£2,714,179	£237,168	£12,332,735
31.3.23										
31.3.24										
31.3.25										

Delivery against this strategy and its action plan will be monitored but the Residential Transformation Steering Group. The impact of this work and the need for a future strategy and action plan will be reviewed in 2025-6 ahead of the implementation of the legislative intention. An annual report will be provided to Corporate Parenting Board and Scrutiny Committee as per Council decision.

## 5. OUTLINE PLAN

This document outlines RCT’s prioritised plan for the development of not for profit residential care. It has resulted from a study that has been informed by a rapid research review, secondary financial and data review and a detailed analysis of need. It anticipates future need and the requirement to shift to a not for profit model of delivery in line with government’s policy. It considers the following areas of business:

1. **Prevent** avoidable escalation of need to residential care
2. **Prepare to develop new provisions**, and engage with existing providers who may consider not for profit provisions
3. **Plan and coordinate** in an outcome focused integrated way
4. **React** to the need to develop emergency accommodation

### 1. Prevent avoidable escalation of need to residential care

Number	Outcome	Who is Accountable	By when	What Needs to Happen
1.1	The Looked After Prevention Strategy is implemented and monitored	Director CS	31.3.23	<ul style="list-style-type: none"> <li>• Children’s Services Management Team monitor the effectiveness of the CLA prevention strategy at Safeguarding and Prevention Quality Assurance Meetings and respond to any needs for change</li> </ul>
1.2	RCT’s work under the auspices of Foster Wales increases the supply and skill of foster carers	Regional Development Manager for Foster Wales	31.3.23	<ul style="list-style-type: none"> <li>• Implementation of the RCT recruitment and retention strategy</li> <li>• The Regional Strategic Steering Group review performance against the strategy</li> </ul>

1.3	Looked after children's needs are met early and opportunities to prevent escalation of need to residential are taken up via the Therapy Panel process and the implementation of the Multi-Agency Permanence Support Service	Therapy Panel Chair	31.3.23	<ul style="list-style-type: none"> <li>Report by 31.3.23 evaluating the work of therapy panel and making recommendations to Children Looked After Quality Assurance Panel about a future work plan that would manage and reduce escalation of need wherever possible</li> </ul>
1.4	Engagement with providers is enhanced increasing support by RCT services to prevent avoidable placement breakdown and increase oversight of any changes in provision that signal a need for preventative action	Chair of Children's Services Residential Monitoring Group	31.3.23	<ul style="list-style-type: none"> <li>Report by 31.3.22 to Children Looked After Therapy Panel which evaluates past work makes recommendations about work that will lead to increasing stability in residential placements.</li> </ul>
<b>2. Prepare to develop new provisions, and engage with existing providers who may consider not for profit provisions</b>				
Number	Outcome	Who is Accountable	By When	What Needs to Happen
2.1	Prepare costed business cases for new provisions in priority order identifying the model of care and whether it is RCT, Regional or integrated provision	Head of Accommodation and Family Support	31.3.23	<ul style="list-style-type: none"> <li>Develop a prioritised schedule of settings and models of care required during the next 3-5 years and 5years +</li> <li>Work up costed business cases, identifying funding sources</li> </ul>
2.2	Look for opportunities to work towards not for profit provisions with providers who currently care for RCT children / are located in RCT	Children's Services Director	31.3.23	<ul style="list-style-type: none"> <li>Identify those providers who will collaborate / convert to not for profit</li> </ul>
2.3	Develop outline contingency plans / exit strategies for those children whose home becomes unstable	Residential Monitoring Group	31.12.23	<ul style="list-style-type: none"> <li>Chair will supply Residential Transformation Steering group with a report outlining contingency plan</li> </ul>





### 3. Plan and coordinate in an outcome focused integrated way

Number	Outcome	Who is Accountable	By When	What Needs to Happen
3.1	Evaluate evidence and develop a strategy	Service Director	1.11.22	<ul style="list-style-type: none"> <li>Draft strategy is developed</li> </ul>
3.2	Consult with and involve stakeholders	Service Director	1.12.22	<ul style="list-style-type: none"> <li>Consultation takes place ahead of concluding the strategy and implementing the action plan</li> </ul>
3.3	Establish a multi-agency steering group and sub groups that coordinate the work, ensure that results are achieved, and resolves barriers	Service Director	1.11.22	<ul style="list-style-type: none"> <li>Terms of Reference agreed</li> <li>Schedule of meetings agreed</li> </ul>
3.4	Develop and review / update risk assessment and management plan and impact assessment	Change and Transformation Officer	1.11.22	<ul style="list-style-type: none"> <li>Risk Management Plan and Impact Assessment considered and approved at steering group</li> </ul>

### 4. React to the need to develop emergency accommodation

Number	Outcome	Who is Accountable	By When	What Needs to Happen
4.1	Same day placement accommodation is developed and registered by 30.6.23	Head of Accommodation and Support	30.6.22	<ul style="list-style-type: none"> <li>Develop statement of Purpose for WH</li> <li>Update procedures</li> <li>Recruit to staff Team</li> <li>Submit application to CIW</li> </ul>

This page is intentionally left blank



## RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

MUNICIPAL YEAR 2022-23

### COMMUNITY SERVICES SCRUTINY COMMITTEE

28<sup>th</sup> NOVEMBER 2022

#### RHONDDA CYNON TAF CHILDREN'S SERVICES WORKFORCE STRATEGY 2021-2024

#### REPORT OF THE GROUP DIRECTOR, COMMUNITY AND CHILDREN'S SERVICES

**Author:** Catherine Tyler, Operational Change and Transformation Officer, Children Services.

#### 1. PURPOSE OF THE REPORT

- 1.1 The purpose of the report is to provide Scrutiny Committee with information regarding Rhondda Cynon Taf's Children's Services Workforce Strategy 2021-2024. The report includes an outline of the strategy and implementation to date.

#### 2. RECOMMENDATIONS

It is recommended that Members:

- 2.1 Acknowledge the information contained within the report.
- 2.2 Scrutinise and comment on the information provided.

#### 3. BACKGROUND

- 3.1 RCT Children's Services 'Workforce Development Strategy 2021-2024 [Appendix 1] sets out the Council's response to the significant recruitment and retention challenges being faced by the service. This strategy has a clear vision for its workforce:

**Rhondda Cynon Taf Children's Services' workforce is motivated, engaged and valued; staff have the capacity, skills, competence and confidence to meet the needs of children and families.**

- 3.2 The aims of the Children's Services Workforce Development strategy 2021-2024 are to develop:

- A workforce in sufficient numbers with the right values, knowledge, skills and confidence to meet the needs of the children and families in RCT.
- Our workforce feels valued, involved and is treated fairly and their well-being is supported.
- A clear model of intervention which underpins our way of working
- Learning is delivered through accessible and flexible routes.
- Digital skills capability underpins care delivery.
- Practitioners have access to the resources they need to do their job.
- A workforce that is reflective of the local population’s diversity, Welsh language and cultural identity.
- Staff voices are heard and influence service developments.

3.3 A workforce plan has been developed which has focused on the seven themes highlighted in the Healthier Wales: Workforce Strategy for Health and Social Care in Wales 2020-2030, as key to delivering a successful workforce strategy. The seven key themes are:

- An engaged, motivated and healthy workforce
- Attraction and recruitment
- Workforce Supply and Shape
- Seamless Workforce Model
- Digitally Developing Workforce.
- Excellent training and development.
- Leadership and Succession.

**What we know about the current Children’s Services Workforce:**

3.4 Recruitment and retention are a significant challenge for Children’s Services. Recruitment difficulties are further exacerbated by shortages in the labour market of qualified and experienced Social Work practitioners.

**Table I -Children’s Services Workforce Data (Qualified Social Workers)**

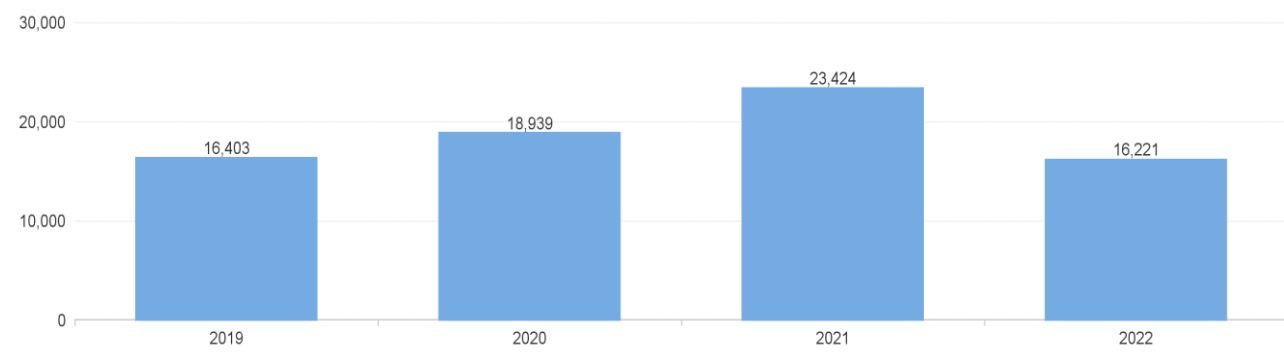
<b>2018-2019</b>	<b>2019-2020</b>	<b>2020-2021</b>	<b>2021-2022</b>	<b>April 2022- Sept 2022</b>
32.50 Vacancies	34.00 Vacancies	35.30 Vacancies	37.00 Vacancies	
19.81 Starters 16.20 Leavers	15.60 Starters 20.81 Leavers	15.00 Starters 13.00 Leavers	9.00 Starters 10.00 Leavers	12.00 Starters 14.00 Leavers
<b>20.33% Vacancy Rate</b>	<b>21.07% Vacancy Rate</b>	<b>22.44% Vacancy Rate</b>	<b>23.52% Vacancy Rate</b>	

Data has been extracted from the RCT Social Care Workforce Survey.  
 In 2021 changes were made to data requirements of the Social Care Wales Annual Workforce Survey, for the purpose of this report we have maintained consistency with earlier data collections.  
 \* Does not include internal transfer data

- 3.5 The vacancy rate across Children’s Services remains high at 20+%, with the Early Intervention and Intensive Intervention Teams experiencing the highest vacancy rates, up to 40% in early September 2022. A Risk Management Plan is in place and this is monitored by the Children’s Services Workforce Strategy Steering Group.
- 3.6 At the same time, demand is increasing, and our potential to recruit qualified experienced social workers in step with our need is likely to be insufficient for the next 3 years, placing further pressure on service provision and our workforce. The number of contacts to the Information, Advice and Assistance Team have continued to rise as presented in Table II below. This places further pressure on service provision and our workforce.

**Table II - IAA Contacts**  
*01/01/2019 to 24/08/2022 - as at 24/08/2022*

Total IAA Contacts per Calendar Year  
*Includes all Phone-call Activities where the Key Team is Children's IAA*



- 3.7 Based on the average rate of contacts received per month this year to date, if demand continues in the same way to the end of the year then we are looking at around a 4% increase in contacts for 2022. A medium term plan is being developed to ensure that teams within Intensive Intervention are able to meet their statutory responsibilities and regulatory requirements; whilst other longer term actions outlined in the Workforce Strategy are implemented. (See section 5).
- 3.8 The principles applied to the medium-term plan are:
- a) The approaches to supporting children, young people and families are alternatives to the usual practice in RCT to enable a safe and effective service to be provided.
  - b) Teams are supported and structure and services match the optimum model for delivery of best possible outcomes during a period of higher vacancy.

The medium-term plan is currently being finalised.

#### **4. UPDATE / CURRENT POSITION**

- 4.0 Implementation of the Children’s Services Workforce Strategy 2021-2024 is key to addressing the recruitment and retention challenges we are facing. Progress to date is summarised below, linked to the seven key themes of the strategy:

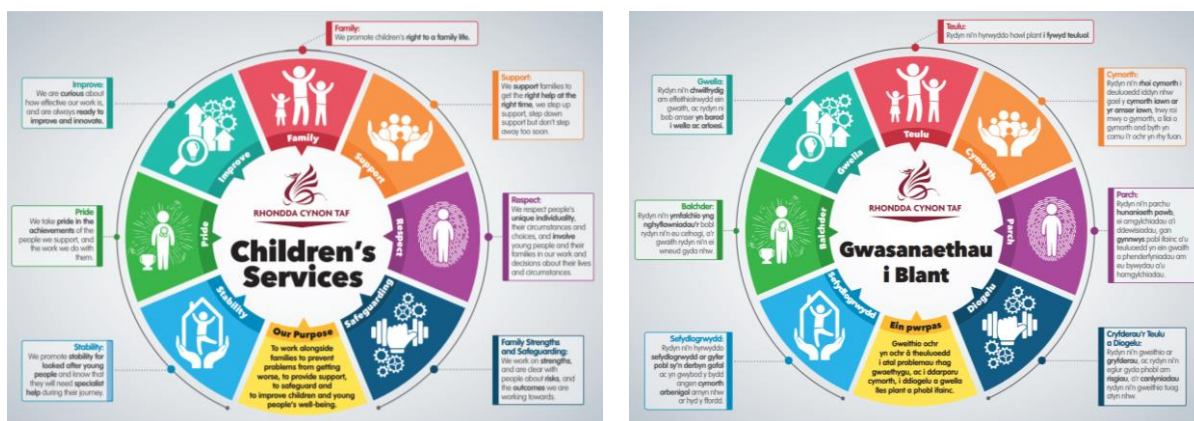
#### 4.1 An engaged, motivated and healthy workforce:

- We have implemented an annual survey, please see the results from the April 2022 survey, attached as **Appendix A**.
- Consultation has highlighted the need to ensure good communication we have created a Children's Services Communication Cycle, which will include quarterly service update infographics, attached as **Appendix B**.
- A Practitioner Forum has been established and is now meeting on a quarterly basis.
- Exit Interviews process developed and piloted and is now being embedded within Children's Services.
- Practitioner Wellbeing  
We are developing a programme to support practitioner wellbeing, with the focus of nurturing supportive resilient teams. This will include peer to peer support with Schwartz Rounds. We are also providing opportunities to access reflective sessions from practitioner psychologists for groups and individuals as required.

#### 4.2 Attraction and recruitment:

4.2.1 As part of the Workforce Strategy a Media Strategy has been developed to enhance Children's Services attraction and promote recruitment. Implementation has included:

- The creation of a visual identifier which reflects RCT Children's Services Values and Purpose:



- New webpages have been developed to support our enhanced and ongoing attraction campaign:

<https://www.rctcbc.gov.uk/EN/Resident/JobsandTraining/Jobs/SocialCareandSocialWork/WorkingwithChildrenFamilies/RhonddaCynonTafChildrensServices.aspx>

4.2.2 The Council is improving its social media presence and two marketing campaigns have been delivered for Children's Services this year, one targeted at Social Work

practitioners (March 2022) the other at Children's Residential Services (October 2022). The Social Media strategy has included using:

- To utilise social media platforms (Twitter and Linked In)
- Paid Advertising- Facebook, Linked In, Wales Online, Community Care.
- Virtual Recruitment Evenings for Social Workers, the residential recruitment campaign.
- Attendance at recruitment events.

A recruitment event targeted at student Social Workers is being held in December 2022.

#### 4.2.3 Social Work Marketing Campaign (March 2022) Outcomes:

- Increased Media Presence- 4,090 total webpage views, 250% rise in the term 'Rhondda Cynon Taf' being searched in relation to 'Social work jobs in Wales'.
- Increased Applications- (50% internal, 50% external/students) However, currently no mechanism to capture workforce recruitment data in a consistent manner and some vacancies did not receive as much interest as others.
- Reached a wide audience and generated interest through paid advertising.
- Visual content and 'lessons learned' to inform future campaigns.

#### 4.3 Workforce Supply and Shape:

- We have increased our investment in the established "Growing our Own" scheme by expanding the number of Children's Services staff able to be sponsored to access the Open University Social Work Degree programme with a guaranteed Social Work role on completion of registration. 8 practitioners from Children's Services commenced on the programme this year.
- We have also recently increased the "tie in" period for such staff from 2 to 3 years to assist with retention.
- We have proposed a new Bursary Scheme to Cardiff University and the University of South Wales and aim to develop this by the next academic year. RCT will offer reimbursement of course fees to a number of students who are also residents of RCT. This will be in return for a commitment by the student to join RCT as a Social Worker on qualifying. Legal agreements are in draft and with the respective Universities for consideration.
- We have introduced allowances for those undertaking Practice Educator roles (£100 for L1 and £500 for L2 and L3), take up to host Social Work students has been significantly higher as a result allowing us to maintain the level of placements, we can provide for the Degree program.
- We are also looking to improve our offer to those seeking work experience in Social Care and Social Work. This will mean closer working with schools and colleges and may extend to include taster sessions, shadowing all as part of the drive to maintain recruitment in a changing workforce.
- Workforce Data - Workforce data reporting mechanisms within iTrent are now being developed as a priority.

#### **4.4 Seamless Workforce Model**

- Recruitment for the post of Lead Manager for Social Work Practice was undertaken in September 2022, unfortunately we were unable to appoint. (We intend to readvertise the post).

4.4.1 Training and development will be closely linked to the implementation of an agreed model of social work practice across Children's Services.

