



SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

**IMMEDIATELY FOLLOWING SOCIAL CARE, HEALTH AND
WELLBEING SCRUTINY COMMITTEE**

THURSDAY, 20 JANUARY 2022

REMOTELY VIA TEAMS

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

1. Appointment of Chairperson
2. Welcome and Roll Call
3. Chair's Announcements
4. Declarations of Interest
5. Minutes of Previous Meeting (*Pages 3 - 8*)
6. Forward Work Programme 2021/2022 (*Pages 9 - 10*)
7. Corporate Safeguarding Group Bi-Annual Report (*Pages 11 - 64*)
8. West Glamorgan Carers Partnership Board Annual Report 2020-21 (*Pages 65 - 78*)
9. West Glamorgan Regional Partnership Governance Framework (*Pages 79 - 122*)
10. Disabled Facility Grants - Removal Of Means Test For Small And Medium Grants (*Pages 123 - 140*)

11. Urgent Items

Any urgent items (whether public or exempt) at the discretion of the Chairperson pursuant to Statutory Instrument 2001 No 2290 (as amended).

K.Jones
Chief Executive

Civic Centre
Port Talbot

13 January 2022

Social Care, Health and Wellbeing Cabinet Board Members:

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

EXECUTIVE DECISION RECORD
SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD
9 DECEMBER 2021

Cabinet Members:

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

Officers in Attendance:

A.Jarrett, A.Thomas, K.Warren, J.Hodges, R.Davies and C.Plowman

1. **APPOINTMENT OF CHAIRPERSON**

Agreed that Councillor A.R.Lockyer be appointed Chairperson for the meeting.

2. **WELCOME AND ROLL CALL**

Councillor A.R.Lockyer welcomed all to the meeting and a roll call was completed.

3. **CHAIRS ANNOUNCEMENTS**

No announcements were made.

4. **DECLARATIONS OF INTEREST**

No declarations of interest were received.

5. **MINUTES OF PREVIOUS MEETING**

That the minutes of the previous meeting held on the 21 October 2021, be approved.

6. **FINAL LETTER AND JOINT ACTION PLAN FOLLOWING THE JOINT INSPECTION OF CHILD PROTECTION ARRANGEMENTS (JICPA) ACROSS NEATH & PORT TALBOT**

Decision:

For noting

That Members noted and monitored that the partners will create a 'Joint Action Plan' addressing those 'Areas for Development' identified in the final letter. The broad areas identified requiring improvement across the partnership being:

- Assessments
- Outcomes
- Voice of the Child/Family
- Referrals/Reports/Communication
- Planning
- Meetings
- Response to harm outside the family home/Safeguarding
- Multi –Agency Public Protection Arrangements (MAPPA)
- Services
- Improve initial response to missing children report

7. **QUARTER 2 PERFORMANCE REPORT - CHILDREN AND YOUNG PEOPLE AND ADULT SERVICES (APRIL 2021 - SEPTEMBER 2021)**

Decision:

For noting

That the Key Performance Indicators for Quarter 2, April 2021 – September 2021, be noted.

8. **SHARED LETTINGS POLICY 2021 - CONSULTATION EXERCISE OUTCOME**

Decisions:

Having given due regard to the Integrated Impact Assessment:

1. That the Neath Port Talbot Council and Tai Tarian Shared Lettings Policy 2021, as attached at Appendix 1 for phased implementation as detailed in the circulated report, be approved.
2. That the Head of Adult Services be granted delegated authority in consultation with the relevant Cabinet Member, and with agreement of Tai Tarian's Director of Housing, any further minor changes to the Policy necessary to affect its timely and effective phased implementation, as detailed in the circulated report.
3. That the Head of Adult Services be granted delegated authority in consultation with the relevant Cabinet Members, and with agreement of Tai Tarian's Director of Housing, any changes required to the Policy because of change in legislation, guidance or operating process, prior to its next overall periodic review.

Reasons for Decisions:

To ensure that the Council and Tai Tarian have a recently reviewed Shared Lettings Policy that is implemented in a timely and yet necessarily phased manner, and which continues to comply with all applicable legislation and guidance until next periodically reviewed.

Implementation of Decisions:

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

Consultation:

The Policy has been the subject of a public consultation exercise as required.

9. **DEVELOPMENT OF INDEPENDENT LIVING HUB AT B'SPOKED**

Decision:

Having given due regard to the Integrated Impact Assessment:

That approval be granted for a formal 90-day public consultation period, in relation to the future model of service delivery at Bspoked, and the development of the Independent Living Hub, in principle, subject to the award of funding.

Reasons for Decision:

- a) To enhance the service to support people with low to moderate learning disabilities to develop independent living skills alongside the skills they may need to progress to work or training.
- b) To support people to reach their potential.
- c) To reduce peoples' need for statutory care and support.

Implementation of Decision:

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

10. **PROCUREMENT EXERCISE FOR THE PROVISION OF A RESIDENTIAL SHORT BREAK SERVICE TO CHILDREN AND YOUNG PEOPLE WITH DISABILITIES**

Decisions:

Having given due regard to the Integrated Impact Assessment:

- 1. That a procurement exercise to commission a residential short break Service to Children and Young People with a disability be undertaken.
- 2. Following the procurement process, the Head Children and Young People Services be granted delegated authority to enter into a contract with the bidder evaluated as offering the most economically advantageous tender (taking into account the quality and cost of the bids), for the provision of a residential short break service to Children and Young People with a disability.
- 3. That the Head of Children and Young People Services be granted delegated authority to enter into a lease agreement with the winning bidder.

Reason for Decisions:

To ensure that sufficient arrangements are in place to continue the delivery of a residential short break Service to Children and Young People with a disability post July 2022.

Implementation of Decisions:

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

11. **COMMISSIONING OF CARE AND SUPPORT SERVICES IN A CORE AND CLUSTER SCHEME**

Decisions:

Having given due regard to the Integrated Impact Assessment, and if First Choice Housing Association are granted the relevant planning permissions and take forward the construction of the accommodation:

1. That a procurement exercise to commission care and support services to people living in the Core and Cluster Scheme be undertaken.
2. Following the procurement process, the Head of Adult Services be granted delegated authority to enter into a contract with the bidder evaluated as offering the most economically advantageous tender (taking into account the quality and cost of the bids), for the provision of care and support to people residing in the Core and Cluster Scheme.

Reason for Decisions:

To enable a procurement exercise to be undertaken for the delivery of care and support services within the Core and Cluster Scheme, will ensure that the Council is legally compliant when purchasing these Services. In addition, this will ensure that the Council is best placed to continue meeting the needs and demands of those that require these Services through the purchasing of high quality and financially sustainable Services.

Implementation of Decisions:

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

12. **IMPLEMENTATION OF A QUALITY ASSURANCE FRAMEWORK FOR THE PROVISION OF LEARNING DISABILITY AND MENTAL HEALTH SUPPORTED LIVING SERVICES IN NEATH PORT TALBOT**

Decision:

Having given due regard to the Integrated Impact Assessment and the consultation report:

That the Quality Assurance Framework, as set out in Appendix 1 of the circulated report, be approved for use by Officers.

Reason for Decision:

To ensure that the Council has sustainable and good quality Supported Living Schemes available to meet the needs of adults in Neath Port Talbot with learning disabilities and mental health needs.

Implementation of Decision:

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

Consultation:

This item has been subject to external consultation, the consultation report can be found at Appendix 2 of the circulated report.

13. **FORWARD WORK PROGRAMME 2021/2022**

That the Forward Work Programme for 2021/2022 be noted.

14. **URGENT ITEMS**

Because of the need to deal now with the matter contained in Minute No 15 below, the Chairperson agreed this could be raised at today's meeting as an urgent item pursuant to Section 100B (4) of the Local Government Act 1972.

Reason:

Due to time element

15. **DIRECTORS ANNUAL REPORT 2020 - 2021**

Decision:

That the report be noted.

CHAIRPERSON

Social Care, Health and Wellbeing Cabinet Board

Immediately following Scrutiny Committees starting at 2pm

Meeting Date	Agenda Item	Type	Contact Officer
3 March	Quarter 3 2021/22 Quarterly Performance Report	Monitor	Neal Place
	Consultation on the Housing Support Strategy	Decision	Chele Howard
	Liberty Protection Safeguards Report	Information	Angela Thomas/ Chris Frey Davies

Meeting Date	Agenda Item	Type	Contact Officer
7 April			

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Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

NEATH PORT TALBOT COUNCIL SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

20 January 2022

**Report of the Director of Social Services, Health and Housing -
Andrew Jarret**

Matter for Monitoring & Information

Wards Affected: All Wards

CORPORATE SAFEGUARDING GROUP BI-ANNUAL REPORT DECEMBER 2021

Purpose of the Report

This report is presented to Members as the second bi-annual report of the Neath & Port Talbot (NPT) Corporate Safeguarding Group (CSG). The report sets out the work undertaken and to be undertaken by the group in respect of safeguarding activities across the County Borough.

Executive Summary

Over the course of the last year the Corporate Safeguarding Group (CSG), referred to from hereon in as 'the group' has had oversight of the Council's response to Safeguarding during a Pandemic. The group has supported the Joint Inspection into Child Protection Arrangements (JICPA) across NPT, the findings of which were broadly positive for Children's Services, Education and Youth Justice. The JICPA Action Plan is now be a standing agenda item for the group to oversee. The

group also receive updates from Youth Justice and Hillside Secure Children's Home.

Currently the group is developing a suite of safeguarding data to track activity across the LA beyond standard metrics: Training, Safer Recruitment, Reporting and Responding to abuse Intra- and extra-familial harm, professional concerns, escalating concerns (care homes, including Children's care homes etc.). The group is also supported by the Social Services Quality and Strategic Practice Group who may embark upon work, such as, audits, dip sampling, Internal learning reviews etc. on behalf of the Corporate Safeguarding Group to consider matters of a corporate safeguarding nature.

This report presents the work of the group over the past six months.

Background

The CSG has been established to:

- i. To take an overview of the Council's (and partner agencies) responsibilities towards safeguarding and examine ways in which the Council as a whole and partner agencies can secure the safeguarding and well-being of children and adults in the area.
- ii. To ensure that the Council and its departments are fully compliant with legislation and policy pertaining to safeguarding.
- iii. To ensure there are effective joint working arrangements between Council departments and partner agencies, including working arrangements with the Public Services Board (PSB), Community Safety Partnership (CSP); Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV), Area Planning Board (APB); Contest Board and with the West Glamorgan Safeguarding Board (WGSB).
- iv. To monitor and scrutinise the performance of safeguarding activities across the Council supporting good practice and challenging and holding to account poor practice i.e. Annual Self-Assessment.

- v. To ensure that positive practices are maintained, lessons are learnt and changes made in the areas that require improvements.
- vi. To develop and oversee the Council wide Corporate Safeguarding policy.
- vii. To develop and oversee the workforce development strategy and training plan to ensure that safeguarding is embedded and reviewed at the various levels across the Council.
- viii. To maintain a strategic overview of all developments, plans, policies and strategies for safeguarding and to make appropriate recommendations for action.
- ix. To ensure safe recruitment processes are implemented and adhered to consistently across the Council.
- x. To ensure that thematic safeguarding issues are actively addressed across the Council.
- xi. To ensure Members are regularly updated on issues relating to safeguarding practice.
- xii. To produce a bi-annual report for WGSB, Corporate Directors and Members covering the work undertaken by the CSG.

Financial Impacts

No implications for the group per se. with all financial impacts stemming from safeguarding activity reported through the respective Directorates i.e. Children and Adult Services.

Integrated Impact Assessment

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

Valleys Communities Impacts

This report covers over the safeguarding activities undertaken across the County Borough.

Workforce Impacts

No implications.

Legal Impacts

No implications.

Risk Management Impacts

The CSG has sight of and monitors the risk(s) registered on the operational and strategic risk registers pertaining to safeguarding activity across NPT.

Crime and Disorder Impacts

The work of the CSG and its members, as is noted within the body of the report, plays a significant part in preventing:

- 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”

Counter Terrorism Impacts

The CSG, as is noted within the main body of the report, has some impact on the duty to prevent people from being drawn into terrorism.

Violence Against Women, Domestic Abuse and Sexual Violence Impacts

The CSG, as is noted within the body of the report, has some impact on the general duty, 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.

Consultation

There is no requirement for external consultation on this item.

Recommendations

This report is for information only.

Appendices

Appendix 1 – Corporate Safeguarding Group Bi-annual Report.

Appendix 2 - Quality Assurance Audits Quarter 1 – Audit Overview Report.

Appendix 3 – Quality Assurance Audits Quarter 2 – Audit Overview Report.

Officer Contact

Andrew Jarret, Director of Social Services, Health & Housing
email: a.jarrett@npt.gov.uk

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Corporate Safeguarding Group

Bi-annual Report

December 2021

In February 2021 the first Bi-Annual report was shared setting out the work undertaken across the Council in response to the Welsh Audit Office (WAO) Report, dated c. 2019. The work against the WAO work programme has since concluded and the group is now well established with membership from each of the Directorates and the wider Partnerships. Over the course of the last year the group has had oversight of the Council's response to Safeguarding during a Pandemic. This has included regular updates from the Gypsy Romany Traveller (GRT) Working Group – set up to support the GRT communities across Neath & Port Talbot (NPT). There is a need to extend this work to consider equality and diversity more broadly i.e. the Local Authority's (LA) response to safeguarding the Lesbian, Gay, Bisexual, Transsexual, Queer (or Questioning), Intersex, Asexual (or allies (LGBTQIA+) and Black Minority Ethnic (BME) community. The group has supported the Joint Inspection into Child Protection Arrangements (JICPA) across NPT, the findings of which were broadly positive for Children's Services, Education and Youth Justice. The JICPA Action Plan will now be a standing agenda item for the group to oversee. The group also receive updates from Youth Justice and Hillside Secure Children's Home.

Currently the group is developing a suite of safeguarding data to track activity across the LA beyond standard metrics: Training, Safer Recruitment, Reporting and Responding to abuse Intra- and extra-familial harm, professional concerns, escalating concerns (care homes, including Children's care homes etc). The group is also supported by the Social Services Quality and Strategic Practice Group who may embark upon work, such as, audits, dip sampling, Internal learning reviews etc. on behalf of the Corporate Safeguarding Group to consider matters of a corporate safeguarding nature.

Found below are updates from across the LA in respect of Safeguarding activity.

Safeguarding across Directorates and Partnerships

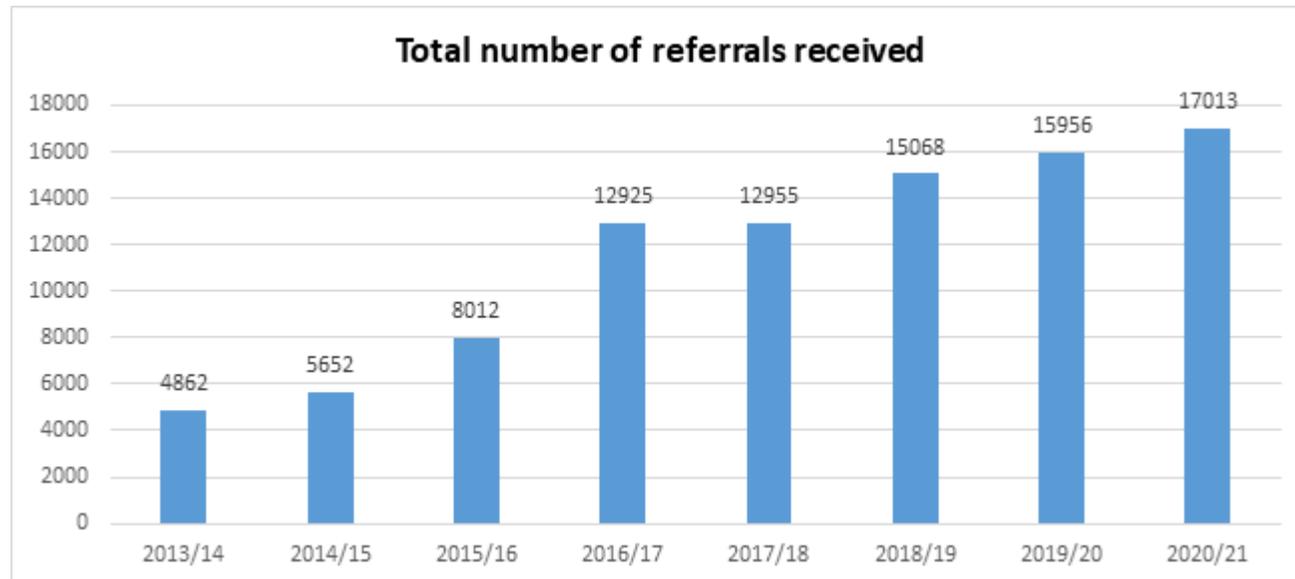
Single Point of Contact (SPOC)

The impact of COVID 19 on the vulnerabilities and complexities faced by families continues to be apparent in the referrals that are being received by the Department. Due to an increase in our referral rates, we have taken a service wide approach to ensure the Child and Young People Service (CYPS) Single Point of Contact (SPOC) is adequately resourced and able to respond to our safeguarding responsibilities. Although we will always value the importance of preventative work, in order to be able to respond to the winter pressures we will be prioritizing our statutory responsibilities and safeguarding responses. We continue to see Domestic Abuse as our highest rate of referrals, with Public Protection Notices (PPNs) being our main source of referrals. The contextual influences on our children and young people, and the impact on their emotional health and wellbeing is also a growing area we are increasingly seeing more of in our referrals. This feeds into the work being done by the Safeguarding

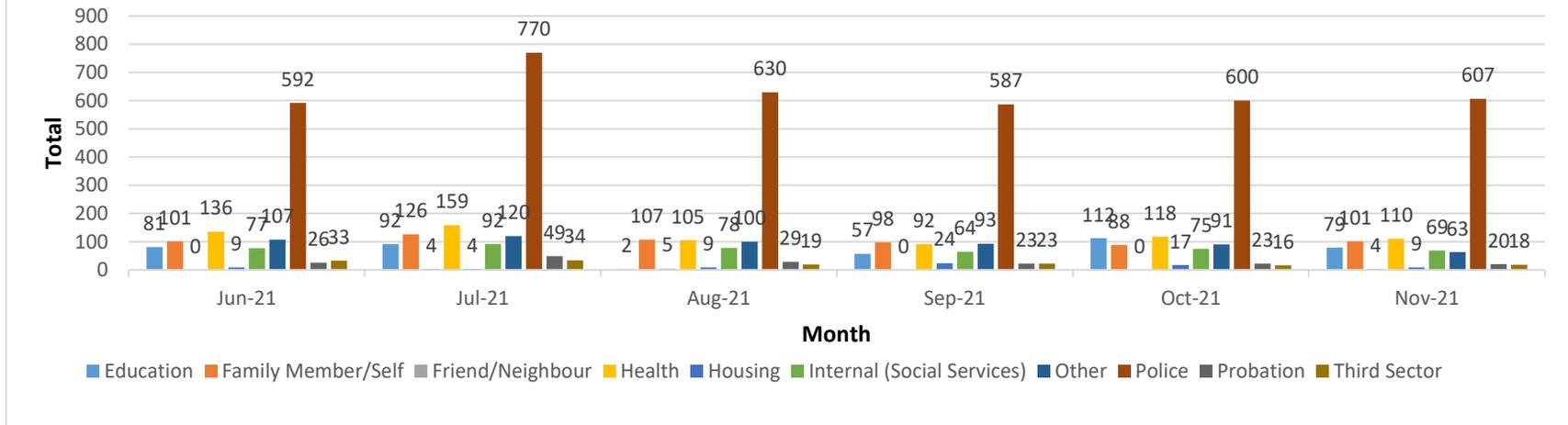
Principal Officer is looking at how we respond to harm outside the family home as a collective group, which is now extended to the Community Safety Partnership (CSP) and wider Council. The impact of deprivation, unemployment and poverty, further compounded by the pandemic, is also a consistent theme we see in our referrals coming into the service. We are working with staff, partners and families to understand the holistic impact of poverty and that this does not necessarily have a direct link with concerns in relation to “neglect” albeit they do, at times, manifest in similar ways. Having an understanding of the impact on children and young people is the key theme when we analyse the information gathered and produce care and support plans.

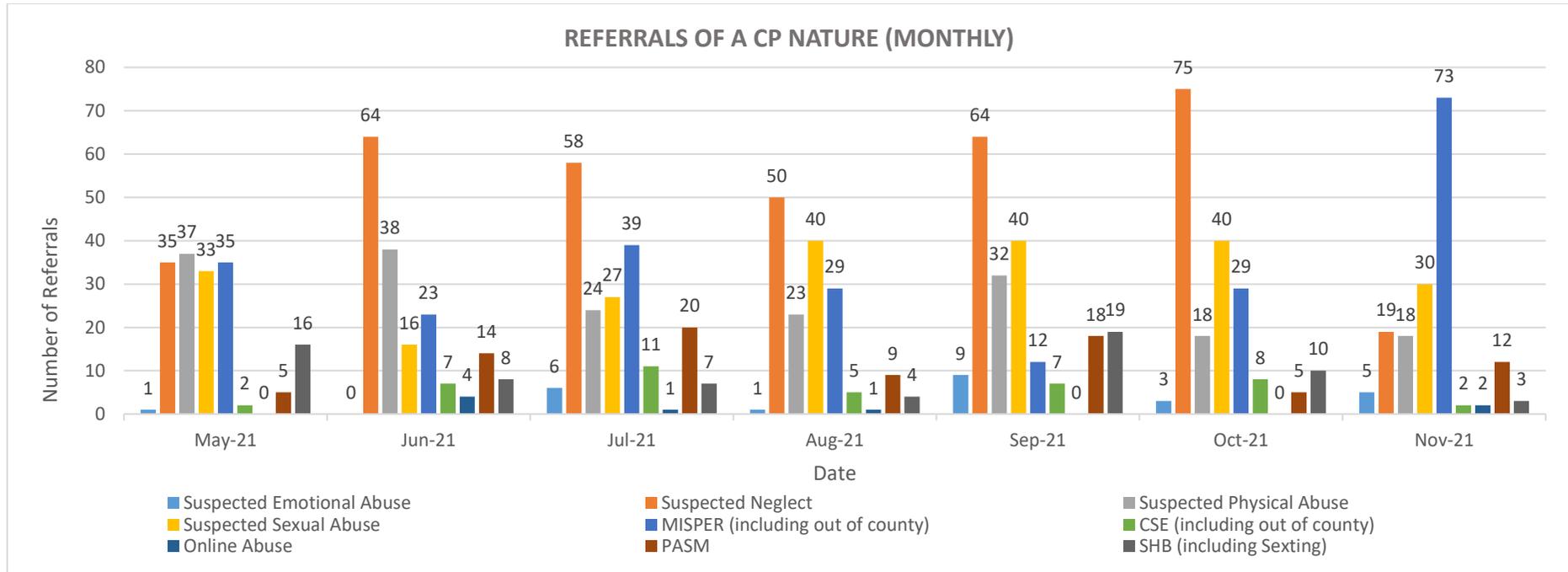
Since the last update, we have moved to a live call system which allows contact officers to pick up calls from the public into Social Services – this is working well, with generally positive feedback from the public. Recruitment is currently taking place within Adults SPOC in line with the remodelling of Adults Social Care.

High Level Data – CYPS SPOC



Referrals by Source (Jun 2021 to Nov 2021)





REFERRAL REASON / DATE	Suspected Emotional Abuse	Suspected Neglect	Suspected Physical Abuse	Suspected Sexual Abuse	MISPER (including out of county)	CSE (including out of county)	Online Abuse	PASM	SHB (including Sexting)	Total
May-21	1	35	37	33	35	2	0	5	16	164
Jun-21	0	64	38	16	23	7	4	14	8	174
Jul-21	6	58	24	27	39	11	1	20	7	193
Aug-21	1	50	23	40	29	5	1	9	4	162
Sep-21	9	64	32	40	12	7	0	18	19	201
Oct-21	3	75	18	40	29	8	0	5	10	188
Nov-21	5	19	18	30	73	2	2	12	3	164
Total	25	365	190	226	240	42	8	83	67	1246

Social Services Children & Adult Services Safeguarding

COVID

The Local Authority continues to exercise its safeguarding functions, across Children and Adult Services, during these times. The COVID Safeguarding Guidance has been reviewed and revised by the Safeguarding Board.

