

DRAFT AGENDA

ID	2229
Committee	Pwyllgor Craffu Gwasanaethau Cymdeithasol
Date	22/04/2021
Attendees	<p>Cynghorwyr Stephen Thomas (Cadeirydd)</p> <p>Cynghorwyr Keri Rowson (Is-gadeirydd)</p> <p>Cynghorwyr Derrick Bevan (Aelod Pwyllgor)</p> <p>Cynghorwyr Garth Collier (Aelod Pwyllgor)</p> <p>Cynghorwyr Gareth A. Davies (Aelod Pwyllgor)</p> <p>Cynghorwyr Gareth L. Davies (Aelod Pwyllgor)</p> <p>Cynghorwyr Phil Edwards (Aelod Pwyllgor)</p> <p>Cynghorwyr Keith Hayden (Aelod Pwyllgor)</p> <p>Cynghorwyr Wayne Hodgins (Aelod Pwyllgor)</p> <p>Cynghorwyr Julie Holt (Aelod Pwyllgor)</p> <p>Cynghorwyr Amanda Moore (Aelod Pwyllgor)</p> <p>Cynghorwyr Greg Paulsen (Aelod Pwyllgor)</p> <p>Cynghorwyr Tim Sharrem (Aelod Pwyllgor)</p> <p>Cynghorwyr Bob Summers (Aelod Pwyllgor)</p> <p>Cynghorwyr Tommy Smith (Aelod Pwyllgor)</p> <p>Damien McCann (Swyddog)</p> <p>Tanya Evans (Swyddog)</p> <p>Gemma Wasley (Swyddog)</p> <p>Alyson Hoskins (Swyddog)</p> <p>Liz Thomas (Swyddog)</p> <p>Gwasanaethau Democraidaidd (Notify)</p> <p>Leeann Turner (Secretary)</p> <p>Pob Cynghorydd (Notify)</p> <p>Sean Scannell (Notify)</p> <p>Louise Bishop (Notify)</p> <p>Richard Crook (Notify)</p> <p>Rhian Hayden (Notify)</p> <p>Michelle Morris (Notify)</p> <p>Steve Berry (Swyddog)</p> <p>Andrea Jones (Swyddog)</p> <p>Emma Bennett (Notify)</p>

Item ID	4677
Item Title	Cyfieithu ar y Pryd
Summary	Mae croeso i chi ddefnyddio'r Gymraeg yn y cyfarfod, mae angen o leiaf 3 diwrnod gwaith o hysbysiad ymlaen llaw os dymunwch wneud hynny. Darperir gwasanaeth cyfieithu ar y pryd os gwneir cais.

Item ID	4678
Item Title	Ymddiheuriadau
Summary	Derbyn ymddiheuriadau.

Item ID	4679
Item Title	Datganiadau Buddiant a Goddefebau
Summary	Ystyried unrhyw ddatganiadau buddiant a goddefebau a wnaed.

Item ID	4680
Item Title	Cofnodion Pwyllgor Craffu Gwasanaethau Cymdeithasol
Summary	Derbyn cofnodion y cyfarfod o'r Pwyllgor Craffu Gwasanaethau Corfforaethol a gynhaliwyd ar 17 Mawrth 2021. (Dylid nodi y cyflwynir y cofnodion er pwyntiau cywirdeb yn unig)

Item ID	4694
Item Title	Strategaeth Byw'n Annibynnol yn y 21ain Ganrif – Adroddiad cynnydd blynyddol 2020/21
Summary	Ystyried adroddiad y Pennaeth Gwasanaetha Oedolion.

Item ID	4695
Item Title	Diweddariad ar y Bartneriaeth Ranbarthol
Summary	Ystyried adroddiad y Cyfarwyddwr Corfforaethol Gwasanaethau Cymdeithasol.

Item ID	4696
Item Title	Gwasanaethau Cymorth Gartref – Tendr a Pherfformiad Marchnad ar gyfer gwasanaethau a gomisiynwyd gan ddarparwyr annibynnol
Summary	Ystyried adroddiad y Cyfarwyddwr Corfforaethol Gwasanaethau Cymdeithasol..

COUNTY BOROUGH OF BLAENAU GWENT

REPORT TO: THE CHAIR AND MEMBERS OF THE SOCIAL SERVICES SCRUTINY COMMITTEE

SUBJECT: SOCIAL SERVICES SCRUTINY COMMITTEE – 17TH MARCH, 2021

REPORT OF: DEMOCRATIC & COMMITTEE SUPPORT OFFICER

PRESENT: COUNCILLOR S.C. THOMAS (CHAIR)

Councillors: K. Rowson
 D. Bevan
 G.A. Davies
 P. Edwards
 K. Hayden
 W. Hodgins
 J. Holt
 C. Meredith (substituting Cllr Summers)
 G. Paulsen
 T. Smith

AND: Corporate Director of Social Services
 Head of Children’s Services
 Head of Adult Services
 Team Manager – Looked After Children
 Communications & Policy Officer
 Scrutiny & Democratic Officer / Advisor

ITEM	SUBJECT	ACTION
No. 1	<p><u>SIMULTANEOUS TRANSLATION</u></p> <p>It was noted that no requests had been received for the simultaneous translation service.</p>	
No. 2	<p><u>APOLOGIES</u></p> <p>Apologies for absence were received from Councillors G. Collier, M. Moore and B. Summers.</p>	

<p>No. 3</p>	<p><u>DECLARATIONS OF INTEREST AND DISPENSATIONS</u></p> <p>There were no declarations of interest or dispensations reported.</p>	
<p>No. 4</p>	<p><u>SOCIAL SERVICES SCRUTINY COMMITTEE</u></p> <p>The Minutes of the Social Services Scrutiny Committee Meeting held on 21st January, 2021 were submitted.</p> <p>The Committee AGREED that the Minutes be accepted as a true record of proceedings.</p>	
<p>No. 5</p>	<p><u>REVISED SAFE REDUCTION OF CHILDREN LOOKED AFTER STRATEGY 2020- 2025</u></p> <p>Consideration was given to the report of the Head of Children’s Services which presented the refreshed Safe Reduction of Children Looked After Strategy 2020-2025.</p> <p>The Head of Children’s Services spoke to the report and highlighted the main points contained therein.</p> <p>In relation to budgets, a Member enquired if the underspend for 2019/20 was a direct result of extra funding received or reduced demand for the service. The Head of Children’s Services explained that there had been an increase in the budget into Children’s Services because of the significant initial overspend in 2016/17 and this had prevented a continued overspend and stabilised the budget.</p> <p>A Member referred to page 27, Figure 1: Children Looked After population broken down into placement types and enquired regarding unregulated homes for 16/17 year olds and how Blaenau Gwent’s independent living placements were monitored. The Head of Children’s Services assured the Member that there were no children in Blaenau Gwent placed in unregulated homes. All children were placed in regulated homes overseen by the Care Inspectorate Wales and were subject to inspections, as were the local authority’s homes, and had to abide by various regulations and standards of care.</p> <p>A Member raised concerns regarding children from other Authorities coming to live in small private care homes in</p>	

Blaenau Gwent and enquired if these homes were regulated by Blaenau Gwent or by the Authority that the children came from. The Head of Children's Services explained that there were a number of private children's homes that had been established within Blaenau Gwent, and if that home was under a certain occupancy planning permission would not be required and the Local Authority would not be aware of it, but the private provider would have to register that home with the CIW and adhere to all of the different regulations and standards in law that were required to open a children's home. The CIW would inspect the home prior to opening to ensure all relevant policies, procedures and a suitably qualified workforce was in place. Blaenau Gwent was not responsible for any of those homes, however, if there were safeguarding concerns that occur as a result of that child living in Blaenau Gwent then Children's Services would have a responsibility to investigate those safeguarding concerns in partnership with the Authority from which that child was placed. She clarified that the Authority which placed that child would always maintain overall responsibility for that child's care and for monitoring the placement to ensure it meets that child's needs.

A Member enquired if Children's Services would be made aware of any safeguarding concerns at any of these homes. The Head of Children's Services explained that Ofsted was the regulatory body for England and the CIW was the regulatory body for Wales, Children's Services had received alerts from Ofsted regarding different homes in England where there were concerns, however, they had never received any alerts from the CIW in relation to children's homes in Blaenau Gwent.

The Chair commented on the sterling work that had been undertaken since the strategy had been introduced, previously it was the most significant cost pressure and the Directorate had performed extremely well to bring it to this position.

The Committee AGREED to recommend that the report be accepted and endorse Option 2; namely that the report as provided be accepted.

No. 6

UPDATE ON PROGRESS OF THE MY SUPPORT TEAM

Consideration was given to the report of the Head of Children's Services which was presented to provide an update on the work of the My Support Team for the period January 2020 - January 2021.

The Head of Children's Services spoke to the report and highlighted the main points contained therein.

A Member commented on the excellent work carried out by the team and the figures highlighted in the report were a significant saving that would help some of the cost pressures within the service. The Head of Children's Services said that the MyST team had been set up on a permanent basis and with the budget contribution of just £300,000 provided good value for money.

The Chair emphasised that these were safe measures that improved outcomes for Children Looked After and provided savings.

In response to a Member's question regarding recruitment of foster carers, the Head of Children's Services said that despite the pandemic a significant amount of work had been undertaken nationally, regionally and locally around the recruitment of local authority foster carers. There had been a presentation at the Corporate Parenting Board and the intention was to launch a national local authority brand to market foster carers for local authorities in May 2021. A significant amount of work had been undertaken with the Council's Communications Team and a Regional Marketing post had been appointed to support this work, such as television publicity, social media and local radio etc. to help increase the numbers of local authority foster carers.

A Member congratulated the MyST team on the work they were doing to support children with complex needs before and during the pandemic putting the needs of the children first was to be commended.

A Member enquired if Blaenau Gwent's foster carers foster children from outside the borough. The Head of Children's Services explained that the majority of Blaenau Gwent's foster carers lived in the borough, only a small number lived

outside the borough but all looked after Blaenau Gwent's children. On occasion Blaenau Gwent looked after children from other local authorities in Gwent for example Monmouthshire may require a baby placement and Blaenau Gwent may have one available. There was a reciprocal arrangement in place in Gwent to offer each other's foster carers. Those placements outside the borough would need to be paid for, however, it would be less expensive than an independent fostering agency and outcomes for the children with local authority foster carers was far better than with Independent foster carers.

The Committee AGREED to recommend that the report be accepted and endorse Option 1; namely that Scrutiny Members acknowledge the positive work MyST has undertaken in demonstrating good outcomes for our children looked after and the positive impact the work of the team has had on the Children's Services budget.

No. 7

CHILDREN'S SERVICES RESPONSE TO VULNERABLE CHILDREN DURING THE COVID-19 PANDEMIC

Consideration was given to the report of the Head of Children's Services which was presented to provide Members with information on how Children's Social Services supported vulnerable children since the COVID-19 pandemic started in March 2020.

The Head of Children's Services spoke to the report and highlighted the main points contained therein.

A Member enquired if resources were available to cope with any increase in cases coming forward with the easing of Covid restrictions. The Head of Children's Services said that there were no additional monies set aside, and there was a mixed view regarding whether there would be a significant increase in the numbers of referrals. There had been no significant increase after the first lockdown and preventative services such as Families First and Flying Start had continued to work with families across Blaenau Gwent on a preventative level to stop their needs escalating. She felt the Service was as prepared as it could be.

A Member referred to any increase in domestic abuse referrals and enquired if this had impacted on Children's Services. The Head of Children's Services said that it was not the number of increased cases but the complexity of the situations of the cases being referred that was more difficult. There were increased numbers of domestic abuse cases but they were not disproportionate at this time in comparison to previous years.

The Corporate Director of Social Services commented that regionally there had been an increase in the number of referrals of domestic abuse cases across the board. Over the last 12 months referrals had steadily increased in Wales and the Regional Safeguarding Board would closely monitor the situation. There were concerns that with the easing of lockdown restrictions there could be a further increase in referrals as people would have the opportunity to come forward looking for support.

A Member enquired if Social Services staff had been offered the Covid vaccine. The Head of Children's Services said the names of all the social care staff had been put forward for vaccinations, the majority had received their first vaccination, however, the criteria had been made more specific which may exclude some of the front line Social Services staff. As such there was a small but significant cohort of staff within Children's Services who had not yet had their first vaccination, however, their names had been submitted for the 'mop up' sessions.

A Member referred to the use of virtual technology and enquired if this was now considered good practice in relation to Children Looked After, the Head of Children's Services explained that all of the teams and social workers had laptops and work phones, the move to using Microsoft Teams had led to holding virtual meetings, although it had been difficult to get children and families involved in that particular platform of meetings. She advised Members that work was currently being undertaken to ascertain what was working well during Covid and what could be improved or returned to. Some of the feedback from this work was that parents whose children were on the Child Protection Register needed to return to face to face meetings to ensure that parents were supported and she felt this had not worked well virtually, but it could also be that professionals,

social workers and Independent Reviewing Officers could join the meeting virtually. In relation to Children Looked After they would continue to talk with them via WhatsApp through access via work phones. She felt that the nature of the work was to build trusting relationships with children and parents to talk through some very sensitive issues and that was quite difficult to do on a virtual system.

A Member enquired what impact Covid-19 would have on Children's Services going forward. The Head of Children's Services said it had impacted on staff, however, sickness had not increased significantly during this period and she felt that was testament to the workforce. There had been peaks and troughs regarding morale and staff had continued to take leave, with the Directorate providing support to the team and the workforce. In relation to Children Looked After, as needs arise the Team were doing everything they could to ensure that those needs were managed in the right way.

The Corporate Director of Social Services informed Members that in relation to vaccinations, an estimated 90% of staff had received their first vaccination. There had been a limited number of staff who had initially refused to take up the vaccine, however, after discussions and reassurances from Public Health colleagues some of those staff had subsequently received the vaccine. In relation to the workforce, the Director had slight concerns that as staff had worked at an intensity they had not experienced before that they may need extra support going forward particularly during the transition from this intensive period of work to returning to some sort of normality. The Directorate would try to ensure that any support required by staff could be provided as they move through the transition period.

A Member enquired if the Directorate would apply for extra funding for additional staff to support some of the issues raised. The Head of Children's Services said that as situations arise there may be a need to make a case to the Corporate Leadership Team for additional resources. There was a national shortage of Social Workers and recruitment had always been a challenge and may be even more difficult after the pandemic.