#### **5. EQUALITY AND DIVERSITY IMPLICATIONS/SOCIO-ECONOMIC DUTY**

5.1 There are no negative or adverse equality or diversity implications associated with this report.

#### **6. WELSH LANGUAGE IMPLICATIONS**

6.1 There are no Welsh language implications arising from this report.

#### **7. CONSULTATION/INVOLVEMENT**

7.1 Consultation activity is outlined within the report.

#### **8. FINANCIAL IMPLICATIONS**

8.1 Where identified funding opportunities are explored to meet the cost of new developments.

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

9.1 Implementation of the Children's Services Workforce Strategy 2021-2024 aims to ensure that the Council is able to effectively support vulnerable children and families and meet the requirements of the Social Services & Wellbeing (Wales) Act.

#### **10. LINKS TO THE COUNCILS CORPORATE PLAN/OTHER CORPORATE PRIORITIES/WELLBEING OF FUTURE GENERATIONS ACT**

10.1 The implementation of the Children's Services Workforce Strategy will make a positive contribution towards the Council's corporate priorities, in particular:

- Ensuring people are independent, healthy and successful by enabling a sustainable social work practitioner workforce, and
- Enabling prosperity, creating the opportunity for people to fulfil their potential and prosper.

#### **11. CONCLUSION**

11.1 Through the implementation of the Children's Services Workforce Strategy 2021-2024, we aim to achieve a workforce in sufficient numbers with the right values, knowledge, skills and confidence to meet the needs of the children and families in RCT. A workforce who feels valued, involved and treated fairly and have their well-being supported – attached as **Appendix 1**.



**LOCAL GOVERNMENT ACT 1972**  
**AS AMENDED BY**  
**THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**  
**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**  
**COMMUNITY SERVICES SCRUTINY COMMITTEE**

**28<sup>th</sup> November 2022**

**RHONDDA CYNON TAF CHILDREN'S SERVICES WORKFORCE STRATEGY 2021-  
2024**

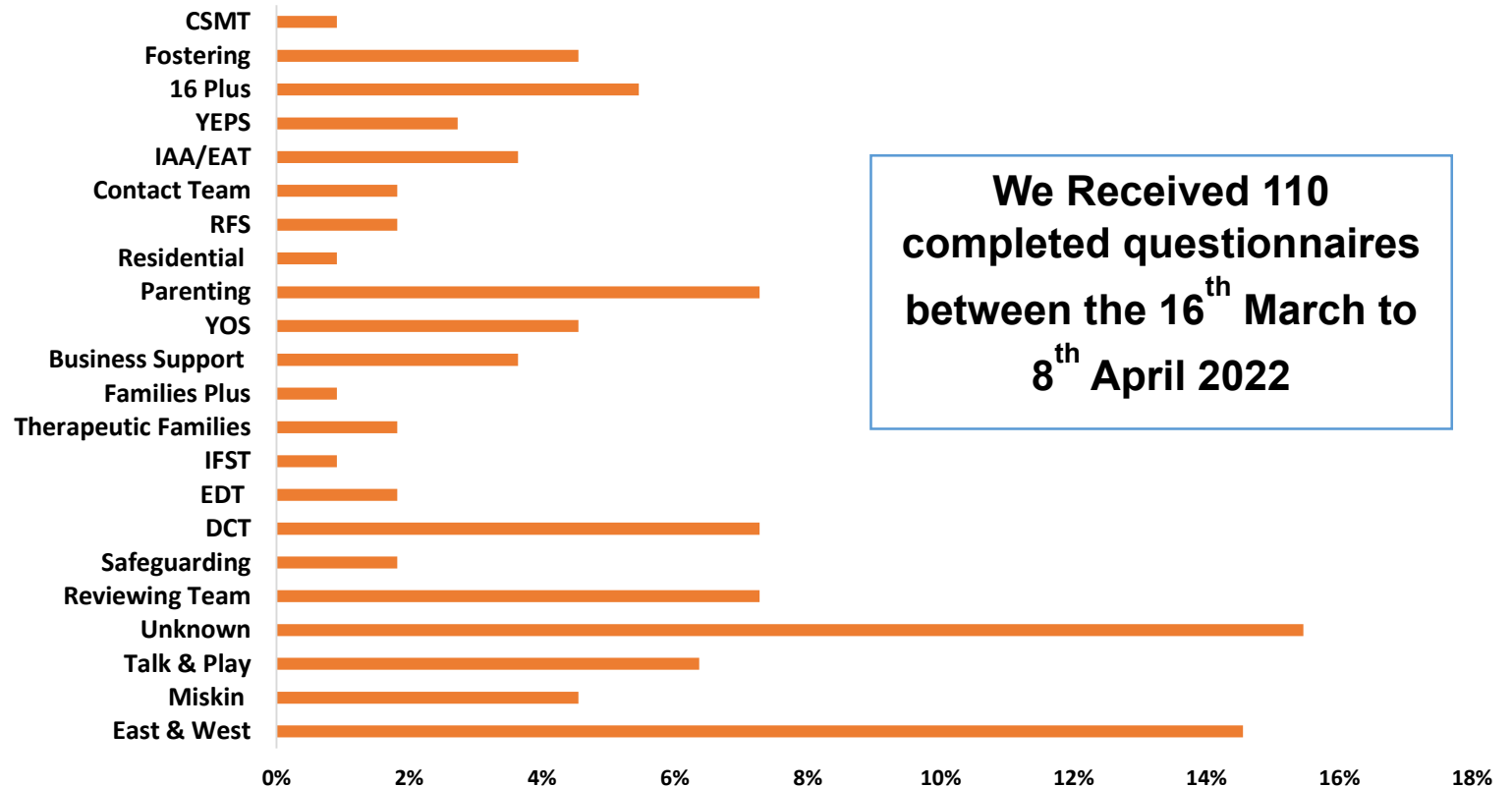
**REPORT OF THE GROUP DIRECTOR,  
COMMUNITY AND CHILDREN'S SERVICES**

This page is intentionally left blank

# Children's Services Practitioner Survey 2022

## Summary of Findings & Next Steps

Survey Respondents by Team



**We Received 110 completed questionnaires between the 16<sup>th</sup> March to 8<sup>th</sup> April 2022**



**We recognise that there continues to be significant pressures for RCT Children's Services practitioners; and would like to thank everyone for the commitment and professionalism they have shown in continuing to support and safeguard children and families in RCT. We have included information about our plans at the end of this infographic.**

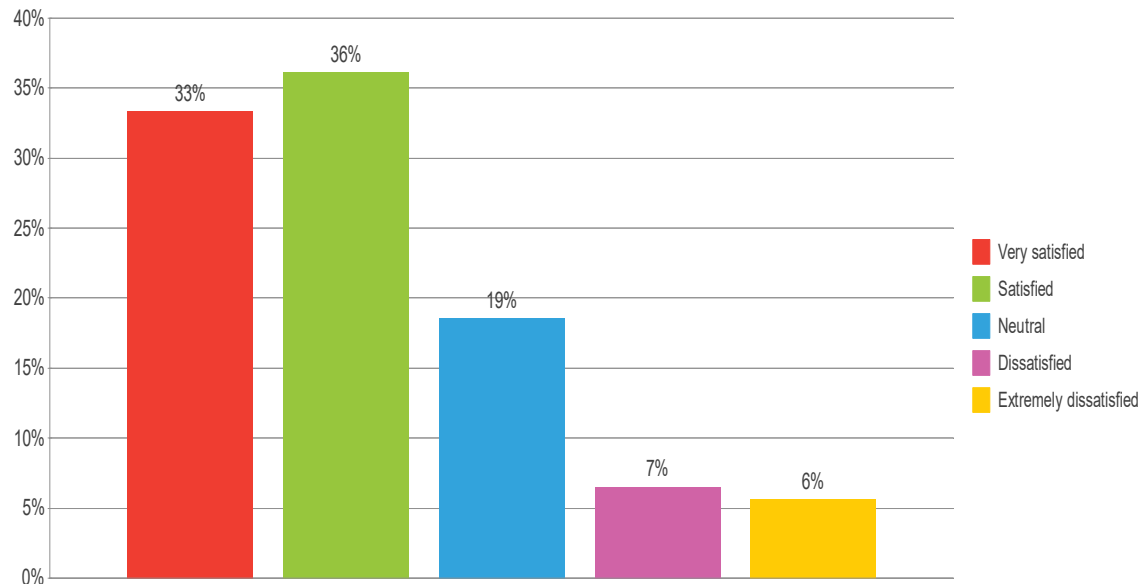
## Current Working Arrangements

Overall, **69%** of those that responded to the survey indicated that they were either satisfied or very satisfied with their current working arrangements. **19%** were neutral, whilst **13%** were either dissatisfied or extremely dissatisfied. **There was however variation in satisfaction levels between teams...**

**63%** of Intensive Intervention- East & West Team respondents indicated that they were either satisfied or very satisfied with their current working arrangements. **13%** were dissatisfied.

All of the respondents from the **Parenting team** indicated that they were either satisfied or very satisfied

The **16+ team** had an even split between the level of satisfaction for their working arrangements. **33%** were satisfied, **33%** were neutral and **33%** were extremely dissatisfied.



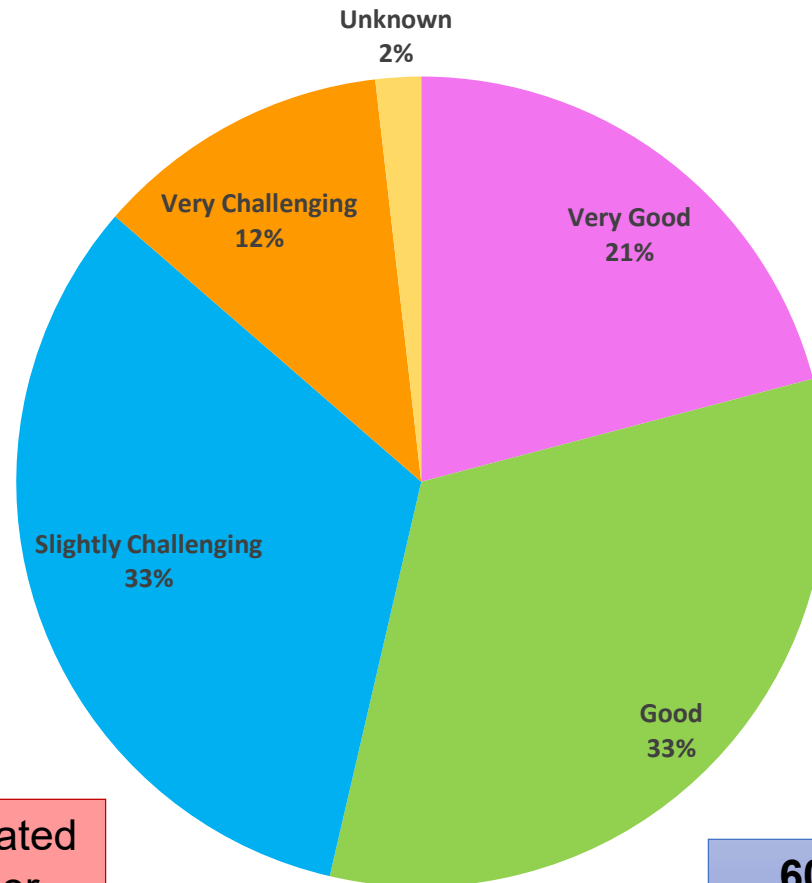
**60%** of the respondents from **Miskin** indicated that they were either satisfied or very satisfied with their current working arrangements. **Whereas 40%** were either dissatisfied or extremely dissatisfied.

# Work/Life Balance

**Overall, 54%** of respondents indicated that their work/life balance was either good or very good. Whereas **45%** stated that they were finding it challenging or slightly challenging. **However, this varied between teams...**

**75%** of respondents from the **East & West teams** are finding their work/life balance either slightly or very challenging.

How Would You describe your work/life balance?  
Overall Response



**83%** of the **16+ team respondents** are finding their work/life balance challenging or slightly challenging.

**67%** of the **Talk and Play** respondents describe their work/life balance as good.

All of the **Parenting team respondents** described their work/life balance as either good or very good.

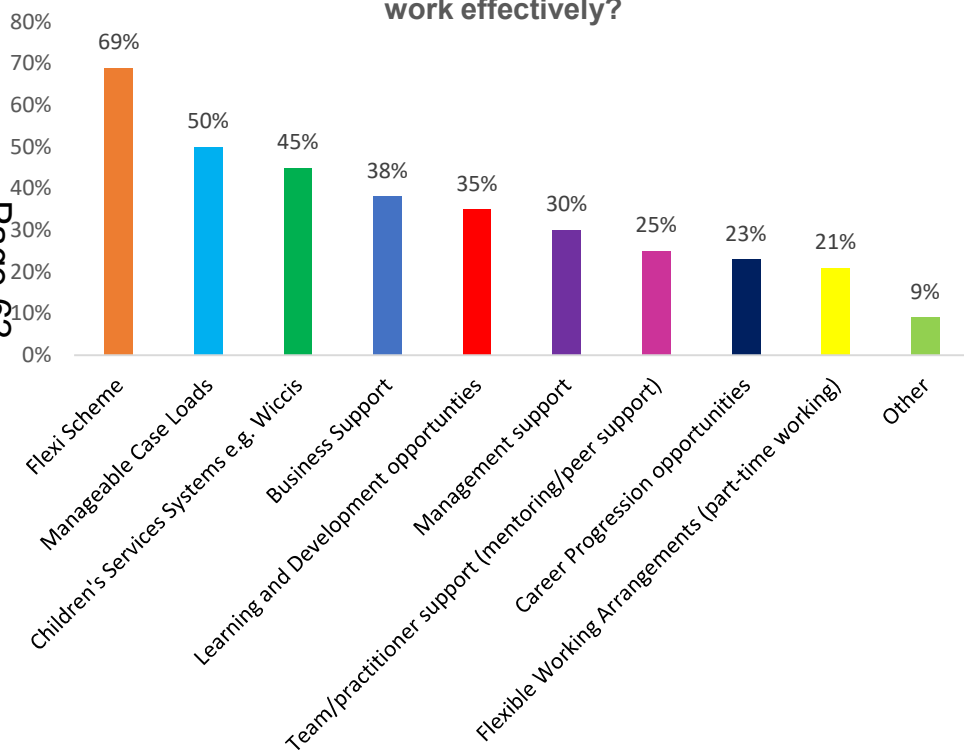
**50%** of the **DCT** respondents indicated that their work life balance is either good or very good with **50%** finding it slightly or very challenging.

**60%** of the **Miskin** respondents indicated that their work life balance is either good or very good

**69%** of respondents indicated that they required the reintroduction of the **Flexi scheme** to be able to work effectively. **50%** required **manageable caseloads** and **45%** required the improvement of **Children's Services systems**. Other support included increased annual leave, a full staff workforce and assistance with the cost of living.

Page 62

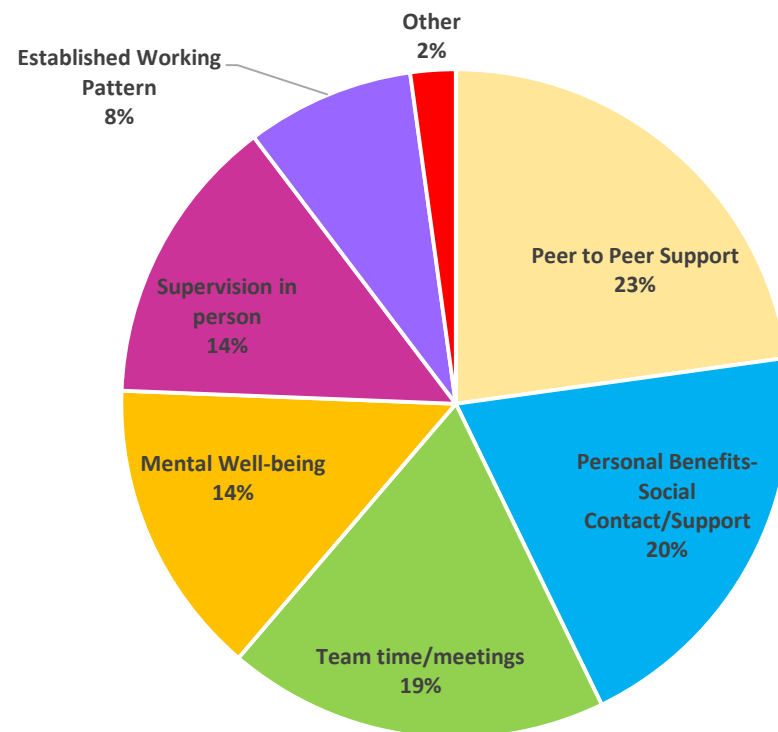
What support do you need right now to be able to work effectively?



**63%** of respondents indicated that they preferred to be located in the office at least weekly.

# Working Environment

What Would be the Advantages of Working in the Office?



The respondents indicated that there are a range of advantages for office working throughout Children's Services with certain teams preferring it more than others. The most common advantages selected were **peer to peer support** and **social contact and support**. 'Other' advantages included not having the costs attributed to home working, supporting social work students, and printing and scanning documents.

