



SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

**IMMEDIATELY FOLLOWING SOCIAL CARE, HEALTH AND
WELLBEING SCRUTINY COMMITTEE
THURSDAY, 1 APRIL 2021**

VIA MICROSOFT TEAMS

**ALL MOBILE TELEPHONES TO BE SWITCHED TO SILENT FOR THE
DURATION OF THE MEETING**

Part 1

1. Appointment of Chairperson
2. Welcome and Roll Call
3. Chair's Announcements
4. Declarations of Interest
5. Minutes of Previous Meeting (*Pages 3 - 4*)
6. Annual Update on the Supporting People Local Commissioning Plan (*Pages 5 - 54*)
7. Quality Assurance Framework for the Provision of Learning Disability and Mental Health Supported Living Services in Neath Port Talbot (*Pages 55 - 122*)
8. Distribution of Welsh Government's £500 Payment for Care Workers (*Pages 123 - 126*)

9. Urgent Items
Any urgent items (whether public or exempt) at the discretion of the Chairperson pursuant to Statutory Instrument 2001 No 2290 (as amended).
10. Access to Meetings
To resolve to exclude the public for the following items pursuant to Regulation 4 (3) and (5) of Statutory Instrument 2001. No. 2290 and the relevant exempt paragraphs of Part 4 of Schedule 12A to the Local Government Act 1972.

Part 2

11. Disabled Facilities Grant Waiver
(Exempt under Paragraph 14) *(Pages 127 - 138)*
12. Housing Related Support Grant
(Exempt under Paragraph 14) *(Pages 139 - 176)*
13. Early Intervention, Prevention and Carer Services
(Exempt under Paragraph 14) *(Pages 177 - 192)*
14. Contractual Arrangements for a Range of Children and Young People Services
(Exempt under Paragraph 14) *(Pages 193 - 206)*
15. Future of Trem Y Glyn Residential Care Home
(Exempt under Paragraph 14) *(Pages 207 - 210)*

K.Jones
Chief Executive

Civic Centre
Port Talbot

26 March 2021

Social Care, Health and Wellbeing Cabinet Board Members:

Councillors. A.R.Lockyer and P.D.Richards

EXECUTIVE DECISION RECORD

28 JANUARY 2021

SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

Cabinet Members:

Councillors: A.R.Lockyer (Chairperson) and P.D.Richards

Officers in Attendance:

A.Jarrett, A.Thomas, C.Davies and T.Davies

1. **APPOINTMENT OF CHAIRPERSON**

Agreed that Councillor P.D.Richards be appointed Chairperson for the meeting.

2. **MINUTES OF PREVIOUS MEETING**

That the minutes of the previous meeting held on the 12 March 2020, be approved.

3. **FORWARD WORK PROGRAMME 2020/2021**

That the forward work programme for 2020/2021 be noted.

4. **ACCESS TO MEETINGS**

RESOLVED: that pursuant to Section 100A (4) and (5) of the Local Government Act 1972, the public be excluded for the following items of business which involved the likely disclosure of exempt information as defined in Paragraph 14 of Part 4 of Schedule 12 A to the above Act.

5. **VACANT PROPERTY SURPLUS TO REQUIREMENTS**

Decision:

That the dwelling house in Baglan, Port Talbot (as detailed in the private, circulated report) be declared as surplus to the ongoing operational requirements of Social Services, Health and Housing Directorate.

Reason for Decision:

To declare the vacant property surplus to requirements and to enable the Council to pursue a capital receipt.

Implementation of Decision:

The decision will be implemented after the three day call in period.

Consultation:

The Local Members have been consulted and are supportive of the proposal.

CHAIRPERSON



Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL SOCIAL SERVICES HEALTH & HOUSING CABINET BOARD

1 April 2021

REPORT OF THE HEAD OF ADULT SERVICES – A. THOMAS

Matter for Monitoring

Wards Affected - All wards

Annual Update on the Supporting People Local Commissioning Plan

Purpose of the Report

To present the Supporting People Local Commissioning Plan Annual Update (the "Annual Update") (Appendix 1).

Executive Summary

Each year the Council is required to produce an annual update on the Supporting People Local Commissioning Plan 2017/20 ("the Plan") (Background Paper 1).

The Annual Update provides a summary extension and further update of the 3-year LCP for 2017-20 and so should be read in conjunction with that and its Annual updates for 2018, 2019 and 2020 (Background Papers 2, 3 and 4).

Background

Each year the Council develops an Annual Update on the Plan. This Annual Update provides detail on the impact of the Housing Support Grant ("HSG"), which was formally the Supporting People Programme Grant ("SPPG").

The previous Plan ended in 2020; however, due to COVID-19, Welsh Government (“WG”) has extended the timescale for Local Authorities to publish their new strategy until December 2021.

The HSG will set out the strategic direction in regards to how Neath Port Talbot County Borough Council (the “Council”) will achieve the HSG aims. A draft commissioning strategy will be presented to Members later in the year, with a request to undertake formal public consultation on the document.

Financial Impacts

There are no financial impacts arising from the Annual Update.

At the time of writing this report, WG have confirmed the Council’s indicative HSG settlement for 2020/21 as being £6,496,185.63. This is an increase of approximately £1.55M against the 2020/21 allocation.

Taking forward the commissioning priorities within the Annual Update will be in line with the available grant once confirmed.

Integrated Impact Assessment

There is no requirement to undertake an Integrated Impact Assessment as this report is for monitoring / information purposes.

Individual Integrated Impact Assessments will be undertaken as part of any commissioning activity linked to the Plan. Information from these assessments will inform the development and commissioning of services.

Valleys Communities Impacts

The recommendation has no spatial impact on our valleys communities and does not link to the impacts identified in the Cabinet’s response to the Council’s Task and Finish Group’s recommendations on the Valleys.

Workforce Impacts

The contents of this report do not have any impact on the Council's workforce.

Legal Impacts

The contents of this report do not have any legal impacts.

Risk Management Impacts

The Annual Update in itself does not have any risk management impacts, however the services purchased from SHG will have the following impacts:

Crime and Disorder Impacts:

Activity outlined in the Plan should have a positive effect on the below Crime and Disorder Impacts:

- a) Crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment); and
- b) The misuse of drugs, alcohol and other substances in its area; and
- c) Re-offending the area

This is due to the Plan supporting achievement of the WG outcome measure of 'promoting personal and community safety'.

Violence Against Women, Domestic Abuse and Sexual Violence Impacts:

Activity outlined in the Plan should have a positive effect on the below Violence Against Women, Domestic Abuse and Sexual Violence Impacts:

Section 2(1) of the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 introduced a general duty where a person exercising relevant functions must have regard (along with all

other relevant matters) to the need to remove or minimise any factors which —

- (a) increase the risk of violence against women and girls, or
- (b) exacerbate the impact of such violence on victims.

This is because a number of services purchased with HSG relate to the provision of domestic abuse support.

Consultation

There is no requirement for external consultation on this item.

Recommendations

To note the contents of the Housing Support Grant Commissioning Plan Annual Update.

Reasons for Proposed Decision

Not applicable.

Implementation of Decision

No decision required.

Appendices

Appendix 1: Housing Support Grant Commissioning Plan Annual Update

List of Background Papers

Background Paper 1: Supporting People Local Commissioning Plan:
https://www.neathporttalbothousing.co.uk/uploads/docs/docs_1487070669.pdf

Background Paper 2: 2018/19 Contractual Arrangements for the Supporting People Programme Grant
<http://modern.gov.npt.gov.uk/ieListDocuments.aspx?CId=322&MId=7624> (agenda item 11, restricted paper)

Background Paper 3: Annual Update on the Supporting People Local Commissioning Plan and 2019/20 Contractual Arrangements for the

Supporting People Programme Grant

<http://moderngov.npt.gov.uk/ieListDocuments.aspx?CId=322&MId=8358> (agenda item 8, restricted paper)

Background Paper 4: Annual Update on the Supporting People Local Commissioning Plan 2020/21

<http://moderngov.npt.gov.uk/ieListDocuments.aspx?CId=322&MId=8848> (agenda item 8)

Officer Contact

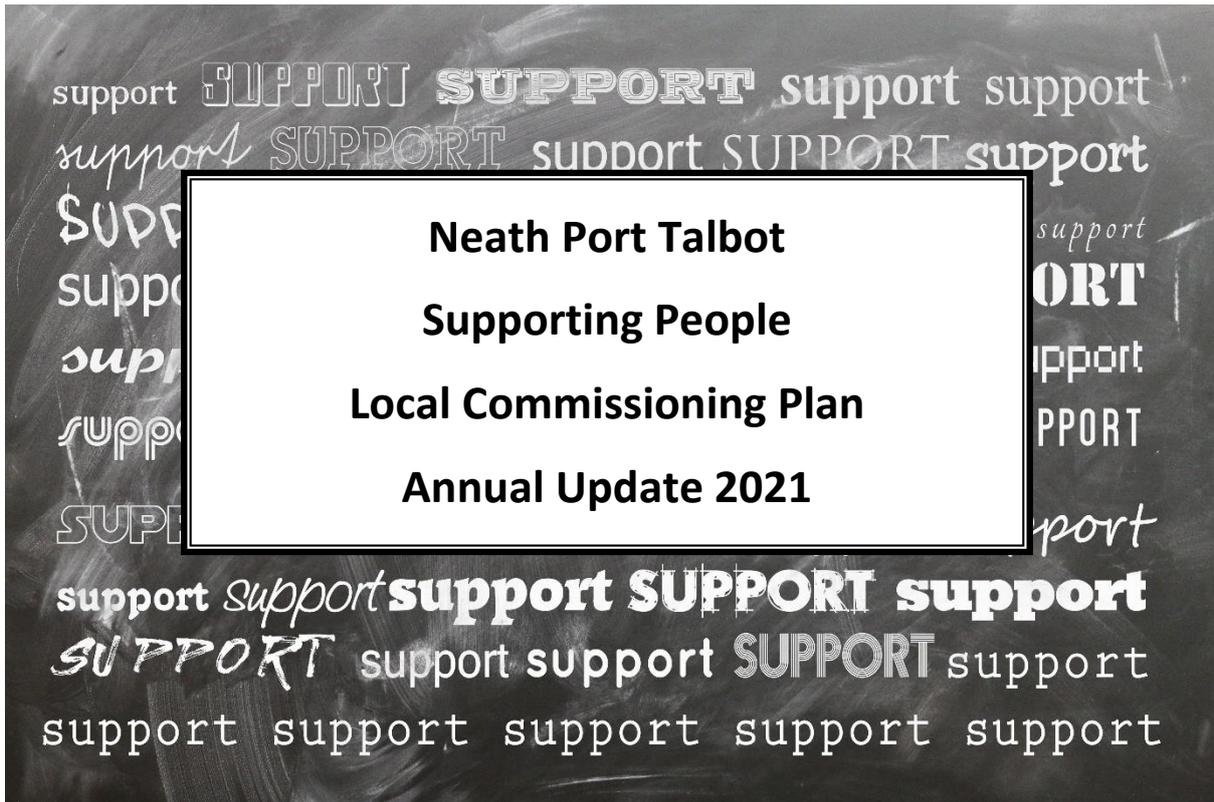
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Contact

This Local Commissioning Plan is available for download on Neath Port Talbot Council's website www.npt.gov.uk

If you require a hard copy or need this information in larger print or in an alternative format (including in the Welsh Language), please contact the Supporting People Team on 01639 685928 or email supportingpeople@npt.gov.uk

1. Introduction

Housing Support Grant (HSG) is the Welsh Government (WG) specific revenue grant, paid to Neath Port Talbot County Borough Council (the Council) annually, to either deliver or externally procure housing related support services to homeless households and other vulnerable adults.

Supporting People Programme Grant (SPPG) and Homelessness Prevention Grant (HPG), which were previously separately in payment, were subsumed within HSG in April 2020.

Prior to this the Supporting People Local Commissioning Plan (LCP) directed SPPG spend and there were other WG grant arrangements in place in respect of HPG.

Before the onset of the current pandemic, the Council was under WG direction to produce a new 4-year Housing Support Programme Strategy by the end of 2020. This would have superseded the LCP and was to address all Council spend on homelessness prevention and other housing related support activity.

Because of the pandemic the Council has now been given until the end of 2022 to produce the new strategy despite the fact that the current LCP expires this year.

This document therefore serves as a summary extension and further update of the 3-year LCP for 2017-20 and so should be read in conjunction with that and its Annual updates for 2018, 2019 and 2020.

1.1. Strategic context

HSG is a non-statutory early intervention grant programme focussing on preventing homelessness and the avoiding the escalation of other housing related support need in order to avoid institutionalisation.

Housing is a key priority area in the Welsh Government's National Strategy, Prosperity for All, which sets out the vision that:

- *Everyone lives in a home that meets their needs and supports a healthy, successful and prosperous life; and*
- *nobody is homeless but has a safe home where they can flourish and live a fulfilled, active and independent life".*

HSG consequently contributes to and complements many other WG programmes and agendas.

HSG priorities are therefore influenced by a number of key national legislative drivers for change, including:

- Housing (Wales) Act 2014;
- Social Services and Wellbeing (Wales) Act 2014;
- Wellbeing of Future Generations (Wales) Act 2015;
- Violence against Women Domestic Abuse and Sexual Violence (Wales) Act 2015; and
- Renting Homes (Wales) Act 2016.

As well as a number of local strategies, including:

- Shaping NPT - Corporate Plan 2018-22; and
- Neath Port Talbot Homelessness Strategy 2018-22

1.2. Local & National service delivery

WG invest over £125m in HSG annually and for 2020/21 the Council received £4.7m (3.8% of Welsh total), of which £1.35m (29%) is budgeted to be used by the Council to deliver services itself and £3.35m (71%) to externally procure them.

WG have indicated that more than 57,000 people are supported across Wales each year by HSG funded services.

The annualised figures of those collated locally for January to June 2020, suggest that a total of 3,512 (6% of Welsh total) vulnerable households will be supported by local HSG funded services during 2020.

This shows that we will be making efficient and effective use of HSG to provide support to more local households than would otherwise be expected and that we do so mostly by contracting with external, non-statutory organisations.

HSG is used to fund an array of services that include homelessness temporary accommodation, domestic abuse refuge, short and longer-term supported housing, and time-limited support to people in their own homes.

These services are provided to a wide range of vulnerable adults including older people, vulnerable young people, care leavers, families fleeing domestic abuse, people with a mental health need, people with a learning disability and people with a substance misuse issue, as well as households that are homeless or threatened with homelessness.

2. Supply Map 2020-21

Neath Port Talbot CBC currently commissions 15 organisations to provide a range of Housing Support services to Neath Port Talbot residents. These services were previously funded either by the Supporting People Program Grant, Housing Prevention Grant or Rent Smart Wales. For a full list of HSG funded services see [Appendix 1](#)

2.1. Short Term Services

Eleven organisations provide a range of homeless prevention services which include supported accommodation, floating support, refuge accommodation, outreach services and night shelters. In addition to general homeless support, support is also provided to specific client groups, including those experiencing domestic abuse, mental health, young people, rough sleepers and those with substance misuse issues.

2.2. Long Term Services

Seven organisations provide long term support for older people, or care managed individuals with learning disabilities or mental health issues, and focuses on maintaining independence in their home.

2.3. Internal Services

In addition to the commissioned services, a number of internal services are also funded via the Housing Support Grant, including a Gateway Service, temporary accommodation, floating support and housing enforcement.

3. Needs Analysis – 2019/20

A needs mapping exercise is undertaken annually in conjunction with the various HSG funded service providers, the purpose of which is to identify the needs of existing service users and analyse the profile of individuals accessing services.

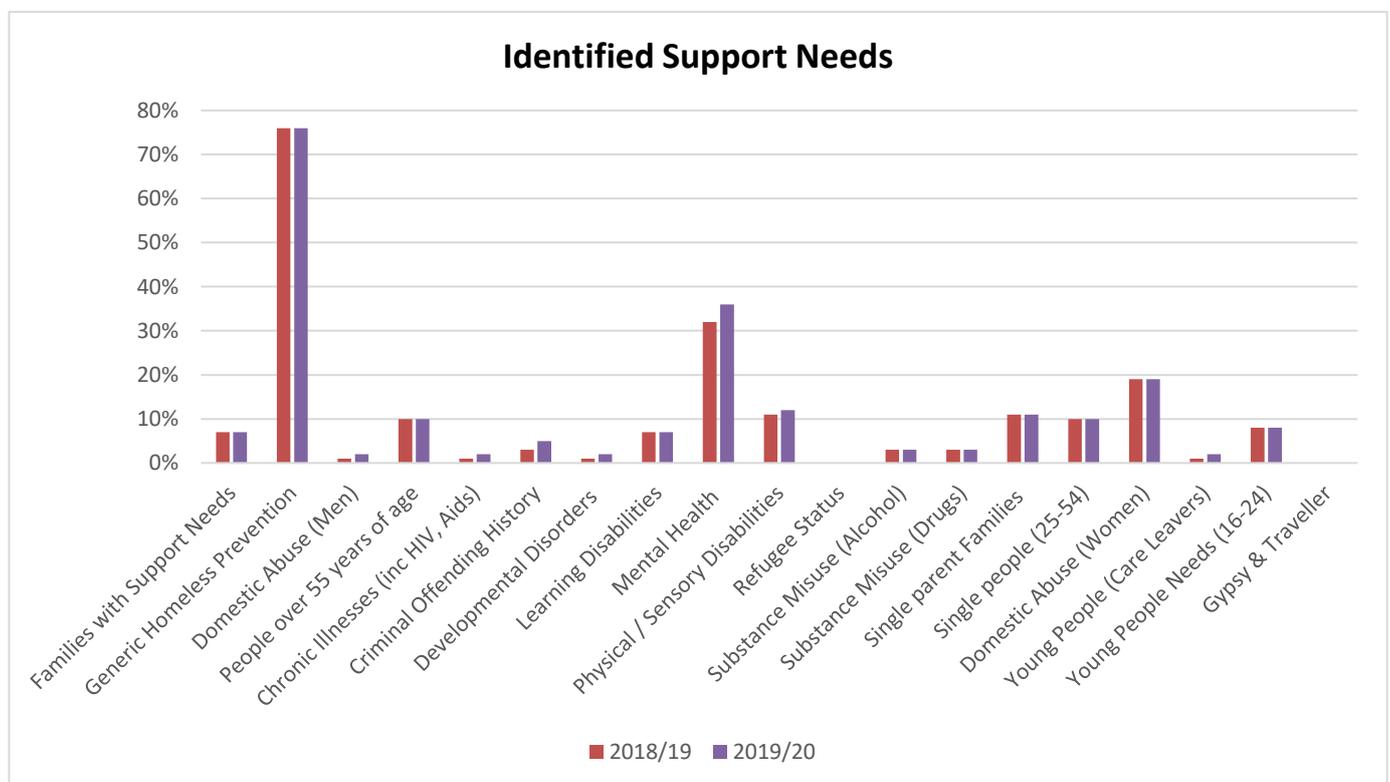
This information helps provide a better understanding of the priorities for service development in the coming year.

3.1. Summary of service demand by area of need in 2018/19 and 2019/20.

During 2019/20, 3,618 periods of support (from previous Supporting People funded services) were provided to individuals and families, an increase of approximately 8% from 2018/19.

Generic homelessness prevention (76%), mental health (36%) and domestic abuse (women) (19%) continue to be the highest area of need for people accessing services.

For a full breakdown of lead, second and third needs see [Appendix 2](#). A breakdown of the identified second and thirds need is included in the section on the specific service area.



4. Outcomes Analysis - January – June 2020

In the reporting period January- June 2020, 1,756 individuals were reported on, with 1,577 accessing short term services and 179 accessing long term services. 816 individuals started receiving support, and 804 ceased receiving support.