	<p>The Corporate Director of Social Services informed Members that the Welsh Government had confirmed that the Hardship Fund would be available for another six months, if there was an increase in demand the Directorate would look to accommodate that demand through the Hardship Fund. He commented that work was being undertaken nationally looking at the long term implications for Social Services as a result of the pandemic and included the impact on budgets. When completed, he felt it would be a useful document for all Councils to consider.</p> <p>A Member commented on the excellent work of all the staff and the Directorate adapting to significant changes to working practices during Covid to support the most vulnerable people in the community and expressed his appreciation to the whole workforce. He suggested that a generic letter or email be sent to all staff conveying their heartfelt thanks on behalf of the Local Authority and the community of Blaenau Gwent.</p> <p>The Chair and Members agreed with their colleague's comments and supported the suggestion. The Corporate Director of Social Services would relay that message across to all staff.</p> <p>The Committee AGREED to recommend that the report be accepted and endorse Option 2; namely that the report as provided be accepted.</p>	Director of Social Services
No. 8	<p><u>FORWARD WORK PROGRAMME – 22ND APRIL, 2021</u></p> <p>Consideration was given to the report of the Chair of the Social Services Scrutiny Committee.</p> <p>A Member referred to the Domestic Abuse Bill which was due in April, the Corporate Director of Social Services said that a report on the regional work across Gwent could be included on the Forward Work Programme for the next cycle of this Committee.</p> <p>The Committee AGREED that the report be accepted and endorse Option 2; namely that the Social Services Scrutiny Committee Forward Work Programme for the meeting on 22nd April, 2021 be approved.</p>	

No. 9

UPDATE ON LEGAL COSTS ASSOCIATED WITH CHILDREN'S SERVICES

Having regard to the views expressed by the Proper Officer regarding the public interest test, that on balance the public interest in maintaining the exemption outweighed the public interest in disclosing the information and that the report should be exempt.

RESOLVED that the public be excluded whilst this item of business is transacted as it is likely there would be a disclosure of exempt information as defined in Paragraph 14, Part 1, Schedule 12A of the Local Government Act, 1972 (as amended).

Consideration was given to the report of the Head of Children's Services which was presented to provide information in relation to the Children's Social Services legal budget.

The Head of Children's Services spoke to the report and highlighted the main points contained therein.

In response to a Member's question regarding legal collaboration with neighbouring authorities, the Head of Children's Services explained that consideration had been given to establishing a regional legal service for local authorities but this had not progressed. Discussions were now taking place with neighbouring authorities exploring collaboration for legal services, however, there had been difficulties in recruiting solicitors into the specialist area of child protection.

The Corporate Director of Social Services explained that solicitors working for private companies earned higher wages. Consideration had been given to adding a market supplement to encourage solicitors to apply for vacant posts, however, this could lead to solicitors moving from one authority to another. He felt that the regional approach would be more suitable for local authorities but as this had not progressed, discussions with neighbouring authorities regarding legal services would continue.

The Chair commented that there were 22 Authorities in Wales, all very different in size and population and felt that the Welsh Government should look for solutions to help address the issue.

A Member enquired regarding the issue of establishing a regional approach. The Head of Children's Services explained that each of the 4 Authorities in Gwent had their own legal team which worked well for them, and informed Members that the Head of Legal and Corporate Compliance was a participant at the discussion meetings.

A Member commented that it was important to receive the best legal advice in order to protect vulnerable children, parents and the Authority.

A brief discussion ensued, and

The Committee AGREED to recommend that the report which contained information relation to the financial/business affairs of persons other than the Authority be accepted and Members endorse Option 1; and recommend that:-

- the Social Services Scrutiny Committee understanding the difficulties in finding a solution to the issue of legal support, recommend that the Executive Committee prioritise discussions with neighbouring local authorities in an effort to seek a wider solution regarding the collaboration in relation to providing legal services for Children's Services; and also that senior politicians continue to highlight the position in Blaenau Gwent with the WLGA and other relevant bodies.

Agenda Item 5

Executive Committee and Council only

Date signed off by the Monitoring Officer: N/A

Date signed off by the Section 151 Officer: N/A

Committee: **Social Services Scrutiny Committee**

Date of meeting: **22nd April 2021**

Report Subject: **Living Independently in the 21st Century Strategy – Annual progress update 2020/21**

Portfolio Holder: **Cllr John Mason, Executive Member Social Services**

Report Submitted by: **Alyson Hoskins – Head of Adult Services (Social Services)**

Reporting Pathway								
Directorate Management Team	Corporate Leadership Team	Portfolio Holder / Chair	Audit Committee	Democratic Services Committee	Scrutiny Committee	Executive Committee	Council	Other (please state)
25/03/21	6/04/21	13.04.21			22.04.21	FWP 2021/22		

1. Purpose of the Report

1.1 This report provides an overview for Members on the 'Living Independently in Blaenau Gwent in the 21st Century' Strategy. It considers the progress against the 8 priorities of the Strategy over the previous 12 months, including how the strategy continues to influence and drive the strategic priorities of Adult Services. It also highlights:

- The impact of the COVID pandemic has had on the key 8 priorities.
- Where the department has utilized available external funding to support these priority areas during the COVID pandemic
- Our planned partnership approach with Aneurin Bevan University Health Board (ABUHB) to jointly review this strategy during 2021/22 due to the scheduled review not being undertaken this year due to COVID19 pandemic prioritisation of work load demands.

2. Scope and Background

2.1 Previous annual reports have identified the history of the Living Independently in Blaenau Gwent in the 21st Century' strategy (appendix 1) since it was agreed by Council back in November 2006. The last report submitted prior to this report was January 2020.

2.2 Members are aware that it was developed with an emphasis on ensuring as a Local Authority we were in a position to address the increasing demands for services to older people over the next 15 years due to people living longer, with different aspirations and often complex illness. The strategy was developed with a strong emphasis on supporting citizens of Blaenau Gwent to live safely in their own home for as long as possible.

2.3 The 'Living Independently in Blaenau Gwent in the 21st Century' Strategy was revised in 2012 in anticipation of the Social Services and Wellbeing (Wales)

Act 2014 and a further revision was due to have been undertaken during 2020/21 at the end of the 15-year lifespan with a view to relaunching a further 5 to 10-year strategy from April 2022.

- 2.4 Unfortunately, this work was impacted by the COVID pandemic and capacity within Adult Services to undertake this significant and important task. However, the Local Authority has recently worked with colleagues in Aneurin Bevan University Health Board (ABUHB) to secure funding, via the Welsh Government Transformation Grant, to employ a project lead to support this review. The post is currently being advertised by ABUHB and partnership approach to both the revision of the Living Independently in Blaenau Gwent in the 21st Century' Strategy and the ABUHB Place Based Care Strategy is due to commence in May 2021 with a view to publishing the revised Strategy from April 22.
- 2.5 The Strategy identifies 8 priorities as part of the overarching approach to service development which are outlined below:
- **Priority 1 Long term care:** jointly with Health and other partners, make arrangements to meet the nursing, residential and dementia care needs of the older person population
 - **Priority 2 Reablement/Enabling services:** further develop this approach and recognise the contribution of other organisations, in progressing this service
 - **Priority 3 Day Opportunities/Community Options:** continuing development of everyday activities and opportunities to learn new skills or re-acquire skills through confidence building and tuition measures
 - **Priority 4 Assistive Technology:** promote and expand assistive technology supported by a rapid response service, capable of containing situations where no family carers are available
 - **Priority 5 Direct Payments:** promote and expand direct payments and empowering people to take responsibility for arranging their own care and support requirements
 - **Priority 6 Accommodation:** recognising the key role that appropriate housing plays on the well-being of older people. Work closely with partners to develop a range of suitable housing in Blaenau
 - **Priority 7 Carers:** providing accessible and timely support services responsive to individual need
 - **Priority 8 Domiciliary Care:** Ensuring provision of appropriate, reliable, quality services.

3. Options for Recommendation

3.1 Members are asked to scrutinise the report and how in future they would wish to receive through a reporting mechanism progress of this strategy.

3.2 **Option 1**- Endorse the report and the evidence provided to support progress in the 8 priority areas, albeit within the context of the unique 12-month period of the 2020/21 COVID pandemic, and for us to continue to provide progress updates on an annual basis to the scrutiny committee as outlined in this report.

3.3 **Option 2** – Members to recommend any additional information and/or an alternative methodology for reporting progress, challenges and opportunities during 2021/2022.

4. Evidence of how does this topic supports the achievement of the Corporate Plan / Statutory Responsibilities / Blaenau Gwent Well-being Plan

4.1 **Corporate Plan – 2018 to 2022.** The Living Independently in the 21st Century Strategy links to the key themes of the Corporate plan and in its promotion of resilient communities.

4.2 Blaenau Gwent Well-being plan

Priority area - enabling older people to feel valued and empowered to maximise their independence and lead healthy and engaged lives- this strategy is key in delivering this Wellbeing outcome including:

- **Thinking in the Long Term** - The strategy provides effective cooperation and partnership working between all agencies and organisations, including health, and is a key element of meeting the needs of older people living in Blaenau Gwent.
- **Taking an integrated approach** – The strategy promotes an integrated approach across Health, Social Care and the Third Sector.
- **Taking a preventative approach** – The strategy promotes preventative services including reablement and assistive technology as a model that promotes personal independence and management of a person's own wellbeing. The strategy delivers a preventative and early intervention approach to minimise the escalation of need and dependency on statutory services.
- **Collaborating** - The Strategy is clear that implementation is not only the responsibility of Social Services department but the whole Council and also of its partners including Health and Housing.
- **Involvement** - A key aspect of the strategy is ensuring people have a voice and control over their care and support to achieve the outcomes that are important to them.

5. Implications Against Each Option

- 5.1 **Option 1** – this will result in a report for 2021/22 being developed using a similar approach and methodology to that used for 2020/21. However, it is important to note that the overarching Strategy is due for a full review during 2021 and therefore it is anticipated that the report presented to Scrutiny in January 2022 will include a revised Living Independently in the 21st Century Strategy outlining priorities for future years.

During 2021/22 updates will continue to be provided using information contained in the tier 1 and 2 business plans, team briefings, progress reports and data from our Corporate Performance Team and feedback from any relevant regulatory reviews.

- 5.2 **Option 2** – the format and reporting mechanism for future reports will be amended to reflect additional information as requested by members.
- 5.3 **Legal** – there are no legal implications associated with this report. This strategy supports the delivery of the Social Services and Wellbeing (Wales) Act 2014.
- 5.4 **Human Resources** – there are no OD implications associated with this report. However, it is important to note that as previously reported to scrutiny we have a number of the posts funded using external funding (Integrated Care Fund/ Pace Setters funding / Transformation Funding) and we continue to have uncertainty from Welsh Government as to the availability of ongoing funding for these posts after March 2022. However a number of service reviews are due to be completed within Adults Services during the first 9 months of 2021/22 and these will propose a number of sustainability models for continuation funding for posts / services that are currently funded via temporary grant funding.

6. Supporting Evidence

Appendix 2 to this report provides a summary of activity relating to each of the 8 priority themes of the Strategy.

6.1 Expected Outcomes for the public

This strategy focusses on the development of services that promote Wellbeing and independence in their own homes which may or may not include a Care Home. It utilised the key principles of the Social Services and Wellbeing (Wales) Act 2014 including:

- a. **Voice and control** – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being.
- b. **Prevention and early intervention** – increasing preventative services within the community to minimise the escalation of critical need.
- c. **Well-being** – supporting people to achieve their own well-being and measuring the success of care and support.

- d. **Co-production** – encouraging individuals to become more involved in the design and delivery of services.

7. **Monitoring Arrangements**

- 7.1 An annual report to scrutiny/ executive is submitted. Progress is also monitored via the Adult Service Business Plans (tier 1 and 2) and Integrated Partnership Board Action plan.

Background Documents /Electronic Links

- Appendix 1 – Living Independently in the 21st Century Strategy (last updated in 2014)
- Appendix 2 - **Progress update 2020/21 - Living Independently in Blaenau Gwent in the 21st Century' Strategy**

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Cyngor Bwrdeisdref Sirol

Blaenau Gwent

County Borough Council

Living Independently in Blaenau Gwent in the 21st Century

**Commissioning Strategy for
Older People
2008 – 2021**

Developed - 2006

Initially reviewed - 2008

Revised - November 2012

Revised – December 2014

**SOCIAL
SERVICES
DIRECTORATE**

Version number:	2	Date Written:	October 2006
		Date Approved:	October 2006
Status:	Approved	Date of Issue:	October 2006
		Initially reviewed	October 2008
	For consideration and approval	Date of current review	November 2012
Approved by:	Senior Management Team		
Author:	Paul Price - Development Officer		
Supporting documents:	"Needs Assessment 2012"		
Equality Impact Assessment	Approved by:		
	Date:		
Change history	Dates reviewed:		Outcome of review:
	October 2008		
	November 2012		
	December 2014 (statistics update)		

1. INTRODUCTION

1.1 This paper gives an overview of the progress made, the actions taken to date, and the priorities planned for the future, as Social Services continues to focus its efforts in meeting the changing expectations and needs of 'older people'.

The focus to date has been one, which builds upon service quality whilst modernising and improving services, by ensuring that:

- An assessment is person centred and services are packaged to meet individual need
- Individuals live well and receive the support and any treatment they need if their health fails or they become frail and vulnerable
- Individuals feel that the services and support they receive, albeit possibly from different sources, are "joined up", or integrated, and delivered as a package which is purposeful and avoids omissions or duplications.
- Individuals recognise that services are delivered, whether by individual agencies, or in partnerships, in ways which enable individual needs to be met in a flexible and co-ordinated way

The strategy initially developed continues to be of huge relevance and it is clear that great strides have been made in 'modernising' the services available to 'older people'. Examples of the successes to date are included in section 4 and also in the appendices.

There is now a need to decide which services need to be targeted for change, why, and what the potential return might be if we are successful in adjusting the way in which any service is delivered

1.2 The 'Living Independently in Blaenau Gwent in the 21st Century' is a vision for the future, and from the outset, it set out to "modernise" the way in which it approaches its duties, and, in so doing, it has reflected on, and taken full account of, all emerging national

policies and strategies determined by the Wales Government, and, at the same time, determined how it is to meet the growing level of demand for service, and or, support from the 'older people's' population.

1.3 The initial fifteen year commissioning strategy developed in 2006 was formulated to cover a period of fifteen years to 2021 and set out to achieve a number of goals:

- a) to respond to the express wishes of older people and their carers, meeting their changing needs and expectations
- b) to satisfy national standards and give full implementation to the National Service Framework for Older People and the WAG 10 year strategy for social care ('Fulfilled Lives, Supportive Communities'), in partnership with the National Health Service
- c) to enable older people to live as independently as possible, as full and equal citizens of Blaenau Gwent and their local communities

1.4 The title of the strategy and the planned future actions sought to encapsulate Social Services vision for the future and was named '**Living Independently in Blaenau Gwent in the 21st Century**'.

1.5 The strategy acknowledged that close collaboration between all Directorates would be required, as there were and continue to be wider Corporate implications, to enable more 'older people' to remain and be supported in their own homes.

1.6 This document both reflects on the achievements to date and highlights the future intentions as Social Services incrementally changes and delivers services to 2021.

2. BACKGROUND

2.1 The 'Living Independently in Blaenau Gwent in the 21st Century' project commenced in June 2005, with a period of consultation, and then set out to:

- Develop a strategy for meeting the needs of vulnerable older people in Blaenau Gwent in the 21st century.
- Assess the level of need for vulnerable older people in Blaenau Gwent now and in the future.
- Research the range of options available to meet the assessed need.
- Consult extensively on the range of options.
- Achieve value for money and affordability.
- Confirm the future model of service.
- Where necessary to reconfigure existing services, including the Council's direct provision of residential care.

