



**Cwm Taf Morgannwg**

Bwrdd	Regional
Partneriaeth	Partnership
Rhanbarthol	Board

## **MARKET STABILITY REPORT (2022)**

## Table of Contents

1.	Introduction.....	4
2.	Scope .....	7
3.	Context.....	9
4.	Methodology.....	10
5.	Market overview .....	11
6.	Sufficiency Assessment: Part A .....	11
6.1	Adults and older people.....	11
6.2	Children and young people .....	12
6.3	Health and physical disabilities .....	15
6.4	Learning disabilities and autism .....	15
6.5	Mental health.....	16
6.6	Sensory loss .....	17
6.7	Unpaid carers.....	18
6.8	Violence against women, domestic abuse & sexual violence .....	19
6.9	Secure estate .....	20
6.10	Dementia .....	20
7.	Stability assessment: Part B.....	21
7.1	Care homes (Adults and older people).....	21
7.2	Adult placement ('Shared Lives') service.....	27
7.3	Advocacy service – Adults and older people.....	31
7.4	Advocacy service – Children and young people .....	34
7.5	Care homes (Children and young people) .....	36
7.6	Secure accommodation services.....	52
7.7	Adoption service.....	55
7.8	Residential Family Centres.....	60
7.9	Fostering service.....	62
7.10	Domiciliary support service .....	70
7.11	Other services which meet an individual's need for care and / or support.....	78
8.0	Stakeholder Voices .....	84
9.0	Welsh Language.....	89
10.0	Commissioning intentions.....	91
11.0	Social Value .....	92
12.0	Finance .....	94
13.0	Adult social care finance.....	95

14.0	Children’s Social Care finance .....	101
15.0	Forward Look .....	106

## 1. Introduction

Section 144B of the Social Services and Well-being (Wales) Act 2014 requires local authorities to prepare and publish market stability reports and makes provision for regulations setting out the form these must take, matters to be included, and the prescribed period for carrying out market stability assessments as set out in the Partnership Arrangements (Amendment) and Regulated Services (Market Stability Reports) (Wales) Regulations 2021.

The Regulations also amend the Partnership Arrangements (Wales) Regulations 2015 so that the preparation and publication of market stability reports must be carried out on a regional footprint, with local authorities and Local Health Boards working together through Regional Partnership Boards (RPBs).

Market stability reports: code of practice Code of Practice and guidance on the exercise of social services functions and partnership arrangements in relation to market stability reports was first published on 29 March 2021.

The Regulations require local authorities to produce market stability reports every five years, with the first reports published by **1 June 2022**. The reports will help inform and shape the next five-year area plan, along with the 2022 Cwm Taf Morgannwg (CTM) population needs assessment.

The report recognises that the way social care services are provided has changed over recent decades and is provided by a complex mix of independent, public, and voluntary sector provision. Whilst these are typically commissioned by statutory bodies elements can be purchased by people themselves, either using Direct Payments or their own funds if they do not qualify for state funded care.

Whilst potential benefits regarding choice of provision, economies of scale and competition are recognised there are also inherent risks such as

potential market failure or exits of individual providers, gaps in provision and market imbalances, which, if not addressed might mean that sufficient care of the right quality and cost will not be available.

The Market stability report therefore provides a strong platform for regional market shaping to meet current and future needs.

This Market Stability Report is a crucial part within the relationship between local Statutory Partners and the care and support sector. The aim of the report is to understand the current market for health and care services and to identify future demand in the context of changing expectations and different models of service delivery.

To achieve this better understanding of the market the report will assess the current levels of sufficiency of care and support provided to meet the need and demand established through the population needs assessment.

In preparation for undertaking this report, local authorities carried out, in partnership with the Local Health Board and other RPB partners, an assessment of both:

- Sufficiency - an assessment of the sufficiency of care and support in meeting the needs and demand for social care as set out in the population needs assessment. and
- Stability - an assessment of the stability of the market for regulated services providing care and support.

The COVID19 pandemic has been an unprecedented challenge and has changed the type of demand and the way in which we deliver health and care. The impact on people who need care, and their carers is recognised as is the ongoing workforce pressures and market uncertainty.

It does, however, present us with the opportunity to reflect on what is done, why and how. The position we find ourselves in affords us a chance to co-

produce options based on new ideas of what can work, learning from the pandemic. Any changes need to address equality and access issues particularly where there has been under-representation of some groups.

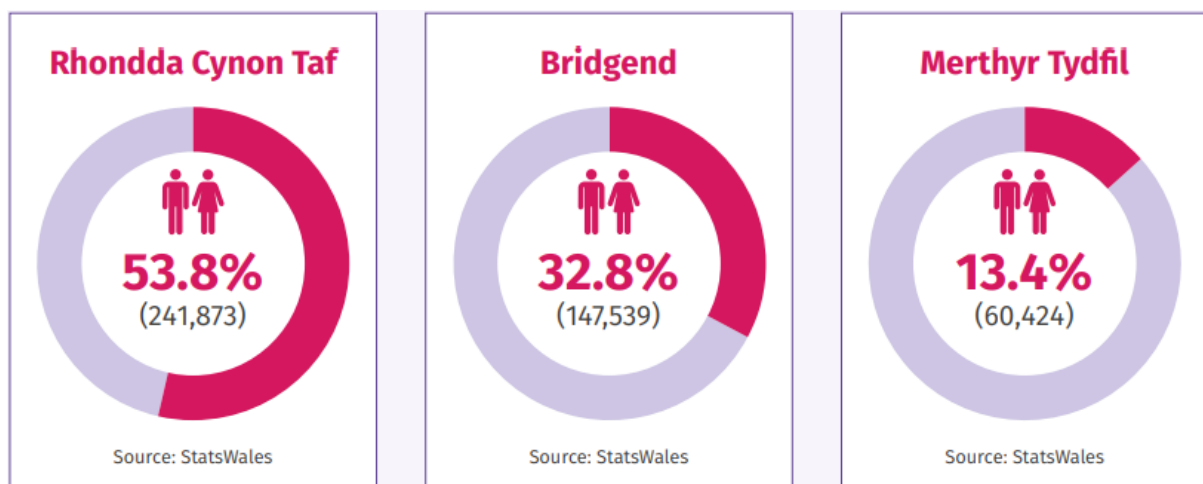
Providers may have opportunities to develop proposals for innovative approaches, which may also result in broader strategic opportunities to roll out and embed effective approaches.

The structure of the report aims to address each element of the guidance, presented in the different sections below, with tabs for each local authority. For quick and easy use, the information has been split into sections that contain a combination of text, charts and interactive data tools, providing key insight of the data.

## 2. Scope

The Cwm Taf Morgannwg Regional Partnership Board reflect the Cwm Taf Morgannwg University Health Board footprint covered by three local authority areas of Rhondda Cynon Taf, Bridgend and Merthyr Tydfil.

The image below provides the number and percentage split of the population for each of the 3 local authority areas.



Over the next 10 years our population is predicted to rise to 436,809 people (3% increase) and to 475,229 over the next 20 years (5%). Notably, we are expecting an increase in the number of people aged 65 years and over, with the most significant rise in those aged 85 years and over. This is going to have a considerable effect on individuals, their communities and the services that support them.

As prescribed by the national Code of Practice this MSR comprises of two interlinked assessments:

- The sufficiency of care and support services; and
- The stability of the market for regulated services

Both are underpinned by the 2022 Cwm Taf Morgannwg Population Assessment (PNA). The Sufficiency Assessment addresses the priority

groups as detailed within the PNA, split into the two main population groups of children and young people and adults and older people.

The priority groups are:

- Health and physical disabilities
- Learning disabilities and autism
- Mental health
- Sensory loss
- Unpaid carers
- Violence against women, domestic abuse & sexual violence
- + secure estate

The stability assessment element of the MSR will focus on regulated services as listed in the Schedule to the 2016 Act. Currently defined as;

- A care home service (adult and children's)
- A secure accommodation service (for children)
- A residential family centre service
- An adoption service
- A fostering service
- An adult placement (shared lives) service
- An advocacy service
- A domiciliary support service



### 3. Context

The unprecedented scale and impact on population and services brought by the pandemic was felt throughout our communities and none more so than in Health and Social Care.

Reducing Local Authority budgets over the last decade on the backdrop of increased demand have shaped the rates of remuneration for care providers with focus on economies of scale.

With competing demands sustainable investment in preventative services, reducing the need for high-cost interventions is challenging.

In January 2021 the Welsh Government published a White Paper setting out their ambition to rebalance care and support providing a mixed economy ensuring there was not an over or under reliance on the private sector. The ambition sought to simplify current commissioning arrangements, strengthen quality and social value and actively manage the market through effective Partnership arrangements.

Further note that the Programme for Government outlines the Welsh Governments commitment to 'eliminate private profit from care of looked after children' (Next Senedd term 2026-2031).

## 4. Methodology

The MSR was developed using the following information:

- Desktop review of key policies, strategies and plans from partner organisations.
- Meetings and discussions with various stakeholders.
- Analysis of data from the three local authorities, local health board and nationally available information.
- Information collected as part of the PNA, including robust citizen engagement.
- Additional, relevant information using standardised collection forms and templates.

In addition to the above, information from the recently complete Market Stability: Residential and Nursing for Older People report by Practice Solutions was also used to inform the MSR.

The diagram below illustrates the relationships between each of the different elements of the MSR how they will contribute towards the ongoing development of regional plans and commissioning strategies and statements.



## 5. Market overview

Local authorities have a duty under the Social Services and Wellbeing Act 2014 (2014 Act) to monitor and manage their local markets. Historically, this has always been achieved through contract management and engagement with providers, clients, families and external agencies. Whilst this continues, the growth in data analytical capabilities make it easier than ever to review utilisation (activity), quality, capacity and the location of services.

This section provides more detail on each of these measures. There are a range of filters to allow users to fully explore what is known about the local area.

## 6. Sufficiency Assessment: Part A

Part A of this report provides a summary of the gaps and issues that have been identified when assessing the sufficiency of care and support services across Cwm Taf Morgannwg. The information is informed by the Population Needs Assessment and is presented across the prescribed priority groups for adults and older people and children and young people.

### 6.1 Adults and older people

- Over the next 10 years our CTM population is predicted to rise to 463,809 (3%) and to 475,229 over the next 20 years (5%).
- It is predicted that the population aged 64 years and under will decrease, while at the same time the number of people aged 65 years is likely to increase, with the most significant increase in those aged 85 years and over.
- This increase in older people is going to have a considerable effect on individuals, their communities and the services that provide care and support for them.

- Engagement with older people during the development of the PNA identified that there was a significant shortage in community level support especially providing care and support services.
- Increased focus on delivering care and support within our communities could provide much needed capacity and reduce current national pressures on statutory services.
- With the data suggesting there are going to be more people living with dementia, chronic conditions and co-morbidities, the services that support them will have to adapt to the changes in demand.
- The national shortage of staff to deliver key social care and health services is having a significant impact on the capacity to meet growing domiciliary and residential care, which has seen an increase in demand during the pandemic.

## 6.2 Children and young people

- Over the next 10 years the children and young people population is predicted to rise by only 846 (0.6%), significantly lower than the older population.
- The pandemic has had a significant negative impact the mental health and wellbeing of children and young people, this is evident through the increased demand for specialist services across the region.
- Though the long-term impact of covid is unknown, recent trends suggest demand for specialist support services is likely to increase.
- During the engagement activity young people reported that the pandemic has been hard for them, but feel their concerns are not listened to when they are raised.
- The need for more social opportunities for children with additional needs was raised as a gap during the engagement activities, with parents stating there was limited places to take their children where they would be safe.

- Poor communication between services was raised as a concern and frustration by young people and adults attending the engagement events, especially between different support services and during transition to adult services.
- Between 2016-2019 the number of young people presenting as homeless and needing to access the local authority's final duty to secure accommodation increased sharply.

The most common reason stated were:

- Parents no longer being willing to accommodate (33.8%)
  - Other relatives or friends no longer willing to accommodate (23.9%)
  - Personal conflicts (22.5%)
- The number of children looked after across CTM increased by 8.23% between March 2018 and March 2020, compared to a 12% increase across Wales.
  - The number of children looked after across CTM RPB region remains the highest per 10k population across Wales.
  - Children aged 10 to 15 make up the largest proportion of children looked after across the region (37%).
  - Across the region the number of children receiving care and support remained relatively consistent between 2018 and 2020, though there has been some slight fluctuating within individual local authorities.
  - In a report from National Youth Advocacy Service (2020) they reported fewer child protection interventions due to children interacting with fewer agencies, which they believe can make children more vulnerable to violence.

## **Transition**

Taking account of 'Don't hold back report' principles adopted regarding transition include:

- Planning and decision making should be carried out in a person-centred way
- Support should be co-ordinated across all services
- Planning should start early and continue up to age 25
- All young people should get the support they need
- Young people, parents and carers must have access to the information they need
- Families and carers need support
- A continued focus on transitions

When considering planning for the needs of children with complex needs coming through transition, in RCT alone there are currently 56 young people 16+ who have a significant disability and care and support needs and almost a quarter of this total are already being supported in specialist care placements indicating a need for ongoing accommodation and care and support in adulthood. The CTM complex needs eligibility and pathway that is in development will also focus on young people outside of disability services and currently within the wider 16+ cohort, considering the need for a coordinated response across agencies to support mental health and a proportion of children looked after needing additional support. This will widen the criteria of children with complex needs in transition going forward but will aim to improve outcomes earlier in the pathway to adulthood.

### 6.3 Health and physical disabilities

- The reduction in services during the pandemic has seen a disproportionate negative impact for people with health and physical disabilities.
- All local authorities across the region recorded a significant increase in the number of falls requiring an ambulance, between 2018/19 and 2020/21 this increased by over 80%, with over 50% aged 80+.
- Where appointments or services were not available locally, people highlighted the lack of appropriate public transport for those who don't have access to a car, was a barrier for accessing support.
- A common issue identified during the PNA engagement activities was the struggle people faced finding and accessing the right information at the right time.
- A lack of early intervention and preventative services (adults and children), based within communities, was highlighted as a gap that could prevent the escalation of need and the requirement of higher end/specialist services.

### 6.4 Learning disabilities and autism

- The numbers of people with learning disabilities likely to present themselves to health and care services is predicted to remain relative consistent over the next 10 years – although the number of older people with learning disabilities is expected to increase significantly reflecting an improvement in life expectancy.
- Accessing information in appropriate formats was a major concern for people with a learning disability and autism, with many reporting they couldn't access key health information during the pandemic.
- The lack of opportunities to engage in services within their communities was raised as a major gap in provision for people with a learning disability.

- The number of adults (18+) with autism is expected to increase slightly over the next 20 years (6%)
- Engagement with families and services supporting someone with autism identified that many feel unsupported, especially while they are awaiting diagnoses and felt that more support was required during this time.
- An increase in mental health concerns for people with a learning disability and autism was highlighted during engagement with families and services. The vulnerability of this group has seen them disproportionately impacted by the pandemic, with many reporting feeling lonely and isolated.
- A lack of specialist mental health support for people with a learning disability or autism has resulted in many not receiving the support they require.
- Awareness of and access to services needs to improve across the region, with many families saying they do not know where to access services, with particular demand in mental health, employment and transitional support.
- Waiting times to access services, specifically in relation to a diagnosis of autism was one of the main concerns identified by the PNA, with many parents quoting waiting over 2 years with limited support during this time.
- There is a considerable demand across the region for specialist housing for people with a learning disability and/or autism.

## 6.5 Mental health

- Research and early service reporting suggests that the pandemic has had a severe impact on the mental health and wellbeing of the population.
- Children and young people, especially those with previous mental health issues, has further deteriorated during the pandemic with services



seeing higher referral rates for anxiety, suicidal, low mood, anger, stress and family issues.

- People are reporting gaps in services to support mental health across the spectrum, from preventative measures linked to wider community wellbeing, holistic support service, transitional support through to specialist and follow up support.
- Research suggests that more people are now using substances and alcohol as a coping mechanism with 40% saying they drink to deal with stress or anxiety.
- The pandemic has had a significant impact on the ability to provide mental health support, which has subsequently increased the waiting times for children's and adults services.
- A survey undertaken by Mind Cymru about the consequences the pandemic has had on mental health found that young people were most likely to be using negative coping mechanisms to deal with mental health issues. 45% of young people have self-harmed to cope, making them more than three times as likely to have coped by self-harming than adults (12%)

## 6.6 Sensory loss

- With the ageing population we are likely to see an increase in the number of people with sensory loss over future years, increasing the demand for specialist support services as well as sensory friendly local provision.
- The pandemic has seen an increase in people with sensory loss feeling lonely, with one national survey suggesting that just over 50% were likely to leave their home on a weekly basis during this period.
- There has been a long-term lack of opportunities for people with sensory loss to engage with local community, reducing opportunities to make friends.

- Covid restrictions, especially mask wearing and distancing, had a significant negative impact for people with sensory loss, leaving many unable to communicate with professionals to receive important health information.
- The need for improved awareness of sensory loss across all services has been highlighted to reduce the barriers to engagement and increase opportunities.
- A major service gap highlighted during the engagement activities was the lack of information available in appropriate formats, especially receiving information using British Sign Language.

## 6.7 Unpaid carers

- The predicated number of people providing unpaid care across Wales over the next 10 years is expected to increase by almost 5% to 410,702.
- Females account for 57% of unpaid carers with the majority aged between over 55 years of age.
- During the pandemic, young carers and young adult carers mental health has worsened, they are more worried about the future, more stressed, less connected, and their caring hours have increased.
- The majority of carers in Wales feel concerned they will burnout, anxious services won't be restored and worried what will happen if they become ill.
- A consistent message highlighted by carers has been the difficulty in accessing the relevant information when they need it with many reporting that they are not aware of the services or support available to them.
- Many carers are reporting that the lack of support, especially during the pandemic, has left them close to crisis with many saying that is contributing towards the deterioration of their own health.

- Services supporting carers are reporting a significant increase in the numbers accessing their services that are close to crisis point, with many suffering from mental health issues, physical health issues and being close to burn out.

## 6.8 Violence against women, domestic abuse & sexual violence

- Across CTM the number of incidents of domestic violence (with and without injury) reduced between 2019/20 and 2020/21. This is likely to have been impacted by the availability and accessibility of services during lockdown.
- Reports to children's services due to domestic violence increased during the pandemic, which is reflected across the region as the highest child protection re-registration rate.
- Services are now reporting an increase in referrals for support following the reduction of restrictions.
- Nationally there was an increase in demand for victim support services, including a 65% increase in calls and contacts logged by the National Domestic Abuse Helpline between April and June 2020, compared with the first three months of the year.
- A lack of access to alternative, early intervention or preventative services was reported by both victims of domestic abuse and those provide the specialist support.
- It has been highlighted that there is a lack of understanding of the needs of people experiencing domestic violence, with services not aware of what to look out for or where to access support.
- A lack of support for marginalised communities was raised by a number of people during the engagement activities.

## 6.9 Secure estate

- Under 4% of people with no identified ACEs had been incarcerated, yet this rose to 38.5% of those with four or more ACEs.
- A review looking at the impact of covid on prisoners concluded that the cumulative effect of the pandemic on prisoners' well-being and rehabilitation was likely to be significant and far-reaching.