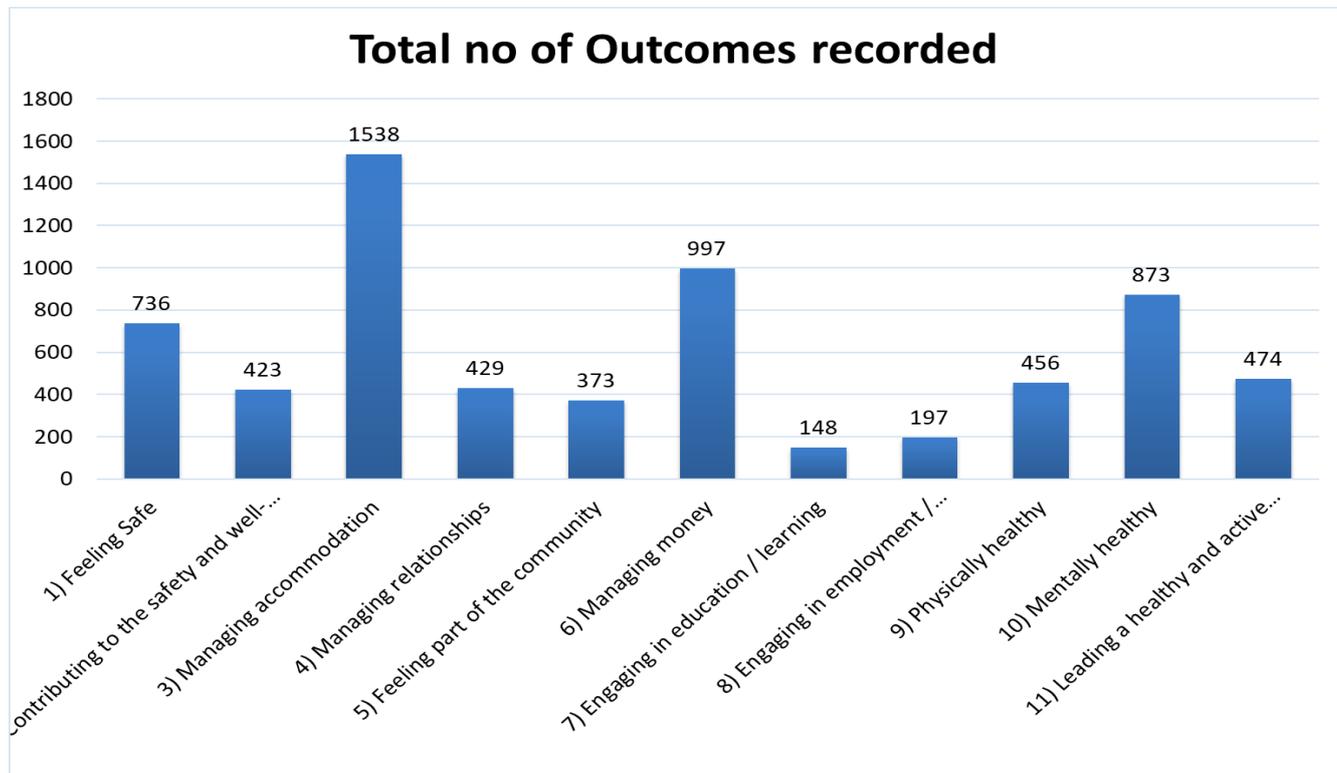
Between the 1756 individuals there were 6,644 outcomes recorded as relevant to an individual’s needs. The average number of relevant outcomes varies between short term services – 3.6 and long term services – 5.6

Overall, the outcome areas that are most identified are managing accommodation (88%), managing money (57%), mental health (50%) and feeling safe (42%).

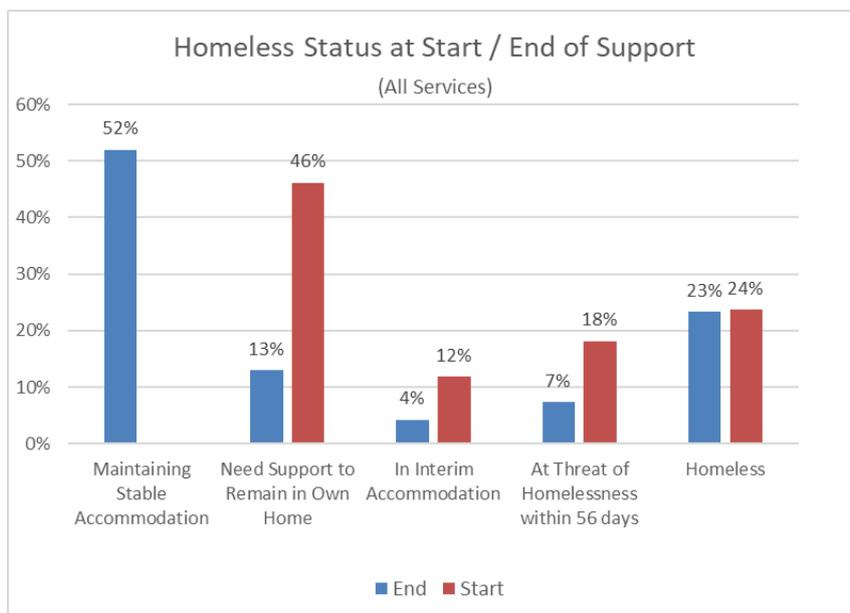
Within long term services, the most identified outcome areas are feeling safe (87%), managing accommodation (71%), feeling part of the community (60%) and physical health (60%) It is recognised that these outcomes achieved may be smaller and take longer to achieve.

Within short term services, the most identified outcome areas are managing accommodation (91%), managing money (57%) and mentally healthy (49%).

For a full breakdown of the Outcomes submission for January – June 2020 see [Appendix 3](#)



From 2016 providers have been asked to report on the homeless status of individuals at the start of support and again at the end of support. There are four options to choose from at the start of support (*homeless, at threat of homeless within 56 days, in interim accommodation and need support to remain in own home*) with a further option of *maintaining stable accommodation independently* also available at the end of support. The following table shows the homeless status at both the start and end of support for all 1756 individuals reported on.



Service Areas

5. Young Persons Services

5.1. Service Provision

Currently 2 organisations provide a range of supported accommodation for young people in Neath Port Talbot, including 24hr accommodation supported accommodation, bedsits, shared accommodation and self-contained flats.

Provider/Scheme	Type of Support	Units
Llamau	Dispersed Supported Accommodation for young people with low – moderate support needs	35
Pobl Clarewood	24hr Supported Accommodation for young people with medium to high / complex support needs.	8

5.2. Demand for Service

Access to the Young Persons accommodation services is via the Supporting People Gateway. In 2019-20, 82 referrals were received for the two young person's services in NPT, with 34% coming from Social Services and 29% from Housing Options. During the first 6 months of 2020-21, 22 referrals were received.

75 young people were supported during 2019-20, with 31 young people moving into the supported accommodation.

5.3. Additional Needs

Of the 75 young people supported during 2019-20, 61 (80%) had an identified second need, and 43 (57%) had a third identified need.

Identified second / third need	Number	As a % of those supported
Mental health	33	44%
Substance Misuse (Drugs)	19	25%
Young People (Care Leavers)	18	24%
Developmental Disorders	10	13%
Criminal Offending History	5	7%
Learning Disabilities	5	7%

Domestic Abuse (Women)	5	7%
Substance Misuse (Alcohol)	4	5%
Generic Homeless Prevention	3	4%
Chronic Illnesses	1	1%

5.4. Supporting People Outcomes July – December 2019

During the reporting period 60 young people were recorded as working towards 357 outcomes, with an average of 6 outcomes each. 17 Young People ended support during the period.

Managing Accommodation (100%), Managing Money (98%) and Mental Health (68%) were the outcomes most identified as relevant.

Of the 17 young people who ended support, 14 (82%) had moved into sustainable accommodation.

Managing accommodation	60
Managing money	59
Mental health	41
Managing relationships	37
Contributing to the safety and wellbeing of themselves and others	31
Engaged in employment / voluntary work	30
Engaged in education / learning	25
Leading healthy and active lifestyle	23
Feeling part of the community	21
Feeling safe	17
Physical health	15

5.5. Planned Commissioning / Service Developments 2021/22

Phase 2 Homelessness Accommodation funding has been used to develop 6 units of supported accommodation for under 25's. It is anticipated that these will be fully operational from the end of April 2021. Support will be provided via an external provider (TBC). Young People aged between 18-24 who are homeless, or threatened with homelessness will be prioritised for the project.

All young person's accommodation (including CYP funded crisis beds and supported lodgings are due to be retendered from July 2022. This process will commence during 2021/22.

6. Mental Health Services

6.1. Service Provision

Short Term Services (upto 2 years)

Short term supported accommodation and floating support is provided to individuals who are homeless, or threatened with homelessness, but to not have a care manager. This was increased from 8 to 14 units in 2020-21. Since April 2020 access to these services is via the Supporting People Gateway.

Previously funded by Homeless Prevention Grant, one service delivers floating support alongside the Housing Options Service in their temporary accommodation.

During 2019-20 a pilot was run which provided resettlement support for individuals who had experienced a mental health / homeless crisis and had been supported into permanent accommodation by a Homeless Prevention Grant funded service. This service continued in 2020/21.

Long Term Services (over 2 years)

Longer term floating support and supported accommodation is available for care managed individuals who need support to remain independent in their home. Since April 2020 access to these services is via the Supporting People Gateway.

In addition to the externally contracted services, the NPTCBC in-house Community Independence Service provides floating support to care managed individuals, with mental health, learning disabilities or physical disabilities.

Provider/Scheme	Type of Support	Units
Family Housing Association	Long Term shared accommodation for care managed individuals	3
	Short term shared accommodation for people with mental health issues	3
Platform	Short term floating support for people with mental health issues	14
	Resettlement support for individuals with mental health issues	5
	Long term floating support for care managed individuals, including support in dispersed accommodation	19
	Floating Support to individuals living in temporary accommodation	N/A
NPTCBC Community Independence Service	Pan Disability Floating Support for Care Managed individuals (inc those with mental health)	142

6.2. Demand for services

As there was no central referral point for Mental Health Services prior to April 2020 it is not known whether an individual has been referred to more than one provider, or had multiple referrals. The following information is taken from provider returns.

In 2019-20, 22 referrals were received for the externally commissioned services (excluding the temporary accommodation support), with 61 individuals receiving support during the reporting period. During the first 6 months of 2020-21, 19 referrals were received.

Of the 274 individuals supported by NPTCBC Community Independence Service in 2019-20, 124 (45%) had a lead need of mental health, with another 15 (5%) identifying mental health as a second / third need.

While 36% of individuals identified a mental health need, only 6% of contracted units provided specialist mental health floating support.

6.3. Additional Needs

During 2019/20, 194 individuals had identified mental health as their lead need. Of these, 87 (45%) had an identified second need, and 35 (18%) had a third identified need. A further 1125 individuals had identified mental health as either a second or third.

Identified second / third need	Number	As a % of those supported
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People over 55 years of age	19	10%
Learning Disabilities	19	10%
Substance Misuse (Drugs)	18	9%
Substance Misuse (Alcohol)	17	9%
Single people with Support Needs (25-54)	11	6%
Young People with Support Needs (16-24)	8	4%
Physical and/or Sensory Disabilities	7	4%
Domestic Abuse (Women)	5	3%
Single parent Families with Support needs	4	2%
Generic Homeless Prevention	3	2%
Chronic Illnesses	3	2%
Families with Support Needs	2	1%
Criminal Offending History	2	1%
Domestic Abuse (Men)	1	1%
Developmental Disorders	1	1%
Young People (Care Leavers)	1	1%

6.4. Supporting People Outcomes July – December 2019

During the reporting period 58 individuals were recorded as working towards 243 outcomes, with an average of 4 outcomes each. 9 individuals ended support during the period.

Managing Accommodation (91%), Mental Health (91%) Managing Money (67%) were the outcomes most identified as relevant.

Managing accommodation	53
Mental health	53
Managing money	39
Physical health	29
Feeling part of the community	17
Managing relationships	16
Feeling safe	13
Leading healthy and active lifestyle	11
Engaged in education / learning	5
Engaged in employment / voluntary work	4
Contributing to the safety and wellbeing of themselves and others	3

6.5. Planned Commissioning / Service Developments

Work commenced on the re-commissioning of Mental Health Services during 2019, this work has been put on hold as a result of Covid-19 and will recommence in 2021.

As part of the Phase 2 Homeless Accommodation planning, one existing 3 bed shared house will be replaced with 4 self-contained flats situated within a block. Support will be provided as an extension of an existing project.

Additional Phase 2 Homelessness Accommodation funding has been secured to develop 7 units of supported accommodation for individuals who are homeless / threatened with homelessness and have mental health / complex needs. It is anticipated that these will be fully operational during early 2021/22. Support will be provided via an external provider – TBC.

7. Domestic Abuse

7.1. Service Provision

Three organisations provide a range of specialist support for those experiencing domestic abuse, including refuge accommodation, supported accommodation and floating support.

During 2019-20 a pilot was run which provided floating support for males experiencing domestic abuse, this service continued in 2020/21.

Provider/Scheme	Type of Support	Units
Calan DVS	Floating support for individuals experiencing domestic abuse	20
	Refuge accommodation for women and families experiencing domestic abuse	13
Hafan Cymru	Floating support for individuals experiencing domestic abuse	1
	Floating support for men experiencing domestic abuse	6
	Supported Accommodation for women and families who have experienced domestic abuse	14
Thrive	Floating support for women experiencing domestic abuse	10
	Refuge accommodation for women and families experiencing domestic abuse	6
	Supported Accommodation for women and families who have experienced domestic abuse	5

7.2. Demand for services

As there is no central referral point for Domestic Abuse Services it is not known whether an individual has been referred to more than one provider, or had multiple referrals. The following information is taken from provider returns

Floating Support

273 women were supported during 2019-20, with 164 receiving support during the first 6 months of 2021/22.

Refuge Accommodation

During 2019/20 there were 110 periods of accommodation for 106 individuals / families, 4 of whom had repeat admissions.

Fourteen individuals / families moved within the schemes, with one moving from Thrive refuge to Calan refuge, 8 having one move within a scheme, and 5 moving twice.

63 individuals / families were supported in refuge between April – September 2020.

Supported Accommodation

During 2019-20, 26 individuals / families were supported, with 20 individuals / families supported between April – September 2020.

7.3. Additional Needs

Identified second / third need	Number	As a % of those supported
Mental health Issues	116	28
Substance Misuse (Drugs)	28	7
Substance Misuse (Alcohol)	12	3
Physical / sensory disability	6	1
Chronic illness	4	1
Learning Disability	3	1

7.4. Supporting People Outcomes July – December 2019

During the reporting period 243 individuals were recorded as working towards 1596 outcomes, with an average of 7 outcomes each.

Feeling Safe (98%), Safety and Wellbeing of Selves and Others (79%) and Managing Accommodation (73%) were the outcomes most identified as relevant.

Feeling safe	239
Safety & wellbeing of selves and others	193
Managing accommodation	177
Managing relationships	171
Managing mental health	166
Leading a healthy & active lifestyle	159
Managing physical health	128
Feeling part of the community	116
Engaged in education / training	49
Engaged in employment / volunteering	47
Managing money	11

7.5. Planned Commissioning / Service Developments

A service area review is currently ongoing which aims to identify the level of demand for services in Neath Port Talbot and produce a range of options which will meet the needs of those who are experiencing domestic abuse. This work will continue 2021/22.

8. Homeless Prevention

8.1. Service Provision

Short term supported accommodation is available to single people who are homeless, or threatened with homeless, with low to moderate support needs.

Floating support is available to those who are homeless, threatened with homelessness, or just struggling to manage their tenancy.

Both services are in addition to the temporary accommodation and floating support provided through the councils Housing Options Service, for those who are owed a statutory homeless duty.

Provider/Scheme	Type of Support	Units
Goleudy – Shared Housing	Short term shared accommodation for single people who are homeless, or threatened with homelessness	12
The Wallich – PAWS	Short term floating support for those who are homeless, or threatened with homelessness	340

8.2. Demand for service

Supported Accommodation

Since April 2020 access to these services is via the Supporting People Gateway.

During 2019/20, thirty four referrals were received for the service, with 11 individuals moving into the scheme. Of the 7 who ended support, 43% had been receiving support for over a year, and a further 29% for upto 2 years.

Floating Support

Access to the Wallich PAWS floating support scheme is via the Supporting People Gateway. During 2019/20 675 families/individuals were supported, with 376 referrals being received for the service, and 401 starting to receive support.

Of the 468 who ceased receiving support during the year, approx. 59% received support for upto 6 months, a further 37% received support for upto 2 years, and 4% for over 2 years.

8.3. Additional Needs

Supported Accommodation

Identified Need	Number	As a % of those supported
Mental Health	12	63%
Substance misuse (Drugs)	5	26%
Learning Disabilities	3	16%
Substance misuse (Alcohol)	2	11%
Criminal Offending	2	11%
Domestic Abuse (Women)	2	11%
Developmental Disorder	1	5%
Physical and/or Sensory Disability	1	5%

Floating Support

Identified Need	Number	As a % of those supported
Mental Health Issues	307	45%
Single People with Support Needs (25 – 54)	85	13%
Physical and/or Sensory Disabilities	75	11%
Single Parent Families with Support Needs	63	9%
People over 55 years	61	9%
Young People with Support Needs (16 – 24)	51	8%
Substance Misuse Issues (Alcohol)	46	7%
Substance Misuse Issues (Drugs)	45	7%
Domestic Abuse (Women)	34	5%
Learning Disabilities	30	4%
Criminal Offending History	28	4%
Developmental Disorders	18	3%
Chronic Illnesses	15	2%
Young People who are Care Leavers	13	2%
Domestic Abuse (men)	4	1%
People with Refugee Status	1	0%

8.4. Supporting People Outcomes July – December 2019

1,348 outcomes were reported for 384 individuals during the reporting period, with an average of 4 outcomes each.

Managing Accommodation (83%), Managing Money (72%) and Mental Health (53%) were the outcomes most identified as relevant.

Managing accommodation	317
Managing money	276
Mental health	205
Contributing to the safety and wellbeing of themselves and others	108
Physical health	92
Feeling safe	89
Managing relationships	72
Feeling part of the community	53
Engaged in employment / voluntary work	48
Leading healthy and active lifestyle	48
Engaged in education / learning	40

8.5. Planned Commissioning / Service Developments

Both services will be subject to a full service review in 2021-22.

9. Older Persons Services

9.1. Service Provision

Provider/Scheme	Type of Support	Units
Coastal Housing Extra Care	Extra Care Housing for people over 55	115

9.2. Demand for service

The waiting list for the extra care is held by Tai Tarian. During 2019-20, 120 households received support at the schemes, with 8 moving into the schemes. The number of referrals received for the schemes is not available

9.3. Additional needs

Identified Need	Number	As a % of those supported
Chronic Illnesses (including HIV, Aids)	5	4%
People with Mental health Issues	6	5%
People with Physical and/or Sensory Disabilities	70	58%

9.4. Supporting People Outcomes July – December 2019

During the reporting period 72 households were recorded as working towards 175 outcomes, with an average of 2 outcomes each.

Managing Accommodation (63%), Feeling Safe (50%) and Feeling part of the community (35) were the outcomes most identified as relevant.

Managing accommodation	45 (63%)
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Feeling safe	36 (50%)
Feeling part of the community	25 (35%)
Physical health	21 (29%)
Managing money	19 (26%)
Mental health	13 (18%)
Leading healthy and active lifestyle	5 (7%)
Contributing to the safety and wellbeing of themselves and others	4 (6%)
Managing relationships	4 (6%)
Engaged in education / learning	2 (3%)
Engaged in employment / voluntary work	1 (1%)

9.5. Planned Commissioning / Service Developments

The schemes will be subject to a service review during 2021-22.

10. Substance Misuse Services

10.1. Service Provision

Prior to April 2020 there were no floating support services specifically for individuals with alcohol and / or substance misuse. Due to a reported increase in substance misuse among clients, a pilot project was established from April 2020 which aimed to deliver housing related support to individuals at risk of homelessness to enable them to maintain their tenancy and reduce repeat episodes of homelessness.

10.2. Demand for service

During 2019-20, 206 individuals reported a support need in relation to either alcohol or substance use.

10.3. Additional Needs

Identified Need	Number	As a % of those supported
Mental Health	125	61%
Domestic Abuse	50	24%
Young Person (care Leaver)	10	5%
Young Person (16-24)	26	13%
Criminal Offending History	13	6%

10.4. Planned Commissioning / Service Developments

A review of HSG funded substance misuse services will be completed in 2021-22 with a view to retendering.

11. Learning Disabilities

11.1. Service Provision

The Housing Support Grant contributes towards the packages of care for individuals in Supported Living Schemes to enable them to remain independent in their home.