2.2 The analysis and research undertaken as part of the strategy constructed a clear vision for future service delivery that embraced the standards outlined in the above section.

In supporting these standards Blaenau Gwent has continually aimed to improve the quality of life for older people by enabling them to participate as active citizens in the community; life of Blaenau Gwent; and, when necessary to receive the right care, in the right place, at the right time, provided in the right way, by the right people.

2.3 The over-arching principle of this strategy is based on the concept that actions should be taken to “help older people to find solutions that work for them”.

2.4 As a direct result of the ‘Living Independently in Blaenau Gwent in the 21st Century’ strategy, a ‘Commissioning’ strategy was also developed to underpin the actions specified in the ‘Living Independently in Blaenau Gwent in the 21st Century’. The established ‘Commissioning’ strategy recognised that a coherent range of services could only be established through a combination of joint and collaborative approaches that change the status quo.

In carrying through the overall programme of change, outlined in this report, both strategies placed an emphasis on caring ‘with’ people instead of caring ‘for’ people with social care provision being seen much more as an exercise in partnership, more fully utilising the resources of individuals themselves, their families and local communities as well as those of all the other care and mainstream services.

3. PURPOSE FOR REVIEWING THE STRATEGY

3.1 This review provides an opportunity for the Authority to consider the actions taken in the past 6 years, since the initial ‘Living Independently in Blaenau Gwent in the 21st Century’ and ‘Commissioning’ strategies were completed, and to help the Authority understand the range of changes that have been made, whether these changes have had a positive impact on the lives of people aged 65+, and, whether the plans and priorities set out in the ‘Living Independently in Blaenau Gwent in the 21st Century’ and ‘Commissioning’ strategies are believed to be appropriate and remain relevant to the needs of the ‘older’ population.

3.2 The assessment, completed within this review, will also enable the Authority to consider what other measures should be taken in re-positioning or re-providing services for the 65+ age group.

3.3 It is important to recognise that when considering future provision, the ‘review’ can only reflect on, and, factor into any deliberations, information that is readily available at the time the assessment is updated.

3.4 In collating current information it will help determine demographic changes and accordingly help plan to meet the perceived and projected needs of people aged 65+. The assessment reflects on and takes proper account of information available at the time it was produced – (see appendix 1 “Needs Assessment”).

4. ACHIEVEMENTS MADE TO DATE IN SUPPORT OF THE ‘LIVING INDEPENDENTLY IN BLAENAU GWENT IN THE 21ST CENTURY’ STRATEGY, TOGETHER WITH THOSE OUTLINED AND SUPPORTED THROUGH THE ‘COMMISSIONING’ STRATEGY.

4.1 The vision, contained in the ‘Living Independently in Blaenau Gwent in the 21st Century’, and ‘Commissioning’ strategies set out a number of “**key over-arching**” themes that were to be focused on, and these were:

The initial “key” elements to be considered and focused on included:	Outcome of the actions taken against those initial “key” elements										
<p>1. Fewer older people placed into ‘institutional’ long term care, especially ‘standard’ residential care, with the development of more specialist Elderly Mentally Infirm (EMI) care.</p>	<p>The closure of 4 of the Council owned properties resulted in a reduction of some 130 places and private providers have been encouraged and subsequently acted to transfer provision to EMI. The bed situation is as follows:</p> <table border="1" data-bbox="809 741 1431 929"> <thead> <tr> <th data-bbox="809 741 1114 779">September 2008</th> <th data-bbox="1114 741 1431 779">November 2012</th> </tr> </thead> <tbody> <tr> <td data-bbox="809 779 1114 817">221 Residential</td> <td data-bbox="1114 779 1431 817">113 Residential</td> </tr> <tr> <td data-bbox="809 817 1114 855">254 Nursing</td> <td data-bbox="1114 817 1431 855">178 Nursing</td> </tr> <tr> <td data-bbox="809 855 1114 893">46 EMI</td> <td data-bbox="1114 855 1431 893">91 EMI</td> </tr> <tr> <td data-bbox="809 893 1114 929">90 EMI Nursing</td> <td data-bbox="1114 893 1431 929">101 EMI Nursing</td> </tr> </tbody> </table>	September 2008	November 2012	221 Residential	113 Residential	254 Nursing	178 Nursing	46 EMI	91 EMI	90 EMI Nursing	101 EMI Nursing
September 2008	November 2012										
221 Residential	113 Residential										
254 Nursing	178 Nursing										
46 EMI	91 EMI										
90 EMI Nursing	101 EMI Nursing										
<p>2. Developing services that help older people overcome the barriers that prevent them from getting on with their lives</p>	<p>Through the (Services for Older People – SfOP 50+ network), measures are being taken to promote positive images of older people with an emphasis on counteracting age discrimination by actively focusing on initiatives that create greater understanding and respect between the generations. Initiatives have been and are continually being considered through the 50+ network to provide learning opportunities and improve access to those opportunities for formal/ informal and non-accredited learning</p>										
<p>3. A 24-hour care at home service, 365 days per year service and strengthen ‘out of hours’ home care to support more people at home.</p>	<p>There has been a major programme of service modernisation for domiciliary care services, including both in-house and commissioned services. Domiciliary care services currently operate over a 52 week period, between 7.00 – 23.00 hours (includes the twilight service) The need for a night service was not justifiable when considering the associated costs involved. Limited need was identified for a night service and “spot” contracting arrangements exist for a night sitting service.</p>										
<p>4. Extra care housing to prevent avoidable admissions to institutional care (in particular residential care), to increase choice and flexibility and to create a more enabling person centred service</p>	<p>2 extraCare developments made with:</p> <ul style="list-style-type: none"> • 41 units at Llys Glyncoed, Ebbw Vale (opened inn 2010); and, • 44 units at Llys Nant-y-Mynydd, Nantyglo (opened in 2011) • Bid for Social Housing Grant made to the Welsh Government for a 3rd scheme 										

<p>5. A combination of borough-wide specialist services, combined with local services that reflect the 4 main communities of Blaenau Gwent - Abertillery, Brynmawr, Ebbw Vale and Tredegar.</p>	<p>Created through the development of 4 “zones” within the Community Care team and the re-modelling of specialist sensory impairment services. Each team has access to specialist CRT teams as required. Internal and external Home Care have been developed to run continuously on the 4 zone basis.</p>
<p>6. A ‘whole-system’ approach with a range of services for a range of needs and excellent links with healthcare providers, transport, housing and leisure services to ensure the best quality of life possible</p>	<p>‘Specialist services exist and joint working with Health continues through joint team collaborations. These include the Gwent Frailty Programme. Collaborative approaches have been established between Social Services and Lifelong learning and Leisure with the specific remit of developing practices that enable a more integrated “working together” ethos to evolve.</p>
<p>7. Complementary provision with Health, combining social care commissioning intentions</p>	<p>Complementary provision exists with Health enabling the same service providers to support users and ensure care consistency. Examples include the Gwent Wide Integrated Community Equipment Stores (GWICES), and the Gwent Frailty Programme (GFP). Work is also progressing to extend the joint commissioning of services at an individual level.</p>
<p>8. An investment to improve intermediate care services to better help people recover from illness and injury and to prevent avoidable admissions to institutional care.</p>	<p>Facility developed at Llys-y-Capel, Blaina but under-used and not fully supported. Has now been replaced through the introduction of the CRT (Frailty Programme). The CRT has been established to focus specifically on this and is jointly managed with Social Services.</p>
<p>9. Increased availability of personal aids and adaptations in people’s own homes</p>	<p>Local Authority consortia created through the ‘GWICES’ service agreement which was established to improve access to aids and adaptations</p> <p>Increased year on year investment into Care and Repair for minor adaptations with joint working arrangements in place to deliver the ‘Disabled facilities Grant’.</p>
<p>10. Increased support for unpaid/family carers</p>	<p>Much work has been done to better identify and assist carers. The following elements have been included and are being focused on as a direct result of the strategy:</p> <ul style="list-style-type: none"> • Carers Strategy • Carers Forum • Information/advice/guidance

	<ul style="list-style-type: none"> • Learning & development to understand key aspects of caring • Social care workforce to better understand carer needs and assessment practices • Development of carer networks • Befriending services • Providers working collaboratively
11. Working with a range of partners from the planning stage	Increased links with the voluntary sector have evolved to develop low-level support, such as 'choices'; 'Hospital Discharge Scheme'; 'ECSH'; and, 'Supporting People Floating Support' all of which enable older people to access those services they need to maintain their independence and well being.
12. A modern flexible and responsive service that enables older people to maximise their independence and live with appropriate support in their communities.	The proposed service model (see appendix 2) is designed to reflect this with the emphasis on mobilising the support of community based organisations, agencies and groups operating in a defined area to create stronger communities to meet the needs of vulnerable people.

5. THE VISION FOR FUTURE SERVICE DELIVERY

5.1 In reviewing the strategy, 'Living Independently in Blaenau Gwent in the 21st Century', Social Services have worked towards achieving the aims and objectives that are consistent with, and support, the overarching strategic aims, namely to:

- Maximise Independence
- Minimise Dependence
- Intervene Where Appropriate

By:

- Promoting independence
- Preventing dependence
- Protecting children and vulnerable adults
- Understanding what people want and need
- Managing our affairs
- Valuing our staff
- Promoting partnership
- Being clear about roles and responsibilities

5.2 The strategy initially developed continues to be of huge relevance and it is clear that great strides have been made in 'modernising' the services available to 'older people', in accordance with the above 'philosophy and principles'.

5.3 Central to the philosophy of all developments in Health, is the “key” aim, “to develop innovative proposals for improving the integration and seamlessness of Health & Social Care provision”. Actions proposed are based on the following principles:

- The recognition to invest in the future health and wellbeing of the people of Blaenau Gwent, through reducing the incidence of preventable disease and empowering people to take responsibility for their own health and wellbeing;
- The need to transform the existing health and social care services and workforce to provide integrated services, which focus on maximising independence and where all care interventions are based on assessed needs, with all goals identified and subsequent outcomes continually evaluated;
- The need to involve staff at all levels to address cultural differences between staff groups, to ensure ownership and deliverability through effective communication and full collaboration.
- There have been some significant improvements associated with the ‘integration’ approach, namely:
 - ‘Frailty’ programme
 - Neighbourhood Care Networks and the creation of an integrated approach and service
 - Integration of Mental Health and Learning Disability Services

5.4 With the changes in demography, the emerging strategies from Wales Government that all impact of the delivery of service and the changing expectations of older people, there is now a need to re-assert, or, re-prioritise our plans and priorities to ensure they continue to have a major influence on the development of social care provision. Importantly, the manner in which these priorities are integrated with health care provision and, those of organisations that have a community presence, will enable greater collaboration to evolve so that each can draw on the expertise of one another. A ‘working together’ approach as outlined below is viewed as being critical to the success of the strategy, together with all community based developments.

Future Service model (proposed)

The model is intended to help create greater clarity about what it is that the Department is trying to promote or prevent in support of its community citizens.

The model will help staff to understand why changes are being promoted and what the potential return might be as a result of a different approach.

The service model creates 4 distinct groups of people and is intended to create more diverse, focused and integrated pathway of service delivery.

Focus

Community Support

Working with community based organisations to develop an enabling, early intervention approach.

Prevention

Low level care targeted towards enhancing independence and diverting individuals away from direct service provision.

Intermediate Level

Reablement process, helping individual's regain confidence/skills and keeping people out of social care provision with outcome focused interventions.

Complex Care

Provision where there is little opportunity for people to gain good health and or skills to regain independence.

Challenges

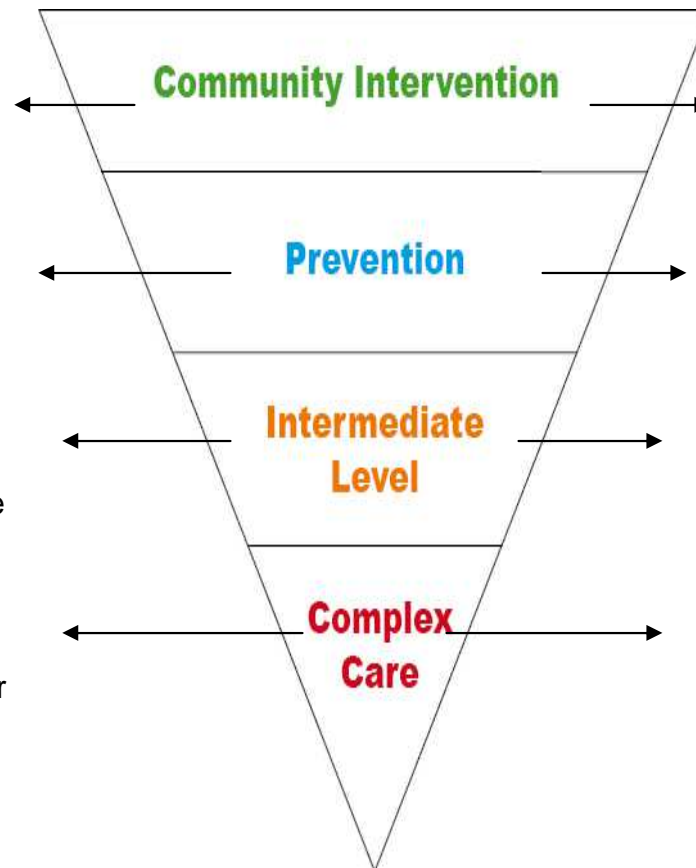
Divert demand – early identification

Mobilise organisations and groups operating in a defined area to create stronger communities to meet the needs of vulnerable people.

Reduce demand – identify what are the key 'trigger' points along that pathway that lead to the inability/capacity of the individual to care for themselves; what interventions may change or divert that outcome.

Promote independence – determine whether services provided actually promote independence or create dependency and what alternatives might be available.

Manage the demand that remains better and more efficiently - identify success through outcomes achieved. Current incentives are perverse, i.e., the provider benefits from people's needs increasing rather than diminishing. How can providers be encouraged not by the volume of provision but by the outcomes they have achieved.



Common challenges which straddle all four of the above categories include:

- **Understand demand and supply** - understand the key drivers behind demand and how can these be managed, lessened or deferred.
- **Stimulate the development of a more diverse market** – outcome-based specifications for all contracts with perhaps a reduction of block contracts through the promotion of direct payments.
- **Generate efficiencies through more effective partnership working** – the identification of multi-disciplined organisations capable of tackling a broader range of health and social care issues
- **Capacity/resources** – to be delivered by workers with the relevant skills and knowledge.