# Action Taken & Next Steps

## Wellbeing

- The Flexi Scheme has now been reintroduced.
- We are developing a programme to support practitioner wellbeing, with the focus of nurturing supportive resilient teams. This will include peer to peer support with Schwartz Rounds.
- Clinical Supervision is being trialled in some areas of Children's Services.
- Cari, the digital confidential wellbeing tool can be accessed at any time via this link:

[www.cariwellbeing.co.uk/cari-rct/](http://www.cariwellbeing.co.uk/cari-rct/)

- Homeworking equipment can be ordered (at no cost to you) via this link:

[https://forms.office.com/Pages/ResponsePage.aspx?id=urld5xeqAE6ITjrUN9dAnv9H0oNPR5JJq6YC13Q\\_O35UNIVYSE5ZT0ZQWFZQTIhYQUtISFNIRDZPRyQIQCNOPWcu](https://forms.office.com/Pages/ResponsePage.aspx?id=urld5xeqAE6ITjrUN9dAnv9H0oNPR5JJq6YC13Q_O35UNIVYSE5ZT0ZQWFZQTIhYQUtISFNIRDZPRyQIQCNOPWcu)

## Workforce Development

- We have expanded our grow your own approach: This year 8 Children's Services Practitioners have gained a sponsored spot on the Open University Social Work Degree programme.
- For the first time RCT will be paying an allowance to our practice educators for the placement support they provide to our student social workers.
- We are running an enhanced and ongoing attraction campaign to promote practitioner recruitment in RCT Children's Services.
- We are investing in additional business support capacity to take off some of the pressures that our practitioners are facing.
- We are embarking on the significant endeavour of rolling out a model of social work practice in RCT. There will be a new post to support this.
- We are now advertising that final year students who are successful at interview can be employed as temporary ACM's from the earliest opportunity until their registration is complete.

## Practitioner Voice

- We will continue annual Children's Services surveys to capture the voice of our practitioners.
- We have set up a practitioner forum which will give practitioners the opportunity to share information and knowledge. If you would like to join the forum, please email: **Catherine.E.Tyler@rctcbc.gov.uk**
- We are trialling a new exit interview process to gather leaver feedback. Leavers will be invited to complete an exit questionnaire with the option to undertake an exit interview. Exit data reports will be presented to CSMT on a quarterly basis.

This page is intentionally left blank



# RCT Children's Services

SERVICE UPDATE, OCTOBER 2022

## Well-being

**Nobody Should Sit & Struggle, we're here to support you.**

➤ **Schwartz Rounds:** We are currently receiving training in readiness to implement Schwartz rounds in the New Year. For information about Schwartz Rounds, please click [here](#).

➤ **Care First:** Care first is our new **confidential** support intervention, open for all RCT staff. They offer a 24-hour helpline, where you can speak to a counsellor for any work or personal issues. The website also offers a wide range of online support. Please click [here](#) for further details.

➤ **Therapeutic Supervision:**

➤ **RCT have created an Occupational Health Wellbeing and support booklet which you can view [here](#)**

➤ **RCT have created a cost-of-living advice booklet which you can view [here](#).**



## Children's Services Workforce Strategy

As part of the Workforce Strategy, we are currently working on a medium term response to the challenges in recruitment and retention of social workers in Children's Services, which are placing the service under considerable and sustained pressure.

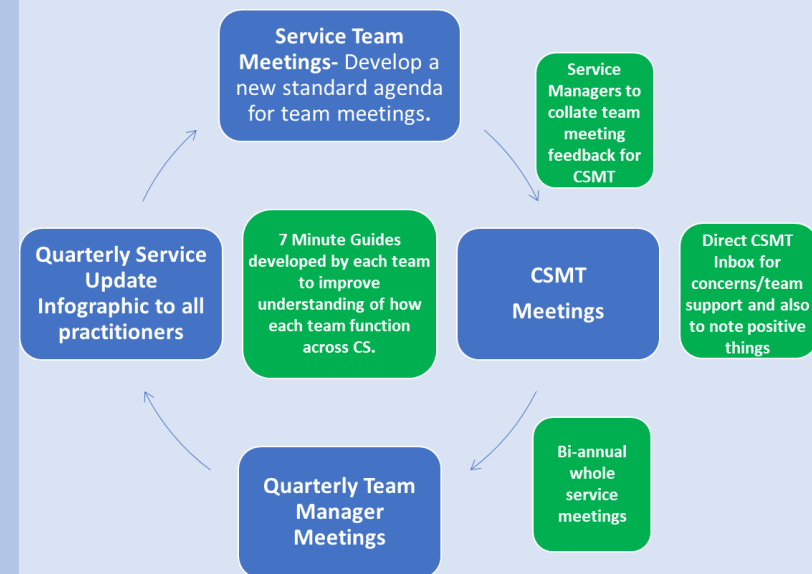
The principles applied to the medium term plan are:

- The approaches to supporting children, young people and families are alternatives to the usual practice in RCT to enable a safe and effective service to be provided.
- Teams are supported and structure and services match the optimum model for delivery of best possible outcomes during a period of higher vacancy.

We intend to share the proposed plan with you in November 2022.

YOU SAY ↔ WE LISTEN

We know that we need to improve our communication across Children's Services. To work on this, we have created a Children's Services Communication Cycle, which will include quarterly service update infographics. (Please see cycle below).



## Participation Event 1/9/22

A Children's Services Participation event was held on the 1<sup>st</sup> of September at Pontypridd Museum. The event gave care experienced children and young people the opportunity to discuss what helps them to grow (the positives), what could be better and to discuss the UNCRC Article 12– 'You have the right to be listened to and taken seriously.' Nine children and young people attended the participation event, two– aged 10 and under and seven– 11-18 year olds. Further information about the event can be viewed [here](#).

# RCT Children's Services

SERVICE UPDATE, OCTOBER 2022

## All Wales Protocol – Reducing the Criminalisation of care experienced children and young adults'

The Welsh Government have produced Youth Friendly and [Easy Read information](#) about the protocol. They have also developed a short animation [video](#) about the advice in the protocol. Please help them to get the word out by sharing the video and information with care experienced children and young adults.



## Willowford House

A new Residential Children's home, Willowford House, is in the process of being refurbished, ready for a planned opening in early 2023. The home will provide positive care and support for up to three children and young people who require same day placements. Set within its own grounds, the home will provide an opportunity for children and young people to gain support in their recovery from crisis situations, and underlying trauma.



## 7 Minute Briefing

[Working Together to Safeguard People Volume 7: Safeguarding Children from Sexual Exploitation.](#)

## Social Work Workforce plan 22/25

Social Care Wales have worked in collaboration with the sector to co-produce a Social Work Workforce Plan 2022-2025. The plan can be accessed via the following link: [Social work workforce plan: 2022 to 2025 | Social Care Wales](#)

## Practitioner Forum

At the first Practitioners Forum in July, practitioners discussed the priorities and the logistics of the forum. It was decided that the forum will meet on a quarterly basis over TEAMS. The summary of the forum's priorities can be viewed [here](#).

The next practitioner forum is scheduled to take place on the 8<sup>th</sup> of November, 9:15-10:15. If you would like to join the forum, please email: [Catherine.E.Tyler@rctcbc.gov.uk](mailto:Catherine.E.Tyler@rctcbc.gov.uk)

## Residential Recruitment Campaign

We have recently launched a recruitment campaign for our Children's Residential service. This has included advertising on the local radio station & across social media, a virtual recruitment event and the creation of residential webpages. We would like to say a massive thank you to everyone involved, especially to the practitioners who featured in our promotional content and attended the event to talk about their experiences of working in RCT. The recruitment videos can be viewed via the following links:

**Amy Cope 'Day in the life' videos:**  
Part1-<https://youtu.be/cRC49o3SZPo>  
PART2-<https://youtu.be/1PS978tJXdA>  
PART3- <https://youtu.be/-sMRQ0BoAMk>  
**Charlotte:** <https://youtu.be/R-kbQa2n8K>  
**Gareth:** <https://youtu.be/YK6bOrWIT64>



## Rhondda Cynon Taf Children’s Services Workforce Strategy 2021-2024

**Vision:**

Rhondda Cynon Taf Children’s Services’ workforce is motivated, engaged and valued; staff have the capacity, skills, competence and confidence to meet the needs of children and families.

**Workforce strategy delivery aims:**

- We will have a workforce in sufficient numbers with the right values, knowledge, skills and confidence to meet the needs of the children and families in RCT.
- Our workforce feels valued, involved and is treated fairly and their well-being is supported.
- A clear model of intervention which underpins our way of working.
- Learning is delivered through accessible and flexible routes.
- Digital skills capability underpins care delivery.
- Practitioners have access to the resources they need to do their job.
- A workforce that is reflective of the local population’s diversity, Welsh language and cultural identity.
- Staff voices are heard and influence service developments

**What we know about the current Children’s Services Workforce:**

**Children’s Services Structure**

DIRECTOR OF CHILDREN'S SERVICES										
Head of Community Wellbeing & Resilience		Head of Service Intensive Intervention				Head of Service Children Looked After (CLA)	Head of Service Edge of Care & Service Development	Head of Service Safeguarding	Head of Service Cwm Taf YOS	
Service Managers		Service Managers Intensive Intervention				Service Manager	Service Managers	Service Manager		
Children's Service Delivery	Resilient Families	Early Intervention IAA/MASH/ Enquiry & Assessment	II West 1/2/3 & 16+	II East 1/2/3 & 16+	Disabled Children's Service 0-11Yrs/ 11+Yrs/	Children Looked After	Service Development  Miskin Services	Safeguarding  CTMSB Business Manager	Statutory and Preventative Services	

					Enablement				
--	--	--	--	--	------------	--	--	--	--

The figures below give an overview of the Children’s Services workforce in 2020/ 2021:

- Children’s Services has **603 full time equivalent posts**.
- Of the 603 (fte posts) **19% (114) are Social Worker positions**, 66.6% (76) of these Social Work posts are located within our Early Intervention - RFS/IAA/EAT (EI) and Intensive Intervention (II) service areas.
- There are **72 Senior Practitioners posts across Children’s Services 12% of the workforce**, of which 60.4% (29) are located within our EI and II service areas.
- There are **32 Team Manager positions across Children’s Services 5.3% of the total workforce**.
- 334 posts are Grade 10 and below, 55.3% of the total workforce
- Service Manager posts and above account for 3% of the total workforce.
- 5% other, casual posts etc.
- Children’s Services’ Early Intervention and Intensive Intervention service areas currently hold 30.5 Social Work/ Senior Practitioner vacancies. This equates to a vacancy rate of 29%.  
**This vacancy rate has remained consistently high at around 30% for a considerable period.**
- During the 6 month period between April 2020 and September 2020, 8 Social Workers left the EI and II service areas, 50% (4) had been in post for less than a year. 7 of the 8 went to work in neighbouring Local Authorities.
- During the same 6 month period (April 2020 to September 2020), 8 Social Workers were appointed to the service areas. Therefore, there was no overall improvement in staffing levels and the vacancy rate remained high.

Recruitment and retention are a significant challenge for Children’s Services. Recruitment difficulties are further exacerbated by shortages in the labour market of qualified and experienced Social Work practitioners.

Other considerations:

- Increasing pressure on services.  
The Children's Services Management Information Data Report 3.2.2021 records an increase of 6.1% in the number of contacts received by Children's Services in the current year (February 2020- January 2021) when compared to the previous year (2019-2020). Safeguarding activity has also increased by 14.5% during the same period. It is anticipated that the demand for services will continue with increased demand a concern as we emerge from the Covid 19 pandemic.

## **How to ensure we have the workforce we need**

**Our Values** are at the heart of everything we do and underpin what we want to achieve in our practice. In RCT Children's Services we strive to be:

- *Child Centred*: To focus on the experiences, progress and outcomes of the child or young person on their journey through our early intervention, social work and safeguarding systems.
- *Participative*: To work *with* practitioners, consult and involve them in decisions that affect their futures, working collaboratively to find solutions to the challenges we face.
- *Outcomes Based and Qualitative*: Our ambition is to continually seek to improve performance and demonstrate the impact of help for children and their families in improving their outcomes.
- *Positive*: Promote a positive approach which encourages improvement and the development of staff and services.
- *Reflective*: To promote reflective practice and shared learning.

The seven themes noted below have been highlighted in the Healthier Wales: Workforce Strategy for Health and Social Care in Wales 2020-2030, as key to delivering a successful workforce strategy.

We want to transform our offer and take opportunities where they present across the Council and in Children and Adult Services.

<b>RCT Children's Services Workforce Plan</b>	
<b>Theme</b>	<b>What needs to be done</b>
An engaged, motivated and healthy workforce	<ul style="list-style-type: none"> <li>• Introduce an annual survey, to monitor and measure practitioner experience.</li> <li>• Development of a practitioner forum.</li> <li>• Ensure exit interviews are conducted and feedback collated.</li> <li>• Staff have access to resources that support/ develop their emotional and physical resilience e.g. Occupational health resources including counselling, physiotherapy etc.</li> <li>• Ensure practitioners have the physical resources they need to do their job effectively e.g. IT, appropriate workplaces.</li> <li>• Finalise a set of workforce well-being and engagement measures in the performance framework. (Linked to our Quality Assurance Framework).</li> <li>• Reasonable caseloads that allow for a healthy work life balance.</li> </ul>
Attraction and recruitment	<ul style="list-style-type: none"> <li>• Enhance our attraction campaign, pulling together our media presence, highlight opportunities to celebrate.</li> <li>• Develop a pay structure that reflects qualifications, responsibilities and the ability to take on more complex /challenging work.</li> <li>• Maintain standardisation of roles and responsibilities, ensure clarity in the expectations of roles.</li> <li>• Develop a strong RCT offer (which could include clarity in relation to supervision practice, clear roles/responsibilities for all Children's Services staff including business support, focus on well-being).</li> </ul>

	<ul style="list-style-type: none"> <li>Review the 'Scheme of delegation' to make changes where appropriate to further the decision making autonomy of social workers.</li> </ul>
Seamless Workforce Model	<ul style="list-style-type: none"> <li>RCT'S Model of Social Work Practice. A strength based, outcome focused approach.</li> </ul>
Digitally Developing Workforce	<ul style="list-style-type: none"> <li>Develop an agile working environment across Children's Services that optimises the way we work. This includes access to suitable office accommodation to enable social connectivity and peer support. We should also ensure that practitioners have easy access to the physical resources they need to do their work effectively. E.g. office spaces that support agile working, with easy access to physical resources when required, e.g. desk booking mechanisms, meeting rooms (including supervision) and photocopying etc.</li> <li>Invest in IT systems that support connectivity.</li> <li>Ensure digital developments are supported by training that is focused on enhancing practitioners' digital literacy and confidence.</li> </ul>
Excellent, training and development.	<ul style="list-style-type: none"> <li>Social Care Workforce Team to develop action-learning groups for Social Workers and Senior Practitioners to create a forum and recognisable sub-group of peers with whom to share and learn.</li> <li>Develop a buddy system, where new appointments (into SW, SP and TM) are "buddied" with a peer for the duration of their time in the team.</li> <li>To promote learning and development opportunities across the service, including secondment.</li> </ul>
Leadership and succession	<ul style="list-style-type: none"> <li>Develop clearly defined career paths and development plans within Children's Services that support staff to prepare for the next role in their career progression. (Consider if there is a greater role for Consultant Social Workers across the service.)</li> <li>Visible and approachable management team.</li> </ul>
Workforce supply and shape	<ul style="list-style-type: none"> <li>Develop robust workforce planning mechanisms that capture and utilise data to inform future recruitment and retention strategies to ensure a sustainable Children's Services' workforce.</li> </ul>

	<ul style="list-style-type: none"> <li>• Increasing the number of sponsored students and students on work placement. 'Grow our own' approach.</li> <li>• Revisit our attraction and advertising strategy.</li> </ul>
--	--

### What will success look like?

- High levels of staff engagement, motivation, well-being and satisfaction.
- Better recruitment and retention of staff through attractive and flexible working arrangements and career opportunities.  
Reduction in use of agency workers.
- Flexible education opportunities and career development.
- We will track the following measures as part of our implementation of this strategy:
  - Numbers of leavers
  - Themes in exits surveys
  - Numbers of new appointees
  - Vacancy rate
  - Agency use rate
  - Staffing Budget

### Next steps

- Establish a steering group to implement and monitor the action plan.
- Ensure link to the Service Improvement Plan and RCT Next Steps.
- Produce an Annual Report.

### References

Healthier Wales: Workforce Strategy for Health and Social Care in Wales 2020-2030  
<https://heiw.nhs.wales/files/workforce-strategy-for-health-and-social-care1/>

RCT Workforce Plan 2017-2022  
<https://www.rctcbc.gov.uk/EN/Council/WorkforcePlan/RelatedDocuments/WorkforcePlan20172022.pdf>

Code of Practice for Social Care Employers: Social Care Wales 2018



**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL  
MUNICIPAL YEAR 2022/23**

**COMMUNITY SERVICES SCRUTINY  
COMMITTEE**

**28<sup>TH</sup> NOVEMBER 2022**

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

**Agenda Item No. 6**

**HOSPITAL DISCHARGE  
PRESSURES**

**Author: Neil Elliott, Director of Adult Services**

**1. PURPOSE OF THE REPORT**

- 1.1 This report has been prepared to provide the Community Services Scrutiny Committee with an update on the pressures across the Health and Social Care system and the impact on hospital discharges and the actions that are being taken.