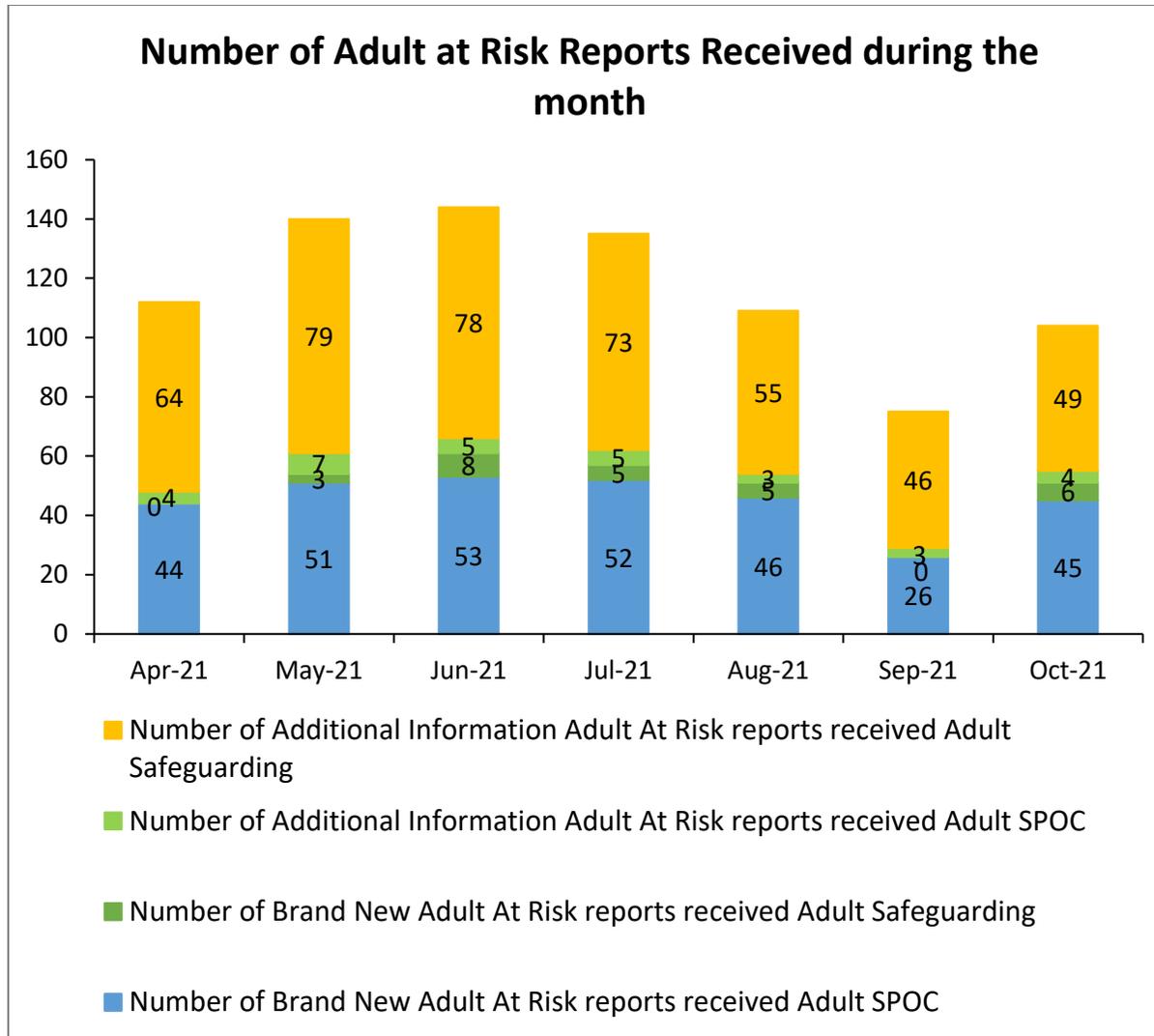
General patterns, trends, themes

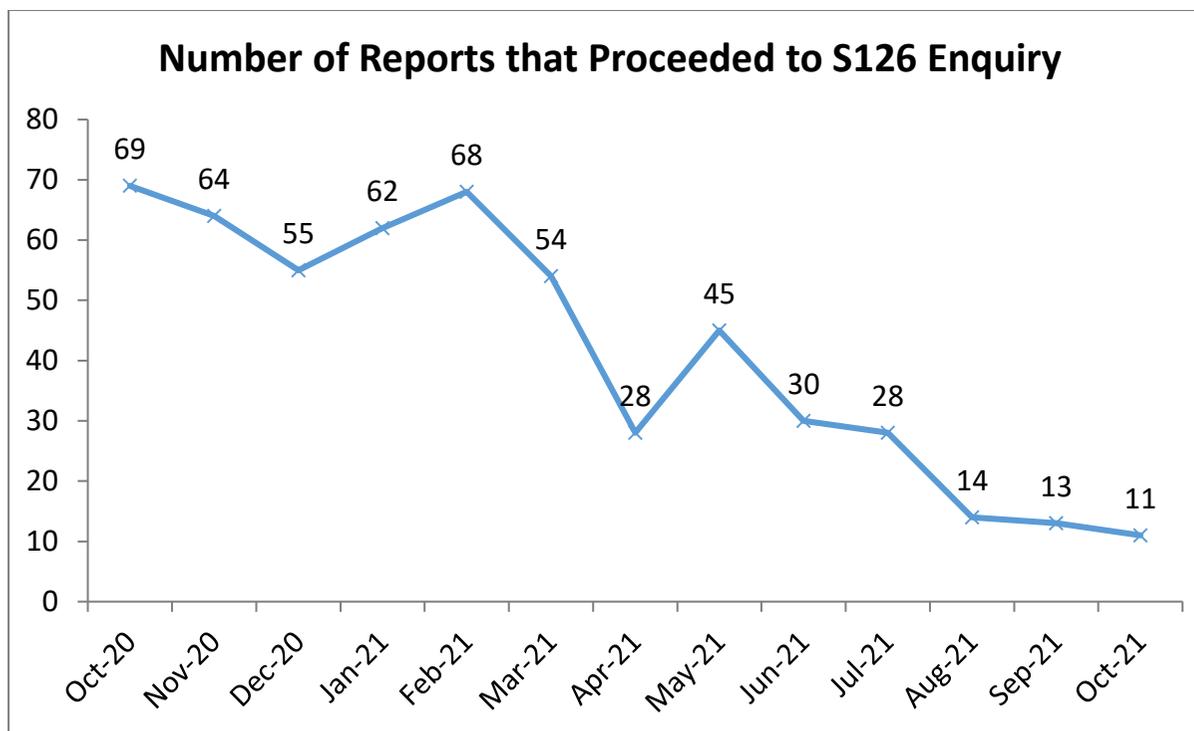
The most current trends and themes across Safeguarding and Children's Services are Neglect and Emotional abuse (Domestic Violence and Abuse -DVA) being the most prevalent risk factors in play. To address these areas of practice the Local Authority is now working with the University of Birmingham to develop a rigorous, robust, comprehensive, evidence-based and accessible neglect toolkit to inform practice across decision making through to intervention. A review of the response to DVA across the LA is currently being undertaken locally, which includes survivor groups and partner agencies.

Work has begun in earnest on the JICPA Action plan. The early work has sought to increase the awareness across the partnership of contextual safeguarding via a briefing note and presentation to the partnership through the CSP. A Working group is to be set up off the CSP and Local Operational Safeguarding Group (LOSG) to support the embedding of the approach across all service areas: waste management, housing, licencing, ASB teams, local policing teams, schools etc.

The number of Adult at Risk (AAR) Reports see two emerging trends. The first is that new reports of suspected abuse have remained relatively stable month-on-month, whilst there has been a reduction of AAR reports on cases open to the department. (See Table 3(2)). Furthermore the number of AAR converted to S126¹ enquiries has reduced. The main reason for the reduction in S126 enquiries is the separating out of Professional Concerns from the AAR process. The Local Authority is currently piloting a Designated Safeguarding Officer (DOS) post. This Officer responds to and coordinates all activity in respect of professional abuse across Adult Services.

¹ Under s.126 of the **Social Services and Well-being Act (Wales)**, Social services has the lead role in making enquiries into cases of abuse or neglect to an adult at risk, where criminal activity is suspected, the early involvement of the police is essential to clarify whether a criminal investigation may be appropriate.





Deprivation of Liberty Safeguards (DoLS) and Liberty Protection Safeguards (LPS)

A suite of data is attached below in respect of the current DoLS position. This work is currently well managed between the team. An agency is being used to support with Best Interest assessments in a bid to clear the backlog for the introduction of LPS, a matter further discussed below. Month on month has seen a reduction in breaches (Assessments over 21 days) to zero.

A Working Group has been set up through the West Glamorgan Safeguarding Board to prepare for the rollout of LPS. This group meets monthly and is a Regional Group, which includes Health. The work of the group has been impeded by the absence of any Regulations or Codes of Practice pertaining to LPS and a recent letter from Welsh Government indicated that the roll-out of LPS will now be extended beyond April 2022. It is anticipated that this will be late autumn 2022. That said, the group is now focusing its efforts on streamlining the approach, paperwork,

processes, protocols across the Region to ensure consistency re. Mental Capacity and Best Interest Assessments and meetings. The Safeguarding Board has recently revised the DoLS Guidance for the region. The group will receive a presentation from CoLiberty who offer a digital solution to streamline the process for DoLS. CoLiberty have also developed the software for the LPS launch and have been working with Government (UK and Wales) lawyers and policy writers to draft the much anticipated Regs and CoP. An exercise is currently underway to map demand and capacity across the Region (SSD and Health). Training has already been delivered to Strategic leads across the Region to support systems reconfigurations for LPS.

Monies received to date, and more recently, have been used effectively to manage the current DoLS demand on the Service and would have seen the LA in a good position to receive LPS in spring 2022, however, if the timetable is to be extended for implementation then this work will need to be reviewed in the New Year and re-projected.

Through recently received funding and the Working Group, training has been sourced for all Adult Services and sections of Children's Services (Child Disability – CCDT; Children Looked After - CLA. The training will focus on 'Preparing for LPS: Assessing Mental Capacity and Best Interest in Practice'.

Children & Adult Services are currently reviewing the use of Community Welfare Orders across the Service as this gives some projected rough figure as to the demand and capacity pre. LPS.

Quality Assurance

The Quality Practice Strategic Group continues to meet fortnightly and attached under Appendix 1 are the last two quarterly reports from the group outlining the work undertaken to date. This group is now well-established across Children's and Adult Services.

Training Department

Mandatory Group A Safeguarding Training

A new Wales Safeguarding Procedures interactive online training has been launched as part of National Safeguarding Week 2021, the training module is aimed at those working in the public and third sectors in particular.

This new training will be mandatory safeguarding training for all council staff. It is now available to partner organisations of all regional safeguarding boards to implement.

The training module has been developed by Social Care Wales in line with the Wales Safeguarding Procedures, which launched in 2019. The procedures detail the essential roles and responsibilities for practitioners to ensure that they safeguard children and adults who are at risk of abuse and neglect.

The new training module will enable everyone to:

- Explain the term 'safeguarding'
- Recognise abuse or the risk of abuse, harm or neglect
- Know what actions to take if they witness or suspect abuse, harm or neglect, or if someone tells them they are being abused
- Demonstrate a basic understanding of the laws concerning safeguarding
- Recognise that they have a duty to report abuse, harm or neglect.

This will be hosted on Learning@Wales (shared services) which provides the necessary reporting aspects for compliance with safeguarding training. Each learner will be given a certificate on completion of the module.

Partnership working

Through a number of forums partnership working remains strong and effective at this time. Peer Review continues to see partners come to the table to discuss matters arising across various cases. The Local Operational Safeguarding Group comes together quarterly to oversee all Safeguarding Practice across the LA (Children and Adults). Triangulation meetings and Community Risk Profile meetings continue to drive the response to responding to harm outside the family home. The Safeguarding Board continues to meet Quarterly and is predominantly concerned with matters pertaining to COVID. The Local Authority is currently involved in two live Child Practice Reviews (Two Neglect) and an Adult Practice Review (Modern Slavery). We are also involved in two Multi-Agency Professional Forums (Criminal Exploitation & Pre-birth) and continue to hold Internal Learning Reviews, the most recent on a Neglect case that was referred to Board for a practice review and is noted above.

The Area Planning Board (APB) (a regional partnership Board responsible for the commissioning and delivery of substance use services) is embarking on a journey to transform the way services are delivered; the vision is for a holistic public health approach. There are several strands to this work but the APB has commenced work on establishing a Western Bay Substance Use expert panel. The APB has contracted Figure 8 Consultancy to lead on this work and a plan is being developed around the public facing side of the panel, alongside establishing the panel itself and appointing a Chair.

The APB in its commissioning and monitoring role:

- Has commenced work on changing the way people access advice and treatment by looking at a brand new first point of contact system. The route into services will be extended so that service users can access using several different means. The launch date is early 2022.
- Has noted that since May 2021 the health board has had to implement a waiting list for prescribing services. As of the end of September 2021, there were 49 people waiting to access clinical treatment, 34 of who had been waiting over 20 working days (Welsh Government KPI target), the average being 8 weeks, with the longest being 17 weeks. The waiting list is linked to capacity issues caused by staffing absences and vacancies. The Health Board is taking action to address.
- The assertive outreach run by Adferiad (previously WCADA) has been effective in providing support to some of the most vulnerable people in NPT, working in partnership with housing and criminal justice partners.
- Funding via the Home Office ADDER project has enabled the extension of the Rapid Access Prescribing Service (RAPs) for another 18 months, this is provided by Dyfodol. Alongside this a new treatment provision for those moving on from Dyfodol has also been

funded. The project is also providing a service user involvement and communications officer who will ensure that service user voices are heard and considered in the development of services in the region.

- A new case management information system has been implemented across Western Bay for all Substance Misuse (SM) service providers. It is part of the National Welsh Community Care Information System (WCCIS) across health and social care and Western Bay is the pilot area for the SM element of the system. Issues have been identified by staff and these are being worked through with the WCCIS team in Swansea Council.

Local Drugs Market

As seen consistently across Wales there are correlations between drug markets and areas that are ranked highly on the Welsh Index of Multiple Deprivation. Data and intelligence from South Wales Police suggest that the majority of drugs seized in Neath and Port Talbot are Cannabis, Cocaine, Heroin and Benzodiazepines. Again consistent with other areas in Wales, cannabis remains the most reported drug seized in Neath Port Talbot. Benzodiazepine type drugs being the second most seized drug, with 20% of all occurrences relating to the seizure of this drug. Concerning to the area is the reports suggest that benzodiazepine type drugs can be bought for as little as 30p per tablet. Purchase intent is usually for diazepam (sedative effects) but national and local evidence suggests that these tablets contain far more potent substances such as; Etizolam and flubromazolam which are 8-10x and 50x respectively more per potent in relative doses compared to diazepam, which many consumers of the tablets are unaware of.

There have been no reports from service users that substances have been difficult to obtain, with heroin, cocaine (crack cocaine and powdered cocaine), benzodiazepines and amphetamine all readily available in NPT. There has been no noted price increase or decrease for substances either which evidences to us that demand and supply patterns have remained consistent. There has been no reports of increases or decreases in “quality” in substances either which further evidences anecdotally that drug markets have remained somewhat stable. The recent “*Public Health Wales; Drug Mortality Report*” evidenced that Swansea Bay UHB area has nearly double the rates of heroin/morphine related deaths to any other area in Wales. Another concerning finding from the same report was Swansea UHB has nearly double the cocaine related deaths compared to any other area in Wales. It has been noted that the demand and supply of cocaine at the moment is an astronomically high level. The supply is diverse and can cost over £95 a gram in some areas of NPT. There is also large demand for crack cocaine which, although is cheaper for the user, is far more addictive. All this is leading to the expansion of cocaine supply and as a result, means NPT is a sought after area for

organised crime groups who operate large operations of county lines. In recent months we have also seen the increase in ketamine and MDMA use, upon review this is likely to be down to night time economy and students returning to the area and the easing of restrictions.

Case Review Coordination of fatal and non-fatal overdoses:

- A Drug Poisoning Task Force meets monthly to review and allocate non-fatal overdoses and monitor the fatal review process. From October 2021 the fatal review process- All fatal cases are reviewed by an Independent Review Panel. Lessons learned and recommendations are submitted to senior managers who will ensure they are implemented within their service. The review panel is independent of services therefore cases can be reviewed robustly and recommendations strengthened.
- The Office of National Statistics recently published their Deaths related to Drug Poisonings report 2020. Swansea Bay UHB area recorded the highest proportional increase in deaths across all HB areas in Wales. This was reported to the APB Commissioning, Finance and Performance Sub Group who decided that this should be escalated to the APB as a matter of concern as the increase is despite a lot of innovative work that has gone on over the past 3 years since the Critical Incident Group was established.
- The Case Review Coordinator ensures that all non-fatal overdoses reported to her are covered by the APB 72 hour response protocol, where outreach workers attempt to make contact with service users to provide, as a minimum, harm reduction advice and brief interventions. Some of these cases have then followed up by coming in to more formal treatment.

Harm Reduction

- The Community Safety Partnership key priorities are; Violence Against Women Domestic Abuse and Sexual Violence (VAWDASV), Anti-Social Behaviour (ASBe), County Lines, Substance Misuse and Scams. These are standing items at the quarterly meetings. At the most recent meeting, a presentation was given on Contextual Safeguarding and the creation of a working group to strengthen links between the CSP Board and Safeguarding arrangements. At future meetings, Criminal Exploitation will have more focus, with information shared from South Wales Police.
- VAWDASV Leadership Group and its sub groups remains focused on delivering the NPT Healthy Relationships for Stronger Communities Strategy with the key areas of work being; Communications, Engagement and Awareness Raising; the roll out of Healthy Relationship Lessons across all schools; and a review of arrangements around high risk victims, specifically the MARAC process (Multi Agency Risk Assessment Conference)

- The Healthy Relationship lesson has been developed with local specialist agencies and signed off by our Youth Council. It forms part of the wider Relationship and Sexuality Education Pack (RSE) that is delivered in all schools. The delivery of these RSE pack and its lessons has been hindered by the Covid-19 pandemic and lockdown. In 2022 there will be a pilot at Llangatwg Comprehensive School to deliver information to year groups who may have missed out on the lessons in recent months. This work is being coordinated by Community Safety, the Youth Service and the Wellbeing Team, with other partners. If this pilot is successful it will be rolled out to other schools.
- The Community Safety Team are coordinating and supporting a review of the Social Services Response to Domestic Abuse Review, chaired by Chris Frey Davies.
- The Independent Domestic Violence Advisors (IDVA) service remains very busy, following an increase in demand throughout the pandemic and lockdown.
- Community Safety are working with Youth Justice on their Risk Profile Mapping exercise which ties in with work on Anti-Social Behaviour in our communities and youth annoyance.
- A briefing paper and presentation has been delivered to the CSP on Contextual Safeguarding with further training across the Directorates to be rolled out in 2022 in a bid to, though this common approach, create safe spaces across NPT.
- General ASBe in our town centres has significantly reduced following our partnership sub groups and the specially implemented Police operations in the area.

Licensing

Free voluntary safeguarding training was provided by the authority for taxi drivers in 2017/2018, with approximately 80% of drivers taking up the offer. Additionally, as part of the process for applying to be a taxi driver, applicants are asked safeguarding questions as part of the knowledge and suitability test. Welsh Government have indicated that they intend to introduce new primary legislation for taxis within this assembly term, and it is envisaged that safeguarding and disability training, will become mandatory for all taxi drivers in Wales. In the interim period, it is proposed that the taxi driver safeguarding training be resurrected and offered to those licensed drivers that have not received training previously, currently 89 of 296 drivers (30%).

In addition, safeguarding training will be rolled-out in 2022 to the night time economy (hotel staff (front of house and domestic), Public Houses etc.) to create safe spaces across the LA.

Transport

Historically Safeguarding training has been provided to Drivers and Passenger assistants on all contracted transport services for Education and Social Services procured by NPT. However since the start of the pandemic it has not been possible to deliver the training. As a result of this the Transport Unit have worked with the Training section to introduce an online training provision for new Transport Staff.

Large bus drivers must undertake the Certificate of Professional Competence training every 5 years which includes a module on safeguarding. All contracted Bus and Taxi operators renew their DBS every 3 years. They also receive a monthly email reminders with their updated staff list with their Disclosure and Barring Service (DBS) expiry dates to ensure their staff continue to have valid a DBS and that any new staff apply for a DBS prior to starting working with pupils or adults. These Email reminders are also sent 3 months prior to the DBS expiry date as an additional measure to remind staff to start the renewal process in good time to ensure they can continue to work.

During the Pandemic NPT introduced guidance for operators to help mitigate the risk of the virus being transmitted while pupils were being transported on contracted vehicles.

Education

Schools have continued to work tirelessly to support all pupils throughout the pandemic and under changing COVID guidance. The need to reduce the non-essential visits to schools, and the increased workload on staff in school, has impacted on the programme of safeguarding peer reviews. These were halted in March 2020 and have not yet resumed. However, in May 2021 a 'virtual review' was successfully trialled in one primary although this would not be the preferred method of continuing the programme.

The Keeping Learners Safe statutory guidance has in its appendices a safeguarding audit tool for schools. This has been used as the basis for the safeguarding reviews although it can be used as a stand-alone self-evaluation audit. In September 2021 schools were asked to submit their completed audits to the Education Safeguarding Officer. These are then being worked through with the school by the school's Education Support

Officer and any concerns or areas of good practice will be fed back to the Education Safeguarding Officer to consider any action/support needed. These will also be fed into the Safeguarding Reference Group for consideration.

Safeguarding Training for Designated Safeguarding Persons (DSPs) in schools was developed for consistency across Wales by the All Wales Safeguarding in Education Group (SEG). This has been rolled out virtually by the Education Safeguarding Officer to 180 staff since October 2020. Updated safeguarding training presentations were produced, during the school summer holidays, by the Education Safeguarding Officer for the school DSP to deliver to all staff. This is delivered by most schools at the start of the autumn term.

The first VAWDASV Group 2 (Ask and Act) training was delivered to school DSPs in October 2021. This was co-facilitated by a trainer from the specialist service provider, Hafan Cymru, and the Education Safeguarding Officer. Funding, which covers the cost of the specialist provider, is managed through the corporate training department and has allowed for a further two sessions to be booked for Spring term 2022.

PREVENT & PROTECT

Prevent – Referrals continue to be made to Channel with the most prevalent themes being: Far Right ideology, males and (Autism Spectrum Disorder) ASD presentation. Outside continue to support the panel and this has been invaluable. Training has been set up for Panel members in the New Year to look at online abuse and how the partnership may better understand and respond to the increasing influence of social media platforms. This work will dovetail into work to embed contextual safeguarding across the partnership. The performance of PREVENT across NPT will be reviewed and subsequently reported on in 2022.

Protect – Emergency Planning Teams in both NPT and Swansea report into CONTEST on their ongoing work to make places safer, and less vulnerable to attacks. They present information on vehicle mitigation, or large public events and the planning that is involved. There are new duties in respect of the PROTECT element of the CONTEST strategy. Whilst these new duties are still in their very early stages, if they come into place this will mean significant changes for the local authority in terms of venues, emergency planning and large events. There will be a series of measures that will have to be put in place for any venues with over 100 people – of which there will be many across the authority. It is unclear at this stage as to how this will work in practice, and how these duties will be discharged. However, meetings are ongoing between the Home Office, Welsh Government, Local Authorities and the Police as this work progresses.

Youth Justice Service YJS (Early Intervention & Prevention)

This is a brief overview of measures put in place to promote and maximise best practice in terms of safeguarding through NPT YJS. In NPT YJS we have developed a specific work stream in relation to safeguarding incorporating the 2018 inspection action plan recommendations and more latterly the JICPA 2021 action plan to ensure that safeguarding is integral to all practice and all members of the team. The voices of the young people are critical for this pathway's success, we will develop feedback sheets from them and obtain their views via interviews, discussion etc. The aim will be for young people to engage and help shape their own safeguarding plans, develop their contributions, have their say (and be heard) and give them some agency in making safer decisions in relation to their wellbeing and the choices they make.