The 'core' principles required to help fulfil the service model include:

Provide **information** about the purpose of and the accessibility to local services
Ensure there is **clarity about service responsibility** within partnerships
Promote **social inclusion** and empowerment

Community Intervention

Prevention

Provide pro-active **early intervention**
Prevent ill health and **promote health & well-being**
Promote **independence** and life controls

Intermediate Level

Prevent increasing dependency
Promote recovery and re-ablement
Provide **specialist interventions** in responding to individual need

Complex Care

Maintain people in their own homes wherever practical
Promote and **protect the dignity** of the individual

5.5 This model reinforces the 'Wales Government challenge' of the next 10 years which is to:

- “create a Wales where full participation is within the reach of all older people and their contribution is recognised and valued. Developing communities that are age-friendly while ensuring older people have the resources they need to live, will improve participation and individual wellbeing”;
- “ensure that future generations of older people are well equipped for later life by encouraging recognition of the changes and demands that may be faced and taking action early in preparation. Population ageing is a permanent feature of our modern society. There is a need to work collectively and embrace this reality for the opportunities and challenges it brings”.

6. THE NATIONAL VISION IN PROGRESSING SERVICES TO OLDER/DISABLED PEOPLE

6.1 Local authorities are at the forefront of dealing with the implications of an ageing population. The need to re-define our role and place within their local communities is becoming increasingly more important in the current economic climate and through times of austerity.

6.2 If Social Services is to cope with the many demands expected of it then there needs to be a fundamental change in attitude towards old age, moving away from the negative stereotypes of dependence and loss, to a more positive appreciation of the knowledge, coping skills and experience, possessed by older people. These attributes equip older people to make a significant contribution to the well-being of their local communities.

6.3 While good physical and mental health is an important contributor to individual wellbeing, the presence of chronic or disabling health conditions need not stand in the way of life satisfaction or personal well-being. Services that support individuals and address the disabling effects of health conditions can play a major role in enabling a good quality of life.

6.4 Social Services will undoubtedly need to reduce demand on its services and if it is to achieve this it needs to identify what the key 'trigger' points are for older people along a pathway that leads to the inability/incapacity of the individual to care for themselves and what interventions may change or divert that outcome. As a consequence there is a growing emphasis to move to a more health and well-being focus as opposed to the traditional 'welfare' approach. This focus has to gain prominence in the way in which Social Services is organised and responds in the future.

6.5 The expectation outlined in '*Sustainable Social Services- A Framework for Action:*'

states that “Social Services need to take better account of individual requirements and to achieve this they must act in ways that:

- strengthen the voice of older/disabled people;
- allow older/disabled people to have maximum control over their lives;
- build on the strengths of older/disabled people;
- sustain and strengthen older/disabled people and enable them to make a full contribution to the community and importantly to draw on it for support”.

6.6 This in effect means that in setting out plans for improvement the following ‘themes’ are identified as being critical:

- **Getting Help (Access to Services and Quality of Services provided)**
 - Offer, with health, a rapid, community based assessment and response service
 - Provide mechanisms to ensure prompt access to specialist diagnostic and/or emergency services when required.

- **The Effect on People’s Lives**
 - Respond to individuals’ changing social and clinical needs.
 - Protecting vulnerable people,
 - Promoting independence and social inclusion

- **Shaping Services**
 - Planning and Partnerships, Commissioning and Contracting Resources
 - Making optimum use of available diagnostic and therapeutic technologies.

- **Delivering Social Services (Workforce; Performance Management)**
 - Ensuring staff are appropriately trained in preparation for the ‘culture’ change as it emerges.
 - Ensuring the appropriate balance of staff is achieved to support the priority service activities

- **Providing Direction (Leadership and Culture; Corporate and Political Support and Scrutiny)**
 - Preparing the political and corporate agenda to meet the challenges identified within national policy
 - Developing a shared understanding of need and commitment to future developments and changes in service delivery.

6.7 The Local Authority has a leading role in responding to these challenges and also in promoting economic, social and environmental well-being within the context of a strategic community partnership involving a broad range of statutory, voluntary and private sector organisations.

6.8 Our work, to date, reinforces this approach and the need to create standards within the communities of Blaenau Gwent where older people (**taken from the Community Plan**):

- Are valued citizens
- Do not suffer from health inequalities
- Contribute to, and share in, the prosperity and resources of the community
- Live safely and feel safe at home and outside
- Are financially secure
- Learn, achieve and share their skills, experience and knowledge with others
- Live as independently as possible, with choice and control over their lives
- Live well and receive the support and any treatment they need if their health fails or they become frail and vulnerable

6.9 Using these principles, the work of Social Services has to now, be more focused on maximising the abilities and potential of older people and, to only provide “care” related

services to those individuals who are unable to benefit from rehabilitation/reablement services.

In maximising the abilities and potential of older people and in promoting and enabling people to live as independently as possible, a broader approach is needed and it is believed the following aims must now come into focus as we lead the work of Social Services:

- Services to promote social inclusion
- Services to support individuals at times of difficulty and protect them from harm.
- Services to assist individuals to recover independence where this has been threatened;
- Services to promote and protect the dignity of the individual.
(refer to the proposed service mode - above)

7. DRIVERS FOR CHANGE

7.1 Over recent years there have been a number of developments both locally and nationally that have required a review of existing service provision, these include:

- The key strategic aims and core themes of the Council, including the aim for individuals to live as independently as possible with access to services that are local, high quality, efficient, safe, timely and delivered in modern facilities.
- Key national strategies all emphasise the need to promote health and social care policies which enable older people to live at home with appropriate support as long as is possible. These strategies include:
 - ‘Social Services (Wales) Bill’;
 - the Community Plan;
 - the Health Social Care and Well Being Strategy;
 - ‘Fulfilled Lives, Supportive Communities’
 - “Making the Connections”
 - ‘Sustainable Social Services: A Framework for Action’;
 - Evolving joint commissioning strategies with Health partners e.g. CHC Domiciliary Commissioning.
 - ‘The ‘Strategy for Older People in Wales’;
 - ‘The ‘National Service Framework for Older People’; and,

The common ‘theme’ across all national strategies is to:

- provide services, opportunities and activities in a timely and appropriate way;
- promote and ensure health and well-being; and,
- enables people to maximise their independence, potential and participation as valued members in society”.

7.2 With the changes in demography, the emerging strategies from Wales Government that all impact of the delivery of service and the changing expectations of older people, there is now a need to re-assert, or, re-prioritise our plans and priorities to ensure they continue to have a major influence on the development of social care provision. Importantly, the manner in which these priorities are integrated with health care provision and, those of organisations that have a community presence, will enable greater collaboration to evolve so that each can draw on the expertise of one another

7.3 The need to review and adjust service provision to meet the changing expectations of older people, in the future, is paramount. The commissioning strategy needs to respond to the above whilst recognising that a coherent range of services will only be established through a combination of joint and collaborative approaches that change the status quo.

7.4 In carrying through the programme of change, outlined in this report, Social Services will place an emphasis on facilitating responses to people who are vulnerable or “at risk”, in partnership, fully utilising the resources of individuals themselves, their families and local communities as well as those of all the other ‘mainstream’ services, and will only make longer-term social care provision available, after all rehabilitation programmes have been exhausted.

7.5 By taking forward this work the aim of the strategy is to bring about radical change that fundamentally shifts the way we all think about, talk about and respond to the needs and aspirations of older people.

8. PROFILE OF BLAENAU GWENT’S OLDER CITIZENS

8.1 The strategy for future service development has to take full account of the projected demographic changes in the future. A ‘needs analysis’ has been undertaken to try and assess likely levels of future demand (see appendix 1).

8.2 The number of people aged over 80 in Blaenau Gwent, is reported to have consistently increased, year on year, since 1991. In 2014 the number of people aged 80+ in the Borough is 1,470 and is projected to increase by 230 in 6 years and by 1,070 in 16 years.

**Table 1:
Population projections**

	2014	2015	2016	2017	2020	2025	2030
Age 65+	11,840	11,960	12,100	12,180	12,350	12,870	13,620
Age 80+	1,470	1,500	1,500	1,540	1,700	2,260	2,550

Source: <http://www.daffodilcymru.org.uk>;

8.3 Proportion of older people with limiting long-term illness.

In the 2001 Census 11,566 people in Blaenau Gwent declared their health to be ‘not good’ with some 19, 838 stated they had a long-term illness, health problem or disability which limited daily activities or work.

More recent indications using the “Daffodil” projection of care services in Wales system are that in 2014 there were 4,646 people, aged 65 and over, with ‘limiting long-term illness’. This compares to the Wales position where in 2014 there are 217,242 people with ‘limiting long-term illness’ aged 65 and over.

**Table 2:
Population with limiting long-term illness**

	2014	2015	2016	2017	2020	2025	2030
People aged 65-74 (Blaenau Gwent)	2,101	2,119	2,137	2,124	2,076	2,022	2,232
Figures for Wales population aged 65-74	92,803	94,773	96,406	97,346	98,218	96,644	105,095
People aged 75+ (Blaenau Gwent)	2,545	2,579	2,617	2,688	2,911	3,382	3,598
Figures for Wales population aged 75+	124,439	126,558	128,626	131,561	143,740	171,662	189,351

Source: <http://www.daffodilcymru.org.uk>;

While medical advances and improved standards of living are continuing to increase life expectancy, those same factors are combining to increase the period of time that people live in a state of ill-health, requiring higher levels of health and social care. This trend is evident from the national statistics for the last 20 years:

8.4 The Welsh Index of Multiple Deprivation study of 2008 a number of electoral wards in Blaenau Gwent, have been awarded Communities First status on the basis that these wards face significant economic and social deprivation. Some statistics in addition to those already reported include: -

- Lowest average property values in the United Kingdom.
- High proportion of persons providing unpaid care to disabled family members;
- High unemployment levels in comparison to the rest of Wales;
- Low gross weekly earnings in comparison to the rest of Wales;
-

The Welsh Index of Multiple Deprivation (2005) comparisons show that people in Blaenau Gwent have a greater degree of disadvantage than in other areas of Wales and the UK. The impact of income and wealth on health is liable to mean that despite the decrease in heavy industry the older population of Blaenau Gwent will still have poorer than average health.

**Table 3:
Life expectancy at Birth in Blaenau Gwent**

	Between 2001-03	Between 2008-09	2022/23
Males	73.6	75.6	79.0
Females	78.4	78.2	81.0

Source: Population census

A growing proportion of this ill-health in old age is attributable to dementia. Based on national estimates that 20% of people over 80 live with dementia, it can be estimated that there are over 1,000 Blaenau Gwent residents living with this condition now.

Table 4:
People aged 65 and over predicted to have dementia, by age and gender, projected to 2030

	2014	2015	2020	2025	2030
People aged 65-79	284	295	319	332	324
People aged 80+	547	554	617	732	888

Source: <http://www.daffodilcymru.org.uk>;

8.5 As of March 2006, there were, in Blaenau Gwent, 3,091 care packages open to adults; 2,228 service users were aged 65 plus, 673 of this total, related to people aged over 80 years and there were 863 packages to people under 65 years of age.

As of September 2014, there were 2,741 care packages open to adults; 1,587 service users were aged 65 plus, with 494 of this total related to people aged over 80 years and 1,154 packages to people under 65 years of age.

The table below reflects the fact that services have been targeted on those with the most significant needs, and although there is a fluctuating situation over the period 2008 to 2014, overall there has been a reduction in actual numbers receiving community care packages, although there is evidence to indicate that the total packages of care are starting to rise (up by 36 cases) in the period 2012 to 2014.

Interestingly, the complexity of their care needs throughout the period March 2006 to September 2014 has increased.

Table 5
Service users supported through community care packages

Service user numbers	March 2006	March 2012	September 2012	September 2014
Total number of users supported	3,091	2,792	2,723	2,741
Service users 85+	673	544	501	494
Service users aged between 65 - 84	1,555	1,227	1,221	1,093
Service users aged 18 -64	863	1,021	1,001	1,154

Source for the above information in table 5:
Business Management Team, Social Services

9. FUTURE SERVICE PRIORITIES AND COMMISSIONING INTENTIONS

9.1 The strategy acknowledges that in the face of severe financial restraints now, and, particularly in the future, new sets of challenges are likely to emerge and one of those challenges relates to the level and type of services the Authority is able to deliver. Different options for services, in this era of growing scale and complexity of need, will be required with some of the services gaining in prominence at the expense of others, purely and simply because of affordability, due to the ever changing demands as the population ages.

9.2 The needs analysis has identified the likely demographic pressures that have to be faced in the future, analysed current service provision, and identified a 'service model' that will need to be established if Social Services is to combat and divert demand.

9.3 In an attempt to overcome many of the concerns for the future, Social Services is proposing to change some of its current focus and concentrate time and effort in the early identification of vulnerable, or, potentially vulnerable people so that staff can intervene early in an attempt to remedy concerns at an early stage and delay or prevent the individual's circumstances or personal health from deteriorating to the extent that the only option is intensive support through a 'care' package.

9.4 The 'service model' proposed is based on a broader definition of help and facilitation with the services and support individuals receive, albeit possibly from different sources, being "joined up", or integrated, and delivered as a package which is purposeful to the individual, avoids omissions and focuses specifically on outcomes that will benefit the individual.

9.5 The challenge is to ensure that sufficient resources are made available to meet our statutory responsibilities and create sufficient capacity to focus on diverting demand. Integral to the success of this challenge is the action of mobilising organisations and groups operating in a defined area, to work collaboratively with Social Services, to create a more 'joined-up' approach in generating stronger communities that will better meet the needs of vulnerable people.

9.6 The framework established in the "Living Independently in Blaenau Gwent in the 21st Century Strategy for Older People aged 65+" clearly outlines developments proposed over a fifteen year period 2006–2021 and this document, in the earlier section, outlines the achievements to date.

9.7 The intention is to continue the work that has brought significant change and success to the citizens of Blaenau Gwent, albeit by strengthening our work with partner and 'like-minded' organisations which will "add value" to the work of the Department. The service model proposed continues to be based on already stated and evolving health, social care, accommodation, transport and voluntary sector developments.

9.8 In addition to these wider 'social service developments', the following 'service provision' will be targeted as priority, all of which are part of the overarching "Living Independently in Blaenau Gwent in the 21st Century Strategy for Older People".

- **Priority 1. Long term care:** jointly with Health and other partners, make arrangements to meet the nursing, residential and dementia care needs of the older persons population
- **Priority 2. Reablement/Enabling services:** further develop this approach and recognise the contribution of other organisations, in progressing this service

- **Priority 3. Day Opportunities/Community Options:** continuing development of everyday activities and opportunities to learn new skills or re-acquire skills through confidence building and tuition measures
- **Priority 4. Assistive Technology:** promote and expand assistive technology supported by a rapid response service, capable of containing situations where no family carers are available.
- **Priority 5. Direct Payments:** promote and expand direct payments and empowering people to take responsibility for arranging their own care and support requirements
- **Priority 6. Accommodation:** recognising the key role that appropriate housing plays on the well-being of older people. Work closely with partners to develop a range of suitable housing in Blaenau
- **Priority 7. Carers:** providing accessible and timely support services responsive to individual need
- **Priority 8. Domiciliary Care:** Ensuring provision of appropriate, reliable, quality services.