In addition to the externally contracted services, the NPTCBC in-house Community Independence Service provides floating support to care managed individuals, with mental health, learning disabilities or physical disabilities.

Provider/Scheme	Type of Support	Units
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Pobl	Supported Living for individuals with learning disabilities	16
Reable	Supported Living for individuals with learning disabilities	5
Community Lives Consortium	Supported Living for individuals with learning disabilities	52
Walsingham	Supported Living for individuals with learning disabilities	16
NPTCBC Community Independence Service	Floating Support for care managed individuals with learning disabilities, mental health, or physical disabilities	142

11.2. Additional Needs

Identified Need	Number	As a % of those supported
Mental health Issues	38	22%
People over 55 years of age	36	21%
Physical and/or Sensory Disabilities	35	20%
Developmental Disorders (Ie Autism)	17	10%
Single people with Support Needs (25-54)	10	6%
Chronic Illnesses (including HIV, Aids)	5	3%
Substance Misuse Issues (Alcohol)	4	2%
Substance Misuse Issues (Drugs)	3	2%
Young People who are Care Leavers	2	1%
Women experiencing Domestic Abuse	1	1%
Young People with Support Needs (16-24)	1	1%

11.3. Supporting People Outcomes July – December 2019

During the reporting period 133 individuals were recorded as working towards 1053 outcomes, with an average of 8 outcomes each.

Managing Accommodation and Feeling Safe were relevant for all, with Physical health being relevant for 89% and Feeling part of the community 81%

Managing accommodation	133 (100%)
Feeling safe	133 (100%)
Physical health	119 (89%)
Feeling part of the community	108 (81%)
Managing money	104 (78%)
Leading healthy and active lifestyle	104 (78%)
Managing relationships	100 (75%)
Mental health	95 (71%)
Contributing to the safety and wellbeing of themselves and others	94 (71%)
Engaged in education / learning	46 (35%)
Engaged in employment / voluntary work	17 (13%)

12. Consultation Evidence

Consultation and engagement remains an essential part of the HSG, but due to the pandemic, the Council itself has been limited in the specific engagement they have been able to undertake.

All service providers have however continued to be subject to ongoing monitoring and have evidenced that they continue to engage with service users and others involved in their lives, on a day-to-day basis, in respect of the planning and delivery of their support. Examples include of changes to services as a result of engagement include:

- Communal areas re-opened for socially distanced coffee mornings / activities to aid loneliness and isolation
- Improved communication re restrictions
- Increased outside seating areas
- Funding sourced to improve access to technology – provision of mobile phones / IT equipment
- Covid Resilience / Recovery Grants awarded to assist in development of social enterprise workshop,
- Development of freedom program booklets
- Provision of tools, seeds and planters to allow individuals to work on their own mini gardens
- Weekly Service Charges reduced
- Provision of tools, seeds and planters for shared houses to allow individuals to work on their own 'mini gardens
- Clients were actively involved in the rebrand/re-launch of a support provider, inclusive of feedback on what the proposed new name meant to them, and ideas for a new logo – some clients fed back verbally, in writing, or through creative expression. All clients were involved and consulted on the values, ethos and mission of the new name, meaning and logo.
- Development of 5 year strategic plan

West Glamorgan Service User Survey

In October 2020, all service users were invited to complete the Western Glamorgan Regional Supporting People Service User Questionnaire which looked at the overall satisfaction with the support provided. 151 questionnaires were completed, with 92% indicating they felt better overall as a result of the support they received. 86% reported feeling safer, 74% were better able to manage their accommodation, 58% were better able to manage their money, and 62% saw an improvement in their physical or mental health. For a full breakdown of all responses, see [Appendix 4](#)

West Glamorgan Regional Co-production Group

As part of the West Glamorgan Regional Partnership Board governance structure, a regional Co-production Group has been established which includes representatives from partner agencies, citizens, and carers. The group has developed a regional Co-production Framework which will inform how co-production will be imbedded across the partnership, including how the voice of people with form the core of transformation activities in housing, health and social care. The possibility of establishing a housing specific co-production group is being explored.

13. Commissioning Activities / Service Developments 2020/21

The following summarises the commissioning and service development activity during 2020/21, with some of this work continuing into 2021/22.

13.1. Supporting People Gateway

The Supporting People Gateway was established in July 2017, to initially manage referrals for the Wallich Paws Floating Support Service. This was extended in 2018 to include referrals for our Young Persons accommodation services, and a comprehensive referral, assessment and allocations process was developed in conjunction with support providers. During 2020, the SP Gateway was again extended to manage referrals for generic homeless supported accommodation, mental health floating support and accommodation, and substance misuse floating support.

The effectiveness of the SP Gateway has ensured that individuals in need of support are allocated to services which best meet their needs, and that those owed a statutory duty are prioritised for vacancies.

13.2. Learning Disability Services

A Framework for Supported Living Services for Adults with a Learning Disability in the Neath Port Talbot went live in May 2019, and 26 Service Providers were successful in obtaining a place on the framework and will remain on the framework for a period of 2 years (to 2021), with the option to extend for a further 24 months (up to 2023).

13.3. Mental Health Services

Work commenced in re-commissioning Mental Health Services and a Joint West Glamorgan Mental Health Engagement Exercise was held at the end of September 2019 facilitated by the Regional Development Co-ordinator, to obtain the views of both current and former Service Users.

Also as part of Commissioning activity, a Mental Health Market Engagement Workshop was held with current and prospective Suppliers in early October with the aim of bringing together Key Stakeholders and Partners to discuss and consider new housing related support service models for mental health in Neath Port Talbot.

Due to the Covid-19 pandemic, this piece of work was put on hold, and will restart during 2021-22.

13.4. Domestic Abuse Services

Work is ongoing in this area, following a recently published report by a Consultant commissioned by local Domestic Abuse Organisations to identify a suite of domestic abuse service proposals, which will help meet the needs of clients in the area.

The proposed models aim to provide equal access to a range of accommodation and domestic abuse support options, for individuals and families with varying levels of risk and need. The proposals are intended to provide a continuous and seamless transitional level of support through service provision and providers.

13.5. Service Reviews

A number of service reviews planned for 2020-21 were put on hold as a result of the Covid-19 pandemic, and have been carried forward to 2021-22

14. Spend Plan (2021/22)

The Housing Support Grant Spend Plan for 2021/22 is currently being finalised. Therefore, at the time of writing, we were unable to include the detail here. However, should you require a copy, please contact the Common Commissioning Unit on **01639 685928** or email supportingpeople@npt.gov.uk

15. Integrated Impact Assessment

Housing Support Grant services are designed to support individuals to address many of the challenges experienced by groups referred to within the equality legislation.

An Integrated Impact Assessment is required to be undertaken when making commissioning decisions which may affect the protected characteristics.

The purpose of the Impact assessments is to ensure that Local Authorities are aware of the impact of potential decisions and that those with protected characteristic are not disproportionately affected by them.

An Integrated Impact Screening and Assessment will be undertaken as part of the development of this Local Commissioning Plan and will accompany the Report to Cabinet Board for their approval.

16. Further Information

The Neath Port Talbot Common Commissioning Unit can provide you with further information on the local programme. Please email supportingpeople@npt.gov.uk.

Alternatively, you can visit Welsh Governments Website: [here](#)

17. Appendix 1 – Supply Map 2020/21

17.1. Short Term Services

Provider/Scheme	Client Category	Type of Support	Units	As a % of all units
Goleudy	Homeless prevention	Supported Accommodation	12	1%
Calan DVS	Domestic abuse (women)	Refuge	13	2%
Calan DVS	Domestic abuse (women)	Floating support	20	3%
Family Housing Association	Mental health	Supported Accommodation	3	0%
Hafan Cymru	Domestic abuse (men)	Floating support	6	1%
Hafan Cymru	Domestic abuse (women)	Supported Accommodation	14	2%
Hafan Cymru	Domestic abuse (women)	Floating support	1	0%
Housing Justice Cymru	Rough sleepers	Night shelter	N/A	
Llamau	Young people (16-24)	Supported Accommodation	35	5%
Platform	Mental health	Floating Support	19	3%
Pobl	Young people (16-24)	Supported Accommodation	8	1%
Thrive	Domestic abuse (women)	Refuge / Supported Accommodation	11	2%
Thrive	Domestic abuse (women)	Floating support	10	1%
Wallich	Homeless prevention	Floating support	340	47%
WCADA	Rough sleepers	Outreach	N/A	
WCADA	Substance misuse	Floating support	16	2%

17.2. Long Term Services

Provider/Scheme	Client Category	Type of Support	Units	As a % of all units
Pobl	Learning Disabilities	Supported Living	16	2%
Reable	Learning Disabilities	Supported Living	5	1%
Walsingham	Learning Disabilities	Supported Living	16	2%
Community Lives Consortium	Learning Disabilities	Floating Support / Supported Living	52	7%
Coastal Housing	People over 55	Supported Living	115	16%

Family Housing Association	Mental health	Supported Accommodation	3	0%
Platform	Mental health	Floating Support	19	3%

17.3. Internal Services

Service	Type
Community Independence Service	Pan Disability Floating Support
Housing Options Service	Temporary Accommodation and floating support
Supporting People Gateway	Gateway Service
Environmental Health	Housing Enforcement
Local Area Co-ordinators	Floating Support

17.4. Summary by Client Group

Client Group	Number of Units	As a % of all units
Domestic abuse (men)	6	1%
Domestic abuse (women)	69	9%
Homeless prevention	349	48%
Learning Disabilities	89	12%
Mental health	44	6%
People over 55	115	16%
Substance misuse	16	2%
Young people (16-24)	43	6%

18. Appendix 2 – Breakdown of service demand

The following table provides a breakdown of service demand according to lead, secondary, and tertiary need in 2018/19 and 2019/20

	2018/19					2019/20				
	Lead Need	Second need	Third need	Total (% of total no supported)		Lead Need	Second need	Third need	Total (% of total no supported)	
Chronic Illnesses	3	16	11	30	1%	5	43	14	62	2%
Criminal Offending History	0	77	33	110	3%	1	155	40	196	5%
Developmental Disorders	5	21	18	44	1%	10	29	23	62	2%
Domestic Abuse (Men)	17	19	10	46	1%	40	28	8	76	2%
Domestic Abuse (Women)	391	202	42	635	19%	415	234	39	688	19%
Families with Support Needs	2	194	37	233	7%	4	220	31	255	7%
Gypsy & Traveller	0	0	0	N/A	N/A	0	0	1	1	0%
Homeless Prevention	2321	194	15	2,530	76%	2,528	206	12	2,746	76%
Learning Disabilities	192	41	4	237	7%	173	42	26	241	7%
Mental Health	154	695	222	1,071	32%	194	763	362	1,319	36%
People over 55 years of age	166	122	45	333	10%	143	166	54	363	10%
Physical and/or Sensory Disabilities	17	251	87	355	11%	19	290	131	440	12%

	2018/19					2019/20				
	Lead Need	Second need	Third need	Total (% of total no supported)		Lead Need	Second need	Third need	Total (% of total no supported)	
Refugee Status	0	0	2	2	0%	0	0	1	1	0%
Single parent Families	0	320	64	384	11%	0	348	53	401	11%
Single people (25-54)	6	275	50	331	10%	3	316	60	379	10%
Substance Misuse (Alcohol)	1	43	42	86	3%	5	47	42	94	3%
Substance Misuse (Drugs)	0	51	59	110	3%	2	56	63	121	3%
Young People (16-24)	65	186	30	281	8%	75	178	36	289	8%
Young People (Care Leavers)	1	46	3	50	1%	1	65	10	76	2%
TOTAL	3341	2753 (82%)	774 (23%)			3,618	3,186 (88%)	1,006 (28%)		

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19. Appendix 3 – Outcomes Analysis January – June 2020

Overview

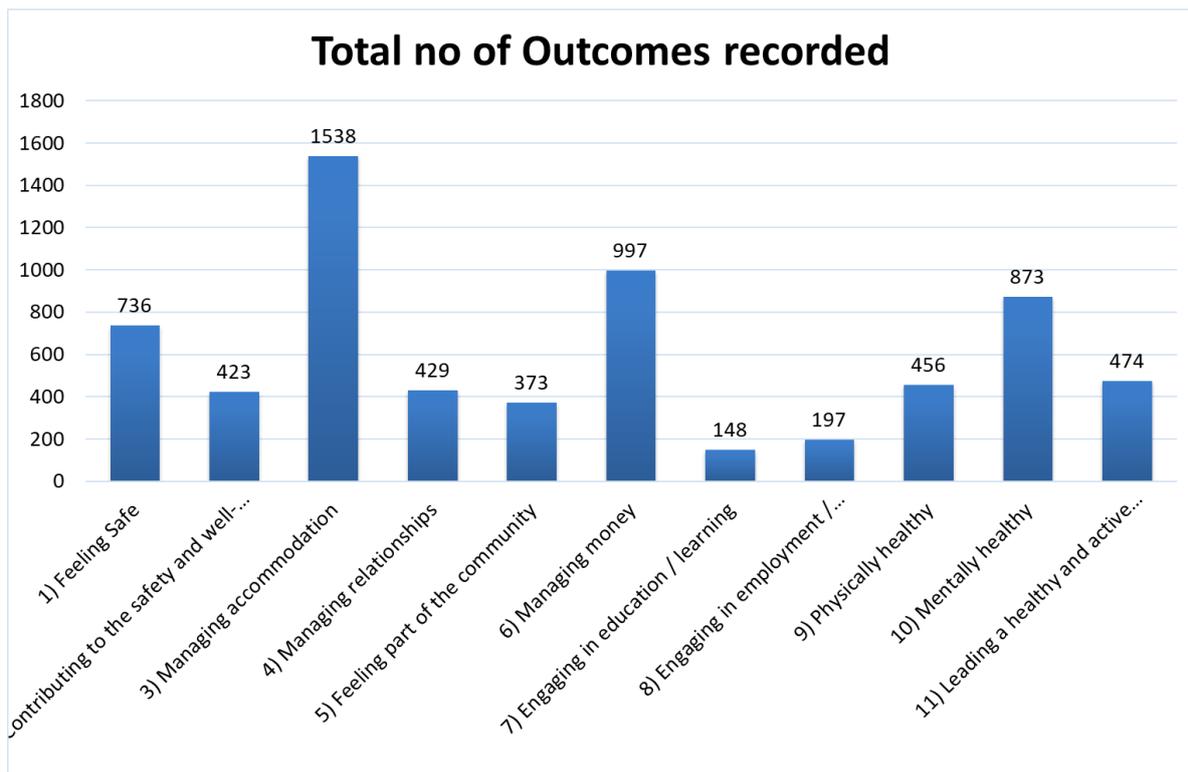
In the reporting period January- June 2020, 1,756 individuals were reported on, with 1,577 accessing short term services and 179 accessing long term services. 816 individuals started receiving support, and 804 ceased receiving support.

Between the 1756 individuals there were 6,644 outcomes recorded as relevant to an individual’s needs. The average number of relevant outcomes varies between short term services – 3.6 and long term services – 5.6

Overall, the outcome areas that are most identified are managing accommodation (88%), managing money (57%), mental health (50%) and feeling safe (42%).

Within long term services, the most identified outcome areas are feeling safe (87%), managing accommodation (71%), feeling part of the community (60%) and physical health (60%) It is recognised that the outcomes achieved may be smaller and take longer to achieve.

Within short term services, the most identified outcome areas are managing accommodation (91%), managing money (57%) and mentally healthy (49%).



Promoting Personal and Community Safety

(Feeling Safe and Contributing to the Safety and Wellbeing of Themselves and Others)



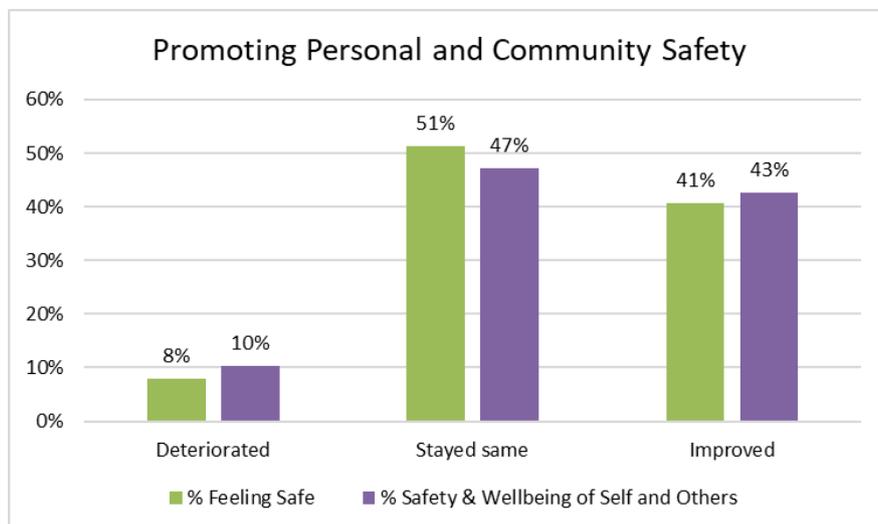
As expected, Feeling Safe was a relevant outcome for most of the individuals with a lead need of experiencing domestic abuse. A high proportion of those with lead needs of over 55 with support needs, people with developmental disorders, learning disabilities, physical/sensory disabilities and those with substance misuse issues also recorded outcomes in this area.

A smaller proportion of people recorded 'Safety and Wellbeing of themselves and others' outcomes, but this was still a high proportion of individuals with a lead need of women experiencing domestic abuse, people with learning disabilities, and people with substance misuse issues.

Reported Improvement in Outcomes

Of the 736 people who reported 'Feeling Safe' as a relevant outcome, 360 did not have a previous record to make comparisons with. 'Contributing to the Safety and Wellbeing of Themselves and Others' was relevant for 423 people, and 181 of those did not have a previous record to compare with.

The chart below, shows that of the people who had a record from the previous reporting period, the majority had reported either staying the same or an improvement in these outcome areas.



Examples of outcomes achieved (either on an individual basis or project level) / support provided

- Service users having previously experienced street homelessness beginning to feel more safe and secure in their homes
- Target hardening measures put in place for those experiencing domestic abuse
- Personal alarms being provided for those experiencing domestic abuse
- Provision of lifelines pendants
- Assisting with moves to new address, unknown to perpetrator (DV)
- Request for markers on properties for those experiencing domestic abuse
- Individuals with staff support enjoy taking part in weekly health and safety checks at their homes

Issues Identified by provider

- Barriers with this outcome for those who have previously offended may include lack of money, or benefits being sanctioned. This can then lead to clients taking part in petty crime.
- Feeling anxious about the area
- Issues with immediate neighbour(s)
- Incidents of 'Cuckooing' (which were reported to Safeguarding)
- Rough sleepers and sofa surfers often reported feeling insecure
- Property disrepair
- Threat of eviction
- Incidents of domestic abuse
- Hoarding issues

What Works

- Using Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) questionnaires with service users to help them identify issues in this outcome area to include in support plan.
- We have had more of the team receive training from Centre for Women's Justice and they have all used this a few times to support their clients. It has been extremely beneficial to clearly understand the victims' rights and has given the team confidence in challenging decisions if they believe a process has not been fair. This has led to successful outcomes for service users.