## 6.10 Dementia

- Research indicates that people with dementia have been disproportionately affected by the pandemic, with the Office for National Statistics (2020) stating 49% of COVID-19 deaths in care homes and 25.6% of all COVID-19 deaths were people with dementia.
- The number of people living with dementia across Cwm Taf Morgannwg is expected to increase by 62% by 2040.
- The increase in the number of people with dementia is going to increase the complexity of the populations needs and have a significant impact on the services required to support them.
- Estimating the population prevalence of younger people living with dementia is difficult with a best estimate of between 42-68 per 100,000 population, giving an estimate of between 190 and 306 younger people living with dementia in CTMUHB.
- People with learning disability who are at higher risk of developing dementia, people with some neurological disorders such as Huntingdon's disease and those with dementia associated with alcohol misuse are often excluded from studies.
- The needs of younger people who develop dementia are demonstrably different from those developing dementia when older both in terms of diagnosis and post diagnostic support.

## 7. Stability assessment: Part B

Part B of this report provides an assessment of the stability of the market for regulated services providing care and support and the sufficiency to meet existing and projected demand.

### 7.1 Care homes (Adults and older people)

#### Capacity

Two fundamental elements of the region's market are the capacity i.e. the volume and type of care it can offer, and how it is utilised. Relative to the population, Merthyr Tydfil is above the Wales average for care homes without nursing, probably due to the location of one of Wales' largest care homes.

All three local authorities are below the national average care homes with nursing, which suggests a squeeze on supply and availability across the region. However, more than half (56%) of beds are in homes with an "adults with nursing" registration. Notwithstanding recruitment difficulties for nurses, this suggests the ability, at least on a registration basis, for the existing infrastructure to be able to flex and adapt to meet more acute needs.

Current occupancy levels indicate to some oversupply; however, the views of commissioners, operational staff and providers highlight difficulties in being able to find suitable placements in a timely manner and to match supply to changes in demand.

Part of this seems to be the result of the lingering effects of the pandemic, with relatively low numbers of referrals, delays in the placement process, and cycles of restrictions on admissions due to Covid status. However, part is due to mismatch between the demand and supply, with nursing beds and dementia care in more demand than general residential.

At the time of writing, all **14** local authority-owned homes are below **85%** occupancy. While not subject to the viability issue faced by independent providers, and the reasons for under-occupancy vary, it shows under-utilisation of some of the existing capacity, the use of which needs to be considered alongside changes in demand for care.

At least half of all providers (49%) have occupancy of less than 85%, which is the level defined by Care Forum Wales as being “non-sustainable”. The pattern of occupancy in homes designated “adults with nursing” and “adults without nursing” is similar although a higher proportion of nursing homes (26%) are above the 95% level compared to homes without nursing (16%).

#### ***Capacity – Learning Disability/Mental Health/Physical Disability Care Home Provision***

Current provision seems unable to meet the increasing need for respite care, particularly dementia care. Social services are experiencing difficulties in securing suitable short term respite care due to the demand for permanent placements. Respite care for individuals with learning disabilities with older parents is a particular problem. The provision of respite care by homes is hampered by the administrative burden of such placements and the financial implications for independent providers who cannot afford to have beds set aside but not used.

Where provision within the region is unable to meet the assessed needs of an individual, then specialist complex provision may be identified and commissioned out of county.

## Quality

Overall, the quality-of-care homes is good and, at this time, it is sufficient and appropriate to support the majority of residential/nursing placement needs. All care homes ensure that risks/concerns are logged onto a risk database.

All Care Home providers are proactive in engaging with Local Authorities in responding to individual needs and emerging demands.

Ongoing contract monitoring processes, including routine assessment, provide a good indication as to how well the care provided by the providers meets the needs of individuals. Where quality concerns have arisen, the common themes include:

- Leadership
- Staffing capacity – recruitment/retention
- Staff skills/training
- Professional relationships

An important element of the strategic and operational management of the care market, the lack of an independent quality measure means there is a gap in the information commissioners need to strategically manage the market. There is an inconsistent approach to monitoring quality across the region.

In the absence of a measure of quality by Care Inspectorate Wales, a consistent regional approach should be developed and implemented, which will enhance the assessment of market viability and sufficiency.

## Demand

The extreme pressure on community care is continuing and there is no longer the capacity to deal with all patients being discharged from hospital

who may benefit from community support. This means some people stay in hospital longer than necessary or become permanent in residential care simply because there is no package of support to facilitate their transition home.

People are entering residential care with more complex needs and at a more advanced stage in their mental and/or physical health condition. This reflects the falling demand for general residential care and reinforces the importance of reviewing and, where necessary, reshaping the region's current provision. A detailed cost of care exercise would help ensure resources reflect need e.g. staffing ratios commensurate with presenting needs.

Research highlights the difficulties in predicting demand for residential care. The ageing population is not necessarily a good indicator of demand. Of more significance is the increasing prevalence of conditions such as dementia. The incidence of dementia in Wales is forecast to increase by a third between 2020 and 2030. There is consensus among commissioners and providers the need for dementia care - permanent and short-term/respite - is increasing and provision needs to be reconfigured to meet these needs.

### **Areas of concern**

Finance is the most significant issue. The broad issue, which is seen as the continuing shortfall in state funding of social care. At the provider level, finance is critical to the viability of individual (independent) care homes and to the ability to invest in maintaining and improving homes, and in reconfiguration or expansion to meet the changing demand for residential care.

A significant area of concern across the region is the availability of Adult with Nursing Placements for those individuals who require specialist EMI



nursing. Due to limited numbers of placements of this type across the region there are high numbers being placed out of County.

Staff recruitment and retention of nurses and care workers is a challenge for many homes, particularly local authority-owned homes. Care homes are not well positioned to compete with better paying jobs in the other sectors including the NHS, which is a drain on the staffing of social care. Pay rates for care workers are poor and not commensurate with their responsibilities and regulatory and professional development requirements, some of which do not apply to better-paid jobs in the NHS and other sectors.

Staffing problems are reducing the region's capacity, causing delays e.g. slowing the rate of admissions, and impacting on the wellbeing of existing staff. Commissioners acknowledge the greater use of agency staff, which is an additional cost burden on independent care homes, and the difficulties in obtaining agency workers and recruiting permanent staff.

The support homes received from the NHS, including GPs and district nurses during the pandemic was mixed, ranging from "excellent" to "some problems". The picture remains mixed. There are calls for 'in-reach" and pooled resource models to increase specialist capacity and regular support to residents with higher-level needs.

## **Commissioning**

There is much common ground between commissioners and providers on the gaps in the market and changing demands for care.

The list below highlights the common ground between commissioners and providers on gaps in the market and changing demand:

- Falling overall demand for general residential care

- Need for more dedicated respite unit(s) or beds, possibly with block purchase, to meet increasing need for respite care (dementia; frail elderly; people with learning disabilities with elderly parents)
- Need for provision of for step-down care, facilitating recovery and assessment of needs outside the hospital environment.
- Increasing need for dementia care and early onset dementia care where a general residential placement might not be appropriate and is not desirable
- Increasing need for general nursing care and EMI nursing
- Need for separately staffed accommodation for older people with learning disabilities.
- More dedicated palliative care units to reflect increasing need for palliative care and to ease bed blocking in hospitals.
- Specialist care: lack of capacity to cover acquired brain injury and other long-term conditions.

## Recommendations

1. Variation in the availability and quality of data on the residential care market across the region should be addressed. A comprehensive and consistent dataset covering the three local authorities should be developed and used i.e. interrogated regularly to provide the market intelligence needed for effective strategic management of the region's care provision. The market viability tool developed for this study can be used for this purpose.
2. In the absence of an independent measure of quality by Care Inspectorate Wales, a consistent regional approach should be developed and implemented to enhance the assessment of market viability and sufficiency.
3. Build on current arrangements to enhance partnership working with providers in ways which result in a more open and transparent, two-way, relationship. It should embody mutual support, continuous

4. Action should be taken to remedy the under-utilisation of capacity in local-authority-owned homes. In the short to medium-term, the scope for refocusing the mix of provision in local authority-owned homes to plug identified gaps such as respite care should be explored.
5. Action should be taken to increase the following types of provision as priorities:
  - (i) Short-term/respite beds and/or respite unit(s), exploring ways of supporting ongoing provision and streamlining the administration associated with it.
  - (ii) Step-down care, facilitating recovery and assessment of needs outside the hospital environment.
  - (iii) Nursing and EMI nursing beds; as part of this action, the definition of nursing care and the distinction between EMI and nursing should be revisited.

## 7.2 Adult placement ('Shared Lives') service

Adult Placement services, more commonly known as Shared Lives schemes, provide support for adults in the carers home on a daily, respite or long-term basis. Adults supported by the scheme will have learning disabilities, mental health problems or other needs that make it harder for them to live on their own. The schemes match someone who needs care with an approved carer.

The scheme matches the person who needs care with an approved carer, providing opportunities for people to be as independent as possible while maintaining their links to family, community and friends.

## Capacity

Each council across the region have separate arrangements in place for the management of long-term and short-term placements, with local authorities reporting that provision is not sufficient to meet current and projected demand.

The matching process between families and individuals needing support is complex and often lengthy, resulting in delays of up to 1 year depending on circumstances.

The scheme has proven to be successful including examples where young people have transitioned to adulthood via the foster system and the foster carers have become a Shared Lives family, providing continuity for the person.

## Quality

The information collected when completing this report found that the services delivered across the region are adequate though increasing demand and a lack of choice negatively impacts the overall quality.

These services have delivered annual savings and demonstrated positive outcomes for service users but with additional capacity and improved matching of individuals it has the potential to support more people live within their communities.

## Demand

The demand for shared lives placements varies across the region with each local authority requiring, on average, 2-4 new placements per year with the majority being identified through the transition planning process.

The total number of people in long-term adult placements has remained steady over the past 2 years though the number of new starters increased between 2019/20 compared to 2020/21.

The total number of people accessing short term placements has reduced by over 50% over the past 18 months, with a similar reduction for new people accessing the provision.

This seems to be a result of the ongoing effects of the pandemic, with reduced referrals, delayed placement and a series of restrictions impacting the admissions process.

*Table 1: Number of People in Long Term Adult Placements at a Date:*

<b>Number of People in Long Term Adult Placement Scheme</b>	<b>Bridgend</b>	<b>Rhondda Cynon Taf</b>	<b>Merthyr Tydfil</b>
As at 31/03/2020	22		14
As at 31/03/2021	26		17
As at 31/09/2021	22		18

*Table 2: Number of New Starters to Long Term Adult Placement Scheme by Year:*

<b>Adult Placement Scheme Starters</b>	<b>Bridgend</b>	<b>Rhondda Cynon Taf</b>	<b>Merthyr Tydfil</b>
2019/20	2		3
2020/21	5		3
2021/22 - Up to 30/09/2021	0		1

*Table 3: Number of People (Unique By Year) accessing Short Term Adult Placements (Respite), including Number of Nights Provided by Year:*

Year	Bridgend	
	Nights Provided	Unique People
2019/20	676	27
2020/21	315	15
2021/22 - Up to 30/09/2021	313	15

The placements have remained steady for long term placements, with current provision of 22 placements of which 21 are for people with a learning disability and 1 person with mental health needs (Bridgend).

### Areas of concern

The pandemic has been wide reaching and brought about significant issues for developing the service further, impacting on service capacity, low interest in new families providing a shared lives placement and client group scope, all of which remain regional priorities for further development.

Although the Adult Placements (shared lives) schemes across the region provide an important service and a valuable element of the wider community housing provision, there are several areas of concern preventing it from realising its potential. These issues include a lack of capacity for family placements, issues with matching individuals to families and long processing and waiting times.

Other developments taking place nationally could be used to supplement existing services and ease demand pressures by increasing community level housing capacity. An example of this is the Homeshare scheme which is being piloted and funded by the Welsh Government. This scheme operating alongside the Adult Placement (shared lives) Service, has the potential to significantly increase social care options within our communities.

## Commissioning

Across the region commissioners have had discussions to consider the Shared Lives schemes, possible future extension of the scheme and the role it plays in supporting young people to transition from foster placements.

## Recommendations

1. Local Shared Lives Schemes have provided excellent outcomes previously and provide a worthwhile service for young people across Cwm Taf Morgannwg.
2. Additional investment should be considered, if necessary, to overcome any delays caused by the pandemic.
3. Transition to adulthood

### 7.3 Advocacy service – Adults and older people

Advocacy means giving a person support to have their voice heard. An advocacy service promotes the views, wishes and feelings of an individual and make sure they are acted upon during decision making processes.

There is a wide spectrum of formal and informal advocacy covering a wide range of needs and age groups, however only advocacy for children who need care and support or are looked after are regulated.

#### *Capacity*

#### *Statutory Independent Professional Advocacy (IPA) Services:*

There are a number of providers commissioned across Cwm Taf Morgannwg to deliver advocacy support to adults and older people, they are:

Bridgend:

MHM Wales - 2 contracts for targeted IPA services covering defined client cohorts.

People First Bridgend – 1 contract for specialist IPA support for LD and ASD.

Rhondda Cynon Taf:

Dewis – support for younger adults with a Learning Disability / Mental Health.

Age Concerns – support for older people.

Merthyr Tydfil:

Merthyr Valleys Mind

Alzheimer's society

Merthyr Tydfil CBC currently spot purchase advocacy services on an individual basis via Dewis based on identified need.

The models across the region are designed to be as accessible as possible with direct referrals received from social work practitioners, other agencies as well as accepting cross-referrals between agencies to offer the most relevant or specialist advocacy service required on a case-by-case basis.

In addition to the services described above, local authorities across the region also commission other services to deliver IPA, as follows:

- Advocacy hub - to signpost to the most appropriate provision;
- A statutory independent professional advocacy service for specialist support including learning disabilities and autistic spectrum conditions;



- A statutory independent professional advocacy service for specialist support including communication and specialist independent professional advocacy;
- A statutory independent professional advocacy service – access all independent professional advocacy.

Statutory (Regulated) Advocacy sits alongside, and is complementary to, non-statutory advocacy services. All commissioned providers deliver both statutory and non-statutory advocacy.

### Quality

Information gathered from commissioners indicated that the provision of advocacy support for adults has evolved over recent years. They commented that although there is suitable support available for eligible clients, the quality varies across the region from good to adequate, with the quality of the service adversely impacted by delays in response time.

### Demand

The restrictions introduced nationally due to the Coronavirus has had an impact in the number of people accessing the service.

In the 12-month period to March 2021, the number of statutory IPA referrals accepted for each local authority in the region was:

*Table 4: Number of statutory IPA referrals accepted (Bridgend)*

Bridgend	2020/21		
	Support provided		
Provider	Unique individuals (new)	Total individuals	Advocacy cases issues
MHM Wales	36	164	225
Peoples First Bridgend	16	75	125
<b>Total</b>	<b>52</b>	<b>239</b>	<b>350</b>

## Areas of concern

Although the range of advocacy services has expanded over recent years, providing greater access to a wider range of client groups, the organisations operating across the region are reliant on a small group of trained advocates making the services fragile. Therefore, without further development to increase service capacity and client group scope this will remain an area of concern.

Generally, the need for advocacy is co-current with the need to respond to the person and so the capacity needs to be reliable, there is currently no indication, locally or nationally, that the workforce is being supported to expand to meet this growing demand.

## Commissioning

There is a growing demand for advocacy support services for adults and older people with some of the local authorities looking to tender for new provision later this year to meet this growing demand

## Recommendations

- Increase the capacity of advocacy across the Cwm Taf Morgannwg region with a greater emphasis on co-producing and improving the opportunities for the voices of users to be heard.

## 7.4 Advocacy service – Children and young people

Advocacy means giving a person support to have their voice heard. An advocacy service promotes the views, wishes and feelings of an individual and make sure they are acted upon during decision making processes.

There is a wide spectrum of formal and informal advocacy covering a wide range of needs and age groups, however only advocacy for children who need care and support or are looked after are regulated.

## Capacity

Concerns about the availability and consistency of advocacy for children led to the introduction of a national approach to statutory advocacy services in 2017.

A regional contract is in place for Advocacy for Children and Young People, with the provider, Tros Gynnal Plant (TGP), providing service across the three local authority areas in for several years.

## Quality

Information gathered from Commissioners suggest that the quality of advocacy services provided to children and young people is of sufficient quality.

Although the covid pandemic has had some impact on accessibility of the service, the move to online and digital communications was embraced by both provider and many clients in receipt of service.

The ongoing Issue-Based Advocacy continues to be provided and has a high level of demand.

There are only two registered providers delivering advocacy services to children and young people across Wales, therefore the choice of providers is restricted.

A service user survey conducted by TGP during the pandemic which presented positive feedback from children and young people accessing their service. Nationally 99% said that they found working with TGP Cymru helpful all or most of the time.

## Demand

Local commissioners have highlighted a number of areas where they are seeing increasing demand, including:

- Advocacy for parent carers involved in child protection cases, and

### Areas of concern

The regional strategic advocacy group have worked together to improve the take up of active offer and understand why children decline it. This work will continue.

Parent-carer advocacy, particularly in relation to child protection cases, is an area for further development in response to increasing demand.

### Commissioning

The national approach for the delivery of statutory advocacy services across Wales has improved the consistency of support available for children and young people across Wales.

Although this is a positive outcome of the national approach, only have two registered providers across the whole country limits the choices available to commissioners and presents potential sufficiently and stability risks.

### Recommendations

1. There is room for further development on the Active Offer – work is underway in this area on a regional and local level to increase the number of active offers.
2. A gap has been identified for advocacy for parents, which is non-statutory.

## 7.5 Care homes (Children and young people)

The data collected during the development of the Population Needs Assessment suggests that across the region the total number of children received care and support has remained relatively consistent, though there has been some slight fluctuating within individual local authorities.

*Table 5: Total number of children received care and support*

<b>Local authorities</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Bridgend	690	735	745
Rhondda Cynon Taf	1420	1330	1375
Merthyr Tydfil	455	485	430
<b>CTM</b>	<b>2,565</b>	<b>2,550</b>	<b>2,550</b>

Table 6 indicates that over the same period the number of children looked after (per 10,000 population) has increased across all local authorities within the region.

*Table 6: Rate per 10,000 population*

<b>Local authorities</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Bridgend	131.4	129.7	134.2
Rhondda Cynon Taf	135.4	134.8	143.1
Merthyr Tydfil	122.5	154.5	160.2
<b>Wales</b>	<b>102</b>	<b>109</b>	<b>114</b>

## CLA Prevention

Each local authority has developed strategies and services focused upon continually and safely reducing the need for looked after children's services. Notwithstanding the important role of early help services in building family resilience in the context of increasing demand, (RCT's resilient Families Service encountered a 100% increase in demand during 2021-2022); much work remains, and local authorities cannot do that alone.

During the past years, each of our Corporate Parenting Boards have signed up to the charter for parents who are in care or leaving cares, emphasising the importance an urgency of developing services at the edge of care:

<https://cascadewales.org/research/supporting-parents-in-and-leaving-care-messagestocorporateparents/>

### **CLA Prevention**

Demand for statutory services is increasing, however, the CLA prevention strategy is showing some early signs of progress in RCT where CLA numbers have reduced from 707 on 31.3.20 to 655 on 31.3.22. However, this remains the fourth highest per 10,000 capita in Wales and we are committed to improving family support for families where children have care and support needs, and the evidence-based services that are necessary.