The Safeguarding Work stream

Since September 2019, the nominated safeguarding lead remains in situ, although because of the confusing definitions of designated safeguarding leads, LADO's (England) and named safeguarding officers in both YJS services across Wales and in Local authorities, we have changed the title to safeguarding champion in the NPT YJS. This enables us to be clear around the roles and responsibilities and while our safeguarding champion collates and follows up queries with staff members, overall operational safeguarding will come via the ops manager to the Principal Officer for YJS, who has oversight of all safeguarding concerns identified in the service. Both the operational manager and the safeguarding champion have recently completed safeguarding training and child practice reviewer training in the last quarter. Subsequently, we have a cohort of trained practice reviewers in the YJS.

We have set up a monthly clinic with the leads in Better Futures who provide individual consultation slots for practitioners with any of their cases involving Child Sexual Exploitation (CSE), Harmful Sexual Behaviour (HSB), and Child Sexual Abuse (CSA). In this we include Contextualised risk, Missing, Exploitation and Human Slavery and Trafficking for signposting all exploitation, as exploitative behaviours and experiences very often overlap. There are 4 x 1hr slots for practitioners to meet with Better Futures to peer review these cases, which we suspect or have confirmed safeguarding and exploitation concerns. These slots are bookable and managers, senior practitioners, and consultant social worker are available to be called in for further scrutiny where needed.

We also have provided a block of 8 x 2hrs exploitation training from Barnardos for all YJS staff, which brings all staff members up to speed on the new developments, legislation and statutory guidance in relation to exploitation. Each practitioner will have a completion certificate attached to his or her supervision file, and safeguarding will be part of every practitioner's personal development plan going forward as a standing item.

We have developed a multi-agency meeting with our partner organisations called Community Risk Profiling which sits somewhere between contextualised risk and CSE strategies, but may incorporate signposting to both. To be clear this will not supersede or compromise our responsibilities under the Wales Safeguarding Procedures. It will provide us with an opportunity to focus on the mapping of our young people in communities, focusing on potential areas where exploitation may be happening, the type of exploitation and how we disrupt it.

The reason for this is looking at the whole gamut of exploitation and extra familial harm, and the drilling down of all of our CSE, HSB and Criminal Exploitation (CE) cases, which predominately sit in our Youth Justice world. There will be a series of initiatives developed around this. This crosses both operational and strategic boundaries and will be presented at YJS management board, Children Services Management Group (CSMG), Youth Justice Board (YJB) Hwb Doeth, and YMC.

Following the incitement incidents and death of George Floyd in America, last year and more recent media news about institutionalised racism and extremism, I have commissioned training from Welsh Extremism & Counter Terrorism Unit (WECTU), including appropriate use of social media for all staff. I have also sent the appropriate policies and procedures to all staff.

There is a monthly Safeguarding Meeting for the Principal Officer (PO), operational manager and the safeguarding champion to ensure we are all appraised of any safeguarding referrals, outcomes of professional strategy meetings or safeguarding issues.

Hillside SCH

Given the number of complex young people currently residing at Hillside and the level of self-harm and criminal damage, there has been a wider discussion between the Senior Management Team (SMT), Safeguarding officers, behaviour management co-ordinator and duty managers to support staff and ensure we are managing the risks posed as best as possible. Refresher training around behaviour management for all staff has been identified as well as training regarding security checks, supervision of young people and searches. Duty managers also undertake a monthly monitoring of their homes and will ensure processes are correctly followed to mitigate any risks.

Hillside have a Restrictive Physical Intervention (RPI) panel now set up on. The purpose of this group is to consider patterns, trends and themes stemming from the use of RPI at Hillside. The group will seek assurances to be sought and provided whilst providing opportunities for training, development, support and how best to address these. It is proposed that this group will meet bi-monthly to collate incident forms and accompanying documents in relation to the use of RPI in specific circumstances only. Any safeguarding concerns/reports in relation to incidents of RPI can be discussed and scrutinised through this forum.

Hillside continue to work to the Priority Action notices set by Care Inspectorate Wales (CIW) and are due further re-inspection early 2022. All safeguarding concerns continue to be raised with NPT SPOC and the placing LAs. These predominantly relate to allegations made by the children of past abuse and harm. There is currently one member of staff subject to internal investigation owing to a safeguarding matter.

Appendix 1



Q1 Children Young Quality Assurance
People Services Ther Report Q2.docx

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Quality Assurance Audits

Quarter 1 – Audit Overview Report

Quality Practice Strategic Group

The Quality Practice Strategic Group meets on a fortnightly basis and is made up of principal officers, managers, deputy managers, consultant social workers and quality assurance officers from across the directorate representing a wide range of teams. The primary aim of the group is to ensure that the Quality Assurance and Learning Framework (Appendix 1) is embedded and evidenced through practice and provides assurances to senior leaders on the quality of social care throughout the directorate.

Our guiding principles for embedding the framework are that:

1. Children, young people, adults, families and carers are at the heart of what we do. The focus of quality assurance must be on impact and outcomes for the child, young person or adult in their journey through our social work and safeguarding systems.
2. The approach to Quality Assurance will be underpinned by Restorative Practice, and a desire to examine and capture best practice. This means that QA activity is done “with” staff, rather than “to” or “for”, in ways that build relationships and are characterised by respecting each other’s perspectives, high expectations, high support and high challenge, to enable use to learn, improve and change.
3. Throughout the quality assurance processes the views of children, young people, adults, families and carers are integral to improving our services, we will where reasonable and practicable to do so, gain the voice of those who have received our services.
4. Our multi-agency and collaborative working with our partners, whether statutory or 3rd sector will be enriched and where practicable we will include them within our QA processes

Quality Assurance Activity Includes:

- **Audits and dip sampling:** This is a core area of the framework in that regular audits or dip sampling is performed across the functions of the department to establish a baseline in practice and process, both qualitative and quantitative. These are completed either internally or on a multi-agency basis.
- **Learning Reviews:** Learning reviews are undertaken on cases/families identified by practitioners with the aim to try to understand why it made sense for people to do what they did – against the background of their physical and psychological work environment. A timeline is completed of the case which then facilitates a walkthrough of the timeline with practitioners involved to identify shared learning that can lead to changes in practice and process. The point of the review is not to assign blame or responsibility, but to learn: to learn to improve.

- **Case Studies:** Case studies are completed by practitioners and presented to the Quality Practice Strategic Group by the author with the aim being to highlight good practice, areas for development and learning that is cascaded across the directorate and overseen by the group.
- **Research:** The Quality Practice Strategic Group has oversight of all research undertaken both on an internal and external basis that is relevant to the directorate and coordinates the dissemination of key messages to the workforce in addition to any action plans
- **Performance Clinics:** All teams will run a structured review of quality assurance feedback and data every 6 months, through a “Performance Clinic” meeting with a range of senior leaders for shared learning. Teams will receive:
 - Performance Indicators for their team
 - Results from audits
 - Consultation data
 - Key practice issues arising from practice reviews
 - Learning from feedback, compliments and complaints
 - Feedback from practice observation

This report seeks to provide members with an overview of some of the quality assurance activity that has taken place during quarter 1 in 2021-22, and will highlight what is working well, what we can improve and next steps in relation to quality assurance. This report collates activity from across Social Services: Children and Young People Services, Adult Services, Youth Justice, Early Intervention Service and Hillside Secure Children’s Home and the work of the Quality Practice Strategic Group.

During this quarter the strategic group has had oversight of a number of key areas of work across the directorate. The group considered the actions emanating from child and adult practice reviews undertaken by the West Glamorgan Safeguarding Board, one of these was to review the use of chronologies, the findings from this request is outlined in the Audits and Dip Sampling Section below.

The first performance clinic was held with managers from the Dyffryn Community Children’s Team and their Principal Officer, qualitative and quantitative was provided and analysed by the group which also included the Quality, Practice and Performance Manager and the Specialist Teams & Performance Manager. Following the clinic being held an action plan was developed with the team for them to explore further such as assessments, frequency of supervisions, recording of information, outcome focussed plans, capturing the voice of the child/family and the recording of contacts. This plan will be subject to review on a quarterly basis and a further clinic at the six month point.

Two case studies were undertaken, one in Children’s Services (Dyffryn/SPOC) and one in Adult Services (Complex Disability). The Dyffryn/SPOC case was in relation to a potential Female Genital Mutilation case which is an issue that the department is infrequently presented with however the experience of managing a case of this nature gave opportunity to share the learning with the wider service. The Complex Disability case study was in relation to a child/adult that had transitioned through child disability to the complex disability team and focussed on the health of the individual and the complex support required. The complex disability team were able to share how relationships with the parents of the individual were strengthened and how person centred planning on a multi-agency basis were pivotal in achieving a successful outcome in the case. The study also highlighted what areas could be improved such as a transition policy and mental capacity training for all partners.

The Quality Practice Strategic Group also has oversight of the Children’s Rights Action Plan which was developed by the Children’s Rights Champions of the department with assistance from the Neath Port Talbot Children’s Rights Unit. This action plan describes how the department plans to take a “Children’s Rights Approach” through the five principles:

1. **Embedding the United Nations Rights of the Child** – Putting children’s rights at the core of planning and service delivery
2. **Equality and non-discriminatory** – Ensuring every child has an equal opportunity to be the best they can be
3. **Empowering Children** – Giving the children the knowledge and confidence to use their rights and hold organisations to account
4. **Participation** – Listen to children and take their views seriously
5. **Accountability** – Duty bearers should be held to account for how well they support children to access their rights

Audits and Dip Sampling Activity

Prior to any audit activity taking place an audit tool or dip sample tool is compiled to enable managers to draw out themes from their findings. Based on the findings of managers and of an analysis of the audit tool a report is compiled by the Quality, Performance and Practice Manager and shared through management meetings and cascaded through to staff. Any actions emanating from audit activity is collated on a master action plan and is tracked through the Quality Practice Strategic Group.

During this quarter we have reported on six thematic audits:

Audit Theme	Cases Audited	Service
Chronology Dip Sample Audit <i>The purpose of this mini-audit was to establish a baseline for how and when chronologies are currently used across the directorate including the quality of those evident.</i>	35	Children and Adult Services
Multi-agency audit of Strategy Discussions/Meetings <i>Commissioned by the West Glamorgan Safeguarding Board and Lead Safeguarding Officer for Neath Port Talbot it was agreed that a programme of multi-agency audit would take place on the quality of safeguarding processes against the new safeguarding procedures and in doing so this would also provide a baseline to establish how well the procedures had been embedded across practice</i>	13	Children and Adult Services
Multi-agency Audit on Exploitation for JICPA Inspection <i>This audit was required in preparation for the Joint Inspection on Exploitation, this involved partner agencies auditing the same seven cases tracked by the Inspectorate and to provide an analysis on what is working well and what can be improved in NPT</i>	7	Children Services Youth Justice and Early Intervention Service

Audit Theme	Cases Audited	Service		
Incident Debrief Dip Sample <i>Mini audit to establish a baseline on the quality of child debriefs undertaken following incidents in Hillside</i>	24	Hillside	Secure	Children's Home
Risk Management Plans Dip Sample <i>Mini audit to review risk management plans and to provide a baseline on the accuracy of information across documentation</i>	7	Hillside	Secure	Children's Home
Key Working Audit <i>Key working in Hillside provides a valuable opportunity to observe, identify and resolve any issues and ultimately developed a relationship with a young person. This audit was to review the quality and frequency of key working sessions in Hillside.</i>	16	Hillside	Secure	Children's Home

What are we doing well?

We've identified through the audit process what is working well and have highlighted many good working practices evident across the Social Services IT System.

In the Chronology Dip Sample Audit:

- Most cases (33 out of 35) in Children's Services a chronology was found on the case file
- Significant events were captured within the chronologies (27 out of 33)
- Most chronologies were completed as part of general practice rather than being completed due to being in a specific arena e.g. court, which is indicative that it is not only being used when a case reaches a specific threshold

In the Multi-agency audit of Strategy Discussions/Meetings:

Children's Services:

- In all of the cases audited the initial strategy discussion was held within one working day of the decision to hold one, the majority of which were on the same day
- The proposed initial action along with details of who would be undertaking the action, including who will and what the child/family will be told were clear on the cases audited
- The Police hold an appropriately detailed account of the strategy discussions that had taken place with the local authority
- Children's Services strategy discussions and meetings detailed any immediate action that was required to safeguard the child
- Auditors report that all of the strategy discussions and meetings were held timely, in that strategy discussions took place within 1 day and strategy meetings were not delayed unnecessarily from the strategy discussion date
- All agencies in attendance at strategy discussions and meetings had the opportunity to share information on the child/family
- Actions arising from the strategy discussions and meetings were mostly clear with details of who was responsible for each action
- It was very clear in all but one of the cases audited the decision to proceed or not to Section 47 Enquiries, the one case did not provide any narrative around the decision on this but did complete the necessary boxes

- Auditors reflected that there was a good multi-agency approach to the strategy discussions and meetings which evidenced good information sharing and method in the discussions/meetings

Adult Services:

- The reporter of the concerns in the majority of cases outlined the reasons for the adult being defined as at risk as per Social Services and Wellbeing Act 2014 (Wales) and was clear about the abuse or neglect concerns and their foundation
- Auditors reported that there was good attendance at all the strategy meetings held by partner agencies with the exception of one meeting where Health should have been invited, or documented if they were unable to attend
- Police records of strategy discussions were comprehensive and clear to understand along with an investigation update
- Auditors reported that the safeguarding actions undertaken were justified, proportionate and empowered the adult at risk as far as possible
- Strategy discussions and meetings were held timely
- Actions, responsibility and timeframes were clear on strategy meetings as these were recorded in a formal template
- Auditors report a good multi-agency approach to adult at risk cases

In the Multi-agency Audit on Exploitation Cases for JICPA Inspection:

- There was good evidence of multi-agency working to support children at risk of exploitation
- Good communication on an operational and strategic level was evident
- The exploration of outcomes of the children was good through assessment and planning processes
- Evidence of “what matters” conversations taking place with children and their families
- Evidence of peer mapping on exploitation cases that considers their peer groups
- Good working between Children’s Services and Youth Justice and Early Intervention Workers
- Positive relationships between workers and children across NPT Services, e.g. support workers, Cynnydd (Education), Fostering, etc
- Voice of the child throughout case files, in particular on a child disability case where workers had to adapt their way of communicating to suit the needs of the child
- Good transition planning for children who would transfer to Adult Services
- Cases being assessed yearly or as and when need arises
- The commencement of triangulation meetings in some areas demonstrated strong multi-agency working
- Evidence of preventative work and direct work being carried out with children
- Internal learning on cases to inform practice and wider learning for Children’s Services

In the Incident Debrief and Risk Management Plans Dip Sample:

- All forms evidenced a debrief session completed with the young person following an incident
- All fields on the risk management formulation table contained a risk level and corresponding risk colour
- The rationale for the risk rating corresponded with the risk table in all of the risk management formulations

- It was clear who completed the risk management formulation and each one was signed and dated with a review date
- The additional needs risk document was fully completed and reflected the risk management formulation in all of the cases audited

In the Key Working Audit:

- In 14 out of the 16 (88%) key working sessions audited the objectives of the session was noted
- In 13 of the 14 (93%) key working sessions where the objectives of the session were noted, these were reflected with the detail of the document
- In 12 of the 16 (75%) of the key working sessions audited the aims were clearly identified, however there is room for improvement
- In all of the key working sessions auditors report that the staff member acted as a positive role model to the child
- In 81% (13/16) of the audits the session established and reinforced guidelines for behaviour
- Again 81% (13/16) of the audits evidenced that emotional, social and spiritual support was provided when needed and was reflected in the recording
- In 13 of the 16 (81%) audits undertaken the key working session reflected the voice of the child within the recording
- Overall auditors reported that in 11 of the 16 audits the quality of the recordings were excellent (1) or good (10)

What will we improve?

1. Chronology guidance and standards will be developed for both adult and children services practitioners that will set out the department's expectations in relation to the completion of a chronology, the format and what good looks like.	Chronology
2. Following the guidance and standards being completed training needs to be developed	Chronology
3. Managers to give consideration to inviting additional agencies to the strategy discussion as this was often limited to Social Services and Police, however there was good attendance of agencies in the strategy meetings held	Multi-agency audit of Strategy Discussions/Meetings
4. In one of the strategy discussions, it was identified that it would be beneficial for Barnardos to be invited to the strategy meeting, this did not appear to happen and would have been of benefit to the meeting	Multi-agency audit of Strategy Discussions/Meetings
5. Auditors highlighted that a few of the strategy discussion notes taken by Children's Services would have benefited from more context and more detailed information	Multi-agency audit of Strategy Discussions/Meetings
6. Further consideration to be given during the strategy discussions and meetings of the needs and safety of any other children or adults who may be at risk and in contact with the alleged abuser	Multi-agency audit of Strategy Discussions/Meetings
7. Timeframes for the completion of actions arising from the strategy discussions and meetings need to be established for each action identified as this was not evident on every one	Multi-agency audit of Strategy Discussions/Meetings
8. If appropriate, more discussion around how the child's wishes and feelings would be established could be documented on the strategy discussions and meetings	Multi-agency audit of Strategy Discussions/Meetings

9. The smooth handover of day time services to out of ours by having more consistency in language and process around strategy discussions	Multi-agency audit of Strategy Discussions/Meetings
10. The dates of birth of the children considered at the meeting needs to be included on the strategy discussion/meeting template	Multi-agency audit of Strategy Discussions/Meetings
11. Reporters (those making the referral to adult services) did not always clarify whether consent had been sought or did not always consider the mental capacity of the adult when making a report	Multi-agency audit of Strategy Discussions/Meetings
12. More evidence on the discussions held by Adult Services and the reporter on what the adult and others will be told and who will do it to be evident on the adult at risk paperwork	Multi-agency audit of Strategy Discussions/Meetings
13. More evidence is needed that the report maker received an outcome upon the decision being made in relation to the initial report	Multi-agency audit of Strategy Discussions/Meetings
14. More evidence of the adult at risk being given the opportunity, if appropriate, to be seen alone and at a minimum of every 4 weeks	Multi-agency audit of Strategy Discussions/Meetings
15. The recording of strategy discussions in Adult Services needs to be revisited as this should be a more formal record of the discussions that take place between agencies and not just part of the chronology of events/contact	Multi-agency audit of Strategy Discussions/Meetings
16. It was not clear to auditors how the adult at risk process links into the adults care and support plan	Multi-agency audit of Strategy Discussions/Meetings
17. The chronology of events is not date ordered it appears to be ordered by the date the entry was put on the system	Multi-agency audit of Strategy Discussions/Meetings
18. Further training on mental capacity for the child disability team	JICPA Exploitation
19. Increase awareness across the region on harm outside the family home	JICPA Exploitation
20. Prioritise targeted services to improve engagement with children	JICPA Exploitation
21. Develop a response across partners for missing person reports and return home interviews	JICPA Exploitation
22. Practitioners to fully explore the context and environmental impacts on children when analysing harm outside of the family home	JICPA Exploitation
23. Training to be provided to Hillside staff on completing debriefs with young people following any incidents which will provide a consistent approach	Hillside Debrief Dip Sample
24. Senior manager to review how risk management formulations are stored on the homes in Hillside	Hillside Risk Management Dip Sample
25. The frequency of key working sessions needs to be more consistent across all young people in Hillside, senior managers to provide direction to care staff	Hillside Key Working Audit
26. Not all basic information fields were completed, these were mostly the key worker name, case manager name and summary of previous session	Hillside Key Working Audit
27. Out of the 8 key working sessions where it was indicated that a further key working session was to be scheduled no date/time was indicated on the paperwork	Hillside Key Working Audit
28. Auditors identified room for improvement in the recording of 5 of 16 key working sessions	Hillside Key Working Audit
29. Key working staff to ensure that the aims of the session are clearly recorded as it provides a focus of the session, this would likely be predetermined	Hillside Key Working Audit

30. One of the auditors highlighted that a specific section on the strengths/positives of the child may be a good addition to the key working template	Hillside Key Working Audit
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How will we do this?

- Through developing the IT system to reflect and record the information we want to evidence
- By changing, communicating and reinforcing to staff processes and procedures to follow
- By holding training sessions for staff on specific areas and processes
- By direct feedback on individual cases to the responsible manager and worker
- By looking at the way we encourage engagement and participation of children, young people and their parents/carers
- Through circulation of audit tools to all practitioners to enable them to have an understanding of the areas auditors are looking at which will become evident in future audits on the same topic
- By discussing and ratifying proposed changes and improvements through the Quality Practice Strategic Group
- By circulating the thematic audit reports to all staff for their information
- By having a transparent quality assurance audit process in place which is responsive to suggestion and change

What have we learned?

In this quarter we have reported on a number of audits and dip samples from across Children and Adult Services some of which was in conjunction with our multi-agency partners such as Police, Education and Health. The success of these audits in providing a holistic view on what is working well across the partnership and what we can improve will be a way forward in improving outcomes for children, families, individuals and their carers.

Ensuring quality assurance still plays a significant part in social care has been challenging through the COVID pandemic due to the pressures faced by teams, however with some subtle changes to the length and frequency of audits we have still been able to undertake this valuable aspect of continuous improvement across the directorate.

To promote reflective learning within the service, the good practice and areas for improvement identified within each audit and the individual case file audit forms will be shared with the appropriate Managers and the workers involved, this is done either on a 1:1 basis or through group sessions.

Next Steps?

Our auditing process is identifying key themes on good practice and areas we will improve. Post audit we have mechanisms in place for following through on actions identified. Any actions identified from each audit are transferred to an audit action register whereby individual actions are discussed and agreed, this allows us to monitor desired outcomes and progress. This gives a transparent view what we recognise is working well, what we will improve, how we will do it and when it will be in place. All audit tools and reports are disseminated to the appropriate teams within Social Services, this provides staff with information on good practice and areas for improvement and it also provides a visual tool for staff that can be referenced in the everyday tasks completed.

Mel Weaver; Quality, Performance and Practice Manager

Neath Port Talbot's Children and Adult's Quality Assurance and Learning Framework

Introduction

This framework applies to all Children and Adult Services teams and services.

This framework will set out how Neath Port Talbot will learn from all activity completed to ensure that children, adults, families and carers are being supported in the right way at the right time, and understand what difference has been made. This framework sets out the approach and how learning is embedded and evidenced in practice.

This Quality Assurance Framework (QAF): provides a level of confidence about service delivery and the positive impact on children, adults, families and carers in Neath Port Talbot.

Measuring impact is key – What difference are Neath Port Talbot and its partners making? It is this reason that outcomes for individuals is at the heart of the Framework.

The Quality Assurance Framework includes capturing data to ensure standards are met and procedures are followed. However, these measures alone do not assure positive impact and there is a need to ask, "So what?"

Priorities

The outcomes of children, young people, adults, families and carers are understood

Children young people, adults, families and carers are at the centre of delivery of the Quality Assurance Framework (QAF)

Embedding quality assurance is evidenced by doing with, not to or for children, young people, adults, families, carers and staff

We understand, challenge and improve the impact of our work

Our guiding principles for embedding the QAF are that:

1. Children, young people, adults, families and carers are at the heart of what we do. The focus of quality assurance must be on impact and outcomes for the child, young person or adult in their journey through our social work and safeguarding systems.
2. The approach to Quality Assurance will be underpinned by Restorative Practice, and a desire to examine and capture best practice. This means that QA activity is done "with" staff, rather than "to" or "for", in ways that build relationships and are characterised by respecting each other's perspectives, high expectations, high support and high challenge, to enable use to learn, improve and change.

3. Throughout the quality assurance processes the views of children, young people, adults, families and carers are integral to improving our services, we will where reasonable and practicable to do so, gain the voice of those who have received our services.
4. Our multi-agency and collaborative working with our partners, whether statutory or 3rd sector will be enriched and where practicable we will include them within our QA processes

The framework takes into account the fundamental principles of the Social Services and Wellbeing Act (Wales) 2014 in that:

- **Voice and Control** – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve wellbeing
- **Prevention and Early Intervention** – Increasing preventative services within the community to minimise the escalation of critical need
- **Wellbeing** – Supporting people to achieve their own wellbeing and measuring the success of care and support
- **Co-production** – Encouraging individuals to become more involved in the design and delivery of services

This framework will also consider the learning from case reviews across the region and UK wide i.e. Child and Adult practice reviews, Serious Case Reviews etc, in addition to any research undertaken on a regional or national level

There are six stages in the framework, each stage being proactive, to inform action and improve outcomes for children and adults which is at the heart of our work:

- | | | |
|-----------|---|--|
| Standards | - | What standards are we aiming for? |
| Tools | - | How are we using a range of QA tools against those standards? |
| Analysis | - | What do the results of using those QA tools tell us? |
| Review | - | How well we are doing it, and is anybody better off? |
| Learn | - | What do we learn from this, to feedback into practice? |
| Impact | - | What are the outcomes for children, adults, families and carers? |



Standards



The standards below are rooted in discussions between social care managers within the Quality Performance Strategic Group. The views of individuals and the 3rd sector have also been gained through consultation sessions or sharing the framework. They are informed by statutory guidance and legislation and take into account the wellbeing objectives as set out in Neath Port Talbot’s Corporate Plan 2019-2022.