**2. RECOMMENDATIONS**

It is recommended that the Community Services Scrutiny Committee:

- 2.1 Note the content of this report.
- 2.2 Consider whether they wish to scrutinise in greater depth any matters contained in the report.

**3. REASONS FOR RECOMMENDATIONS**

- 3.1 To provide the Community Services Scrutiny Committee with an opportunity to examine Adult Social Care's response to the hospital discharges pressures across Health and Social Care system in Rhondda Cynon Taf.

**4. BACKGROUND**

- 4.1 There is a clear interdependency between Adult Social Care in Rhondda Cynon Taf and Cwm Taf Morgannwg University Health Board in supporting people who have been in hospital to return safely to their usual place of residence or to the next stage of their care. In addition, in Adult Social

Care, we support people to remain at home rather than be admitted to hospital as a result of changes to the support people require.

- 4.2 Capacity within the hospital system in Health is dependent on the ability to continuously move people through the various stages of care and back to the community in order to maintain capacity for new admissions. This process is referred to as patient flow.
- 4.3 Prior to the pandemic, Adult Social Care's ability to place people in care homes was generally good, except for previously reported limited availability of nursing dementia placements in Rhondda Cynon Taf. In addition, whilst we experienced some periods of reduced capacity in some areas in Rhondda Cynon Taf, we were able to support people to return home on a timely basis through the provision of domiciliary care packages, where needed.
- 4.4 The pandemic initially resulted in high numbers of people requiring admission to hospital because they were experiencing significant symptoms associated with Covid. Over time the numbers of people requiring hospitalisation because of symptoms of Covid have decreased due to the success of the vaccination program. Whilst admissions of people with symptoms of Covid have lessened, the pressure on the hospital system has not eased.
- 4.5 Each year, we see increased pressures across the Health and Social Care system through the winter months and whilst we have established processes in place to manage these, we are now experiencing these pressures throughout the year.
- 4.6 Since the pandemic, there has been a reduction in capacity in both the care home and domiciliary care sector, primarily due to increased demand and workforce issues, which has affected our ability to support people who require care and support as part of their discharge plans, as quickly as we would like. This ultimately affects hospitals to maintain flow as people cannot be discharged and remain in hospital.
- 4.7 The pressures in the domiciliary care sector are significant and, at the time of writing this report, the numbers of people waiting for a package of care is 48, (as of 18<sup>th</sup> November 2022). During the year, we have worked proactively with our providers to reduce the waiting list and it is now significantly less than the 82 people waiting for a package of care on 1<sup>st</sup> April 2022.
- 4.8 Information currently collected by Adult Social Care shows that there are 23 people in hospital allocated for a social care assessment of their care and support needs on discharge and 69 people ready to leave awaiting a package of care or care home placement.
- 4.9 The ability to discharge people directly affects the hospital's ability to admit new patients and Members will have seen media reports of ambulances not being able to respond as they are outside hospitals waiting for beds to become available for them to be admitted.

- 4.10 The pressures that are being experienced are not wholly due to capacity within Social Care, there has also been an increase in the number of people presenting at hospital. This current challenging position across the Health and Social Care system is being experienced across Wales and is not unique to Cwm Taf Morgannwg University Health Board and the local authorities in this region.

## **5. DELAYED TRANSFERS OF CARE**

- 5.1 Delayed transfers of care (DToC) have been a high profile priority for Health and Social Services for some time.
- 5.2 A patient becomes a DToC when they are ready to move on to the next stage of care but is prevented from doing so for one or more reasons. After a stay in hospital, most patients need little or no onward care. Delayed transfers are usually associated with complex cases where patients need a care package or move to a different care setting such as a care home. These patients are more likely to be older, vulnerable people.
- 5.3 DToC monthly data reporting was suspended by Welsh Government at the start of the pandemic to help ease pressures on Health resources. The previously reported monthly DToC data, verified by Health and Social Care, provided a helpful insight over time into the way the Health and Social Care system was functioning in this area. As a result of this decision, no verified reporting system has been in place since the start of pandemic in the Cwm Taf Morgannwg region.
- 5.4 Recognising the importance of this data collection in helping to ensure efficient patient flow, Welsh Government has recently requested to reinstate this reporting. As a result, work has been undertaken by Health and Social Care, in collaboration with Welsh Government, to develop a new reporting system, called "Pathways of Care Delays".
- 5.5 The new framework is not intended to reinstate the former DToC reporting but instead implement a refreshed system that incorporates a range of improvements and new measures that form a standardised system that provides comparable data. This in turn will provide reliable consistent information aligned with the Six Goals for Urgent and Emergency Care Programme in order to address delays.
- 5.6 The new framework is being implemented in a three phase approach. The first phase, which was completed in September 2022, was piloted in three Health Boards – Cardiff and Vale, Hywel Dda and Betsi Cadwaladr. The feedback and testing of the new system has informed changes ready for the introduction of the second phase.
- 5.7 The second phase of implementation involves extension of the pilot on an all Wales basis from 1<sup>st</sup> November 2022 to 31<sup>st</sup> January 2023. This phase will provide a full data set and overview across Wales, to allow for any final

adjustments before formal implementation for public reporting, post January 2023.

- 5.8 A copy of attached “Pathways of Care Delays” reporting system is attached as Appendix 1.

## **6. SUMMARY OF REGIONAL ACTIONS**

### **Six Goals for Urgent and Emergency Care Programme**

- 6.1 In July 2021, Welsh Government launched its Six Goals for Urgent and Emergency Care Programme, which sets out its expectations for health, social care, independent and third sector partners for the delivery of the right care, in the right place, first time. A copy of the Six Goals Policy handbook is attached at Appendix 2 of this report, for Members perusal.

- 6.2 The Six Goals for Urgent and Emergency Care Programme are:

1. Coordination, planning and support for people at greater risk of needing urgent or emergency care
2. Signposting to the right place, first time
3. Access to clinically safe alternatives to hospital admission
4. Rapid response in a physical or mental health crisis
5. Optimal hospital care following admission
6. Home-first approach and reduce risk of readmission

- 6.3 The following four work streams in the Cwm Taf Morgannwg region have been set up to implement the Six Goals Programme with varied implementation timescales, though not all will be implemented in time to achieve significant reduction in demand in time for the anticipated winter pressures:

- Avoiding admission
- Integrated front door
- Effective hospital care
- Discharge to Recover then Assess

- 6.4 Further reports will be presented to Scrutiny to report and monitor the implementation progress of the Six Goals Programme of work.

### **Discharge to Recover then Assess**

- 6.5 Discharge to Recover then Assess (D2RA) supports people to leave hospital at the right time, continuing their care, recovery, and assessment for any long term needs in the right place.

- 6.6 There are four pathways of support through D2RA as follows:

- **Pathway 0 – Simple Discharge**

The patients' needs have not changed, and they can return home with the support they had previously, which will include a package of care, community nursing or care home.

- **Pathway 1 – Supported Home**

The patient returns home with new or additional support from Health and/or Social Care to be assessed in their own environment to inform any long term needs.

- **Pathway 2 – 24/7 Short term recovery**

The patient is not safe to return home overnight or in between care calls, so transfers to a short term facility (community hospital or care home) for rehabilitation and recovery before they go home on Pathway 1.

- **Pathway 3 – Complex Assessment**

The patient has complex health and care needs and is transferred to a bedded facility (community hospital or care home) to conduct an in-depth integrated assessment and inform the on-going plan.

6.7 Under D2RA assessments for longer term care and support needs should take place after patients have had a period of recovery (not in hospital). These assessments should be based around the patient's level of function, environment and care needs to ensure they remain as independent as possible for as long as possible.

6.8 Most of our current hospital discharge arrangements for long term care work on an assess to discharge model and flipping this around does require some significant changes across the Health and Social Care system. Research shows that for D2RA to effectively work, Health and Social Care need to provide a combined set of services (known as intermediate care) in the community (including bedded facilities) into which people can be placed to support their recovery. The use of community beds should be interim rather than permanent admission and is intended to support a return to independence and discharge home.

6.9 Implementation of D2RA across the Cwm Taf Morgannwg region is planned for 5<sup>th</sup> December 2022, and whilst we are working at pace, with the Health Board and the other local authorities in the region, to introduce the necessary infrastructure for the D2RA to be successfully implemented, there is still considerable work that needs to be completed before the planned go live date on 5<sup>th</sup> December 2022. This includes:

- all wards in acute hospital settings will operate an electronic white board that will support a focus on hospital discharge and assist ward staff, using technology, to prepare more effectively to support people home or to a more appropriate environment for convalescence. The Health Board are working to install the whiteboards and finalise the software to manage this process

- creation of a discharge hub for Cwm Taf Morgannwg region that will act as the triage centre for all hospital discharge referrals from hospital wards across the region. Health Board Business Support staff will primarily triage the information from the ward, but social workers and discharge liaison nurses will be assigned to the hub to provide support until the process has settled
- a joint operational process for the Health and Social Care hospital discharge team across the region is under development to manage the support required for people needing Pathway 2 and 3 to continue to facilitate an effective flow of people through the hospital system, in particular the acute hospitals
- re-organising the work of our Adult Social Care hospital discharge team to ensure they respond flexibly to assess people in the hospitals, step down facilities and at home depending on the pattern of demand
- managing capacity in Council's in-house home care to ensure people discharged from hospital on Pathway 2 can access good quality home care pending assessment
- working with WCCIS to ensure the monitoring of a person's journey after discharge and along the Pathways is captured to continually improve the process.

6.10 Given the fluidity of the current situation, a further update will be provided to the Community Services Committee at its meeting on 28<sup>th</sup> November 2022.

**Welsh Government Initiative: 1000 beds / additional community capacity**

6.11 Traditionally the demand for Health and Social Care Services increases during the winter period. In response to this concern a Ministerial Group has been established to review what actions can be taken to relieve some of the pressures during the winter months. This Group is being supported by the NHS Delivery Unit who are working with the regions to identify local plans.

6.12 One of the key actions to mitigate against the increase in pressures is to increase the equivalent of a 1,000 beds or additional community capacity across Wales. This number is based on the number of patients reported by Health Boards, as discharge delays. This has been aggregated to each region and the anticipated extra capacity required for the Cwm Taf Morgannwg region is 188.

6.13 Our regional proposals to achieve the additional community capacity is summarised below:

- development of step-down "bridging" beds from hospital for those who require additional support to enable them to return home. This includes

the temporarily development of up to 10 step down beds at the Council's Parc Newydd Care Home in Talbot Green, as agreed by Cabinet in July 2022

- provision of additional "bridging" beds on the Health Board hospital sites and additional capacity for early stroke rehabilitation beds
- block purchase of "bridging" beds by Health in independent care homes
- provision of additional reablement hours

6.14 It was anticipated that additional revenue funding would be available to support these developments however we have now been advised that no funding will be available, and any plans will need to be resourced from existing core funding.

## **7. EQUALITY AND DIVERSITY IMPLICATIONS / SOCIO-ECONOMIC DUTY**

7.1 There are no equality and diversity or socio-economic implications arising directly from report.

## **8. WELSH LANGUAGE IMPLICATIONS**

8.1 There are no Welsh Language implications arising directly from this report.

## **9. CONSULTATION / INVOLVEMENT**

9.1 There are no consultation requirements arising directly from this report.

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

10.1 There are no financial implications arising directly from this report.

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

11.1 There are no legal implications arising directly from this report.

11.2 The Social Services and Wellbeing (Wales) Act 2014 and accompanying Part 4 Code of Practice sets out that where a local authority has carried out an assessment which has revealed that the person has needs for care and support then the local authority must decide if those needs meet the eligibility criteria, and if they do, it must meet those needs.

## **12. LINKS TO THE CORPORATE AND NATIONAL PRIORITIES AND THE WELLBEING OF FUTURE GENERATIONS ACT**

- 12.1 Supporting the discharge of someone from hospital links with the Council's priority: "Ensuring People are independent, healthy, and successful". It also allows the Council to meet the requirements of the Social Services and Wellbeing (Wales) Act 2014 and the Wellbeing of Future Generations (Wales) Act 2015, in that they meet the needs of the Council's residents, including an ageing population and those with more complex needs, are more sustainable and increase focus on wellbeing and independence, resulting in the wellbeing goals of a Wales of cohesive communities, and a healthier Wales being supported

**13. CONCLUSION**

- 13.1 Rhondda Cynon Taf, along with all other local authorities continues to face significant pressures across the Health and Social Care system. As we move into the busy winter months, Adult Social Care will be working together with Health and our commissioner providers to prevent people remaining in hospital longer than is necessary.



## Pathways of Care Delays (Phase 2) pilot November 22 to January 23

### Reason Codes

Code	Descriptor	Service Lead
<b>1 Awaiting Transfer to Discharge to Recover then Assess Pathways Or Transfer to another Pathway</b>		
1.01	<b>Assessment Issues</b>	
1.01.01	Awaiting Social worker allocation	Social Care
1.01.02	Awaiting completion of assessment	Social Care
1.01.03	Awaiting completion of assessment Nursing/ AHP/ Medical	Health Care
1.01.04	Awaiting Continuing Healthcare (CHC) Assessment	Health/ Social Care
1.01.05	Awaiting joint assessment	Health/Social Care
1.01.06	Assessment through the language of choice	Health/Social Care
1.02	<b>Transfer related issues</b>	
1.02.01	Awaiting transfer to intermediate care bedded facility	Health/Social Care
1.02.02	Awaiting community based health provision D/N CPN	Health Care
1.02.03	Awaiting integrated health / social care community provision	Health / Social Care
<b>2 Awaiting Transfer out of Discharge to Recover then Assess Pathways</b>		
2.01	<b>Funding issues</b>	
2.01.01	Awaiting funding decision	Social Care
2.01.02	Awaiting funding decision FNC/ CHC	Health Care
2.01.03	Awaiting joint funding decision	Health/Social Care
2.02	<b>Home adaptation/equipment issues</b>	
2.02.01	Awaiting completion of assessment/ provision for equipment	Health Care
2.02.02	Awaiting completion of assessment /provision for equipment	Social Care
2.02.03	Awaiting completion of adaptations (DFG's)	Social Care
2.02.04	Awaiting provision of telecare and /or telehealth equipment	Social Care
2.03	<b>Home care related issues</b>	
2.03.01	Awaiting start of new home care package	Social Care
2.03.02	Awaiting restart of previous home care package	Health / Social care
2.03.03	Awaiting Dom care package self-funding	Health Care
2.04	<b>Step down to recover and assess</b>	
2.04.01	Awaiting reablement package of care	Social care
2.04.02	Awaiting Community Resource capacity	Health / Social Care

2.05	<b>Disagreements/Disputes</b>	
2.05.01	Patient / family choice related issues	Health/Social care
2.05.02	Patient/ family dispute CHC outcome	Health Care
2.05.03	Patient / family refusing to participate in financial assessment	Social Care
2.05.04	Patient / family refusing to move to next stage of care/ discharge	Health / Social Care
2.05.05	Disputes between agencies	Health/Social Care
2.05.06	Intervention by patient's lawyer	Health/Social Care
2.05.07	Mental Capacity / Court of Protection delays	Health / Social Care
2.05.08	Safeguarding issues impacting discharge arrangements	Social Care
<b>3 Awaiting Discharge, not requiring Discharge to Recover then Assess Pathways</b>		
3.01	<b>Care Home placement arrangements</b>	
3.01.01	Awaiting completion of arrangements prior to placement	Health/ Social Care
3.01.02	Awaiting care home manager to visit and assess (Standard 3 residential)	Social care
3.01.03	Awaiting care home manager to visit and assess (Standard 3 nursing)	Health Care
3.01.04	Awaiting nursing/residential home self-funding	Health Care
3.01.05	Awaiting RH availability	Health /Social care
3.01.06	Awaiting NH availability	Health / Social Care
3.01.07	Awaiting EMI availability	Health / Social Care
3.01.08	Awaiting specialist bed availability	Health / Social Care
3.02	<b>NHS Bed related issues</b>	
3.02.01	Awaiting Mental Health bed	Health Care
3.02.02	Awaiting palliative care specialist bed	Health Care
3.02.03	Awaiting palliative care POC	Health Care
3.02.04	Awaiting palliative care home	Health Care
3.03	<b>Housing Related Issues</b>	
3.03.01	Homeless	Local Authority
3.03.02	No suitable abode	Social Care



# Right care, right place, first time

## Six Goals for Urgent and Emergency Care

A policy handbook  
2021–2026



# Contents

<b>Part one</b>	<b>1</b>
Ministerial Summary	1
<b>Part two</b>	<b>10</b>
Introduction	10
<b>Goal 1:</b> Co-ordination, planning and support for populations at greater risk of needing urgent or emergency care	18
<b>Goal 2:</b> Signposting people with urgent care needs to the right place, first time	22
<b>Goal 3:</b> Clinically safe alternatives to admission to hospital	25
<b>Goal 4:</b> Rapid response in a physical or mental health crisis	29
<b>Goal 5:</b> Optimal hospital care and discharge practice from the point of admission	34
<b>Goal 6:</b> Home first approach and reduce risk of readmission	38
References	41
Appendix 1	42
Appendix 2	44

## Part one

# Ministerial summary

The launch of our Six Goals for Urgent and Emergency Care policy handbook is an important early marker in the delivery of our Programme for Government 2021–2026.