9.9 Taking forward the above priorities is considered critical, and these priorities need to be reconciled with the integration agenda with Caerphilly County Borough Council, so that the respective Authorities:

- Develop more appropriate care and support arrangements
- Enable people to live independently for as long as possible

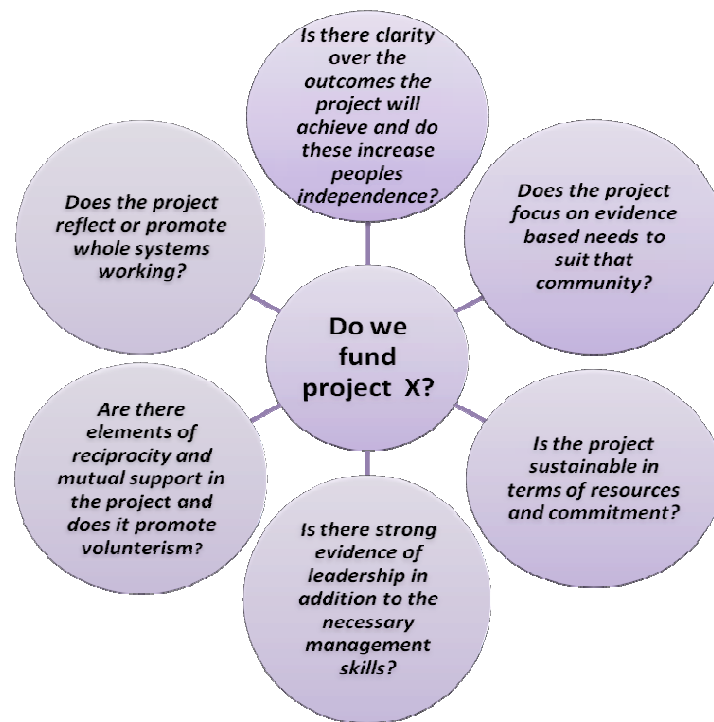
To achieve this there is a need to

- Ensure consistent outcome focused assessment & care management arrangements exist
- An early identification and intervention service exists with appropriate

10. Commissioning for future services

10.1 The key issue is, what services are we to invest in, that will maximise better outcomes for service users, provide efficiency and value for money, minimise risks to users and limit pressures on budgets. There is a need to remove the often perverse nature of commissioning services, so that providers are paid on outcomes achieved, as opposed to the amount of 'care' provided. In working to this approach it reinforces the practice principle of 'enabling' people to become more independent through programmes that help people recover self-help skills.

10.2 In order to assess and determine the services we will invest in, and those we need to de-commission. The following criteria is recommended **(taken from framework of services to older people):**



10.3 In with including

working partners, service

providers, there will be a need to develop a shared understanding, a commitment to change and in the way services are delivered. This is particularly important because in moving to this proposed model there will in many instances need to be a cross departmental/multi agency undertaking and or agreement. In addition the Council will need to consider how services are delivered, working closely with a range of partners, including the voluntary and independent sector to secure the most effective methods to deliver services. The proposed social services integration programme with Caerphilly Council will require that future commissioning intentions converge and complement each other.

10.4 In considering the developmental service aspirations, it should be noted that there will be a limit to what can be achieved at any one time, therefore immediate priorities have been established. Listed below are details of the work priorities:

Range of “Core” Community and Borough-wide services:

- Integrated social care and Health services
- Assessment & Care Management/Community Care Team
- Primary and secondary mental health services
- Domiciliary care services
- Joint Frailty Community Resource Team (including Occupational Therapy and Re-ablement services) that support people to regain skills and confidence
- Accommodation options to support people with high dependency needs e.g. people with dementia / extra care)
- Supporting People Floating Support Services that help people to keep their our accommodation
- Community Options (Day Care provision)
- Carer Support
- Long-term care
- Respite care

The specific actions that are required to underpin and support the development and or, re-positioning of services are set out below:

- **Long term care:**
 - Fewer older people being placed into institutional care, including standard residential care;
 - Increased availability of specialist residential (high dependency), dual nursing and dementia care.
 - Projections on the need for future long-term care provision, based on population and dementia trends, reveals the following (red type indicates pressure points):

Calendar Year	Residential Care	EMI Residential Care	Dual Residential/ Nursing Care	Nursing Care	EMI Nursing Care
2012	113	91	New category	178	101
Beds available at the end of 2014	84	90	75	113	54
2015	70	92	79	94	54
2016	68	102	79	90	61
2020	72	109	84	96	
2025	78	117	89	104	71
2030	86	135	102	116	81

- **Accommodation:**
 - Development of Extra Care Sheltered Housing, a bid has already been submitted for Tredegar, in addition to the 2 existing schemes
 - Housing – appropriate housing choices
 - Housing and repairs – long-term maintenance of private dwellings; energy schemes; handyman services
- **Domiciliary Care:** with'
 - Personalised enabling domiciliary service that maximises independence;
 - Increased specialism for those who are elderly mentally infirm;
- **Increased support for carers;**
 - Carer assessments appropriately reflect carer needs and properly signpost
 - Flexible respite care to include 'sitting service';
 - Sustaining the caring role over a longer period without direct help and support.
 - Mobile response services as an increased support for carers
- **Facilitation and promotion of Low-level (preventative) support,** addressing issues of social inclusion such as shopping, low-level maintenance:
 - Good quality information to the public - crucial to helping individuals and families make informed decisions. Older people can benefit hugely from having help to 'navigate' around the system

- Practical help with things like shopping, gardening, minor repairs and adaptations in the home etc
 - Advocacy/Floating support – helping people to navigate through any issues and concerns
 - Social connections/social networks/befriending – avoiding isolation and re-establishing or building contacts
 - Welfare advice
 - Healthy living advice and support – e.g. exercise classes, diet advice, risky lifestyle, issues awareness etc
 - Community safety – fire safety, antisocial behaviour, victim support, crime prevention etc
- **Increased usage of assistive technology;**
 - Increased use of Telecare to enable older and vulnerable people to remain independent in their own homes
 - Formal assessments as part of assessment & care management – use of demonstration/assessment facility
 - Falls prevention that help minimise risk
 - Digital inclusion to promote social inclusion
- **Increased availability of personal aids and adaptations in people’s own homes;**
 - Continue to work with Care & Repair, GWICES and other providers to ensure needs are met
- **Universal day opportunities for older people; need to**
 - Find more financially sustainable models for delivering services, thus allowing us to spend our resources on those in most need.
 - Continue to look for value for money by working in partnership and sharing resources.
 - Design specialist services to meet the growing demand.
 - Consider options for developing some of our existing projects through the social firm or social enterprise route.
 - Develop pathways to progression beyond the service
- **Increased rehabilitative services**
 - Outcome focused rehabilitation/reablement delivery
 - Community care packages – with an emphasis on getting people to do as much as they can for themselves
- **Extended links with voluntary sector support;**
 - Undertake an audit of the work of the voluntary sector and determine commissioning opportunities
 - Explore how the voluntary sector are able to assist ‘older people’ to have meaningful contacts with and be active in the community
 - Identify how the sector can deliver low-level practical services

References:

1. Framework of Services for Older People: Wales Government 2012
2. The Strategy for Older People in Wales, 2008-2013 - (“**Living longer, living better**”)

3. Sustainable Social Services for Wales: A Framework for Action
4. Fulfilled Lives, Supportive Communities'
5. The Community Plan;
6. Improving Social Care in Wales - SSIA
7. "Basics of efficiency in Adult Care" – John Bolton
8. Together for Health: A Five Year Vision for the NHS in Wales

Appendix 2

Progress update 2020/21 - Living Independently in Blaenau Gwent in the 21st Century' Strategy

Supporting Evidence – including impact of COVID 19 pandemic (April 20 to March 21

1. Priority 1 Long term care:

1.1 During 2020/21 the Adult Services department has continued to review and develop our services that deliver priority 1 - Long term care. During 2020/21 this priority has been done within the context of working within COVID 19 restrictions. We have been supporting the most vulnerable people within our communities, many of whom have been isolated, shielding, supporting people who are shielding and living within regulated settings where they have been unable to see our staff, their families or their friends.

1.2 In early April 20, as a response to the COVID 19 pandemic, all care management staff were asked to prioritise their caseloads and respond initially to critical assessments and requests for support only. However, within a matter of a few days it became apparent that our Adult Services teams needed to introduce different models of contact to ensure that we could support all vulnerable adults, whilst reducing face to face visits as much as possible. This has included using different IT solutions as well as where necessary face to face visits wearing appropriate PPE. Staff from Adult Services including our care management services, have been operating over a 7-day period including Bank Holidays and weekends, throughout the pandemic. We have had care management staff working at our acute and community hospitals often undertaking assessments with COVID positive patients, some of whom have been sadly end of life and providing a much needed liaison function between the patients and their families. This enhanced model of support has required us to increase our capacity to facilitate discharges and support all vulnerable people in our Communities (both COVID positive and non COVID people). Staff have worked overtime, additional shifts and many have exceeded their normal contractual hours to meet the challenge. Our Provider teams have been under significant pressure as we have maintained care and support delivery 24/7.

1.3 Throughout the past 12 months', availability of care home and emergency respite support has been challenging with all 15 of our Care Homes being closed to new admissions due to COVID outbreaks at some stage since April 20. A number of care settings have had significant outbreaks which has meant that they have been unable to receive any new placements for several months and the wellbeing of both staff and residents has been a concern and a priority

for our teams. The Adult Services Team has during this period worked closely with our Gwent Local Authority Partners and ABUHB to implement a Standard Operating Procedures (SOPs) for all discharges from hospitals to care settings including a person's own home if they are to receive a domiciliary or reablement care packages. We have also devised a similar SOP for admissions to a care setting from the community in an emergency situation for example as a result of carer breakdown or deterioration in a person's condition. These SOPs outline roles and expectations around testing of patients, recording and sharing of test results and isolation periods. Many residents in care homes, particularly those who are living with dementia have required additional support during periods of isolation, both in their own homes and when living in a care setting. This support has been coordinated by our social care teams and funded by the Welsh Government Hardship grant.

1.4 During the pandemic all Care Home settings have been supported by our Adult Services Commissioning Team to access short term sustainability funding from the Welsh Government Hardship fund. The numbers of residents living in Blaenau Gwent Care Homes has reduced throughout the period and our Commissioning Team continues to work with both our internal and external providers to carefully monitor the market. The team also has also been in very close contact with key partners including Public Health Wales, ABUHB, Environmental Health and our Providers throughout the pandemic as we have:

1. Provided daily monitoring of both staff and resident COVID outbreaks
2. Facilitated arranging COVID tests and more recently coordinated the roll out of the Welsh Government Lateral Flow Devices (LFDs)
3. We have distributed PPE items to all care and community settings across both Adult and Children providers
4. We have distributed relevant Welsh Government COVID guidance to Providers and supported them with disseminating to relevant staff and introducing new ways of safe COVID working.
5. Our staff have undertaking infection control visits and COVID audits when a Care Home has an outbreak – this has been in partnership with ABUHB and PHW.
6. We have coordinated frontline staff teams to support settings who have experienced outbreaks ensuring that minimum staffing levels have been maintained and health and social care needs of residents met – this has meant that Local Authority staff have been deployed to work across both internal and external settings to support our most vulnerable citizens.

7. Coordinated COVID 19 vaccinations and submitted the names of social care staff – both LA and external partners to ABUHB for approval

1.5 Table 1 below – demonstrates the number of citizens for whom the Local Authority commission the placements in our care home settings. These figures do not include those residents living in care homes who are funded by Health Boards, other Local Authorities or self-funding. The table clearly demonstrates the reduction in residents between March 2020 and December 2020. The details for quarter 4 (January to March 21) are currently being analysed and the data will be used to inform our understanding of the market demand both during and after the pandemic.

Table 1 Category	Mar 20	June 20	Sept 20	Dec 20
Nursing Over 65	60	60	62	54
Nursing under 65	7	7	8	5
Residential Over 65	128	112	104	94
Residential Under 65	26	29	28	28
Supported Living Over 65	6	6	5	4
Supported Living Under 65	65	66	65	66
Total	292	280	272	251

1.6 In addition to the data in table 1, below are details of numbers of beds provided across Blaenau Gwent (as opposed to funded by the LA) as a snapshot comparison in February 2020 and also February 2021:

Feb 2020 information:

- Number of care homes across Blaenau Gwent – 15
- Number of beds offered as of Feb 20 – 468
- Number of occupied beds as of Feb 20 – **444**

Feb 2021 information:

- Number of care homes across Blaenau Gwent – 16
- Number of beds offered as of Feb 21 – 480
- Number of occupied beds as of Feb 21 - **329**

1.7 Despite the challenges of the pandemic, the Adult Services teams have continued to review our working pathways across both health and social care.

1.8 The review of our Adult Services structures was put on hold for approximately 6 months during early 2020, but the work has recommenced during late 2020 and a report is currently being finalised on the future working model across our prevention and long-term services with a number of key recommendations being made in relation to for examples: developing a new hospital 'hub' based on the learning from COVID, improving case management processes, standardising administrative processes undertaken by care managers, finance and commissioning with the aim of developing enhanced performance data and streamlining our assessment forms to better support the practices of our staff.

2. Priority 2 Reablement/Enabling services:

2.1 Since April 20 our front door Information, Advice and Assistance (IAA) team has been operating a skeleton rota staff based at the Vitcc Tredegar with the remaining staff working from home. They have continued to focus on enabling citizens to access appropriate support including access to reablement provision that aims to promote independence and reduce dependency on traditional models of care and support. During COVID 19 this has also meant that they have supported our Council Locality Hubs, providing support and advice to those people who were previously not known to Social Services but who required support due to a deterioration in their wellbeing, isolation and shielding. A number of our Community Connectors were initially seconded to the Locality Teams to provide additional capacity and community knowledge. Our work within Blaenau Gwent GP practices, as part of the Compassionate Communities Transformation Project, moved to a virtual model via Microsoft Teams in April 20 and has continued to operate successfully throughout the past 12 months providing vital support to our GP's and their patients. The support provided has more recently been extended to include telephone 'wellbeing' support for people who are leaving hospital after extended inpatient periods and we have also been providing weekly telephone contact with people who may be feeling lonely and isolated during the second period of COVID 'lockdown.'

2.2 Our Community Resource Team (CRT) continues to be the main driver for ensuring that citizens have access to relevant and appropriate rehabilitative opportunities including therapist based interventions. This has included provided reablement support to patients recovering from the impact of contracting COVID 19. Our Community Resource staff (both Health and Social Services employees) have worked across acute, community and our care home providers, delivering frontline care to many people with COVID 19 including supporting with end of life care.

2.3 During 2021 we have been successful in securing Welsh Government Discharge to Assess and recover funding. In total during the year we have secured £77,352 of additional grant funding to manage discharge and hospital flow during the COVID-19 emergency period with the primary aim of:

- expedite these service and practice developments at scale and pace; and
- pooling the expertise and learning at local, regional and national levels.