Local Authorities are required to meet their sufficiency duty and ensure there is sufficient accommodation for all types of children who are looked after, in line with Section 79 of the Social Services and Wellbeing (Wales) Act 2014 (the Act). With the duty extending to ensure that placements are made within the local authority's own area as far as possible, or there are overriding reasons for placing a child out of authority, with the primary overriding reason being safeguarding concerns.

In discharging their duties, local authorities provide some care and accommodation themselves, and they purchase the remainder from independent providers. Rhondda Cynon Taff, Merthyr Tydfil, Bridgend County Borough Councils, Placement Commissioning Strategies are in place and Market Position Statements (MPS) which shape and inform service developments and commissioning arrangements for children looked after (CLA), which identify current demand, project future need for foster, residential and supported living for children who are looked after. These pieces of work have been developed and underpinned by the support of the 4 x C's Consortium across Cwm Taf Morgannwg.

Across the region of Cwm Taf Morgannwg there are a range of private framework and non-framework fostering and residential providers offering placements to children and young people.

### Capacity

It has been identified within the 4C's Regional Vacancy Snapshot Report from 13 July 2020, that whilst there has been a slight increase in vacancies across the sector, vacancies remain very limited and lower within Cwm Taf Morgannwg than other regions across Wales.

There is consensus that the placements market overall is not providing sufficient appropriate places to ensure that children consistently receive placements that fully meet their needs at the point of need. To identify appropriate accommodation children and young people are often placed out of county or even country and even then may not be exact match e.g not sufficient therapy services, inability to support sibling groups etc.. that could have a detrimental impact on the well-being of the child.

There has been a growing pressure on residential spend with increase in external providers and out of county placements. In addition to the increased volume of placements price inflation has also increased overall spending but also complexity of young people requiring placements.

As a region we have developed a MAPSS Therapy service for children looked after, testing out this model to support care experienced children and those with plans for adoption who have the most complex emotional, behavioural and mental health needs, by delivering holistic therapeutic interventions. Working in a Trauma informed approach, the service aims is to reduce placement breakdown for those care experienced children with repeat placement breakdowns and those with complex emotional wellbeing needs, who have foster care experience, those with plans for adoption, with the aim to improve stability, resilience, behaviour and emotional health and wellbeing. By providing therapeutic input and a range of therapy interventions, it is hoped that longer term better outcomes for care

experienced children, can be seen, providing more stability with their foster carers/families, enhance relationships, manage behaviour and their mental health needs, supporting and aiding foster carers, also in their role as parent/carers.

The Welsh Government have published 'Removing Profit from the care of looked after children' Programme Board policy statement and in a letter dated 21st April 2022 the Chief Social Care Officer for Wales affirmed commitment adding that plans to be in place to transition to not-for-profit foster and residential care in Wales'. Noting funding to be available to encourage innovation and creative solutions to assist local authorities and existing not for profit providers develop placement capacity, protect against market instability and provide support for private businesses to move to not for profit.

Currently most investment in capital is from private sector, removing profit from children's residential sector may disincentivise providers to enter this market place and further exacerbate the lack of sufficient capacity within the current market.

Within the RPB significant amounts of funding from former ICF capital has been invested in children's accommodation and Housing with Care Funding (HCF) (capital), will allow for new models of residential care to be piloted and tested, determining their effectiveness, consider learning through the process, building on best practice, in order to achieve the best and most positive and stable outcomes for care experienced children and young people.

Commissioning data has shown;

- Providers in Wales preferring referrals from England.
- Decreasing levels of placement offers made via CCSR referrals especially for complex needs.



- Increase in local Authority to seek placements.

As at 30th Sept 2021 within Rhondda Cynon Taff (RCT) the largest geographic locality within the region, there were 14 Residential Care providers with 50 beds (which would be sufficient for RCT children), but with only 7 of the 50 places taken up by RCT children.

In 2019/20, Merthyr Tydfil CBC had 20 children in residential care at cost of £3,270,440. Of these, 19 were placed out of county at a cost of £3,162,680. (Similar situations will be seen across Bridgend).

All local authorities across the Cwm Taf Morgannwg region have seen an increase over the past 4 years in residential care, but over the past 2 years RCT has started to see a decline.

Placement decision making appears to be heavily impacted by available supply as opposed to needs driven. The current market appears to see under supply of appropriate placements at a time of increasing spend. In this scenario it would be expected that providers would increase supply to meet needs and costs of placements would potentially reduce over time, but this does not appear to be happening. Local Authorities continue to pay higher prices for placements that are not aligning with need further note there are no same day placement provision available when crisis intervention is required.

Identifying need, and then applying knowledge as to what profile of need is met by which type of provider service is critical to identifying gaps and what needs to be developed. However, predicting need and volume is difficult, compounded by limited capital investment local authorities looked to spot purchase highly specialist placements in the independent sector rather than develop in-house. For local authorities considering block contracts or other means of providing certainty of take-up to potential

providers, there is a trade-off between their potential to create new places and the risk of paying for provision that is not needed by local children. Working on a regional footprint provides greater scope to develop more regional provision, including a focus on;

- Higher need groups (integrated with health and education)
- Family group, long terms, short break and emergency bed.
- Family safeguarding, specialist fostering etc..

## Quality

High quality placements have the ability to achieve good outcomes for some of our most vulnerable young people but similarly poor-quality placements can have the opposite effect and can have far reaching consequences on their futures.

The quality and appropriateness of the placements therefore is extremely important to young people's experience of care and future outcomes and regulations and regular assessments support improving quality within the market and where providers cannot improve pressure to exit the market.

As noted above increasingly commissioners are needing to go further afield to identify placements. The more distant a placement the harder it is to monitor quality and provide oversight of each child's care even if the overall quality of the provision is good not withstanding the impact on maintaining relationships and education and community links.

## Demand

4Cs provides national analysis of trends in data and assists with forecasting future demand based on historic data from Wales, comparable nations and regions, cross referencing multiple sources that project future demographics, current data on emerging trends and where possible factor in anticipated future variables such as policy on refugees.

The 4Cs have recently launched the Placement Commissioning Strategy (PCS) template which helps local authorities to better understand the needs of the children in their care, desired outcomes, drivers for change in order for the local authority to be able to shape internal services, work in collaboration with providers and increase placement choice.

### **Areas of concern**

Recruitment and retention are a challenge shared across social care and applies to both in-house and independent provision.

The pandemic has exacerbated labour shortages across the wider economy and social care is competing with other sectors which can offer similar or better wages for less challenging work.

Within the population assessment there are a number of challenges identified including young people's mental health, domestic abuse that have increased and has impacted on support services. Whilst there are a range of early intervention and prevention services within the region the impact on statutory services has been significant and sustained.

There is a shortage of residential beds – capacity issues in fostering are placing a strain on residential services. 4C's have recently completed a residential review which highlights the increased use of residential care at increasingly significant rate than foster placements. The growth in the residential sector has not been able to meet demand despite the new number of providers and increased beds.

As noted below the Region has been successful in securing a range of capital and some revenue to develop new schemes however registering a new children's home can take up to a year as delays to the process are common and a registered manager must be in place prior to starting the registration process.

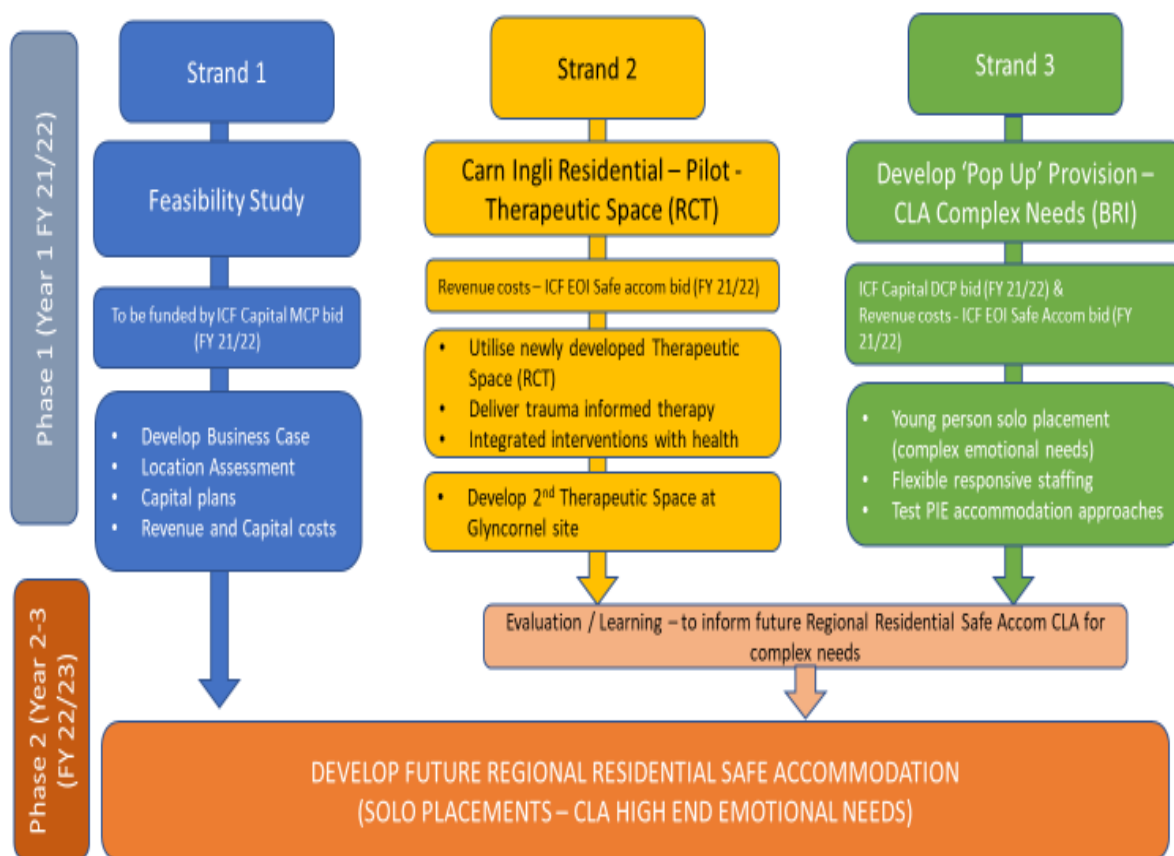
Regionally we do not presently have the infrastructure resources to design, develop and staff integrated residential care driven by good outcomes for children and this represents a risk to the region.

### **Commissioning**

Significant development has been made on a number of residential accommodation facilities across Cwm Taf Morgannwg, to address the need for safe and suitable accommodation for children looked after with complex needs and to ensure they can remain within county boundaries or have the opportunity to return from out of county/country.

There is recognition that in order to address this within a wider strategic direction of travel across the region, that a pragmatic and holistic approach is needed. Therefore, a revenue bid for Safe Accommodation for children with complex emotional and wellbeing needs, was submitted to Welsh Government with a 1-3 Year plan (revenue funding of £589,140 in 2021/22) in order to develop the model below:

**CWMTAF MORGANNWG REGIONAL RESIDENTIAL CARE – PROPOSED 3 YEAR PLAN - PHASE 1 MODEL**



**BRIDGEND - Children’s Residential Placement Hub (Bridgend)**

Within Bridgend, a new development to refurbish a former primary school at Brynmenyn as a Children’s Residential Placement Hub, as an integrated residential service model is significantly progressed. The Placement Hub is currently located at Maple Tree house with the intention of re-locating this residential service to the new Brynmenyn Hub, seeing it move from an urban and not ideally located setting to a more rural beneficial environment with plenty of green spaces, extensive outdoor garden areas, holistically designed with wellbeing in mind.

The service model will offer an integrated service for young people with complex needs, aged 8 to 18, who are either in care, on the edge of care, or have recently moved to supported or independent accommodation. Attached to the service are a combination of therapeutic, residential and

outreach staff providing integrated, wrap-around support that can meet all the needs and ambitions of each young person. This model allows for the right support at the right time, which will prevent escalation of needs further down the line and that they are not passed from service to service but instead are supported by one dedicated team.

The old Brynmenyn school building will be converted into 11 bedroom/units and designed as a Psychologically Informed Environment (PIE), with the service model consisting of 3 emergency crisis intervention beds (accessed for a maximum of 72 hours). 4 will be short term/assessment beds and medium-term residential beds, with a view to moving on to other placement options and all furnished and with private bathrooms. 4 will be staff bedrooms, located on the premises 24/7 to provide advice and support, aiming to minimise the chance of placement breakdowns.

There will also be therapeutic staff based at the Hub, in dedicated office space, consisting of a behaviour analyst. There is future potential for the team to expand to include Placement Support Workers and Therapist Workers with a play therapy background.

This scheme is well progressed with timelines predicting completion by October 2022. With an overall cost of £2.2M, the scheme is being funded jointly by Bridgend County Borough Council (£1.9M) with match funding contribution from ICF Capital funding of £736,000 in FY 21/22. However, cost increases have been seen across the construction sector, so a shortfall in funding is now identified but which will still allow the scheme to progress whilst additional funds are sought. This will be a flagship residential setting for Cwm Taf Morgannwg.

As part of the remodelling of Children's Residential Homes in Bridgend CBC significant engagement with current and former residents of the residential homes was undertaken to inform the development of the proposed new

model. A summary of the feedback received from these young people is detailed below:

<b>Aspects of the respondents experience in the home they found positive</b>	<b>Aspects of the respondents experience in the home they would change if they could</b>
<ul style="list-style-type: none"> <li>• The staff members</li> <li>• The support/advice/guidance they received</li> <li>• The independence they had</li> <li>• The facilities</li> <li>• The free time/activities available</li> </ul>	<ul style="list-style-type: none"> <li>• Increased access to WIFI</li> <li>• Better computers</li> <li>• Would like more independent flats/step-down options</li> <li>• Would like more move-on support/support post 18</li> <li>• Access to individual bathroom facilities en suite, as opposed to shared</li> <li>• More free time and freedom.</li> <li>• Baths, games room</li> </ul>

As part of the feedback received was the need to strengthen independent and semi-independent accommodation options for children leaving care.

### **BRIDGEND - Pop-up Provision in Hillsboro (Bridgend)**

Working alongside Bridgend County Borough Council (BCBC), Valleys 2 Coast (registered landlord) are developing a registered residential 'pop up' service which can be utilised across both Children's and Adults services to support transition into adulthood (where required), it will allow BCBC to deliver a personalised service to their most vulnerable children in care and will mitigate the risk of children being placed out of county.

The support provided by BCBC can be tailored to each child placed offering a bespoke and solo residential service which is mobilised (popped up) when the needs arises, supported with a flexible staffing model, allowing Children's Social care team to provide the right service at the right time to support and achieve meaningful outcomes for children and young people and remain in-county.

The 'pop up' service can deliver a bespoke package of care and support dependant on the child's needs, this could include specialist support and/or input from health where necessary. A statement of purpose will be submitted to CIW when children enter the service to reflect each child's needs, as we recognise that one model may not fit all. This provision forms Strand 3 of the 3 year Safe Accommodation Plan (see above).

### **MERTYR TYDFIL - Neighbourhood Learning Centre (NLC) Supported Accommodation for 16+ years (Merthyr Tydfil)**

In order to meet the accommodation needs of 16-24 year olds, who are known to social services and/or have been in the care system/Children looked after, Merthyr Tydfil CBC are refurbishing a council owned building to provide 4-6 units of one and two bed self-contained accommodation.

This accommodation will be for the periods on leaving foster care or corporate parenting residential care accommodation.

Located in the Gurnos estate in Merthyr Tydfil, the building currently acts and is known as a Neighbourhood Learning Centre (NLC) and plays a key role in supporting unemployed youths and adults access training with the aim of increasing their access to employment opportunities. The site currently comprises 4 buildings, which offer a range of vocational training, where experiential learning can take place. There are carpentry workshops, plumbing/metal and other construction style workshop areas; a hair dressing unit with professional hair salon equipment, a potters kiln and ceramic workshop to name a few, along with staff office accommodation and currently empty unused existing flats.

The capital refurbishment will look to refurbish one building (Block 2) into 4-6 self-contained flats and to re-locate existing workshops into the remaining buildings, resulting in minor adaptation, allowing part of the



learning centre to remain open to the young people. The intention is to create a unique accommodation centre where young people have direct access to suitable modern, safe accommodation, whilst also providing them with access to onsite training, that could lead to higher education by attending their local college and/or future employment. There are clear benefits of this approach in enhancing their social integration in a manner that supports them to reduce the likelihood of becoming isolated or engage in anti-social behaviours. This accommodation model will allow a young person to feel supported to live independently, have housing related support in the management of a household, managing their own finances, food/nutrition/cooking, selfcare and household hygiene, whilst being supported with staff on site. This will be seen as a step-down approach to more independent living in their own accommodation, limiting the need for further support and preventing any escalation of needs.

### **RHONDDA CYNON TAFF - Care Leavers Accommodation (Passivhaus Unit) (16+)**

Within Rhondda Cynon Taff, a new accommodation unit is being developed as safe temporary accommodation/moving on accommodation for care leavers with complex emotional and behavioural needs. This project will create a home that allows a positive, proactive approach to increasing young people's confidence and resilience, building skills to live independently and to reduce the risk of homelessness for young people with the most complex needs. It is an integral element of the continuum of accommodation and support for care leavers supporting them to achieve the ultimate objective of successfully moving into independent accommodation and sustaining their own tenancy. This project is still at the early development stage with £260,530 of ICF capital funding being awarded in the summer 2021, to develop a 2 bedroom passivhaus standard new build (modern methods of construction (MMC)).

## **RHONDDA CYNON TAFF - Ty Brynna Residential Accommodation**

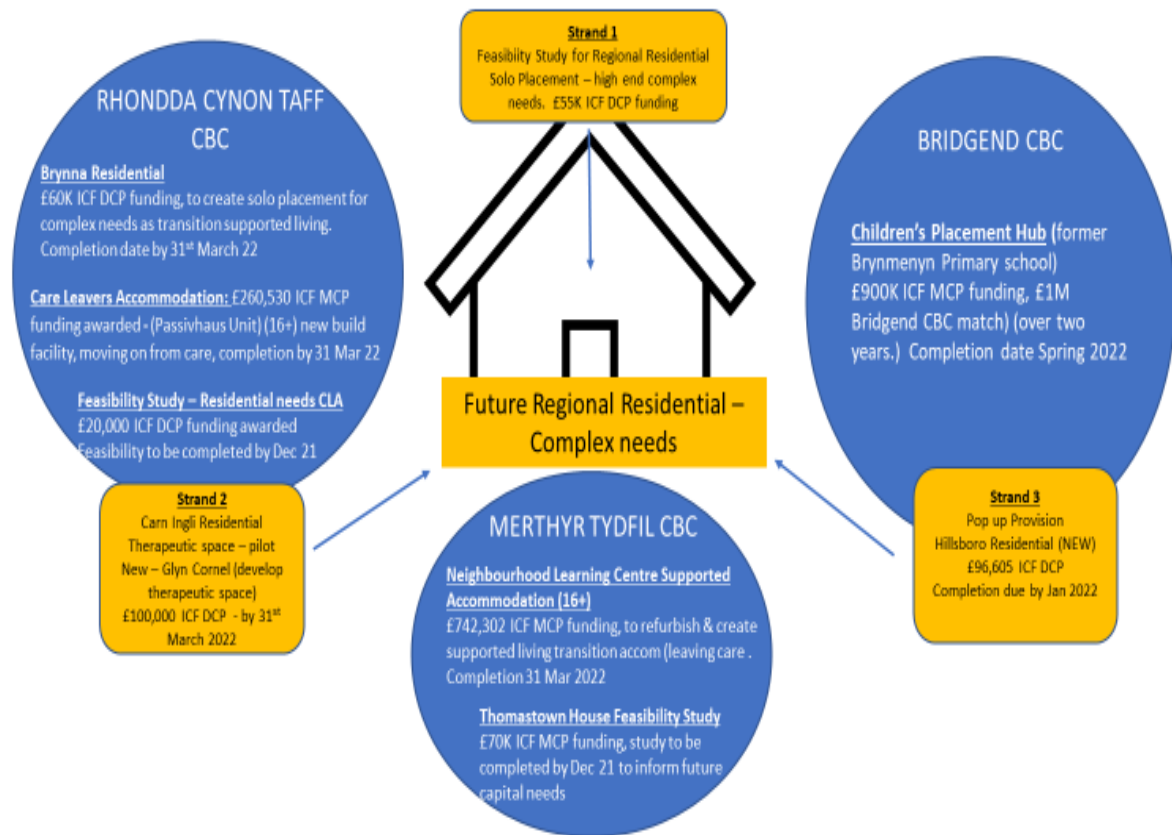
Solo residential provision for young people with complex needs who required intensive intervention, supporting his needs towards supported independent living as progressed at pace. This property has been developed as a safe base with access as a trauma informed environment, supported with tenancy options and services that will help a young person towards transition and the best form of supported independence that suits them. There is a strong relationship between this, the Care2Work bid, and the RPB's complex residential care initiative and in fullness of time might serve as step down from that provision. Compatible multi-agency trauma informed approaches will be central to this success within this home.