It sets out our expectations for health, social care, independent and third sector partners for the delivery of the right care, in the right place, first time for physical and mental health. This will be achieved through consistent and integrated delivery of six goals for urgent and emergency care (Illustration 1) to help achieve the best possible clinical outcomes, value and experience for patients and staff involved in the delivery of care.

**Illustration 1: the six goals for urgent and emergency care**



The six goals, co-designed by clinical and professional leads, span the urgent and emergency care pathway and reflect the priorities in our **Programme for Government 2021–2026** to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration.

In developing this approach, **we have listened to *what matters to people when they want or need urgent and emergency care services***, and the priorities staff passionately feel need immediate attention. In *part one* of this six goals handbook we describe how we intend to meet those expectations through a mix of immediate and longer term priorities progressed nationally, regionally or locally. The priorities, aligned to each of the six goals, should not be considered in isolation as a collection of ‘silver bullets’ that will enable immediate improvement but as part of a whole-system and integrated approach.

Some of our priorities have medium or longer-term timescales for implementation. This is in recognition of the well-rehearsed challenges faced by health and social care organisations regarding recruitment and retention, and the difficulty associated with managing increasing and complex levels of patient demand. Longer-term milestones also recognise sustainable and effective change cannot be achieved overnight or without focus on continuous learning, sharing and improving.

Our expectation is our priorities are progressed as quickly as possible by Health Boards and partners in the context of the COVID-19 public health emergency, and within the milestones set.



Our previous strategies for improving urgent and emergency care have focused more on services and less on population healthcare. This handbook focuses on strengthening signposting, clinically safe alternatives to admission, rapid emergency care response, good discharge practice and preventing readmission. But through the six goals approach, we also want to tackle inequalities and prioritise new or existing models of care that are proven to work for all populations, ensuring we offer the most value to people, based on what matters to them.

For example, we are committed to improving experience and outcome through greater coordination, support and planning for frail/older people who are at most risk of needing urgent and emergency care. Preventing escalation of care for these populations is a real priority and will be supported through an accelerated (primary care) cluster programme, and a focus on risk stratification and population health management.

We also know certain communities of people of Black, Asian and Minority Ethnic heritages, persons with intellectual disabilities, homeless people, asylum seekers, refugees and migrant communities, Gypsy, Roma and Traveller communities and people with mental ill health experience difficulties accessing urgent and emergency care for a wide variety of reasons. We are committed to further understanding the needs people have, tailoring communication and messaging to enhance understanding of available services and breaking down the barriers that exist to ensure equity of access.

We are also aware that communication is fundamental to accessing the right services first time, and are committed to the principle that people in Wales should be able to live their lives through the medium of the Welsh language if they choose to do so. Our commitment to the Welsh language must be embedded in our efforts to develop and improve our urgent and emergency care services.

*Part two* of this document provides more information on our strategic approach to enabling improvement. This includes through an additional recurrent £25m to support achievement of the six goals, and establishment of four national enabling work-streams focused on digital change, informatics and technology; behaviour change, communications and marketing; workforce training, education and development; and measurement for improvement and value based urgent and emergency care.

In addition, we will integrate a number of key plans and related national programmes spanning the six goals to enable a seamless and improved urgent and emergency care offer for the people of Wales. This will include connecting programmes relating to end of life care, NHS 111 Wales, 24/7 urgent primary care, same day emergency care, emergency ambulance services, Emergency Departments and the transfer of people from hospital to their communities.

In *part two* we also describe quality statements for each of the six goals. They describe the outcomes and standards individuals should expect when they may need or want urgent or emergency care. If delivered consistently and reliably it will lead to better outcomes and experience for patients and staff alike. Over the course of the Senedd term, we will work with service users and clinical and professional leaders to develop measures of success for each quality statement and hold Health Boards, NHS Trusts, Regional Partnership Boards to account for their delivery.

**This handbook focuses on strengthening signposting, clinically safe alternatives to admission, rapid emergency care response, good discharge practice and preventing readmission.**

Our immediate priorities, described below, should not be considered in isolation of each other nor without the context of other concurrent action under way through a range of national enabling programmes, as described in part two:

## Immediate six goals priorities



### Goal 1: **Co-ordination planning and support for populations at greater risk of needing urgent or emergency care**

**Health and social care organisations should work in collaboration with public service and third sector partners to deliver a coordinated, integrated, responsive health and care service, helping people to stay well longer and receive proactive support, preventative interventions or primary treatment before it becomes urgent or an emergency.**

**We will enable this through the following initial priorities:**

- Work on Accelerated (Primary Care) Cluster Development will progress as part of the Strategic Programme for Primary Care and set out the planning and delivery framework at a pan-cluster level to support the required collaboration across public, independent and third sector partners.
- For April 2022, early adopter ‘Pan-Cluster Planning Groups’ will be in place, with 2022/23 regarded as a ‘transition year’ in preparation for full implementation in April 2023/24. Areas explored via cluster development will include ‘virtual wards’, homelessness and population health management, all of which contribute to delivery of one or more of the six goals.
- We will continue to meet and learn from people in communities who experience health inequalities, following on from previous Welsh Government consultations and deep dives. We will continue to engage with Black, Asian and Minority Ethnic communities, persons with intellectual disabilities, homeless people, Gypsy, Roma and Traveller communities, asylum seekers, refugees and migrant communities and people with mental ill health.
- People’s input will lead to the development of an Urgent and Emergency Care Equalities Plan which will cover all six goals, and seek to address and improve access and outcomes for individuals who experience inequalities and barriers to service access. The plan will be in place **by April 2023** and improvement measures will be discussed through continuous engagement with communities on an annual basis.





## Goal 2: Signposting people with urgent care needs to the right place, first time

When people need or want urgent care they can access a 24/7 urgent care service via the NHS 111 Wales online or telephone service where they will be given advice and, where necessary, signposted or referred to the right community or hospital-based service, first time. This will be achieved through the development of an integrated 24/7 urgent care service and the delivery of the following initial priorities:

- Urgent Primary Care Centres / services are implemented across Wales, providing a locally accessible and convenient service and offering diagnosis and treatment for urgent care complaints, illness or injury – **by April 2023**.
- Following the completion of the national roll out of NHS 111 Wales in 2021/2022:
  - significantly improve the 111 digital offer and increase use of web or app access, enabling provision of live advice without the need to use the telephone service – **by April 2023**.
  - improve access to urgent dental provision – **by April 2023**.
  - establish a palliative care pathway helping people with life-shortening illness to access a specialist 24/7 after dialling 111 – **by April 2023**.
  - establish a pathway supporting people with emotional health, mental illness and wellbeing issues to directly access a mental health worker 24/7 after dialling 111 (and 'pressing 2') **by May 2023**.
  - develop the 111 Clinical Support Hub at a national and regional level in addition to the wider multi-disciplinary team support for urgent primary care – **by April 2023**.
- Implement a 24/7 urgent care service, accessible via NHS 111 Wales, which can provide clinical or professional advice remotely and if necessary, signpost or refer directly to the right place, first time. This should integrate Urgent Primary Care Centres/services, GP (in and out of hours), and other community services such as community pharmacy, dental and optometry as well as schedule arrival slots in minor injuries units, emergency departments or same day emergency care hospital services – **by April 2025**.
- Each person assessed as having an urgent primary care need will reliably have access to the right professional or service for that need within 8 hours of contacting the NHS – **by May 2026**.



### **Goal 3: Clinically safe alternatives to admission to hospital**

**People access appropriate and safe care close to home, and with as much continuity of care, as possible. Admission for ongoing care to an acute hospital bed should only occur if clinically necessary. Linked to Goals 1 and 2, and the establishment of an integrated 24/7 urgent care service, Health Boards and partners will achieve this goal through:**

- Extension of a national Same Day Emergency Care (SDEC) service across Wales, building on existing Ambulatory Emergency Care (AEC) offerings and consistently reducing the number of people requiring overnight admission for a healthcare emergency – **by April 2023**. Additional Welsh Government funding will be available to Health Boards to deliver this priority; and to the Velindre NHS Trust for an immunotherapy toxicity service and an enhanced ambulatory care service to help prevent admission of people suffering complications of cancers from 2021/2022.
- Implementation of SDEC services so that they support 100% of type 1 emergency departments, allowing for the rapid assessment, diagnosis, and treatment of people presenting with certain conditions, and discharge home same day where clinically appropriate, twelve hours a day and seven days a week – **by April 2025**.
- The Strategic Programme for Primary Care will also develop an effective community infrastructure model for intermediate care, based upon the principles of ‘right sizing’ available capacity in the community, to help services to meet the needs of local populations. This work will inform planning discussions at pan cluster level.
- There are many well-established crisis cafés, sanctuaries or houses in Wales. The services, provided mainly by the third sector, are effective at supporting people with mental or emotional health issues and offer an alternative to hospital admission or emergency department presentation. We will seek to expand this provision and ensure they address the needs of children and young people as well as adults **by April 2025**.



## **Goal 4: Rapid response in physical or mental health crisis**

**Individuals who are seriously ill or injured or in a mental health crisis should receive the quickest and best response commensurate with their clinical need – and, if necessary, be transported to the right place for definitive care to optimise their experience and outcome. This should be achieved through the following priorities:**

- Deliver safe alternatives to ambulance conveyance to Emergency Departments, which means WAST transport patients there only when that is the right place for their clinical need. This should be done through focused and meaningful collaboration between Health Boards, WAST and their partners.
- This will be supported by the procurement of a new 999 remote clinical triage system in 2021/2022 that will support:
  - More accurate clinical assessment of patients;
  - Ability for clinicians to triage patients remotely increasing ‘hear and treat’ capacity; and
  - Video and text triage and follow-up advice.
- Increasing ambulance availability to ensure people who access 999 and are categorised as in danger of loss of life or with time-sensitive complaints are prioritised, receive the right kind of rapid response and are transported to the right place for definitive care to optimise their outcomes. Median (average) response times to people in the red and amber categories will improve year-on-year to April 2026.
- Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – by the end of April 2025. The number of people waiting over this period for ambulance patient handover will reduce on an annual basis until that point.
- Consistent delivery of Emergency Department care standards, developed by clinical and professional leads, across all Emergency Departments **by the end of April 2023**.
- Linked to Goals 2 and 3, Mental Health ‘single points of access’ will cover all Health Board areas and provide rapid 24/7 triage and assessment **by April 2022**.



## Goal 5: **Optimal hospital care and discharge practice from the point of admission**

**Optimal hospital based care provided for people who need short term, or ongoing, assessment or treatment for as long as it adds benefit to outcome, with a relentless focus on good discharge practice. As a priority:**

- Health, and social care, third and independent sector organisations will work together to consistently and reliably deliver our hospital discharge requirements<sup>1</sup> with an immediate focus on reducing the numbers of people staying in hospital longer than 7 days, reducing the risk of harm, optimising experience and providing care in the most clinically appropriate setting.
- There should be additional collective focus on significantly reducing the numbers of people staying longer in hospital than 21 days, to reduce risk of harm; and a renewed focus on reducing the number of people with mental illness or intellectual disabilities receiving long-term hospital care.
- We will establish a three-year transformation plan, **by the end of 2021/2022**, to support delivery of these priorities (and those in goal 6), and enable optimal discharge practice and delivery of Home First principles. Health Boards, NHS Trusts, Regional Partnership Board representatives will co-design the plan focusing on system wide integration.



## Goal 6: **Home first approach and reduce the risk of readmission**

**People will return home following a hospital stay – or to their local community with additional support if required – at the earliest and safest opportunity to improve their outcomes and experience, and to avoid deconditioning. As a priority:**

- Health and social care organisations will work together to increase the number of people transferred to the right place following admission to hospital, preferably their usual place of residence, within 48 hours of the decision about the next stage of their care being made.
- The proportion of people leaving hospital on a discharge to recover then assess pathway and with a co-produced personal recovery plan will also increase to help prevent readmission.

1. <https://gov.wales/hospital-discharge-service-requirements-covid-19>

Our priorities should be considered as a suite of interconnected actions and expectations as part of a whole system approach.

In summary, our vision is for greater focus on coordinating support for older, frail people and individuals who have lived experience of discrimination and deprivation. This coordination and support should help people access the right advice or care based on need, enabled by the development of the emerging 24/7 urgent care model.

This model will integrate assessment, signposting and referral from 999 and 111 to a number of health and social care pathways, supporting people to safely remain in their local communities or rapidly access the right type of definitive care to support better outcomes.

When people do have a clinical need to access hospital care, staff will be supported to provide quality care, and individuals will stay in a hospital setting only for as long as is necessary with timely transfer home or to the most appropriate setting for their needs. And, following transfer home, individuals will be supported where they may need it through rehabilitation services and connection to local services to regain confidence and improve outcomes.

We believe a whole system and relentless effort to delivering these immediate priorities and the broader six goals offers the opportunity for Wales to improve substantially our existing urgent and emergency care offer, helping people to get to the right care, in the right place, first time.



A handwritten signature in black ink that reads "M. E. Morgan".

**Eluned Morgan MS**  
Minister for Health  
and Social Services



A handwritten signature in black ink that reads "Julie Morgan".

**Julie Morgan MS**  
Deputy Minister for  
Social Service



A handwritten signature in black ink that reads "Lynne Neagle".

**Lynne Neagle MS**  
Deputy Minister for Mental  
Health and Wellbeing

## Part two

# Introduction

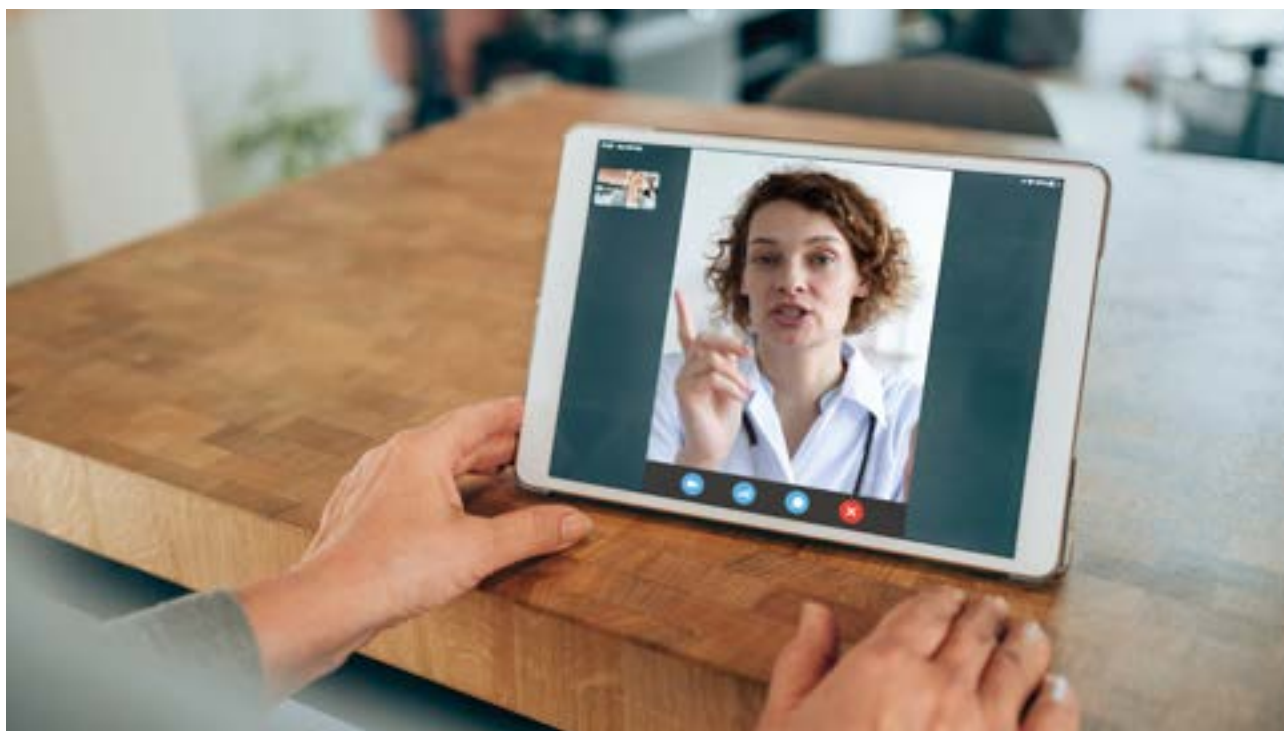
## About urgent and emergency care

An urgent or emergency need for advice, care or treatment is not predictable for the majority of people. However, some people are at greater risk of needing urgent or emergency care because of risk factors such as their age, frailty, a long-term condition(s), or other vulnerability; or as a consequence of health inequalities.

‘Emergency’ and ‘urgent care’ are frequently used interchangeably, with different perceptions in meaning and a sense of confidence that others have the same understanding.

This can cause confusion with both care providers and the public, and can be detrimental because users of services want a clearer sense of service priorities and clarity in the purpose of different services to ensure they access the right service, first time. Therefore, we have determined that:

- **Urgent care:** means health and wellbeing issues that may result in significant or permanent harm if not dealt with within the next 8 hours.
- **Emergency care:** means health and wellbeing issues that may result in significant or permanent harm or death if not dealt with immediately.