They provide a single set of standards that apply across all services and that focus on *impact and outcomes for children and adults*.

The QA Framework starting point is being clear about “what good looks like”

Standards for Practice	Customer Service Standards
<p>Standard 1: Ensuring a professional response from the initial referral to the closure of the case;</p> <p>Standard 2: Providing clear direction, quality decision making and setting priorities in the service;</p> <p>Standard 3: Ensuring the service users voice is heard and fully considered when implementing individual plans;</p> <p>Standard 4: Scrutinising to ensure good quality recording, analysis of need and report writing;</p> <p>Standard 5: Providing good quality supervision, annual appraisals and well organised staff and team meetings;</p> <p>Standard 6: Making sure staff work within a supportive team culture, with good communications, routine commitment to rigorous professional practice with the necessary skills, competencies and capacities;</p> <p>Standard 7: Demonstrating effective multiagency collaboration and working.</p>	<p>We will maintain customer service standards throughout our work:</p> <ul style="list-style-type: none"> • Explain why we are working with you and your family/carer and what we can and cannot do. • Listen to you and take into account your wishes and feelings in everything we do • Take care to ensure that you understand what we are saying, by using clear and straightforward language, signing, picture boards or an interpreter if necessary • Do everything we say and when we say we will do it • Be on time for meetings and appointments • Meet with you regularly to explain what is happening • Keep your personal information safe and explain how we are going to use it • Try to answer any questions you have or find someone who can

Tools



Managers and Heads of Service will continue to complete case audits at their discretion, with their staff, so they understand the quality and impact of our work.

1. Regular, monthly audits about the child/adult's journey through our services (taking a sample)
2. Auditing on a theme, in relation to specific subjects e.g. supervision, plans, assessments, response to domestic abuse, neglect, self-neglect, financial abuse etc.
3. Multi-agency audits where professionals from our partner agencies will audit cases against the Wales Safeguarding Procedures

Monthly Audit Tool and Method

The audit tool incorporates social work practice standards, but focusses on evidence, outcomes and impact for the child or adult. It will check particularly the journey and experience of the child or adult through services, that any rationale for decisions made on behalf of the child or adult is evident, the help offered is planned and purposeful in collaboration with child, family or adult and that improvement to the child or adult's life has pace and avoids drift.

Through this Framework, Quality Assurance of supervision and managerial oversight will also be strengthened.

Audits will be completed each month by two **Audit Groups** (Children and Adult). Cases will be selected randomly by the Quality, Performance and Practice Manager liaising where necessary with the Performance Management Team, themed in accordance with the annual audit programme, but always about the child and adult's experiences and outcomes. Audits will involve rigorous, thematically driven scrutiny of cases, checking for particular practice, outcomes and themes.

It is vital for the Quality, Practice and Performance Manager and the Principal Officer for Safeguarding and Quality Assurance to remain impartial throughout the process, therefore areas for improvement must be driven forward by practitioners across the department. This also ensure ownership of the quality assurance process is with practitioners.

Audit Groups comprise of a range of senior managers, principal officers, team/deputy managers and consultant social workers made up from the range of different teams. Audits can also take place with practitioners working with partner agencies to obtain their views and analysis on specific themes and interventions. Each month auditors will audit a small number of cases per team, within a 1 week window, working as individuals or with colleagues from within their team. The completed audits will be returned to the Quality, Performance and Practice Manager along with an overall themes sheet to be collated. All teams must be represented at each audit. Auditors will only scrutinise cases that they have not had allocated to them or they have been part of any decision making process. Each audit request received will be considered by the Quality Practice Strategic Group and consideration is given to obtaining the views of relevant stakeholders such as children, young people, parents, adults, carers and partner agencies to provide a holistic view of practice across the directorate.

Each month the Quality, Performance and Practice Manager will facilitate a Moderation and Improvement session with auditors to examine quality, outliers, analysis, themes, observations and any contributions to improved impact for children and adults. Moderation will in turn support learning, discussion and actions.

The auditing process will include systematically making sure that all staff have one case audited and one practice visit observed. Managers will be measure against audit competencies and have an observed supervision.

Audits will also take place in other services such as Hillside Secure Children's Home, Community Occupational Therapy, Fostering Service and Neath Port Talbot Youth Justice and both Children and Adult Early Intervention Services. These will be completed on a bi-monthly/quarterly basis and will be fed back through to the Quality, Practice and Performance Manager.

Audit Themes

There will be an audit programme in place which will detail the theme of the audit to be undertaken on a monthly or quarterly basis depending on service area. Within this programme will be generic themes to audit such as plans, assessments and reviews, however the programme will be determined by the Quality Practice Strategic Group. Any requests made for an audit will be requested through the Quality, Practice and Performance Manager via an audit request form which will be logged in the audit request log. Any new requests for audit will be agreed, declined or deferred by the Quality Practice Strategic Group and feedback to the individual making the request.

Triangulation

As our service users are at the heart of what we do the Quality Assurance Framework (QAF) Audit will include the views of children, adults, families and carers about their experience of receiving services and the impact our work has on their lives. Gaining views from staff and from our multi-agency partners will also be critical to informed judgements about good practice, barriers to progress and next steps.

- Monthly audits will include the auditor directly obtaining the child, adult, family or carer views, whenever it is practicable and appropriate to do so. This will be supported by the Engagement and Participation Team where possible.
- Where appropriate monthly audits will include reflections from the child or adult's social worker/lead professional about the work and impact on the individual.
- Our partner agencies views and collaboration in some of the audits will be sought wherever appropriate to do so.
- The QA framework will use information from our compliments and complaints system, feedback from key partners (e.g. health professionals and education settings via Peer Review; HR etc.) as well as safeguarding themes drawn from reports i.e. allegations of Professional abuse, whistle-blowing etc.

Staff Observation

All staff will be observed to assess the quality of their practice in working with children, adults, families and carers and/or partner agencies. They will be observed by a manager/senior manager with experience in the area of practice being observed.

Why: Observation of staff in their everyday work is an important element of quality assuring professional practice. Observation of practice adds to a whole picture about the way that our workforce build relationships, maintain Honest, Open and Transparent (HOT) conversations, challenges and reframes on behalf of children, adults, families and carers. This will identify professional developmental needs and grow workforce confidence, direct feedback and autonomy.

How: All Team Managers (or Deputy/Consultant Practitioners where agreed) will:

- observe practice of newly qualified workers;
- observe the practice of experienced workers at least once every year;
- identify any workers within the team in need of support to improve performance;
- share observations with workers in reflective supervision sessions;
- negotiate individual action plans with workers as necessary;
- share completed observations with the Quality, Performance and Practice Manager.

Ethical guidance: During each observations of practice, the observer will be sensitive to the potential pressures on, and the apprehension of, children, young people, adults, families, carers and staff.

The observer will consider and discuss the appropriateness of each observation and whether they should observe all or part of the activity. Any observation will be with the explicit and informed consent of the children, adult, families and carers. The relevant practitioners will be asked to gain this consent. The observer will confirm the consent with the children, adult, families and carers. The observer will explain the purpose is to assess the effectiveness of help, care and protection, not to make judgements about them. After the observation of practice, the observer will aim to have a brief discussion with the child, adult, family or carer about their experience of the services received and their impact. The observer will also constructively critique the practitioner following observation.

The Quality, Performance and Practice Manager will have a key role in the audit process, analysis of findings, observations of practice and the mentoring of staff, to support applied learning and drive up practice standards. The Quality, Performance and Practice Manager will consider the findings of staff observation at least once per year, highlighting key learning points and identifying actions for workforce development.

Meeting Observation

Key decision-making meetings will be observed through a programme led by senior managers within the service, to assure their effectiveness and pace. Observations will consider key factors such as governance, terms of reference, multi-agency collaboration, and the involvement of/impact on children, adults, families and carers.

Why: It is important to assess meetings in relation to the quality of shared working, decision making and actions which are implemented via in key meetings. These groups and processes are the driving force of the safeguarding system in Neath Port Talbot. It can helpfully inform multi-agency practice by feeding back findings to governance boards such as the West Glamorgan Safeguarding Board and the Social Care, Health and Wellbeing Scrutiny Committee and Cabinet Board of Neath Port Talbot. In some meetings it will also provide the opportunity for senior managers to view meetings in which children, young people, adults, families and carers participate in, and the impact of these meetings on them.

How:

- Heads of Service will observe key meetings twice per year;
- Heads of Service will complete a record of the observation and discuss this with the meeting Chair. A shared record of learning and actions will be agreed and recorded;
- Heads of Service will send a copy of the observation record to the Quality, Performance and Practice Manager;
- Directors will observe key meetings once per year, roles as above;
- Learning will be shared with partner agencies through the West Glamorgan Safeguarding Board.

The following meetings will be observed:

- Case Conferences (Initial and Review) - Child and Adult;
- Strategy discussion/meeting – Child and Adult;
- Core Group meetings;
- Child Protection Monitoring Visit;
- Looked After Child Review;
- Early Intervention Panel;
- Panels (Permanence, Complex Needs, Resource, Contextual Risk Panel, Legal Surgery, Resource Allocation Meeting etc.)
- MAPPAs – Multi Agency Public Protection Arrangements
- MARAC – Multi Agency Risk Assessment Conference
- Multi-disciplinary Team meetings
- Hospital Discharge meetings

- Best Interest Meeting
- Continual Healthcare meetings
- Review of Care and Support plan (Child and Adult)
- Initial planning meeting
- Review of Care and Support plan (Child and Adult)
- Team Around the Family (TAF) Meetings
- Team Meetings
- Community Meetings
- Hillside Handover Meetings
- Hillside Multi-disciplinary Team/Centre Briefing

This list is not exhaustive and other meetings will also be subject to observation

Analysis



Each month, the **Quality Practice Strategic Group and relevant Practice Improvement Group** will meet to analyse challenge and improve performance data, learning from quality assurance activity and explore the data.

Children and Adult case files provide an invaluable perspective on practice. Effective audits can provide insight into the quality of recording, the quality of work, “change” for the child or adult, the quality of management oversight, support for the worker, evidence of effective multi-agency working and importantly, the views, experiences and outcomes for the child or adult.

Quarterly reports provided separately by the Conference and Review Service Team Manager (Children) and the Safeguarding and Quality Manager (Adult) will provide analysis of themes around good practice and escalations of concern, according to the distinct roles and responsibilities of these two teams. The impact of both services and the way in which Neath Port Talbot learns from/responds to their input will critically be examined.

Completed Monthly/Bi-monthly/Quarterly Audit Tools, corresponding themes sheets, social care worker questionnaire/conversation feedback and service user feedback will be collated and considered by the Quality, Performance and Practice Manager to inform overall findings with regards to the quality and impact of service provision to the child, adult, family and/or carer. The findings and conclusions will be discussed as part of the moderation carried out by the Audit Group, further discussed with Principal Officers and Heads of Service and will lead to learning and development and or an acknowledgement of good practice. Any training and learning needs identified will be shared with the Training Department for consideration when planning training across the directorate.

The **Quality Practice Strategic Group** meets monthly to analyse and amplify the findings from data, audit, staff feedback, escalations, children’s views, adult’s views, family views, carer views, compliments and complaints. Representation on this group from all areas across the directorate is mandatory to ensure that findings and recommendations from all areas are discussed, disseminated and actioned as appropriate. Relevant subgroups such as the Practice Improvement groups and Consultant Social Worker group will drive the wider changes through the service. Vital to this process are the views of children, young people, adults, families and carers, this will include learning from a range of consultations completed with the Engagement and Participation Team. Over time, the group will build ways to be inclusive of a wider demographic, for example including input from student social workers, partners, care staff and foster carers, as a rich source of learning and advice. This development underlines the commitment to ensure that the QA process is informed by those who are practicing – **“Doing with, not to or for”**.

A briefing for the Director of Social Services, Head of Service and Lead Member will be provided quarterly, including quantitative statistics and qualitative analysis on how practice is improving over the year and impacting upon outcomes for children and adults.

Review



This key stage will make sure there are robust processes in place for turning the findings from audit analysis into reflection and improvement planning.

- **Aggregated findings** from monthly audits and dip sampled themed audits will be produced by the Quality, Performance and Practice Manager who will review them for headline themes and recommendations. This process will inform improvement planning to be progressed by Practice Improvement Group, Principal Officers, Team Managers, Consultant/Deputy Social Workers with oversight, support and challenge from Heads of Services
- The **Quality Practice Strategic Group**, chaired by the Principal Officer for Safeguarding and Quality Assurance, will review audit findings alongside performance data and all forms of service feedback available, to determine the learning and how this will be a) reported to the Senior Management Team, b) shared and embedded in practice or services and c) identify any training needs. Members of the Group include a range of managers from across all services. All teams must ensure that an appropriate representative with the relevant authority is present at the Quality Practice Strategic Group.
- All teams will run a structured review of quality assurance feedback and data every 6 months, through a **“Performance Clinic”** meeting with a range of senior leaders for shared learning. Teams will have received
 - Performance Indicators for their team
 - Results from audits
 - Consultation data
 - Key practice issues arising from practice reviews
 - Learning from feedback, compliments and complaints
 - Feedback from practice observation

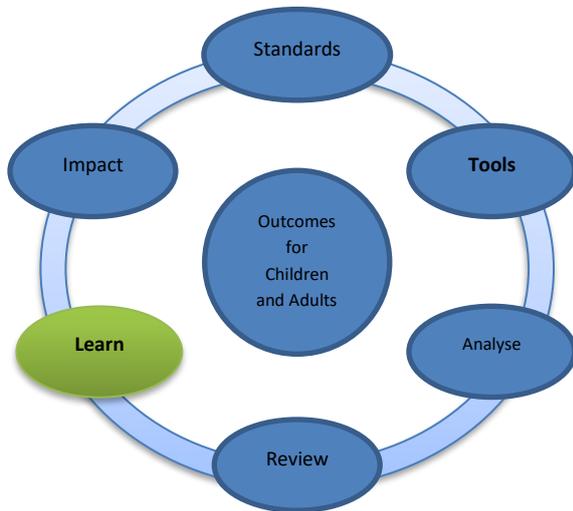
The Team Manager will review the outcomes of the various pieces of quality assurance information above related to their team over the past six months, and in discussion with their team, agree key points to target. The Team Manager and their Principal Officer will discuss the reasons or causes for good and poor practice, negative and positive impact and next steps.

This will include:

- Identifying individuals who need additional support, direction, guidance and training

- A further learning session or two to engage the team itself in understanding and taking ownership of the practice problem and find solutions
 - Sharing exemplars of good practice within the team
 - Coaching input from Principal Officers and Consultant Social Workers
 - Identifying themes that need bringing to the attention of Senior Managers, other parts of the Council or partners to support practitioners (e.g. changes to procedures, guidance, resources, and training).
- All staff will continue to have an annual Appraisal. This takes the aims and priorities set out in the Corporate Improvement Plan and translates them into objectives and targets for individual staff members. This provides an opportunity to identify strengths and weaknesses in staff performance and provides a vehicle to address any concerns.
 - IRO's/Safeguarding Coordinators complete a "checklist" about each conference/review/meeting, about quality and impact of practice. Feedback will be given to the corresponding Team Manager for discussion in supervision, to ensure improved practice. This information is aggregated by the Conference and Review Service Team Manager/Safeguarding and Quality Manager for oversight and reported to the **Quality Practice Strategic Group** at quarterly intervals.
 - For cases that do not meet the criteria for a Child or Adult Practice Review or a Multi-Professional Practice Forum, but give rise to concern(s) i.e. a near miss etc., the manager will be expected to undertake a preliminary review of the concern/incident within seven days and submit a report outlining such to their respective Principal Officer and Principal Officer for Safeguarding and Quality Assurance. All reports will be shared with the Practice Quality Group who will consider how to elicit learning i.e. audit, full management review (such a review would follow a similar methodology to that drawn upon for a Child or Adult Practice Review) etc.
 - The legal department will provide a monthly summary of findings/recommendations/suggestions made following Care Proceedings to ensure themes may be captured and learning disseminated. The legal department will also provide regular updates from the legal world i.e. new case law etc.

Learn



So that the framework is a reflective learning experience for practitioners, the Quality, Performance and Practice Manager will share the completed audits with team managers who will feed back the results of the audit, reflections and any actions required to practitioners.

This will be used for reflective discussion in supervision, to inform future practice and service provision. Audit outcomes will be tracked by the Quality, Performance and Practice Manager to ensure learning is happening.

Principal Officers will discuss the audit findings and reflective supervision sessions with their respective Team Manager, during the Team Manager's supervision. This will include discussing the impact of service delivery/planning for the child/adult, and agreeing what needs to happen next.

Principal Officers will take the lead in ensuring that learning from the various audit and quality assurance activity informs the workforce strategy and learning and development pathways for social care staff.

Themed findings from audit/outcomes for children, adults, families and carers will influence the Learning and Development Programme. In addition, they will be targeted to the team, area or whole service as necessary.

The Safeguarding and Quality Assurance Principal Officer will take the lead in ensuring that learning about the wider safeguarding system informs/is reflected in multiagency safeguarding training.

The Quality, Performance and Practice Manager will summarise monthly audit findings to be shared with the department through the Quality Practice Strategic Group, Children Services Management Group and Adult Services Management Group. A quarterly overview report will be shared with the Senior Management Team and relevant scrutiny committee on all audit and quality assurance activity, the purpose being to review any trends, any areas of practice that are good and those that require further development.

In addition,

- Learning from the views of individuals is integral to improving services for children, young people, adults, families and carers who have or are currently accessing and receiving information, advice and assistance from the department.

- Individual audit documentation and outcomes will be both discussed in supervision and used to demonstrate workers and managers learning and reflections, on the quality of decision making on cases.
- Registration of social care staff with Social Care Wales is contingent upon evidence of minimum learning requirements over a three year period. It requires managers to provide oversight and to sign off evidence of learning for each qualified worker for whom they are responsible.
- Principal Officers, Team Managers and Consultant Social Workers will use audit results to inform social care learning and development programmes (i.e. induction programme, workforce strategy).
- Cases celebrated as being exemplars of outstanding practice will be shared and promoted throughout the department, fed back into training and available to view on the Social Services Intranet pages.
- Learning from children, adults, families and carers through the case closure questionnaires and through any engagement and consultation sessions will be shared with the relevant Management Groups on a quarterly basis and circulated to all teams.
- The Quality, Performance and Practice Manager will provide bi-annual reports which identify trends and makes comparisons about the nature of complaints and compliments. A summary of these reports will also be shared with all Social Services staff, containing information about common themes and lessons from complaints, compliments and customer feedback.
- Learning from audits will be analysed with Training and Development, and where identified relevant training will be provided

How does this Quality Assurance Framework link to wider assurance of practice and service development?

Neath Port Talbot's Social Services Department will consider information provided from audits to inform and develop relevant plans, specifically:

- Social Services Key Priorities Action Plan for Children and Adult Services
- Hillside Development Plan
- Youth Justice and Early Intervention Service Improvement Plan
- West Glamorgan Safeguarding Board Business Plan, overseen by the West Glamorgan Safeguarding Board

The welfare of children and adults is everybody's business. For this reason, the Quality Assurance and Learning Framework sits alongside the West Glamorgan Safeguarding Board.

- The West Glamorgan Quality and Performance Monitoring sub group has oversight of multi-agency performance data and undertakes multi-agency audits, to inform multi-agency action.
- The West Glamorgan Practice Review management sub group has oversight of Practice reviews and the learning that follows.
- The Safeguarding Board will, at the request of the Local Authority, run a Restorative Practice Learning Circles with 'stuck' Child Protection cases, particularly those working with children who have been subject to a CP Plan for 15 months or more, or for a second or subsequent time.
- The Local Authority will from time to time be involved in external Peer Challenge reviews. This means working with another Local Authority, or other organisation external to Neath Port Talbot, to examine a specific area of practice or theme to help understand areas of strength and further development.

Impact



Evidencing the impact of learning from audits will be central to ensuring audit makes a difference for children, adults, families and carers.

The Quality, Performance and Practice Manager will ensure it is recorded that the case has been audited and that any actions have been shared with the Team Manager to be completed. The completed audit tool will be stored on idocs and will be part of the child/adult's record and as an integral part of the worker's supervision.

An annual survey will also be developed for social care staff, to evidence the effectiveness of the audit programme, dissemination and embedding of learning and improvement to practice across teams.

Measuring quality is something done with, and by, service users and professionals rather than an exercise done to them. Mutual accountability for practice that has an impact on good and better outcomes for children and adults will be upheld through supervision discussions, reflective learning and through existing protocols.

To make sure the Framework is truly person centred, following the journey of the individual through our services, the impact on the Framework will be judged on the following factors:

- *Is all quality assurance activity being carried out in partnership with service users, multi-agency partners and professionals, from student social workers to senior managers?*
- *Are we continually seeking to improve performance and demonstrate the impact of help for children, adults, families and carers in improving their outcomes?*
- *Are the findings from all QA activity driving service improvement and creating better outcomes for our children, adults, families, carers and our workforce?*

Quality Assurance Overview Quarter 2

Quality Practice Strategic Group

The Quality Practice Strategic Group meets on a fortnightly basis and is made up of principal officers, managers, deputy managers, consultant social workers and quality assurance officers from across the directorate representing a wide range of teams. The primary aim of the group is to ensure that the Quality Assurance and Learning Framework is embedded and evidenced through practice and provides assurances to senior leaders on the quality of social care throughout the directorate.

Our guiding principles for embedding the framework are that:

1. Children, young people, adults, families and carers are at the heart of what we do. The focus of quality assurance must be on impact and outcomes for the child, young person or adult in their journey through our social work and safeguarding systems.
2. The approach to Quality Assurance will be underpinned by Restorative Practice, and a desire to examine and capture best practice. This means that QA activity is done “with” staff, rather than “to” or “for”, in ways that build relationships and are characterised by respecting each other’s perspectives, high expectations, high support and high challenge, to enable use to learn, improve and change.
3. Throughout the quality assurance processes the views of children, young people, adults, families and carers are integral to improving our services, we will where reasonable and practicable to do so, gain the voice of those who have received our services.
4. Our multi-agency and collaborative working with our partners, whether statutory or 3rd sector will be enriched and where practicable we will include them within our QA processes

Quality Assurance Activity Includes:

- **Audits and dip sampling:** This is a core area of the framework in that regular audits or dip sampling is performed across the functions of the department to establish a baseline in practice and process, both qualitative and quantitative. These are completed either internally or on a multi-agency basis.
- **Learning Reviews:** Learning reviews are undertaken on cases/families identified by practitioners with the aim to try to understand why it made sense for people to do what they did – against the background of their physical and psychological work environment. A timeline is completed of the case which then facilitates a walkthrough of the timeline with practitioners involved to identify shared learning that can lead to changes in practice and process. The point of the review is not to assign blame or responsibility, but to learn: to learn to improve.

- **Case Studies:** Case studies are completed by practitioners and presented to the Quality Practice Strategic Group by the author with the aim being to highlight good practice, areas for development and learning that is cascaded across the directorate and overseen by the group.
- **Research:** The Quality Practice Strategic Group has oversight of all research undertaken both on an internal and external basis that is relevant to the directorate and coordinates the dissemination of key messages to the workforce in addition to any action plans
- **Performance Clinics:** All teams will run a structured review of quality assurance feedback and data every 6 months, through a “Performance Clinic” meeting with a range of senior leaders for shared learning. Teams will receive:
 - Performance Indicators for their team
 - Results from audits
 - Consultation data
 - Key practice issues arising from practice reviews
 - Learning from feedback, compliments and complaints
 - Feedback from practice observation

This report seeks to provide members with an overview of some of the quality assurance activity that has taken place or been reported during quarter 2 in 2021-22, and will highlight what is working well, what we can improve and next steps in relation to quality assurance. This report collates activity from across Social Services: Children and Young People Services, Adult Services and Youth Justice Early Intervention Service and the work of the Quality Practice Strategic Group.