Other longer term objectives of developing this residential model and expected outcomes for future young people are to:

- Provide, safe, stable and suitable living accommodation
- Improve well-being and stability and support in a trauma informed environment
- To live close to home, also to prevent out of county placements, unregulated provision and escalation of need and risk.
- Reduce need to access to statutory health, housing and social services as adult
- Innovation in trialling new options for improving access to job market

The Model below shows a summary overview of the combined current ongoing capital projects developed as Safe Accommodation projects for children looked after and how they fit within the Safe Accommodation (revenue) funding bid and the regions' plans to strategically develop a regional residential accommodation and therapeutic facility for children looked after with complex emotional and behavioural needs within the next 3 years, whose needs cannot be met at other residences:

## CWM TAF MORGANNWG - NEW CHILDREN'S RESIDENTIAL ACCOMMODATION - CAPITAL DEVELOPMENTS ACROSS THE REGION



Cwm Taf Morgannwg are seeking to build on this model, to continue to address challenges with out of county placements by creating residential care settings in localities that meet the complex and emotional needs of children looked after, to achieve better long-term outcomes. The regional ambition is to develop services close to home that can meet need over the next 3-5 years.

It is expected that Housing with Care Funding (HCF) (capital) will play a key role in the provision of local accommodation for children with high end emotional and behavioural needs and that regions will be able to demonstrate how this has reduced the number and cost of out of county/out of country placements.

### Recommendations

New developments noted above will take time to commence and make impact on supply and demand deficit.

There is insufficient supply of:

- Registered Children’s Homes for children to meet children’s needs, especially for those with the services and skills to meet the needs of children with complex needs
- There is no integrated approach to residential care
- Safe accommodation is delayed
- skilled staff available to support young people in crisis
- There is insufficient supply of local authority foster carers
- There is insufficient supply of not for profit
- IFA placements particularly for children whose earlier experiences mean they need more skilful care. This is particularly evident for those aged 8+ yrs.

## 7.6 Secure accommodation services

Families with children with a complex range of needs should experience holistic, seamless care and support that helps them achieve what is important to them including emotional and mental wellbeing. This is in line with the *No Wrong Door*<sup>1</sup> recommendations of the Children’s Commissioner for Wales and from her annual reports.

Along this continuum of support, secure accommodation is a highly specialised provision appropriate for a small cohort of young people. Locked facilities accessed through a court order can only be used to ensure the safety of the child and others around them and typically for short periods.

---

<sup>1</sup> <https://www.childcomwales.org.uk/publications/no-wrong-door-bringing-services-together-to-meet-childrens-needs/>

## Capacity

Hillside Secure Children's Home in Neath is the only facility currently in Wales. The unit has capacity of 22 places shared between the Youth Justice Board (linked to offending), and Welsh local authorities for welfare purposes.

Because there are so few secure units (there are also few in England), they tend to be used nationally and it can be difficult to find a place when they are required.

The Secure Welfare Coordination Unit (SWCU) sits within Hampshire County Council; Grant funded by DfE. It is not a legal entity and therefore does not have a Director, there is a Board consisting of several partnerships.

The unit was set up to:

- provide one clear point of contact;
- coordinate and streamline welfare referrals to SCHs and;
- provide a mechanism for collecting more systematic data on national demand for places.

The SWCU does not have a direct role in the commissioning of secure places for individual young people on welfare grounds. The unit is unable to direct a SCH to accept a young person, the responsibility remains with the Registered Manager (Responsible Individual in Wales) of the home.

## Quality

There is a national shortage across England and Wales of secure placement, this often leads to Local Authorities having to care for young people in

settings that are not secure placements, despite them being assessed as meeting the threshold for secure provision.

The Hillside Secure Children's home is inspected by Care Inspectorate Wales and Estyn for the on-site education provision. Given that there is only one provision of this type there is clearly a lack of choice of provision and if there were any quality concerns the only alternatives are in England.

This obviously presents a risk at the national level should any issues arise at Hillside or places become unavailable for any reason.

CTM provide the psychiatry / psychology service to CAMHS and Hillside staff cite difficulties in accessing the support they need.

### **Demand**

The number of children requiring secure accommodation is low and that can be expected to continue. Figures provided for Bridgend show between 1 – 3 placements required per annum.

### **Areas of concern**

It is very difficult to ensure that there is just sufficient of this type of provision as needed at any one time, given that the number of children requiring it is so low. Secure accommodation is costly, difficult to provide and recruiting and retaining skilled staff willing to work in a challenging environment is difficult.

There is only one SCH in Wales, with there being 13 in England and 5 Scotland but, they will only consider a referral if there are no Scottish referrals.

Wales having only one unit presents significant risks and means that places will usually be far from home and sometimes not available in Wales when children need them. It is extremely difficult to source and commission a

welfare bed due to the number of live referrals the SWCU are dealing with. Justice placements take priority over the Welfare placements.

Placements are often out of area and can be prohibitive to be able to support a rehab back to family/residential/foster placement. Also impacts on any family contact.

### **Commissioning**

The commissioning of secure accommodation needs to be considered within regional plans.

### **Recommendations**

Within Cwm Taf Morgannwg, we have however developed a range of more specialist residential accommodation facilities to address the need for safe and suitable accommodation for children looked after with complex needs and to ensure they can remain within county boundaries or have the opportunity to return from out of county/country (see residential care home section for more detail).

Secure accommodation needs to be developed on a national level however regional accommodation developments will help to meet lower-level needs.

## **7.7 Adoption service**

Since 2014 adoption services in Wales have been provided on a regional basis however note this change was prior to the Health Board boundary change and therefore Bridgend was aligned with Western Bay.

### **Capacity**

CTM spans the footprint of 2 regional adoption collaborations, and there is a continuing need to identify and support suitable adoptive families for small children for whom it is not safe for them to grow up with a foster carer or relative

Adoption services in Merthyr Tydfil and Rhondda Cynon Taf are managed by the Vale, Valleys and Cardiff Adoption Collaborative and supported by the National Adoption Service. This regional arrangement delivers all functions related to placements for permanence through the use of Adoption endorsed by the Courts.

Adoption services in Bridgend are managed by the Western Bay Adoption Service - which is made up of three collaborating local authority adoption agencies, Bridgend, Neath Port Talbot and Swansea.

There is insufficient adoption support for adopters who have more complex needs. This is exacerbated by up to 3 year waiting lists for neurodevelopmental assessments.

## Quality

In general, children who are adopted achieve positive outcomes but the adoption process, from assessment, through matching and then placing children is often lengthy, with the process taking around 800 days on average over recent years increasing to 854 during 2021.

There has been a national emphasis on reducing the time this process can take, though this continues to be a priority.

Across the region there has been a slow decrease in the number of children being made subject of a placement order with an agreed plan of adoption over the last three years. This decrease is the position generally across the UK however this year has seen a significantly greater reduction. It is not clear, at this early stage, whether this is as a result of a response to COVID or whether it is a new trend for this service.



The children that do come through with an agreed plan of adoption have increasingly complex needs.

The main issues for these children include:

- Exposure to significant drug and alcohol use during pregnancy,
- Genetic conditions and
- Disability issues as a result of non-accidental injury.

These children are likely to have ongoing adoption support needs which when identified early in placement are likely to reduce the need for long term crisis type support services and long-term therapy.

Narrowing the gap between the children coming through and the matches with adopters will ensure that the service can place more of these complex children and continue to offer regional adoption support to them until they reach adulthood.

Supporting adopters to access the support at key points of need in their child's life rather than creating long term dependency is crucial to a functioning adoption support team.

Positively despite these challenges we have been able to reduce the number of children waiting for placements and we have been successful at placing older children and children with complex needs.

The region have also been successful in recruiting a consistent number of adopters across the region.

## **Demand**

The long-term trend has been a reduction in the average age of children adopted in Wales, from 61 months in 2003, to 37 months in 2021. This probably reflects more timely decision making and increased use of concurrent planning in care proceedings. Most children adopted in Wales were aged between 1 and 4 years (84%).

The pandemic has had a significant impact on adoption services. Nationally, there was an increase of 23% in the number of initial enquiries, and 20% in adopter assessments starting, possibly reflecting the upsurge in altruism and volunteering seen during the pandemic, and the opportunity for people to reassess their priorities and lifestyles. However, the practicalities of completing assessments amidst Covid restrictions meant that fewer adopters were approved, with a decrease of 8% nationally. Whether the increased interest in adoption will be sustained is very uncertain.

In VVC demand for adoption has now stabilised following a decrease in children requiring adoptive placements and emphasis placed upon preventative measures to enable children to remain at home. In WBAS demand for children requiring adoptive placements has reduced significantly in the last 12 months, which is a similar pattern to that across the UK.

Progress has been made in terms of the recruitment of adopters for those children where adoption is the only permanency option, and this will continue to be a significant activity for the region. Performance in respect of recruitment and other adoption services is closely monitored by NAS as part of their Performance Management Framework NAS have also developed a number of practice initiatives which are embedded in the National Adoptions Service's Good Practice Guides: <https://www.adoptcymru.com/>

### **Areas of concern**

The primary concern across the region continues to be the recruiting of adoptive families and establishing a sufficient selection to ensure there is choice when matching children to families.

a sufficient pool of adoptive families to ensure that children can be well matched, and that their individual needs, including for many the opportunity to grow up in a Welsh speaking family can be met.

In this context the pandemic presents both opportunities and challenges. More people may be attracted to adopt in a world of increasingly flexible work styles, however so long as the pandemic continues there may be challenges and delays to assessment processes.

In line with the good practise guides for adoption launched by NAS earlier this year work has begun to embed an early intervention offer in relation to adoption support. This new offer delivers support early in the placement with life-journey work, letterbox contact and therapeutic parenting, it is envisaged that this will reduce the need for crisis arising later in placement.

The local authorities continue to see increases in demand for adoption support for the historic cases. We are seeing a greater demand for adult adoptees to access information from their file, in the last 10 years adopters have been provided with significant information on their adopted child so in theory this need should reduce in the longer term.

## Commissioning

One area of development since the inception of NAS and regional working has been the increased demand for adoption support services to support adoptive families. This has impacted upon the services which are available and has identified the gaps which exist and the areas for improvement. In January 2022, the RPB ICF funded Multi-agency Permanence Support Service went live, and this extends the therapeutic consultation and support that is available to adoptive families.

## Recommendations

Despite the new multi-agency support service being available there are requirements for services to meet the following needs and gaps in provision:

- Availability of psychology
- 3 year waiting list for neuro developmental services, which is a particular challenge for these families given the growing understanding about the likely needs of these children
- Integrated therapeutic adoption support services (MAPPS is LA only)
- Specialist support to learners in schools
- TESSA is a highly valued psychological resource that is available to adoptive families with greater needs, but the resource is insufficient
- Sensory OT interventions has been identified by TESSA as needed in a number of cases, yet is not available in CTM

## 7.8 Residential Family Centres

Residential family centres are a specialist service which is rarely required by the local authorities in Cwm Taf Morgannwg. They provide assessments and therapeutic interventions for families, usually in the context of care proceedings where it is thought there are significant risks to the child or children, requiring very close monitoring.

### Capacity

There are only two registered residential family centres in the whole of Wales, one of which recently reopened after a closure. One of those centres is at Crossroads (Ty Seren) in Bridgend.

Placements to residential family centres are rarely required but there are occasional placements by Cwm Taf Morgannwg local authorities. Placements in residential family centres are less preferred, with parent and child foster placements seen as a better option as they can provide an assessment in a more 'natural setting'.

## Quality

As there is only two centres covering the whole of Wales there is little choice as to where families are placed.

## Demand

There has been a national shift away from the residential assessment models and the preference for local authorities is with parent and child fostering.

Although the number are low, when this type of placement is required, local authorities often have had to look outside Wales due to a scarcity of options. In most cases it would be preferential for a local provider to be available so that the parent(s) can be closer to home.

## Areas of concern

Placements are often out of area which can make support or step down back into the community very difficult, being placed out of county also impacts on any contact with family, siblings etc.

Due to the lack of use of this type of service it is often a challenge when commissioning residential family centres.

## Commissioning

Spot purchasing occasional places when they are needed avoids committing resources to provision that may not be needed. However, it does mean that costs are likely to be high when they are required, and placements will be distant and possibly outside Wales.

## Recommendations

- Insufficient need for residential family placements makes it difficult to justify commissioning a dedicated local centre.
- Increasing regional parent and child fostering capacity, either in house or commissioned from an IFA, would provide local capacity where commissioners have more influence in cost and quality.

## 7.9 Fostering service

The majority of children who are looked after live with foster cares, including connected or kinship carers. Most foster carers are recruited and supported by local authorities but there are also Independent Fostering Agencies (IFAs) which recruit and approve carers and offer placements to local authorities. Most IFAs are in the independent sector but a few are operated on a not-for-profit basis by charities and social enterprises.

### Capacity

Fostering services across Cwm Taf Morgannwg are generally split into two separate categories:

- General Fostering and Placements
- Kinship Care and Permanence

General Fostering and Placements are responsible for the recruitment, assessment and support of all general foster carers in Bridgend, including the specialist Transitional Foster Carer Scheme, as well as identification of Placements for children who need to become looked after by the Local Authority.

The Kinship Care and Permanence Team are responsible for the assessment and support of Connected Persons Carers and Special Guardians. This team also holds responsibility for the Assessment and support of Supported Lodgings providers and When I am Ready arrangements.

All local authorities in the Cwm Taf region operate a regional front door for the recruitment of Foster Carers. This approach ensures there is one point of contact for all individuals across the region and they receive a consistent response.

This regional front door for Fostering Services responds to all fostering recruitment enquiries, process applications, co-ordinate the marketing function and support potential foster carers through the process of becoming a foster carer.

This approach is also offering opportunities to work collaborative on the development of foster carer recruitment campaigns.

IFA placements offer choice, and sometimes meet specialist needs, such as parent and child placements but, in the absence of block contracts, they will often be purchased by authorities outside the region.

In addition to the overall shortage of foster carers across the region there is also growing demand for more specialist foster placements, including:

- Transitional foster carers
- Children with autism
- Children with learning disabilities
- Young people who exhibit multiple risk-taking behaviours including substance misuse, risk of CSE and absconding
- Parent and child placements; and
- Welsh language foster placements.

## Quality

The Fostering Service is required to undertake a Quality-of-Care Review on a 6 monthly basis. Where any need for an improvement is identified an action plan is developed setting out the Outcome that is sought and step to achieve this outcome. The Fostering Service is also required to provide a

quarterly report on the adequacy of resources (QCRR), which will consider staffing levels, complaints, safeguarding matters etc.

All Foster Carers have an Annual Review which reviews the placements they have offered, attendance at training etc throughout the year.

There is clear evidence above that BCBC are supporting more children to continue to live within their family by means of a Connected Person Foster Care arrangement.

Bridgend Fostering has recently reviewed and established a framework to support greater placement stability for Care Experienced Children.

The Framework Providers have won their place on the framework through rigorous service quality and business scrutiny. Annual quality checks are completed, and all providers are committed to developing their service provision in Wales in response to clear needs analysis presented by local authorities.

Placement moves is a key indicator to the quality of foster care provision with frequent moves associated with poorer long-term outcomes.

## **Demand**

Increasing numbers of children looked after has been a long-term trend across Wales for many years with a 73% increase recorded between 2003 to 2021 (7,265). An increase of this size would have placed additional strains on local care services but the increase across the region has been higher (+78%).

The increase in the number of children becoming looked after has subsequently made placing children in a local provision harder. This coupled with the increased difficulty in recruiting enough foster carers and the issue of authorities outside of the region purchasing placements has resulted in a shortage.



## Approved Fostering Households/Placements

	Mainstream Foster Care		Connected Persons Foster Care	
	Households	Placements	Households	Placements
Number of fostering approvals as at 31st March 2020	92	192	54	83
Number of fostering approvals as at 31st March 2021	99	198	57	98
Number of fostering approvals as at 30th Sep 2021	91	189	61	94

**Table 6 \*Bridgend Only figures**

A lack of Local Authority foster carers can lead to an increase in the number of children who are placed in expensive Independent Fostering Agency (IFA) placements, sometimes in out of county placements which causes additional complexity and costs in relation to staff time and expenses.

### Areas of concern

These increased levels of demand for foster carers, both within the region and nationally, has resulted in further difficulties when securing appropriate placements for children.

All three Local Authorities Across Cwm Taf Morgannwg have experienced difficulties in the recruitment of foster carers, with many being lost each year due to retirement, sickness, change of career, change to Independent Fostering Agency (IFA) and other life events.

There is also considerable uncertainty in the market with the commitment to eliminate 'for profit' provision and the impact of the pandemic proving to be further issues impacting the ability to identify foster carers across the region.

It is not only necessary to ensure that these numbers are replaced in order to meet the demand we have currently, but we also need more in order to meet the future demands of children who are Looked After in the region.

Another area of concern is insufficiency/capacity issues with being able to source suitable and appropriate placements for children looked after within the local area, with a significant number of children and young people being placed out of area. These out of county placements are having a major impact on the education, health and contact for children and young people.

A growing area of concern for the region are foster carers who do not have the correct skills to support children, often resulting in them being placed in emergency/ bridging placements. A subsequent result of this need is children being placed within children's homes, often out of area.

Foster carers preference wanting to provide placements for babies or younger children and young sibling groups. If there are vacancies matching considerations when needing to place alongside other children/young people.

## **Commissioning**

In order to continually increase the number of Local Authority foster carers and to compete with the IFAs, a marketing strategy is needed that is developed and delivered with a focus on marketing and advertising. This strategy must link to the national marketing strategy and raise the profile of Local Authority foster care, in order to compete with the IFAs in monetary terms.