This is being achieved by Health and Social Care partners:

- Working together and pooling staffing to ensure the best use of resources and prioritisation in relation to patients being discharged, respecting appropriate local commissioning routes.
- On a daily basis reviewing capacity across the system, pooling information from hospital sites, community teams and the national Care and Support Capacity Tool, to which discharge teams will have access from April 2020.
- Minimising the risks associated with multiple contacts for patients, actively seek to implement reciprocal arrangements for delegated tasks between health and social care staff.
- Coordinating the work with local and national voluntary sector organisations to provide services and support to people requiring support around discharge from hospital and subsequent recovery.
- Working together to expand the capacity in domiciliary care, care homes and reablement services in the local area.

3. Priority 3 Day Opportunities/Community Options:

3.1 In April 2020, Social Services took over the management and coordination of the Community Meals service. This provision currently sits within the Community Options service and was due to be part of our wider Community Catering Enterprise. However due to the pandemic the catering enterprise has been put on hold and we have focussed on the reconfiguration of the current Community Meals provision including the promotion of take up of meals. The service is currently providing meals to an average of 122 people per day an increase of 30% since April 20. The service is continuing to develop and for the first time ever, our staff provided community meals on Christmas Day to those who were unable to have family support due to the pandemic.

3.2 Our Community Options Service continues to provide a wide range of day activities to vulnerable citizens aged 18 and over. As at 1st February 20 – 185 people were attending Community Options (day services) on one or more day a week. During the initial lockdown in March 20, in line with Welsh

Government guidance our Community Options Services closed all of its buildings and our support was urgently remodelled to provide critical and emergency respite. In addition to this we redeployed care staff from our Community Options Teams to work across other critical service areas:

3.3 Staff deployment to other areas:

- Cwrt Mytton - 27 staff were deployed to support residents with dementia
- Supported Living - 4 staff were deployed to support adults with a learning disability alongside staff deployed from Augusta Respite Centre.
- Home Care - 3 staff were deployed to cover community and extra care calls
- Community Meals - 4 staff were deployed to support the community meals services
- AUBHB testing courier service - 2 staff supported the coordination of tests to and from Rodney Parade to our Blaenau Gwent Care Homes

3.4 As the pandemic continued we realised that some vulnerable adults and their families needed additional support and required access to daily sessions at both Bert Denning Centre and Lake View. We have been able to gradually and safely open both these buildings for restricted attendance and sessional support. Subsequently our Community Options programme of support has developed further as the pandemic has progressed and a blended 3 level model of service developed:

1. **Level 1 – Specialist support at Bert Denning** for those who require critical support who have complex health needs including hydrotherapy session within the pool as part of a therapy programme
2. **Level 2 – Critical outreach activities** that support citizens to achieve their outcomes either within their own home or community around their home including accompanied walks in line with social distancing and lock down regulations.
3. **Level 3 – Virtual support** including regular telephone contact and sessional digital support and virtual ‘teams’ sessions.

3.5 As of March 2021 of the original 185 citizens that accessed Community Options:

- 83 are receiving weekly telephone contact
- 12 are joining Virtual activity
- 13 have sadly passed away
- 46 are tenants within a Supported Living provision are receiving their day activities within their accommodation
- 14 citizens accessed critical support

- 4 have moved to live in residential care
- 1 has moved out of county
- 1 has moved to an alternative provider
- 6 are unwell / are in hospital

3.6 Over the next few months in line with Welsh Government advice we will be reviewing our Community Options provision and making recommendation on a future model of provision. This will include a review of the needs of people who have previously attended our activities and a consideration of what level of provision we can safely provide in the 'here and now' during the pandemic. We will also be learning from what has worked well during the pandemic and how this learning can help us develop modern provision moving forward.

4 Priority 4 Assistive Technology:

4.1 The use and access of technologies have been extremely important during the past few months in not only linking our staff with their colleagues and peers but importantly supporting our vulnerable citizens to remain safely at home. Where possible we have ensured that welfare and 'keep in touch' systems have been put in place using technologies such as community alarm systems, mobile phones, tablets and I pads etc. Our teams have worked closely with Worcester Telecare Solutions to ensure that we have been able to maximise the provision that we can offer via our Community Alarm Services with daily / weekly calls being made to those living alone and required to shield. We have provided welfare calls, with the aim of checking how they were, enquiring about their health in particular asking about COVID related symptoms and calling for support should they require it.

4.2 During 2020 we successfully bid for additional funding from the Welsh Government Integrated Care Fund (ICF) to purchased iPads & Amazon echo's which we have successfully promoted and installed throughout Blaenau Gwent. We have drafted an agreement which allows us to loan the equipment to the individuals as part of their care and support planning. These devices have already become popular with our Visual Impairment services as the iPads and Echo's allow individuals to communicate with family members via voice or video calling. They can also organise appointments, set reminders, order shopping and even use apps which read out letters or describe the home setting and even people around them.

4.3 More recently we have been part of a Gwent Independent Living Regional project, which involves us trialling a system called Cascade 3d. We as local authorities in Gwent were required to score each submission on the Sell2Wales process for the product selection. Cascade 3d uses motion sensors throughout an individual's home to monitor movement, light and temperature. This also links to an Amazon echo. Family and social care workers can monitor each individual as they continue to live at home. There are telehealth peripherals which link to the unit to monitor blood pressure, temperature, weight & blood glucose. Health professionals are able to link in

with the individual via the echo to monitor if required. There is also funding for Wi-Fi units if the individual does not have Wi-Fi within their home.

4.4 During 2021 we have secured an additional £63,500 one off funding to enable us to support people at home using technologies. This has included purchasing the units mentions above plus grant funding to increase our supply of dementia companions - Cats, Dogs & Babies which are extremely popular both across our Care Homes and peoples own homes. We were also successful in securing funding for 3 RITA systems, (Reminiscence Interactive Therapy Activities), which are innovative, evidence-based, state-of-the-art digital therapy system which allows people living with dementia to use apps, games and other leisure activities to promote their wellbeing. The 3 units were distributed to 2 dementia care homes during their significant COVID outbreaks when staff were struggling to isolate the residents in their own rooms as part of the infection control requirements. During the past week we have also secured a further 8 RITAs for our care homes.

Photo of Cwrt Mytton resident using a RITA (Reminiscence Interactive Therapy Activities):



4.5 Despite the challenges of the pandemic our staff have continued to work in partnership with our Housing Providers and technology developers so that we can ensure that we promote technologies as much as possible. Our dementia smart flat is currently “under construction”. This will show case home automation, a dementia sensory room & equipment linked to the cooker which can detect if there is someone near the cooker, food boiling over, switch the cooker off and alarm the monitoring centre. This initiative has been previously reported and is funded via Integrated Care Funding (ICF capital monies).

5. Priority 5 Direct Payments:

5.1 The Social Services and Wellbeing (Wales) Act 2014 promotes the use of direct payments for individuals and since April 2016, our Local Authority has been responsible for undertaking and funding Criminal Record Bureau Checks on behalf of the employing individual. In line with the Act we continue

to offer Direct Payments to individuals as part of our care and support assessments as this is an option for providing support to meet eligible needs. 5.2 The number of adults with a direct payment has remained fairly consistent over the last few years and any new approvals have been limited during the pandemic, as many recipients have been shielding and their ability to be supported out and about in their communities restricted. However, support by the DP team for our direct payments recipients and their carers has been extremely important during the pandemic and our DP team has been instrumental in:

- Distributing weekly allocations of PPE
- Providing relevant Welsh Government guidance including information on use of PPE, infection control process and social distancing advice.
- Arranging bookings for vaccinations in line with JCVI guidance
- Providing emotional and wellbeing support.

6. Priority 6 Accommodation:

6.1 During 2020/21 we have continued to have good partnership and working arrangements between our RSL partners including Tai Calon, colleagues in Housing Strategy, the Supporting People Team and the Community Resource Team (CRT) ensuring that key partners are involved when allocating properties to citizens who have complex needs and mobility issues. Our Supporting People Team have supported our commissioned Housing Support providers to move to COVID secure ways of working which have included supporting our Housing Team to ensure that support is provided to our homeless population including those who required emergency accommodation, providing digital support as opposed to face to face contact for those people accessing floating support services and also providing support to those staff working in supported accommodation such as supported housing projects, domestic abuse and homeless accommodation.

6.2 Despite the pressures that the staff have faced, we have remained actively involved in the development of new housing developments including the Melin Project at the former Greenacre site Tredegar and other bespoke accommodation projects throughout Blaenau Gwent. The construction of additional respite units at Augusta Respite Centre, have unfortunately been delayed due to COVID but we are assured that the project should be concluded by October 21. This initiative has been previously reported in our update in 2019/20 are funded via Integrated Care Funding (ICF capital monies).

7. Priority 7 Carers:

7.1 Due to the unprecedented pandemic situation our Carers Support workers have had to adapt their service in order to continue to provide support to unpaid family Carers in the borough. After discussion within the service, with 7.2 Carers and in communication with the GP Surgeries, it was decided that the best way forward would be to provide carer support via phone, email or video calls. We also changed to video calls for our weekly meetings with GP surgeries to retain our regular contact, alongside regular phone calls and emails. As well as providing support calls for new carers accessing the service, we also touched base with many carers that previously accessed the service, to check how they were and, to advise them that support was available should then need it. Feedback from carers has been very positive.

7.3 In addition to referrals received through GP Surgeries and our Social Work Teams, we have also seen a rise in referrals from external organizations and services that hadn't referred previously e.g. Velindre Hospital, Huntington's Society, Ysbyty Tri Chwm's Memory Team and The Stroke Association.

7.4 Various information and support has been provided ranging from COVID specific advice around clarification of restrictions, shielding advice and information on services available such as shopping services through to quite complex emotional support for carers. During the past 12 months, we have had an increase in crisis cases as lockdown progressed, particularly with carers caring for individuals with Dementia, Huntington's Disease, etc.

7.5 The carer support staff along with our wider Social Care colleagues, have made use of BGCBC Social Media to raise awareness of our projects and to let carers know what support was available to them. Throughout Carers Week 2020 we worked closely with the Communications Team to put together daily 'Carers Wellbeing' posts and ensured that these were also shared through a number of other channels such as the Integrated Wellbeing Network, Wellbeing Champions Network and Carers Trust Carers Hub. In addition to the above wellbeing posts, we secured funding for 'Self Care' gift bags and we delivered these to 30 Carers spread across the borough. The Carers that received these were very pleased and some said they were overwhelmed to have been thought of.

Carer Case Study:

Referral received from GP who was worried about D's mental wellbeing and had got consent to refer for carer support. D is caring for her husband. Carers Officer rang her and issues raised included:

- Dealing with own health conditions and pain management
- Role as a carer for husband and adult daughter with mental health diagnosis
- Loss of independence, active lives and jobs
- Family bereavement and dealing with grief

Support offered – in addition to a listening ear!

- Referral to Expert Patient Programme and
- details of their NHS course for living with long term conditions and pain.

- Offer of support at Carers Support Group and assistance in getting an email account set up and access to 'Microsoft teams'.
- Referral to Primary Wellbeing Worker for mental health support
- Offer of support to find volunteering roles – after pandemic.
- Support for daughter to access relevant networks
- Afternoon tea arranged to be delivered to the house as a thank you for being a carer.

Feedback from D – she said *that 'it had been easier to talk to a stranger than her family as she can be honest about how she feels, and that she felt better after talking than she had before the calls.'*

8. Priority 8 Domiciliary Care:

8.1 Blaenau Gwent and Caerphilly CBCs have established a framework of accredited and approved registered domiciliary care providers to deliver Support at Home Services for both Adults and Children. The tender was for new business only – meaning that all existing care packages remained with the same provider thereby ensuring continuity of care to Individuals in receipt of services. The ultimate aim, in response to national concerns in relation to the pressures faced across the sector, was to strengthen the domiciliary care market place here in Blaenau Gwent by effectively recruiting to the local workforce sector and growing our market supply.

8.2 The Covid 19 pandemic has had a significant impact on the delivery of domiciliary care provision. Our Providers and staff have been required to deliver ongoing care and support to our most vulnerable people. Appendix A below – ***Scrutiny Report March 21 - Support at Home Services Tender and Market Performance for commissioned services with Independent providers*** provides a comprehensive report on the current domiciliary care position in Blaenau Gwent including the impact of COVID 19 pandemic.

8.3 Table 2 below provides a summary of the numbers and categories of domiciliary care packages commissioned over the last 12 months. This shows a continued reduction in numbers of packages that we commission. However, at this stage due to the impact of the COVID 19 pandemic, we are unable to attribute this to the changes in practice that we have introduced across Adult Services. Further analysis of this is required as part of the review of the strategy to identify if the reduction is as a result of for example (in addition to COVID 19):

- Impact of our preventative and signposting approach due to the introduction of our Information, Advice and Assistance (IAA) team
- Cultural changes across our teams and partners including ABUHB as we promote strength based assessments.
- Impact of our reablement teams and emergency care @home service
- Promotion of other models of support to meet care and support needs such as Shared Lives, Direct Payments etc

8.4 Finally, it is important to recognise that this data also does not give details of the complexity of packages of care that we are providing including number of calls per day or the length of calls. The complexity of the individuals that we support is increasing as we support more individuals to achieve their care and support wishes to remain in their own home – a key aim of the Living Independently Strategy.

Table 2 Category	Mar 19	June 19	Mar 20	June 20	Sept 20	Dec 20
Sitting Service Over 65	30	26	20	18	16	14
Sitting Service under 65	2	2	3	4	2	2
Home Care Over 65	383	367	349	341	331	302
Home Care Under 65	79	74	67	59	60	64
Total	532	469	439	420	409	382

8.5 Throughout the past 12 months we have continued to develop our Emergency Care @ Home service (DASH). This provides emergency support to avoid hospital admissions and also supports rapid discharge. During 2020/21 we have secured £148,162 additional one off funding to support this provision including supporting additional capacity across the private sector.



Updated Social
Services Support at |

Agenda Item 6

Executive Committee and Council only

Date signed off by the Monitoring Officer: N/A

Date signed off by the Section 151 Officer: N/A

Committee: **Social Services Scrutiny Committee**
Date of meeting: **22nd April 2021**
Report Subject: **Regional Partnership Update**
Portfolio Holder: **Cllr John Mason, Executive Member Social Services**
Report Submitted by: **Damien McCann, Corporate Director of Social Services**

Reporting Pathway								
Directorate Management Team	Corporate Leadership Team	Portfolio Holder / Chair	Audit Committee	Democratic Services Committee	Scrutiny Committee	Executive Committee	Council	Other (please state)
x	x	13.04.21			22.04.21	FWP 2021/22		

1. Purpose of the Report

- 1.1 The purpose of the report is to update Members on the work and decisions taken over the last 5 months by the Regional Partnership Board, developed under statutory guidance Part 9 of the Social Services and Wellbeing (Wales) Act 2014 (SSWB Act) since the last report presented to Social Services Scrutiny Committee on the 5th November 2020.