During this quarter the strategic group has had oversight of a number of key areas of work across the directorate such as of the work being undertaken around Liberty Protection Safeguards (LPS), which provides protection for people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment and lack the mental capacity to consent to their arrangements. Due to the changes in legislation, this has required the department to review all cases that are affected, the Quality Practice Strategic Group has oversight of this work through the Principal Officer for Safeguarding.

A total of three learning reviews have been requested and accepted by the group, this includes one Children and Young People Services family group, one young person known to the Youth Justice and Early Intervention Team and three adults known to Adult Services. A timeline/sequence of events for these three cases will be compiled with all practitioners within the department who were involved in the case(s) “walking” through the timeline to identify what worked well, what could have been improved and establishing if there is wider learning for the directorate.

The group received two audit requests for consideration, one from the Strategic Outcomes Group to “dip sample” the quality of plans across the directorate which will feed into the Outcomes Strategy currently being completed. A second request was made from the Youth Homelessness Group to ascertain the extent of youth homelessness within the local authority and to highlight areas for further development.

The group also considered the findings of audit activity being undertaken independently by teams such as a report on males who access the Youth Justice and Early Intervention Service which identified themes, patterns and trends. The Emergency Duty Team also provided a breakdown of work they had been involved in out of hours in particular those individuals requiring mental health assessments. Further analysis is taking place on a cohort of cases to establish if these need to be reviewed in more detail as a collective.

Audits and Dip Sampling Activity

The summer period is a time when quality assurance activity typically slows down to accommodate the fact that more workers are on annual leave and team numbers are therefore lower than usual. This year has been no exception and in particular audit activity has been kept to a minimum across all teams especially with the remodelling of adult services and the spike in COVID-19 cases across the locality.

The audit programme continues to adapt and be flexible to change when the demands on teams within Social Services are high, whilst this quarter has seen a lower amount of quality assurance activity than usual there has still be progress in other areas of the framework such as through learning reviews and requests for audit. The group will continue to monitor the audit programme to ensure that practitioners across the directorate have capacity to participate in any planned activities.

Mel Weaver

Quality, Performance and Practice Manager

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Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

NEATH PORT TALBOT COUNCIL SOCIAL CARE, HEALTH & WELL-BEING CABINET BOARD

20 January 2022

Report of the Head of Adult Services – A. Thomas

Matter for Information

Wards Affected: All wards

WEST GLAMORGAN CARERS PARTNERSHIP BOARD ANNUAL REPORT 2020-21

Purpose of the Report

To provide Members with an update on the progress on the implementation of West Glamorgan Carers Partnership Board Annual Report 2020-21.

To provide Members with a copy of the West Glamorgan Carers Partnership Board Annual Report 2020-21. The submission of an annual report to Welsh Government is a requirement under the conditions of the Welsh Government carers funding.

To advise Members that the West Glamorgan Carers Partnership Board Annual Report 2020-21 has been submitted to the West Glamorgan Regional Partnership for approval prior to submission to Welsh Government.

To advise Members that Supporting Carers is also a priority in the Social Services and Well-being (Wales) Act 2014. One of the key features of the Act is that it aims to provide equal rights for carers, putting them on a similar legal footing as those they care for.

Executive Summary

Since April 2020 the Carers Partnership Board has completed the following large pieces of work:

- **Carers Emergency Planning Guidelines.** - The Guidelines were co-produced last year in response to feedback from carers on their experiences during the early stages of the pandemic. They are intended to support partners to learn from the lessons during that time and to inform their own planning, policies and procedures to consider the needs of carers more effectively.
- **West Glamorgan Regional Carers Strategy** – The COVID-19 pandemic meant that the events planned in spring last year could not go ahead. The Board reevaluated the situation and convened a strategy development group to take this work forward. The strategy development group included NPT Council, Swansea Council, Swansea Bay UHB, Swansea Carers Centre, NPT Carers Service and a Carer Representative. The Strategy was formally approved by the West Glamorgan Region Partnership board in January and was commended as an excellent piece of work by senior partners in the statutory services.
- **West Glamorgan Carers Liaison Forum** – The COVID-19 pandemic has highlighted the need for more regular and consistent engagement with carers. The Carers Partnership Board approved the establishment of a Forum to strengthen ongoing co-production activities to implement the Carers Strategy. A planning group was established and led by Carers who organised a series of workshops to establish the Values, Vision and Aims of the Forum. The workshops were delivered by Dynamix with illustrations by Laura Sorvala and were commended for their inclusive approach. The Forum will continue its development in 2021/22.

Background

The West Glamorgan Carers Partnership has representation from Carers, Swansea Council, Neath Port Talbot Council, Swansea Bay University Health Board, Swansea Carers Centre, Neath Port Talbot Carers Service (NPT Carers Service), West Glamorgan Regional Partnership and the County Voluntary Councils, represented by Neath Port Talbot CVS. Gaynor Richards Director of Neath Port Talbot CVS Chairs the West Glamorgan Carers Partnership Board.

The Carers Partnership Board continued to meet during the pandemic so it could listen to the issues for carers and feed this information to the emergency governance arrangements for the region.

Financial Impacts

No implications.

Integrated Impact Assessment

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

Valleys Communities Impacts

No implications.

Workforce Impacts

No implications.

Legal Impacts

The Annual Report has been developed in line with the Social Services and Well-being (Wales) Act 2014.

Risk Management Impacts

No implications.

Consultation

There is no requirement for external consultation on this item.

Recommendations

It is recommended that Members note the content of the report.

Reasons for Proposed Decision

For information only – no decision required.

Implementation of Decision

For information only – no decision required.

Appendices

Appendix 1 – West Glamorgan Carers Partnership Board Annual Report 2020-21

List of Background Papers

No background papers associated with this report.

Officer Contact

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Carers Partnership Board

Annual Report 2020-21

About the West Glamorgan Regional Carers Partnership

The West Glamorgan Carers Partnership has representation from Carers, Swansea Council, Neath Port Talbot Council, Swansea Bay University Health Board, Swansea Carers Centre, Neath Port Talbot Carers Service (NPT Carers Service), West Glamorgan Regional Partnership and the County Voluntary Councils, represented by Neath Port Talbot CVS. Gaynor Richards Director of Neath Port Talbot CVS Chairs the West Glamorgan Carers Partnership Board. The Development Officer role is delivered by CVS to strengthen West Glamorgan Regional Partnership with the Third Sector.

The Carers Partnership Board continued to meet during the pandemic so it could listen to the issues for carers and feed this information to the emergency governance arrangements for the region.

Since April 2020 the Carers Partnership Board has completed the following large pieces of work:

- **Carers Emergency Planning Guidelines.** - The Guidelines were co-produced last year in response to feedback from carers on their experiences during the early stages of the pandemic. They are intended to support partners to learn from the lessons during that time and to inform their own planning, policies and procedures to consider the needs of carers more effectively.
- **West Glamorgan Regional Carers Strategy** – The COVID-19 pandemic meant that the events planned in spring last year could not go ahead. The Board reevaluated the situation and convened a strategy development group to take this work forward. The strategy development group included NPT Council, Swansea Council, Swansea Bay UHB, Swansea Carers Centre, NPT Carers Service and a Carer Representative. The Strategy was formally approved by the West Glamorgan Region Partnership board in January and was commended as an excellent piece of work by senior partners in the statutory services.
- **West Glamorgan Carers Liaison Forum** – The COVID-19 pandemic has highlighted the need for more regular and consistent engagement with carers. The Carers Partnership Board approved the establishment of a Forum to strengthen ongoing co-production activities to implement the Carers Strategy. A planning group was established and led by Carers who organised a series of workshops to establish the Values, Vision and Aims of the Forum. The workshops were delivered by Dynamix with illustrations by Laura Sorvala and were commended for their inclusive approach. The Forum will continue its development in 2021/22.

We have also supported Health colleagues with the:

- **Vaccination roll out to unpaid carers** – The Carers Partnership Board including third sector partners supported Swansea Bay UHB to share the issues for unpaid carers and were involved in developing the communications and monitoring the progress of the roll out to unpaid carers. Feedback received indicated that this prior involvement in planning made the process really simple and clear to understand for carers.

Feedback from partners.

Chris O'Malley Vice Chair of the Carers Partnership Board:

“Carers have had to become self-sufficient we’ve had to develop more skills which are not usually part of our caring role because of the reduction of services and support during the pandemic. Communication is a challenge and carers feel that they must battle to get support because demand for services is high, there is decreased capacity and increased workloads for statutory staff which means carers can only access crisis support. I feel part of a productive process where I feel change is possible, however it still feels as if we’re targeting carers wellbeing after the stress has set in rather than preventing deterioration in wellbeing in the first place. We have a Carers Strategy but the real test will be whether we see better outcomes and improvements in carers wellbeing across the region.”

Carers Strategy

Kelly Gillings: “Developing a strategy in such challenging times is no mean feat, but all those involved have gone above and beyond to undertake a thorough and meaningful piece of work that will have a positive impact on the lives of unpaid carers and the individuals they support.”

Dave Howes: “The work on developing a regional strategy for unpaid carers has been very impressive and it is going to make a real difference to the lives of carers across Swansea and Neath Port Talbot.”

Andrew Jarrett: “The Regional Carers Strategy sets out a clear direction of travel for the West Glamorgan region and the constituent bodies within the Regional Partnership Board, supported by the new Carers Liaison Forum working closely with carers.”

Carers Liaison Forum workshops – feedback quotes

“Good, open discussions about what carers want from the forum.”

“Good use of technology in these challenging times”

“Being given a choice of times to attend the sessions.”

“Love the illustrators designs!”

“Would have liked more time in the breakout rooms for further discussion”

Funding the work of the West Glamorgan Carers Partnership

In 2020, we allocated £200,000 ICF funding and £129,000 Welsh Government Carers funding to support delivery against the three national priorities for carers:

1. Supporting life alongside caring
2. Identifying and recognising carers
3. Providing information, advice and assistance.

There was a particular focus on projects that support:

- Breaks for carers
- Raising awareness and providing information and advice
- Identifying and recognising Carers

Funding allocated to support carers and young carers through the Integrated Care Fund (ICF). The following projects/services were funded:

Project name	Target Cohort	WG Priority	Funding
NPT Carers - Parent Carer Transition Link Officer	Parent Carers and Children	Supporting life alongside caring Providing IAA	£32,415
NPT Carers Service - Breaks for Carers	Carers in Neath Port Talbot	Supporting life alongside caring	£35,592
Swansea Carers - Swansea Male Carers Pilot Project	Male Carers in Swansea	Providing IAA	£22,205
NPTCBC - Young Carers Service	Young Carers in Neath Port Talbot	Supporting life alongside caring	£8,769
SAN Neath and District - Inclusive Short Respite Break for Parent Carers & Families	Parent Carers and children in Neath port Talbot	Supporting life alongside caring	£32,415
NPT Carers - Single Point of Contact – Carers Triage in an integrated setting	Carers in Neath Port Talbot	Providing IAA	£27,092
YMCA Swansea - I Care Young Carers Project	Young Carers in Swansea	Supporting life alongside caring	£35,592

Funding allocated to support carers and young carers through the Welsh Government Carers fund. The following projects/services were funded:

Project	Target cohort	WG Priority	Funding
Swansea Carers - Hospital Outreach Service	Carers aged 18+	WG Providing IAA	£63,872
Swansea Carers - Young Adult Carers Project	Carers aged 16-25	WG Supporting life alongside caring	£22,756
NPT Carers - Health Liaison and GP Accreditation scheme	Health Professionals and GP surgeries	WG Providing IAA	£34,156
Swansea Council - Who's who and what do they Do?	All Carers in Swansea	WG Providing IAA	£1,908

ICF funding

Despite the COVID-19 pandemic all 7 projects were able to continue due to providers making a significant effort to move to remote provision. The project descriptions are in Appendix 1.

NPT Carers - Parent Carer Transition Link Officer

The project intended to deliver in person support to parent carers who's children were transitioning through educational, health and social services systems. The support to individuals has continued through the use of telephone and online software.

NPT Carers Service - Breaks for Carers

Volunteers were the main way the short breaks project was going to be delivered and due to COVID-19 restrictions the sitting service element of the project could not be delivered. However, volunteers who were not shielding themselves and able to continue, were utilised in running errands on behalf of carers who were unable to leave home, such as collecting shopping. For Carers who really needed to leave the person they were caring for e.g. hospital appointment, the sitting service made arrangements for domiciliary care agencies to provide this safely.

Swansea Carers - Swansea Male Carers Pilot Project

This pilot project was to provide specific and tailored support to male carers. Peer support was also a focus of this project. As a new project and as result of the COVID-19 restrictions only 1 face to face support group has been held. However, support has been provided over the telephone predominantly. The project has focused on promoting the service with partners in housing, health and social care and has been slowly growing numbers of male carers involved in the project. The majority of male carers do prefer more face to face activities but they have managed to connect carers to each other using social media platforms.

NPTCBC - Young Carers Service

The face to face delivery of this project to young carers had to be abandoned until online groups could be set up. The young carers have greatly missed the face to face contact but have engaged with the online activities through the use of craft and wellbeing packs delivered to their door. The awareness raising part of the project was significantly impacted by the COVID-19 restrictions although some schools engaged with the programme to

continue identifying young carers in schools. Schools have started to re-engage with the awareness raising sessions and these are offered face to face or online.

SAN Neath and District – Inclusive Short Respite Break for Parent Carers & Families

This project was funded to deliver a carer led respite opportunity for parent carers of children with additional needs. The COVID-19 pandemic seriously jeopardised the delivery of this support for carers. However, S.A.N. and the holiday provider were able to find a suitable date in between lockdown restrictions to enable the families to go on this much needed break.

NPT Carers - Single Point of Contact – Carers Triage in an integrated setting

This project is focused on identifying carers early. It aims to provide a seamless service to carers presenting to Neath Port Talbot Council Single Point of Contact (SPoC) gateway to support service provided by Neath Port Talbot Carers Service. The Officer working on the project is usually based with the SPoC team and work closely with their Multi-Disciplinary Team. Due to the COVID-19 pandemic this project was delivered remotely. Carers seeking support continued to be provided with a carer's assessment, welfare benefits support and access to other services offered by NPT Carers.

YMCA Swansea – I Care Young Carers Project

The aim of this project is to raise awareness of the needs and responsibilities of young carers with young people, teachers, health care practitioners and other key people working young people. The training aims to help people working with young people better identify young carers in their services and improve the ways by which young people can identify themselves and access support. The COVID-19 pandemic affected the delivery of this project as schools were closed but sessions were delivered online instead and developed 2 animated videos for use to promote the needs of young carers via social media.

Welsh Government funding

Due to the impact of the COVID-19 pandemic three out of the four projects were delivered during 2022-2021. The project descriptions are in appendix 2.

Swansea Carers - Hospital Outreach Service

The project aimed to support carers with information advice and assistance. The project has not been able to deliver face to face activities and outreach in the hospitals due to the pandemic. However, the project has been able display posters in all the hospital sites across Swansea to help signpost Carers to the service. Carers have continued to be supported online and directed to sources of support both internally to Swansea Carers Centre and to other partners when needed. The project has also formed links with regional partners working on hospital discharge processes and has received requests for presentations about the service and departmental staff team meetings in the Health Board.

Swansea Carers - Young Adult Carers Project

This project aimed to support Young Adult Carers with information and advice, building self-esteem, developing their aspirations and help reduce feeling of loneliness and isolation. Again, the project has not been able to deliver face to face activities. However, despite missing the in-person contact, beneficiaries continued to have 1-1 and group support

online. They were pleased to have the option of engaging online and using other social media platforms to stay connected with the project and each other.

NPT Carers - Health Liaison and GP Accreditation scheme

This project is the sister project to the Hospital Outreach Service provided by Swansea Carers Centre. The aim is to deliver an outreach service to Neath Port Talbot Hospital and occasionally in Morriston Hospital as the primary hospital serving the whole region. This service has also had to adapt by supporting carers online. However, they have been able to some run in person, socially distanced meet ups for carers when restrictions have allowed. The second element of this project is to deliver a GP Accreditation programme on carer awareness and recognising carers in a primary care setting. They have not been able to deliver the drop in session in person but they have maintained connections with GP services and will follow up accreditation with those GP who are yet to complete the process.

Swansea Council - Who's who and what do they Do?

This project was not delivered. The pandemic has had a significant impact on the services that would have been promoted on this leaflet. Some were no longer in operation or have uncertain futures due to the shifting landscape in the pandemic meaning the leaflet would be out of date almost immediately. Co-producing this information and advice leaflet was also preferred face to face and did not lend itself to moving to online.

Appendix 1

Project	Description
NPT Carers - Parent Carer Transition Link Officer	The aim of this project is to provide a seamless service for parents whose child is experiencing transition. The service would provide IAA, welfare benefit advice, offer of carers' assessments and emotional support. The post holder would work in an integrated way with partners, being co-located to the most suitable team. Parents would have access to expert advice regarding the transition period.
NPT Carers Service - Breaks for Carers	<p>We will provide a sitting service that is managed by a Volunteer Coordinator and delivered by volunteers. Volunteers will sit with carers in the home to provide company for the cared for and give carers piece of mind when they have a break.</p> <ul style="list-style-type: none"> • We will provide short breaks from caring to allow carers time to meet with other carers for mutual support and to decrease isolation. For example the carers singing group, art therapy, health & well being days, outdoor activities. • We will provide emergency domiciliary care "sits" for when the cared for have higher level needs and don't meet the volunteer sitting service criteria. Carers who have a one off activity of their own to attend such as a family wedding or have health appointments could access this.
Swansea Carers - Swansea Male Carers Pilot Project	Our project is a new Male Carers support service for Swansea, responding to local unmet needs. It will match fund our pilot Male carers peer support group project from Rank and Carers Trust and benefit 150+ male carers aged 16+ living in Swansea. We will support male carers and families to receive early person centred care and support which is flexible and meets their needs. We will offer a personalised, single point of access for support, specialising in male carers focusing on engaging carers of newly diagnosed – allay fears/concerns, inform & educate and reduce isolation.
NPTCBC - Young Carers Service	Our aim with continued funding will be primarily for one person to coordinate, facilitate and follow up after the awareness raising sessions. There are now robust and efficient systems in place where they will be able to continue the smooth running of the scheme and assist in identifying more Young Carers. The Project will work in great conjunction with the schools and colleges and will continue to inform them of potential Young Carers in their settings while providing the right information and support in order to cater for this vulnerable group of young people

<p>SAN Neath and District - Inclusive Short Respite Break for Parent Carers & Families</p>	<p>SAN propose a pilot respite break for this year to trial a carer led model of respite provision that aims to meet the expressed needs of families. In line with Western Bay's Five Year Strategy we plan for this project to become an annual respite spring break which will support family life alongside caring. This inclusive break will provide a service which encompasses all ages of carers and loved ones as a family unit and is not based on age, but on what families have stated they need.</p>
<p>NPT Carers - Single Point of Contact – Carers Triage in an integrated setting</p>	<p>The aim of this project is to provide a seamless first point of contact service in place for Carers and to further develop and improve integrated working between NPT Carers Service, Health and Social Services. Carers will also have the right information at the right time and are offered a wide range of early intervention and prevention services.</p>
<p>YMCA Swansea - I Care Young Carers Project</p>	<p>The aim of 'I Care' is to:</p> <ul style="list-style-type: none"> • Raise awareness of the needs, roles and responsibilities of Young Carers to young people, teachers, health care professionals and key adults. • Deliver 'Understanding Young Carers' Training to Key Adults and health care professionals. • Provide Information, advice and assistance to Young Carers and those who work with them and support them. • Identify and recognise young carers and help them to access support and services

Appendix 2

Project	Description
Swansea Carers - Hospital Outreach Service	<p>We aim to reduce carers stress and improve their quality of life, health and wellbeing by joint working with primary and secondary care staff in local health settings, across the City & County of Swansea.</p> <p>Many carers are catapulted into a caring role and faced with important decisions when a loved one goes into hospital. They may be new to caring and don't know what to expect, or have already been caring for the person, but their needs have now increased or changed. Deciding to care or continue caring for someone who is coming out of hospital and who can no longer care for themselves in the same way as before can be very difficult.</p> <p>Carers have a key role in the effective and safe delivery of treatment and care of patients in hospital. It is important we identify, involve and support Carers in the clinical setting, as soon as possible, so they receive timely support, that meets their needs, are involved in the discharge process and are able to care for the cared for safely, avoiding carer crisis.</p>
Swansea Carers - Young Adult Carers Project	<p>We aim to reduce Young Adult Carer stress and improve their quality of life, health and wellbeing by supporting them through their transition to further or higher education, work or apprenticeships and/or to help them maintain their place.</p>
NPT Carers - Health Liaison and GP Accreditation scheme	<p>This is a two part project – all covering health at two different levels. The aim of this project is to provide a link to enable health professionals to signpost and support carers accordingly as well as to continue and enhance the GP Accreditation and Hospital Link work already undertaken. This includes the presence and outreach work in wards in Secondary care settings and the GP Accreditation and outreach work at pharmacies covering Primary Care settings.</p> <p>The project is a continuation of all the great work the project is already providing by the member of staff in place who has created great working relationships with health colleagues such as discharge nurses and at GP surgeries.</p> <p>For the 2019/20 financial year, the project is currently funded by two sources but only enough for part-time hours, this being; Welsh Government Carers Funding (\$15,110 via 5CA) and additional funding for 1 additional day p/w via the Regional Health, Social Care and Wellbeing Scheme Small Grants Scheme (£5,639 via 11SG) especially for the GP accreditation scheme in which the post holder has been very successful. The project will provide drop-in sessions where carers can access confidential one to one Information Advice and Assistance. The aim includes:</p> <ul style="list-style-type: none"> • Carers accessing the right information at the right time • Supporting GP practices to support Carers • Assist GP Practices in obtaining not only the Carer Friendly GP accreditation award but the Carer Friendly Plus award as well. • Providing Carers with an opportunity to ask questions and access support from someone with expertise and understanding

<p>Swansea Council - Who's who and what do they Do?</p>	<ol style="list-style-type: none"> 1. To co-produce a resource that will inform carers of people living with dementia that will help them navigate Health and Social Care and the Third Sector 2. To co-produce a resource that will inform carers and citizens that will help them navigate Health and Social Care and the Third Sector <p>The product will be available in several formats e.g. leaflet, website. It is envisaged the resource would be easy read, explaining our jargon and would include:</p> <ul style="list-style-type: none"> • Role of the professional • What they do • How to contact them
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NEATH PORT TALBOT COUNCIL SOCIAL CARE, HEALTH & WELL-BEING CABINET

20 January 2022

**Report of the West Glamorgan Director of Transformation –
K.Gillings**

Matter for Decision

Wards Affected: All

WEST GLAMORGAN REGIONAL PARTNERSHIP GOVERNANCE FRAMEWORK

Purpose of the Report

To approve the adoption of a Governance Framework for the West Glamorgan Regional Partnership.

Executive Summary

It is recommended that Cabinet:

- Approve the West Glamorgan Regional Partnership Governance Framework
- Delegate authority to the West Glamorgan Regional Partnership Board to undertake decisions in accordance with the Schedule of Delegation at Annex C, of the Governance Framework.

Background

1.1 The West Glamorgan Regional Partnership Governance Framework has been developed to support the governance of the partnership arrangements for the West Glamorgan Regional Partnership Board.

1.2 This Framework strives to address many of the problems and questions that often arise in regards to the governance arrangements of the Regional Partnership Board.

2. Current Position

2.1 The Partnership Arrangements (Wales) Regulations 2015 require Swansea, Neath Port Talbot and the Health Board as the Partnership Bodies to form a Regional Partnership Board (RPB) to implement requirements of the Social Services and Wellbeing (Wales) Act 2014. The Regulations prescribe the RPB membership and its functions.

2.2 The West Glamorgan Regional Partnership is a collaborative Health and Social Care initiative comprising:

- Neath Port Talbot County Borough Council
- The Council of the City and County of Swansea
- Swansea Bay University Health Board
- Organisations in the third and independent Sectors
- Citizen and carer representatives.