However, raising the profile of becoming a foster carer for the Local Authority can be underpinned by the unique selling points, including:

- caring for our children locally,
- availability of placements,
- links between the Fostering team and
- children's social workers and as a public sector agency,
- children's wellbeing as our first priority.

As a result of the challenges listed above a Collaborative agreement has been put in place, as a regional contract, held by Rhondda Cynon Taff CBC but also on behalf of Bridgend and Merthyr Tydfil CBC with pooled fund with costs split between the 3 Local Authorities.

National and regional schemes to support effective commissioning of children's placements have been introduced, including:

- the National Fostering Framework<sup>14</sup> and
- Children's Commissioning Consortium Cymru's (4Cs),
- placement finding tool:
- the Children's Commissioning Support Resource (CCSR).

## Recommendations

- Increasing in-house capacity to respond to the demand for foster carers will help address many of the issues identified above.
- To increase capacity a new recruitment campaign focusing on marketing and advertising may be required
- In addition to a new recruitment campaign, reviewing and enhancing the offer to foster carers will increase the likelihood of encouraging new foster carers.
- The recruitment campaign as well as the improved offer needs to focus on non-financial incentives as listed above.

- Engagement with IFA providers offering placements across Cwm Taf Morgannwg will be vital before and during the transition to a not-for-profit model to ensure that capacity isn't lost.
- Different commissioning models may be required to encourage/ensure IFAs have tailor their offer to local requirements.
- Investment in preventative, respite and edge of care services can help reduce the need for children to be looked after away from their families.

**Note:** IFSS has its origins in the Welsh Governments' Vulnerable Children Strategy. The legislative framework is the Children and Families (Wales) Measure, which was introduced in the Welsh Assembly on 2 March 2009. It was underpinned by regulations, which came into effect in early 2010 on the basis of new powers devolved to WAG.

The Measure requires all local authorities to establish Integrated Family Support Teams (IFST) to provide services to families whose children are at particular risk as a result of adult focused concerns such as substance misuse, domestic violence, adult mental health. It also provides duties on the Local Health Board jointly with the local authority to establish and resource an IFST. Provisions include functions, staff (core member of team, professional and occupational standards and registration requirements) and arrangements for establishing and resourcing IFST including strategic direction by an IFSS Board who has specific statutory duties in relation to the IFSS. The IFST will be multi-agency teams whose function will be to deliver evidence-based interventions direct to families where children are at serious risk of being the subject of care proceedings. Crucially this is not seen just as the creation of a specialist team but a mechanism to being about the greater integration of service response across health and social care for adults and children. The IFST will have a service development role with the wider provision in ensuring both response and skills are in a form that will have maximum impact on the families of concern.

## Areas of concern

The RPB has a duty in the Part 9 Code of Practice to 'Ensure the IFSTs have sufficient resources to carry out their functions (this will include the specific resources available to the IFSTs, as well as commissioning cross-sector services where appropriate'. There is currently insufficient service supply in this regard.

Progress has been made in supporting the MT Supporting Change proposal with RIF funding, but a regional and integrated gap continues.

Going forward, the RPB will need to take steps to measure and address the gaps where they exist, and this will need to be done with some pace given our duties to children and families as underlined in statute and code of practice.

### **Domestic abuse (IFST CLA)**

Children and young people are most likely to experience harm in households where domestic abuse is a feature of life. High rates of domestic abuse in CTM are well documented and have increased during the pandemic.

Quality assurance work linked to the very high rate of children's names being added to a child protection register more than once in RCT, has highlighted the need for services in this area, and in particular for evidence-based interventions that can support families either recovering from the trauma of domestic abuse or seeking to remain safely together.

Practitioners have cited the lack of available resources in this area as a significant barrier and a repeat occurring factor in case where we are unable to support children to remain at home safely leading to an entry to care.

## 7.10 Domiciliary support service

### Capacity

The increase in the over 65 population and in particular the 85+ population presents an expected and unprecedented increase in demand on services. This underlines the need to develop support and services that promote and maximise independence in order that the provision of acute and longer-term support is targeted to those in most need, including specialist support for children with disabilities and their families.

Within Cwm Taf Morgannwg we are committed to supporting people to live as independently as possible in their own homes and regulated domiciliary care sector are a key part of the health and social care response.

In addition to maintaining independence, domiciliary care services can provide an alternative to residential care but also reablement support in response to change in circumstances but also facilitate timely hospital discharge and reduce admission and readmission. Supported by allied health care professionals including Occupational therapists and physiotherapists there are a range of short-term interventions (typically 6 weeks) within the current domiciliary care offering.

Domiciliary care is provided via direct care in a person's own home, this can be owner occupied or tenanted such as Extra Care and Supported Living accommodation. Across the region there is a mixed economy of externally contracted, Independent Providers and internal Council provision for both tenanted and owner-occupied domiciliary care provision.

Within the hospital avoidance and support discharge planning domiciliary care agencies within the community, as experienced across Wales, has

supported increased complexities. The number of double handed calls has increased which reduces the daily capacity and there has been a requirement to upskill staff and provide more complex equipment. The number of urgent orders for complex equipment has increased significantly and continues to rise.

Within CTM this has led to exploring alternative models to historic domiciliary care. Within RCTCBC, the Local Authority in partnership with Cwm Taf Morgannwg UHB have piloted a “Hybrid” role which is looking to use blurred boundary work for health and social care tasks to enable one workforce focussed on the persons outcomes.

In May 2020 Welsh Government produced a policy document ‘Rehabilitation: a framework for continuity and recovery 2020 to 2021’. The framework supports services to plan for the anticipated increased demand for rehabilitation of population groups, including both adults and children, affected both directly and indirectly by Covid-19. Associated rehabilitation guidance provided a resource to support practitioners and service providers to deliver appropriate and timely rehabilitation through a stepped care rehabilitation model to enable people affected by the impact of Covid-19 in Wales to return to their optimal level of independence and well-being.

Modelling suggested that even if a prompt and robust supported recovery model is implemented for individuals, we can still expect to see a Covid-related additional increase in demand for longer-term packages of care and care home placement, well into 2022. The evidence suggests that demand will be even higher if D2RA is not fully implemented.

For domiciliary staff there are national and local challenges of recruitment and retention, professional development for registered workers, the pay and recognition of the role and its changing/increasing skill set required to

successfully maintain people at home. A number of staff have also chosen to leave due to the demand and costs associated with the Social Care Workforce Registration and also other affordability issues associated with the job, such as car insurance costs, the cost of petrol and wear and tear on vehicles, which again is leading to staff leaving the sector.

As people choose to live at home longer, with more complex needs, demand is out stripping supply.

There is also an opportunity for people to have a Direct Payment, where they have responsibility and control to employ a Personal Assistant (PA) to meet their assessed care and support needs, but difficulties in recruiting PA's continues to be a barrier for people to take up this choice.

The majority of long-term domiciliary care packages are focussed on the older population. For other defined cohorts alternative community-based options such as supported living and respite are often favoured or even expected.

The overall stability of the domiciliary care market in the region appears fragile and risks sufficiency in meeting demand and expectations based on current projections.

## **Quality**

Care Inspectorate Wales does not publish ratings for domiciliary care services and whilst under the terms of the Regulation and Inspection of Social Care (Wales) Act 2016 there was the intention to have a ratings system from 2021 this has been delayed due to the pandemic.

Quality is variable and can be reliant on the workforce availability noting high turnover for some providers in respect of registered staff.



There is a joint Framework contract in place for RCT and Merthyr Tydfil but this arrangement does not currently include the Bridgend area.

Monitoring arrangements are in place but not back to pre-pandemic levels.

The independent sector is subject to a competitive tender process, but there is a fair quality / cost ratio.

The pandemic has impacted an ability to truly assess individual's needs as we are not assessing on a like by like basis, this may change as we come out of the pandemic to a more stable environment.

## Demand

In Bridgend a framework agreement is in place for the provision of independent domiciliary care with 12 providers, who supply an average of 363,000 hours per annum (based on the last 4 years). Snapshot data at the beginning of 2021 financial year, at April 2021 and October 2021 show that the Independent domiciliary care hours spot contract (Excluding IDC Better at Home & Short Term Services, Extra Care & Short Breaks) fluctuated from a low of **7430** hours to a high of **8255**. The average number of care packages were between **733** and **646**. The average package of care hours has increased significantly between April 2020 and April 2021 (**10.47** to **11.95**), potentially indicating increased complexity of individuals. The number of hours drops slightly by October 2021 to 11.50 but remain significantly higher than the 2020 baseline.

Over the same period the Local Authority Homecare delivered less hours (between April 2020 and April 2021 (**1497** to **1173**) showing a reduction in the number of packages from 106 to 81 but the average package hours increased by **0.36** hours.

Short breaks provides a vital element of home care. For Bridgend over the last three years between **101** and **111** clients have been supported.

For RCTCBC, per month there were **875** new packages of care between April 2021 and January 2022. Monthly this saw between a high of **102** seen in September 2021 to a low of **66** (December 2021). The average waiting time ranged between **14.91** days to a high of **46.47** days with the longest waits recorded between August and October 2021.

In Merthyr Tydfil there are currently 2 framework providers operating, one is part of a joint contract with RCT CBC. These framework providers provide circa **2,550** hours of support per week.

In addition to the framework providers MTCBC spot purchase circa **1,000** hours a week from a further 6 providers. There are approximately 10 referrals per week for domiciliary care from community and hospitals.

In the past year there have been waiting lists and the period of time that someone wait is dependent on the area in which they live.

### Areas of concern

- Demand for domiciliary care is likely to grow in the long term due to the aging population and the increasing numbers of people with dementia and other complex needs.
- The pandemic may amplify this as people are postponing moving into residential care. This will reinforce the existing trend towards greater complexity in needs of people supported in the community.
- Recruitment and retention have become increasingly challenging due to competition from other sectors and the pandemic and associated risks.

- The challenges within the sector opportunities have provided opportunities to consider alternative service models.
- Within the Regional Integration fund there is scope to enhance partnership and innovation with commissioners and providers working together to develop more effective models of reablement and make better use of technology.
- There are opportunities to build on Community resilience models developed to support COVID response to create resourceful communities under a place-based approach.

## **Commissioning**

The domiciliary care market is challenging, should a provider fail there are other providers who would be able to step in to TUPE the staff and care packages across, as well as internal services such as Support@Home Team (RCTCBC).

Providers and commissioners need to work together to develop new innovative models of care to create sustainable quality capacity to meet growing capacity and complex need requirements.

## **Recommendations**

As noted above there are a number of significant challenges facing the domiciliary care sector both nationally and locally.

As outlined within the White paper (Rebalancing Care and Support) the aim is to strengthen the arrangements of the social care sector. The White Paper proposals seeks to reduce complexity, increase sustainability, and strengthen integration. The changes proposed can rebalance the provision of care and support profoundly. The focus is on the way the system is arranged, but the clear purpose is achieving our vision for social care through improving outcomes for people who need care and support and

carers who need support. Whilst the vision is clear this ambition is on backdrop of decades of austerity within the sector.

The delivery of social care is rightly labour-intensive and the availability of a skilled workforce plays a key role in delivering high quality of care<sup>2</sup>. The challenges of recruitment and retention are multifaceted and are a challenge across Wales. Commissioners are looking at new models and working closer together (note hybrid model above) however domiciliary care remains under enormous pressure regarding sufficiency of supply and changing complexity of demand.

Across the UK, more than 15 million people at any one time receive or need support and care in their own homes, either from unpaid informal carers (Carers UK, 2021) or paid-for homecare workers (Laing, 2020). Over 3.4 million hours of state-funded homecare are purchased each week in the United Kingdom. Together with private pay funded homecare, this enables over 850,000 people per year to be supported at home and to live independently within their local community. In contrast, only 0.5 million people are in care homes (0.4 million) or hospital (0.1 million) at any one time furthermore 70% of homecare is funded by the State, so central government funding of councils has a direct impact on the fee rates they are able to pay for homecare. In turn, these fee rates and the way homecare is commissioned and purchased, has a direct impact on pay, terms and conditions of employment of the care workforce<sup>3</sup>.

The Healthier Wales Action Plan (2019) described ...'a shift from hospitals to communities and communities to homes', and in May 2020 the NHS Wales Delivery Unit review of discharge practices identified the important role played by right-sizing community services to facilitate timely discharge. They estimated that about a third of people leaving hospital should need some care and support, and most of those (around 85%) can

---

<sup>2</sup> [https://www.cardiff.ac.uk/\\_\\_data/assets/pdf\\_file/0019/2427400/social\\_care\\_final2\\_aug20.pdf](https://www.cardiff.ac.uk/__data/assets/pdf_file/0019/2427400/social_care_final2_aug20.pdf)

<sup>3</sup> The Homecare Deficit 2021 A report on the funding of older people's homecare across the United Kingdom Fourth edition | Version 1 | October 2021 Adrian Houghton and Terry Donohoe, Policy

be helped at home. Data submitted indicated significant opportunity to utilise this option more effectively, and to potentially avoid over-referral to intermediate care 'to be on the safe side'. Those who received support in the community were more likely to experience a positive recovery.

Domiciliary care supports individuals to remain at home and helps to enhance well-being, increase healthy life expectancy, reduce pressure on the NHS. Commissioners and providers need to work together across the region to develop innovative sustainable services to meet needs.

The weighted average price paid by councils in Wales for an hour of homecare for people aged 65 years or above in a sample week during April 2021 was £19.33. (£19.06 Health boards). Only 15% of public organisations in Wales were paying an average price at, or above, the Homecare Association's Minimum Price for Homecare of £21.43 per hour.<sup>4</sup>

The additional money needed overall per year to ensure that homecare workers in Wales can be paid the same as NHS healthcare assistants at Band 3 with 2+ years' experience (NHS, 2021), and that homecare services are financially sustainable is £75.3m across Wales. Rhondda Cynon Taff, has imposed a contractual requirement that any homecare provider pay their workers an hourly rate above the prevailing rate of the statutory National Minimum Wage (including the statutory National Living Wage).

If there are not sufficient levels of domiciliary care then the default position can be residential care for those waiting hospital discharge.

---

<sup>4</sup> The Homecare Deficit 2021 A report on the funding of older people's homecare across the United Kingdom Fourth edition | Version 1 | October 2021 Adrian Houghton and Terry Donohoe, Policy

## 7.11 Other services which meet an individual's need for care and / or support

### 7.11.1 Supported living schemes

Supported living services assist individuals with a wide range of support needs within their own homes with the primary aim of retaining their independence and are regarded as very good overall.

The Council provides internal supported living services to individuals with learning disabilities and commissions supported living services from independent providers for individuals with learning disability and mental health needs.

#### Capacity

**Bridgend** C2H (specialist Supported Living) – The Health Board commission individual schemes for people with more complex needs which inherently involves more challenging delivery. However, generally the quality of care remains high with the environment of each scheme an equal factor as the quality of care. Ongoing learning continues under an Operational Group where regular updates are provided. No major concerns.

There are 4 properties offering up to 11 Supported accommodation beds for children leaving care aged between 16-21 years:

- 2 properties (7 beds) – 24 hour supported accommodation
- 4 Properties (4 beds) – step down supported accommodation

**RCT** has 96 Supported Living Schemes provided by 4 Care Providers supporting people with a learning disability to live as independently as possible, supported by care providers. Each person holds their own tenancy and is supported by the care provider to access services in their community. As this service evolves through the learning disability transformation

Programme, these supported living providers will be required to develop alternative models to the traditional day services offer, setting up activities such as yoga, coffee morning and other offers co-produced by individuals through the 'my day, my way' work.

In **Merthyr Tydfil** there are currently 4 providers of supported living services that provide the following number of placements:

- CastleCare – Old Bank House – max. 8 places
- Drive – Abernant y Gethin (3), Court Terrace (5), Glyn Jones Court (3), Barrack Row (3), Park View (4), Glendere (3)
- Elan Assisted Living Services – 3 individual services in own tenancies
- Shaw Healthcare – Butterfly Lodge (2) and Ty Bryngoleu (20)

Not all placements are commissioned by MTCBC and these placements are also utilised by other Local Authorities. However, all placements provided by Drive are commissioned by MTCBC.

## **Demand**

The demand for supported living placements is variable dependent on individual need, but across the region there is not enough provision for children leaving care.

Most of the people supported in these placements are there for a significant number of years and voids within the houses with shared tenancies can often be empty for considerable periods as the matching of needs of cohort is not always possible.

In recent years MTCBC has seen a reduction of people moving into some of the supported living schemes as people have been placed in shared lives schemes as an alternative service provision.

## Areas of concern

- Schemes for more complex needs require further capacity.
- The physical environment of some earlier schemes has informed the benefit of a new build scheme rather than retrofitting older properties.
- Increase accommodation options and beds available for care leavers to ensure there is capacity to meet increasing demand.
- Work is being undertaken with the Housing Department in respect of the commissioning of additional services.
- Shared accommodation in a household often result in long term voids due to the compatibility of people living in these placements and the needs of the people seeking placement do not always match.

### 711.2 Extra Care

Extra care combines accommodation with care and support services and is considered to be of a good quality overall, in both the residential and 'domiciliary' settings.

### Capacity

In **Bridgend** the provision has established good partnership working arrangement with RSL (Linc Cymru) in the delivery of tenancy and residential accommodation in our 2 schemes.

BCBC internal Extra care service commenced in 2019 and provides a service across 2 settings. The settings offer a total capacity for 70 individuals, this is consists of:

- 45 flats/tenancies and
- 25 care home beds.



In addition to the internal provision, BCBC also commission additional Extra care capacity from an independent provider with the setting within Bridgend. This service consists of 39 self-contained flats, 8 single and 31 two-bedroom properties and the service has been in situ since 2012.

**RCT** currently have three extra care facilities enabling the council to offer older people greater choice in accessing suitable housing and support, to assist them to remain in their own homes as a viable alternative to institutional care.

The service offer has enabled staff to work on an individual basis with individuals, taking the emphasis away from the limitations of a building, enabling services users to utilise community assets and strengths which better respond to their wants and needs.

In **Merthyr Tydfil** there is one extra care facility that has 60 units that can support people over the age of 55.

The tenancies within extra care have been fully utilised and the level of support has remained relatively consistent since it was opened. MTCBC are currently undertaking work to develop a second 60 unit extra care.

## **Demand**

There is an increased demand for specialist daytime services for complex need there are a range of specialist placements required for people with Autism and those who require a sensory focused placement. The learning disability transformation programme currently focusing upon daytime opportunities has identified a range of differing offers with a focus on providing specialist provision for those with complex needs and development of further Autism provision

## **Areas of concern**

This service offer is limited due to staff reluctance to provide outreach support (as this isn't stipulated in their contract), in future the authority will need to focus on the development of an outreach type service which can better respond to unforeseen pressures such as pandemics and the elevation of a direct payments offer.

## **Commissioning**

The current model is traditional and reliant on building-based routines which requires individual service users to fit in with the current model. This model has been undoubtedly impacted by the ongoing pressures of the Coronavirus pandemic which has limited the services capacity to take on individuals mainly due to social distancing and other limitations which has restricted our service offer. An undoubted success over the last years has been the introduction of an outreach offer.

There needs to be a better understanding of what extra care housing can offer and there needs to be a consistent and ongoing approach to being able to demonstrate this which link to health and social care outcomes.