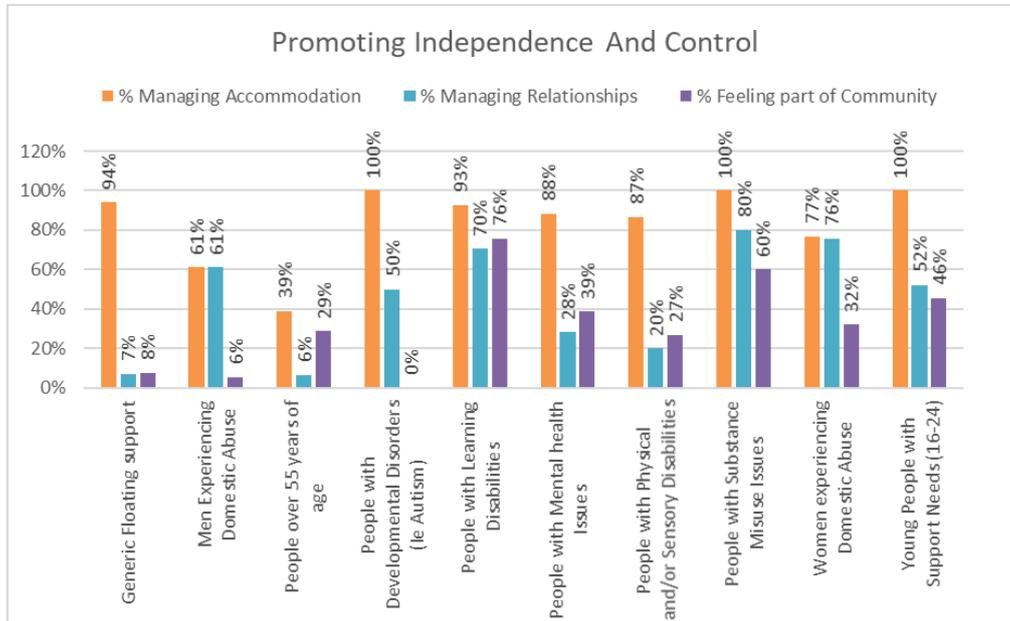
Impact of Covid 19

- PPN's have been much lower since lockdown and it is possible that this is due to less people reporting domestic abuse as they, or the perpetrator, have nowhere else they are allowed to go. We do foresee a surge in referrals and PPN's as lockdown eases.
- Some services have noticed an increase in substance misuse, partly due to the reduced staff presence in fixed site schemes during lockdown and partly due to using substances such as alcohol as a coping mechanism to deal with the higher levels of anxiety
- Some schemes have not been able to accept people with more complex needs, due to being unable to manage the risks with reduced staff presence at fixed sites.
- Clients have found it extremely difficult and trying to get residents to understand and comply with the guidelines that has been set has often been a challenge.
- In the last few months tenants have felt more comfortable in reporting any concerns and have been showing independence in phoning 101- this has primarily been around the concerns of people not adhering to COVID restrictions.
- Some individuals in fixed site schemes have felt safer due to the vastly reduced footfall of people coming in and out of the scheme.

- Closure/reduction of some services such as Forge Centre, WCADA and Mind has hindered providers in supporting people in this area

Promoting Independence and Control

(Managing Accommodation, Managing Relationships and Feeling Part of the Community)

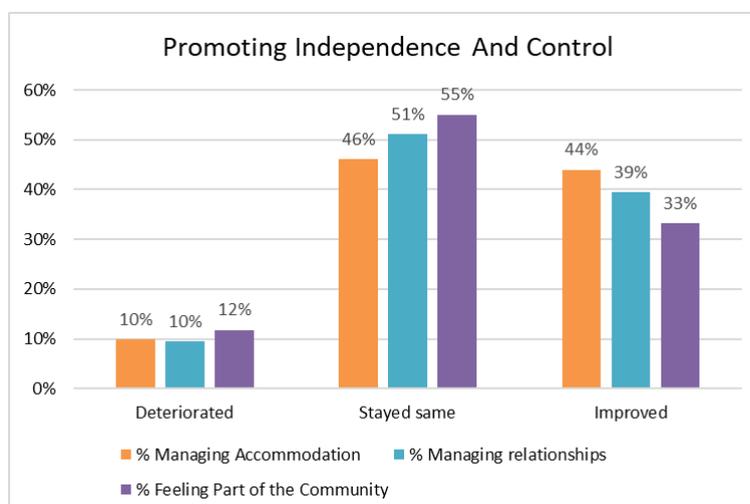


Managing Accommodation can be seen in the above chart to be an outcome recorded for most clients across all lead needs, with only the people over 55 with support needs group recording this for less than 50% of their clients.

Managing relationships has been recorded for a high percentage of service users with a lead need of people with learning disabilities, people with a substance misuse issue, men and women experiencing domestic abuse, and young people with support needs.

Feeling part of the community was a relevant outcome for a high percentage of those with the lead needs people with learning disabilities, people with substance misuse issues, and young people with support needs.

Reported Improvement in Outcomes



Examples of outcomes achieved (either on an individual basis or project level) / support provided

- Successful Move-On applications
- Successful move on through the move on panel
- Clients starting MOT (Move-on training)
- Working with clients and i.e. maintenance contractors/gas safety engineers to ensure both understand procedures to be followed by service users and the contractors during lockdown to allow works/checks to be carried out
- Some residents have been chatting within their balcony areas of their flats twice a day while through this pandemic.

Issues Identified by provider

- Service charge arrears. Clients often require help budgeting their money, so that they can afford their daily living needs as well as their service charge, to prevent them from falling into arrears.
- Continue to come up against barriers with the DWP especially with PIP claims and advance payments.
- Many clients do not feel that they would be better off working and the concerns around debt by returning to employment. There continues to be a lack of part time vacancies or vacancies which allow people who have never worked the opportunity to begin work.
- Focus is mainly on first or recurring failure of tenancies; clutter caused by hoarding behaviours; the poor condition of properties; high rent arrears resulting in eviction; rough sleeping, and issues around Universal Credit accounts. However once the issues around managing accommodation are resolved it has been noted that clients often begin to disengage with the support as the immediate crisis has passed
- One provider found that all but two referrals are for single people. The Local Housing Allowance for single people in the Neath Port Talbot area does not cover the cost of any accommodation on the private rented market. The average top-up for a client being £50 pcm, for many this is not affordable on their current income.
- There continues to be a lack of services that support women to deal with the trauma they have experienced. Many of our clients lack the confidence to form healthy new relationships which is why the cycle is hard for them to break.
- Continue to face barriers around cost of travel and lack of confidence / mental health in being able to attend groups or classes independently

What Works

- Targeted work with tenants to ensure they understand the importance of setting up payment plans and to enable them to address historic rent arrears. Helps to address any issues that could hinder them from being moved on such as historic rent arrears.
- With new tenants we continue to spend more focused time in the first 6 months addressing any barriers and then focus on how we can support them independently.
- For those service users that require support but do not want to leave their partner, the Inspiring Families programme has proved a great success
- Working closely with the Local Area Coordinators to identify groups and activities that the client may be interested in. also giving them a chance to meet new people in the area and socialise.

L has received support applying for a DAF Grant and was awarded the essential items for her home. L was referred to Flying Start for a grant and accessed grants which has benefitted her housing condition and living arrangements. As a result of a referral for a Grant with Flying Start she has

started to apply for her children to access the service in her community and is invited to join the local groups and services.

S has successfully moved out of refuge into a property with Costal housing association. Since leaving the relationship S has resumed contact with family and friends, this has had a positive effect on her well-being as she no longer feels alone, S has also built good friendships with other residents while at refuge. S has a new found freedom since leaving the relationship and is always accessing services within the community.

L is looking forward to her planned adaptations and being able to confidently make her neighbour/friend a cup of coffee and snack when her kitchen is complete. L likes to keep in touch with her neighbours and sits in her garden to socialise with them sometimes.

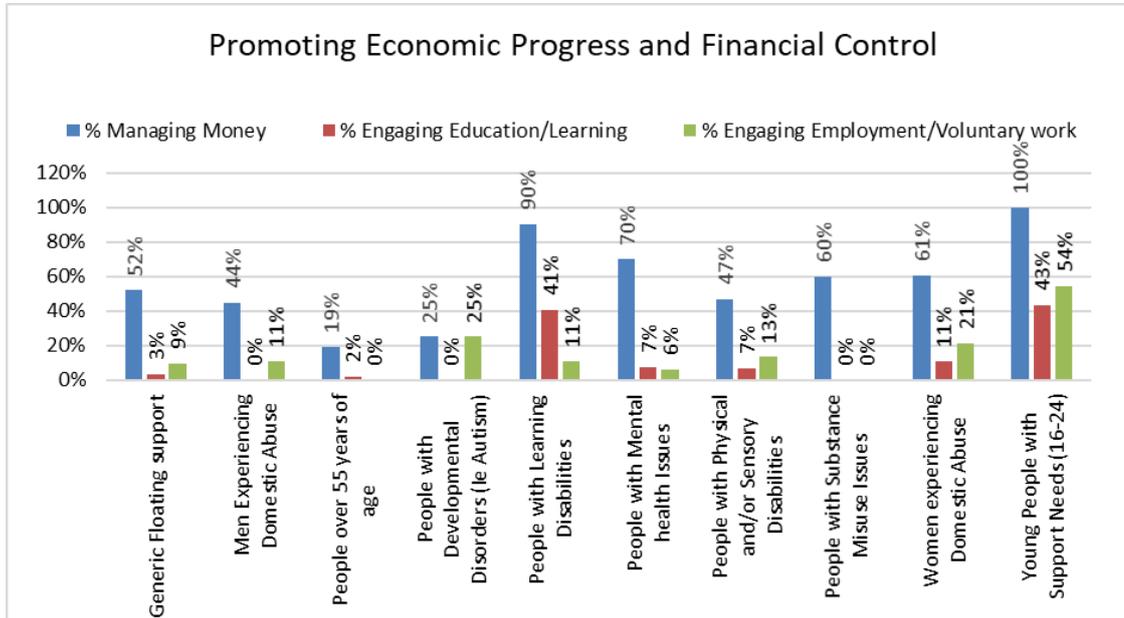
Impact of Covid 19

- Any move on into more secure accommodation has ceased during this period.
- There has been a hold up with residents moving on due to lack of properties available
- The COVID19 epidemic lockdown has resulted in the temporary halting of evictions which has helped provide some clients an extension in which to seek help, whilst it has increased the stress and anxiety for others.
- During lockdown we have not seen very many new residents stay, a lot seem to feel more anxious about coming into a property where Covid 19 may be present or at a higher risk of contracting it than they are to stay at home with the perpetrator.
- It is noticeable that the reduction in support worker presence has had an effect on how each resident builds a relationship with another resident and dynamics have at times been harder to manage.
- Due to Covid-19 clients have struggled with not seeing their family and friends generally, and this has had a negative effect on mental health. As mentioned above we help them to contact them via phone calls and FaceTime however not being able to see them physically has caused emotional difficulty for some and they continue to be supported with this.
- The overall tolerance levels of residents has decreased considerably and this is a direct result of the restrictions imposed by the government... We have had to work hard to repair relationships amongst residents within the scheme. In some case this has resulted in police involvement.
- Generally, closure of services and the lack of contact between households has had a negative impact, meaning more difficulties with finding accommodation, fewer opportunities to build relationships, and very few opportunities to be part of the community.
- Working with LAC, and groups identified through them has been hard to do. Clients who were engaging with these groups have felt isolated during this period as they are missing out on the socialising. In some cases, groups have put on Zoom sessions but very few clients have participated in these.
- The Coronavirus has had an impact on where people can go in the community therefore joining groups or attending different places has not been able to happen. It has also prevented tenants from doing the things they enjoyed, due to lock down.
- COVID has left individuals without their support network of family and friends and children without routine and structure offered by schools. However, this has helped them to spend quality time nurturing the relationships with their children that normal circumstances may not have given time for.
- We have seen an increase of young people who want to garden and look after communal areas,

which has been refreshing. We have provided tools, plants and encouraged ideas from young people to help facilitate this

Promoting Economic Progress and Financial Control

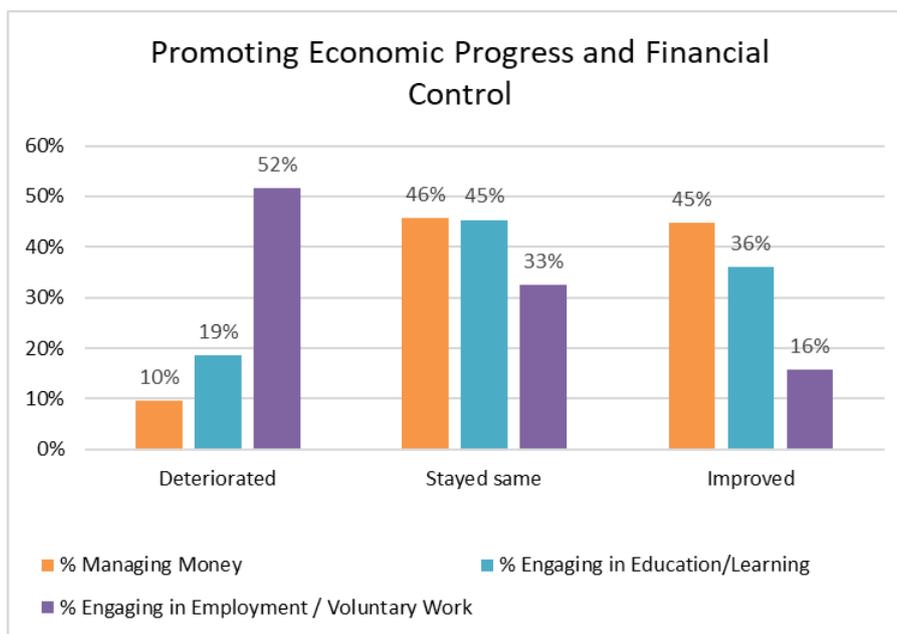
(Managing Money, Engaging in Education / Learning, Engaging in Employment / Voluntary Work)



Managing Money, as expected is a relevant outcome for the majority of individuals in many of the lead need areas, and still for a fairly high percentage in the remaining lead need areas – the two exceptions being people over 55 with support needs, and people with developmental disorders.

Engaging in education/learning, or employment/voluntary work outcomes have been reported for a small proportion of people, across most lead need groups. However almost half of young people and people with learning disabilities reported outcomes in education/learning, and over 50% of young people reported outcomes in employment/voluntary work.

Reported Improvement in Outcomes



Examples of outcomes achieved (either on an individual basis or project level) / support provided

- Arranged for benefits to be paid weekly rather than monthly – client is better able to budget/manage money
- Successful applications for benefits
- Support with PIP/ESA appeals
- Completing budgeting forms
- Worked with local supermarkets and food banks to ensure that the families and individuals have enough food.
- Worked on recipes and food plans on a budget with clients.
- Clients returning to employment
- Continuing with education opportunities through lockdown
- Service user successfully completed NVQ course
- Accessing online learning opportunities, instead of group activities which increased levels of anxiety
- Completed online IT course, to aid online shopping
- Sourced groups for creative writing
- Completed Freedom Programme

Issues

- It takes time to secure benefits and Universal Credit and this can put service users into more debt and therefore reduces the chances of them paying off other arrears or service charges.
- Access to online classes for clients who do not have access to internet/suitable devices.

What Works

- Encouraging clients to work part time (under 16 hrs) to remain on HB while in fixed site services. Ensures they can manage it, and then to progress to full time as they move on.
- Completing budgeting forms with clients has worked well. Clients have a realistic view of where their money is going from month to month.
- Introducing refuge clients to the Pre- Freedom Programme. This has also resulted in many wanting to complete the full Freedom Programme when they leave refuge.
- Young people wishing to enter full time education will not receive housing benefit – so must choose between getting an education and surviving.

G has become eligible for State Pension and has qualified for Pension Credit. This gives him the financial security to look to the near future.

B manages his money well and has recently received PIP payments which have been backdated allowing him to make a savings account which he intends to use to learn to drive in an effort to apply to more jobs. B is unsure whether to return college to study music however believes this may be easier due to his improving mental health. B is receiving support to find work when lockdown has ended.

Tenant suffered with their mental health during being forced into a furlough period lockdown. Work had been an effective daily distraction in their battle with MH and this relatively short period had a negative impact. This led to the client stop taking their medication and possibly using more substances/gaming/isolation exacerbating problems. Staff picked up on the client withdrawal, growing arrears and intervened. Staff supported the client in accessing project resources for appropriate talking

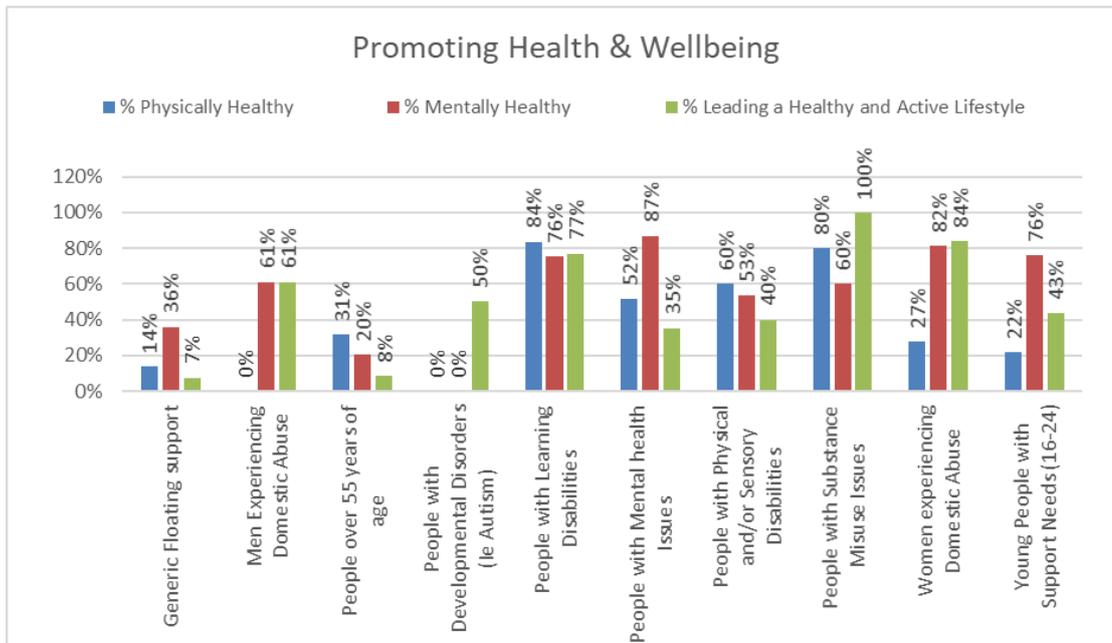
therapy interactions, use of garden area and laundry facilities, access to medication and resolving a payment plan to address rent arrears. In June the client returned to work.

Impact of Covid 19

- With social distancing it has been difficult to phone PIP or Universal Credit as we cannot be next to the client.
- Closure/reduction of some specialist services (i.e. Citizens Advice Bureau; the Welfare Rights Unit or Debt Management Services such as Step Change and Christians Against Poverty has impacted on outcome achievements in this area
- During Covid-19 it has been difficult to support people with checking their benefit claims/deductions and seeing if we can have repayments reduced as there are no job centres or libraries open where service users can access their online journals and make changes to their claims.
- Clients have been accessing the internet for retail therapy to shop online for desired items and the temptation is to spend as opposed to save or pay bills. It has been difficult to persuade clients that payments will contribute to successful move on due to the slowing of move on accommodation, but staff have advised clients to consider post lockdown future move on opportunities.
- COVID has put additional financial pressures on clients – by having the children home all day and them not having schools meals- families have seen a significant increase in the food bill.
- Building up to and during the first few weeks of Lockdown, we had an increase of young people asking for help with food. This was mainly due to massive queues and empty shelves in supermarkets.
- Access to education has been difficult through lockdown. Though there are some online opportunities, some providers have a lot of services users who cannot access this.
- We had a few young people who were so nervous about going back to college that they did not want to carry on with their courses.
- Those who were looking for work have been hindered in doing so, due to lockdown.
- Some clients have been juggling new challenges such as being furloughed or made redundant or even having to attend work still, but not feeling safe to do so.
- Some young people who were frontline working in supermarkets work a lot over their contracted hours. We have had to meet for support at irregular times but this has not affected support given.
- Some young people had been furloughed but are now unemployed due to businesses going under or having to cut back on staff.