## What is the purpose of this six goals handbook?

This handbook describes the Welsh Government's strategic vision for urgent and emergency care, through six policy goals.

The six goals both represent the outcomes we expect for people who need to access urgent and emergency care and also frame a series of 'quality statements' for consistent and reliable delivery by Health Boards, NHS Trusts, Regional Partnership Boards and partners. Successful delivery of the goals and the related quality statements by health and social care systems should enable optimal experience and outcomes for local populations and staff.

The handbook also describes how the Welsh Government will enable the health and care system to achieve the six goals and reliably deliver on the quality statements through targeted funding and supporting national programmes.

## Strategic context

Our strategic aim is to prevent unnecessary escalation of care where possible, by providing proactive support, and to enable access to the right care, first time for people who have a need for urgent or emergency care.

This approach aligns with the commitments of A Healthier Wales (2018), the Workforce Strategy for Health and Social Care (2020), the Programme for Government (2021) and the National Clinical Framework (2021), delivering:

### **A whole system approach where seamless support, care or treatment is provided as close to home as possible:**

- Services designed around the individual and around groups of people, based on their unique needs and what matters to them, as well as quality and safety outcomes.
- A system where, people only present at or are admitted to a general hospital when it is essential, with hospital services designed to reduce the time spent in hospital.
- A shift in resources to the community that enable hospital-based care (when needed) to be accessed more quickly.
- The use of digital change and technology to support high quality services.
- A motivated and engaged workforce with the right capacity, capability and confidence.

This document also aligns with the Welsh Governments Together for Mental Health Strategy and supports parity between mental and physical health; and the NHS Decarbonisation Strategic Delivery Plan, supporting reducing carbon with fewer journeys to hospital and care closer to home. This will contribute to improving air quality and individuals' health.

### **Our vision for urgent and emergency care is also founded on the five ways of working, in the Wellbeing of Future Generations Act. The six goals set out:**

- a longer-term vision for designing a seamless urgent and emergency care model along with short to medium term action requiring collaborative planning across health, social care and the third sector to optimise outcomes;
- public involvement, which, has been key to shaping the six goals and will remain fundamental to tackling health inequalities, the delivery of personalised care and the co-design of new models of care;

- a strong focus on preventive activity with the aim of keeping people well and maintaining independence.
- This approach includes schemes that support people to remain safely at home, for example through healthier homes and focus on supporting individuals to manage their health conditions to avoid exacerbations that result in admission to hospital.
- Collaboration and partnership working across key partners in the health and social care system; health boards and trusts, social care, regional partnership boards, and the third sector and beyond to deliver on the system changes required.

**We will communicate our priorities for Health Boards, Regional Partnership Boards and NHS Trusts through the NHS Planning Framework and other related strategic documents.**

## **Why do we need to improve delivery of urgent and emergency care?**

Managing demand for urgent and emergency care has been challenging for a number of years with increasing pressure on staff in primary and community care services, the ambulance service, emergency departments, hospitals and other essential health and social care services.

This has, at times, resulted in delays for individuals' access to essential services, which can have an effect on their experience and outcomes. The following issues are part of a complex and multi-factorial challenge, compounded by the COVID-19 pandemic (see Appendix 1 for more evidence):

- An ageing population, often with multiple co-morbidities, who have greater need for access to hospital and ongoing care
- Workforce challenges resulting in gaps across the system
- Health inequalities: unwarranted variances in health service access, provision or outcomes between different groups of people. These inequalities are normally understood across four domains:
  1. the socio-economic domain such as income;
  2. the geographic domain such as where the person lives;
  3. specific characteristics domain such as ethnicity or disability; and
  4. the 'excluded groups' domain such as homeless people, migrants, the Traveller communities or asylum seekers.
- An urgent and emergency care system where interactions people have with services - and where they transition following that interaction – is complex
- This complexity is compounded by the interactions with individuals' associated requirements for planned care and the workforce challenges experienced across the health and care sector
- A lack of continuity when individuals transition between services can potentially have a negative impact on the ability of other staff and services to provide timely access and quality care to patients
- Longstanding cultural challenges and an inability to embrace change and move away from outdated practices that add little or no value
- A rise in the numbers of individuals with mental health issues and the complexity and acuity of these issues.



## What matters to people who have used urgent and emergency care in Wales?

A survey of people in Wales<sup>2</sup> (Picker, 2020) told us that the most important thing for people when they need urgent or emergency care was to receive the right treatment to manage their illness/injury and prevent future problems.

The findings of the survey align to views of Welsh public when asked about their recent experiences of urgent and emergency care services, with the following consistent themes regarding what matters to them when they need to access urgent or emergency care:

- Being clearly kept informed about their care throughout;
  - Having a timely initial assessment, even if this means waiting for treatment;
  - Being given medicine to help control pain where necessary;
  - Being told how long they can expect to wait for the next stage of their care; and
  - Being treated, and to go home, quickly.
- Further, a survey<sup>3</sup> about mental health crisis care of over 1000 individuals in May 2021 found what people most wanted is a quick response, access to support 24 hours a day and to have a caring reassuring person to speak to when in crisis.

## What matters to staff involved in the delivery of urgent or emergency care?

Through surveys and engagement sessions about existing challenges and opportunities to improve access to, and delivery of, urgent and emergency care services, frontline staff and professional bodies were clear about the need to focus on four key themes (see Appendix 2 for further detail):

- Getting education and information to the public on access to services right, ensuring there is always a focus on what matters to people.
- A clear, long-term approach to recruitment and retention of the right workforce to manage the right patient demand, and enabling staff to develop while maintaining their wellbeing.
- A clear approach to measuring value, quality, safety, patient and staff experience across the urgent and emergency care pathway; and the use of accurate data to enable 'one version of the truth' supporting better decisions by clinicians, operational and planning teams.
- Harnessing digital change, new technologies and informatics systems that are robust, easy to use and support the delivery of safe, effective care.

---

2. Picker Institute (2020) Welsh Perceptions of Urgent and Emergency Care

3. Picker Institute Service User Experience of Mental Health Care in Wales

## How can we achieve what matters to service users and staff?

The COVID-19 pandemic has enabled new ways of working and an accelerated pace of change, both of which have provided rich learning. We will work with health and care organisations to harness this once-in-a-generation opportunity to continue the work of transforming services to deliver a sustainable, safer, more effective, integrated urgent and emergency care access model.

We want to see a whole-system approach to support people who need urgent or emergency care to access the right care, in the right place, first time. We expect health and care organisations to work with partners to consistently and reliably deliver six goals for urgent and emergency care to optimise clinical outcomes, service user and staff experience and value. At a high level, the six goals are:

**At a high level, the six goals are:**



## How will the Welsh Government enable the system to deliver the six goals?

The Welsh Government has established a new £25m recurrent fund to support development and sustainable implementation of new models of care that will enable consistent and reliable delivery of the goals. This will be complemented by the Integrated Care Fund (ICF) intended to support delivery of integrated health and social care models of care, and existing annual funding allocated to Health Boards, NHS Trusts and Regional Partnership Boards.

The six goals look across the whole pathway for urgent and emergency care and therefore the role of primary and community care is key. Consequently, there is close working between Welsh Government and national programmes and bodies like the Strategic Programme for Primary Care, the Programme for End of Life Care, the NHS 111 Wales Programme, the Emergency Ambulance Services Committee and others on those areas of alignment that support the delivery of the six goals.

Notably, this includes the development of urgent primary care services and the development of an effective community infrastructure model, all underpinned by accelerated cluster development.

We will establish four national enabling work-streams as part of a national six goals approach to support achievement of the goals. These are:



### **Digital change, informatics and technology in urgent and emergency care:**

we will develop a plan with a phased approach combining enabling actions that can be delivered quickly and in the medium term.. We know that not everyone can, or wants to, access online or digital services; therefore, ensuring that any solutions are digitally inclusive is a key priority;



### **Measurement for improvement and value based urgent and emergency care:**

a six goals plan will be co-designed with patient groups and clinical and professional leads to enable development of the right service user and staff experience, clinical outcome and value-based metrics to understand and enable improvement against 'quadruple aim'; and



### **Behaviour change, communications and marketing in urgent and emergency care:**

a plan will be developed to identify immediate and medium term actions, aligned to the six goals, to ensure people are better informed of where to turn when they need or want urgent or emergency advice or care. The work of this group will include considerations of language in accessing information and align with our commitments to the Welsh language. This plan will also focus on social movements and making every contact count to optimise experience and outcomes.



### **Workforce, education, training and development in urgent and emergency care:**

immediate and longer term opportunities will be identified to support staff to work in modern, multi-professional workforce models. This will seek to enable them to use their skills in line with the prudent in practice principle to deliver the six goals, supported by excellent education, training and development; with the need to support the wellbeing of our workforce central to everything we do.

Funding will also be made available to Health Boards to recruit 'triumvirate teams' to drive forward delivery of priorities and form national networks to enable sharing of insight, learning and innovation. These teams will include clinical or professional leadership and analytical support.

## What are quality statements?

Each of the six goals in this handbook includes a quality statement that sets out ambitions for consistent and reliable delivery by health and social care organisations across Wales.

They describe the outcomes and standards individuals should expect when they may need urgent and emergency care services, and will inform national oversight of service provision through planning frameworks and the Welsh Government quality, planning and delivery assurance system.

The COVID-19 pandemic and associated challenges make delivery of every element of each quality statement testing and some elements should be considered as aspirational at this stage. However, health and care organisations should work towards consistent and reliable delivery with their partners over the course of this Senedd term.

We will publish more detail on the quality statements and the rationale behind them as part of an evidence framework to support practitioners. We will also keep quality statements under continuous review to ensure the latest available evidence informs our approach, and co-design measures of success alongside service user representatives, clinical, professional and system leaders.



## What are the expectations of health and care organisations?

Health Boards, NHS Wales Trusts and Regional Partnership Boards should collaborate with partners to use the six goals as an organising framework, framing action within local urgent and emergency care improvement plans (structured around the six goals) and local Integrated Medium Term Plans (IMTPs).

A framework will be supplied for the development of a Six Goals Plan and associated monitoring, with the expectation that this is used for the key priorities from 2022–23 onwards.

## Review and evaluation

This handbook covers the 2021/2022–2025/2026 period and progress towards meeting the intended outcomes of the six goals will be subject to annual review and evaluation.

There will be an initial review of progress, learning, and any challenges to delivery in March 2022 to inform the ongoing development, implementation and operationalisation of the six goals. In line with commitments in a Healthier Wales, consideration of progress by Health Boards against key priorities will align to any new developments regarding ‘levers for change’.



## Goal 1:

Co-ordination, planning and support for populations at greater risk of needing urgent or emergency care



To help prevent future urgent or emergency care presentations, populations at greater risk of needing to access them should expect to receive proactive support through enhanced planning and coordination of their health and social care needs. This should support better outcomes, experience and value.

## Quality statement



Parents or guardians of children in 'Early Years' settings will be supported to anticipate risks of childhood accidents in the home.



People eligible to access the Welsh Government's Nest Warm Homes scheme are offered support to improve their resilience and well-being, through improving the health of their homes.



People living with multiple long-term conditions are offered an opportunity to participate in regular holistic reviews and to co-produce a personalised care plan. This should include an offer of involvement to carers in conversations about care plans. This should cover the carer's own needs to help prevent admission to hospital for the person for whom they have caring responsibilities for non-clinical reasons, in the event of sudden illness for the carer.



People with frailty syndromes, including those with dementia, are proactively identified by health and social care teams to ensure they receive care by a team of professionals competent to assess and manage individual needs at, or closer to, home.



Community teams support individuals who are lonely, socially isolated or excluded through social prescribing schemes, awareness of them and encouragement and support for their use.



**Goal 1: Co-ordination planning and support for populations at greater risk of needing urgent or emergency care**



People with mental health issues will be supported through early identification and intervention in primary care. They will be empowered to access self-help and community support.



People with substance misuse issues receive support to reduce their risk of harm through access to advice from the right professional. They can access rehabilitation, recovery services and psychologically informed care.



Residents of care homes and people known to be at greater risk of falling, are offered proactive support through home safety checks, home adaptations and advice on adoption of healthy behaviours appropriate to their needs.



People with a progressive life-shortening illness have the offer of agreeing an advance care plan through close collaboration between the person, their families and carers; and the professionals involved in their care to enable them to die in the place of their choice.





**Goal 1: Co-ordination planning and support for populations at greater risk of needing urgent or emergency care**

## Why is this good for service users?

An integrated responsive health and care service will help frail and older people to stay well longer and receive preventative support reducing the risk of escalation to emergency care and admission to hospital. This should also ensure any unmet social need is addressed in the right place, first time. Further, understanding the relationship between socio-economic deprivation, poverty and social injustice with poorer outcomes and unmet need is at the core of delivering goal 1.

As examples, substance misuse and poor quality - or cold - homes present some of the leading risk factors for ill-health and have consequences for both people's outcomes and increased demand on the urgent and emergency care system.

Higher quality, more personalised support for people with substance misuse issues, and on improving safety and warmth of homes will create robust connections and positive outcomes for individuals and deliver greater value. This is particularly prescient given the probable increase in latent risks of poverty and poorer outcomes among people in the community caused by the COVID-19 pandemic, restrictions on life and unemployment.

A selection of other benefits of consistent and reliable delivery of goal 1 include the following:

- personalised care planning enables access to proactive support to remain as well as long as possible;
- advance care planning enables people with life-shortening illness to die in their place of choice; and
- enabling patient-level information to be shared between clinicians and professionals will enable more confident decision making about what is right for the individual, first time, and reduce unnecessary 'handovers' to other services.

## How will we support health and social care systems to achieve this goal?

Across Wales, a number of existing services, programmes and projects have been put in place, some of these are tailored to specific conditions or populations. During 2021–22 a stock-take will be undertaken to provide a repository of good practice on which to build a meaningful and coordinated approach for Wales. We will also focus on the following areas:

- The Accelerated Cluster Development work (as part of the Strategic Programme for Primary Care) sets out the planning and delivery framework at a pan cluster level that will support the required collaboration across public, independent and third sector partners. For April 2022, early adopter Pan Cluster Planning Groups will be in place with 2022/23 regarded as a transition year in preparation for full implementation in April 2023/2024.
- Our new national programme for end of life care will provide a renewed and broader focus to palliative and end of life care across health, social care and the third sector. We will also develop a Quality Statement for End of Life Care in conjunction with health, social care, the third sector and our patient engagement leads. The quality statement will drive forward improvements in the quality of care through nationally agreed clinical pathways across all sectors.
- High Impact Service Users: a test of change service will be launched in partnership with a Health Board area and third sector partners in 2021/2022 to explore how the health and social care needs of people who frequently access urgent and emergency care services can be better met.





**Goal 1: Co-ordination planning and support for populations at greater risk of needing urgent or emergency care**

An evaluation will be undertaken to support the design of a national model which will build on work developed by the Welsh Emergency Department Frequent Attenders Network (WEDFAN).

- The National Data Resource will facilitate timely accessibility of information to healthcare professionals across the system, to ensure an up-to-date, accurate record of individuals' status is available to inform care planning.
- The Welsh Government commitment to improving the safety and warmth of homes will be further progressed, for example with the continuation of the NEST Warm Homes Scheme.
- A 'Hospital to a Healthier Home' scheme, delivered by Care and Repair from 14 hospitals in Wales. This scheme supports vulnerable older people through safe and timely discharge from hospital, and prevents readmission by making their homes safe, warm and more accessible. Care and Repair caseworkers also offer practical support and coordination on issues like benefit entitlements and referral to local community groups to tackle loneliness.
- Welsh Government investment of almost £1m in lifting equipment for care homes continues to ensure that people who experience "non-injury falls" in those homes can be safely lifted and avoid the need for transfer to hospital and potentially admission. The impact of this intervention will be monitored to explore related opportunities in other parts of the health and social care system.
- Through our ePrescribing programme, we will seek to better coordinate, improve and digitise the way patients, clinicians and pharmacists access and manage the provision of medicines across the health system. This will include: patients' access to medicines; prescribing of medication by clinicians; and the assurance and dispensing of prescriptions by pharmacists.
- Programme for Government commitments for implementation of 'integrated health and wellbeing centres' and 'integrated hubs' are also likely to eventually support delivery of this goal.

## How will we measure success?

A range of key measures will be developed, such as the frequency of use of care plans and their success in maintaining people at home (a 'Healthy Days at Home' measure is under development) when a crisis occurs.

We should expect to see an increase in time-spent at home by frail and older people, and a reduction in Emergency Department attendances among:

- individuals who are defined as 'high impact users' of services;
- people with substance misuse issues; and
- younger children.

We should also observe a reduction in 999 calls and transfers to hospital from the populations supported by the actions defined in this goal over time.

## Goal 2:

Signposting to the right place, first time for people with urgent care needs



When people need to access urgent care they can access a 24/7 urgent care service, accessible via NHS 111 Wales, providing advice online or over the telephone and where necessary are signposted or referred to the right community or hospital-based service, first time.

Service users are involved in shared-decision making and experience coordinated care with clear and accurate exchange of patient level information between relevant health and social care professionals.

## Quality statement



People who require urgent care are supported to understand the value of seeking advice through the NHS 111 Wales online platform or telephony service, receiving a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience.