### **711.3 Family support**

#### **Unaccompanied Asylum-Seeking Young People - CTM**

Launch of the national transfer scheme has increased the need to services for UASC in CTM. Funding has been released for the development of accommodation and support services alongside a regional development officer.

## **Behaviour analysis - BCBC**

A contract is in place to support our behaviour analysts within our children's residential and young adults supported accommodation scheme. Providing:

- Clinical supervision
- Reflective supervision to key staff members
- Professional development to the behaviour analysts and wider staff teams, through formal and informal training
- Support to embed the service model across each provision
- Data collection and reports to evidence funding and service progress
- Assessments
- Direct work with children/ or young adults

## **Positive behaviour support to children with disabilities and families/carers - BCBC**

The service undertakes an assessment of the child's behaviours and deliver evidence based tailored behavioural support to children/young people, their families/carers, and professionals working with the family.

The service will focus on:

- Helping families and professionals working with the child, to understand and make sense of their behaviour.
- Providing families with tailored evidence-based interventions to de-escalate behaviours and minimise the frequency and intensity.
- Review and 'check in' with families who require further ongoing support.

## **Children and family support services for families who have been affected or witnessed by domestic abuse - BCBC**

A suite of services available to children/ young people, affected or witness domestic abuse in the home:

- Evidence based programmes to children/young people and parents and bringing support together as a family.
- Bespoke 1-1 support to individual (children) who would struggle to attend a group setting offering:
  - Play Therapy
  - Child and parent relationship therapy groups
  - Parent and child attachment group

### **Better futures - BCBC**

Is a service in partnership with several local authorities, providing specialist assessments and longer-term therapeutic intervention services for children and young people with sexualised histories, including young people who have been the victims of sexual abuse; young people who display problematic or Harmful Sexual Behaviour; and young people who are at risk of or are abused through Child Sexual Exploitation. Bridgend has an annual allocation of 20 units of support available, and the option to spot Purchase. 15 children and families referred (20/21).

## **8.0 Stakeholder Voices**

There is commitment to commissioning services that meet the needs of the regional and local population. In order to ensure that we understand their needs, we work closely with all of our stakeholders, including:

- Social care workers who ensure that the views of people who use services inform how needs are met. This information is shared to ensure that the right services are commissioned.
- Childrens / Adults services

- Speaking to people who use services to ensure that services meet their needs.
- We work collaboratively with our partners to co-develop services to meet these needs, as well as explore innovative solutions, address gaps in provision, that encourage people to direct their own care and support.

Work closely with:

- Local care providers, including regular Care Home Manager forums.
- Charities and the voluntary sector.
- Local Health Board,
- CSSIW.

Collate and analyse:

- Complaints and compliments are collated, including an annual report that looks at themes, lesson learned and gaps in service provision.
- Regular surveys are undertaken involving people who use services and carer, that indicate very good and consistent performance.
- 'Working together for change' brings together providers, professionals, service users, voluntary and community sector, family carers to look at specific areas and what works, what doesn't work and helps inform service design and future commissioning.
- We run a series of family leaderships courses (Bridgend) which brings people together across specific areas, such as dementia, to empower them to have a voice in service design and delivery, some of whom have gone on to sit on commissioning panels.

Other groups such as the Learning Disability Partnership Board, Mental Health Forum, Voice for You, are all consulted about service delivery and proposed changes.

<b>Service</b>	<b>Co-production approaches</b>
Care homes	There is reasonable choice available for individuals and families in care home availability – in both residential and nursing settings. The issue of Third Party Top-Ups can restrict choices for many.
Adult placement services (Shared lives)	There is an intention to further increase capacity within this service which would create greater choice.
Advocacy services	The range of advocacy services has expanded over recent years, with greater access being offered to a wider range of client groups.
Domiciliary support services	Mostly. Not all individuals are able to choose their provider. Through 2021/22 the increase in demand for home care is outstripping capacity to support, so choice is not always an option.  Service capacity can also affect an individual's ability to have calls at chosen times.
Other services – Extra care	
Other services – supported living services	Through 2021 a comprehensive engagement process was undertaken to ensure the voice of each individual was included within the contract specification for Supported Living services.
Care homes	As part of our residential remodelling programme Bridgend Council are relocating one of our residential homes to a new purpose-built building. As part of the initial design stage a small group of children living in Maple Tree were consulted on the plans to understand what is important to them, feedback received asked for a bath as well

	<p>as en-suite facilities, a games room, and a punch bag to help vent frustration, all of which were included in the final design.</p> <p>We are committed to continue to engage looked after children throughout the construction stage to ensure their views are heard throughout and their wishes and feelings are central in trying to create a homely and psychologically informed environment.</p> <p>As part of the tender process a quality question was included which asked contractors how they would seek the views of children and young people to ensure their voice is heard throughout the building and decoration stage and what steps would be taken to try and create a psychologically informed environment.</p> <p>A CYP workstream has been established to oversee and facilitate between the contractors, looked after children and staff.</p> <p>Young People are also being consulted regarding the development of the new pop-up service and some of the initial ideas out forward include to have a space in the back garden with artificial grass to ensure the outside space is available for use throughout the year and to ensure that the Wi-Fi is sufficient allow streaming for gaming.</p>
--	---

Secure accommodation services	There is an intention to further increase capacity within this service which would create greater choice.
Advocacy services	There are a small number of providers of NASA – as mandated by Welsh Government. The delivery of the NASA service is very flexible and responsive to individual needs for engagement.
Residential family centre service	<p>Mostly. Not all individuals are able to choose their provider. Through 2021/22 the increase in demand for home care is outstripping capacity to support, so choice is not always an option.</p> <p>Service capacity can also affect an individual's ability to have calls at chosen times.</p>
Adoption service	Adopters feedback into the service is key in relation to the development of support. Experienced adopters support the training programme for new adopters and have supported the development of resource videos covering elements of the adoption journey. Approved Adopters sit on adoption panel and feed into the quality assurance process within the service
Fostering service	<p>The Service is currently developing Foster Carer Profiles in order support placement matching with children and young people. This will also provide children/young people with information about carers before they are placed with them.</p> <p>Children/young people are consulted as part of the Foster Carer annual review process.</p>



	<p>The Service plans to develop our engagement and consultation with carers and young people during 2022/23.</p> <p>The Kinship Care and Permanence Team have developed a brochure for all prospective Special Guardians that sets out what they are entitled to i.e. support plan and financial support.</p>
Domiciliary support service	
Other services – supported accommodation	<p>As part of the commissioning of supported accommodation service, a scoping exercise was carried out with young people to help shape and inform the service. Young People were part of the procurement process to ensure their voice was heard during the process and they were panel members during part of the evaluation. Young people interviewed the providers shortlisted, creating their own questions and scored accordingly.</p>

## 9.0 Welsh Language

In line with the requirements presented in the code of practice, when local authorities are considering the information above, they must also consider the state of the market for regulated services provided through the medium of Welsh.

This should link back to the population needs assessment, which provides information that will support the identification for the demand for Welsh language services. The market stability assessment must consider the

sufficiency of regulated services in Welsh and highlight any gaps in provision and any current or future trends in the provision of regulated services for the Welsh-speaking community.

Table 8 below provides a snapshot from the 2011 Census of the number and Welsh speakers (aged 3 and over) across the region, compared to the Wales. Each local authority in the region has a significantly lower percentage of Welsh speakers when compared to the Welsh average.

**Table 8: Welsh speakers by local authority, gender and detailed age groups, 2011 census**

	<b>Able to speak Welsh</b>	<b>Not able to speak Welsh</b>	<b>Total</b>	<b>% able to speak Welsh</b>
Rhondda Cynon Taff	27,779	197,776	225,555	12.3%
Bridgend	13,103	121,442	134,545	9.7%
Merthyr Tydfil	5,028	51,595	56,623	8.9%
Cwm Taf Morgannwg	45,910	370,813	416,723	12.4%
<b>Wales</b>	<b>562,016</b>	<b>2,393,825</b>	<b>2,955,841</b>	<b>19.0%</b>

Table 9 provides updated figures taking from the most recent annual population survey which indicates an increase in the percentage of Welsh speakers across each local authority within the region, indicating a potential increase in demand for Welsh medium health and care services.

**Table 9: Annual Population Survey - Ability to speak Welsh 2021**

	<b>Able to speak Welsh</b>	<b>Not able to speak Welsh</b>	<b>Total</b>	<b>% able to speak Welsh</b>
Rhondda Cynon Taff	48,300	182,300	230,600	20.90%
Bridgend	23,700	113,300	137,000	17.30%
Merthyr Tydfil	11,200	46,400	57,600	19.50%
Cwm Taf Morgannwg	83,200	342,000	425,200	19.57%
<b>Wales</b>	<b>892,200</b>	<b>2,128,700</b>	<b>3,020,900</b>	<b>29.50%</b>

To improve our local knowledge of the demand for Welsh language services, commissioned providers are now required to capture and report the number of people who request and receive services in Welsh.

## 10.0 Commissioning intentions

Our commissioning intentions have been focused on changing behaviours to promote independence, developing evidence-based early interventions to prevent peoples' care needs increasing, and devising new delivery models through joint work with our partners.

We gather data and feedback from a wide range of sources and analyse this in conjunction with predicted demand models to determine the requirements for future service provision.

The current Coronavirus pandemic continues to have an effect upon both the provider market and the demand for support. As such we are continuing to monitor the situation closely to understand what this means for our current commissioning plans and to engage with our providers and stakeholders to ensure that we maintain a stable market in these unprecedented times.

Previously agreed intentions may now be subject to review as we cannot accurately predict the future market based on the significant effect on services, directly related to the Corona virus.

These changes will no doubt re model the way future services are aligned, and consultations will be required to ensure the Council develop the right services to meet the needs and demands within the region.

## 11.0 Social Value

'Social Value' is "a broad term used to describe the social, environmental and economic impacts of actions taken by communities, organisations, governments and individuals"

*(as defined in Social Value for Commercial Success eLearning, Government Commercial College, 2020).*

When introducing social value into commissioning it is important to make the distinction between the primary outcomes of a provider, these would evidence the core delivery as stated within a contract, and the added value or secondary outcomes that may also be delivered but not commonly recognised.

Acknowledging added value or secondary outcomes offers opportunities, at different points within the commissioning process, to record/report social value activities and recognise the wider social, environmental and economic impact of a provider.

Welsh Government guidance on Social Value defines primary and secondary as:

- Primary outcomes – the anticipated benefits; the reason for spending public money; to secure the goods, works and services that organisations and people of Wales need,
- Secondary outcomes – only 'secondary' in the sense that they cannot be achieved without the primary purpose, they are added value levered from the primary funding to deliver social value 'community benefits'.

By extending the use of social value within the commissioning process we have the potential to influence market development in the medium to long

term and create opportunities to deliver wider socio-economic and environmental outcomes, meeting current needs while maximising our ability to enable future generations to meet their own needs.

To support further use of social value activities within commissioning, the following diagram has been developed that builds upon the existing procurement and commissioning cycles. The diagram helps identify opportunities throughout the commissioning process where social value can advance each stage from planning through to analysis.



By introducing these activities, we are aiming to deliver:

A sustainable pattern of services and support that enables people to achieve great well-being outcomes by using the principles that underpin Welsh well-being laws and policies, principles like co-production, collaboration, prevention and added value. Not only will the principles achieve great outcomes, they will make the best use of all available resources. This means shaping the market and working beyond the market so that more provision is adding social value. It also means empowering citizens and communities within social care provision so that services deliver what matters to them, and empowering people outside care provision, so there's increased potential they will never need a statutory service.

*(Supporting Care Commissioners and Procurers to Promote 'Social Value' Models of Delivery', Dec 2020)*

## 12.0 Finance

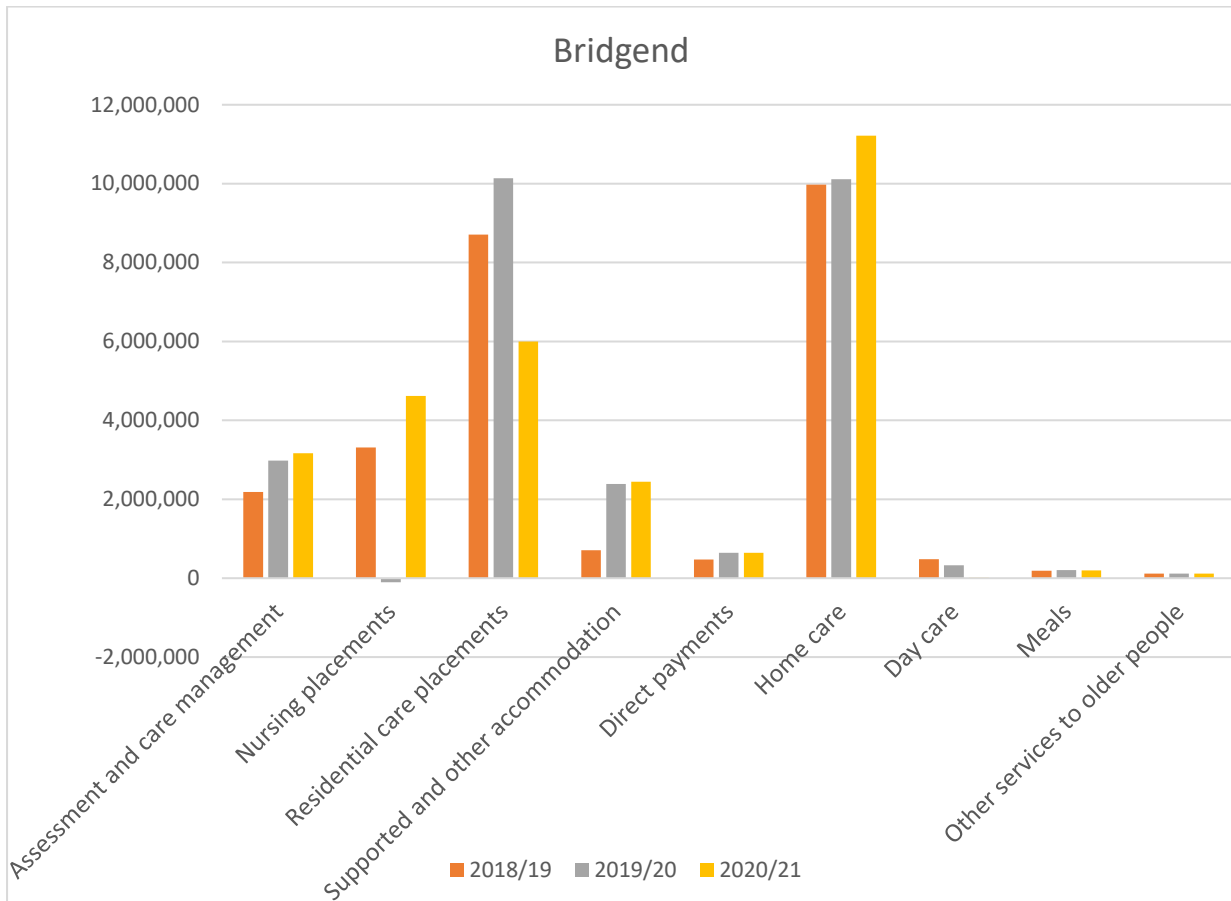
Social Care is funded from taxpayers, via allocations from Central Government and also from contributions to services from some individuals. As such local authorities have a responsibility to ensure that all income is utilised to deliver services which are both cost effective and efficient. \*\*\* CBC does this by ensuring that services are regularly monitored and reviewed and are able to clearly demonstrate Value for Money (VFM).

Demand from both an increasing ageing population and individuals with complex needs places significant challenges on the Council to meet this demand from within existing resources.

This section provides further detail on how \*\* CBC has spent its adult social care budget over recent years. The expenditure data can be broken down using filters by Age Groups, Service types and Primary Support Reasons.

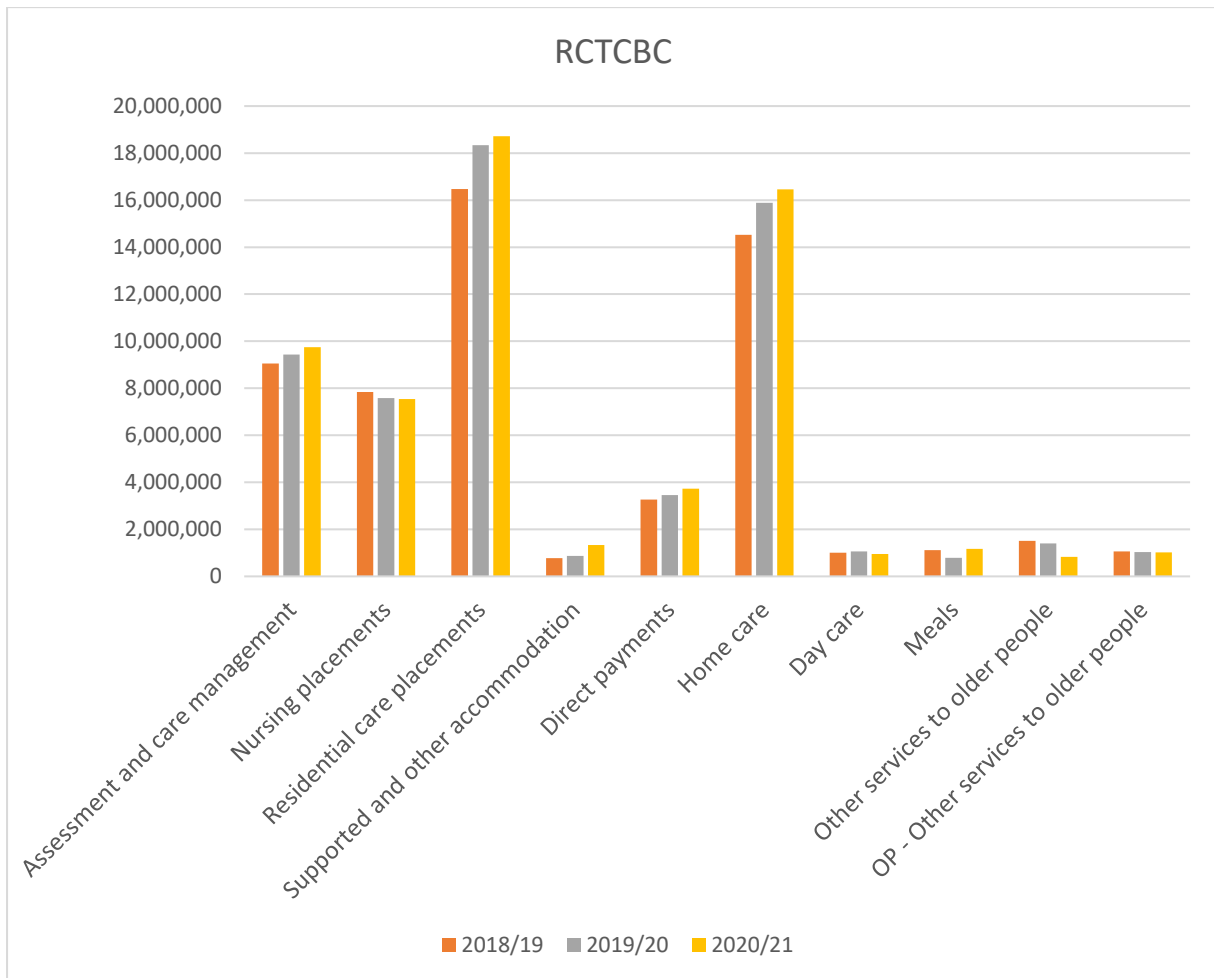
## 13.0 Adult social care finance

### Older People 65 and Over



	2018/19	2019/20	2020/21
Assessment and Care Management	2,182,000	2,980,000	3,166,000
Nursing Placements	3,311,000	-100,000	4,622,000
Residential Care Placements	8,711,000	10,139,000	5,996,000
Supported and Other Accommodation	708,000	2,385,000	2,448,000
Direct Payments	470,000	640,000	640,000
Home Care	9,978,000	10,114,000	11,220,000
Day Care	484,000	324,000	10,000
Meals	193,000	204,000	194,000
Other Services to Older people	117,000	112,000	120,000