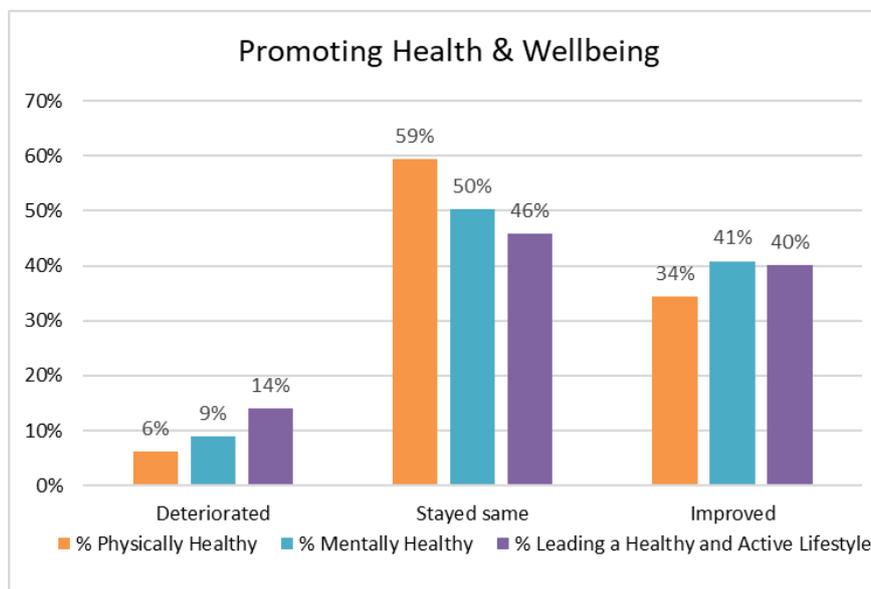
Promoting Health & Wellbeing

(Physically Healthy, Mentally Healthy, Leading a Healthy and Active Lifestyle)



As would be expected, especially during the current pandemic, mental health is a relevant outcome area for a high proportion of individuals across the board. Being physically healthy is being reported as a relevant outcome area for a high percentage of those with learning disability or physical disability as a lead need, as well as those with substance misuse issues. For all other lead needs, it is a relevant outcome area for far fewer individuals. Leading a health and active lifestyle outcomes have been reported for over half of individuals across most lead need areas, apart from generic floating support, and people over 55 with support needs.

Reported Improvement in Outcomes



Outcomes Achieved

- Assistance with picking up medication/arranging deliveries of prescriptions
- Re-establishing links with GP's or other professionals and help to improve the understanding of conditions.
- Signposted to a range of support services including self-help groups.
- Referrals for specialist support with Mental Health conditions
- Provision of board games, planters and DVDs to help them fill their days during lockdown

- Provision of fresh fruit and vegetables from Community Fridge to clients, and then can help them cook and identify healthy meals
- Make our clients aware of social prescriptions and plan to hold walking and wellbeing groups to encourage our clients to use outdoors
- A number of clients have started to walk as a way of keeping healthy during this time
- Clients enjoy cooking sessions and have begun making steps to start cooking for themselves

Providers tell us

- GP services with telephone triage system - sometimes the GP returns the call and support staff are not present this can be frustrating for the tenant.
- The level of specialist mental health support required for domestic abuse clients is not available. If a client is receiving support from a domestic abuse service, then other services are reluctant to support them as well. The waiting list can be longer than their time spent with the service
- It is hard for service users to engage in refuge and work with support workers to secure accommodation and understand how to keep themselves safe when they are unable to manage their own mental health. All of these need to be addressed alongside each other to increase the chances of a positive outcome. Currently the system is set up to address one need at a time and this reduces the likelihood of service users maintaining any positive changes and also increases the likelihood of them leaving refuge as they feel they are unlikely to succeed.
- The often lengthy gap between GP and specialist services creates a range of problems for clients and frustrates both Senior Support Workers and clients alike.
- Leading a healthy and active lifestyle often features as the lowest priority for clients and can often be overlooked or dismissed as 'unimportant'. Sometimes this is because it is considered to overlap with the physical or mental health outcomes, or simply 'irrelevant' especially in times of crisis in client's lives.

What Works

- We now (pre lockdown) have Hwyl coming into refuge once a fortnight to support service users. The sessions have been very successful and the engagement levels have been high. The feedback from the service users has also been very positive.
- We have support staff who are fully invested in making sure the clients are engaging in activities such as cooking on a budget, which isn't an area that was focused on previously and some of our longer term clients have progressed in this area.
- Liaising with their Care Managers helps promote their mental health and wellbeing.

SH is managing his mental health and has access to his children, these are related. He is visibly happier in himself and is very sociable. He now feels like he can achieve his goals and is feeling positive for the future

A was experiencing symptoms of nightmares, flashbacks was hyper vigilant, and startled easily. A contacted her GP and was given a diagnosis of PTSD, and referred for specialised support.

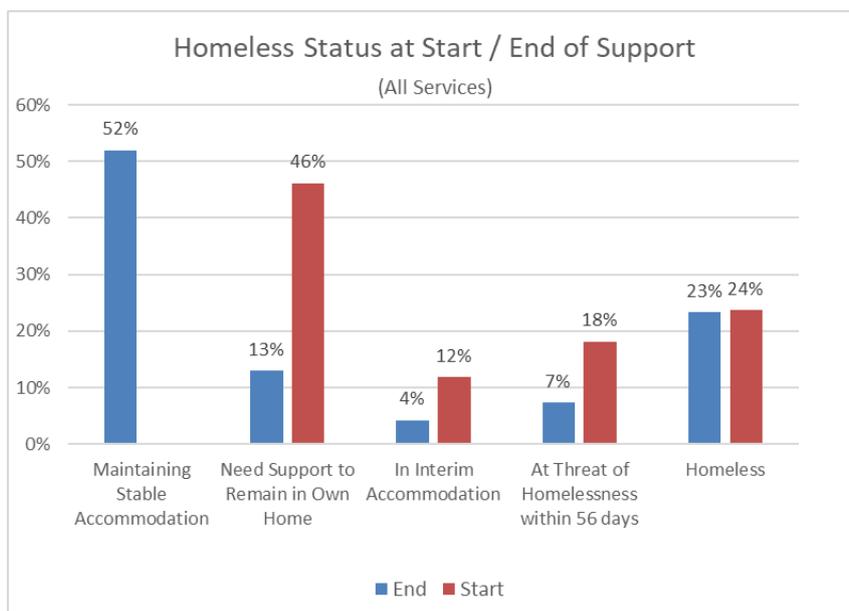
Impact of Covid 19

- Due to the pandemic, clients have found appointments being put on hold if they are not emergencies.
- This has been a difficult time with the Pandemic getting people seen by GP, getting through to surgeries and virtually impossible to attend hospital appointments with tenants. However, it has encouraged tenants to be more independent in attending hospital appointments independently.

- During Covid 19- we have noticed an increase in the time that mental health services have to offer. Service users were able to access services quicker and received regular phone support, this had a huge effect on the number of individuals scoring themselves higher. However, we have also had an increase in service users requiring regular support to help manage their anxieties and depressions through lockdown.
- To help with clients mental health we have done daily phone calls, regular check ins to the houses – where clients can have support sessions whilst social distanced and also guided clients to helplines that they can ring at any time to speak to someone.
- Since Covid-19, Hwyl have been working remotely and still offering the support via the phone. We have seen a decrease in the number of residents accessing this support, but will hopefully see a rise again as the staff presence in refuge increases and they are able to support the residents through the service.
- Lockdown has had a negative impact on many of our client’s wellbeing due to the fear and isolation. The teams continue to ensure that clients are fully supported over the phone to discuss their feelings around this.
- Many service users mental health impacted due to lack of social contact
- Negative impact on mental health, due to being unable to see family members or close friends during lockdown.
- Mental health impacted by lack of access to services in the community, or difficulty accessing GP.
- The effect of lockdown has impacted on those clients wishing to access community services and activities

Homeless Status at Start / End of Support

From 2016 providers have been asked to report on the homeless status of individuals at the start of support and again at the end of support. There are four options to choose from at the start of support (*homeless, at threat of homeless within 56 days, in interim accommodation and need support to remain in own home*) with a further option of *maintaining stable accommodation independently* also available at the end of support. The following table shows the homeless status at both the start and end of support for all 1756 individuals reported on.



Long Term Services

While all providers are required to report on the homeless status of individuals, it is recognised that in long term services individuals are unlikely to have experienced homelessness, but have been placed in services as part of a package of care.

This is reflected in the returns which show that approximately 98% of individuals needed support to remain in their own home at the start of support.

Only 11 people left long term services during the period- 10 of whom unfortunately passed away, and 1 who moved out of the Neath Port Talbot area.

Short Term Services

1577 individuals were reported on, who were receiving support from short term services, 268 were in accommodation based support, and 1309 were receiving floating support.

Of these, 319 (20%) were at threat of homelessness within 56 days, 416 (26%) were homeless, 207 (13%) were in interim accommodation and 635 (40%) needed support to remain in their own home.

Of the 793 who had ceased receiving support during the period, 59 (7%) were at threat of homelessness within 56 days, 188 (24%) were homeless, 34 (4%) were in interim accommodation, 95 (12%) needed support to remain in their own home and 417 (53%) were maintaining stable accommodation independently.

At Threat of Homelessness within 56 days

319 individuals were reported to be at threat of homelessness within 56 days, at the start of support, with 185 of these ending support during the reporting period.

Of these 185 individuals, 48 (26%) were still at threat of homelessness at the end of support and 4 had since become homeless. Four (2%) had moved into interim accommodation with four still requiring support to maintain their accommodation. 125 (68%) were maintaining stable accommodation at the end of support.

Within fixed site services, 11 individuals were at threat of homelessness when they accessed services. Of these only 1 ended support, needing support to remain in their own home, but had moved into sustainable accommodation

308 individuals received floating support during the period, as they were at threat of homelessness, with 184 ending support. Of these, 125(68%) were maintaining their accommodation at the end of support. 48 (26%) remained at threat of homelessness at the end of support and 4 (2%) were homeless at the end of support. 81% of those who were homeless or at threat of homelessness at the end of support, had their support ended due to lack of engagement, or 'Other' reasons.

The remaining 7 had either moved to interim accommodation, or required support to remain in their own home.

Homelessness

416 individuals were reported as homeless at the start of support, and 259 of them ended support during the period.

Of the 259 individuals who ceased receiving support during the reporting period, 149 (58%) were still homeless at the end of support. 140 of these individuals ended support for other reasons, or non-engagement with support.

70 individuals were homeless when they accessed fixed site support, with 37 ending support during the period. Of these, 8 (22%) were still homeless when support ended, due to non-engagement with support, or 'other' reasons. 5 people were still at threat of homelessness within 56 days, all for different reasons. The remaining 23 were maintaining stable accommodation, needed support to remain in their own home, or had moved to interim accommodation.

Of the 346 individuals who accessed floating support during the reporting period, 222 had ended support, with 141 (64%) still homeless. Of those that remained homeless 'Other' was reported as the reason for support ending for 103 individuals (73%), and non-engagement with support for 29 people (21%). 81 (36%) had accessed suitable accommodation, and no-one was at threat of homelessness at the end of support.

In Interim Accommodation

207 individuals were in interim accommodation at the start of support, with 92 individuals ending support.

The majority of these were in fixed site accommodation. 9 people (10%) had moved to other interim accommodation, and 51 (55%) moved on to sustainable accommodation. 1 person was at threat of homelessness at the end of support, having entered prison or a YOI, and 31 (34%) were homeless. Of the 31 people who were homeless, 3 had entered prison/YOI, and 4 had moved out of the area, 8 had not engaged with support, and 16 had ended for 'Other' reasons.

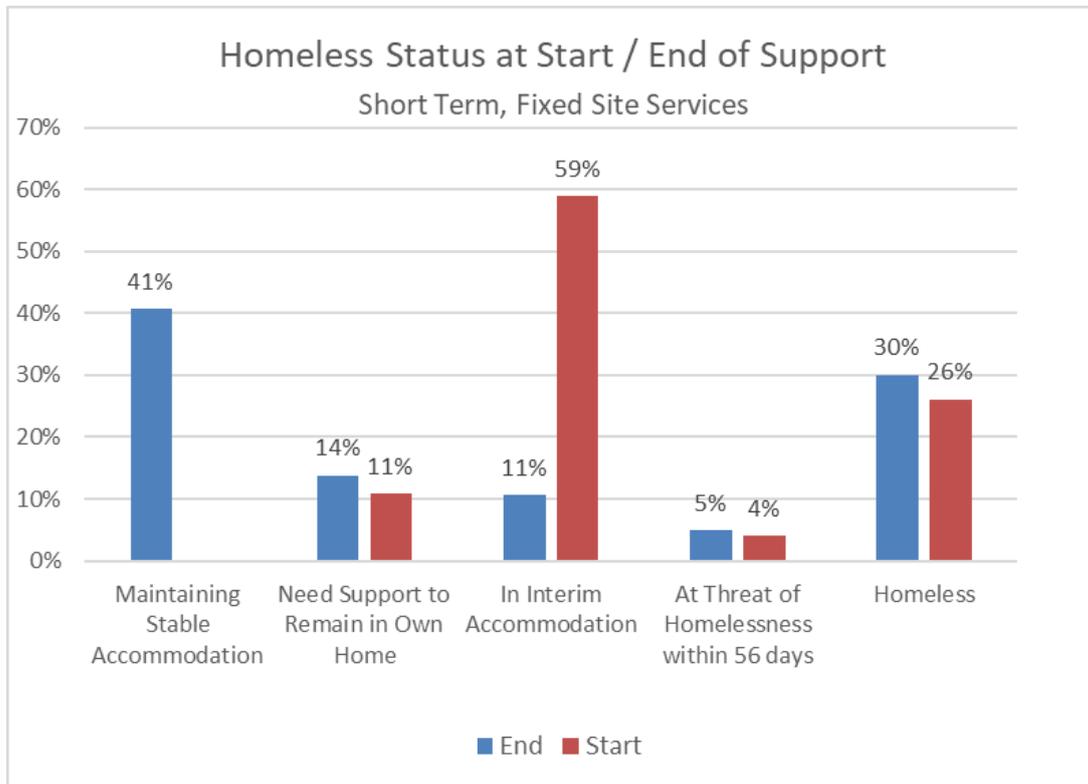
Need Support to Remain in Own Home

635 individuals required support to remain in their own home, at the start of support, with support ending for 257 individuals during the reporting period. All but 6 people were receiving floating support.

64% of those who ended floating support were successfully maintaining their accommodation. 73 (29%) of individuals needed support to remain in their own home, and 8 (3%) had moved to interim accommodation. 9 people (4%) were either homeless or threatened with homelessness when they ended support. 2 of these individuals had moved out of the area, and the remaining 7 had not engaged with support.

Of the 6 people who ended fixed site support, 4 continued to need support to remain in their own home, 1 was maintaining stable accommodation, and 1 had moved to interim accommodation.

Fixed Site Services



Looking at fixed site services as a whole, we can see that, as expected there is a big reduction of those in interim accommodation, with most people maintaining stable accommodation at the end of support. It is also noticeable that there was a higher proportion of people leaving the services homeless than coming into the services as homeless. Looking at the reasons for support ending for the 37 people who were homeless when leaving a fixed site short term service, 12 (32%) had not engaged with support, and 19 (51%) were ended for 'Other' reasons. There were 4 women in refuge who left within a day, and thus recorded as still homeless. Some were more anxious about coming into a property where Covid 19 may be present or at a higher risk of contracting it than they are to stay at home with the perpetrator.

20. Appendix 4 - Service User Survey September 2020

12 Providers returned a total of 151 surveys

*** Not all questions were answered by all service users so some responses do not add up to the total number of surveys returned ***

How long have you been receiving help & Support?	151 responses
0 – 6 months	41 (27.15%)
6 months – 2 years	49 (32.45%)
2 years +	61 (40.39%)

Were you involved in deciding what support you receive?	139 responses
Yes	115 (82.73%)
No	3 (2.16%)
I don't know	21 (15.11%)

How do you feel as a result of the support?	146 responses
Better	135 (92.47%)
The same	11 (7.53%)
Worse	-

Because of the support you have received...	😊 better	😊 same	😞 worse
Do you feel safer than you would have done? (150 responses)	130 (86.67%)	20 (13.33%)	-
How are you managing your accommodation now? (145 responses)	108 (74.48%)	33 (22.76%)	4 (2.76%)
How are you managing your money now? (150 responses)	88 (58.67%)	53 (35.33%)	9 (6%)
Is your physical or mental health...(150 responses)	94 (62.67%)	52 (34.67%)	4 (2.67%)

Would you like to become further involved in the planning and design of services (and questionnaires)?	124 responses
Yes	36 (29.03%)
No	88 (70.97%)

Comments

- ‘I’ve been helped to apply for PIP & to speak to Tai Tarian about taking away my ban.’
- ‘I like my staff at the house, they help me with the garden and my plants. They also help me with tidying up my bedroom and buying things I want like my ps4 and my new tablet computer.’
- ‘I’ve got somewhere safe to live with my children when I was getting nowhere with housing until I had support.’
- As a member of the GRT Community in Pyle we have not always had a lot of support in the past, but things are much better now.
- I feel now feel confident enough to phone if I need advice or support and my Support Worker will help me to sort any difficulties I am having.’
- ‘I like to have support with my cooking and ironing as then I am better at it.’
- ‘Having someone to help me. I had a problem a while back with people who were using drugs setting up a tent in my communal garden. Without support this situation would have been much worse and I wouldn’t have coped as well.’
- ‘ My Support worker helped me to get permanent accommodation for myself and two children and arrange support with money and to access a solicitor this has been a great help and I now feel safer.’
- ‘Feel more secure; managing better with money.’
- ‘I was really struggling in my kitchen and couldn’t make use of the cupboard space as I just couldn’t reach, my support worker referred me for adaptations in the kitchen and it is so much easier.’
- They also help me budget my money and support me to buy things and shopping weekly. Without this support I wouldn’t buy myself food and I would spent my money on unnecessary things that I don’t need but think I do at the time? I have moved lots of times and they support me to do this to?’
- ‘Learnt more about domestic violence. Wiser to unhealthy relationships.’

21. Appendix 5 – Equalities Data

Breakdown by Age / Gender

Age Group	Female	Male	Total
16-17	16	16	32
18-24	185	165	350
25-34	418	319	737
34-49	401	369	770
50-64	135	214	349
65+	153	138	291
Total	1308	1220	2528

Breakdown of Ethnicity

White/White British - Total	3298
White	1879
White: Welsh/English/Scottish/Northern Irish/British	1407
White: Irish	4
White: Other	8
Asian/Asian British – Total	12
Asian	6
Asian/Asian British: Chinese	2
Asian/Asian British: Indian	1
Asian/Asian British: Other	2
Any Other Asian Background	1
Black/Black British – Total	9
Black	4
Black African	2
Black British	1
Black/Black British: African	1
Black/Black British: Caribbean	1
Gypsy/Irish Traveller	10
Mixed – Total	12
Mixed: White & Asian	1
Mixed: White & Black Caribbean	4
Mixed: Other	4
Mixed	3
Other Ethnic Group – Total	8
Other Ethnic Group	8
Unknown – Total	269
Blank	8
Chose not to say	1
Unknown	40
Unknown - gave nationality	220

Breakdown of Religion

Row Labels	Sum of No of people
Unknown	2195
None	724
Christian (all denominations)	427
Atheist	125
Prefer not to say	58
Other	38
Agnostic	31
Non-denominational	7
Muslim	4
Buddhist	3
Sikh	2
Hindu	1
Spiritual	1
Jehovah Witness	1
Pagan	1
Grand Total	3618

Breakdown of Sexuality

Sexuality	No of people
Heterosexual	1383
Homosexual (Gay or Lesbian)	24
Bisexual	26
Undecided	1
Other	3
Did not wish to disclose	18
Unknown	2163
Grand Total	3618

Breakdown of Disability

Disability	No of People
No	1501
Unknown	885
Mental Health	773
Physical Disability	258
Learning Disability	170
Autistic Spectrum	12
Sensory Disability	9
Multiple Disabilities	5
Cerebral Palsy	2
Dyslexia	1
Yes, but not stated	1
Neurological Disability	1
Grand Total	3618

22. Appendix 6 – Planned Service Developments / Commissioning Priorities 2021/22

Service Area	
Young People	<ul style="list-style-type: none"> • Identify support provider and mobilise contract for 6 units of supported accommodation developed from Phase 2 capital funding • Complete review of young person’s supported accommodation (including supported accommodation and supported lodgings) with a view to retendering • Establish Young Persons Accommodation Panel
Mental Health	<ul style="list-style-type: none"> • Mobilise contract for 7 units of supported accommodation for individuals with mental health / complex needs developed from Phase 2 Capital funding • Complete review of HSG funded mental health services (including supported accommodation and floating support) with a view to retendering
VAWDASV	<ul style="list-style-type: none"> • Complete review of HSG funded VAWDASV services (including refuge, supported accommodation and floating support) with a view to retendering.
Substance Misuse	<ul style="list-style-type: none"> • Complete review of HSG funded substance misuse services with a view to retendering
Complex Needs	<ul style="list-style-type: none"> • Mobilise contract for a complex needs worker identified as part of Phase 2 revenue funding
Older Persons	<ul style="list-style-type: none"> • Complete review of Extra Care Services
Generic homeless prevention	<ul style="list-style-type: none"> • Complete review of commissioned generic homeless support, (including rapid rehousing pilot), with a view to reconfiguring contract / recommissioning.
In-House floating support	<ul style="list-style-type: none"> • Complete review of in house pan-disability floating support, with a view to reconfiguring service to meet demand for homeless prevention and

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Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

Social Care, Health & Well-being Cabinet Board

1 April 2021

Report of the Head of Adult Services – Ms A. Thomas

Matter for Decision

Wards Affected - All wards

Quality Assurance Framework for the Provision of Learning Disability and Mental Health Supported Living Services in Neath Port Talbot.