Those who have an urgent health and wellbeing issue that may result in significant or permanent harm if not assessed or treated within the next eight hours, are supported to achieve optimal experience and outcome through urgent primary care services. This will include:

- an initial phone consultation through 111
- signposting to a same day or out-of-hours primary care appointment; or pharmacy, dental or optometry advice
- direct connection to mental health advice
- signposting / referral to an urgent primary care centre; and/or
- signposting / scheduling to an arrival time slot at a minor injuries unit or Emergency Department



Health and care staff have access to a 'directory of services' holding comprehensive, accurate and contemporaneous information to signpost or refer people to the right place, first time based on their individual need.



## Why is this good for service users?

Signposting people who want or need urgent advice, care or treatment to the right place, first time, taking into account language and communication needs, should help improve service user experience by limiting unnecessary visits to hospital, and reduce the length of time people wait for assessment and treatment when needed.

It should also enable people with serious injuries and illnesses to be assessed and treated more quickly in Emergency Departments, and free-up capacity for GP consultations for people with long term/chronic conditions. In the context of COVID-19, it will also make it safer for service users and staff by reducing crowding in Emergency Departments.

Establishing an accurate, comprehensive, up-to-date and easily accessible 'directory of services' will enable clinicians and health and care professionals to signpost people who need information, advice or assistance to the right place, first time and could also be made available to the public

## How will we support health and social care systems to achieve this goal?

We will roll-out the NHS 111 Wales on-line and free to call telephony service nationally by the end of 2021/2022. This will help 100% of the Welsh population to answer questions about their symptoms, 24 hours a day and seven days a week.

The 111 service provides information on self-care advice and how people can access medication – including repeat prescriptions. It also provides support to individuals or their carers who want or need urgent advice from a range of practitioners, including GPs, pharmacists, dentists, specialist nurses and other clinicians.





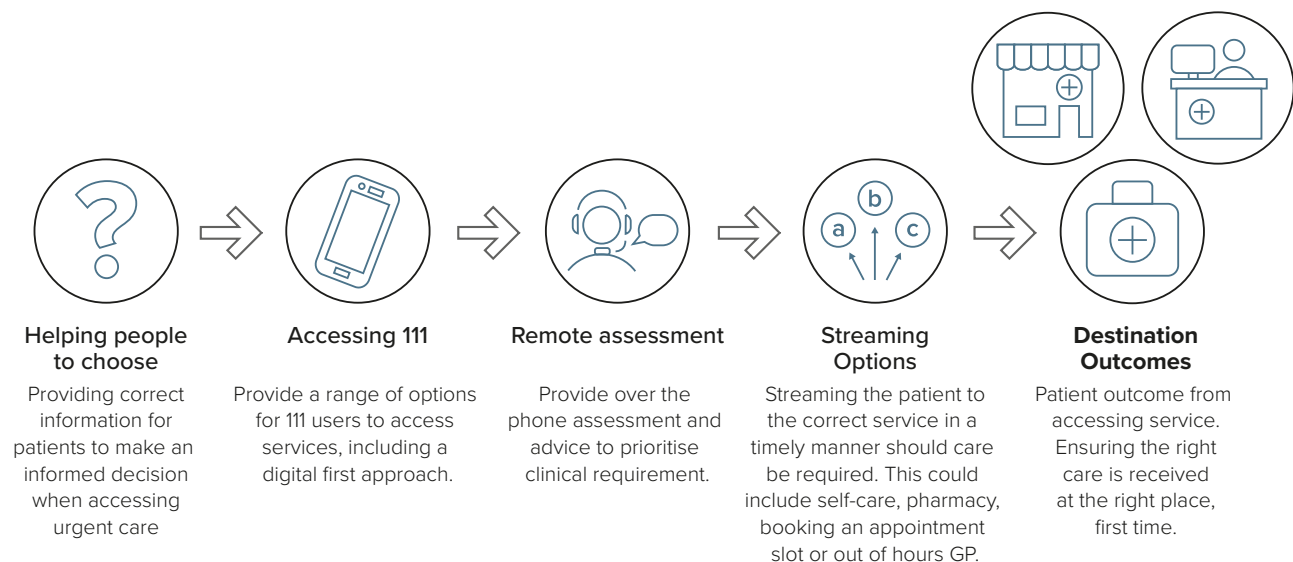
**Goal 2: Signposting people with urgent care needs to the right place, first time**

In 2021/2022, as part of the development of an integrated 24/7 urgent care service, we will also:

- Enhance accessibility to a range of symptom checkers via the NHS 111 Wales website.
- Accelerate plans to increase clinical capacity to provide remote assessment and advice via 111 and in ambulance control centres, enabling people to be signposted, referred or scheduled in to a slot in the right place, first time.
- Enable individuals with mental health issues to be connected to a trained mental health worker as soon as possible who can connect them to local support or crisis services as well as provide telephone triage, assessment and interventions.
- Continue to establish urgent primary care centres and services, providing a locally accessible and convenient service offering diagnosis and treatment of many of the most common reasons people access GP in and out-of-hours, 999 and Emergency Department services.

The 111 and emerging urgent care service model is illustrated in diagram 1:

**Diagram 1 – the NHS 111 Wales model**



**How will we measure success?**

Meaningful metrics are under development to enable a full understanding of how successfully the urgent care system is in respect of signposting people to the right place, first time and in relation to staff and patient experience. The types of metrics used initially will include:

- National 111 standards.
- Analysis of destination outcomes of 111 calls.
- The volumes of presentations at Emergency Departments for low acuity/minor complaints.
- Service user experience and satisfaction surveys.
- National performance reporting for urgent primary care centres will be launched using an agreed minimum dataset alongside formal evaluation of the first phase to support further development and delivery of the model in phase two.

## Goal 3: Clinically safe alternatives to hospital



People with urgent or emergency care needs can access appropriate and safe care close to home, and with as much continuity of care, as possible. Admission for ongoing care to an acute hospital bed should only occur if clinically necessary.

### Quality statement



People with urgent or emergency care needs can access appropriate and safe care close to home, and with as much continuity of care, as possible. Admission for ongoing care to an acute hospital bed should only occur if clinically necessary. Community based nurses, allied health professionals and GPs should have timely access to GP and / or specialty advice and guidance to support safe decisions about a person's urgent or emergency care needs. This includes helping them to remain at home; receive timely follow-up care after accessing the ambulance service or accessing the right hospital setting, first time.



People who are assessed for bed-based intermediate 'step-up' care are given clear advice about the support the service will be able to provide and, if accepted for intermediate care, start the service within two hours of referral in line with NICE guidance<sup>4</sup>.



People who have a clinical need for a hospital-based urgent or emergency face-to-face assessment, diagnostics and/or treatment are always considered for management on an (ambulatory) same day emergency care pathway.

---

4. <https://www.nice.org.uk/guidance/NG74>



**Goal 3: Clinically safe alternatives to admission to hospital**



Older/frail people, and people nearing the end of their lives, will be assessed quickly at the front door or adjacent to the Emergency Department with decisions on their care acted upon by a multi-agency team. This should include a system that is able to respond to peoples' specific needs to prevent unwanted or unnecessary admission to hospital, focus on maintaining nutrition and hydration, mobility, communication and control.



Individuals will have available, outside of normal working hours, crisis cafés or sanctuaries in their local communities which will provide compassionate safe support for those in mental health crisis.





**Goal 3: Access to clinically safe alternatives to admission to hospital**

## Why is this good for service users?

Reducing avoidable emergency admissions improves the quality of life for people with long term and acute conditions and their families, as well as reducing pressures upon the resources of local hospitals.

This will be achieved by maximising the use and availability of remote clinical assessment to people who dial 999, and for community practitioners who are at scene with a service user through access to specialty advice and guidance lines. This seamless access to advice from specialty clinicians can support practitioners to make informed decisions about the right setting/service for the needs of an individual helping to reduce unnecessary admissions to hospital.

Increasing referrals of people with urgent or emergency care needs or in mental health crisis to suitable alternative services locally enables people both to have their needs met closer to home and more swiftly, and release ambulance and other professional or clinical capacity to respond to those individuals who require a rapid response. This should also reduce pressure on primary care services and enable more focus on supporting people with chronic conditions.

Reducing pressure in emergency departments and on hospital capacity will help to reduce ‘crowding’ and the related risk of harm, including risk to poor experience caused by long ambulance patient handover delays and the risk of hospital acquired infection. This should in turn improve patient and staff experience, and clinical outcome.

Delivering ‘same day emergency care services’, better mental health liaison services and acute frailty services at the front door of hospitals can enable people referred to or presenting at hospital with relevant conditions to be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.

## How will we support health and social care systems to achieve this goal?

- We will work with organisations to ensure they implement same day emergency care (SDEC) services so that they support 100% of type 1 emergency departments, allowing for the rapid assessment, diagnosis, and treatment of people presenting with certain conditions, and discharge home same day where clinically appropriate, twelve hours a day and seven days a week – by April 2025. This will be supported by around £10m new recurrent revenue investment, and around £6m in capital funding for equipment and estate changes. This will include just under £1m recurrent funding for three years to support ambulatory emergency care and immunotherapy services delivered to people suffering from complications of cancer by Velindre NHS Trust.
- The Strategic Programme for Primary Care will oversee development of a number of ‘step-up’ intermediate care pathfinders towards design of a consistent national step up model. This is part of wider work to develop an effective community infrastructure model for or Intermediate Care based upon the principles of ‘right sizing’ community services. This, alongside the development of urgent primary care services, starts to build a wider range of primary and community care services, the planning of which will be undertaken at pan cluster planning level as set out in the Accelerated Cluster Development work.



**Goal 3: Access to clinically safe alternatives to admission to hospital**

- Establish and embed access to ‘speciality advice and guidance’ telephone lines to immediately link health care and allied health professionals with specialist advice to deliver appropriate action based on a person’s needs. This may include alternatives to referral and admission to hospital where clinically safe.
- The Emergency Ambulance Services Committee will oversee a delivery plan that will include focus on rapid delivery of alternative pathways and community-based solutions to safely reduce avoidable conveyance to emergency departments.
- We will work with organisations to review and, where necessary improve, mental health liaison services, NHS crisis services for adults and children, community crisis cafés.

## How will we measure success?

Measures to determine how successful the health and social care system has been in enabling people to safely avoid admission to hospital are under development.

Affiliated work to develop a measure of the ‘time spent at home’ by older /frail people’ is underway through the Strategic Programme for Primary Care.

The resolution of the challenges experienced by Health Boards in recording and reporting same day emergency care activity will be a priority for 2021-22 to support measurement for improvement, and will include measures of service user experience.





## Goal 4:

# Rapid response in a physical or mental health crisis



The fastest and best response provided for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis.

## Quality statement



People with mental health and emotional distress will receive a coordinated response from services across the urgent and emergency care pathway. This should seamlessly link:

- in-hours and out-of-hours primary care
- emergency ambulance services
- Emergency Departments
- Police
- mental health liaison
- NHS crisis services; and
- Crisis cafes and sanctuaries.



People dialling 999 with non-time critical presentations are referred to alternative community, mental health single points of access or direct access hospital pathways, or safely discharged over the telephone following a secondary clinical assessment.



People who have dialled 999 for an emergency ambulance and are in imminent danger of loss of life or limb, have a time sensitive injury or illness or require palliative care receive the fastest and best type of response commensurate with their clinical need. They are transported/referred to the best direct access pathway based on clinical need, as quickly as possible.



**Goal 4: Rapid response in physical or mental health crisis**



Defibrillators are readily available and accessible to the public who are aware defibrillators are easy to use and can do no harm.



Those arriving by ambulance at a hospital facility should be transferred safely from ambulance clinicians to the care of hospital clinicians in order of clinical priority and always in a timely manner (an hour at most).



People who have accessed care in an Emergency Department (and the wider hospital) will find suitable environments and proactive processes to greet them. On arrival, there will be quick identification of whom the patient is, why they have attended and, following triage, what the next step in their care should be. Wherever possible, this will occur within 15 minutes of arrival, with an assessment by a senior decision maker complete within an hour.



People suffering with acute complications of cancer or its treatment are able to bypass the Emergency Department, where appropriate, and quickly access an acute oncology service for appropriate specialist input to facilitate urgent assessment and rapid initial management.



Ambulance clinicians will develop necessary end of life assessment and support skills to deal with difficult conversations, administer appropriate medications and support family/carer concerns.



When people are ready to leave the Emergency Department, there will be effective arrangements in place to provide continuity of care with the minimum of delay, including returning home with support and timely admission to a hospital bed, when that is the right next stage in the person's care.





**Goal 4: Rapid response in physical or mental health crisis**

## Why is this good for service users?

Emergency ambulance services, mental health crisis response and Emergency Departments are a core and essential part of the urgent and emergency care system. Delivering the best possible, quickest and most appropriate response for people who are in physical or mental health crisis is a priority to optimise survival rates and clinical outcomes.

However, emergency care is not always delivered by health practitioners and we can improve outcomes for people in cardiac arrest through involvement and engagement with the public.

The UK average shows less than 10% of people survive a cardiac arrest for which the major determinant of outcome is time to treatment. The sooner effective Cardio Pulmonary Resuscitation (CPR) is started, the better the chance of survival because for every minute delay, a person's chances of survival fall by 10%<sup>5</sup>. If a defibrillator is readily available, people are six times as likely to survive<sup>6</sup>.

A timely initial response and referral to the right place, first time for a number of other time sensitive complaints – such as stroke, STEMI (a type of heart attack) and fractured neck of femur (hip) can also result in improved clinical outcomes in addition to a more positive experience. Evidence from the 'Amber Review' (2018) has shown getting people to the right ward, first time, has beneficial outcomes and that people should be seen by a senior clinical decision maker as soon as possible.

Timely handover of care from ambulance clinicians to hospital clinical staff improves service user experience<sup>7</sup>, and improves ambulance availability for other people awaiting a response in the community.

A mental health and/or welfare crisis describes any situation in which an incident related to public safety or individual welfare prompts a call to emergency services and is linked to a person's mental health or wellbeing. The person may be:

- at immediate risk of harming themselves or others;
- an immediate risk of being unable to adequately care for themselves or be cared for within existing support structures, or function safely in the community; and
- where there is an identified trigger or vulnerability associated with their diagnosed mental health condition, or other social, emotional or clinical situation.

The individual in crisis will benefit from a rapid, flexible, person-centred response from health services, tailored around strengths and assets available individually or within the family unit which encourages long term self-management.

---

5. British Heart Foundation Data cited by Welsh Ambulance Services Trust (2019)

6. References: *Welsh Ambulance Services Trust (2019) – Innovative App a potential game changer in cardiac survival across Wales* <https://www.ambulance.wales.nhs.uk/Default.aspx?gcid=1557&pageld=2&lan=en>

7. Amber Review: A Review of Calls to the Welsh Ambulance Service Categorised as Amber (2018)



#### Goal 4: Rapid response in physical or mental health crisis

## How will we support health and social care systems to achieve this goal?

- A national programme has been established to explore how NHS and fire and rescue services (FRS) services can work effectively and collaboratively to increase response capacity for individuals in the red (immediately life threatened) category.
- Increasing CPR education and investment in defibrillators to optimise outcomes from out of hospital (OOH) cardiac arrest. £2.5m of Welsh Government funding has been allocated over the next three years to enable Save a Life Cymru to raise awareness about the cardiac arrest chain of survival and fund new educational and training resources, including improving public access to defibrillators
- Establish 'call-to-door' measures for time sensitive complaints like stroke to enable improvement.
- The Emergency Ambulance Services Committee will oversee an increase in available response capacity to enable improvements in responsiveness for people with time-sensitive complaints. A delivery plan will also identify actions to safely reduce conveyance of people to Emergency Departments and establish improvement plans for each Health Board area. A long term strategy will be established for remote clinical support, with the procurement and implementation of an enhanced clinical assessment system for the 999 clinical contact centres
- A 24/7 mental health single point of contact in each Health Board will offer triage, assessment, support and signposting those with an emotional or mental health need. The service will be staffed by trained and compassionate mental health professionals. Although this service will focus on promoting self-resilience and health coaching it will also offer brief interventions and, if necessary, access to secondary mental health services.
- Electronic Patient Clinical Records (ePCR) that enable access to medical history and medicines to facilitate electronic handover and transfer of key information into a person's hospital and GP records will be implemented in 2021/2022.
- Nationally and clinically designed Emergency Department care standards and operational arrangements for ambulance patient handover and clinical triage will be implemented by Health Boards, supported through the Emergency Department Quality and Delivery Framework programme.
- We have implemented an 'Emergency Department Wellbeing and Home-safe' service, delivered by the British Red Cross at all Emergency Departments in Wales. This service aims to improve both patient flow and the patient experience at Emergency Departments. British Red Cross staff are present throughout the day in departments, providing support to members of the public and supporting, where appropriate, individuals to return home. The service aims to resettle and connect people with other community services once they have returned home from hospital.
- We are working with St John Ambulance Cymru to trial support vehicles for people who have experienced mental health crisis and need rapid transport to the right setting for further assessment or care. The service has exceeded 400 journeys since implementation in February 2021 and negated the need for emergency ambulance journeys for those conveyed. The average response time of the vehicles is currently around one hour which prevents continued patient anxiety and distress and permits other mental health professionals and police officers from having to wait very long periods on scene. This project has been expanded from covering south West Wales to all of Wales from September 1 2021. This service will be evaluated and if it improves patient experience and outcomes then this, or a similar service, will be procured and placed on a sustainable footing from 2022.
- Quality statements published for the care of the critically ill<sup>8</sup>, stroke<sup>9</sup> and heart conditions<sup>10</sup>, and should be considered alongside each of the six goals.