2.3 The West Glamorgan Regional Partnership focuses on four key strategic areas with associated projects and work streams being delivered in the context of the Social Services and Wellbeing (Wales) Act 2014.

These are:

- **Stabilisation and Reconstruction:** Work with (and invest in) communities, third sector and volunteers in maintaining and strengthening an asset and strengths based approach to safely supporting vulnerable individuals within their communities without unnecessary recourse to critical/essential health & social care services, building upon the Our Neighbourhood Approach model - making sure there is a particular focus on support for carers.
- **Remodelling Acute Health and Community Services:** Continue remodelling (& shifting the balance of funding

between) acute health and community health/ social care services, to maximise outcomes for individuals and their carers.

- **Transforming Complex Care:** Establish fit for purpose joint funding arrangements to support the provision or commissioning of integrated/ collaborative health/ social care services to support children and adults with complex needs. This is intended to:
 - Safely support regional looked after children (LAC) reduction anywhere on the continuum of need.
 - Safely support adults with complex needs to remain or return to living as independently as possible within their families or local communities within the region rather than within more institutional health or care settings.
 - Ensure seamless transition between services across all services including young people into adulthood.
 - **Transforming Mental Health Services:** Develop a continuum of support for the population who require Mental Health and Well Being Services.
 - Safely support children and young people with emotional mental health and wellbeing needs to receive the support they need to live as fulfilled a life as possible with the minimum levels of intervention and receiving integrated care in a timely manner when they do.

3. GOVERNANCE FRAMEWORK

- 3.1 This Governance Framework provides clarity on the remit of the Regional Partnership Board and sets out the expectations of the required governance to ensure that the Partnership Bodies discharge their duties in accordance with Partnership Arrangements (Wales) Regulations (2015).
- 3.2 Although this Governance Framework will be subject to regular, annual review by the Partnership Bodies, there may, exceptionally, be an occasion where it is necessary to vary or amend the Framework during the year. For example, changes

to the funding model for the Regional Partnership Board will require an updating of the framework.

3.3 Cabinet is asked to consider the West Glamorgan Governance Framework in Appendix 1

3.4 Key areas to highlight are:

Regional Partnership Board Terms of Reference

The Terms of Reference for the Regional Partnership Board, which have been approved by the Statutory Bodies should be amended to align with the governance framework, the specific areas of change are highlighted in yellow in Appendix 1 - Annex A.

The terms of reference for the transformation board are available at Appendix 1 - Annex A

Appointment and Tenure of Board Members

The Chair and Vice Chair will be appointed from one of the Partnership Bodies as defined in Clause 2.1 of the Terms of Reference, through nominations from the Board and agreed by a majority vote of Partnership Bodies. It is agreed that the Chair and Vice Chair will not be drawn from the same statutory group.

The maximum tenure of appointment for the Chair and Vice Chair will be for four years, and these appointments will be reviewed on an annual basis and elections undertaken to confirm the Chair and Vice Chair or to seek new post holders if required.

The term of office of Local Authority elected members shall run until the next general election of local authority members or the dissolution of those local authorities by effect of statute.

The term of office for Stakeholder Members will be for a maximum of four years.

Action required in between meetings

There may, occasionally, be circumstances where courses of action which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Vice Chair supported by the West Glamorgan Regional

Transformation Programme Director as appropriate, may deal with the matter on behalf of the Board - after first consulting all Members.

The West Glamorgan Regional Transformation Programme Director must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

Declaration of Interests

It is a requirement that all Board members must declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Board member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Board's business. Board members must also declare any interests held by family members or persons or bodies with which they are connected.

Approval of Funding

The following table provides the level of authority to approve the allocation of funding received through grants and/or Integrated Care Funds.

Level	Approval Body	Maximum Financial Limit(exclusive of VAT) £000
1	Regional Partnership Board	Schemes Over £1,000,000
2	Transformation Boards	Schemes up to £1,000,000
3	Programme Boards (The programmes that support the Transformation Boards)	Schemes up to £75,000
4	West Glamorgan Director of Transformation / Deputy Director	Schemes up to £25,000

The Regional Partnership Board is not a formal decision-making body and has no executive powers. Courses of action will be

agreed by consensus among the full members. Partners will need to take issues agreed by the Board through their own local policy and decision-making for ratification as required.

Board Etiquette

The ways in which Board members behave towards each other, and conduct Board and sub group business, are core to the way in which staff and stakeholders view Board effectiveness. .

General Principles

- adhere to the [Nolan Principles of Public Life](#), and relevant Codes of Conduct of their respective authorities
- declare any potential conflicts of interest at the beginning of a meeting (or when these arise if it becomes evident part way through) and if the interest could be prejudicial to any issues that the meeting will consider not take part in the meeting
- be respectful of, and courteous to others, recognising that all contributions have value and not use bullying behaviour or harass any person
- ensure that you have due regard to the principle that there should be equality of opportunity for all people, regardless of their gender, race, disability, sexual orientation, age or religion
- listen actively and challenge constructively
- manage conflict objectively, explore differences fully and look for resolutions. Respect any ultimate divergence of view
- commit and demonstrate throughout to openness, transparency and candour
- not to do anything that will or may bring the Board into disrepute
- not misuse any resources that maybe provided
- keep any information marked as confidential private and not disclose to anyone outside of the Board unless consent has been obtained

The Board Etiquette is available at **Appendix 1 - Annex D.**

Financial Impacts

No Implications

Integrated Impact Assessment

The Council is subject to the Equality Act (Public Sector Equality Duty and the socio-economic duty), the Well-being of Future Generations (Wales) Act 2015 and the Welsh Language (Wales) Measure, and must in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Acts.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.
- Deliver better outcomes for those people who experience socio-economic disadvantage
- Consider opportunities for people to use the Welsh language
- Treat the Welsh language no less favourably than English.
- Ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.

The Well-being of Future Generations (Wales) Act 2015 mandates that public bodies in Wales must carry out sustainable development. Sustainable development means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the 'well-being goals'.

Our Integrated Impact Assessment (IIA) process ensures we have paid due regard to the above. It also takes into account other key issues

and priorities, such as poverty and social exclusion, community cohesion, carers, the United Nations Convention on the Rights of the Child (UNCRC) and Welsh language.

There are no Integrated Assessments Implications associated with this report

Valleys Communities Impacts

No Implications.

Workforce Impacts

No implications.

Legal Impacts

The adoption of the West Glamorgan Regional Partnership Governance Framework, will support the Council to comply with its duties under the Partnership Arrangements (Wales) Regulations 2015.

Risk Management Impacts

No Implications. The introduction of the formal Governance Framework will reduce any risks in terms of understanding how the Regional Partnership Board operates and therefore ensure that courses of action taken by the Board will be in line with a governance framework which has been agreed by the Partnership Bodies.

Crime and Disorder Impacts

Section 17 of the Crime and Disorder Act 1998 places a duty on the Council in the exercise of its functions to have “due regard to the likely effect of the exercise of those functions on and the need to do all that it reasonably can to prevent:

- 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”

There is no impact under the Section 17 of the Crime and Disorder Act 1998.

Counter Terrorism Impacts

The proposals are likely to have no impact on the duty to prevent people from being drawn into terrorism.

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.

The proposals contained in this report are likely to have no impact on the above duty.

Consultation

There is no requirement for external consultation on this item.

Recommendations

It is recommended that Members approve The Governance Framework attached at *Appendix 1*.

Reasons for Proposed Decision

The Framework provides clarity on the remit of the Regional Partnership Board and sets out the expectations of the required governance to ensure that the Partnership Bodies discharge their duties in accordance with Partnership Arrangements (Wales) Regulations (2015).

Implementation of Decision

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

Appendices

Appendix A - West Glamorgan Regional Partnership Governance Framework

List of Background Papers

None.

Officer Contacts

Kelly Gillings, Director of Transformation for West Glamorgan



Partneriaeth
Ranbarthol
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West
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Regional
Partnership



West Glamorgan
Regional Partnership

Governance Framework

Draft V5.0

Region: West Glamorgan Regional Partnership

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1. STATUTORY FRAMEWORK

- 1.1. Section 33 of the National Health Service (Wales) Act 2006 (“the 2006 Act”) enables local authorities and Local Health Boards to develop formal partnerships and to delegate functions from one body to the other. This legislation enables a local authority to delegate certain specified functions to the Local Health Board, or for the Local Health Board to delegate certain specified functions to the local authority. The legislation also provides for the development of integrated services, integrated commissioning and arrangements for pooled funds.
- 1.2. The 2006 Act also consolidated measures from other legislation. Previous grant arrangements made under 28A and 28BB of the National Health Service Act 1977 were consolidated into the 2006 Act as sections 194 and 34 respectively.
- 1.3. Duties and powers placed on local authorities and health boards in relation to co-operation and partnership and other partners in Wales are set out in the **Social Services and Well-being (Wales) Act 2014**. This Act establishes the legal framework for meeting people’s needs for care and support and imposes general and strategic duties on local authorities and LHBs in order to effectively plan and provide a sufficient range and level of care and support services. The **Partnership Arrangements (Wales) Regulations 2015 (2015/1989)**, made under Part 9 of the **Social Services and Well-being (Wales) Act 2014** set out the arrangements made and provides for LHBs and local authorities to pool funds for the purpose of providing specified services.
Guidance on the provisions of Part 9 can be found at
<https://gov.wales/sites/default/files/publications/2020-02/part-9-statutory-guidance-partnership-arrangements.pdf>
- 1.4. The Guidance on the establishment of partnership arrangements provides details on establishing the partnership arrangements, and this document sets out the way in which the West Glamorgan Regional Partnership Board will operate by way of a Governance Framework.
- 1.5. For the purposes of this Framework, members of the Regional Partnership Board shall collectively to be known as “the Board”.
- 1.6. This Governance Framework will, as they are applicable, also apply to meetings of any formal groups established by the Board, including any working groups.
- 1.7. The partnership bodies (as defined in 2.1) must provide sufficient resources for the partnership arrangements, in accordance with their powers under section 167 of the Social Services and Well-being (Wales) Act.

Variation and amendment of the Governance Framework

- 1.8. Although this Governance Framework will be subject to regular, annual review by the Partnership Bodies, there may, exceptionally, be an occasion where it is necessary to vary or amend the Framework during the year. In these circumstances, the Local Authority Monitoring Officer shall advise the Board of the implications of any decision to vary or amend this Framework and such a decision may only be made if the variation or amendment is in accordance with Part 9 of the **Social Services and Well-being (Wales) Act 2014** and does not contravene a statutory provision or direction made by the Welsh Ministers



Interpretation

- 1.9. During any Board meeting where there is doubt as to the applicability or interpretation of the Governance Framework, the Chair shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair shall take appropriate advice from the Local Authority Monitoring Officer.
- 1.10. The terms and provisions contained within this Governance Framework aim to reflect those covered within all applicable legislation. The legislation takes precedence over this Framework when interpreting any term or provision covered by legislation.

2. MEMBERSHIP

2.1 The following organisations are Partnership Bodies for the purposes of the Partnership Arrangements (Wales) Regulations 2015¹

2.1.1. Swansea Bay University Health Board,

2.1.2. Council of the City and County of Swansea and

2.1.3. Neath Port Talbot County Borough Council

2.2 The Partnership Bodies are required to establish a Partnership Board pursuant to the Regulations to be known as the West Glamorgan Regional Partnership Board

2.3 The membership of the Board is set out below²:

- (a) Three elected Members of each local authority
- (b) One Member of the Local Health Board
- (c) The Director of Social Services appointed under Section 144 of the Act of each local authority (or his or her nominated representative)
- (d) Three representatives of the Local Health Board
- (e) Three persons who represent the interests of third sector organisations
- (f) One person who represents the interests of care providers in the area covered by the Board
- (g) Two persons to represent people with needs for care and support in the area covered by the Board
- (h) Two persons to represent carers in the area covered by the Board
- (i) One person to represent trade unions
- (j) One person to represent registered social landlords
- (k) One senior local authority officer who has responsibility for capital investment in housing
- (l) One senior local authority officer who has responsibility for education.

Local Authority	<ul style="list-style-type: none">• Three elected members of each local authority;• The Director of Social Services appointed under Section 144 of the Act of each local authority (or his or her nominated representative)
-----------------	--

¹ Regulation 1 (4) Partnership Arrangements (Wales) Regulations 2015

² Regulation 11

	<ul style="list-style-type: none"> • One senior local authority officer who has responsibility for capital investment in housing • One senior local authority officer who has responsibility for education.
Local Health Board	<ul style="list-style-type: none"> • One Board Member • Three representatives (not board members)
Third Sector	<ul style="list-style-type: none"> • Three representatives of the interests of third sector organisations
Those with the need for carers	<ul style="list-style-type: none"> • One person who represents the interests of care providers in the area covered by the Board • Two persons to represent people with needs for care and support in the area covered by the Board • Two persons to represent carers in the area covered by the Board
Other	<ul style="list-style-type: none"> • One person to represent trade unions • One person to represent registered social landlords

- 2.4 **Citizen and Carer Representatives** must be actively involved and engaged in the work of the Regional Partnership Boards and should be able to demonstrate how they have engaged with citizens and carers at all levels including assessing need, strategic planning, service design and delivery.
- 2.5 **Third Sector and Care Provider representatives** must be effectively engaged and able to influence and be involved in the design and delivery of integrated services.
- 2.6 **The Chair** – The Chair is responsible for the effective operation of the Board, chairing Board meetings when present and ensuring that all Board business is conducted in accordance with this Governance Framework.
- 2.7 The Chair shall work in close harmony with the Partnership Bodies as listed in 2,1, and, supported by the Programme Director, shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.
- 2.8 **The Vice-Chair** – The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing chair resumes their duties or a new chair is appointed.
- 2.9 **Stakeholder Members**, whilst not sharing corporate responsibility for the decisions of the Board, are nevertheless required to act in a corporate manner and in accordance with the requirements of this Governance Framework, at all times, as are their fellow Board members from the Partnership Bodies.

3. APPOINTMENT OF BOARD MEMBERS

- 3.1. The Chair and Vice Chair will be appointed from one of the Partnership Bodies as defined in 2.1, through nominations from the Board and agreed by a majority vote of the Partnership Bodies. It is agreed that the Chair and Vice Chair will not be drawn from the same statutory group.
- 3.2. The maximum tenure of appointment for the Chair and Vice Chair will be for four years, and these appointments will be reviewed on an annual basis and elections undertaken to confirm the Chair and Vice Chair or to seek new post holders if required.
- 3.3. The persons referred to in 2.3 (e) (f) and (j) above shall be selected by the regional Third Sector Health and Social Care Network. The persons referred to in 2.3 (g) above shall be selected by the People Forum. The persons referred to in 2.3 (h) above shall be selected by the Carers Partnership Board. The persons referred to in 2.3 (i) above shall be selected through the appropriate trade unions that work within the partner organisations. All of these members will be endorsed by the Board.
- 3.4. The members of the Board may substitute at any time another person for any of the persons appointed under paragraph 2.3. The Partnership Bodies shall endorse any substitution of members appointed under paragraph 2.3 (e) to (j).
- 3.5. The persons appointed under paragraph 2.3 (a) above shall cease to be members of the Board if they cease to hold the office of elected Member.
- 3.6. The term of office of Local Authority elected members shall run until the next general election of local authority members or until their resignation or replacement by their Local Authority or the dissolution of those local authorities by effect of statute.
- 3.7. The term of office for Stakeholder Members will be for a maximum of four years.
- 3.8. If any person appointed to the Board tenders written resignation, becomes incapable of acting or fails to attend Board meetings for a period of six months that person shall cease to become a member of the Board unless they are a representative of the Partnership Body.
- 3.9. Any occasional vacancy amongst the persons named in paragraphs 3.3 (e) (f) (i) and (j) above shall be filled by decision of the Partnership Bodies. Any occasional vacancy amongst the persons named in 2.3 (g) above shall be selected by the People Forum. The persons referred to in 2.3 (h) above shall be selected by the Carers Partnership Board.

- 3.10. The Board may co-opt such other persons to be members of the Board as it thinks appropriate.³ Any such co-optees would not be eligible to vote.
- 3.11. All Board members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, so far as they are applicable.
- 3.12. Any member must inform the Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office.

³ Regulation 11 (2)

4. DECLARING AND RECORDING BOARD MEMBERS'

4.1 Declaration of interests

It is a requirement that all Board members must declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Board member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Board's business.

Board members must also declare any interests held by family members or persons or bodies with which they are connected. The respective Local Authority Monitoring Officer will provide advice to the Chair and the Board on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance. If individual Board members are in any doubt about what may be considered as an interest, they should seek advice from the West Glamorgan Regional Transformation Programme Director. However, the onus regarding declaration will reside with the individual Board member.

4.2 Register of interests

The West Glamorgan Regional Transformation Programme Director will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Board members. The register will include details of all Directorships and other relevant and material interests which have been declared by Board members.

The register will be held by the West Glamorgan Regional Transformation Programme Director, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Board members.

Members are expected to complete a Declaration of Interest form on an annual basis.

5. SUB GROUPS

The Board may establish sub-groups to support it in undertaking its functions.

- 5.1 Each group established by or on behalf of the Board must have its own terms of reference, which must be formally approved by the Board.
- 5.2 Any sub-group of the Board must include at least one representative of a Partnership Body who will chair the sub-group. The sub groups shall also include a representative for people with needs for care and support and a carers representative.
- 5.3 The Board must ensure that the Chairs of all sub group operating on its behalf report formally, regularly and on a timely basis to the Board on their activities. Sub Group Chairs' shall bring to the Boards specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

6. MEETINGS

- 6.1 The Board's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens, community partners and other stakeholders.
- 6.2 The Board shall meet at least four times in any financial year. Additional meetings may be held at the discretion of the Board.
- 6.3 The West Glamorgan Regional Transformation Programme Director, on behalf of the Chair, shall produce an Annual Plan of Board business. This plan will include proposals on the coverage of business activity during the year and shall also set out any standing items that will appear on every Board agenda.
- 6.4 In addition to the planned meetings agreed by the Board, the Chair may call a meeting of the Board at any time. Individual Board members may also request that the Chair call a meeting provided that at least one third of the whole number of Board members support such a request.

Setting the agenda

- 6.5 The Chair, in consultation with the West Glamorgan Regional Transformation Programme Director and representatives of the statutory bodies will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Board business; any standing items agreed by the Board; any applicable items received from the Board's Sub Groups. The Chair must ensure that all relevant matters are brought before the Board on a timely basis.
- 6.6 Any Board member may request that a matter is placed on the Agenda by writing to the Chair, copied to the West Glamorgan Regional Transformation Programme Director, at least 21 calendar days before the meeting. The Chair may, at their discretion, include items on the agenda that have been requested after the 12 day notice period if this would be beneficial to the conduct of board business.

Notifying and equipping Board members

- 6.7 Board members shall be sent an Agenda and a complete set of supporting papers at least fourteen calendar days before a formal Board meeting. This information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired.
- 6.8 In the event that at least half of the Board members do not receive the Agenda and papers for the meeting as set out above, the Chair must consider whether or not the Board would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.
- 6.9 A record of the proceedings of formal Board meetings shall be drawn up as 'minutes' and circulated in draft within fourteen calendar days of the meeting. These minutes shall include a record of Board member attendance (including the Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Board, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the

minutes must be formally recorded.

- 6.10 All Board members must respect the confidentiality of all matters considered by the Board in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Chair of the Board.

Chairing Board Meetings

- 6.11 The Chair of the Board will preside at any meeting of the Board unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside.
- 6.12 The Chair must ensure that the meeting is handled in a manner that enables the Board to reach effective decisions on the matters before it. This includes ensuring that Board members' contributions are timely and relevant and move business along at an appropriate pace. The Chair has the final say on any matter relating to the conduct of Board business.

Quorum

- 6.13 A meeting of the Board shall be quorate if it is attended by at least 1 member from each of the Partnership Bodies. If the Chair or Vice Chair is not present then those present will appoint a temporary chair for that meeting only.
- 6.14 The quorum must be maintained during a meeting to allow formal business to be conducted. Any Board member disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes.
- 6.15 The Chair will determine whether Board members' view or sign of support should be expressed orally, through a show of hands. Where voting on any question is conducted, a record of the vote shall be maintained. Co-opted Members may not vote in any meetings or proceedings of the Board.
- 6.16 The Board is not a formal decision-making body and has no executive powers. Courses of action will be agreed by consensus among the full members. Partners will need to take issues agreed by the Board through their own local policy and decision-making for ratification as required.
- 6.17 There may, occasionally, be circumstances where courses of action which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Vice Chair supported by the West Glamorgan Regional Transformation Programme Director as appropriate, may deal with the matter on behalf of the Board - after first consulting all Members.
- 6.18 The West Glamorgan Regional Transformation Programme Director must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.
- 6.19 The West Glamorgan Regional Transformation Programme Director should review all requests for chair's action in the first instance and support the chair and members in the making of a decision. This should be on the standard report template to draw out the key points to consider with any supporting information appended.

7. POOLED FUNDS

- 7.1. Partnership Bodies as defined in 2.1 will retain statutory responsibility for their functions carried out under any pooled fund that this established.
- 7.2. For each Pooled Fund there should be a partnership agreement that is carefully drawn up between the partners to cover the governance arrangements, which address accountability, decision making and how the budget is to work. Comprehensive monitoring arrangements must be put in place that assures partners that their shared aims are being fulfilled.
- 7.3. The pooled budget can be hosted and managed by a statutory partner, or it can be hosted by a statutory partner and managed on their behalf by another organisation contracted to do so. The host will provide the financial administrative systems on behalf of the partners, but will not incur any additional liabilities, except those that relate to the management of the budget.

8. INTEGRATED CARE FUNDS AND GRANTS

- 8.1. The statutory Regional Partnership Board (RPB) is responsible for agreeing and managing the overall strategic direction and ensuring effective governance of the use of the Integrated Care Fund and other grants and funding
- 8.2. The Transformation Boards are decision making Boards and oversee the transformation, development and delivery of identified regional services, programmes and projects.
- 8.3. A business case process, which demonstrates how it will contribute towards regional strategic objectives is utilised for making investment decisions.
- 8.4. The process for the allocation of funding for the Third Sector grant scheme, in line with the regional strategic objectives is set out in Annex C.
- 8.5. West Glamorgan Transformation Office administer all the funding, on behalf of the partners, in accordance with the various Welsh Government's guidance and grant offer letters.

1. Annex A – West Glamorgan Regional Partnership Board Terms of Reference

West Glamorgan Regional Partnership Board Terms of Reference

Prepared with reference to the Welsh Government Statutory Guidance Social Services and Well-being (Wales) Act 2014 Part 9 Statutory Guidance (Partnership Arrangements)

Agreed by West Glamorgan Regional Partnership Board on:

..... October 2021

Status

1. The following organisations are Partnership Bodies for the purposes of the Partnership Arrangements (Wales) Regulations 2015⁴

- - (a) Swansea Bay University Health Board,
 - (b) Council of the City and County of Swansea and
 - (c) Neath Port Talbot County Borough Council
-

2. The Partnership Bodies are required to establish a Partnership Board pursuant to the Regulations to be known as the West Glamorgan Regional Partnership Board⁵

3. West Glamorgan Regional Partnership Board (The Board) does not have separate legal personality and references to the Board are references to members of the Board acting jointly.

• Objectives of the Board

- 4. The statutory objectives of the Board are summarised in paragraphs 5, 6 and 7 below.⁶
- 5. To ensure that the Partnership Bodies work effectively together to:
 - a) respond to the population assessment carried out under Section 14 of the Social Services and Well-being (Wales) Act 2014 (the Act)⁷ and
 - b) implement the plans for each local authority area covered by the Board which the Partnership Bodies are each required to prepare and publish under Section 14A of the Act.
- 6. To ensure that the Partnership Bodies provide sufficient resources for the Partnership Arrangements in accordance with their powers under Section 167 of the Act.
- 7. To promote the establishment of pooled funds where appropriate.