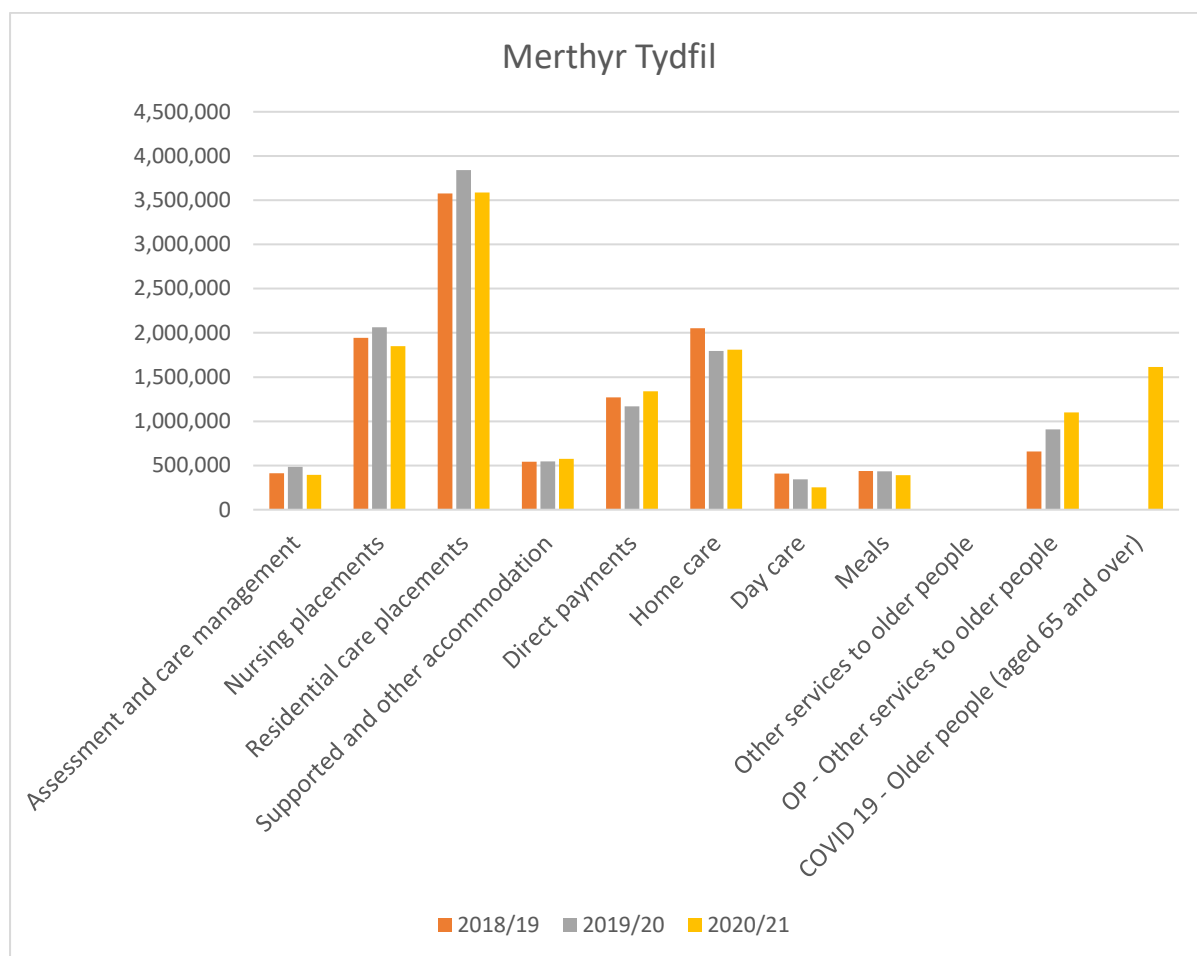
## RCTCBC



	2018/19	2019/20	2020/21
Assessment and Care Management	9,055,000	9,433,000	9,741,000
Nursing Placements	7,846,000	7,585,000	7,536,000
Residential Care Placements	16,477,000	18,337,000	18,716,000
Supported and Other Accommodation	768,000	873,000	1,331,000
Direct Payments	3,267,000	3,450,000	3,723,000
Home Care	14,521,000	15,890,000	16,461,000
Day Care	1,006,000	1,065,000	953,000
Meals	1,118,000	782,000	1,168,000
Other Services to Older people	1,505,000	1,400,000	835,000

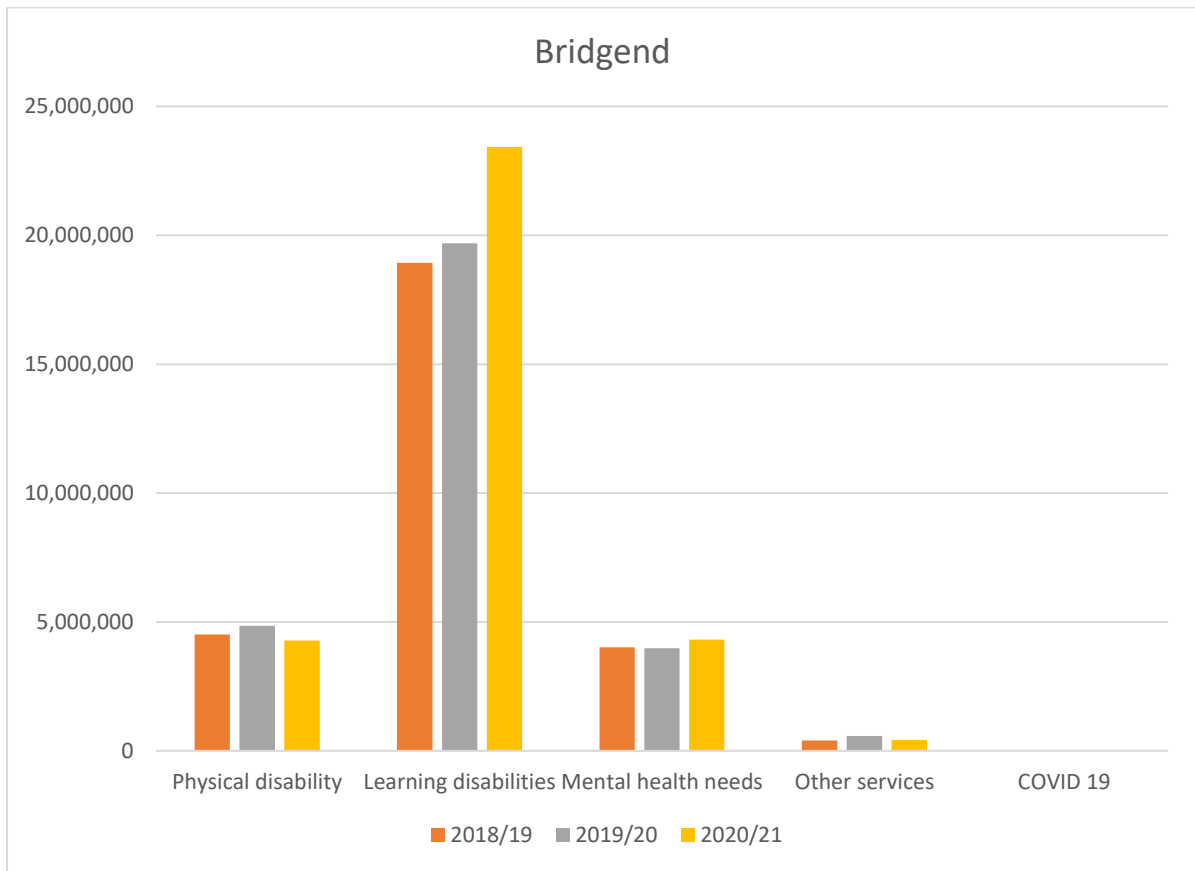


## Merthyr Tydfil



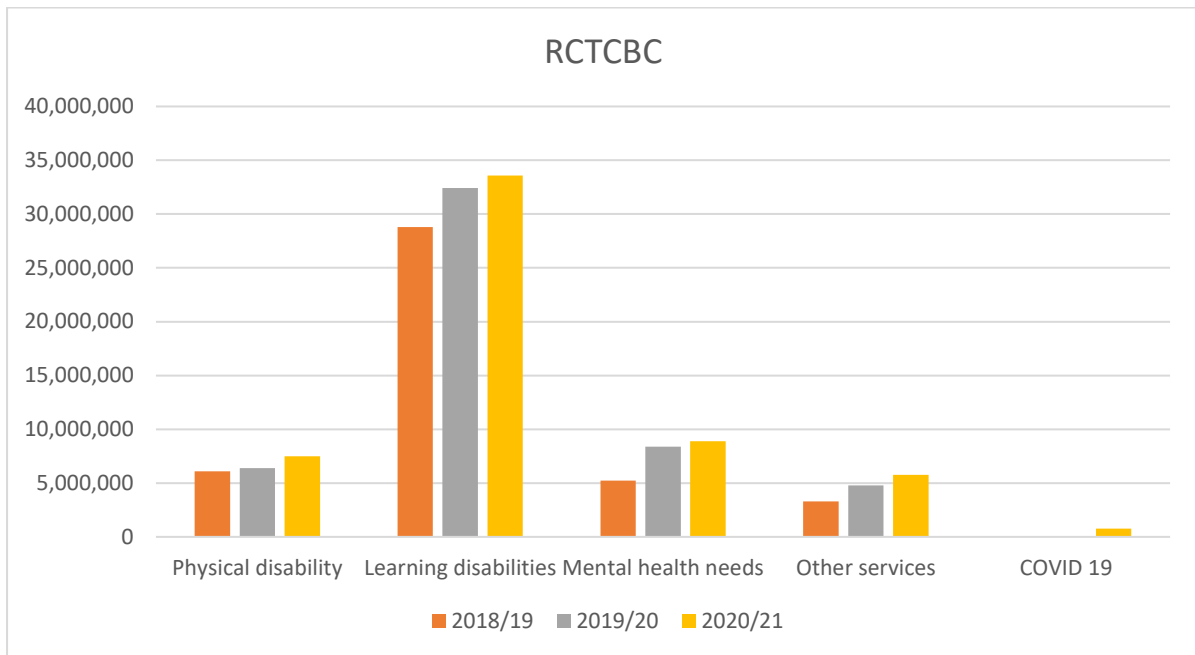
	2018/19	2019/20	2020/21
Assessment and Care Management	411,000	483,000	394,000
Nursing Placements	1,944,000	2,063,000	1,848,000
Residential Care Placements	3,575,000	3,842,000	3,588,000
Supported and Other Accommodation	541,000	547,000	574,000
Direct Payments	1,271,000	1,168,000	1,340,000
Home Care	2,051,000	1,795,000	1,811,000
Day Care	408,000	344,000	253,000
Meals	439,000	435,000	391,000
Other Services to Older people	0	0	0
Covid -19	0	0	1,614,000

## Adults Under 65



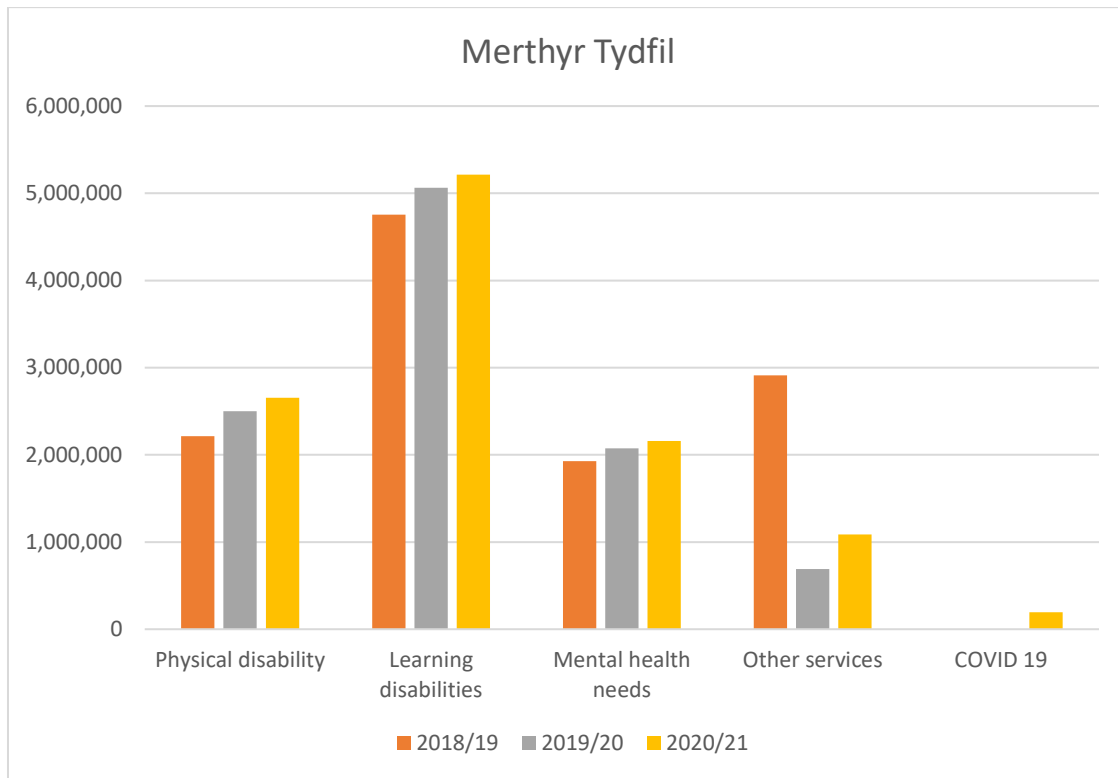
	2018/19	2019/20	2020/21
Physical disability	4,509,000	4,844,000	4,272,000
Learning Disability	18,936,000	19,689,000	23,423,000
Mental health needs	4,023,000	3,983,000	4,310,000
Other Services	404,000	572,000	411,000
COVID -19	0	0	9,000

## RCTCBC



	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
Physical disability	6,106,000	6,399,000	7,499,000
Learning Disability	28,800,000	32,419,000	33,567,000
Mental health needs	5,234,000	8,395,000	8,898,000
Other Services	3,289,000	4,774,000	5,768,000
COVID -19	0	0	753,000

## Merthyr Tydfil



	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
Physical disability	2,214,000	2,502,000	2,655,000
Learning Disability	4,755,000	5,062,000	5,212,000
Mental health needs	1,928,000	2,073,000	2,160,000
Other Services	2,913,000	690,000	1,086,000
COVID -19	0	0	196,000