2. Scope and Background

- 2.1 The SSWB Act came into force in April 2016, Part 9 of the Act sets out statutory requirement for a Regional Partnership Board (RPB), along with the required minimum membership and a regional Citizen Panel, regional Provider Forum and regional Leadership Group (senior officer group) which have all been established.
- 2.2 The Regional Partnership Boards has been established on current local health board footprints – so the Gwent regional partnership board includes Aneurin Bevan University Health Board (ABUHB) and Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen local authorities.
- 2.3 The regulations also set out required membership of Regional Partnership Boards. The Executive member in each local authority, with responsibility for health and social care, sits on the Regional Partnership Board. In a similar vein, non-executive members of the Aneurin Bevan University Health Board also sit on the Regional Partnership Board.
- 2.4 The Regional Partnership Board is an advisory body, that does not take away the existing responsibilities of the individual statutory bodies, but it is expected to take oversight of and provide direction to, any areas of integrated working across health and social care.
- 2.5 Social Services Scrutiny Committee on the 13th March 2017 agreed for the Executive Member of Social Services and Director of Social Services to report back to Scrutiny Committee on a quarterly basis. This approach was endorsed by Executive Committee on the 15th March 2017.

- 2.6 The Regional Partnership Board has met on 3 occasions since the last report to Scrutiny Committee on the 5th November 2020. There were a number of areas which have occupied the Regional Partnership Board at these meetings. Firstly, the continued response to the Coronavirus outbreak across partner agencies and the effect on services. Secondly, the reallocation of underspend for 2020/21 and the continuation of the Integrated Care Revenue and Capital Funds. Thirdly, the continuation of the Transformational Offer beyond 2021, in response to the Welsh Government's new long term plan for health and social care 'A Healthier Wales'. Finally, it had considered the Integrated Winter Plan for 2020/21.
- 2.7 At each of the Regional Partnership Board meetings we have we have received updates on the hospital and community position on the impact of the Coronavirus pandemic, and more recently the progress on the vaccination programme being rolled out. This included feedback from the Citizen Panel on some of the issues that had been raised with them concerning access to healthcare. The Board have been reassured that although the pandemic has been worse second time round the hospital capacity and support in the community has just been able to cope with the second wave locally and regionally which was very much due to collaborative working by all partners.
- 2.8 The Regional Partnership Board is the body who sign off and agree the Integrated Care Fund revenue and capital proposals. We do not intend to go into detail of the funding obtained and the bids made as these were subject of a report to Social Services Scrutiny Committee on December 2020 meeting and we will bring a more detailed report back to this Committee once the new cycle of meetings has been arranged.
- 2.9 Across all revenue funding streams, slippage has arisen late in the financial year mostly related to the difficulty in recruiting staff and commissioning additional beds mainly as a result of COVID-19. The slippage position stood at £903,000 at the end of February 2021, however £645,000 spend had been identified. Significant engagement has been undertaken across the partnership to ensure full utilisation of our regional allocations. An investment appraisal was developed to utilise this funding and approved by Regional Partnership Board at its 16th March 2021 meeting.
- 2.10 There continues to be close working with partnership organisation delivering ICF capital projects. As a region we are able to fully deliver Year 3 of our Capital Investment Plan, albeit delivery timeframes have slipped due to the impact of the pandemic on procurement and contracting. Our own proposal for Augusta House is one such project that has slipped and is now likely to be completed hopefully by the end of 2021.
- 2.11 The Welsh Community Care Information System (WCCIS) funding will no longer be provided via the ICF governance mechanism and has therefore been removed from the guidance and allocation letter. Alternative funding has been identified within the final year of Transformation Funding, and an indicative award provided to the region of £520,000. A regional proposal

has been submitted to Welsh Government by the regional WCCIS board, and we are currently awaiting the outcome of the Welsh Government consideration.

- 2.12 The £2million previously utilised for WCCIS implementation within the ICF revenue funding stream has been repurposed for a new priority area 'Safe accommodation for children with complex, high end emotional and behavioural needs'. This priority area has been introduced in direct response to the Children's Commissioner for Wales' report, No Wrong Door and in line with current Ministerial priorities.
- 2.13 Welsh Government are currently holding this funding centrally and are inviting expressions of interest from Regions. Clear expectations have been set by Welsh Government on the requirement to fully meet the brief of this new priority, for which they only expect to fund between two and three initiatives across Wales as pump-priming for the 2021-22 period.
- 2.14 In response to this priority area, and the invitation for applications, a regional proposal to develop a children's residential home at Windmill Farm, Newport was submitted to Welsh Government on 10th February 2021. This is an integrated model of delivery using ICF Capital. The proposal also sets out the opportunity of exploring joint commissioning methodologies for a wider cohort of children with complex needs. A response is awaited from Welsh Government on our bid as I write this report.
- 2.15 Members may recall from previous reports that the Regional Partnership Board had successfully submitted a 'Gwent transformational offer' to Welsh Government which granted the Gwent RPB £13.4 million of new limited funding over a two-year period. Members may also recall that this was in response to 'A Healthier Wales' which set out a new £100 million transformational programme. The new transformation fund was intended to provide additional funding to catalyse 'whole system change', driven through the Regional Partnership Boards with an expectation that each region develops a 'transformational offer'.
- 2.16 The offer in Gwent related to four areas, derived from the priority areas within the Area Plan and the considered directions of the Regional Partnership Board. These include:
- The development of early intervention and prevention services (Integrated Wellbeing Networks);
 - The development of primary and community care services (Compassionate Communities);
 - The redesign of child and adolescent emotional and mental health services (Iceberg model);
 - The development of an integrated 'Home First' discharge model;
 - The development of workforce planning and organisational development to underpin transformational activity.

A summary of the different projects was previously provided at the 24th January 2019 and 17th October 2019 and 13th January 2020 Scrutiny Committees.

- 2.17 The Gwent Transformation Programme has continued to make good progress, with the programmes adapting their scope and focus to ensure they are able to support the local response to COVID-19. However, during the Coronavirus pandemic some of the projects under the transformation programme had to stop, reduce their offer to the public or redirect towards helping fight the Coronavirus. This has delayed the time available for these models to evidence success and for their evaluations to be completed.
- 2.18 Welsh Government have now confirmed funding will continue for a further transition year in its current format until March 2022, each programme has developed a programme of work around financial sustainability, making clear the value of the programmes in line with the wider strategic improvement objectives of the Regional Partnership Board.
- 2.19 All four programmes had commissioned evaluation of the models, with the Institute of Public Care being successful for place based care, integrated wellbeing networks and Home first and Cedar Associates are leading the evaluation of the ICEBERG model. These had started but again fell victim to the pandemic and have now been restarted.
- 2.20 The programme has been awarded £8,313,131 for 2021/22. Sustainability will be the primary focus in the final year, bringing together successful elements alongside successful ICF programmes, to create a framework of services within a model of 'Place Based Care'.
- 2.21 All four programmes, have embedded well and the evaluation reports demonstrate both financial efficiencies and improved wellbeing outcomes for citizens have been achieved. The Integrated wellbeing networks have been at the forefront of the community response to COVID, cementing their role and value in supporting community resilience and wellbeing. The team have supported vulnerable people, shielding and isolating and the wellbeing champions role has been evidenced as making an important positive impact.
- 2.22 Place Based Care has delivered over 400 Multi-Disciplinary Team meetings, made 420 post discharge contacts, seen an increase in referrals to community connectors, been able to evidence likely early impact on reducing emergency admissions and supported an increase in use of Information Advice and Assistance Services. Home First has delivered an effective admissions avoidance services across Nevill Hall and the Royal Gwent Hospital. The service now operates at the Grange, with 63 discharges to mid-March, and across all three sites almost 4,000 since March last year.
- 2.23 The Iceberg model has received over 4000 referrals through the SPACE wellbeing service, featured on the BBC and in the Children's Commissioner's report as the leading exemplar of a 'No wrong door'

approach. It is also working to establish an approach for the ‘whole schools approach’ work given the devastating impact on children and young people of the pandemic.

- 2.24 One of the difficulties with the Transformation funding continues to be recruitment to specialist posts, with staff reluctant to leave existing posts for a short term funded post. This has been fed back to Welsh Government and hopefully will be taken on board for future funding streams.
- 2.25 Winter Planning is an integral part of the Health and Social Care system responsibility and this year’s plan has been developed, in line with Welsh Government guidance, with all partners within the Regional Partnership Board (RPB) who have agreed to recommend a number of the activities in order to support patients within the Gwent area. The plan has been developed with colleagues across the Health Board and partners in Social Care, third sector and Welsh Ambulance Service. The RPB submitted their Winter plan to Welsh Government by the end of October 2020.
- 2.26 The purpose of the plan is to demonstrate by region, the agreed partnership activity, to support the provision of care and support services during this winter period, to outline the safe and integrate management of ‘winter pressures’ and to provide assurance of a whole system approach to the winter period. The plan is structured around the ‘Six goals’ and ‘Four harms’ identified in the National Winter Protection plan.

GOAL	OBJECTIVE
Goal 1: Co-ordination, planning and support for high risk groups	Planning and support to help high risk or vulnerable people and their carers to remain independent at home, preventing the need for urgent care
Goal 2: Signposting, information and assistance for all	Information, advice or assistance to signpost people who want - or need - urgent support or treatment to the right place, first time.
Goal 3: Preventing admission of high risk groups	Community alternatives to attendance at an Emergency Department and/or admission to acute hospital for people who need urgent care but would benefit from staying at, or as close as possible, to home
Goal 4: Rapid response in crisis	The fastest and best response at times of crisis for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis.

Goal 5: Great hospital care	Optimal hospital based care for people who need short term, or ongoing, assessment/treatment, where beneficial
Goal 6: Home first when ready	Capacity to ensure effective and timely discharge from hospital, when individual is ready to most appropriate location

2.27 For Members information the four harms relate to the Coronavirus pandemic these are:

- The harm of COVID-19 itself;
- The harm from overwhelming the NHS and Social Care system;
- The harm from the reduction in non COVID activity;
- The harms from wider societal actions/lockdowns.

2.28 The plan sets out a coordinated whole systems approach to the delivery of health and social care services across Gwent, in partnership with both housing and Third sector partners. It sets out the required capacity necessary to protect the system in Gwent during the winter period, within the context of the ongoing COVID-19 pandemic

2.29 The outlined activity is funded from a range of funding sources provided to the Health Board and Local Authority. When previously reporting back in early November 2020 there was no further funding expected. However, funding to support Discharge to Re-able and Assess (D2RA) pathways has been made available to the region via two tranches in 2020-21. The first tranche, referenced as Covid Surge/Hospital Discharge funding and a second tranche of funding referenced as Discharge to Re-able and Assess. Funding for the region within 2020-21 has totalled £3.7m.

2.30 As referenced above, some challenges have been experienced in trying to deliver the intended range of initiatives due to the workforce constraints and inability to access care home placement. Learning from this period is currently being considered in addition to the capacity constraints to enable implementation of D2RA pathways.

2.31 Funding support for 2021-22 has been made available to Regional Partnership Boards, via a Transformation Scaling Fund, providing an allocation of £1.137m. A proposal will be developed to articulate the regional plan for implementation of D2RA pathways and will be shared with the RPB virtual consideration, ahead of submission to Welsh Government by 9th April 2021.

3. **Options for Recommendation**

3.1 The options for consideration are:

3.2 Option 1 – to scrutinise the report and to support the decisions of the Regional Partnership Board:

3.3 Option 2 – to scrutinise the report and propose an alternative approach to Executive Committee in relation to the options taken by Regional Partnership Board.

4. **Evidence of how does this topic supports the achievement of the Corporate Plan / Statutory Responsibilities / Blaenau Gwent Well-being Plan**

4.1 Evidence of how does this topic supports the achievement of the Corporate Plan / Statutory Responsibilities / Blaenau Gwent Well-being Plan
The report is fulfilling our statutory functions under the Social Services and Wellbeing Act 2014 and accompanying regulations.

4.2 The report is also fulfilling a number of the Social Services aims within the Corporate Plan:

- To improve accessibility, provision of information and advice to enable people to support their own wellbeing;
- To intervene early to prevent problems from becoming greater;
- To work with our partners including Aneurin Bevan Health Board and neighbouring authorities to deliver integrated responsive care and support;
- To promote and facilitate new ways of delivering health and social care involving key partners and our communities.

4.3 A number of the areas being progressed by the Regional Partnership Board will support us to achieve two of the Wellbeing Plan objectives:

- The best start in life for everyone;
- To encourage and enable people to make healthy lifestyle choices in the place that they live, learn, work and play.

5. **Implications Against Each Option**

Option 1 - The Regional Partnership Board have statutory responsibilities laid out within the Social Services and Wellbeing Act 2014 and Ministers expect to see the Regional Partnership Boards, maturing into a vehicle for more integrated commissioning, transformation and improvement across health and social care, with an emphasis on providing more care closer to home, maintaining independence and reducing unnecessary hospital admissions. Therefore, by implementing the Gwent transformation offer the Regional Partnership Board are complying with the legislation and Ministerial expectations.

Option 1 – Welsh Government have also determined that the use of the Integrated Care Capital and Revenue Fund, the new Transformational fund and any Integrated Winter Planning funding will have oversight by the Regional Partnership Board. All these funding sources are to assist with the integration of health and social care across the Gwent Regional footprint. It is essential that the Regional Partnership Board has oversight of funding proposals and subsequent use of these funding streams, and have approved the proposals before they were submitted and agreed by Welsh Government.

Option 2 – The Regional Partnership Board are made up of a number of organisations who collectively make decision for the good of the region. If Scrutiny were to recommend alternative approaches, then it would need the support of neighbouring authorities and the health board to obtain consensus. Failure to do this would mean being in breach of legislation and could result in Welsh Government intervention. Whilst failure to comply with the requirements of the Integrated Care Capital Fund and Revenue Fund, Transformational fund and Integrated Winter Planning fund could result in the withdrawal or ability to receive funding for the Blaenau Gwent and Gwent region respectively.

5.1 ***Impact on Budget (short and long term impact)***

There are no immediate impacts on the budget, the Integrated Care Capital Fund is provided on an annual basis to fund innovative projects within Health and Social Care which has been extended for a further 12 months during a transition year. The transformation fund is to develop new models of transformation at pace and has been agreed for a further 12 months during transition as well. These are all additional funding coming into the system.

The Integrated Care Capital and Revenue Fund provides significant investment to develop a number of projects across Blaenau Gwent and Gwent as a whole and should this funding be removed at the end of the proposed transition period will have significant consequences going forward. In addition, the transformation fund is a time limited fund intended to replace or reconfigure existing services not adding an extra layer; therefore, there is an expectation that these models will be funded from core budgets going forward.

5.2 ***Risk including Mitigating Actions***

5.3 ***Legal***

The Legal department becomes involved in considering and advising on any legal agreements before signing such as the Section 33 Agreement.

5.4 ***Human Resources***

The Gwent Transformational Team support senior officers and elected members to deliver and implement the priorities of the Regional Partnership Board. In addition, they administer the Regional Partnership Board and

Leadership Group. The Gwent Transformation Team is hosted by Torfaen County Borough Council.

6. **Supporting Evidence:**

6.1 ***Performance Information and Data***

Not applicable.

6.2 ***Expected outcome for the public***

The role of the Regional Partnership Board is to ensure more seamless provision of health and social care services across Gwent.