⁴ Regulation 1 (4) Partnership Arrangements (Wales) Regulations 2015

⁵ Regulation 5 (2)

⁶ Regulation 10

⁷ Regulation 10 (a) (i)

8. Aside from the establishment of pooled funds for care home accommodation functions and family support functions, decisions on the establishment and maintenance of pooled funds shall be made by the Partnership Bodies in consequence of an assessment carried out under Section 14 of the Act or any plan prepared under Section 14A of the Act.
9. In exercising its functions the Board must have regard to:
 - (a) Any guidance issued by the Welsh Government and to any outcomes specified in a statement issued under Section 8 of the Act.⁸
 - (b) The need to obtain timely and sufficient funding from the Welsh Government
 - (c) Other statutory duties of the Partnership Bodies.

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Main Functions

10. The Board has the following functions:
 - (a) To provide a senior forum to
 - (i) oversee the discharge of duties under Part 9 of the Act,
 - (ii) agree regional priorities,
 - (iii) identify and respond to opportunities for collaboration and integration in the delivery of health, social care and well-being in West Glamorgan programme area,
 - (iv) oversee delivery of the Regional Programme⁹
 - (v) unblock obstacles to successful collaborative working
 - (b) To ensure that information is shared and used effectively to improve the delivery of services, care and support, using technology and common systems to underpin this
 - (c) To sign off an annual Partnership Plan and produce an Annual Report on delivery against the Partnership Plan¹⁰
 - (d) To agree a recommended budget for consideration by the Partnership Bodies to support delivery of the Partnership Plan and agree to any reallocation of resources within the course of the year to support revised priorities
 - (e) To ensure the Partnership Plan reflects specific duties within the Act and facilitates service transformation across the region through effective collaborative working, sharing of practice and comparative analysis
 - (f) To meet accountability arrangements to the Welsh Government regarding delivery of the Partnership Plan and deployment of grant funding
 - (g) To mandate regional programme and project boards to oversee activities to support delivery of the Partnership Plan, deploy resources appropriately, monitor delivery and provide reports when required to the Regional Partnership Board.
 - (h) To assess each year whether the regional governance arrangements are effective in promoting collaboration and facilitating delivery of the Partnership Plan

⁸ Section 169 (2) Social Services and Well-being –(Wales) Act 2014

⁹ the portfolio of programmes as approved by the Regional Partnership Board from time to time.

¹⁰ Section 14A Social Services and Well-being (Wales) Act 2014

- (i) To assist the Partnership Bodies in preparing a Population Assessment each electoral cycle, as required under section 14 of the Act and implement plans at local authority and regional level as required under section 14A of the Act
- (j) To make recommendations to the Partnership Bodies for establishment of pooled funding arrangements for functions exercised jointly in response to the Population Assessment, family support functions and for care home accommodation for adults
- (k) To approve and oversee the implementation of the plans under the **Regional Funding**
- (l) To make appropriate arrangements for service user and carer engagement in the development and delivery of the regional programme and Partnership Plan
- (m) The Board is not a formal decision-making body and has no executive powers. Courses of action will be agreed by consensus among the full members. Partners will need to take issues agreed by the Board through their own local policy and decision-making for ratification as required.

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- **Board Membership**

11. The membership of the Board is set out below¹¹:

- (a) Three elected Members of each local authority
- (b) One Member of the Local Health Board
- (c) The Director of Social Services appointed under Section 144 of the Act of each local authority (or his or her nominated representative)
- (d) Three representatives of the Local Health Board
- (e) Three persons who represent the interests of third sector organisations
- (f) One person who represents the interests of care providers in the area covered by the Board
- (g) Two persons to represent people with needs for care and support in the area covered by the Board
- (h) Two persons to represent carers in the area covered by the Board
- (i) One person to represent trade unions
- (j) One person to represent registered social landlords
- (k) One senior local authority officer who has responsibility for capital investment in housing
- (l) One senior local authority officer who has responsibility for education.

12. The persons referred to in 2.3 (e) (f) and (j) above shall be selected by the regional Third Sector Health and Social Care Network. The persons referred to in 2.3 (g) above shall be selected by the People Forum. The persons

¹¹ Regulation 11

referred to in 2.3 (h) above shall be selected by the Carers Partnership Board. The persons referred to in 2.3 (i) above shall be selected through the appropriate trade unions that work within the partner organisations. All of these members will be endorsed by the Board.

13. The members of the Board may substitute at any time another person for any of the persons appointed under paragraph 11. The Partnership Bodies shall approve any substitution of members appointed under paragraph 11 (e) to (j).
14. The persons appointed under paragraph (a) above shall cease to be members of the Board if they cease to hold the office of elected Member.
15. The term of office of Local Authority elected members shall run until the next general election of local authority members or until their resignation or replacement by their Local Authority or the dissolution of those local authorities by effect of statute
16. The term of office for Stakeholder Members will be for a maximum of four years
17. If any person appointed to the Board tenders written resignation, becomes incapable of acting or fails to attend Board meetings for a period of six months that person shall cease to become a member of the Board.
18. Any occasional vacancy amongst the persons named in paragraphs (e) (f) and (j) above shall be filled by decision of the regional Third Sector Health and Social Care Network. An occasional vacancy amongst the persons named in (g) above shall be filled by decision of the People Forum and the person named in (h) above shall be filled by decision of the Carers Partnership Board, endorsed by the Board.
19. The Board may co-opt such other persons to be members of the Board as it thinks appropriate.¹² Any such co-optees would not be eligible to vote.
20. The Chair and Vice Chair will be appointed from one of the Partnership Bodies as defined in 2.1, through nominations from the Board and agreed by a majority vote of Partnership Bodies. It is agreed that the Chair and Vice Chair will not be drawn from the same statutory group.
21. The maximum tenure of appointment for the Chair and Vice Chair will be for four years, and these appointments will be reviewed on an annual basis and elections undertaken to confirm the Chair and Vice Chair or to seek new postholders if required.
22. Board decisions are made by simple majority but are only effective if supported by a representative of each of the Partnership Bodies appointed under paragraphs 11.
23. (a) In the event of a disagreement between members of the Board it is the responsibility of the Chair to convene a meeting to resolve the disagreement.

¹² Regulation 11 (2)

- (b) In the event that a consensus cannot be reached at that meeting the Chair shall appoint an independent mediator who must not be in the employment of any of the Partnership Bodies.
- (c) All Board members must cooperate with the mediator.
- (d) The costs of mediation shall be borne in equal shares by the Partnership Bodies.

-

- **Quorum**

24. A meeting of the Board shall be quorate if it is attended by at least one member of each of the Partnership Bodies.

-

- **Meetings of the Board**

25. The Board shall meet at least four times in any financial year.

26. Additional meetings may be held at the discretion of the Board

27. The first meeting of the Board in any financial year shall adopt a work programme for the Board during the course of that financial year and shall undertake a review of the functioning of the Board in the previous financial year.

-

- **Sub-Groups of the Board**

28. The Board may establish sub-groups to support it in undertaking its functions.

29. Any sub-group of the Board must include at least one representative of a Partnership Body who will chair the sub-group. The sub groups shall also include a representative for people with needs for care and support and a carers representative, subject to the chair's approval

- **Administrative Support**

30. Administrative support for the Board is provided by West Glamorgan Transformation Office.

-

- **Scrutiny**

31. The Board shall submit to scrutiny by overview and scrutiny committees of the local authorities which are Partnership Bodies or a joint Overview and Scrutiny Committee established by those local authorities.

32. The Overview and Scrutiny Committees can require any member of the Board to give evidence but only in respect of the exercise of functions conferred on the Board.

33. In order to keep up to date with changes in legislation and any other decisions of the Board that may affect the operation of the Partnership Arrangements, the Board shall review these Terms of Reference at least once a year.

Emergency arrangements

34. In the event of an emergency situation arising which either impacts upon the ability of the Regional Partnership Board to meet and undertake its functions in an effective manner or which otherwise requires a modification to these Terms of Reference then the Partnership Bodies shall by agreement and utilising the powers and authority vested in each of the Partnership Bodies in accordance with their respective constitutions, make such amendments to the Terms of Reference and to any operational and governance arrangements established as part of these partnership arrangements as are necessary to enable to the RPB to respond to the emergency situation.

West Glamorgan Regional Partnership Board Membership

PARTNERSHIP BODIES MEMBERSHIP

Name:	Partnership Body / Partner Organisation:	Role:
Emma Woollett	Swansea Bay University Health Board	Chair of RPB/ Chair SBU Health Board
Vacant	TBC	Vice Chair of RPB
Cllr Mark Childs	Swansea Council	Cabinet Member for Adult Social Care & Community Health Services
Cllr Edward Latham	Neath Port Talbot Council	Leader
Cllr Peter Richards	Neath Port Talbot Council	Member/Portfolio Holder – Adult Social Services & Health
Cllr Alan Lockyer	Neath Port Talbot Council	Member/Portfolio Holder – Children’s Social Services
Cllr Rob Stewart	Swansea Council	Leader
Cllr Elliott King	Swansea Council	Member/Portfolio Holder – Children Services
Mark Hackett	Swansea Bay University Health Board	Chief Executive
Stephen Spill	Swansea Bay University Health Board	Vice Chair
Andrew Jarrett	Neath Port Talbot Council	Director for Social Services, Health & Housing
Dave Howes	Swansea Council	Director for Social Services
Siân Harrop-Griffiths	Swansea Bay University Health Board	Director of Strategy

STAKEHOLDER MEMBERS

Andrew Thomas	Neath Port Talbot Council	Statutory Partner Education Director of Education, Leisure & Lifelong Learning
Mark Wade	Swansea Council	Statutory Partner Head of Housing and Public Health
Gaynor Richards	NPT CVS	Third Sector Representative (CVC)
Kelly Ahern	Barnardos - Assistant Director for Children’s Services	Third Sector Representative (National)
Gareth Thomas	Swansea Counselling & Wellbeing Services	Third Sector Representative (Local)

Kelvin Jones	Service User/ Citizen Representative	Service User/ Citizen Representative
Adele Rose-Morgan	Service User/ Citizen Representative	Service User/ Citizen Representative
Vacant	Carer	Carers Representative
Anne Newman	Carer	Carers Representative
Linda Whittaker	Tai Tarian	Registered Social Landlord
Malcolm Perret	Care Forum Wales	Care providers Representative
Vacant		Trade Union Representative
CO-OPTED MEMBERS		
Karen Jones	Neath Port Talbot Council	Chief Executive
Phil Roberts	Swansea Council	Chief Executive
Kelly Gillings	West Glamorgan	Regional Transformation Director
Nicola Trotman	West Glamorgan	Regional Transformation Deputy Director
IN ATTENDANCE		
Debbie Smith	Swansea Council	Lawyer - Swansea
Caritas Adere	Swansea Council	Legal Executive
Pam Wenger	Swansea Bay University Health Board	Director of Corporate Governance

- **West Glamorgan Regional Partnership**
- **Transformation Boards**
- **Terms of Reference**



Vision Statement	<p>To oversee the development and delivery of the West Glamorgan Programme and a governance route for monitoring strategic key deliverables and issues.</p> <p>The primary purpose of the West Glamorgan Transformation Boards ('Boards') are to oversee the transformation, development and delivery of the transformation programme and associated services.</p>
Purpose	<p>The primary purpose of the Boards will be to:</p> <ul style="list-style-type: none"> • Monitor progress of the programmes • Resolve escalating issues • Ensure that the programmes deliver the anticipated outcomes to the intended service user groups <p>The Transformation Boards are responsible for:</p> <ul style="list-style-type: none"> • Receiving update reports (written or verbal) from each of the programmes. • Resolving issues and risks brought to the attention of the Board • Making decisions that resolve issues and risks and progress the work streams as appropriate • Ensuring that each of the projects delivers the anticipated actions and outcomes • Reviewing governance arrangements, linking in the local, regional and national arrangements and ensuring that decision making is effective and duplication avoided • Ensuring that the work of the programmes is appropriately communicated with stakeholders across the region
Responsibilities	<ul style="list-style-type: none"> • Ensuring co-production principles are embedded across all programmes of work • Ensuring Social Value is considered and acknowledged • Ensuring that the programme support the Area Plan and key priority areas noted below: <ul style="list-style-type: none"> • Stabilisation and Reconstruction: Work with (and invest in) communities, third sector and volunteers in maintaining and strengthening an asset and strengths based approach to safely supporting vulnerable individuals within their communities without unnecessary recourse to critical/essential health & social care services, building upon the Our Neighbourhood Approach model - making sure there is a particular focus on support for carers. • Remodelling Acute Health and Community Services:

Continue remodelling (& shifting the balance of funding between) acute health and community health/ social care services, to maximise outcomes for individuals and their carers.

- Transforming Complex Care
- Establish fit for purpose joint funding arrangements to support the provision or commissioning of integrated/ collaborative health/ social care services to support children and adults with complex needs. This is intended to:
 - Safely support regional looked after children (LAC) reduction anywhere on the continuum of need
 - Safely support adults with complex needs to remain or return to living as independently as possible within their families or local communities within the region rather than within more institutional health or care settings.
 - Ensure seamless transition between services across all services including young people into adulthood
- Transforming Mental Health Services
 - Develop a continuum of support for the population who require Mental Health and Well Being Services
 - Safely support children and young people with emotional mental health and wellbeing needs to receive the support they need to live as fulfilled a life as possible with the minimum levels of intervention and receiving integrated care in a timely manner when they do

Membership	Rotating Chair Transformation Board	Dave Howes (ALL)
	Rotating Chair Transformation Board	Sian Harrop Griffiths (ALL)
	Rotating Chair Transformation Board	Andrew Jarrett (ALL)
	West Glamorgan Programme Director	Kelly Gillings (ALL)
	West Glamorgan Deputy Programme Director	Nicola Trotman (ALL)
	Service Group Director for Primary, Community Care and Therapies Service Group	Brian Owens (Board 1)
	Service Group Director for Mental Health and Learning Disabilities	Dai Roberts (Board 2)
	Service Group Nurse Director, Primary, Community Care and Therapies Service Group Representing Adults for the Health Board	Tanya Spriggs (Board 1)
	Head of Adult Services Neath Port Talbot	Angela Thomas (ALL)
	Head of Adult Services Swansea Council Integrated	Helen St John (Board 1)

Head of Adult Services Swansea Council	Amy Hawkins (Board 2 & 3)
Head of Children Services Swansea	Julie Davies (Board 2 & 3)
Head of Children Services Neath Port Talbot	Keri Warren (Board 2 & 3)
Swansea Community Voluntary Service	Amanda Carr (ALL)
Neath Port Talbot Community Voluntary Service	Gaynor Richards (ALL)
Service User Representatives	Kelvin Jones (Board 1) Victoria Morgan-Beattie (Board 2 & 3) Richard Ebley (Board 2) Mark Davies (Board 3) Gerald Cole (Board 2)
Carer Representatives	Mark Davies (Board 2) Julia Nawell (Board 2)
Service Group Manager Children's Services Representing Children's for the Health Board	TBC
Leads for Each Workstream as required	
Assistant Director of Strategy & Partnerships, SBUHB; <i>Lead for Wellbeing and Mental Health</i>	Jo Abbott-Davies (Board 2)
SBUHB <i>Lead for Cluster Whole Systems Approach (CWSA)</i>	Andy Griffiths (Board 1)
Divisional Manager - Learning Disabilities, SBUHB <i>Lead for the Learning Disability Programme</i>	Gareth Bartley (Board 2)
Assistant Director of Nursing <i>Lead for Transforming Complex Care</i>	Paul Stuart Davies (Board 3)
Chief Transformation Officer <i>Lead for Digital Transformation of Health and Social Care</i>	Gareth Westlake (Interim)
Head of Housing and Public Health <i>Lead for Housing</i>	Mark Wade (Board 3)

Not all members will attend every meeting, attendance will vary depending on the agenda cycle

Members are expected to prioritise attendance at the meeting and only in exceptional circumstances should this meeting be delegated.

The Boards quorum will be as a minimum one of the 3 rotating Chairs, one Local Authority representative, one Health representative, a third sector representative, a service user and carer representative.

If the Chair is not available, then a nominated Director will chair the meeting.

Any member unable to attend is required to nominate an appropriate representative with decision making authority.

Quorum

The Transformation Boards will meet during week 1, 2 and 3 of each calendar month using a bi-monthly agenda cycle

The 2-hour weekly meetings will be held on Tuesdays between 11am and 1pm

Agendas will be planned so that workstreams have an opportunity to report bi-monthly as a minimum, but the meeting will be sharp and focused to address key issues and decisions.

All workstreams may raise exceptions at any of the boards under the substantive heading of Urgent Items, but this will be closely monitored by the Transformation Office. Urgent Items should be sent in advance to the Director and Deputy Director of West Glamorgan.

Meeting Arrangements

The West Glamorgan Transformation Office will manage and support the other areas of work, which will be reported as required. It is noted that these elements of the programme should be embedded throughout the work programme, and it is the responsibility of the West Glamorgan Transformation Office to ensure that this occurs.

These boards are designed to ensure pace, provide assurance on progress being made, and to escalate areas of delay so that the relevant board can support and “unblock” issues.

The expectation of full report papers will be relaxed and a more presentation orientated approach will shape the meetings.

There will be an expectation that full papers will be developed for decision making around finance and changes to scope of projects.

All reports made to the Transformation Board should be presented by the relevant Workstream Lead.

Chair of the Meetings

Rotating Chairs: Dave Howes, Sian Harrop-Griffiths and Andrew Jarrett.

Reporting

The Transformation Board will report to the Regional Partnership Board

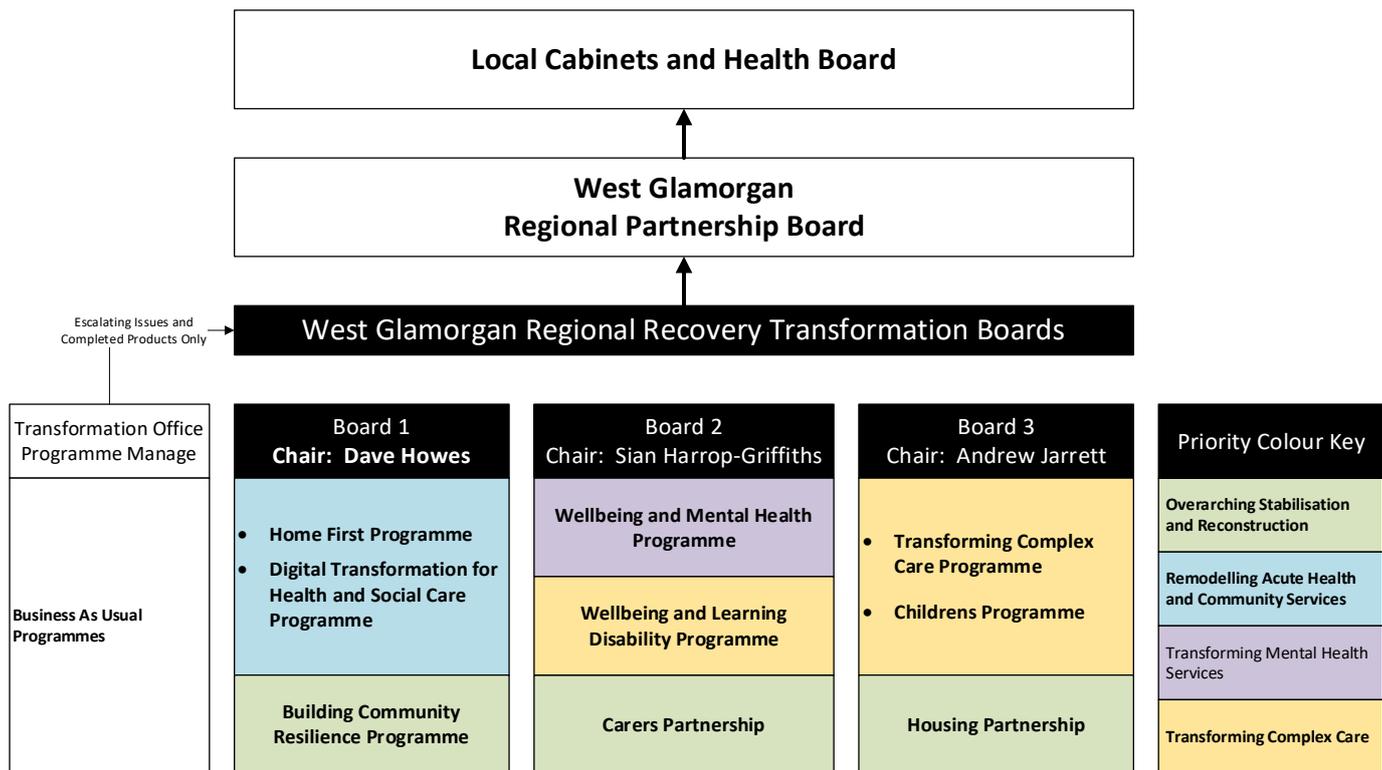
Secretariat

Megan Crombie, West Glamorgan Transformation Team

Review

These Terms of Reference are subject to review in six months' time.

West Glamorgan Governance Structure June 2021



3. Annex C – Scheme of Delegation

Decision making remains with each organisation unless authority is delegated to the Regional Partnership Board. All decision-making across the Regional Partnership Board will therefore be taken under the Scheme of Delegation set out in the tables below.

In the context of the decision-making process, the following applies:

Endorse – to support decisions that have been made across the Regional Partnership Board

Approve – to approve decisions/documentation (in line with Statutory Duties and Functions of all Organisations across the Regional Partnership Board)

Schedule of Matters Delegated to the Regional Partnership Board and its members.

MATTER DELEGATED	DELEGATED TO
To approve the annual Partnership Plan	The Board
To agree a recommended budget for consideration by the Partnership Bodies to support delivery of the Partnership Plan	The Board
To approve and oversee the implementation of the plans under the Regional Funding	The Board
To endorse funding proposals following approval by the Transformation Boards	The Board
To approve the minutes of the Regional Partnership Board	The Board
To approve the terms of reference of the Transformation Boards	The Board

Matters Delegated to the Transformation Boards

MATTER DELEGATED	DELEGATED TO
To oversee the transformation, development and delivery of the transformation programme and associated services.	Transformation Board
To resolve, or oversee the resolution, of risks and issues escalated by the Programmes accountable to the Transformation Boards	Transformation Board
To report progress and provide assurance to the Regional Partnership Board that programme delivery is on track	Transformation Board
To approve the minutes of the Transformation Board	Transformation Board
To review the terms of reference and agree the membership of the Transformation Boards	Transformation Board

Approval of Grants/Funding

Where a Partnership Body hosts the funding, spending approval will be taken collaboratively as outlined in this framework. The West Glamorgan Transformation Office will administer the grant, on behalf of the partners, in accordance with the Welsh Government's (WG) Integrated Fund guidance and other available regional funds

Organisations that have funding allocated must follow their own procurement policies and procedures.

The Programme Office will review annual the Integrated Care Written Agreement which will form part of this governance framework.