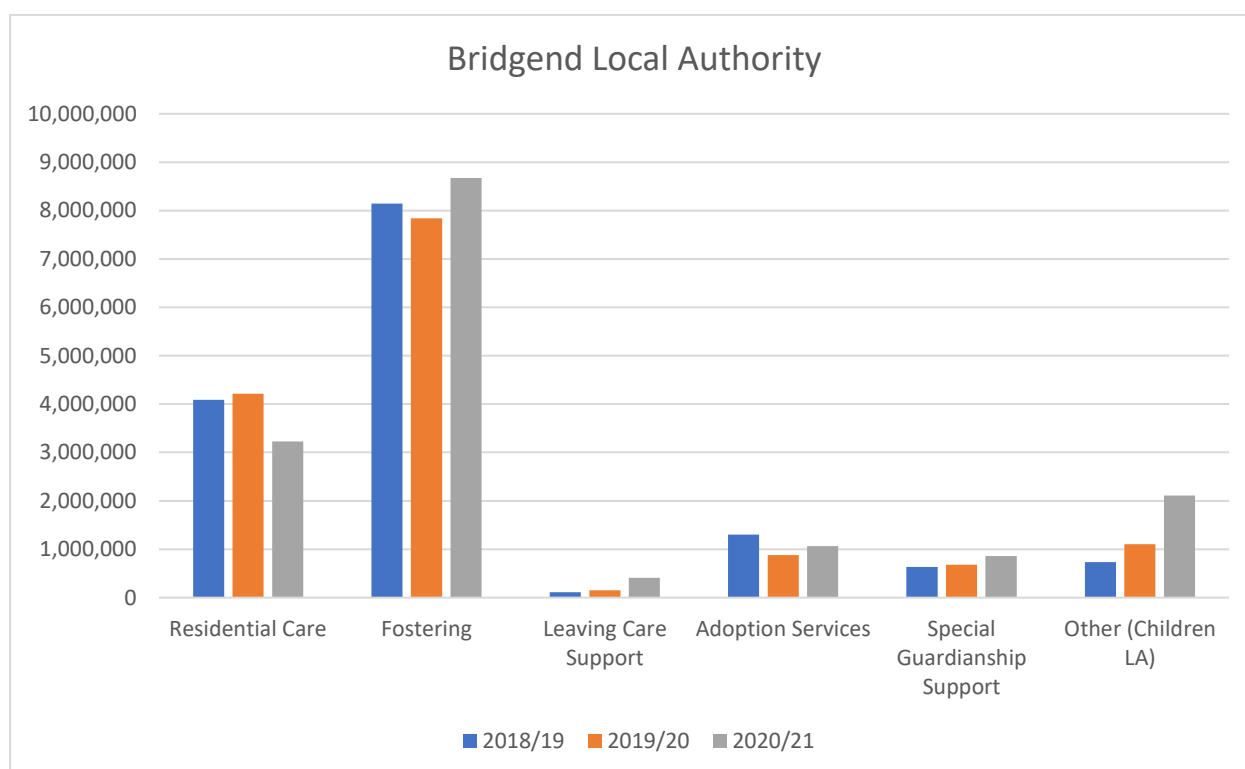
## 14.0 Children's Social Care finance

Social services revenue outturn expenditure

Children and Young People

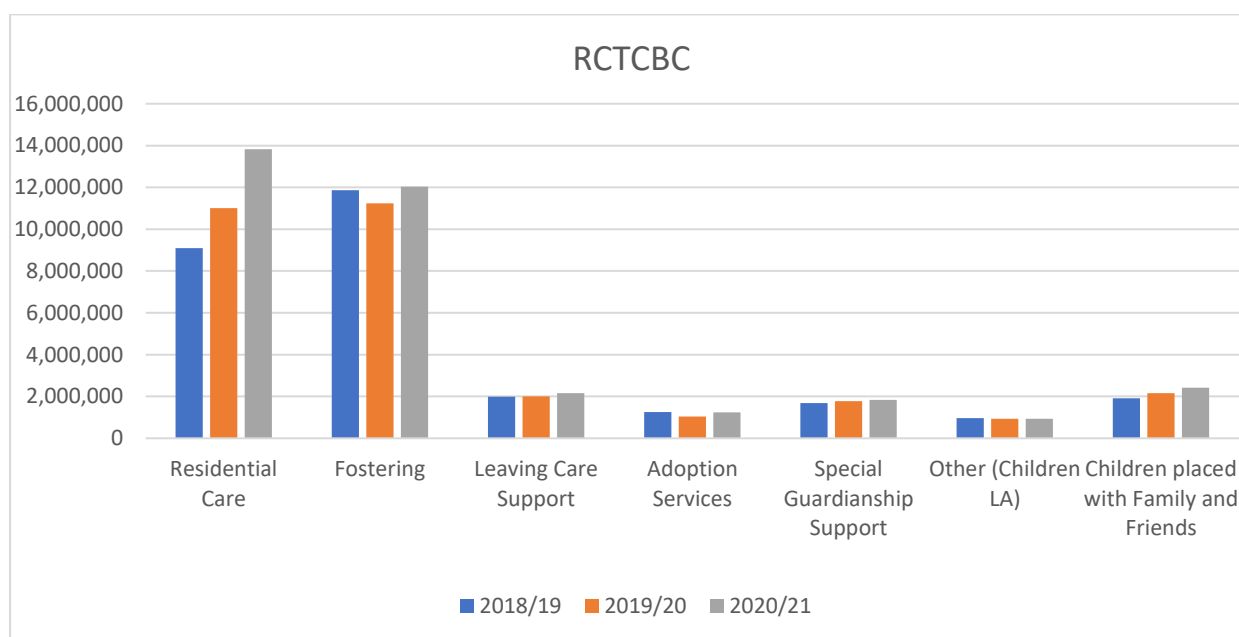
Children and Young People Looked After

### Bridgend



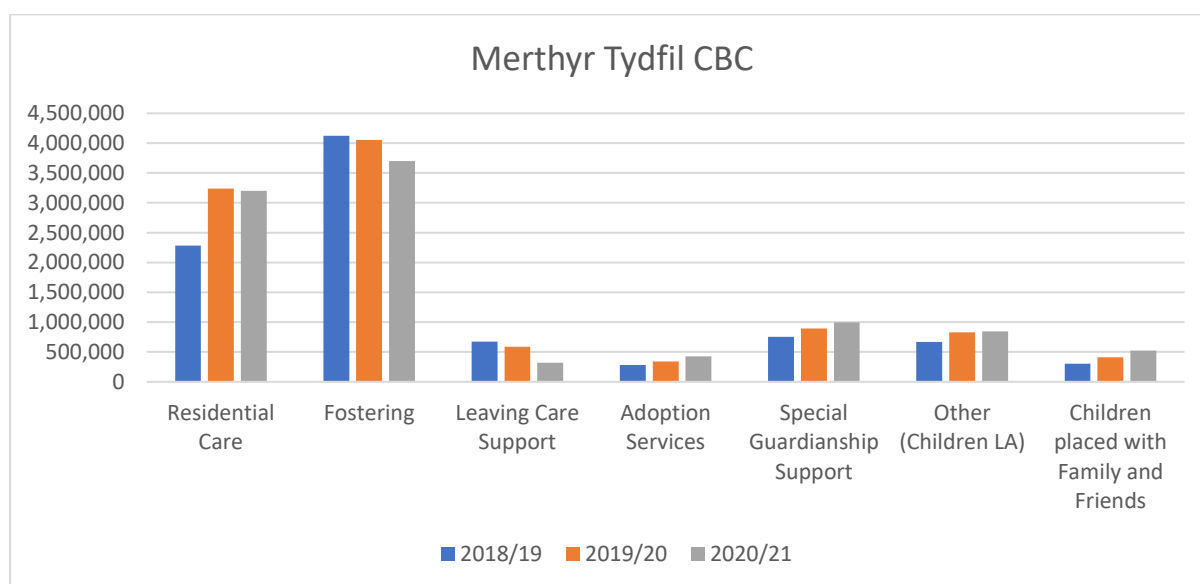
	2018/19 £	2019/20 £	2020/21 £
Residential Care	4,089,000	4,214,000	3,231,000
Fostering	8,144,000	7,842,000	8,671,000
Leaving Care Support	113,000	152,000	407,000
Adoption Services	1,305,000	876,000	1,066,000
Special Guardianship Orders	632,000	678,000	860,000
Other (Children LA)	732,000	1,104,000	2,107,000
<b>Total</b>	<b>£15,015,000</b>	<b>£14,866,000</b>	<b>£16,342,000</b>

## Rhondda Cynon Taff



	<b>2018/19 £</b>	<b>2019/20 £</b>	<b>2020/21 £</b>
Residential Care	9,088,000	11,006,000	13,824,000
Fostering	11,865,000	11,231,000	12,031,000
Leaving Care Support	1,984,000	2,012,000	2,156,000
Adoption Services	1,254,000	1,043,000	1,242,000
Special Guardianship Orders	1,684,000	1,784,000	1,840,000
Other (Children LA)	958,000	930,000	931,000
Children placed with Family and Friends	1,919,000	2,153,000	2,418,000
<b>Total</b>	<b>28,752,000</b>	<b>30,159,000</b>	<b>34,442,000</b>

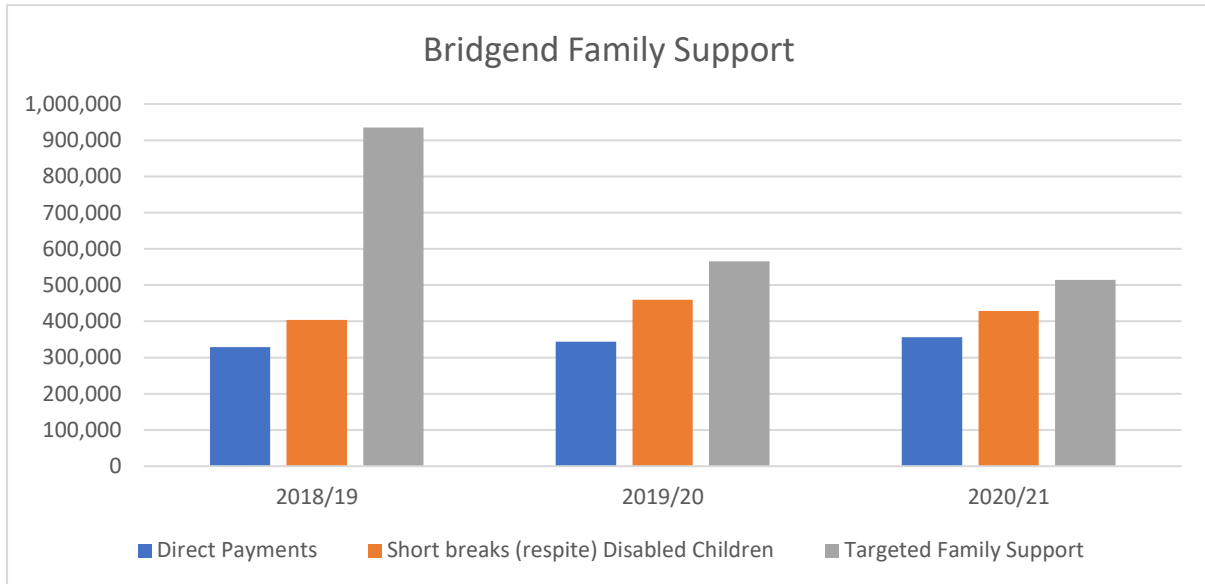
## Merthyr Tydfil



	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
Residential Care	2,281,000	3,236,000	3,199,000
Fostering	4,126,000	4,052,000	3,702,000
Leaving Care Support	671,000	589,000	318,000
Adoption Services	282,000	341,000	425,000
Special Guardianship Support	755,000	894,000	998,000
Other (Children LA)	667,000	827,000	844,000
Children placed with Family and Friends	303,000	410,000	525,000
<b>Total</b>	<b>9,085,000</b>	<b>10,349,000</b>	<b>10,011,000</b>

## Family Support

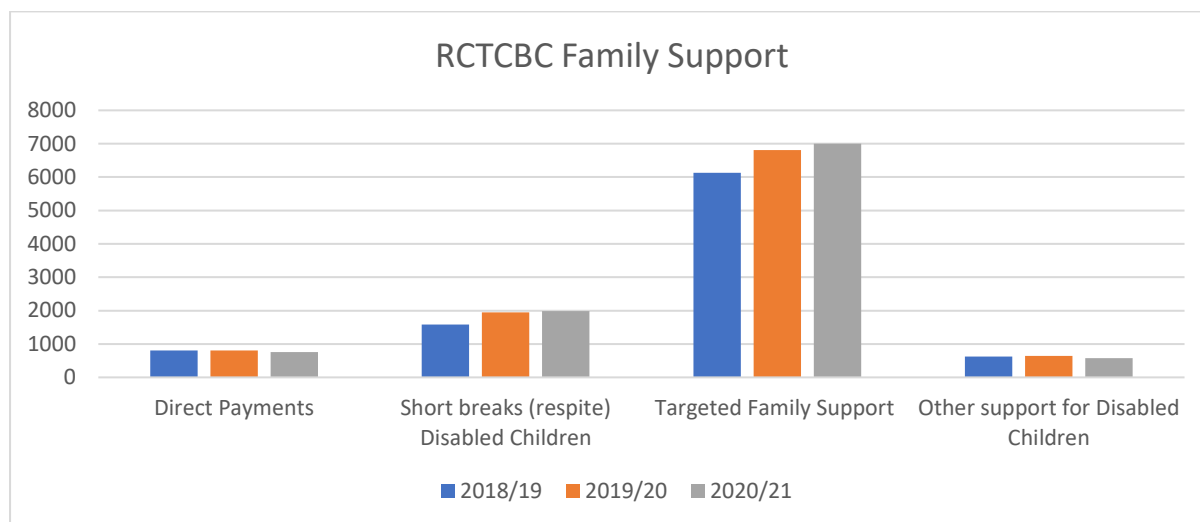
### Bridgend



	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
Direct Payments	329,000	344,000	356,000
Short breaks (respite) Disabled Children	404,000	460,000	429,000
Targeted Family Support	935,000	566,000	514,000
<b>Total</b>	<b>1,668,000</b>	<b>1,370,000</b>	<b>1,299,000</b>

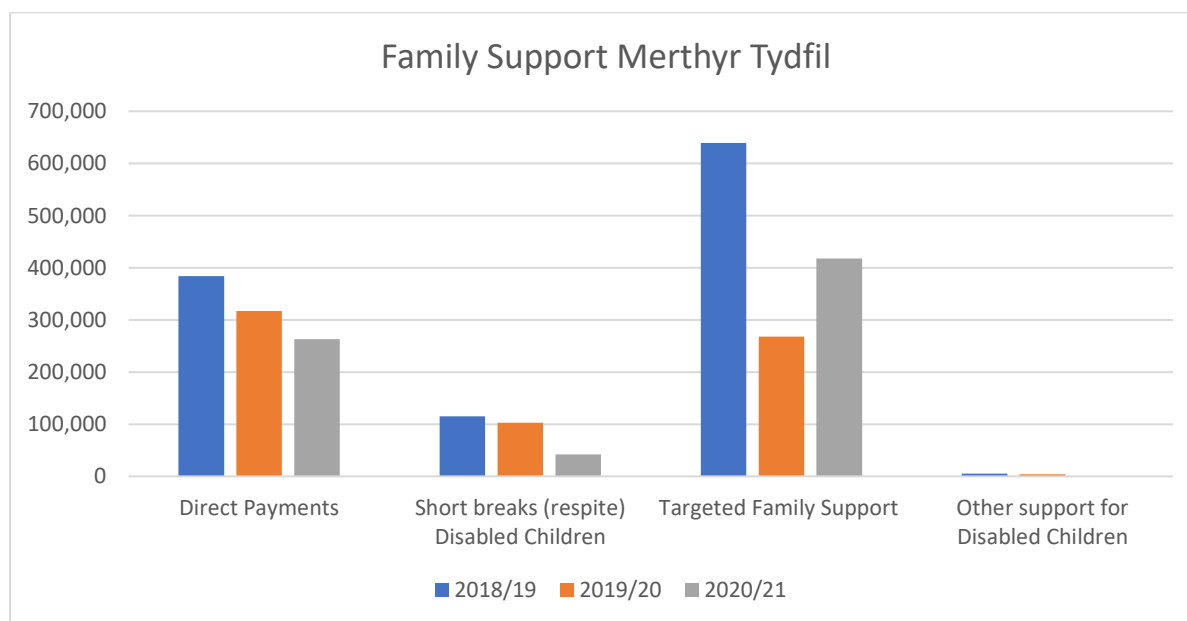


## RCTCBC



	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
Direct Payments	810	804	755
Short breaks (respite) Disabled Children	1,582	1,948	1,987
Targeted Family Support	6,125	6,811	7,004
Other support for Disabled Children	628	644	577
<b>Total</b>	<b>9,145</b>	<b>10,207</b>	<b>10,323</b>

## Merthyr Tydfil



	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
Direct Payments	384,000	317,000	263,000
Short breaks (respite) Disabled Children	115,000	103,000	42,000
Targeted Family Support	639,000	268,000	418,000

Other support for Disabled Children	5,000	4,000	0
Total	1143000	692,000	723,000

## 15.0 Forward Look

The Welsh Government’s “A Healthier Wales” (AHW) (2019) sets out the ambition for seamless health and social care services, designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and well.

As noted within the population assessment, health and social care are faced with increasing demands and new challenges such as an ageing population, lifestyle changes, public expectations and new and emerging medical technologies.

There has been an increase in funding for health and social care to respond to the pressures of COVID-19 pandemic the Welsh Government remains clear that, over the medium and long term, investment will need to shift towards supporting preventative and self-help interventions and a focus on value-based healthcare, with an increased emphasis on local and regional planning within the context of A Healthier Wales.<sup>5</sup> Local authority and Health Board partners will need to continue to work together to drive this long-term agenda further and faster than ever before.

The role of partnerships and strengthening the role of RPB was subject of a 2021 White Paper<sup>6</sup>. To meet new challenges broader and deeper partnerships, new skills and ways of working are needed but there also

---

<sup>5</sup> Welsh Government (March 2021) *Health and Social Care in Wales – COVID-19: Looking forward*

<sup>6</sup> Welsh Government, (January 2021), White Paper – Rebalancing Care and support

needs to be a clear focus on population health and communities and individuals taking more responsibility for their own health and wellbeing.

Health and Social Care in Wales – Covid-19: Looking Forward (2021) emphasises the need to have sustainable services that can respond to increases in demand for care and referrals into the health and care system in a way that supports people to access the right level of services, which may be different from those that have been offered traditionally in the past.

The Review of Together for Mental Health 2019-2022 in response to COVID-19 outlines a range of commitments to address the wider socio-economic impacts of the pandemic and their effects on mental health and emotional wellbeing that featured significantly within the population assessment.

In autumn 2018, the NHS Wales Delivery Unit (DU) published the report of its national review of complex discharge practice in Wales. It identified significant opportunities to improve the experience of the people we serve by reducing harm and improving patient flow.

Modelling data completed by Welsh Government Delivery Unit suggests that that reflects the data that e model suggests that about 50% of people leaving hospital need some form of support. This support should be proportionate to their needs and focused on recovery and rehabilitation. The data suggests that of this 50% only 5% would need a bed based discharge option, with the number close to 0% of people who are placed in a permanent residential bed on discharge without being given the opportunity for recovery.

The purpose of this project was to support Regional Partnership Boards (RPBs) to assess:

- How the patient numbers in their region compare against the model;
- The potential variance between current commissioning arrangements and current/future demand if the principles of the model are

implemented via the Welsh Discharge to Recover then Assess Pathways 2, 3 & 4.

- Whether the services they currently have in place support these patients/customers and deliver good outcomes.

In the original model of bed based intermediate care was called 'Short term reablement... bed'. This refers to recovery and assess in a bedded facility (D2RA Pathway 3). This can either be commissioned from the independent/third sector or, as is commonly the case in much of the region provided in a Community Hospital.

The paper described that within the model circa 65% of older people receiving intermediate care in their own home should be expected to require no further ongoing care and Over 70% of older people receiving intermediate care in a bedded facility should expect to return to their own home.

The challenge for the region will be to map D2RA pathways with appropriate levels of community support. Whilst we know the number of beds available in pathway 3 the question will be, are our volumes right and how do we quantify the volume and level of service provision needed to support the other pathways. All of this whilst taking into consideration population growth and increased complexity resulting from the COVID pandemic.

Community Hospitals are frequently used as 'step-down' facilities and can be the default pathway for complex discharge. However, the environment and variation in therapy input means that the outcomes for individuals are also variable.

The proportion of patients who return home after a short-term period (no more than six weeks) in a residential care bed. *This figure should be close to 75%.*

The proportion of people who receive long-term care after a period of short-term/re-ablement based care (this could be either a therapy led programme or domiciliary care based re-ablement). *This figure should preferably be close to 25%*

The proportion of older people who are discharged from hospital with no formal care services after two weeks/six weeks. *These figures should be close to 40%/66%.*

A clear focus for the new Regional Integration fund and 6 Goals for emergency and urgent care is further development of the D2RA pathways ensuring that existing capacity is aligned with right sizing model.

Within the region differences in pathways and experience of care can vary that can have negative consequences for efficiency and effectiveness resulting in:

- Diverse uncoordinated services difficult to access together
- Too much reliance on bed-based services, be it hospital or care homes
- Professionals who have little contact with each other and do not share their knowledge, information or records
- Complicated referral arrangements o Inconsistent mixed economy with no prioritised contribution of voluntary sector
- Crisis driven provision that omits population health and anticipatory care

Under the direction of the Integrated Board there is a clear vision and drive to further develop the integration agenda to better respond to existing and emerging need ensuring investment is aligned with best practice models and strengthen consistent pathways for support across the region. This will include some realignment of existing spend to achieve an optimum community model.

In December 2019 the Health Board operating Model saw the disaggregation of service delivery to three Integrated Locality Groups: Rhondda Taf-Ely, Merthyr Cynon and Bridgend. The model is now looking to be refined to enable a one-CTM approach in a number of areas for acute hospital services (Planned Care (including diagnostics and cancer services), Unscheduled Care and Women's and Children's Service).

However, the health board will continue to operate three localities for primary care, community services and mental health services which will support the health and social care integration strategy across the region that require shifting the focus away from simple organisational and structural reform towards the culture, behaviours, incentives, skills and resources needed to integrate services at the front line as well as delivering an integrated performance framework to evaluate impact.

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.

In a Written Statement on the 18<sup>th</sup> May, Eluned Morgan MS, Minister for Health and Social Services set out plans to establish a hybrid NHS Executive comprise a small, strengthened senior team within Welsh Government, bolstered and complemented by the bringing together of existing expertise and capacity from national bodies in the NHS. The decision to set up a national executive function was outlined in *A Healthier Wales* in 2018, and reconfirmed in the Programme for Government, and is based on the findings and recommendations of the OECD's Quality Review and the Parliamentary Review of the Long-term Future of Health and Social Care. Both of these reviews called for a stronger centre, additional transformational capacity and streamlining of current structures.

Its central purpose will be to support the NHS to deliver improved quality of care to people throughout Wales, resulting in better and more equitable outcomes, access and patient experience, reduced variation and improvements in population health.

Within individual sections there are clear recommendations for each regulated service. The relevant policy directions are noted above as helping to steer future work programmes.

With a clear focus on co-production and engagement we will ensure current resources are maximised and seek new and innovative ways to integrate to improve outcomes for our population and improve efficiencies.