Purpose of the Report

To present Members with the proposed Quality Assurance Framework and seek approval to conduct a 90-day public consultation.

Executive Summary

The Quality Assurance Framework (QAF) (Appendix 1) sets out the criteria against which providers of Supported Living Schemes for adults with learning disabilities and/or mental health conditions in Neath Port Talbot are assessed.

Background

The provision of good quality and responsive adult social care support remains a priority of the Council. The Council also has a responsibility to ensure that public funds are spent efficiently and effectively.

The purpose of the QAF is to provide the Council and its partners with a methodology for assessing the quality of service provision against various criteria affecting the day to day life of those adults placed in supported living schemes.

Financial Impacts

There are no financial impacts arising from this report. It is not expected that implementation will likely incur any additional expenditure, nor will any additional income flows likely be received as a consequence.

Integrated Impact Assessment

A first stage impact assessment has been undertaken to assist the Council in discharging its legislative duties (under the Equality Act 2010, the Welsh Language Standards (No.1) Regulations 2015, the Well-being of Future Generations (Wales) Act 2015 and the Environment (Wales) Act 2016). The first stage impact assessment has indicated that a more in-depth assessment was required.

An overview of the Integrated Impact Assessment has been included below in summary form only and it is essential that Members read the Integrated Impact Assessment, which is attached to the report at Appendix 3, for the purposes of the meeting.

It is concluded that overall the QAF will have a neutral impact on protected characteristics. The purpose of the QAF is to set out the criteria against which providers of Supported Living Schemes for adults with learning disabilities and/or mental health conditions in Neath Port Talbot are assessed. Should any negative impacts come to light these will be addressed and brought to Members' attention.

Valleys Communities Impacts

The recommendation has no spatial impact on our valleys communities and does not link to the impacts identified in the Cabinet's response to the Council's Task and Finish Group's recommendations on the Valleys.

Workforce Impacts

No implications.

Legal Impacts

The QAF has been developed in line with the Social Services and Well-being (Wales) Act 2014, Regulations and Codes of Practice that set

out the Council's duty to assess an individual's need for care and support, as well as the Well-being of Future Generations Act (Wales) Act 2015 which includes responsibility for ensuring sustainability of services.

Risk Management Impacts

There are no risks associated with this item.

Consultation

It is proposed that, with Members' permission, a 90-day public consultation exercise is undertaken. This will consist of paper and on-line surveys. In addition, officers will attend various groups and forums around Neath Port Talbot to reach as many stakeholders as possible, including service users, carers, providers and partner organisations as possible. The Consultation Document can be found at Appendix 4 of this report.

Recommendations

It is recommended that, taking into account the attached Integrated Impact Assessment, Members grant permission for Officers to consult on the proposed Quality Assurance Framework for the Provision of Learning Disability and Mental Health Supported Living Services in Neath Port Talbot attached as set out at Appendix 1 to this report.

Reasons for Proposed Decision

To ensure sustainable good quality supported living schemes are available to meet the needs of adults in Neath Port Talbot with learning disabilities and mental health needs.

Implementation of Decision

The decision is proposed for implementation after the three day call in period.

Appendices

Appendix 1 – Quality Assurance Framework for the Provision of Learning Disability and Mental Health Supported Living Services in Neath Port Talbot.

Appendix 2 – Easy Read Version.

Appendix 3 – Integrated Impact Assessment.

Appendix 4 – Consultation Document.

List of Background Papers

None.

Officer Contact

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Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

SOCIAL SERVICES, HEALTH AND HOUSING

**QUALITY ASSURANCE FRAMEWORK FOR THE PROVISION OF
LEARNING DISABILITY AND MENTAL HEALTH SUPPORTED LIVING
SERVICES IN THE NEATH PORT TALBOT UNITARY AUTHORITY AREA**

February 2020

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2. Introduction and Background

Neath Port Talbot Council (“the Council”) is committed to working closely with service users, their families, service providers, partners and others to ensure services are of good quality and meet assessed needs. In line with the principles of the Social Services and Wellbeing (Wales) Act 2014 (“the Act”), the focus is on independence, choice and control.

This Quality Assurance Framework (QAF) is one way by which the Council can better understand the quality of services being delivered. The QAF will cover both Learning Disability and Mental Health services, including those services for people who may be considered as having complex needs.

It has been agreed as part of this work that the Council will formally review this QAF by **April 2022** at the latest, **and sooner if necessary**.

Note

It should be noted that the Council is continually looking to improve the way it reviews services, and may adjust this Framework in consultation with service providers and others.

3. Objectives and Key Principles

The objectives of the QAF are to:

- Benchmark services so that commissioners, service providers and others may better understand how well support is delivered relative to the outcomes agreed for service users
- Encourage continuous improvement and best practice in supported living services
- Help identify changes that would make it easier for providers to enable service users to achieve their personal outcomes

- Encourage more collaborative working with providers, service users, their family and others so a multi-faceted view of 'quality' may be obtained
- To have a clear sense of what quality means in practical terms in operational services

All current domains, sub-domains and measures can be found in Schedule 1 of this document.

4 Structure of the Quality Assurance Framework

The Framework consists of **five** overarching **Quality Domains**:

- A. Relationship, Engagement and Quality of Life;
- B. Health and Wellbeing;
- C. Leadership, Management and Staff;
- D. Care and Support Planning and Governance;
- E. The Environment, Health and Safety, and Safeguarding;

These are the high level themes which will be considered as part of the Council's monitoring work and will be used as a way of organising the **Sub-Domains**, or areas that may be considered during visits. These Sub-Domains are organised in the following way –

4.1 Relationship, Engagement and Quality of Life

- a) New Service Users and their close relatives are assisted with transition and resettlement
- b) Delivering support to meet the needs and wishes of Service Users
- c) The Provider helps ensure that Service Users have a rich and varied range of activities/interests and engage appropriately with friends, family members and the community at large
- d) There is a real sense of community in the scheme
- e) There is evidence that Service Users have a meaningful voice, choice and control over how the support service is delivered
- f) At all times personal identity is appropriately promoted and maintained in the scheme
- g) Dignity and respect is maintained at all times
- h) There is clear evidence that the views of Service Users, family members and others shape future provision and drive service improvement. A wide range of sources are used to strengthen the quality of the service

4.2 Health and Wellbeing

- a) A healthy lifestyle is always promoted within the scheme

- b) Service Users have access to a full range of healthcare services and the staff team appropriately engages with social care and health professionals when appropriate
- c) Good nutrition and hydration is maintained and service users share a positive dining experience. Service Users are appropriately supported according to best practice
- d) Medication is managed according to best practice
- e) When appropriate there is evidence to demonstrate that good moving and handling techniques are being practiced
- f) Service Users are supported and encouraged to have appropriate rest and sleep
- g) How well the service supports Service Users to meet the National Wellbeing Statement is understood by the provider

4.3 Leadership, Management and Staff

- a) Good leadership and management is present which filters down to operational level
- b) There is a culture among management and staff that promotes service quality and continuous improvement
- c) There is an effective rota management process that allocates resources to maximise opportunities for everyone supported
- d) Staff induction and training meets the requirement of the contract and is specific to the needs of each person supported
- e) Supervision and appraisals
- f) Recruitment and selection meets the requirement of the contract and is specific to the needs of each person supported
- h) Staff feel well supported by management and terms of employment for staff are considered good by the sector

4.4 Care and Support Planning and Governance

- a) Care planning documentation is presented in line with best practice
- b) Support hours are well managed and the hours apportioned to each service user are clear
- c) The provider structures a process that works well in terms of care planning to maximise independence
- d) Behaviour Observation Charts or similar are used to good effect

4.5 The Environment, Health and Safety and Safeguarding

- a) The property is maintained to a good standard
- b) The provider complies with the requirements of Health and Safety standards
- c) Service Users are supported to comply with the terms of their tenancy

- d) The Provider has policies and procedures for safeguarding Service Users in line with best practice

4.6 Cross Cutting Themes

Progression and Recovery Models

- The service delivered is strengthened to support Service Users in making positive life choices
- When appropriate, the progression or recovery model adopted works well and there is clear evidence of increasing independence towards more independent living

Complex Disability

- The service delivered is strengthened to support those Service Users who may be considered to have complex needs
- The provider has systems and processes in place that monitors and reduces restrictive practice and there is clear evidence that this practice is working

Under these Sub-Domains are **Quality Measures** which are indicators against which the Council will measure service quality and performance. The Council's Contract Monitoring Officer will undertake an assessment using the criteria to judge whether each relevant Quality Measure has been fully, partially or not met by the provider.

The conclusion against each Quality Measure will form a report shared with the provider.

5. Monitoring Services

The Council's Social Services, Health and Housing Directorate is committed to working with providers so we can offer the very best support for people with assessed social care needs in Neath Port Talbot. The Council has robust processes in place that help ensure providers are supported to continually improve the way they deliver care and support. These processes are multi-faceted and include a number of ways in which 'quality' can be benchmarked. This QAF will be used by the Council's Contract Monitoring Officers to gauge how well the provider delivers support commissioned by the Council.

It should be recognised that the QAF is only one of a number of ways in which the Council defines quality in services. Other ways include but may not be limited to –

- i) Care Inspectorate Wales (CIW) inspection reports (also compliance/enforcement notices and any other relevant information)
- ii) Safeguarding information

- iii) Information received from Social Services Care Managers
- iv) Complaints or other information received
- v) Information received from SBUHB nurse assessor teams (including outcomes from nurse assessor patient reviews), district nursing teams and end of life pathways coordinators
- vi) Information received from public health/environmental health departments
- vii) Information received via the Pan Wales Commissioning Network
- viii) Information on hospital conveyances received via SBUHB

These sources will help give an overall view on how well the provider is delivering supported living services in Neath Port Talbot.

SCHEDULE 1 – THE NEATH PORT TALBOT COUNCIL LEARNING DISABILITY AND MENTAL HEALTH QUALITY ASSURANCE FRAMEWORK

QUALITY DOMAINS, SUB-DOMAINS AND MEASURES

The table below highlights the overarching quality domains for the Quality Assurance Framework (QAF) and the indicators linked to those domains. Each indicator below will have measures that will be used to help the provider achieve each indicator.

Neath Port Talbot County Borough Council, Supported Living Services

	A	B	C	D	E
Overarching themes:	Relationships, Engagement and Quality of Life	Health and Wellbeing	Leadership, Management and Staff	Care and Support Planning and Governance	The Environment, Health and Safety and Safeguarding
1	New Service Users and their close relatives are assisted with transition and resettlement	A healthy lifestyle is always promoted in the scheme	Good leadership and management is present which filters down to operational level	Care planning documentation is presented in line with best practice	The property is clean and maintained to a good standard
2	Delivering Support to meet the needs and wishes of Service Users	Service Users have access to the full range of healthcare services and the staff team appropriately engages with social care and health professionals	There is a culture among the management and staff that promotes quality and continuous improvement	Support hours are well managed and the hours apportioned to each Service User are clear	The provider complies with the requirements of H&S standards

		when appropriate			
3	The Provider helps ensure that Service Users have a rich and varied range of activities/interests and engage appropriately with friends, family members and the community at large	Good nutrition, hydration is maintained and service users share a positive dining experience. Service Users are appropriately supported according to best practice	There is an effective rota management process that allocates resources to maximise opportunities for everyone supported	The provider structures a process that works well, in terms of care planning, to maximise independence	Service Users are supported to comply with the terms of their tenancy
4	There is a real sense of community in the scheme	Medication is managed according to best practice	Staff induction and training meets the requirement of the contract and is specific to the needs of each person supported	Behaviour Observation Charts or similar are used to good effect	The Provider has a policy and procedures for safeguarding Service Users in line with best practice
5	There is evidence that Service Users have a meaningful voice, choice and control over how the support service is delivered	When appropriate, there is evidence to demonstrate that good moving and handling	Supervision and appraisals		

		techniques are being practiced			
6	At all times, personal identity is appropriately promoted and maintained in the scheme	Service Users are supported and encouraged to have appropriate rest and sleep	Recruitment and selection meets the requirement of the contract and is specific to the needs of each person supported		
7	Dignity and respect is maintained at all times	How well the service supports Service Users to meet the National Wellbeing Statement is understood by the provider	Staff feel well supported by management and terms of employment for staff are considered good by the sector		
8	There is clear evidence that the views of service users, family members and others shape future provision and drive service improvement. A wide range of sources are used to strengthen the quality of the service.				

Specialist					
Progression and Recovery Module	The service delivered is strengthened to support Service Users to make positive life choices			When required, the progression or recovery model adopted works well and there is clear evidence of increasing independence towards more independent living	
Complex Disability				The service delivered is strengthened to support those Service Users who may be considered to have complex needs	The provider has systems and processes in place that monitors and reduces restrictive practice and there is clear evidence this is working.

SUPPORTED LIVING MONITORING TOOL – APRIL 2019

Measure Number	Measure	Fully Met		Partially Met	Not Met	Comments/Suggested Improvements
	Domain A – Relationships, Engagement and Quality of Life					
1	New Service Users and their close relatives are assisted with transition and resettlement					
a	The Provider has transition plans in place, evidencing engagement with Service Users and families.					
b	There is evidence of inclusion with tenancy and household related tasks.					
2	Delivering support to the needs and wishes of Service Users					
a	The Provider supports Service Users with Independence, supporting with daily living tasks, tenancy and achieving long and short term personal goals.					
b	Where appropriate, the Provider fosters a culture of 'doing with' as opposed to 'doing for'					
c	The Provider is delivering support in a timely and proactive way.					
d	The Provider uses equipment/aids/ including specialist equipment when appropriate to do so.					

e	The Provider supports Service Users to manage money in accordance with best practice.					
3	The Provider helps ensure that Service Users have a rich and varied range of activities/interests and engage appropriately with friends, family members and the community at large.					
a	There is evidence to demonstrate that the Provider is appropriately supporting Service Users to engage with their network of friends, family members, staff and the community at large.					
b	When appropriate to do so, there is evidence that the Provider has encouraged Service Users, when appropriate, to seek voluntary or paid employment work					
c	There is evidence to demonstrate that the Provider supports Service Users to engage with the community.					
4	There is a real sense of community in the Scheme					
a	The Provider is ensuring that each Service User feels they belong in the Scheme					
5	There is evidence that Service Users have a meaningful voice, choice and control over how the support service is delivered					
a	Service Users are fully involved and informed about the choices that affect them both in and out of the home.					

b	If appropriate, the provider has explained to the Service User or their family members the right to independent advocacy.					
6	At all times, personal identity is appropriately promoted and maintained in the scheme					
a	The Provider ensures that Service Users are treated as unique Service Users which takes into account their values and cultures.					
b	Staff have good knowledge of Service Users; including likes and dislikes and personal interests.					
7	Dignity and Respect is maintained at all times					
a	Management and staff maintain professional boundaries with Service Users and are engaging with Service Users, friends, family members and others in the Scheme in a way that would be considered appropriate.					
b	At all times care and support is delivered in a way that is considered dignified and respectful					
c	Staff are observed engaging with Service Users in a respectful and dignified manner.					

8	There is clear evidence that the views of service users, family members and others shape future provision and drive service improvement. A wide range of sources are used to strengthen the quality of the service.					
	There is evidence to demonstrate that the provider is <u>systematically</u> engaging with service users, their representatives, commissioners, staff and others to shape service improvement.					
	There is evidence that service improvement has been made following feedback.					
	Domain B – Health and Wellbeing					
1	A healthy lifestyle is always promoted in the scheme					
a	Service Users are supported with personal care if required and personal care is positively promoted within the Scheme.					

b	The Provider is adequately supporting or encouraging Service Users with cleanliness of personal living areas.					
c	The Provider supports Service Users to make healthy lifestyle choices.					
d	There is evidence to suggest that the Provider consults with relevant professionals with special dietary requirements when required (e.g. SALT team) in accordance with needs					
2		Service Users have access to the full range of healthcare services and the staff team appropriately engages with social care and health professionals when appropriate				
a	There is evidence in care planning documentation and elsewhere that the Provider is appropriately supporting Service Users to maintain full access to the range of healthcare services including the GP and Dentist.					
b	There is evidence to demonstrate that Staff are always proactive in seeking help when required, and there is clear procedures in place on what to do should the need arise.					
c	There is a hospital passport in place for Service Users to be able to supply any necessary information quickly to hospital staff.					
d	There is evidence to demonstrate that the Provider notifies the Council,					

	Health or others should the needs of the Service User change.					
3		Good nutrition, hydration is maintained and service users share a positive dining experience in the Scheme. Service Users are appropriately supported according to best practice.				
a	The Provider appropriately supports Service Users to purchase food and drink in accordance with their preferences.					
b	Service Users are supported to prepare and serve their own meals, drinks and snacks					
c	There is evidence that special dietary needs are appropriately supported in the Scheme and feature in care planning documentation.					
d	There is a sense of community when people get together around mealtimes and, where possible, tasks are shared.					
4		Medication is managed according to best practice				
a	Service Users are supported to take medication in accordance with best practice.					

b	Records such as MAR Charts are correctly completed and should there be errors, these are appropriately identified, followed up or reported as appropriate.					
c	Staff who support Service Users with medication are fully trained and the training is updated according to the contract.					
d	Medication is appropriately stored					
E	When appropriate, there is evidence to demonstrate that good moving and handling practices are being practiced.					
f	Service Users are supported and encouraged to have appropriate rest and sleep					
5		When appropriate there is evidence to demonstrate that good moving and handling practices are being practiced.				
a	When moving and handling is observed, the practice is undertaken in accordance with best practice					

b	When appropriate, moving and handling features in care planning documentation in a way consistent with best practice (e.g. detailed risk assessments in place).					
c	Staff are trained in a way consistent with contract, and should it be required this training in renewed at least every three years.					
6	Service Users are supported and encouraged to have appropriate rest and sleep					
a	There is evidence that the provider encourages service users to have appropriate amounts of rest and sleep.					
b	Staff continue to encourage service users to do so in instances when appropriate rest and sleep doesn't happen.					
7	How well the service supports Service Users to meet the National Wellbeing Statement is understood by the provider					

	In the context of each Service User, staff, including managers and seniors understand the importance of leading a healthy, independent lifestyle and their role in how they can achieve this.					
Domain C – Leadership, Management and staff						
1		Good leadership and management is present which filters down to operational staff.				
a	Upper and middle management show appropriate support to operational (scheme) managers - this could be in the form of monthly team meetings, including appropriate agenda's and content and 1 to 1 sessions.					
b	Middle managers visit services regularly and offer appropriate 'hands on' guidance and support to scheme managers.					
2		There is a culture among the management and staff that promotes quality and continuous improvement				