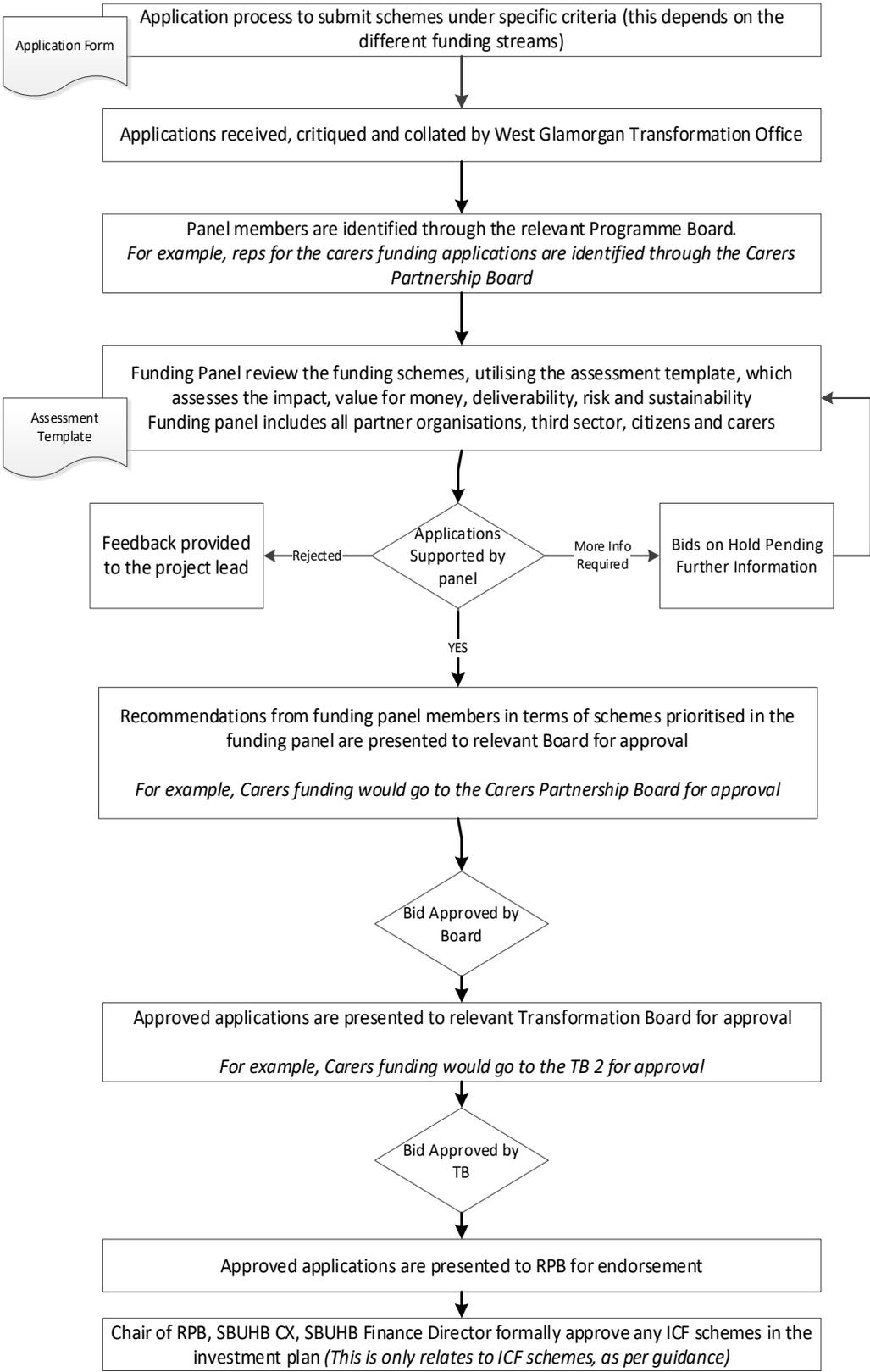
The Programme Boards, are responsible for reviewing and prioritising the funding schemes. Recommendations for the funding proposals are escalated to the relevant Transformation Board for approval.

The following table provides the level of authority to approve the allocation of funding received through grants and/or Integrated Care Funds

	Approval Body	Maximum Financial Limit(exclusive of VAT) £000
1	Regional Partnership Board	Schemes Over £1,000,000
2	Transformation Boards	Schemes up to £1,000,000
3	Programmes (The Programmes that support the Transformation Boards)	Schemes up to £75,000
4	West Glamorgan Director of Transformation / Deputy Director	Schemes up to £25,000

Note: A Third Sector grant scheme can have a number of 3rd sector proposals in it

West Glamorgan Overview of Allocation of Revenue Funding Process for Third Sector Grant Scheme



4. ANNEX D – Board Etiquette

Purpose

The ways in which Board members behave towards each other, and conduct Board and sub group business, are core to the way in which staff and stakeholders view Board effectiveness. This Protocol sets out the behaviours and conduct expected of all Board members and attendees, as the Board and sub groups enact their stewardship role and take the lead in promoting the Nolan Principles.

General Principles

- adhere to the [Nolan Principles of Public Life](#), and relevant Codes of Conduct of their respective authorities
- declare any potential conflicts of interest at the beginning of a meeting (or when these arise if it becomes evident part way through) and if the interest could be prejudicial to any issues that the meeting will consider not take part in the meeting
- be respectful of, and courteous to others, recognising that all contributions have value and not use bullying behaviour or harass any person
- ensure that you have due regard to the principle that there should be equality of opportunity for all people, regardless of their gender, race, disability, sexual orientation, age or religion
- listen actively and challenge constructively
- manage conflict objectively, explore differences fully and look for resolutions. Respect any ultimate divergence of view
- commit and demonstrate throughout to openness, transparency and candour
- not to do anything that will or may bring the Board into disrepute
- not misuse any resources that maybe provided
- keep any information marked as confidential private and not disclose to anyone outside of the Board unless consent has been obtained

Pre Board/Committee meetings

Chair/The West Glamorgan Regional Transformation Programme Director (with support from Local Authority/Health Board Governance Leads)

- agree annual work plans for final Board approval, and meeting agendas, decision tracking arrangements and sources of assurance. Evaluate effectiveness regularly
- build in continuous review of meetings, looking back, and then forward, to plan and adjust future meetings accordingly, as a means of regular evaluation

Lead Officer (from the Partnership Body)

- ensure that the papers are prepared in a timely way and in accordance with agreed standards/template. Note that Chairs are entitled to reject papers received too late for proper preparation and scrutiny

-

All Members

- read all papers prior to the meeting and request any clarification/ additional information in good time, to ensure that debate on the day is as informed as possible

-

At Board/Transformation Board and other meetings

All Members / those attending the Board

- act in accordance with the general principles set out above
- turn mobile phones to silent, focus on the agenda and discussions in hand, and refrain from undertaking other work
- turn on video cameras
- avoid repeating points made by others
- avoid raising issues that are not the business of the Board
- adopt a solution-focussed approach to decision making
- be alert throughout to the issues of diversity and inclusion
- flag up in advance with the Chair if you will need to leave the Board meeting at any point
- do not use the side bar to make comments in place of speaking, unless agreed in advance with the Chair.

Post-Board meetings

All Members / those attending the Board

- engage in the agreed evaluation mechanisms, to ensure continuous learning and improvement
- ensure follow through on the actions agreed

Before the Meeting	
Download the Teams app 	<p>Do not join the livestream meeting via the web (internet Explorer). This may mean that you join the meeting as a member of the public and are not able to participate in the meeting. You will need to have the Teams app downloaded onto your laptop (not a tablet / iPad).</p> <p>https://www.microsoft.com/en-gb/microsoft-365/microsoft-teams/download-app</p>
Check the diary appointment	<p>Check your diary to ensure that the diary invite is there and the link works.</p> <p><u>Do not forward the outlook appointment or the link</u> – this includes forwarding to a personal email address to access the meeting from another computer / account.</p> <p>If you require additional attendees to be added to the meeting contact the Programme Office who can add them to the appointment.</p>
Make sure you are using the right device	Please ensure that your devices are fully charged, or you are positioned close to a power supply.
Camera framing and surroundings	<p>Switch on your camera</p> <p>Backdrop - Make sure the background behind you is appropriate, and there are no whiteboards for example with any confidential information, as well as personal items such as photos that could be viewed by other participants. Use the 'blur' background feature if you do not want your background visible to the public.</p> <p>Background Noise - Remember to mute your microphone when not speaking, and to turn off/mute any mobile devices, beepers, etc.</p>
Decide on your base for the meeting	If you are planning on dialling into the meeting with a colleague(s) in the same room, please ensure that you use your own separate laptop and headphones. You should not share the same laptop.
Join the meeting early	Please join the meeting a few minutes before the official start time of the meeting to ensure that your connection is working.

	Ensure your camera and microphone are working, and that they are correctly positioned.
During the Meeting	
Introductions	The Chair will welcome all participants to the meeting.
Chat Function	<p>The Chat function should only be used only as a means to let the Chair of the meeting and the Programme Office or if you wish to raise a question. The Board is committed to openness and transparency.</p> <p>You should also use the Chat Function if you are having technical difficulties or have to leave the meeting for any reason.</p> <p>The Chat can only be seen by those who are invited to the meeting.</p>
Presentations.	Please let the Programme Office know prior to the day of the meeting if you have a presentation so that we can ensure that it is loaded in advance.
Screen Display	Please leave your camera on for the duration of the meeting.

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NEATH PORT TALBOT COUNCIL

SOCIAL CARE HEALTH & WELL-BEING CABINET BOARD

20 JANUARY 2022

Report of the Head of Adult Services - Angela Thomas

Matter for information

Wards Affected: All Wards

DISABLED FACILITY GRANTS - REMOVAL OF MEANS TEST FOR SMALL AND MEDIUM GRANTS

Purpose of the Report

To provide details for discussion of the proposed removal of the means test for small and medium sized Disabled Facility grants (DFG) as announced by the Welsh Government in March 2021 and to outline the implications of this and conditions that can be put in place to control demand.

Executive Summary

On 10th March 2021 Welsh Government made the following announcement:

We know that reducing barriers so disabled people can maintain their independence, safety and good health allows them to continue to live at home with dignity, and it also reduces pressures on our health and social care services. From April 2021 it will be simpler for disabled people to get help with small and medium sized adaptations to their homes as we take measures to remove the means test from small and medium Disabled Facilities Grants (DFG).

Our most recent data shows us that small and medium sized adaptations made up the vast majority of DFGs – 1,507 small and 2,214 medium adaptations, compared with just 269 large adaptations.

If we remove the means test, independent research calculates it would cost local government in Wales an additional £238,000, and estimates each local authority would save £6,000-£10,000 in annual administration costs. This research by the Wales Centre for Public Policy has been published on their website today.

This paper looks at how best to introduce this, possible implications and proposed options.

Background

The Disabled Facility Grant

The DFG is a statutory requirement of the Authority, which is governed by the Housing Grants, Construction and Regeneration Act 1996, as amended by the Regulatory Reform (Housing Assistance) (England and Wales) order 2002.

A DFG pays for essential adaptations to aid disabled people gain better freedom of movement into and around their homes by providing access to essential facilities within their home. The core group of adaptations facilitate access to the living room, bathroom, bedroom, kitchen and / or access and egress to the property.

The grant for adults is subject to a statutory means test, the requirement to carry out a means test for children was abolished in 2009. The grant is subject to a maximum limit of £36,000 and is available to homeowners and tenants.

When considering an application the Authority must determine whether the proposed works are reasonable and practicable having regard to the age and condition of the property, and practicalities of carrying out the work, in addition the Occupational Therapists are consulted to ensure that any adaptations are necessary and appropriate.

The table below gives information on referrals, applications and means test for the last three financial years.

Information	Financial year			
	18/19	19/20	20/21	21/22 (up to Sept 21)
Referrals received from Occupational Therapists	474	457	205	194
Means tests (MT) completed	161	108	84	63
Applications cancelled due to MT	97	86	56	49
Number of small medium cancelled due to MT	87	81	53	49
Total no of formal apps received	378	227	196	143
Total no of applications approved	330	210	160	120
Number of grants completed	313	229	105	79
Total number of small medium grants reclaimed	14	14	30	12

Conditions of the existing statutory grant.

In July 2011 a report was approved by the Cabinet to impose the following Grant Conditions:

- (a) Authorities may impose a condition on a DFG applicant (who has a qualifying interest in the property) relating to the sale of the property within the grant condition period of 10 years.
- (b) Where the DFG recipient disposes (whether by sale, assignment transfer or otherwise) of the dwelling that has been grant aided within 10 years of the certified date of the completion of the grant, then the Authority can demand repayment of such part of the grant that exceeds £5,000.
- (c) These conditions are registered as a local land charge on the property, in accordance with legislation.

Small & Medium sized grants

The definition used by WG of small and medium, is –

- Small – rails, indoor and outdoor, small ramps, mop stick rails etc
- Medium – Walk in showers, stair lifts, large ramps

Small and medium grants equates to 65% of the total grants delivered per year by NPT at an average cost of £9000 per grant, this totals approx. £1.5m worth of the budget.

Welsh Government statement.

The WG have requested that all authorities in Wales remove the need for a means test for small and medium sized grants by creating a discretionary DFG. The WG are not making a legislative change to the Housing Grants Act 1996 but have requested authorities use their discretionary powers under the Regulatory Reform Order 2002 to create this grant.

They have requested that authorities create a discretionary DFG for small and medium sized grants that is available by 1st April 2022. The WG announcement states - *If we remove the means test, independent research calculates it would cost local government in Wales an additional £238,000.*

For clarification, WG calculated this by totalling all the contributions that were actually paid towards small and medium sized grants across wales. What was not taken into account was the amount of grants that cancel due to a contribution or the applicant does not wish to divulge any financial information. By removing the means test this additional demand is very likely to come through DFG process.

NPT adaptation service on average cancel 80 applications a year due to means tests reasons, using the average grant cost of a small medium grant (£9000) this would equate to £720,000 of additional demand for NPT alone.

The average amount of contributions paid towards grant work in NPT is £60,000 per year.

Means testing

Currently legislation states that a means test has to be carried out on all adult applications. At the start of the DFG process enquiries are made to determine if the applicant is on any means tested benefits such as – Universal credit, income support, Guarantee Pension Credit, Housing benefit etc., if this is the case no further financial information or full means is required as this has previously been carried out for the benefits.

If an applicant is not on a means tested benefit then a preliminary means test is carried out which will indicate if a contribution is likely to be required, the result of this is discussed with the applicant and at this stage they can decide whether to proceed with a full means test or to cancel the application.

A means test contribution could range from a few hundred pounds to thousands of pounds and is not linked to the cost of works. As indicated in the information table above, around 90% of the applications cancelled due to means testing were small and medium sized works.

Removal of the Means test and implications.

Demand

As indicated above there is a known demand that cancel the application and do not proceed purely because of the means test, whether it be they do not want to declare their financial information or they have a contribution to pay if they continue. By removing the means test this demand are now very likely to proceed with the application.

This demand is currently approx. 80 applications per year.

There is also the unknown demand, people are aware that a means test is required for a grant and due to this do not enquire for a DFG. When the means test is removed it will create an opportunity for all to apply, the service has already had a number of enquiries stating they will apply as soon as the means test is removed.

Implications of a higher demand.

Every year the allocated adaptation budget is fully committed by around the end of October, and fully spent by the end of financial year.

From November to end of March a waiting list will build as the demand is higher than the available budget, at the start of the financial year the waiting list will on average contain approx. 150 applications that have been prepared and ready to be released to go on site or in the process of being prepared.

The current budget level delivers approx. 250 - 300 grants a year, those on the waiting list will currently wait approx. 5 to 6 months to have their works carried out on site.

The actual total increase in demand is predicted to be around 100 applications in the first year; the number of jobs delivered would remain approximately the same due to the budget restraints. The budget would also be committed around the same time due to staff resources and capacity; however, the additional demand will significantly increase the waiting list at the end of the financial year.

The waiting list at the end of a typical financial year will contain approx. 150 applications, and the additional demand of 100 totalling 250 on the waiting list would mean the budget for the new financial year would in practice be almost fully committed right at the start of the new financial year. In this instance, the waiting list would start to build very early on in the financial year. If this level of new demand remains or increases each year it will result in the waiting time for an applicant increasing year on year.

For someone applying in April 2023 they are likely to wait over a year before their application is processed.

Options to control demand

The removal of the means test is not a legislative change it is a request from the Welsh Government to use discretionary powers to introduce this. The authority can if it wishes to not introduce this and continue with the current arrangements.

However, the Welsh Government will no doubt apply pressure on the authority to implement this change.

The statutory DFG carries conditions as stated above, the discretionary grant will be created under the powers of the Regulatory Reform Order 2002, which also allows to attach conditions to the discretionary grant.

Grant condition options.

This section considers the different options of grant conditions available.

Repayment of the grant

- Repayment of the grant on sale or transfer of the property - timescale could be lifetime; or 10 years as currently in place for a DFG.
- Repayable amount - Full repayment of the entire grant, or discard the first set amount e.g £2000, existing DFG's - £5000

Other conditions

- Limit amount of applications to 1 year per year.
 - The service rarely gets multiple requests per year from an applicant.
 - Due to the budget restraints and waiting list it is very unlikely an applicant would have 2 grants in the same Financial year.
- Consider a financial limit per grant
 - E.g. maximum of £10,000 per grant
 - This isn't always beneficial as some small/medium grants can exceed normal costs due to difficulties on site or some specialist equipment being required.

It is felt by introducing more rigid conditions to a grant it could potential deter people applying who can afford the works but could also disadvantage those on means tested benefits who genuinely may not be in a position to repay the grant if lifetime full repayment conditions are put in place.

In this circumstance, a two route approach could be considered, Means tested route or non-means tested route, with the applicant choosing which route they wish to follow.

- First option - The existing mandatory route that includes means test, this will allow those on pass porting benefits and lower incomes/savings etc. to have the grant on the existing conditions.
- Second Option – non-means tested route, this route would need significantly different conditions.
 - Two route approach only practical if the conditions of the non-means tested route are actually significantly different to those on the means tested route.
- Budget
 - Limit the amount of budget for non-means tested route.
 - As this would be a discretionary grant the authority can decide how much of the total budget can be put towards it, e.g. £250,000 (27 grants at average cost) can be allocated to non-means tested grants. When that is committed, a waiting list would start.

Repayments

As indicated above if the existing conditions are broken then the grant is required to be paid back, excluding the first £5000.

The table below indicates the amount of repayments for small and medium grants over the last four financial years.

Year	Total number reclaimed	Total Amount	Average amount
2017 – 18	27	£44500	£1,650
2018 – 19	14	£33500	£2,400
2019 – 20	14	£28,000	£2,000
2020 – 21	30	£57,000	£1,900
2021 – 22 (31 st Dec 21)	12	£19,000	£1,583
Total amount	97	£182000	
Total averages	19	£36,400	£1987

Out of approx. 170 small and medium jobs per year, on average 19 are reclaimed to a total approx. value of £36,400.

Neighbouring local authorities.

A number of meetings and discussions have taken place over the last few months with south wales authorities, it was proposed a regional approach was taken with NPT, Carmarthenshire, Swansea and Bridgend, initially each authority was looking at a different approaches due to differing budgets, demands and ideas, but it now seems most authorities proposals are all very similar.

All authorities have looked at similar proposals and have all been advised by their respective legal departments and cabinet members etc., below is a summary of some of the neighbouring authorities' proposals.

Swansea

£36k maximum grant, 10-year grant conditions with the initial £5k discounted.

Carmarthenshire

£36k maximum grant, 10-year grant conditions with the initial £5k discounted.

Ceredigion

£36k with no conditions.

Pembrokeshire

£10k maximum, lifetime or 10 year payback conditions, (TBC) first £5k discounted.

Some authorities have also decided to remove the means tests from all DFG's including large works.

Summary

It is welcomed to have the means test removed for small and medium sized grants but it is almost certainly going to increase the demand substantially.

The Welsh Government have requested that this is implemented but not made a legislative change so it is optional, however all authorities in Wales are making the change and it would be sensible to implement the change.

Currently the control measures that are in place is that each applicant will have an Occupational Therapist assessment to identify what works and adaptations are required followed by a means test to identify if the applicant can afford to carry out the works themselves.

By removing the means test it inevitably allows people to be awarded a grant who can afford to carry out the works themselves, this action completely removes any control over this.

As indicated above the known demand that presents to the service for small and medium sized grants currently that cancel due to means test is approx. £720,000, additional to this is the unknown demand of people who will now present and request a grant when the means test is removed.

Without a substantial increase to the budget this will put a lot of additional pressure on the existing budget and will result in larger waiting list and times. This can also have a knock on affect with the applicant deteriorating further the longer they wait and possibly requiring more complex and expensive adaptations when they are eventually assessed.

In order to try and control the demand and to ensure the grants are awarded to those who cannot afford to carry out the works themselves a number of conditions have been considered and advice sought for them all.

Proposed conditions

Initial proposals were to have a two route approach (means tested or non means tested) that made the non means tested route less attractive to those who could afford the works as they would have to eventually repay the whole grant back at point of sale of the property. For this to be affective, the conditions have to be significantly different to the existing route.

As explained below this option is not feasible.

Reclaim time period.

Following legal advice, due to the value and type of works and lifespan of the works/equipment such as shower conversions, Stairlifts, etc., they have no value after 10 years, unlike an extension which has value for a far longer period so time period for reclaim should remain at 10 years.

Value to reclaim.

It is proposed to set this the same as the existing grant conditions, to disregard the first £5000 and to reclaim the remaining amount.

Value of grant

Setting a limit on the value of grant can create unnecessary problems, if the value is set at £10,000 occasionally an adaptation may cost over the set amount, this would not allow the grant to proceed. By the nature of the type of works they are the lower cost adaptations so setting a limit isn't necessary, it is proposed to keep the grant limit at £36,000

Limit amount of discretionary budget.

If there was to be a two route option a limited amount of discretionary funding could be considered. The proposal is for one route therefore limited the discretionary budget is not required.

Proposed discretionary grant summary.

The proposal is to create a discretionary grant under the Regulatory Reform order 2002 powers for small and medium grants, works to include: -

- Small – rails, indoor and outdoor, small ramps, mop stick rails etc.
- Medium – Walk in showers, stair lifts, large ramps
- Referral process to remain the same as the mandatory grant, Occupational therapist to carry out assessment and refer to the Housing Renewal and Adaption Service.
- Application to be dealt with in date order as existing process.
- Financial limit to be £36,000
- The following grant conditions to be imposed:-

- Where the DFG recipient disposes (whether by sale, assignment transfer or otherwise) of the dwelling that has been grant aided within 10 years of the certified date of the completion of the grant, then the Authority can demand repayment of such part of the grant that exceeds £5,000.
- These conditions are registered as a local land charge on the property, in accordance with legislation.

The demand for small and medium grants will be closely monitored to determine the impact of this change.

Next actions.

The Housing Renewal policy will need to be re-written to include the new discretionary grant and then approved by Cabinet.

Following this, the new discretionary grant will be introduced.

Financial Impacts

Additional pressure to the existing budget.

Integrated Impact Assessment

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

Valleys Communities Impacts

No detrimental impact.

Workforce Impacts

No impact.

Legal Impacts

No impact.

Risk Management Impacts

No impact.

Crime and Disorder Impacts

Section 17 of the Crime and Disorder Act 1998 places a duty on the Council in the exercise of its functions to have “due regard to the likely effect of the exercise of those functions on and the need to do all that it reasonably can to prevent:

- 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”

There is no impact under the Section 17 of the Crime and Disorder Act 1998.

Counter Terrorism Impacts

The proposals are likely to have no impact on the duty to prevent people from being drawn into terrorism.

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.

The proposals contained in this report are likely to have no impact on the above duty.

Consultation

There is no requirement for external consultation on this item.

Recommendations

No recommendations - for information only.

Reasons for Proposed Decision

N/A

Implementation of Decision

N/A

List of Background Papers

None

Officer Contact

For further information on this report item please contact:

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Impact Assessment - First Stage

1. Details of the initiative

Initiative description and summary: removal of means test
Service Area: Housing Renewal and Adaptation Service
Directorate: Social Services, Health and well-being

2. Does the initiative affect:

	Yes	No
Service users	x	
Staff		x
Wider community		x
Internal administrative process only		x

3. Does the initiative impact on people because of their:

	Yes	No	None/ Negligible	Don't Know	Impact H/M/L	Reasons for your decision (including evidence)/How might it impact?
Age		x				
Disability		x				
Gender Reassignment		x				
Marriage/Civil Partnership		x				
Pregnancy/Maternity		x				
Race		x				
Religion/Belief		x				
Sex		x				
Sexual orientation		x				

4. Does the initiative impact on:

	Yes	No	None/ Negligible	Don't know	Impact H/M/L	Reasons for your decision (including evidence used) / How might it impact?
People's opportunities to use the Welsh language		x				
Treating the Welsh language no less favourably than English		x				

5. Does the initiative impact on biodiversity:

	Yes	No	None/ Negligible	Don't know	Impact H/M/L	Reasons for your decision (including evidence) / How might it impact?
To maintain and enhance biodiversity		x				
To promote the resilience of ecosystems, i.e. supporting protection of the wider environment, such as air quality, flood alleviation, etc.		x				

6. Does the initiative embrace the sustainable development principle (5 ways of working):

	Yes	No	Details
Long term - how the initiative supports the long term well-being of people	x		
Integration - how the initiative impacts upon our wellbeing objectives		x	
Involvement - how people have been involved in developing the initiative		x	
Collaboration - how we have worked with other services/organisations to find shared sustainable solutions		x	
Prevention - how the initiative will prevent problems occurring or getting worse	x		

7. Declaration - based on above assessment (tick as appropriate):

A full impact assessment (second stage) is not required	x
Reasons for this conclusion	

A full impact assessment (second stage) is required	
Reasons for this conclusion	

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	Name	Position	Signature	Date
Completed by	R.I.Davies	PO – housing and homelessness	RIDavies	11/01/22
Signed off by		Head of Service/Director		