6.3 ***Involvement (consultation, engagement, participation)***

The Regional Partnership Board has involvement from the third sector and representation from the Citizens Panel to ensure engagement and involvement in its direction.

6.4 ***Thinking for the Long term (forward planning)***

The Regional Partnership Board provides the opportunity to work collectively and have a long term vision to progress integration and partnership across the Gwent region.

6.5 ***Preventative focus***

The Regional Partnership Board within its strategic intent statement will be considering how Health and Social Services can work together in a more preventative way.

6.6 ***Collaboration / partnership working***

The role the Regional Partnership Board is to work collaboratively across boundaries to benefit citizens requiring health and social care services across Gwent.

6.7 ***Integration (across service areas)***

The purpose of the Regional Partnership Board is to foster integration between Health and Social Services.

6.8 ***EqIA (screening and identifying if full impact assessment is needed)***

7. **Monitoring Arrangements**

7.1 The monitoring arrangements for the Regional Partnership Board are through the Social Services Scrutiny Committee and the Executive Committee on a quarterly basis.

Background Documents / Electronic Links

N/A

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Agenda Item 7

Executive Committee and Council only

Date signed off by the Monitoring Officer: N/A

Date signed off by the Section 151 Officer: N/A

Committee: **Social Services Scrutiny Committee**

Date of meeting: **22nd April 2021**

Report Subject: **Support at Home Services Tender and Market Performance for commissioned services with Independent providers.**

Portfolio Holder: **Cllr John Mason, Executive Member Social Services**

Report Submitted by: **Damien McCann, Corporate Director of Social Services**

Directorate Management Team	Corporate Leadership Team	Portfolio Holder / Chair	Audit Committee	Democratic Services Committee	Scrutiny Committee	Executive Committee	Council	Other (please state)
25.03.2021		13.04.21			22.4.21			

1. Purpose of the Report

- 1.1 The purpose of this report is to provide Scrutiny Members with Contracts and Commissioning information relating to care and support for Blaenau Gwent citizens within their own homes. The report will inform Members of the collaboration and joint tender for Support at Home Services with Caerphilly CBC and the development and management of these services within the local market.

2. Scope and Background

- 2.1 In June 2018 Blaenau Gwent and Caerphilly County Borough Council (CBC) began collaborating on a joint tender to establish a framework with a list of accredited and approved registered service providers who can deliver Support at Home Services for both Adults and Children. The tender was for new business only – this meant that all existing care packages remained with the same provider thereby ensuring continuity of care to Individuals in receipt of services and to strengthen the market place gradually over time by effectively recruiting to the local workforce sector.

A project team was established to work on a contract, terms and conditions; service specification, tender documents and Provider Engagement Events for market consultation. In line with EU legislation and Corporate Standing Orders led by Caerphilly CBC, the advert went out to the open market in May 2019 and the procurement process commenced with the subsequent award of the Support at Home (SAH) framework agreement.

3. Options for Recommendation

3.1 Option 1

Members are asked to consider the detail contained in the Support at Home Tender and Market Performance Report and contribute to the continuous assessment of effectiveness by making appropriate recommendations for amendment to the report before consideration at Executive Committee.

Option 2

Accept the report as provided.

4. **Evidence of how this topic supports the achievement of the Corporate Plan / Statutory Responsibilities / Blaenau Gwent Well-being Plan**

4.1 **Corporate Plan** sets out priorities for 2020-2022 which includes:

- To demonstrate clear and visible leadership to deliver a viable and resilient Council.
- To be a strong and effective partner and collaborate where possible to deliver financial, business and community benefits.

4.2 **SOCIAL SERVICES AND WELL-BEING (WALES) ACT 2014**

Part 9 of the Act provides for co-operation and partnership arrangements between local authorities for the discharge of their functions. The key aims of this includes: -

- Make more effective use of resources, skills and expertise.
- To improve outcomes and health and well-being.
- Provide co-ordinated, person centred care and support.

4.3 **WELL BEING OF FUTURE GENERATION (WALES) ACT 2015**

- The Wellbeing of Future Generations (Wales) Act 2015 places a number of legal duties on public bodies in Wales in order to meet the legally binding “Common Purpose” for seven strategic well-being goals. Procurement is seen as one of the activities that can assist public bodies to achieve these goals.
- The Support at Home Service is a statutory service. The importance of providing a safe, secure and sustainable service ensures that citizens residing within the borough can remain living independently within their own homes for as long as they are safely able to do so.
- The service provision supports Individuals to achieve personal well-being outcomes; maximising people’s emotional, physical and mental well-being; promoting understanding of choices and behaviours that impact on their future health and well-being, and, protects and safeguards people who need care and support.

5. **Implications Against Each Option**

5.1 The strategic approach detailed within the report pose no risk, as they have been implemented to mitigate risk.

5.2 ***Impact on Budget***

There are no financial implications attached to this report.

5.3 ***Legal***

The Social Services and Well-being (Wales) Act came into force on 6 April 2016. The Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales.

5.4 ***Human Resources***

There are no human resources implications attached to this report.

6. **Supporting Evidence**

6.1 **Performance Information and Data**

Performance and data is provided within the report for the period 01/10/2019 (commencement of the contract) to 21/03/2021 (current position).

6.2 Prior to framework launch, Blaenau Gwent utilised seven block/spot domiciliary or sitting service providers. Although packages could be placed with these providers, four of them had the vast majority share of the market (88.79%), providing a high risk to the Authority if one provider could no longer support this service and returned the packages back to the local authority.

6.3 Ten providers were successful in being awarded the SAH framework in respect of Adults and three for Children's provision (two of which also provided for Adults whilst one is for Children only, eleven providers in total). Over the 18-month period since commencement of the framework, the Commissioning Team has worked effectively with all pre-contract existing providers to ensure they have retained adequate business to remain sustainable within the market, which has included the closure of some runs and creation of others in accordance with market activity. Three new framework providers have been successfully introduced to the market and have maintained business growth since their commencement on the framework. They each have stable runs in the borough and have been grown steadily by the Commissioning Team to avoid the business growing too quickly. Only one of the framework providers, a new provider, has not been introduced to the market. The Commissioning Team are not currently actively engaged with this provider due to a lack of necessity to do so e.g. hours can successfully be placed across current providers and may destabilise the market unnecessarily.

6.4 The table below demonstrates that weekly hours in the market have decreased from 5,869.75 to 5,291.75 (578 hrs per week) during the last six-month period, between 1st October 20 to 21st March 21, which is the largest decrease since the commencement of the framework. This loss of hours may be directly attributable to Winter / Covid 19 deaths along with a reduction in referrals to the brokerage service - 190 referrals awarded April to September 2020, compared to 150 from October 2020 to 21st March 2021.

The table also includes the amount of fees paid to each Provider since the commencement of the framework, 01/10/2019 to 21/03/2021.

PROVIDER	01/10/20	21/03/21	Fees Paid 01/10/19- 21/03/21
Provider 1	871.5	741.5	£389,838
Provider 2	77.75	72	£25,826
Provider 3	1,213.5	1,033	£494,377
Provider 4	0	0	£0
Provider 5	191.5	194.5	£81,557
Provider 6	1,634	1,402.5	£618,639

Provider 7	1,335	1,139.25	£528,960
Provider 8	320	368	£139,120
Provider 9	130	152.25	£66,933
Provider 10	16	16	£24,101
Provider 11	80.5	172.75	£48,618
Total Hours / Fees	5,869.75	5,291.75	£2,417,969

6.5 Overall, the market shares of the main four pre-contract existing providers, has decreased since the commencement of the framework, therefore reducing the risk to the Authority. However, they currently remain the four largest providers in the borough and retain significant market share (81.57%).

6.6 **Pre-contract (Existing) Framework Providers**

Provider 1

Business has decreased by 35% since commencement of framework. Currently work across the borough with both single and double handed runs.

Provider 2

Business has decreased by 48% since commencement of framework. Currently only bid for respite at home packages.

Provider 3

Business has decreased by 14% since commencement of framework. Currently work across the borough with both single and double handed runs.

Provider 4

Business with Provider 4 terminated during the tender process due to a change in direction of the organisation which resulting in handing back domiciliary care hours to the Authority. In 2020 during the pandemic the Commissioning Team worked with the provider and other framework providers in order to seek potential alternative providers for the Individuals concerned. All hours successfully transferred to Provider 11, with a small staff team transferring under TUPE arrangements, retaining continuity of care.

Provider 5

Business has decreased by 53% since commencement of framework. Currently work across the borough with both single and double handed runs.

Provider 6

Business has decreased by 20% since commencement of framework. Currently work across the borough with both single and double handed runs.

Provider 7

Business has decreased by 8% since commencement of framework. Currently work across the borough with both single and double handed runs.

Post-contract New Framework Providers

Provider 8

Business grown from 0 hours to 368 hours – Single and double handed runs in Ebbw Vale and Brynmawr areas only.

Provider 9

Business grown from 0 hours to 152.25 hours – Single handed runs only, work across the borough.

Provider 10

Tendered and on framework for Children's care packages only. Business grown from 0 hours to 16 hours (One care package in Brynmawr area).

Due to children's packages being a very minimal element of business across the market (currently only two children packages commissioned), only one package has been commissioned with Provider 10, in October 2019. The Provider who also delivers Support at Home services for both Adults and Children in Caerphilly, have made a business decision to withdraw from the market to focus on their supported living services. The Commissioning Team are currently working on the transfer of the commissioned package.

Provider 11

Business grown from 0 hours to 172.75 hours – Currently only single runs but open to double handed packages - looking to further expand business across the borough from Tredegar to Abertillery town.

6.7 **Fees**

The fee rate for each Provider is comprised of total operating costs involved with care delivery so is a reflection of the actual cost of providing care per hour/or portion of hour.

The fee rate ensures that care workers are paid equivalent to or above the National Living Wage (NLW) and this is incorporated into the monitoring of the Provider by the Commissioning Team. An annual uplift is awarded each April to ensure that the NLW for care workers continues to be met and is affordable to each care agency.

2019-20 Annual uplift of 5.9% awarded which Providers received from 01/04/2019 to 30/09/2019; then fee rate payment for the period 01/10/2019 to 31/03/2020 as submitted as part of the tender process;

2020-21 Annual uplift of 3% awarded

2021-22 Annual uplift of 2.3% awarded which is just above the inflation rate and increase to the NLW of 2.2%.

As the table of average hourly fees below demonstrates, the cost of Support at Home services has increased following the tender, however, the overall costs are comparable as the tender removed additional varying fee rates for weekends and Christmas/New Year holiday periods. The increase also

supports Welsh Government legislation and Care Inspectorate Wales standards for the domiciliary care workforce to be registered as professional care staff working in a regulated service. This aims to recruit and retain an appropriately qualified and recognised workforce within the care sector.

Average Hourly Fee Rates

	2019-20 Pre-tender	2019-20 Post-tender	2020-21	2021-22
Day Rate (6.00 am - 11.59 pm)	£15.44	£17.57	£18.09	£18.51
Night Rate - Hourly Rate * (Applicable to Respite at Home Service only i.e. overnight service)	£14.78	£17.70	£18.23	£18.65
Bank Holiday Day Rate (6.00 am - 11.59 pm)	£24.16	£35.13	£36.18	£37.01
Bank Holiday Night Rate * (Applicable to Respite at Home Service only i.e. overnight service)	£23.37	£33.85	£34.87	£35.67

6.8 **Response to the Pandemic**

- Contracts & Commissioning has been critical throughout the pandemic with team members working mainly at home whilst also preserving a presence in the office to maintain an essential service.
- The Team Manager and Contract Monitoring Officers have continued to support and contribute to safeguarding strategy meetings and processes.
- The Commissioning Team has successfully worked in partnership with providers to ensure Support at Home services have continued to be delivered to the Citizens of Blaenau Gwent.
- The team has worked in partnership and supported Senior Officers, Environmental Health, Aneurin Bevan University Health Board and Public Health Wales in order to ensure safe delivery of care by providers throughout the pandemic.
- Providers have been kept updated with guidance and legislative requirements e.g. PPE; testing; visiting; Lateral Flow Device Testing, and arrangements for the provision of these items to providers have been made by the Commissioning Team.
- Financial Support provided by Welsh Government via the Authority such as the temporary fee uplift; care workers special payment; Statutory Sick Pay Enhancement Scheme, have been managed and administered by the Commissioning Team.
- The Commissioning Team successfully covered a large number of hours handed back by a provider who could not fulfil the calls due to the number

of care workers who had contracted covid-19 or isolating due to contact with another person who had. This was over a two-week period with 25 Individuals with 134 calls being affected in the first week alone. This took intense work by team members with extensive negotiation with other providers, both external and internal.

- The two Brokers have delivered an efficient brokerage service to both care managers and providers, making referrals to providers and awarding care packages, facilitating increases and decreases to the packages and hospital admissions and discharges, to ensure safe and appropriate care for Individuals whilst following contractual call-off procedures to manage the market and providers' commissioned hours.
- As well as work involved directly with the pandemic (as above) the Commissioning Team has continued to undertake normal day to day operations such as monitor provider's performance and standards of care delivery; receive concerns and work to resolve them; novate contracts; work with provider resulting from sale of company; work with provider and care managers on decommissioning of a service; contribute to systems review within the service; recruitment to vacant post etc.

6.9 ***Expected outcome for the public***

The Commissioning Team continues to work closely with all providers, gaining information on capacity within each run they have, ensuring up-to-date information and knowledge of runs in each area of the borough. This information includes workforce information relating to recruitment and sickness. Where demand requires creation of a new run, collaborative work is undertaken with providers to grow in the appropriate area, ensuring where possible, that capacity is made available.

6.10 ***Involvement (consultation, engagement, participation)***

The Social Services and Well-being (Wales) Act 2014 looks to build and strengthen on existing arrangements by involving service users, carers and other key partners where possible in helping shape and influence future design of services.

6.10 ***Thinking for the Long term (forward planning)***

The Support at Home Services contract is for a period of 5 years, from 1st October – 30th September 2024, with an option to extend for a further 5 years, with the aim of:

- Securing stability within the local market.
- Allowing commissioning from an increased number of Providers sitting on the framework which will assist with the spread of risk to the Council e.g. Provider failure.
- Increased choice for the citizens of BG.

6.11 ***Preventative focus***

Providing this report and the level of detailed information enables Members to ensure risks are identified and acted on.

6.12 ***Collaboration / partnership working***

The Commissioning Team Manager and Contract Monitoring Officers continue to work closely with the Regional Gwent Partnership, other Gwent Commissioners and ABUHB.

6.13 ***Integration (across service areas)***

Co-operating and working in partnership together reflects Part 9 of the SSWBA which seeks to improve outcomes and well-being of people, improving the efficiency and effectiveness of service delivery and, makes more effective use of resources, skills and expertise.

6.14 ***EqIA***

Not applicable.

7. **Monitoring Arrangements**

7.1 The performance of the department is monitored throughout the financial year from April to March and reported to the Social Services Scrutiny Committee.

Background Documents /Electronic Links