	Systems and process from the top down focus on quality and continual improvement.					
	Regular quality reviews are in place for each Scheme which link to best practice.					
3		There is an effective rota management process that allocates resources to maximise opportunities for everyone supported.				
a	Sample rotas show that the Scheme is appropriately staffed.					
b	Efforts are made to keep use of agency staff to a minimum and agency staff used have appropriate training.					
c	There is evidence that staff are changed as little as possible					
d	Staff sickness is appropriately managed.					
4		Staff Induction and Training meets the requirement of the contract and is specific to the needs of each person supported				

a	New staff members complete an induction program within first three months of employment consistent with Regulations.					
b	The provider has a systematic way of recording the training staff have received and to forward plan training in accordance with the requirements of the service specification and to meet Service User need.					
c	Staff are being trained according to contract requirements and are being highlighted for refresher training as appropriate.					
d	There is evidence of face to face training in addition to online for Mandatory training including Safeguarding.					
e	The Provider shows evidence of supporting staff to achieve NVQ/QCF					
f	There is appropriate handover between shifts that is sufficiently robust to safeguard Service Users and Staff					

g	Staff and management have staff meetings at least once a month, and these are recorded/minuted.					
5	Supervision and Appraisals					
a	There is evidence that all staff have received a 1 to 1 supervision at least once every 3 months.					
b	There is documentary evidence on Service User staff files that the management team have monitored and assessed a member of staff's competency, knowledge and performance.					
c	There is written evidence that all staff have received an appraisal in the last 12 months, and appraisals identify the training required by staff for the coming 12 month period.					
6	Recruitment and Selection meets the requirement of the contract and is specific to the needs of each person supported					
a	There is clear governance from the top down on staff recruitment and there is evidence that good decisions have been made at interview or thereafter.					

b	Staff files contain information according to regulations.					
c	Recruitment of staff who do not satisfy policy standards are clearly risk assessed and have transparent approval.					
d	Records demonstrate that the provider asks staff to self-declare convictions on a yearly basis and any appropriate disclosures are risk assessed and actions implemented appropriately.					
7		There is a culture among the management and staff that promotes quality and continuous improvement.				
a	There is a clear process in place which is being followed around how the provider benchmarks itself against standards.					
b	There is ample evidence that identified changes are followed through as service changes					

8	Staff feel well supported by management and terms of employment for staff are considered good by the sector					
a	From what is known about staff employment conditions, the package of support by management is considered good.					
b	Regular staff meetings and supported by appropriate 1 to 1 sessions.					
c	Staff feedback on the Provider is positive					
Domain D – Care and Support Planning and Governance						
1		Care planning documentation are presented in line with best practice				
a	There is an up to date Care Managers Care Plan present for each Service User.					
b	Care and Support documentation is correctly presented, structured and have been reviewed according to regulations.					
c	There are appropriate risk assessments in place and they are					

	considered robust, detailed, completed according to best practice and regularly reviewed.					
d	Daily records are regularly completed and issues taken forward as part of the review process. Incidents are identified and progressed.					
e	Care planning documentation is regularly audited and updated if/when the needs of the Service Users change.					
2	Support hours are well managed and the hours apportioned to each Service User are clear					
a	The Provider has a clear view of the hours apportioned to each Service User, including shared hours.					
b	The Provider has records that are clear and able to identify delivery of hours and these are fed back to commissioners, as appropriate.					
c	The provider can demonstrate that commissioned hours have been delivered.					
3	The provider structures a process that works well to maximise independence					

a	Care planning documents include person-centred goals and planning relevant to the Service User					
b	There is evidence in the Service User's daily activities/routines that include actions that would help support greater or optimum independence.					
4		Behaviour Observation Charts or similar are used to good effect to manage behaviours.				
	Domain E – Health and Safety, the Environment and Safeguarding					
1		The property is clean and maintained to a good standard				
a	The scheme is maintained to a clean standard.					
b	There is a schedule in place for cleaning the building, including communal areas and evidence that this is being followed.					

c	The Scheme internally and externally appears to be in a good state of repair.					
2	The provider complies with the requirements of H&S standards					
a	Staff are aware of their responsibility in maintaining a 'safe environment'.					
b	The Provider has a robust approach to the reporting, recording, investigating and planning to manage risk in order to reduce the reoccurrence of known risks.					
c	The Provider follows statutory guidance to ensure that all equipment and aids required for the safe delivery of support for service users is available and in good working order.					
d	There are no visible risks such as trailing leads or other hazards such as, for example, trip hazards visible in the scheme.					
e	There is an up to date risk assessment in place in the event of a fire, fire evacuation plans are in place and have been tested and fire equipment such as fire extinguishers, fire doors etc. are serviced according to regulations.					

f	Contingency plans are in place in the event of for example, a fire, flood, or adverse weather.					
g	Health and Safety records including for example records around COSHH, environmental risk assessments and others are updated and in place.					
3	Service Users are supported to comply with the terms of their tenancy					
a	A signed copy of the tenancy agreement is on file					
b	There is Evidence that rent and / or service charges are paid (either directly by tenant or via Housing Benefit)					
c	There is evidence of independent living skills being developed e.g. cooking, cleaning, washing					
d	There is evidence of liaising with Housing Officer / landlord in respect					

	of anti-social behaviour / other breach of tenancy and there is evidence that the tenant is supported to report repairs.					
4	The Provider implements a policy for Safeguarding individuals in line with best practice					
a	There is a POVA Log in place and being used.					
b	There is evidence that Staff are aware of their duties in reporting any concerns around safeguarding individuals					
c	There is evidence that staff are reporting instances of concerns around Safeguarding and forwarding Regulation 28 or 60 Notices, as required					
d	Incident and daily records bear out that all incidents that should have been reported under Safeguarding or under Regulation 28/60 are appropriately reported.					
Specialist						

Complex Disability	Positive Behaviour Support Plans are included, kept up to date and identify likely complex behaviours (triggers) and includes guidance on how to support complex behaviours.					
Progression	If appropriate, there is a care planning document which plans out the Service User's path to independence, including interim goals and timescales, and structured in SMART format.					



**Easy Read Version
of
Neath Port Talbot Council's
Quality Assurance Framework
for Learning Disability &
Mental Health Supported
Living Services**



What is a Quality Assurance Framework (QAF)?



The QAF sets out how we will measure the quality of services delivered by providers of Supported Living Schemes for adults with learning disabilities and/or mental health conditions.



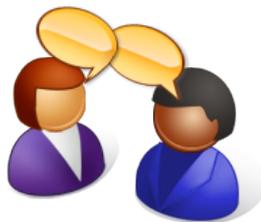
The QAF will tell us how well providers are doing, to make sure services are of a good quality and that people's assessed support needs are met.



The QAF will apply to current providers of Supported Living Schemes, as well as new providers that we may use in the future.



The QAF is a draft written by staff from Neath Port Talbot Council. We would like to know your views to develop a final version.



We welcome feedback from all. We will keep individuals, their families, carers and others updated via forums including meetings, and information on the Council's website.

What does Neath Port Talbot Council want from the QAF?

We want to make sure that people with a learning disability or mental health condition who are looked after in Supported Living Schemes in Neath Port Talbot have the right amount of help to meet their support needs.

We want to make sure that services are of a good quality and providers use best practice.

We want to work with providers to make sure that people are helped to live as independently as possible.

We want stakeholders to work together to make sure that services are the best they can be.

This is people's chance to shape support services.

Our Aim

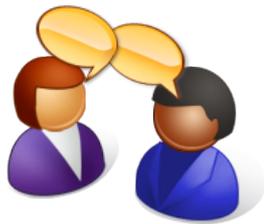
The Council wants to help its most vulnerable citizens and make sure those who need support get it.

The QAF sets out how the Council and its partners will make sure services are of good quality and that they have a positive impact on those being cared for.

How will the Council collect views and opinions?



The Council will be collecting views and opinions on this strategy in different ways:



Focus group meetings will be arranged during the consultation. It will be an opportunity to inform the final plan, ask questions and give your views.



Paper copies of the strategy and feedback form will be available in Neath Civic Centre and Port Talbot Civic Centre reception areas, as well as respite and pan-disability day services.



On the Council's website:

www.npt.gov.uk/haveyoursay

Or email us: CCU@npt.gov.uk



You can write to us or complete the feedback form at the end of the consultation booklet. Letters and forms can be posted to:

Neath Port Talbot Council
Social Services Commissioning Unit
Neath Civic Centre
Neath SA11 3QZ

Integrated Impact Assessment (IIA)

This Integrated Impact Assessment considers the duties and requirements of the following legislation in order to inform and ensure effective decision making and compliance:

- Equality Act 2010
- Welsh Language Standards (No.1) Regulations 2015
- Well-being of Future Generations (Wales) Act 2015
- Environment (Wales) Act 2016

Version Control

Version	Author	Job title	Date
Version 1	Andrew Potts	Commissioning Officer	18 th February 2020

1. Details of the initiative

	Title of the Initiative: Quality Assurance Framework for Learning Disability & Mental Health Supported Living Services
1a	Service Area: Adult Services
1b	Directorate: Social Services, Health and Housing
1c	Summary of the initiative: The Quality Assurance Framework (QAF) sets out the criteria against which providers of Supported Living Schemes for adults with learning disabilities and/or mental health conditions in Neath Port Talbot are assessed.
1d	Who will be directly affected by this initiative? Adults with learning disabilities and/or mental health conditions whose assessed needs can be met by supported living.
1e	When and how were people consulted? Permission is being sought to carry out a 90 day consultation, consisting of various means including co-production workshops carers, partners and other stakeholders.
1f	What were the outcomes of the consultation? N/A.

2. Evidence

What evidence was used in assessing the initiative?

Social Services routinely collects data as part of the assessment/review process of individuals which is reported to Welsh Government.

There are currently (Budget Team figures as at January 2020) five adults with mental health needs in supported living placements commissioned by Neath Port Talbot Council, while this figure is 145 for adults with learning disabilities.

The following summarises some of the information recorded about people with learning disabilities and mental health needs known to Social Services (note that not all data fields have been completed in all cases, and this relates to various services received):

	People with learning disabilities		
Age group	Female	Male	Total
<20		6	6
20s	37	69	106
30s	25	31	56
40s	27	27	54
50s	25	18	43
60s	19	27	46
70s	12	8	20
80s	4	1	5
90s	1		1
Total	150	187	337

	People with learning disabilities		
Ethnicity	Female	Male	Total
CHINESE		1	1
OTHER		1	1
OTHER MIXED		1	1
WELSH	14	14	28
WHITE BRITISH	131	162	293
WHITE OTHER	1	1	2
Not stated	4	7	11
Total	150	187	337

Based on recorded data, those aged in their 20s represent the largest age group for people with learning disabilities, while 55% are male.

For people with mental health needs, those in their 50s represent the largest age group, with almost two-thirds (63%) of the total being male.

Age group	People with mental health needs		
	Female	Male	Total
30s	1		1
40s	2	1	3
50s	2	7	9
60s		5	5
70s	3	3	6
80s	2	1	3
Grand Total	10	17	27

Ethnicity	People with mental health needs		
	Female	Male	Total
WELSH	5	2	7
WHITE BRITISH	3	10	13
Not stated	2	5	7
Total	10	17	27

To provide geographical context, the following shows the wards where the clients reside:

People with learning disabilities	
Ward	People
ABERAVON	8
ABERDULAIS	1
ALLTWEN	3
AMMANFORD	1
BAGLAN	17
BLAENGWRACH	3
BRITON FERRY EAST	17
BRITON FERRY WEST	11
BRYN AND CWMAVON	11
BRYN-COCH NORTH	4
BRYN-COCH SOUTH	16
CADOXTON	5
CARMARTHENSHIRE	1
CIMLA	9
COEDFFRANC CENTRAL	10
COEDFFRANC NORTH	2
COEDFFRANC WEST	8
CRYNANT	2
CWMLLYNFELL	1
CYMMER	2
DYFFRYN	5
GLYNCORRWG	3
GLYNNEATH	8
GODRE'R GRAIG	2

People with learning disabilities	
Ward	People
GWAUN-CAE-GURWEN	6
GWYNFI	3
LOWER BRYNAMMAN	4
MARGAM	3
NEATH EAST	24
NEATH NORTH	10
NEATH SOUTH	15
ONLLWYN	6
PONTARDAWE	20
PORT TALBOT	7
POWYS	1
RESOLVEN	1
RHOS	8
SANDFIELDS EAST	17
SANDFIELDS WEST	9
SEVEN SISTERS	3
SWANSEA	6
TAI-BACH	23
TONNA	7
TREBANOS	4
UNKNOWN WITHIN NPTCBC	1
Not stated	9
Total	337

People with mental health needs	
Ward	People
ABERAVON	3
BRYN AND CWMAVON	1
COEDFFRANC CENTRAL	1
COEDFFRANC NORTH	1
COEDFFRANC WEST	1
DYFFRYN	2
GWAUN-CAE-GURWEN	1
NEATH EAST	1
NEATH NORTH	2
PORT TALBOT	1
RESOLVEN	3
SANDFIELDS EAST	2
SANDFIELDS WEST	5
TAI-BACH	2
TREBANOS	1
Total	27

3. Equalities

a) How does the initiative impact on people who share a **protected characteristic**?

Protected Characteristic	+	-	+/-	Why will it have this impact?
Age			X	<p>Access to support services is unlikely to be solely due to a person's age. However, personal circumstances relating to a person's age may have an impact on how support is delivered or the level/type of support required.</p> <p>The purpose of the QAF is to:</p> <ul style="list-style-type: none"> • Benchmark services so that commissioners, service providers and others may better understand how well support is delivered relative to the outcomes agreed for service users • Encourage continuous improvement and best practice in supported living services • Help identify changes that would make it easier for providers to enable service users to achieve their personal outcomes • Encourage more collaborative working with providers, service users, their family and others so a multi-faceted view of 'quality' may be obtained • To have a clear sense of what quality means in practical terms in operational services
Disability	X			<p>Supported Living is directly related to a person's assessed care and support needs due to a learning disability and/or mental health condition. The aim of the QAF is to promote good practice and good quality service provision via routine monitoring against various criteria and measures.</p> <p>The purpose of the QAF is to:</p> <ul style="list-style-type: none"> • Benchmark services so that commissioners, service providers and others may better understand how well support is delivered relative to the outcomes agreed for service users • Encourage continuous improvement and best practice in supported living services

			<ul style="list-style-type: none"> • Help identify changes that would make it easier for providers to enable service users to achieve their personal outcomes • Encourage more collaborative working with providers, service users, their family and others so a multi-faceted view of 'quality' may be obtained • To have a clear sense of what quality means in practical terms in operational services
Gender reassignment		X	<p>Access to support services is unlikely to be solely due to a person's gender identity. However, personal circumstances relating to a person's gender identity may have an impact on how support is delivered or the level/type of support required.</p> <p>The purpose of the QAF is to:</p> <ul style="list-style-type: none"> • Benchmark services so that commissioners, service providers and others may better understand how well support is delivered relative to the outcomes agreed for service users • Encourage continuous improvement and best practice in supported living services • Help identify changes that would make it easier for providers to enable service users to achieve their personal outcomes • Encourage more collaborative working with providers, service users, their family and others so a multi-faceted view of 'quality' may be obtained • To have a clear sense of what quality means in practical terms in operational services
Marriage & civil partnership		X	<p>It is possible that the cared for person may already be or get married, which would need to be taken into account when determining how to best meet any support needs.</p> <p>The purpose of the QAF is to:</p> <ul style="list-style-type: none"> • Benchmark services so that commissioners, service providers and others may better understand how well support is delivered relative to the outcomes agreed for service users • Encourage continuous improvement and best practice in supported living services

			<ul style="list-style-type: none"> • Help identify changes that would make it easier for providers to enable service users to achieve their personal outcomes • Encourage more collaborative working with providers, service users, their family and others so a multi-faceted view of 'quality' may be obtained • To have a clear sense of what quality means in practical terms in operational services
Pregnancy and maternity		X	<p>It is possible that the cared for person may become pregnant or have a young child, which would need to be taken into account when determining how to best meet any support needs.</p> <p>The purpose of the QAF is to:</p> <ul style="list-style-type: none"> • Benchmark services so that commissioners, service providers and others may better understand how well support is delivered relative to the outcomes agreed for service users • Encourage continuous improvement and best practice in supported living services • Help identify changes that would make it easier for providers to enable service users to achieve their personal outcomes • Encourage more collaborative working with providers, service users, their family and others so a multi-faceted view of 'quality' may be obtained • To have a clear sense of what quality means in practical terms in operational services.
Race		X	<p>Access to support is unlikely to be solely due to a person's race. However, personal circumstances relating to a person's race may have an impact on how support is delivered or the level/type of support required.</p> <p>The purpose of the QAF is to:</p> <ul style="list-style-type: none"> • Benchmark services so that commissioners, service providers and others may better understand how well support is delivered relative to the outcomes agreed for service users • Encourage continuous improvement and best practice in supported living services

			<ul style="list-style-type: none"> • Help identify changes that would make it easier for providers to enable service users to achieve their personal outcomes • Encourage more collaborative working with providers, service users, their family and others so a multi-faceted view of 'quality' may be obtained • To have a clear sense of what quality means in practical terms in operational services.
Religion or belief		X	<p>Access to support is unlikely to be solely due to a person's religion or belief. However, personal circumstances relating to a person's religion or belief may have an impact on how support is delivered or the level/type of support required.</p> <p>The purpose of the QAF is to:</p> <ul style="list-style-type: none"> • Benchmark services so that commissioners, service providers and others may better understand how well support is delivered relative to the outcomes agreed for service users • Encourage continuous improvement and best practice in supported living services • Help identify changes that would make it easier for providers to enable service users to achieve their personal outcomes • Encourage more collaborative working with providers, service users, their family and others so a multi-faceted view of 'quality' may be obtained • To have a clear sense of what quality means in practical terms in operational services.
Sex		X	<p>Access to support is unlikely to be solely due to a person's sex. However, personal circumstances relating to a person's sex may have an impact on how support is delivered or the level/type of support required.</p> <p>The purpose of the QAF is to:</p> <ul style="list-style-type: none"> • Benchmark services so that commissioners, service providers and others may better understand how well support is delivered relative to the outcomes agreed for service users • Encourage continuous improvement and best practice in supported living services

			<ul style="list-style-type: none"> • Help identify changes that would make it easier for providers to enable service users to achieve their personal outcomes • Encourage more collaborative working with providers, service users, their family and others so a multi-faceted view of 'quality' may be obtained • To have a clear sense of what quality means in practical terms in operational services.
Sexual orientation		X	<p>Access to support is unlikely to be solely due to a person's sexual orientation. However, personal circumstances relating to a person's sexual orientation may have an impact on how support is delivered or the level/type of support required.</p> <p>The purpose of the QAF is to:</p> <ul style="list-style-type: none"> • Benchmark services so that commissioners, service providers and others may better understand how well support is delivered relative to the outcomes agreed for service users • Encourage continuous improvement and best practice in supported living services • Help identify changes that would make it easier for providers to enable service users to achieve their personal outcomes • Encourage more collaborative working with providers, service users, their family and others so a multi-faceted view of 'quality' may be obtained • To have a clear sense of what quality means in practical terms in operational services.

What action will be taken to improve positive or mitigate negative impacts?

By undertaking a consultation process we will be able to better understand how a person's protected characteristics impacts them in their care and support needs.

b) How will the initiative assist or inhibit the ability to meet the **Public Sector Equality Duty**?

Public Sector Equality Duty (PSED)	+	-	+/-	Why will it have this impact?
To eliminate discrimination, harassment and victimisation	X			<p>One purpose of the QAF is to help identify changes that would make it easier for providers to enable service users to achieve and maintain greater independence and their individual outcomes. Supported Living schemes are community based services that seek to improve people’s independence as far as possible.</p> <p>A number themes and indicators within the tool supports PSRD, such as</p> <ul style="list-style-type: none"> • There is evidence to demonstrate that the Provider is appropriately supporting Service Users to engage with their network of friends, family members, staff and the community at large. • When appropriate to do so, there is evidence that the Provider has encouraged Service Users, when appropriate, to seek voluntary or paid employment work • There is evidence to demonstrate that the Provider supports Service Users to engage with the community. <p>Therefore, the QAF will contribute positively towards the Council’s PSED.</p>
To advance equality of opportunity between different groups	X			
To foster good relations between different groups	X			

What action will be taken to improve positive or mitigate negative impacts?
<p>The consultation will enable people to highlight any unintended consequences of the QAF that may have a negative impact on PSED requirements.</p>

4. Community Cohesion/Social Exclusion/Poverty

	+	-	+/-	Why will it have this impact?
Community Cohesion	X			<p>Supported living schemes are typically community based, therefore this type of support contributes to community cohesion.</p> <p>A number themes and indicators within the tool supports PSRD, such as</p> <ul style="list-style-type: none"> • There is evidence to demonstrate that the Provider is appropriately supporting Service Users to engage with their network of friends, family members, staff and the community at large. • When appropriate to do so, there is evidence that the Provider has encouraged Service Users, when appropriate, to seek voluntary or paid employment work • There is evidence to demonstrate that the Provider supports Service Users to engage with the community.
Social Exclusion	X			<p>Supported living schemes are typically community based, with more than one individual with care and support needs residing in each. This type of support therefore positively contributes to social inclusion.</p> <p>A number themes and indicators within the tool supports PSRD, such as</p> <ul style="list-style-type: none"> • There is evidence to demonstrate that the Provider is appropriately supporting Service Users to engage with their network of friends, family members, staff and the community at large. • When appropriate to do so, there is evidence that the Provider has encouraged Service Users, when appropriate, to seek voluntary or paid employment work • There is evidence to demonstrate that the Provider supports Service Users to engage with the community.