8. <https://gov.wales/written-statement-quality-statement-care-critically-ill> <https://gov.wales/care-critically-ill-quality-statement>

9. <https://gov.wales/quality-statement-stroke-html>

10. <https://gov.wales/quality-statement-heart-conditions-html>



**Goal 4: Rapid response in physical or mental health crisis**

## How will we measure success?

For emergency ambulance response, the Emergency Ambulance Services Committee delivery plan and its associated milestone and outcome measures will form the basis for measuring progress and improvement in subsequent years.

Measures will include ambulance availability and achievement of national and internal targets. Outcome measures for service users will be developed along with satisfaction/experience measures. In particular, it will be expected that there will be a reduction in long waits not covered by response targets.

In regard to care in Emergency Departments, existing work on experimental measures developed through the Emergency Department Quality and Delivery Framework will be extended to consider service user experience and timeliness of continuity of care for people who need to be admitted to hospital.

For mental health, the interventions and support given to a person experiencing a crisis of their mental health should be based on the values of empowerment and promote and protect social inclusion, community integration, hope, positive identity and meaningfulness.

We would expect to see a reduction in numbers of people attending emergency departments and contacting ambulance and the police services through 999 for non-emergency mental health issues. We would also expect to see a reduction in high intensity users of 999 and GP services for emotional health issues.



## Goal 5:

Optimal hospital care and discharge practice from the point of admission



Optimal hospital based care is provided for people who need short term, or ongoing, assessment or treatment for as long as it adds benefit to outcome, with a relentless focus on good discharge practice

## Quality statement



People admitted to hospital should be treated consistently and reliably in line with the expectations of health, social care, third and independent sector partners in Wales as described in Welsh Government Hospital Discharge Requirements guidance.<sup>11</sup>



People admitted as an emergency to a hospital setting should:

- Be reviewed by an appropriate consultant as soon as possible after admission. This should be no later than 14 hours from the time they were admitted to hospital. Frailty assessments should be completed where required on admission.
- Should have a reconciled list of their medications within 24 hours of their admission.
- Be fully involved in and informed of plans for their treatment, recovery and discharge from hospital. They should have answers to four key questions on a daily basis: what is the matter with me? What is going to happen to me today? When am I going home? What is needed to get me home?
- Have a structured patient handover during transitions of care, with a focus throughout on return to home as soon as they are clinically fit to leave.
- Have a patient care plan that includes active intervention to avoid deconditioning, maximise recovery and support independence throughout their hospital stay.
- Have access to rehabilitation regardless of condition and ward to which they are admitted; available immediately upon admission, or as soon as the person is medically able to participate to accelerate recovery and reductions in side effects.

11. <https://gov.wales/sites/default/files/publications/2020-04/COVID-19-hospital-discharge-service-requirements.pdf>



**Goal 5: Optimal hospital care and discharge practice from the point of admission**



Frail and vulnerable people, including those with disabilities and mental health problems of all ages, should be managed assertively but holistically (to cover medical, psychological, social and functional domains) and their care transferred back into the community as soon as they are medically fit, to avoid loss of ability to self-care.



The person's consultant is responsible for deciding when they are clinically ready to move on from an acute phase of their care, and agrees an 'individual clinical criteria for discharge' to enable return home even if the consultant is not present.



People who are eligible for discharge through Non-Emergency Patient Transport Services will receive safe, timely and comfortable transport to and from their destination, without detriment to their health. They are treated with dignity and have their religious and cultural beliefs respected. Where people are at a hospital ward or department, the Health Board will ensure they are ready to leave at the time they notify the transport provider of readiness to travel.





**Goal 5: Optimal hospital care and discharge practice from the point of admission**

## Why is this good for our service users?

While admission to a community or acute hospital bed is the right thing for some people, evidence has shown that many people who are older and living with frailty or co-morbidities leave hospital less mobile and independent than when they were admitted. Many also lose confidence and the ability to care for themselves very quickly, when they are away from their familiar surroundings.

When hospitalisation is required, treating individuals' acute symptoms promptly and then enabling them to be supported back to their own home is vital. Delivering an optimal hospital stay in which people stay no longer than necessary and are discharged home, or to the most appropriate setting for their needs, at the earliest safe opportunity improves experience and outcomes and avoids deconditioning as a result of an extended hospital stay.

## How will we support health and social care systems to achieve this?

We have issued national hospital discharge service requirements for health, social care, third and independent sector partners. We have also issued supporting guidance – SAFER guidance<sup>12</sup> that should optimise outcomes if delivered consistently and reliably. SAFER comprises the following five principles:

- **Senior review:** all patients are to have a senior review before midday.
- **All patients** and their families will be involved in setting an Expected Discharge Date.
- **Flow of patients** will commence at the earliest opportunity from assessment units to inpatient wards.
- **Early discharge:** More than 33% of patients will be discharged from inpatient wards before midday on their day of discharge.
- **Review:** a systematic multi-disciplinary team review, is undertaken, including patients and their families, for those with extended lengths of stay (>6 days) with a clear 'home first' mind-set.

The SAFER concept is proven to have benefit for individuals and the wider hospital system. Where implemented effectively by well-led teams and communicated clearly to staff enabling them to fully understand all elements, hospitals have seen real benefits to patient outcomes and staff satisfaction. Hospital crowding reduces, Emergency Departments decongest, mortality falls, harm is reduced and staff feel less pressured.

A new transformational programme has also been established to support the effective delivery of goals 5 and 6, and will incorporate support for the delivery of the quality statements within these two goals including the implementation of hospital discharge requirements and SAFER patient flow guidance – or a version that works well at a local level - supported by strong multi-professional working. Initial action will focus on:

- Developing a demand and capacity model.
- Establish what a "good day" looks like, via a modelling tool for each acute and community hospital in Wales to inform plans and capacity requirements.
- Developing a three-year Transformation Plan to describe how hospital care for people admitted as an emergency, discharge practices and 'Home First' principles will be optimised, including key milestones and outcomes.

---

12. <https://nccu.nhs.wales/urgent-and-emergency-care/safer/>





**Goal 5: Optimal hospital care and discharge practice from the point of admission**

The plan, which will be developed by health and social care teams, will focus on delivering improved quality and patient safety. It will focus on system-wide integration and seek to deliver the capacity required as per the modelling undertaken and will include:

- policy changes required (if any)
- commissioning changes required (if any)
- service changes required
- workforce requirements
- efficiencies/Investment required
- digital enablers; and
- stakeholder, public engagement and communication.

## How will we measure success?

Our national hospital discharge service requirements and the SAFER concept provide a clear framework against which progress can be measured through indicators for each principle. We will also co-design, with clinicians and professionals, key metrics to measure system flow against which delivery and performance will be measured. These metrics will be patient safety and outcome focussed.



## Goal 6:

# Home first approach and reduce risk of readmission



People will return home following a hospital stay – or to their local community with additional support if required – at the earliest and safest opportunity to improve their outcomes and experience, and to avoid deconditioning.

## Quality statement



People who require additional support on discharge should be transferred from hospital onto the appropriate ‘discharge to recover then assess pathway’ (usually back to their normal place of residence) within 48 hours of the treatment of their acute problem being completed.



Integrated health and social care teams should respond in a timely manner to ensure support systems are safely in place to respond to a person’s needs on discharge. Effective care coordination must be in place to ensure that, once recovery and assessment is complete, transfer to onward care arrangements is timely and seamless.



Programmes are in place to help people develop the knowledge, skills and confidence to manage their physical and mental health, access the support they need, make any necessary changes and be better prepared for any deterioration or crisis.



All patients on mental health or learning disability wards with admissions longer than 90 days must have a clear discharge plan in place. All patients cared for in specialist services outside of NHS Wales will have a repatriation plan in place.



**Goal 6: Home first approach and reduce the risk of readmission**

## Why is this good for our service users?

We have actively developed a Discharge to Recover then Assess (D2RA) model since 2018, recognising that the acute hospital setting does not provide a suitable environment for recovery and assessment for ongoing needs. D2RA is an active recovery model, with the 'Home First' ethos at its heart, and is designed to:

- focus on what matters to the individual, maximising recovery and independence
- minimise exposure to in-patient infection risk and avoid deconditioning;  
and
- provide a seamless transfer to longer-term support in the community if required, using a strengths-based approach and reducing over-prescription of statutory services 'to be on the safe side'.

Successful implementation will improve outcomes for service users and support effective 'whole system flow', enabling optimal hospital care for those who need it.

## How will we support health and social care organisations to achieve this goal?

- Investment of monies from the Integrated Care Fund has pump primed and continues to support the implementation of D2RA pathways across Wales. Consistently delivering the four D2RA pathways<sup>13</sup>, in alignment with *What good looks like* guidance, will facilitate timely discharge from hospital. It will also support individuals to remain safely at home in their communities, potentially avoiding future admissions.
- Health, social care, third and independent sector partners across Wales are actively engaged in implementing the D2RA pathways and a comprehensive interagency programme of work is in place to support implementation with three key areas of focus:
  1. Right Community Services (developing and right-sizing the infrastructure required to deliver the model)
  2. Right Mind-set and processes (the culture shift and training required to further embed the Home First/D2RA ethos into hospital discharge processes and beyond);  
and
  3. Continuous Improvement (monitoring, evaluation and shared learning).
- The National Rehabilitation Framework<sup>14</sup> identifies areas where people may need support to tackle lost confidence and independence and reduced activity and social connections. Rehabilitation services can help by providing personalised physical or mental care and support to enable people to reduce anxiety or regain lost skills, confidence or condition from reduced activity and fitness regimes, or lost social contact, employment and relationships.
- We are funding a two year HEIW delivered programme of work described in the Allied Health Professions (AHP) Framework: 'Looking Forward Together.' Part of the programme includes funding two Clinical Fellows, a National Clinical Rehabilitation lead and a Clinical Public Health Lead to engage the profession, review and update to The National Rehabilitation Framework, develop quality statements and drive transformation.

---

13. <https://gov.wales/hospital-discharge-service-requirements-COVID-19>

14. <https://gov.wales/rehabilitation-framework-continuity-and-recovery-2020-2021.html>



**Goal 6: Home first approach and reduce the risk of readmission**

## How will we measure success?

A reporting mechanism to capture data against five key D2RA measures, providing baseline data pan Wales for the first time, is currently under development. In addition to this quantitative evaluation, a qualitative review will be undertaken via self-assessment against the principles and standards set out in the 'what good looks like' guidance for D2RA.

The five key measures seek to understand how health, social care, independent and third sector organisations are working together to increase the number of people transferred to the right place following admission to hospital, preferably their usual place of residence, within 48 hours of the decision about the next stage of their care being made. They also focus on how successful teams are at increasing the proportion of people leaving hospital on a discharge to recover then assess pathway, and with a co-produced personal recovery plan. This is also expected to increase to help prevent readmission.

This approach will be used to monitor and evaluate progress with implementation of the D2RA model on an ongoing basis to support continuous improvement and evolution of the model, in response to learning in practice.



## References

Amber Review: A Review of Calls to the Welsh Ambulance Service Categorised as Amber (2018)

British Heart Foundation Data cited by Welsh Ambulance Services Trust (2019)

Picker Institute (2020) Welsh Perceptions of Urgent and Emergency Care

Welsh Ambulance Services Trust (2019) Welsh Ambulance Service NHS Trust – *Innovative App a potential game changer in cardiac survival across Wales*<sup>15</sup>

Beyond the call (2020) A national review of access to emergency care services for those experiencing mental distress and/or welfare concerns



---

15. <https://www.ambulance.wales.nhs.uk/Default.aspx?gcid=1557&pageld=2&lan=en>

# Appendix 1

## Challenges for urgent and emergency care

### **An ageing population, often with multiple co-morbidities, who have greater need for access to hospital and ongoing care**

- The population over 65 is projected to grow by 27% by 2040<sup>16</sup>.
- Admissions for over 85s increased by 9.8% between 2013/14 and 2019/20.
- Over 70s account for around 51% of ambulance incidents to receive a response<sup>17</sup>.
- The majority of people in hospital and using community services is over 75<sup>18</sup>.
- 35% of over 70-year-olds experience functional decline during hospital admission (compared with a pre-illness baseline); for people over 90 this increases to 65%<sup>19</sup> resulting in poorer outcomes and increased likelihood of further admissions.
- The numbers of people with dementia in the UK are predicted to rise by up to 35% by 2025 and 146% by 2050<sup>20</sup>.
- 60% of people admitted to hospital as an emergency have one or more long-term health conditions such as asthma, diabetes or mental illness<sup>21</sup>.

## **Workforce, training and education challenges and opportunities**

As with the whole system the challenges are:

- fewer people of working age, and an ageing workforce
- greater demand for both flexible working patterns and part-time working to reflect a desire for work/life balance
- skills shortages in some specialist areas, with vacancies in some professions and gaps in medical training rotas being a common occurrence in Wales
- remote and rural challenges with respect to training, recruitment and retention.

In line with the Workforce Strategy for Health and Social Care the opportunities are:

- increased interest in NHS and public sector careers as a result of the pandemic, with a projected growth in healthcare education and training numbers for the next 5 years
- opportunity to develop new 'prudent in practice' workforce models with associated opportunities for career development to train, attract and retain the Welsh health and care workforce
- accelerated move to digital training and new ways of agile working in a digital service as a result of the pandemic

---

16. Source: Stats Wales

17. Source: WAST

18. Source: Patient Episode Data for Wales (PEDW)

19. Source: NHS Improvement data cited in CHS Healthcare (2019)

20. Alzheimers' Research UK Dementia Statistics Hub

21. Health Foundation (2018) Briefing: Reducing emergency admissions: unlocking the potential of people to better manage their long-term conditions

- new education and training developments to support new service models. Encouraging multi-professional working, skills development and extended practice
- underpinned by a strong wellbeing offer and compassionate leadership.

## A complex system

- The urgent and emergency care system and the interactions people have with services – and where they transition following that interaction – is complex.
- A lack of continuity when individuals transition between services can potentially have a negative impact on the ability of other staff and services to provide timely access and quality care to patients.
- The complexity of the urgent and emergency care system is compounded by the interactions with individuals' associated requirements for planned care and the workforce challenges experienced across the health and care sector.

## Longstanding cultural challenges

- 60% of assessments and/or therapy could take place out of hospital; the remaining 40% could have been completed in parallel with other steps<sup>22</sup> (Newton, 2017).
- 40% of emergency admissions of care home residents could be avoided<sup>23</sup>.

A whole system response is required to overcome these challenges. Primary, community, social, ambulance and hospital care services must work seamlessly together to provide the right care, first time to support the best possible experience and outcomes for people who need urgent or emergency care.

## What matters to people who have used urgent and emergency care in Wales?

A survey of people in Wales<sup>24</sup> (Picker, 2020) told us that the most important thing for people when they need urgent or emergency care was to receive the right treatment to manage their illness/injury and prevent future problems.

The findings of the survey align to views of the Welsh public when asked about their recent experiences of urgent and emergency care services, with the following consistent themes regarding what matters to them when they need to access urgent or emergency care:

- being clearly kept informed about their care throughout;
- having a timely initial assessment, even if this means waiting for treatment;
- being given medicine to help control pain where necessary;
- being told how long they can expect to wait for the next stage of their care; and
- being treated and to go home quickly.

---

22. Newton Europe (2017) Why not home? Why not today?

23. Source: Improvement Analytics Unit (NHS England and Health Foundation) 2019

24. Picker Institute (2020) Welsh Perceptions of Urgent and Emergency Care

## Appendix 2

### Feedback from staff involved in the delivery of urgent or emergency care

Views were sought from frontline staff and professional bodies through surveys and engagement sessions about existing challenges and opportunities to improve access to, and delivery of, urgent and emergency care services:

“Despite ongoing education the public do not always take advantage of the full range of services available to them – there is still a concept of being ‘cheated’ amongst many people if you do not get to see a doctor in hospital who prescribes you something when you are ill.”

“There should be a shared and existing knowledge of a person so we don’t need to keep repeating the same stories over and over and more support in the community for people to stay at home. A more holistic approach is needed – no point healing me after a fall if I still have no way of living at home safely”

“Allowing people to discuss their individual worries, values and preferences for their care could significantly improve people’s experiences of care at end of life.”

“There is a lack of patient flow through the hospital meaning it is difficult to give necessary treatment to the most needy, including elderly patients. ‘Exit Block’ then occurs when patients cannot be moved in a timely manner to a hospital ward because of a lack of available hospital beds. There is insufficient workforce in the right areas to match demand and a lack of future planning for the workforce.”

“The majority of discharge services largely operate during the working week and are scarce during the weekends because of a lack of community capacity to support people at home.”

“Health Boards should develop more reliable and rapid ways of primary care accessing expert clinical advice from secondary care physicians to enable patients to be stabilised in the community. When patients do present in the unscheduled care system, early review by a specialist is invaluable. Admissions should be triaged as early as possible to ambulatory and non-ambulatory streams in both medical and surgical specialties”