Poverty			X	<p>Any charge for services will be in line with the Council’s charging policy, which is compliant with legislation. As such, only those people who can afford to pay for a service will be expected to do so.</p> <p>A number themes and indicators within the tool supports PSRD, such as</p> <ul style="list-style-type: none"> • There is evidence to demonstrate that the Provider is appropriately supporting Service Users to engage with their network of friends, family members, staff and the community at large. • When appropriate to do so, there is evidence that the Provider has encouraged Service Users, when appropriate, to seek voluntary or paid employment work • There is evidence to demonstrate that the Provider supports Service Users to engage with the community.
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What action will be taken to improve positive or mitigate negative impacts?

The consultation will enable people to highlight any unintended consequences of the QAF that may have a negative impact.

5. Welsh

	+	-	+/-	Why will it have this effect?
<p>What effect does the initiative have on:</p> <ul style="list-style-type: none"> - people’s opportunities to use the Welsh language 			X	The Council will continue to offer services in Welsh and English.

- treating the Welsh and English languages equally			X	The Council will continue to offer services in Welsh and English.
--	--	--	---	---

What action will be taken to improve positive or mitigate negative impacts?

The Council currently has only a small number of staff with Welsh language skills working in the Directorate. However, opportunities for staff to use their language skills are promoted and training made available to those who wish to further develop their skills.

The proposals in the QAF do not include any planned reduction in human resource at the frontline. It is not therefore anticipated that they will have any effect on the service delivered to those who receive care and support from Adult Services and who wish the service they receive to be delivered through the medium of the Welsh language.

The QAF is written on the assumption that there will be no further financial or human resources available to Adult Services throughout the life of the QAF and that therefore, sustaining the current level of equality of treatment, in respect of the Welsh language, is the only realistically achievable aim.

Opportunities for staff to use their language skills will continue to be promoted and training will continue to be made available to those who wish to further develop their skills.

Contracts for commissioned services contain clauses to ensure the provider delivers services in line with the Welsh Language Act.

6. Biodiversity

How will the initiative assist or inhibit the ability to meet the **Biodiversity Duty**?

Biodiversity Duty	+	-	+/-	Why will it have this impact?
To maintain and enhance biodiversity			X	It is not expected that the Quality Assurance Framework will have any adverse effect on biodiversity or ecosystem resilience.
To promote the resilience of ecosystems, i.e. supporting protection of the wider environment, such as air quality, flood alleviation, etc.			X	

What action will be taken to improve positive or mitigate negative impacts?

Not applicable.

7. Well-being of Future Generations

How have the five ways of working been applied in the development of the initiative?

Ways of Working	Details
i. Long term – looking at least 10 years (and up to 25 years) ahead	<p>This will help the long term wellbeing of people with learning disabilities and/or a mental health condition.</p> <p>A number of themes support this such as:</p> <ul style="list-style-type: none"> • The Provider supports Service Users to make healthy lifestyle choices. • The Provider supports Service Users with Independence, supporting with daily living tasks, tenancy and achieving long and short term personal goals.
ii. Prevention – preventing problems occurring or getting worse	<p>The QAF will provide a mechanism for monitoring the quality of service delivery in supported living schemes, and help to drive service improvements.</p> <p>A number of themes support this such as:</p> <ul style="list-style-type: none"> • The Provider supports Service Users to make healthy lifestyle choices. • There is evidence in care planning documentation and elsewhere that the Provider is appropriately supporting Service Users to maintain full access to the range of healthcare services including the GP and Dentist.
iii. Collaboration – working with other services internal or external	<p>The QAF will allow Social Services, Health and service providers to work together to ensure quality of service delivery is maintained/improved. The draft has been developed in partnership with SB UHB and provider of services</p> <p>There are a number of themes that support this such as:</p> <ul style="list-style-type: none"> • There is evidence to suggest that the Provider consults with relevant professionals with special dietary requirements when required (e.g. SALT team) in accordance with needs • There is evidence in care planning documentation and elsewhere that the Provider is appropriately supporting Service Users to maintain full access to the range of healthcare services including the GP and Dentist.

<p>iv. Involvement – involving people, ensuring they reflect the diversity of the population</p>	<p>This draft has been developed by Council officers, SBUHB and providers of services. With Members’ approval the draft will be subject to a 90 day public consultation to gain stakeholder input, opinion and feedback.</p> <p>There are a number of themes that support this such as:</p> <ul style="list-style-type: none"> • There is evidence to demonstrate that the provider is <u>systematically</u> engaging with service users, their representatives, commissioners, staff and others to shape service improvement. • There is evidence that service improvement has been made following feedback
<p>v. Integration – making connections to maximise contribution to:</p>	<p>The QAF contributes towards the objective of improving the wellbeing of adults who live in the county borough.</p> <p>One of the objectives of this QAF is to:</p> <ul style="list-style-type: none"> • Encourage more collaborative working with providers, service users, their family and others so a multi-faceted view of ‘quality’ may be obtained
<p>Council’s well-being objectives</p>	<p>To improve the wellbeing of all adults who live in the county borough.</p> <p>There are a number of themes that support this such as:</p> <ul style="list-style-type: none"> • The Provider supports Service Users with Independence, supporting with daily living tasks, tenancy and achieving long and short term personal goals.
<p>Other public bodies objectives</p>	<p>Create safe, confident and resilient communities, focusing on vulnerable people. Encouraging Ageing Well.</p> <ul style="list-style-type: none"> • There are a number of themes that support this such as: <p>There is evidence to demonstrate that the Provider supports Service Users to engage with the community.</p>

8. Monitoring Arrangements

Provide information on the monitoring arrangements to:

Monitor the impact of the initiative on Equalities, Community Cohesion, the Welsh Measure, Biodiversity Duty and the Wellbeing Objectives.

The 90 day consultation will enable people to highlight any unintended negative consequences of the QAF, which will then be considered when determining whether to continue to recommend the use of the QAF.

9. Assessment Conclusions

Please provide details of the conclusions reached in relation to each element of the assessment:

	Conclusion
Equalities	The consultation process will help us to better understand if a person's protected characteristics impact on them in relation to their care and support needs.
Community Cohesion/ Social Exclusion/Poverty	The consultation will enable people to highlight any unintended consequences of the QAF that may have a negative impact on PSED requirements.
Welsh	Services delivered or commissioned by Social Services will continue to comply with the Welsh Language Act.
Biodiversity	The Quality Assurance Framework has no impact on biodiversity.
Well-being of Future Generations	The Quality Assurance Framework meets the 5 ways of working

Overall Conclusion

Please indicate the conclusion reached:

- **Continue** - as planned as no problems and all opportunities have been maximised
- **Make adjustments** - as potential problems/missed opportunities/negative impacts have been identified along with mitigating actions
- **Justification** - for continuing with the initiative even though there is a potential for negative impacts or missed opportunities
- **STOP** - redraft the initiative as actual or potential unlawful discrimination has been identified

Please provide details of the overall conclusion reached in relation to the initiative

The purpose of the QAF is to set out the criteria against which providers of Supported Living Schemes for adults with learning disabilities and/or mental health conditions in Neath Port Talbot are assessed. With Members' permission, the draft will be subject of a 90 day public consultation with a wide range of stakeholders. Should any negative impacts come to light these will be addressed and brought to Members' attention.

10. Actions

What actions are required in relation to obtaining further data/information, to reduce or remove negative impacts or improve positive impacts?

Action	Who will be responsible for seeing it is done?	When will it be done by?	How will we know we have achieved our objective?
Complete new IIA after consultation	Commissioning Officer - Policy & Strategy	August 2020	Completed IIA taking account of data/information obtained throughout the consultation process.
As the QAF is implemented, complete further IIAs in respect of any emerging unintended/unforeseen impact and include them in annual	Commissioning Officer - Policy & Strategy	Annually from 2021	The overall impact of the strategy and action plan on all those unpaid carers receiving support remains positive

monitoring reports to Members.			

11. Sign off

	Name	Position	Signature	Date
Completed by	Andrew Potts	Commissioning Officer	C.Z.Howard	18/2/2020
Signed off by	Angela Thomas	Head of Service/Director	A.Thomas	18/2/2020



Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

Quality Assurance Framework



Consultation Paper

Building Safe and Resilient Communities

CONTENTS

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1. Background

Neath Port Talbot Council is committed to supporting its most vulnerable citizens. The Quality Assurance Framework (QAF) for Learning Disability and Mental Health Supported Living Services sets out the criteria against which providers of supported living schemes for adults in Neath Port Talbot are assessed. It enables the Council to assess and improve the quality of service provision.

2. What is the aim of the Quality Assurance Framework?

The purpose of the QAF is to:

- Benchmark services so that commissioners, service providers and others may better understand how well support is delivered relative to the outcomes agreed for service users
- Encourage continuous improvement and best practice in supported living services
- Help identify changes that would make it easier for providers to enable service users to achieve their personal outcomes
- Encourage more collaborative working with providers, service users, their family and others so a multi-faceted view of 'quality' may be obtained
- To have a clear sense of what quality means in practical terms in operational services

3. What are the aims of this consultation?

The aims of the consultation are to:

- Make sure that all interested parties are aware of the Council's QAF
- Make sure that people have all the information they need to come to an informed opinion
- Encourage people to give their views on the document (outlined in section 2)
- Make sure people know how to submit their views
- Collect feedback and consider this before a final decision is made

Quality Assurance Framework

4. When will the consultation take place?

The Council will be collecting feedback for 90 days from xx to xx (see Section 6 for how to give your views).

After the consultation ends, all of the feedback will be analysed and a report will be presented to the Council's Cabinet. That report will set out the proposals and recommendations taking into account the feedback from the consultation.

5. Questions & Answers

There are a number of ways that you can submit questions and comments about the QAF during the consultation period (see Section 6). However, here are answers to some questions you may have:

Q: What is the reason for having a QAF?

A: We want to make sure that services are as good as they can be and that providers improve quality as much as possible.

Q: How will the Council know if services are of a good quality?

A: Council staff will visit services on a regular basis, make observations and speak to service users and staff to build up a picture of service quality. The QAF will provide the measures for an overall assessment, together with any comments about how service provision can be further developed.

Q: What does the Council hope to get out of this consultation?

A: We want to know if you think the QAF is a good idea, and if there's anything you think we've missed.

6. How will the Council collect views and opinions?

There are a number of ways that the Council will be collecting views and opinions on the draft strategy:

Quality Assurance Framework

i. Consultation Portal

The “Have Your Say” section on Neath Port Talbot Council’s website will allow you to view all supporting documents, make comments and provide feedback via the Internet: <https://www.npt.gov.uk/5907>

ii. Meetings with partner agencies, groups and forums

We will be discussing the proposal at meetings with key partner agencies, service user groups, carer forums and other stakeholder forums.

iii. In writing

You can write to us or complete the Feedback Form at the end of this booklet. Letters and forms can be put into the suggestion box or can be posted to:

QAF Consultation
Neath Port Talbot Council
Social Services Commissioning Unit
Civic Centre
Neath
SA11 3QZ

Or email CCU@npt.gov.uk

7. Explanation of terms used in the context of this document

Advocacy is a service that represents others or helps them to represent themselves. The advocate will put a person's views forward, make sure that they are kept fully informed and that they have all the information they need to make an informed decision or choice.

Supported Living refers to services and community living arrangements designed to support disabled citizens to attain or retain their independence in their local communities.

Partner agencies - these are organisations who work together to provide services, e.g. the Council, Local Health Board, Carers Service, etc.

A **Stakeholder** is a person, group or organisation with a direct interest, involvement, or investment in something, e.g. staff, owners and customers/ service users of a business or service.

Alternative Formats

This information is available in a range of formats including Welsh. All documents can also be accessed via the Council's website: <https://www.npt.gov.uk/5907>

To make a request for another format, please ask one of the Respite or Day Centre Staff who will pass your request on to the Commissioning Unit, or email us directly at: CCU@npt.gov.uk

Quality Assurance Framework

8. Feedback form

Neath Port Talbot Council			
Quality Assurance Framework Consultation			
Feedback Form			
If you would like to comment on this proposal, please complete this form and post it in the questionnaire box or post it to:			
QAF Consultation Neath Port Talbot Council Social Services Commissioning Unit Civic Centre Neath SA11 3QZ			
If you wish to receive a response to any questions raised on this form please supply your name and address:			
Name:			
Address:			
		Postcode:	
Please indicate your interest in this strategy (please ✓):			
I am a Service User	<input type="checkbox"/>	<input type="checkbox"/>	
I am related to a Service User	<input type="checkbox"/>	<input type="checkbox"/>	
I am a carer for a Service User	<input type="checkbox"/>	<input type="checkbox"/>	
I am a member of staff at a Service	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)			

Quality Assurance Framework

Getting advice or support

How easy or difficult do you find it to get information about what social care and support you can have? Please tick ✓ one box only:

Very easy	Fairly easy	Fairly difficult	Very difficult	Don't know

Please give reasons for your answer or provide further comments in the box below:

Quality Assurance Framework (QAF)

To what extent do you agree or disagree with the QAF?

Please tick ✓ one box only:

Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Don't know

Please give reasons for your answer or provide further comments or suggestions in the box below:

QAF impact

Do you think that the QAF would have a positive or negative impact on the care provided? Please tick ✓ one box only:

Positive	Negative	Don't know

Please give reasons for your answer or provide further comments or suggestions in the box below:

Resources

How important is it for the Council to consider the resources it has available to support the most vulnerable residents and reduce overall dependency on social services?

Please tick ✓ one box only:

Very important	Fairly important	Not very important	Not important at all	Don't know

Please give reasons for your answer or provide further comments or suggestions in the box below:

Gaps

Is there anything you feel we have missed that should be included in the QAF?

Please provide further comments or suggestions in the box below:

Any other comments

Please provide further comments or suggestions in the box below:

About You

The Council operates equality policies that aim to ensure that everyone is treated fairly and equally. To make sure that people are not discriminated against when accessing our services we carry out monitoring and therefore would be grateful if you could answer the following questions. The information you provide is strictly confidential.

Age: (please ✓ one answer)

- | | | | |
|-----------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 30-39 | <input type="checkbox"/> 60-74 | <input type="checkbox"/> 86+ |
| <input type="checkbox"/> 16-24 | <input type="checkbox"/> 40-49 | <input type="checkbox"/> 75-85 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-59 | | |

Welsh Language – are you: (please ✓ one answer)

- | | | |
|---|--|---|
| <input type="checkbox"/> Fluent speaker & writer | <input type="checkbox"/> Fluent speaker | <input type="checkbox"/> Learner |
| <input type="checkbox"/> Fairly fluent speaker & writer | <input type="checkbox"/> Fairly fluent speaker | <input type="checkbox"/> Little or no knowledge |

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on the person's ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability? (please ✓ one answer)

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

Ethnic origin: (please ✓ one answer)

- | | | |
|--|---|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Mixed: White & Asian | <input type="checkbox"/> Black: African |
|--|---|---|

Quality Assurance Framework

<input type="checkbox"/> White Irish	<input type="checkbox"/> Indian	<input type="checkbox"/> Black: Caribbean
<input type="checkbox"/> Mixed: White & Black Caribbean	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese
<input type="checkbox"/> Mixed: White & Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Other (please specify):	<input type="text"/>	

Sex (please ✓ one answer)

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Prefer not to say
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Religion/Belief: (please ✓ one answer)

<input type="checkbox"/> Christian	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh	<input type="checkbox"/> No religion	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Any other religion	
<input type="checkbox"/> Any other religion (please specify):	<input type="text"/>			

Sexual Orientation (please ✓ one answer)

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Gay	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Prefer not to say
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Nationality (please ✓ one answer)

<input type="checkbox"/> Welsh	<input type="checkbox"/> Scottish	<input type="checkbox"/> English	<input type="checkbox"/> British
<input type="checkbox"/> Irish	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Other	
<input type="checkbox"/> Other (please specify):	<input type="text"/>		

THANK YOU FOR YOUR TIME

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Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL Social Care, Health & Well-being Cabinet Board

1 April 2021

Report of the Head of Adult Services – Ms A. Thomas

Matter for Information

Wards Affected - All Wards

Distribution of Welsh Government's £500 Payment for Care Workers

Purpose of the Report

To inform Members of the distribution of Welsh Government's (WG) £500 payment for care workers in the Neath Port Talbot Authority area.

Executive Summary

In recognition of the commitment and hard work of the social care workforce through the COVID-19 pandemic, WG announced a £500 payment for certain care staff. Local Authorities were tasked with the distribution of this payment to relevant employers on behalf of WG.

This report provides an overview of what funding was made available by WG and how much of this funding was distributed by Neath Port Talbot County Borough Council ("the Council").

Background

On May 1st WG announced that the social care workforce would receive a £500 payment in recognition of their commitment through the COVID-19 pandemic.

Eligible roles for this payment included those employed to deliver care in registered care homes and domiciliary care services between 15 March 2020 and 31 May 2020. Personal Assistants, in-house Council employees and agency workers in relevant roles were also eligible for the payment.

The payment was classed as earnings for the purposes of tax liabilities, national insurance contributions and student loan repayments, it would also be included in benefits calculations. As such, a decision was made by WG that the payment would be made through the employer's payroll.

Local Authorities were responsible for managing the operational delivery of the scheme on behalf of WG for their respective geographical area. This included:

- contacting care providers requesting:
 - a list of eligible staff who are directly employed by the provider (i.e. they are on the providers payroll); and
 - a list of eligible agency staff along with the agency who supplied them.
- gathering and collating the lists of staff from providers and agencies to establish a local authority list of people who have submitted a claim for a payment;
- checking these lists for reasonableness (see the Evidence and Validation of Claims section later in this guidance), making sure the numbers of claims from employers are consistent with the size and scale of the care provider;
- checking the lists (within their geographic area) for duplicate claims (using national insurance numbers);

- agreeing with care providers and agencies how they will hold and manage personal data in accordance with GDPR regulations and protocols;
- identifying all personal assistants and ensure they receive the payment in the most appropriate manner;
- maintaining sufficient records to satisfy audit; and
- ensuring appropriate measures are in place to minimise the risk of fraud or losses.

Local Authorities are also responsible for making payments to employers for overhead costs that they incur from administering this scheme at a flat rate of £1 per claim. The Local Authorities then reclaimed this spend from WG.

The Council is in the process of paying all employers that have submitted information. To date NPT has paid out £2m of the grant.

Financial Impacts

All payments will be reclaimed from WG and as such this scheme does not have an impact on the Council's budget.

WG will reimburse the Council for additional administration costs that are outside of their existing cost base.

Integrated Impact Assessment

There is no requirement to undertake an Integrated Impact Assessment as this report is for information purposes.

Valleys Communities Impacts

No impact – the recommendation has no spatial impact on our valleys communities and does not link to the impacts identified in the Cabinet's response to the Council's Task and Finish Group's recommendations on the Valleys.

Workforce Impacts

This scheme was open to Council employees that met the payment eligibility criteria. 259 Council employees received a payment in September 2020 and 38 employees will receive a payment in October 2020.

Legal Impacts

No implications.

Risk Management Impacts

No impacts.

Consultation

There is no requirement for external consultation on this item

Recommendations

To note the contents of this report.

Reasons for Proposed Decision

N/A

Implementation of Decision

N/A

Appendices

None.

List of Background Papers

None.

Officer Contact:

Angela Thomas, Head of Adult Services a.j.thomas@npt.gov.uk

Chele Howard PO Commissioning c.howard@npt.gov.uk

Geoff Powell Group Accountant g.powell1@npt.gov.uk

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